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HEALTH AND WELLBEING BOARD

Day: Thursday
Date: 19 January 2023
Time: 10.00 am
Place: Tameside One, Market Square, Ashton-Under-Lyne, OL6 6BH

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies from Members of the Health and Wellbeing Board.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Health and Wellbeing Board.	
3.	MINUTES To receive the Minutes of the meeting of the Health and Wellbeing Board held on 15 September 2022	1 - 10
4.	ANTI-POVERTY STRATEGY To consider a report of the Director of Population Health.	11 - 28
5.	TAMESIDE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP To consider a report of the Director of Population Health.	29 - 34
6.	BETTER CARE FUND 2022-23 To consider a report of the Director of Adult Services.	35 - 44
7.	TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2021/22 To consider a report of the Independent Chair of Tameside Adults Safeguarding Partnership Board.	45 - 100
8.	TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2021/22 To consider a report of the Independent Chair of Tameside Safeguarding Children Partnership.	101 - 146

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

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9. DATE OF NEXT MEETING

To note that the next meeting of the Health and Wellbeing Board is scheduled for 16 March 2023.

10. URGENT ITEMS

To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.

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

Agenda Item 3.

HEALTH AND WELLBEING BOARD

15 September 2022

Commenced: 10.00 am **Terminated:** 11.05 am

Present:

Councillor Wills (Chair)	Executive Member for Population Health and Wellbeing
Councillor Fairfoull	Deputy Leader (Children and Families)
Councillor Sweeton	Executive Member for Inclusive Growth, Business and Employment
Sandra Stewart	Chief Executive
Alison Stathers-Tracey	Director of Children's Services
Debbie Watson	Director of Population Health
Anna Hynes	Action Together

In Attendance:

Shaun Higgins	Active Tameside
Diane Burke	DWP
Andrew Searle	Tameside Adult's Safeguarding Board
Dilraj Sandher	Tameside and Glossop ICFT

Officers In Attendance:

Martin Ashton	Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care
Tracey Harrison	Assistant Director of Adult Services
James Mallion	Assistant Director of Population Health
Michelle Foxcroft	Public Health Intelligence Manager
Tom Hoghton	Policy and Strategy Service Manager
Amanda Fox	NHS Greater Manchester Integrated Care

Apologies for Absence: Councillor Taylor, Stephanie Butterworth and Liz Windsor-Welsh

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. MINUTES

The Minutes of the meeting of the Health and Wellbeing Board held on 17 March 2022 were agreed as a correct record.

3. THE ROLE OF THE HEALTH AND WELLBEING BOARD

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Director of Population Health, which provided an update on the role of Tameside's Health and Wellbeing Board and the government's new draft guidance on Health and Wellbeing Boards in the context of the newly established Integrated Care System (ICS). It also set out three key priorities, based on extensive discussion across Health and Wellbeing Board members, which the Board would work to address going forward.

It was reported that Health and Wellbeing Boards were created with the introduction of the Health and Social Care Act (2012). The ambition was to build strong and effective partnerships to improve the commissioning and delivery of services across the NHS and local government, leading to improved health and wellbeing for local people. The Health and Wellbeing Board in Tameside continued to be a statutory committee of the Council with statutory membership and functions including oversight of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS), which up to now has been the Tameside Corporate Plan. The

introduction of the Health and Care Act (2022) introduced new architecture to the health and care system, establishing Integrated Care Systems and ending Clinical Commissioning Groups (CCG). New draft guidance from the government set out the continued role that Health and Wellbeing Boards have in this system to set the strategic direction to improve health and wellbeing.

The latest updated guidance for Health and Wellbeing Boards on the back of the Health and Care Act (2022) was outlined and the important role that Health and Wellbeing Boards would play in instilling mechanisms for joint working across health and care organisations; and setting strategic direction to improve the health and wellbeing of people locally was emphasised. The new guidance placed a focus on greater integration between local partners across the health and social care sector, specifically, but also the wider system. This also included working with a range of partners who could address the wider determinants of health. Some of the areas in which joint working should be explored include removing barriers to data-sharing; and enabling joint decision making.

The Board was informed that Health and Wellbeing Boards should continue to provide a forum where political, clinical, professional and community leaders from across the system come together to improve the health and wellbeing of their local population, and look to reduce health inequalities. The Health and Wellbeing Board would retain its separate statutory duty to develop a Pharmaceutical Needs Assessment for the area and the JHWS should directly inform the development of joint commissioning arrangements in each local area.

The Health and Wellbeing Board should have a clear relationship with the ICS building on the following set of principles:-

- building from the bottom up
- subsidiarity
- clear governance
- collaborative leadership
- avoid duplication of existing governance mechanisms.

The Board was notified that there would continue to be accountability to the Health and Wellbeing Board of the wider health and care system, which now sits with the ICS. Previous forward plans, annual reports and performance assessments that sat with the CCG, would now be the responsibility of the ICS and would report to the Health and Wellbeing Board. These should also be produced in conjunction with the Health and Wellbeing Board. NHS England would also liaise with the Health and Wellbeing Board to determine if the local ICS was meeting its duty to have regard for the JSNA and JHWBS. The Health and Wellbeing Board would also receive a copy of the ICSs capital resource plan, which would provide an opportunity to align local priorities and resource commitments.

It was highlighted that the proposals were part of the draft guidance and further changes or clarifications could be introduced. There was also further work to determine what level of input would come from the wider Integrated Care Board (ICB) at GM level, and how much of the relationship with the Health and Wellbeing Board would be at the local Tameside ICS system level.

With the changes in the guidance and the wider system and the introduction of the ICS in Tameside, a development session was held in June 2022 to focus what the priorities of the Tameside Health and Wellbeing Board should be over the next 12 months. A face-to-face session was held with a series of workshops to gather views from the members of the Health and Wellbeing Board. Tameside MBC Policy team presented 'pen portraits' on a range of issues, which were prevalent in communities across Tameside. These included poverty; environment emergency; children and young people; community wealth building; transition into adulthood; work and skills; neighbourhood working; and mental health. The key points and insights for these were drawn from wider data and soft intelligence from engagement sessions, partly via the Tameside Partnership Engagement Network (PEN). These PEN portraits guided discussions around the key principles of how the Health and Wellbeing Board could influence and tackle the issues. The workshop discussions had a particular focus on tackling inequalities and considering where there was currently a lack of system-wide leadership on certain issues.

The discussions in the workshops highlighted a number of themes and recurring issues including:-

- The importance of having an asset-based approach
- Need to help people navigate public systems, particularly while in crisis
- Measuring the impact of work already happening and capturing learning
- Better use of the existing PACT agreement to support the third sector
- Need core policies in place to be reviewed (e.g. cumulative impact)
- Need a balanced town centre offer to deliver healthier places
- Development of good work and skills is also rooted in education
- Businesses have a key role in addressing the wider determinants of health

From these discussions, three clear priorities were identified which were broad, cross-cutting issues that had an impact on inequalities and long-term health outcomes within the borough, and which could benefit from additional support and leadership driven by the Health and Wellbeing Board.

These priorities were:

1. Poverty
2. Work and Skills
3. Healthy Places

Further discussions took place on each of these priorities in initial Task and Finish groups, which were held throughout August 2022 to further explore these issues and how Health and Wellbeing Board members could influence to improve outcomes. A series of further steps and key work was identified through these discussions and the proposed Charter for the Health and Wellbeing Board was also discussed, which was detailed in a further report to the Health and Wellbeing Board.

There was further work identified at each of the initial Task and Finish groups to help move forward some of the practical steps that came forward in the discussions, as well as further defining the asks of Health and Wellbeing Board members and how the Board could continue to lead these agendas going forward. Particularly for the Poverty work, there were some immediate actions around the current work that Policy were doing on the Poverty Needs Assessment, which would be finalised and shared during September 2022. There were also practical suggestions as to how partners coordinate front line support for those struggling and in poverty in the short term, in the context of the cost of living increases. Into the medium-term, work would be ongoing within Policy to develop a Poverty Strategy for Tameside. With this ongoing work, it was agreed that the Task and Finish groups would continue to meet, potentially in a combined format. Further discussions would be held around establishing a Health and Wellbeing Board Executive group where officer leadership of this work could sit to ensure there was oversight and the work continued to deliver. Membership of the Health and Wellbeing Board Executive group would need to be agreed.

Work would continue to ensure that the role of the Health and Wellbeing Board linked closely with the new ICS structure, including that the Health and Wellbeing Board had good oversight of the JSNA and JHWBS and work would be ongoing and brought back to the Board on these to ensure they were fit for purpose. An important next step would be to identify the policy priorities. Some policy and strategy already exists, which was a key opportunity to address some of the issues identified, including the Tameside Housing Strategy and Tameside Inclusive Growth Strategy. While there were some areas, which needed to be revisited, such as the borough's cumulative impact policies for licensing.

RESOLVED:

- (i) **That the report be noted;**
- (ii) **That the proposed priorities for the Board to tackle and deliver Poverty; Work and Skills; and Healthy Places be noted;**
- (iii) **That the proposed next steps be noted; and**
- (iv) **The Tameside Joint Strategic Needs Assessment be circulated to members of the Health and Wellbeing Board.**

4. TAMESIDE HEALTH AND WELLBEING BOARD CHARTER

Consideration was given to a report of the Executive Member for Population Health and Wellbeing and Assistant Director of Population Health, which outlined a new Charter for Tameside's Health and Wellbeing Board. This set of principles would accompany the existing formal terms of reference for the group and set out the expectations of and commitments from Board members and their organisations, as well as the outcomes that the Tameside Health and Wellbeing Board would strive to achieve.

It was reported that the Charter would hold members of the Health and Wellbeing Board to account to achieve improvements in overarching health outcomes across the population and to work in ways that prioritised prevention and addressed inequalities in improving the health outcomes of Tameside communities. While some of the intended outcomes were ambitious, such as increasing life expectancy and healthy life expectancy, they were supported by a wide range of individual strategies across the system.

Members were informed that the Charter contained specific outcomes that the Board would strive to achieve, which looked to directly improve the health of the population in Tameside. The Charter also sought to commit to and address wider determinants of health across the life course. Having the commitment of members and partners through the Charter would help to support the Health and Wellbeing Board to deliver on its statutory duties. The areas covered in the Charter would also link in with wider policies and strategies across the local authority and wider system. It was expected that the Charter would further strengthen the role of the Health and Wellbeing Board and the delivery of good outcomes by all of the partners.

The Charter was appended to the report and considered by members of the Health and Wellbeing Board. Through the Charter Health and Wellbeing Board members would:-

- Provide strategic leadership based on evidence, focusing on areas where the Board could make the biggest difference to health and wellbeing.
- Focus on the wider determinants of health, with particular priority around tackling poverty, alongside other priorities of employment and skills and delivering healthy places.
- Promote transparency in decision making so that the public could understand the decisions being taken and the rationale behind them.
- Be 'Prevention Focused': Developing a system-wide shared understanding and commitment to prevention and early intervention.
- Involve the public in decision-making allowing people to have their say and an opportunity to influence decisions, with a 'bottom-up' approach.
- Acting with courage and conviction to ensure that decisions were taken in the long-term interests of the whole population.
- Have collaborative leadership across all members and partners on the Board and encourage critical self-assessment of work across all Partners on the Board.
- Pursue a strengths-based approach where discussion was encouraged in a positive way that valued health but recognised that it took effort to retain and improve it.
- Work in tandem with the Voluntary, Community, Faith and Social Enterprise Sector using the principles of the Tameside PACT as a guide.
- Advocate for preventative approaches, which tackled inequalities and addressed the key priorities of poverty, employment and skills and creating healthy places in members' individual organisations across the borough.

The Board would deliver the following outcomes for the people of Tameside:-

- Improved life-expectancy and healthy life-expectancy and self-reported wellbeing for everyone.
- Reduction in inequalities around life-expectancy, healthy life-expectancy and self-reported wellbeing and reduced inequalities across all measures.
- Everyone in Tameside be given the opportunity to thrive and lead meaningful, enriching lives.
- People live in healthy, safe and sustainable places.

- All people in Tameside to access good quality employment and lifelong learning.
- Reduce the impact of poverty including access to benefits, enough healthy food and a warm home.
- Reduce levels of air pollution.
- Identify a work programme on key cross-cutting issues that drive long term socio-economic and health inequalities.

RESOLVED

That the Health and Wellbeing Board accept and adopt the Charter for the Board and members of the Board sign up and commit to the Charter.

5. PHARMACY NEEDS ASSESSMENT 2022-25

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Public Health Intelligence Manager that included a copy of the 2022-25 Pharmacy Needs Assessment, which outlined the current pharmaceutical provision within the Borough.

It was reported that the Health and Social Act (2012) and the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 stated that every Health and Wellbeing Board in England had a statutory responsibility to produce and publish a Pharmacy Needs Assessment. The local Pharmacy Needs Assessment provided vital information that helped local areas plan the provision of community pharmacies for their local population. The Pharmacy Needs Assessment 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 conclusion of Tameside's Pharmacy Needs Assessment 2022-25 was that there was sufficient pharmacy provision with no identified gaps, which was evidenced by the following points:-

- There were a higher number of pharmacies per 100,000 population (24) compared with the England average (22).
- Since 2012, the number of community pharmacies had increased across Tameside from 47 to 53, which included five distance selling or internet pharmacies who did not exclusively serve the Tameside population as they were a service with an England wide footprint.
- This was an increase of six face-to-face pharmacies across Tameside since the 2011 Pharmacy Needs Assessment. There had been no increases in pharmacy provision since the last Pharmacy Needs Assessment in 2018.
- Public consultation results indicated high levels of satisfaction with current pharmacy services in Tameside.
- There was good access to a range of pharmacies with almost all the population (90%) able to access pharmacies within one mile of their home.
- There was a good location of pharmacies in relation to GP Practices across all four Tameside neighbourhoods.
- Choice of pharmacy was good for the majority of local residents as most people tended to prefer to use a familiar or 'usual' pharmacy that they stayed with for a relatively long period. This was to be encouraged as it promoted continuity of care.
- Analysis of opening hours and trading days showed there was adequate provision for out of hour's services across Tameside.
- The maps and data contained in the document clearly showed that services met identified health and care needs in Tameside.

Due to COVID-19 there had been an allowance from the government to suspend production of a Pharmacy Needs Assessment, however Health and Wellbeing Boards had to publish their latest Pharmacy Needs Assessment by 1 October 2022.

RESOLVED

That the Pharmacy Needs Assessment be approved and released in the public domain by the deadline date of the 1 October 2022.

6. DESIGN, DELIVERY AND ASSURANCE: THE TAMESIDE INTEGRATED CARE SYSTEM

Consideration was given to a report of the Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care, which gave an overview of the local response to the Health and Care Bill and formation of an Integrated Care System.

It was reported that over the years, partners in Tameside and Glossop had made significant progress towards establishing a comprehensive integrated Health and Social Care system. The next stage of this transformation would be to respond to the White Paper and subsequent Health and Care Bill to develop Integrated Care Systems (ICS). The White Paper built on the ambition of the NHS Long Term Plan and intended to remove the barriers that stopped the system from being truly integrated. It sought to drive increased NHS Provider collaboration alongside increased partnership between wider systems including NHS, local authority, social care, public health and the voluntary sector.

A significant change outlined in the Health and Care Bill was the abolition of Clinical Commissioning Groups (CCGs) from June 2022 alongside the intention for ICS boundaries to align with Local Authority boundaries to support integration. In July 2021, the Secretary of State confirmed the decision to change the existing boundary and incorporate the Glossop area into the Derbyshire ICS. Following the closure of Tameside and Glossop CCG, all statutory functions for Tameside transferred to Greater Manchester Integrated Care (GMIC) with Glossop functions transferring to 'Joined Up Care Derbyshire'. Delegated responsibilities from GMIC were passed to the Place Based Lead for Tameside who was also the Chief Executive of Tameside Council.

The operating model for Greater Manchester was outlined and incorporated three main elements as follows:-

- 1) **The Locality Approach** – establishing place based integrated care at the neighbourhood and district level supported through strong partnership governance to jointly plan and deliver health, social care and public health services alongside other services that promoted health and wellbeing in a defined place.
- 2) **GM Provider Collaboratives** – providers working at scale across multiple places, with a shared purpose and effective decision-making arrangements to: Reduce unwarranted variation and inequality in health outcomes, access to services and experience; improve resilience by, for example, providing mutual aid; and ensure that specialisation and consolidation occurred where this would provide better outcomes and value.
- 3) The establishment of **GM Integrated Care and the GM Integrated Care Partnership** – bringing the contributions together through effective system working, planning and governance.

The integrated care principles were also outlined as follows:-

- Partnership
- Powered by people
- Person-centred
- Productive
- Progressive

Partners in Tameside continued to work across the system to design and implement changes needed locally in response to the formation of the GMICS. Local delivery models, following several years of integrated working, were strong and the system remained committed to retaining these where they continued to add value. Partners would work to the place-based principles outlined above to support integration and collaboration at all levels.

A diagram showing how Tameside would link into NHS Greater Manchester Integrated Care was shown and explained to the Board. In summary, there would be three principle components to the proposed local integrated care system; design, delivery and assurance at every level. Integrated governance built around a Tameside Strategic Partnership Board, a Tameside Provider Partnership, with subgroups and partnership groups, and four neighbourhood partnerships, would support this.

Working together, system partners would deliver the triple aim of the NHS, which were better health and wellbeing for everyone with a system-level focus on reducing inequalities, better quality of health services and sustainable use of NHS resources

With regards to the governance arrangements, the Tameside Strategic Partnership Board (TSPB) would provide a single strategic entity, which provided a forum for decisions and investment in Tameside within delegated limits. Tameside had operated a joint Strategic Commissioning Board for many years and the TSPB would take the learning from that approach and apply it to the formation of the new locality board. The final Strategic Commissioning Board was held in June 2022. Membership of the TSPB would include Councillors, Tameside GMIC, executives, the Tameside Provider Partnership Chair and representatives from the core health, care and voluntary, community, faith and social enterprise providers within Tameside. The aims of the TSPB were highlighted in the report and shared with Board members.

Secondly, the Tameside Provider Partnership (TPP) would be a collaborative partnership formed from the core health, care and voluntary, community, faith and social enterprise providers within the Tameside locality. The TPP would design, oversee, deliver and transform health and care services, which met the strategic priorities agreed with the TSPB. Working together the TPP would be stronger, more efficient and more resilient providing improved outcomes for Tameside residents. The aims of the TPP were highlighted in the report and shared with Board members.

Integrated neighbourhood working provided the biggest opportunity to improve the lives of residents and remained the principal building block for the delivery model with the primary objective to integrate services around local people, create a system of multi-agency professionals from all public services working together as one integrated public service neighbourhood team. Delivery would remain person-centred and take a proactive and preventative approach, intervening early and responding to the person in the context of their community. The Tameside and Glossop Provider collaborative would be accountable for integrated neighbourhood delivery, which would drive public service reform. The neighbourhood partnership would support the interface with wider public sector and partners from the core health, care and voluntary, community, faith and social enterprise providers.

Finally, the Tameside System Quality Group (TSQG), which would be a subgroup of the Tameside Strategic Partnership Board, would provide the TSPB, TPP and wider partners within the ICS with a strategic mechanism to routinely and systematically share and triangulate intelligence, insight and learning on quality matters across Tameside. The group would identify quality concerns and opportunities for improvement and learning, test new ideas and celebrate best practice. The group would also support the strategic priorities of Tameside regarding quality.

The Chair thanked the Assistant Director of Integration (Tameside), NHS Greater Manchester Integrated Care, for attending the meeting and providing an update on the Tameside Integrated Care System, stating that communication and information sharing was key. They requested that a further update was delivered to the Board early in the new year.

RESOLVED:

- (i) That the report be noted; and**
- (ii) That a further report be brought to the Health and Wellbeing Board meeting scheduled for 19 January 2023.**

7. BETTER CARE FUND 2022-23 PLAN

Consideration was given to a report of the Executive Member for Population Health and Wellbeing / Executive Member for Adult Social Care, Homelessness and Inclusivity / Director of Adult Services / Director of Finance, which provided an update on the Better Care Fund for 2022/23.

The report set out the current situation for the Better Care Fund and the 2022/23 Better Care Fund Plan Position. The Government had described 2022/23 as a transitional year for the Better Care

Fund and a national engagement exercise would take place on the future of the Better Care Fund later in the year. In Greater Manchester, a case had been made to national government over several years that the depth and breadth of integrated arrangements, including pooled budgets, had gone beyond the policy intent of the Better Care Fund. This position was reaffirmed as part of the response to the Integration White Paper earlier in the year.

It was reported that the Better Care Fund was one of the government's national vehicles for driving health and social care integration. It required Integrated Care Boards and local government to agree a joint plan, owned by the Health and Wellbeing Board. These were joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). Given the ongoing pressures in systems, there had been minimal change made to the Better Care Fund this year. The 2022/23 Better Care Fund 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. The response to the COVID-19 pandemic had 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.

The non-elective admissions metric had been replaced by a metric on avoidable admissions. This reflected 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 Better Care Fund programme would 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. As in previous years, the NHS contribution to the Better Care Fund included funding to support the implementation of the Care Act 2014, which was set out via the Local Authority Social Services Letter. Funding previously earmarked for reablement and for the provision of carers' breaks also remained in the NHS contribution.

The national conditions for the Better Care Fund in 2022/23 were outlined as follows:-

- a jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board
- NHS contribution to adult social care to be maintained in line with the uplift to NHS minimum contribution
- invest in NHS commissioned out-of-hospital services
- a plan for improving outcomes for people being discharged from hospital
- implementing the Better Care Fund policy objectives.

The Board were notified that following the 2021 spending round the national Integrated Care Board contribution to the Better Care Fund had risen in actual terms by 5.66%. Minimum contributions to social care had also increased by 5.66%. A return needed to be completed by 26 September 2022 setting out a detailed breakdown of the schemes being funded by the Integrated Care Board contribution in 2022/23. A timetable for agreeing Better Care Fund plans was detailed in the report and outlined to Board members. A summary of the income and expenditure for the Better Care Fund for Tameside was appended to the report along with the key metrics and a breakdown of the individual schemes.

RESOLVED

That the Better Care Fund 2022/23 Plan be approved.

8. DATE OF NEXT MEETING

RESOLVED:

- (i) **That the next meeting of the Health and Wellbeing Board scheduled for 17 November 2022 be noted; and**
- (ii) **A Development Session for Health and Wellbeing Board members be held in private immediately after the meeting on 17 November 2022 in order to explore one of the**

Board's three priorities 'Poverty'.



9. URGENT ITEMS

There were no urgent items.

CHAIR

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Agenda Item 4.

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 January 2022
Reporting Officer:	Debbie Watson - Director of Population Health
Subject:	ANTI-POVERTY STRATEGY
Report Summary:	This report updates the Board on the progress towards the development of a System-wide Anti-Poverty Strategy, including consultation undertaken to date and proposed next steps.
Recommendations:	That the Health and Wellbeing Board note the updates in the report and accept the planned approach through to adoption of the Strategy at the next Board.
Links to Health and Wellbeing Strategy:	The Strategy proposed in this report links directly to the stated aims in the recently adopted Health and Wellbeing Board Charter to reduce the impact of poverty and identify a work programme on issues that drive socio-economic and health inequalities.
Policy Implications:	Development of this Strategy has been led by the Council's Policy Team and is in line with national and regional Policy initiatives on reducing inequality and addressing Poverty.
Financial Implications: (Authorised by the Section 151 Officer and Chief Finance Officer)	<p>There are no direct financial implications arising from this update report.</p> <p>Whilst currently subject to consultation and final approval by the Health and Wellbeing Board, the Anti-Poverty Strategy will likely include a number of recommendations, which may have financial implications for the Council. Implementation of recommendations with financial and/or service delivery implications for the Council will need to be subject to separate report and decision making.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>This report provides the Board with a helpful update on progress being made to develop this strategy.</p> <p>As with such strategies, consultation is key to ensuring that the strategy is fit for purpose and will deliver the intended objectives.</p>
Risk Management:	There are no additional risks identified as a result of this report or the Strategy.
Access to Information:	<p>All papers relating to this report can be obtained by contacting: Tom Hoghton, Policy & Strategy Service Manager</p> <p> Telephone: 0161 342 3542</p> <p> e-mail: tom.hoghton@tameside.gov.uk</p>

1. INTRODUCTION

- 1.1 In recent years, the rise of poverty, exacerbated by the cost of living crisis and the Covid-19 pandemic, has emerged as a major policy issue. The current cost of living crisis has been significantly worsened by a number of longer-term structural weaknesses in the UK, including low wages, low productivity and high inequality relative to other major economies.
- 1.2 All Partners recognise the severity of the current crisis and are working hard to support residents and gain a deeper understanding of poverty through cooperation with groups such as the Tameside Poverty Truth Commission.
- 1.3 Following the development of the Poverty Needs Assessment, which sits as part of the Joint Strategic Needs Assessment, this Board agreed to support the development of a System-wide Strategy to address both the short-term and long-term issues that drive Poverty in Tameside.

2. DEVELOPING THE STRATEGY

- 2.1 The consultation and research undertaken through the development of the Needs Assessment, served the dual purpose of understanding both the issues prevalent in Tameside but also the available solutions. The following is a summary of the exercises undertaken to gather this information:
 - Service mapping to understand processes, pressures and pinch-points and capture the views of service users and front-line staff on causes and potential solutions to poverty. Response data from 43 teams and services was recorded and coded to provide actionable qualitative data.
 - Public consultation on the council's Big Conversation platform for 8 weeks, asking respondents "What do you think about poverty in Tameside?" and "What can we do about poverty in Tameside?" In total, 261 responses were received, which were also recorded and coded to identify themes and trends and draw out quantitative data.
 - Stockport-based organisation DJS Research was commissioned to conduct a series of four focus groups with people with lived experience of poverty in Tameside, with the aim of taking a more in-depth look at the key themes emerging from the survey and service-mapping work.
 - Poverty was the headline focus of the July 2022 Partnership Engagement Network Conference, which explored the themes emerging from the survey and service mapping work and asked participants to give their views on poverty and our progress to date.
 - Input from the Poverty Truth Commission (PTC). While the PTC is an independent and standalone forum that will produce their own findings and reports, we have worked closely with them and used their knowledge and lived experience of Poverty to inform the Needs Assessment.
 - Data, research, literature and other good practice from organisations such as the Resolution Foundation, Joseph Rowntree Foundation, House of Commons Library, and Greater Manchester Poverty Action, as well as national data repositories such as the Office for National Statistics, Public Health England's Fingertips database, StatXPlore from the Department for Work and Pensions, and local statistics gathered through collaborative work with the Greater Manchester Poverty Group
- 2.2 In addition, on 12 December 2022, a sub-group of the Health and Wellbeing Board was convened with membership invited from key Partners to review a draft of the proposed recommendations based on the above. Following a robust discussion, a revised version of the recommendations has been published for public consultation, appended to this report (**Appendix 1**) and also circulated and promoted through networks and agencies with a specific interest in this area. The offer to attend any relevant meetings to discuss proposed recommendations has also been made.

3. NEXT STEPS

- 3.1 The Consultation concludes on 31 January 2023 at which point we propose to carefully consider the feedback from the consultation, review the recommendations and amend where appropriate. .
- 3.2 The Proposal is then that a final document be brought to the next Health and Wellbeing Board meeting on 16 March 2023 for formal adoption and discussion on implementation.

4. RECOMMENDATIONS

- 4.1 As per the front of the report.

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Anti-Poverty Strategy Recommendations

1. “Raising incomes” – supporting residents to maximise income and access all benefits they are entitled to

- Influence employers in the borough to become Living Wage employers, and provide support for them to do so through improved productivity and skills development through delivery of the Inclusive Growth Strategy.
- Further promote the effective use of the Tameside Money Advice Referral Tool in all appropriate settings and commit to updating as required. Promote a culture of effective referrals over signposting.
- Strengthen our preventive approach to tackling poverty by facilitating easier access to advice at an earlier stage. This includes exploring opportunities to deliver increased outreach welfare rights and debt advice and making sure everyone knows their role in tackling poverty and supporting residents.

Case Study

Royal Borough of Greenwich

Royal Borough of Greenwich has funded the rollout of three advice hubs offering a range of services, including free face-to-face benefits, debt, immigration and housing advice in partnership with Citizens Advice, Greenwich Housing Rights and Plumstead Community Law Centre at weekly drop in sessions. Roaming advice hubs have also been introduced at five further locations across the borough to maximise the delivery of face to face support across the borough.

- Introduce and adequately resource a permanent Local Welfare Provision scheme, providing help to those in crisis.

Case Study

Salford Assist

Salford Assist offers help for residents facing financial hardship to meet their immediate needs by providing support with food, baby milk, nappies, fuel, essential furniture items or white goods, bedding, cooking equipment, costs associated with moving, copies of birth certificates for homeless people. The service also links in with advice and referrals to other services, agencies or funds. Assistance may also include things such as seeking debt advice, referral routes to affordable loans and recycled furniture schemes. They also give advice on how to access more affordable fuel tariffs and benefits.

The scheme is linked to other support services including homelessness prevention, debt advice, welfare rights, money management skills, affordable loans and council tax.

- Proactively identify and support households on legacy benefits ahead of the 2024 managed migration to Universal Credit to ensure they are receiving everything they are entitled to.
- Ensure everyone who needs Welfare Rights advice can access support by securing capacity within the Welfare Rights Advice Team to carry out targeted work with groups known to be under-claiming benefits, such as older residents missing out on pension credit.

- Work with water and energy utility providers to identify opportunities for low-income customers to move to reduced or social tariffs.

Case Study

Maidstone Borough Council

Maidstone has launched a data sharing partnership with South East Water UK to identify low-income customers and transfer them to a social water tariff. The Council have utilised the powers set out in the Digital Economy Act to achieve this - a legislation aimed at improving public services through the better use of data. It is expected that a total of 7,000 residents will benefit from the scheme, equating to around 10 per cent of the total properties in the borough.

- Improve the ability of households to pay their energy bills by raising awareness of discounts and how to apply e.g. Winter Fuel Payment, Warm Home Discount, Cold Weather Payments, energy provider discretionary funds.
- 2. “Making Tameside Work for Everyone” – securing high-quality and high-wage employment for all residents**
- Expand the capacity of the Routes to Work programme to meet demand.
 - Reform Social Value approach to increase the weighting applied to “real living wage” providers in tendering applications, ensuring that contract values enable this.
 - Use links with businesses to identify skills gaps in the local economy and drive education and training opportunities to match.
 - Further develop the Tameside-in-work progression programme to enhance progression opportunities for those in work.
 - Promote awareness of skillsets that disabled and neuro-diverse people can offer to drive employment and support employers to reduce the barriers those groups face in the workplace.
 - Improve access to employment opportunities and address in-work poverty for people in housing need or those at risk of becoming homeless, to help them sustain long-term housing.
- 3. “Poverty is Everybody’s Business” – supporting residents, communities and partners to spot the signs of poverty and signpost to support**
- Build on the ‘Helping Hand’ campaign to deliver an anti-poverty communications plan to raise awareness of the support on offer both nationally and locally, highlighting priorities at opportune times such as The International Day for the Eradication of Poverty.
 - All discretionary support to be easily accessible on one webpage, linked to ‘Helping hand’, with online and offline application processes.
 - Promote and expand “Helping Hands Tameside” campaign to publicise and raise awareness of messages and programmes to support residents experiencing hardship.
 - Promote a ‘no wrong door approach’ by offering training to staff and volunteers to identify vulnerable residents, and refer them to appropriate support with sensitivity and compassion.

Case Study

Examples of similar things happening:

- Stockport library workers, Manchester library workers and adult education workers, and Oldham Positive Steps workers are all trained in basic advice provision and signposting – Oldham’s training was delivered by CAB.
- Oldham cost of living training offer for all frontline workers on the Money Advice Referral Tool and “Effective, Empathetic Conversations”.
- Rochdale “Good Help” public service reform and integration project, which emphasizes changing the way people are supported to “feel hopeful, identify their own purpose and confidently take action”.

Case Study

Recognising the need for partners to work together to support residents affected by poverty to carry out earlier interventions and prevent crisis, Newcastle City Council created the Active Inclusion Newcastle Unit (AIN). AIN supports services in the community who are not specialists in housing, welfare rights, debt, employment advice or homelessness prevention to make poverty ‘everybody’s business’, by creating a spectrum of advice.

The spectrum identifies three levels of advice within benefits advice, delivered by different services ranging from partners in the community e.g. receptionists, customer services, community champions at level one, through to generalist benefits advice and specialist benefits advice at levels two and three. The spectrum clearly identifies what is expected at each level of advice, including what the training requirements are and what support is to be provided by the AIN. For instance, at level one, it is expected that staff would be aware that certain changes would affect benefits and be able to signpost or refer to an appropriate second or third tier organisation. [Spectrum of advice \(newcastle.gov.uk\)](https://www.newcastle.gov.uk/spectrum-of-advice)

- Partners across Tameside to explore how to increase capacity across VCSE sector, acknowledging the increased demand upon services as a result of the Cost of Living Crisis.
- Strengthen coordination with local Registered Providers, to share good practice and resources to best support their tenants and also the wider community, including incorporating lived experience into decision-making.

Case Study

Onward Homes and Tameside Council – Helping Hand Winter Warmer Event

Local housing association Onward Homes partnered with Tameside Council to host a Cost of Living Support event, Helping Hand’s Winter Warmer on Wednesday 26 October, from 3pm to 6:30pm.

The event linked Tameside residents who were struggling with the cost of living to a wealth of support services and organisations, who provided help with finances, debt, housing, food, employment and mental health and wellbeing. Onward’s tenancy support team was also on hand to provide details on local work and skills coordination, income management and social investment.

4. **“Climbing out of the debt trap” – Tameside residents have relatively high levels of debt, high insolvencies and poor access to good credit as a result.**

- Formulate a task and finish group under the Health and Wellbeing Board to look in detail at the issue of why Tameside residents hold relatively high levels of debt, have high rates of insolvency and low credit scores to identify some preventative solutions.

Case Study

Using a “Low Income Family Tracker” dashboard for Housing and Council Tax debt Haringey Council are able to identify household poverty trends to proactively target debt advice and inform their Debt Strategy.

- Improve access to, and promote the use of Cash Box Credit Union services, including savings accounts and sustainable and ethical credit.
- Implement and promote the use of the national breathing space debt respite scheme to provide residents in debt with enhanced opportunities to access advice and support.
- Explore the possibility of increasing the capacity of co-located advisors specialising in debt and housing advice for tenants living in the private rented sector.

5. **“Breaking the cycle” – specific focus on providing the best start in childhood and education**

- Work with schools and colleges in the borough to agree a good practice model for financial education for pupils across all age groups.

Case Study

A ‘financial champion’ award-winning school in Yorkshire undertook an audit of its subjects, identifying opportunities to strengthen the delivery of financial education and make links across the curriculum. It also undertook student voice activities to hear directly from the young people about the financial topics they were keen to learn about. The school now has a planned approach to the delivery of financial education. Financial education is overseen by a senior member of staff who also ensures the delivery is quality assured. An element of financial education is included in PSHE education for years 7 to 13, and students can access level 2 and 3 finance qualifications. The school has also worked with local feeder primary schools.

- Establish a working group with school leaders to develop a mechanism to enable schools to better identify and overcome the barriers to learning that children and young people from families with less financial resources face.

Case study

Poverty Proofing© the School Day is a tool developed by Children North-East for identifying the barriers children living in poverty face to engaging fully with school life and its opportunities. Focused on listening to the voices and experiences of young people and their families, it offers a pathway for schools to address often unseen inequalities within their activities, helping them reduce stigma, break the link between educational attainment and financial background, and supports schools to explore the most effective way to spend Pupil Premium.

[Poverty Proofing© the School Day - Children North East \(children-ne.org.uk\)](http://children-ne.org.uk)

- Relevant council teams to link in with Tameside Hospital, GPs and other health community settings to encourage awareness and take up of Healthy Start vouchers.
- Increase the uptake of Healthy Start vouchers, using public campaigns and assets (such as Community Champions) to ensure that all eligible families are aware of and can access the scheme.
- Investigate options of working with DWP to auto enrol or send personalised invitation letters to families eligible for Healthy Start vouchers through flagging of Universal Credit account.

Case Study

[Feeding Britain: A Policy for Improving Child Nutrition – Securing Full Take-Up of Healthy Start Vouchers and Free School Meals in England](#)

Research from charity Feeding Britain has shown that, despite investment in time, effort, and resources, 44% of potentially eligible families are not registered for Healthy Start and, as a result, £1 million worth of vouchers go unclaimed each week. Of particular concern is the finding that some families are having to rely on food banks because they are not registered for their Healthy Start entitlement.

It was suggested that, in order to address this, the basis for Healthy Start and free school meal registration should shift from 'opt in' to 'opt out', through an automated process. While the primary drive for this could only come from national government, it has been identified that local authorities could facilitate this in their own area by amending the Council Tax Support application form, and other forms where appropriate, so that applicants are given the option of ticking a box to consent to their data being used automatically to register eligible children in their household for free school meals and/or Healthy Start vouchers.

- Explore opportunities to enable auto-enrolment for free school meals for eligible families. Improve systems and processes around monitoring of Free School Meals to encourage uptake among eligible families through awareness-raising and improving school catering offer.

Case Study

[Sheffield City Council Auto-Enrolment](#)

Sheffield City Council has analysed Housing Benefit and Council Tax support information they already hold, and have found that a significant number of households may meet the criteria for Free School Meals but have not yet made an application.

In an effort to make sure that all school pupils receive the support they are entitled to, as well as to increasing the Pupil Premium funding for all academies and locally maintained schools in Sheffield, the Council used Housing Benefit data to automatically award Free School Meals during the months of August-September 2022.

Those families who appear to qualify for Free School Meals, but haven't applied yet were contacted by letter to explain how the automatic award works.

An information sheet gives more background to the scheme is attached here: [AUTOMATIC AWARD FOR FREE SCHOOL MEALS INFORMATION SHEET – AUGUST/SEPTEMBER 2022](#)

- Encourage employers to signpost eligible women about to go on maternity leave to the availability of Healthy Start vouchers and other benefits.
- Explore the option of working with schools to coordinate school uniform collections and distribution to assist families on low incomes.
- Continue to drive supply of Further Education opportunities in the borough and increase demand through improved communication and celebrating success.
- Work with local schools to create a “Cost of the School Day” calendar, as per the Child Poverty Action Group, to identify and quantify costs within a school year and local opportunities to manage these.

Case Study

[Cost of the School Day Calendar](#)

The “Cost of the School Day” calendar breaks down on a month-by-month basis common barriers to education for disadvantaged children and offers alternatives and other suggestions. This includes highlighting common annual celebration days in schools and how we can avoid making these inaccessible for disadvantaged children.

There is also general advice about issues such as uniforms, trips, school lunches, gym kits, pencils and pens, dress down days and other school costs that can be difficult to afford for low-income families.

Throughout the calendar, there are ideas and good practice examples from schools across England, Scotland and Wales who have taken part in the Cost of the School Day project.

- 6. “Laying the foundations” – ensuring residents have access to what they need in order to live in comfort and dignity, including food, housing, warmth etc.**
- Encourage people to seek Housing Advice through campaigns and other communications to raise awareness and prevent homelessness.
 - Increase the volume of nominations to the Housing Waiting List from Registered Social Landlords in Tameside, for example through development of Choice-Based Lettings and/or a Common Housing Register.
 - Cultivate relationships with Private Rented Sector landlords to increase housing options for homeless households, recognise signs of poverty and motivate their tenants to seek support early to avoid eviction.

Case Study

Salford City Council and Irwell Valley Homes have teamed up to launch the first training course in the country for private landlords whose tenants may be experiencing or causing problems. The aim is to sustain tenancies by helping landlords to draw up a clear action plan.

- Develop a Social Lettings Agency model to increase housing options in the Private Rented Sector.

- Encourage the take up of free fire safety home assessments to support vulnerable residents to stay safe and access appropriate support.
- Gain a better understanding of food poverty in Tameside through surveying, data collection and other engagement and consultation.

Case Study

[Food Insecurity in the Lancaster District: Beyond Imagination Life Survey \(https://www.research.lancs.ac.uk/portal/files/359926833/Case_Study_Food_Insecurity_in_the_Lancaster_District.pdf\)](https://www.research.lancs.ac.uk/portal/files/359926833/Case_Study_Food_Insecurity_in_the_Lancaster_District.pdf)

Commissioned by Lancaster University and undertaken by BMG Research, this research survey collected 3,000 resident's views and combined it with a number of bespoke and national-level datasets to gather a representative picture of views, attitudes and experiences of Food Insecurity in the Lancaster District.

The conclusions from the survey, which were released in June 2022, will be used inform strategy, activities and further research opportunities for Imagination Lancaster - Lancaster University's cross-disciplinary design research lab, relevant local authorities and other partners.

- Work with food banks/pantries and partner organisations in Tameside to identify supply and capacity pressures and unlock funding and support to alleviate such issues.

Case Study

[London Borough of Lewisham: Working with partners to address food poverty](#)

The London Borough of Lewisham is making tackling food poverty a priority in the recovery from the pandemic. The Council is already working with local groups to create social supermarkets, which differ from food banks in that residents pay for products albeit at a significant reduced price, from the networks that sprang up during the pandemic.

It is now focussing on building on this work. A food poverty summit was held in early 2022, there is a dedicated working group on food poverty and a new service to promote awareness, support food chains and the local food economy is set to be launched.

- Support the expansion of food pantries and community gardens (including opportunities for new and existing allotments) to increase access to healthy food for residents who are experiencing, or at risk of, food insecurity.
- Map and publicise all community cooking sessions taking place in Tameside, whether they are held by the council (markets etc) or other public, private or community organisations.
- Work with residents and partners to investigate and implement effective ways of reducing food waste

Case Study

[Oldham Community Fridges \(1\) \(2\)](#)

The Community Fridge Network, which is run by environmental charity Hubbub, collects and shares food from businesses and individuals, which would have otherwise been thrown away.

Community fridges are open to everyone – with fresh food donated by businesses and residents themselves. As well as improving access to food, the fridges go beyond this by “empowering communities to connect with each other” and learn new skills through activities such as cookery sessions and workshops on how to grow your own fruit and veg.

Community Fridges accept donations of unopened, packaged foods within their use-by date and raw fruit or vegetables, which will then be available to anyone in the community.

To date a number of Community Fridges, operated by various charitable organisations and supported by the Co-Operative Group, have been opened in Manchester and Oldham.

Research from US community network ChangeX has shown that, over 3 months, it is estimated that one Community Fridge can:

- Redistribute 12 tons of food waste,
- Save households and community groups over \$10,000 worth of food
- Provide local employment opportunities.

- Work collectively to draft an action plan and framework for delivery to ensure that the number of people living in homes below energy rating C decreases.
- Enhance approaches to address fuel poverty including ongoing work with the Local Energy Advice Partnership (LEAP) and work with GMCA around a statement of intent for energy company obligation funded measures to be installed
- Support Registered Provider partners to deliver new homes, affordable housing and specialist accommodation.
- Explore the feasibility of expanding subsidised access to Active Tameside facilities, ensuring that residents experiencing poverty are not disadvantaged or excluded from activities that may be beneficial to their physical and mental health.

Case Study

Birmingham City Council “Gym for Free Scheme” [\(1\)](#) [\(2\)](#)

Local professionals in Birmingham City Council working in public health believed that cost could be a barrier to the uptake of leisure facilities. To test this perception, the Heart of Birmingham Primary Care Trust transferred £500,000 towards free access to leisure facilities for adults in one economically deprived constituency in the city for 6 months. Access remained free if adults used this service a minimum of four times per month.

Following this 6 month period, surveys and focus groups were set up to gauge the success of the scheme. These found that it was successful in increasing the uptake of the exercise facilities among study participants from 25% to 64% either every day or most days, and a reduction among those who never used these facilities from 28% to 0%. This was particularly the case among women, ethnic minorities and the most economically disadvantaged.

7. “Putting people first” – making sure that council working practices (both customer-facing and internal) are best placed to identify and support those in poverty

11 recommendations

- Accept the recommendations of the Poverty Truth Commission and work with Partners to formulate a delivery response alongside this Strategy.

- Facilitate the collective and proactive identification and support of people vulnerable to socio-economic disadvantage by addressing data-sharing hurdles between services and creating a forum to facilitate this work.
- Develop a bespoke Poverty Monitor to gather and warehouse comprehensive, relevant and up-to-date data and information about poverty in Tameside.

Case Study

[Calderdale Data Works Poverty Index](#)

This is a collection of dashboards showing selected statistics on poverty in Calderdale which has been developed alongside the Calderdale Anti-poverty action plan. The plan has been produced in consultation with local partner agencies.

[Greater Manchester Poverty Monitor 2022](#)

The aim of the Monitor is to equip stakeholders with relevant knowledge to tackle socio-economic disadvantage in their own activities, from policy development to service design, advocacy and campaigning.

- Review council tax collection practices and Council Tax Support Policy to support those with vulnerabilities including people on low income. Explore adopting the Citizens Advice Council Tax Arrears Good Practice Protocol.

Case Study

[London Borough of Tower Hamlets](#)

<https://democracy.towerhamlets.gov.uk/mgConvert2PDF.aspx?ID=191230#:~:text=This%20is%20the%20highest%20level,live%20in%20low-income%20households>

“Tower Hamlets is one of 74 authorities in 2020/21 to have no minimum payment. This means that working age adults on the lowest incomes pay no council tax. Tower Hamlets has the second largest number of people receiving Council Tax Support in London in 2021. Since 2017, Tower Hamlets care leavers under 25 have been exempt from council tax. An additional fund provides further discretionary reductions in Council Tax for residents in exceptional hardship: this provided £45,000 to 109 households in 2018/19. As well as benefiting low-income residents, more generous council tax reduction schemes can also improve collection rates. Tower Hamlets’ collection rates for 2020/21 were 97.5%, compared to an average collection rate of 96.8% across England and 95.6% for Inner London. Tower Hamlets council is one of eight London boroughs to have adopted the Citizens Advice/Local Government Council Tax Protocol.”

- Provide enhanced support to residents seeking advice about council tax and housing benefit and explore the option of establishing drop-in sessions on a weekly basis.

Case Study

[Greater London Authority and Policy in Practice “Council Tax Debt Collection and Low-Income Londoners” 2020](#)

[Council-Tax-debt-collection-and-low-income-Londoners GLA pub.pdf \(policyinpractice.co.uk\)](#)

The GLA commissioned Policy in Practice to undertake an evaluation of flexible, customer-centric debt collection practices for low-income Londoners. The project focused on deepening the GLA's understanding of the business case for council tax collection practices that more effectively support low-income households.

The research concluded that no clear relationship was found between stricter council tax collection policies and higher council tax collection rates, and that higher council tax collection rates were associated with the generosity of a borough's Council Tax Reduction Scheme and lower collection with the level of poverty in the borough.

Other recommendations included overcoming the relative rigidity of the regulations and limitations to IT systems, enabling councils to pause recovery action for Council Tax Reduction recipients before the summons stage, and more data-sharing to help move towards a more rounded, single view of household debt as well as identifying the households who need most help, both now and in the future.

- Where possible, facilitate the principle of a Single Point of Contact for customer-facing services to address the issue of vulnerable people re-telling their stories.
- Improve the process for applying for s13.A Discretionary Council Tax Reduction, by creating an online application form, based around the discretionary housing payment portal.
- Ensure appropriate resources are being allocated to S.13A Discretionary Council Tax reduction to enable residents to receive financial assistance towards their council tax liability when they need it.
- Roll out automatic claims for council tax support upon a claim being submitted for Universal Credit.
- Continue to expand of the range of face-to-face services available from Tameside One, and clearly communicate the offer.
- When establishing contracts, partners to review procurement processes to embed and expand social value and community wealth building.

Case Study

[Birmingham City Council – Match my Project](#)

Many grassroots organisations fail to access funding and resources from mainstream funders – including the council itself.

To tackle this problem, Birmingham City Council developed MatchMyProject – an online platform that matches community organisations in need of resources for the delivery of their projects and businesses working directly for Birmingham City Council or in the area.

Using this tool, community organisations can post requests for support on specific projects, with businesses able to browse a curated directory of projects and make offers of support directly.

- Implement the socioeconomic duty in Tameside to ensure that socioeconomic disadvantage is considered, and relevant organisations and people with lived experiences of poverty consulted in the development of all relevant council policies.

- Review resourcing within Tameside Housing Options to maximise its potential for homeless prevention, including exploring opportunities to expand capacity within the service to meet increasing demand
- Establishing channels for continuing engagement with people with lived experience of poverty, to enable enhanced collaboration and co-design of council processes, strategies and action plans. Coordinating a public directory of these opportunities through Action Together.

8. “No one left behind digitally” – specific focus on digital inclusion

- Register for the “Good Things Foundation National Data Bank Centre”, enabling us to “gift” data and free SIMS to eligible residents. Explore delivery through libraries and warm spaces.
- Investigate possibility of recruiting Digital Assistants (either through a paid role or volunteers) to provide capacity in Library Services to deliver digital and IT support to residents.
- Promote and raise awareness of council programmes to improve digital literacy among residents, including TechKnow Buddies, Learn My Way, Online Job Search and Idea.
- Unlock funding and support to allow people in poverty to access technology and the internet using programmes such as the Device Gifting Scheme.

Case Study

[Hubbub/O2 – Community Calling](#)

London-based environmental charity Hubbub and O2 have partnered to create and deliver the Community Calling programme - a scheme that re-homes old smartphones.

Community Calling receives donations of used smartphones (as long as they hold a charge and the screen isn't cracked) from members of the public, as well as corporate and public sector organisations. They've partnered with Reconome, a device upcycling expert, to clean, data wipe, and refurbish the donated smartphones, before packaging them up and redistributing the devices to someone in need. Each recipient also receives 12-months' free data provided by O2 and access to free digital skills training.

Community Calling adopts a hyperlocal approach by partnering with small, community based grassroots organisations in order to reach digitally excluded people, which have been identified by the community partners. So far, they've re-homed over 5,000 smartphones, but have a target of reaching 10,000 digitally excluded people across the UK.

- Liaise with local VCSE organisations such as Age UK to proactively reach out to groups identified as being particularly vulnerable to digital inclusion (low income, older people etc) to encourage them to develop digital skills.
- Review current public Wi Fi provision with the aim of delivering the service in a way that is more appropriate to resident's needs.
- Investigate the possibility of working with broadband providers and housing providers – including social housing and new developments - to deliver internet access to residents at a reduced cost.
- Review processes for accessing support to ensure there is always an online and offline method available.

9. **“One size doesn’t fit all” – additional support for residents identified as being at particular risk of poverty (disabled, carers, ethnic minorities, mental health etc)**

- Increase targeted employability support for groups that have been identified as under-served in regards to mental health provision and/or vulnerable to falling into poor-quality employment, particularly ethnic minorities, young people and residents over 50+.
- Acknowledging that certain groups are more likely to be in poverty, commit to ensuring all residents can access the support they need and that all services can access relevant communication and interpretation services.
- With Domestic Abuse more prevalent in ‘poorer’ households we might see an increase, which will require increased promotion/availability of services for victims and targeted perpetrator programmes to break the cycle of abuse.
- Explore the possibility of developing Mental Health Awareness Training for staff and volunteers, working with residents experiencing poverty to help address the known impacts of poverty on mental health and signpost them to further support (income maximisation, welfare rights, food security etc).
- Encourage uptake of community-centred approaches to people in poverty suffering with mental health issues, such as peer support groups to challenge isolation and provide lasting support beyond the scope of commissioned services.

Case Studies:

[Shropshire: Training hairdressers, personal trainers and hospitality staff to become champions](#)

Shropshire Council has been working in partnership with the Samaritans to train local business staff to support their customers with their mental health.

[North East Derbyshire and Chesterfield: Connecting communities and nurturing neighbourliness](#)

A project to connect local communities has been launched in North East Derbyshire and Chesterfield to provide funding and support aimed at tackling social isolation.

- Develop measures in cooperation with partner organisations and communities to ensure that carers, particularly from seldom heard groups, are identified as early as possible and are assessed, informed, empowered and supported as needed.
- Expand income maximisation and money advice services to carers (both working and non-working) to ensure that they are receiving all appropriate guidance around carer’s allowances and other benefits.
- Facilitate focus groups with carers to improve and build on our offer for working carers, recognising and respecting their views and opinions as expert partners.
- Promote and encourage support for working carers in Tameside from employers in the borough, linking in with the GM Carer’s Charter/Employer’s Forum and covering issues such as flexible working policies, guaranteed assessment schemes and emergency time off.

- Provide comprehensive and wrap-around support to help carers get into employment if they want to, ensuring that they are informed and supporting of their rights, opportunities and responsibilities as both carers and employees.

Case Study

Tameside Council and Tameside & Glossop Integrated Care Foundation Trust (ICFT): Collaborative work undertaken in relation to supporting young carers into a career in health and social care in the future

A group comprised of Human Resources professionals from Tameside Council and Tameside & Glossop ICFT, determined that they wanted to support young carers with an information session on how their transferable skills could make them suited to embark on a further education or employment in Health and Social Care.

Colleagues from the Tameside Council Young Carer's Team, ICT, local education institutions and charities came together to create and deliver a 3 hour interactive session. This included a health and wellbeing talk, volunteering information, group discussions, talks from higher education providers and "A Day in the Life" examples of actual job roles.

Participants were asked to complete an evaluation at the end of the session, and the feedback obtained showed that they felt the session was very informative and give them an increased awareness of the employment and education pathways open to them.

- Partners to review their buildings and websites to gauge accessibility for residents in poverty (particularly those with physical/learning disabilities or for whom English is not a first language) and take action to improve if necessary.
- Review existing offers for foster carers and care leavers to take into account new cost of living pressures.
- Work with Action Together to develop and improve links with community organisations supporting ethnic minority residents and those for whom English is not a first language to improve access to and understanding of information related to poverty.

Case Study

[Bournemouth, Christchurch and Poole CP Council Equality Action Commission Group](#)

An example of a council-led cross party and joint community stakeholder group aimed at improving the way the council works with and supports ethnic minority individuals and communities in its area.

In particular, the commission aims to:

- Review BCP Council's current practices and what it could do to improve it's understanding of the needs and vulnerabilities of ethnic minority communities and individuals.
- Review and understand the impact of the Council's public profile and how it can encourage ethnic minority communities and their representatives to engage with the Council.
- Understand the experiences of ethnic minority communities to enable the Council to take appropriate actions, which increase participation, representation and reduce marginalisation.

- Carry out work to understand whether local support to residents with refugee status, seeking asylum, facing financial hardship and subject to No Recourse to Public Funds restrictions could be improved, and to understand how best to support EEA+ nationals with pre-settled status.
- Provide free period products within libraries and exploring opportunities to expand this to all publically accessible buildings.

10. “Advocating for change” – highlighting the need for action on poverty-related issues where responsibility lies with national government

1 recommendation

- Though there is much that can be achieved locally to address poverty, many of the drivers of poverty can only be addressed by national government. Recognising this, we commit to working with partners to campaign on the following issues, as identified in Needs Assessment, including:

Benefits

- Increase the levels of Universal Credit, increasing Discretionary Housing Payment allocations and Local Housing Allowance rates
- Abolish the bedroom tax, the two child limit and the benefit cap
- Abolish punitive benefits sanctions
- Abolish of the ‘No recourse to public funds’ condition for those who are habitually resident in the UK and to increase the payments under Asylum Support.

Local Government Funding

- Deliver a fairer local government settlement
- Deliver fairer funding to local social care services

National Policy

- Develop a national strategy for tackling poverty and inequality, particularly child poverty and guaranteeing the right to food.
- Support the Right to Food campaign, which aims to make access to sufficient and nutritious food for everyone a legal right, embedded within the National Food Strategy. Research by the Food Foundation found that in April 2022, 13.8% of all UK households were food insecure, with ethnic minorities, people with disabilities, families and older people amongst the worst affected.

Debt

- Campaign for improved debt collection practices in line with Citizen Advice’s Fairness in Government Debt Management Report including the introduction of regulation of bailiffs and introduction of a shared approach to affordability assessments.
- Campaign for an end to no fault evictions and to reinstate the ban on evictions during the cost of living crisis.

Agenda Item 5.

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 January 2023
Reporting Officer:	Debbie Watson - Director of Population Health
Subject:	TAMESIDE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP
Report Summary:	<p>This report provides updates on recent work to contribute to Tameside's Joint Strategic Needs Assessment (JSNA) and outlines plans going forward to ensure that the JSNA provides a useful, strategic suite of resources to assist in system decision making; and that this is adequately resourced and has a robust process to ensure that relevant work is appropriately prioritised and up to date. This also relates back to the JSNA being a core function of the Health and Wellbeing Board in terms of oversight of this process.</p>
Recommendations:	<p>That the Health and Wellbeing Board note the updates in the report and accept the proposals to establish a new sub-group of the Board, which will be the JSNA Steering Group, to be chaired by the Assistant Director of Population Health, with system-wide membership and input.</p>
Corporate Plan:	<p>The statutory role of the Health and Wellbeing Board is key to Tameside's wider approach to improving health and wellbeing of the population, which includes the statutory function of having a robust JSNA in place. This will support decisions and services, which impact across most areas of the corporate plan, but particularly around the priorities Very Best Start, Nurturing Our Communities, Longer and Healthier Lives, and Independence & Dignity in Older Age. There are also specific objectives across the Corporate Plan, which a robust JSNA approach will contribute to in ensuring that relevant needs are understood and decisions are taken to support those. This strong ongoing focus on the JSNA, which sits with the Board, will ensure a focus on evidence-led strategic decision making to improve the health and wellbeing and tackle inequalities across our communities in Tameside.</p>
Policy Implications:	<p>The Board should note the updated national guidance for Health and Wellbeing Boards and regarding the role of the JSNA, as these set out the role and purpose of the Health and Wellbeing Board and the JSNA, as well as the elements of continuity and change in the relationship between the Health and Wellbeing Board and the newly established integrated care system.</p>
Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)	<p>There are no direct financial implications that require highlighting within this report. The recommendation is to set up a new Joint Strategic Needs Assessment (JSNA) sub-group that sits under the Health and Wellbeing Board. The only costs associated with this decision is staff time attending this additional sub-group, based on the group size is not material and already within existing cost of establishment budgets for Tameside Council.</p>
Legal Implications: (Authorised by the Borough Solicitor)	<p>The legal implications are detailed in the main body of the report with a detailed explanation of the statutory functions in section 2 of the report.</p>

Risk Management:

This updated position to our local approach to the JSNA in Tameside reflects a more systematic, robust approach to ensuring that we are implementing this statutory function of the Health and Wellbeing Board as a statutory committee of the Council. It is important that these functions continue to be delivered by the Board and the proposed steering group as outlined in the report.

Background Information:

The background papers relating to this report can be inspected by contacting James Mallion, Interim Assistant Director of Population Health



Telephone: 07970 946485



e-mail: james.mallion@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Health and Wellbeing Board (HWB) for Tameside has a number of statutory functions¹ including production of a joint local health and wellbeing strategy; a pharmaceutical needs assessment; and a joint strategic needs assessment (JSNA).
- 1.2 JSNAs are a mechanism by which local areas put evidence forward to assess the health and wellbeing needs of the population. This process and having these products in place are crucial to enabling the system to ensure that the needs and local determinants of health of the local population are identified and agreed.
- 1.3 In producing and updating JSNAs, engagement across the system and population is crucial in ensuring that wider needs are captured, as well as considering accessibility for a range of users (e.g. easy-read formats). As per newly updated national guidance on the back of the Health and Care Act (2022), it is also important that the local Integrated Care Board (ICB), which is the Strategic Partnership Board in Tameside, has regard to the evidence in the JSNA when exercising its functions.
- 1.4 In order to ensure that the JSNA for Tameside is fit for purpose and robust in terms of the process followed to complete the required work, it is proposed that a new sub-group of the Health and Wellbeing Board is established, which will act as a 'JSNA Steering Group'. This group will hold oversight of all work in relation to the JSNA. It will be chaired by the Assistant Director of Population Health and will have system-wide membership and input. This steering group will regularly report back in to the HWB with updates on the work-plan of the JSNA and significant updates and pieces of work of relevance to Board members.
- 1.5 The aim will be to have:
- an agile working group, which brings expertise and input together from across the system;
 - a systematic process by which JSNA products are prioritised and completed;
 - an accessible, detailed suite of documents and tools, which comprise the JSNA for Tameside, which provide strategic direction for decision making, commissioning, and regulatory assurance; and
 - adequate links across the system, particularly to the local Integrated Care Board (ICB), to ensure the evidence from the JSNA informs strategic prioritisation and decision making.

2. STATUTORY FUNCTIONS OF THE JSNA AND HEALTH AND WELLBEING BOARD

- 2.1 JSNAs are assessments of the current and potential future health and social care needs of the local community. There is a focus on needs that can be met by local service provision. The JSNA is not one document at one point in time. It should form a suite of documents and resources, which provide varying levels of information, evidence and insight into these health needs. Some of these will be brief overviews of key data on particular issues, while some will be much more detailed needs assessments considering qualitative and quantitative data, full gap analyses of existing provision, and demonstrate effective consultation and engagement with local communities on specific issues.
- 2.2 There is statutory guidance for JSNAs first published by the Department for Health in 2013, on the back of the Health & Social Care Act (2012)². This guidance was updated in August 2022 to reflect the changes in the Health and Care Act (2022) with Clinical Commissioning Groups (CCGs) being abolished and their functions being assumed by ICBs. The role for

¹ [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

² [Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/2022/08/04/statutory-guidance-on-joint-strategic-needs-assessments-and-joint-health-and-wellbeing-strategies)

Health and Wellbeing Boards being responsible for the delivery of JSNAs remains, but these must have regard to the integrated care strategy set out by the ICB.

- 2.3 Some of the points emphasised in the statutory guidance around JSNAs include:
- the requirement for the HWB members to be collectively responsible for preparing the JSNA;
 - that it is down to local determination how to prioritise and structure the JSNA;
 - a range of different data should be used including qualitative and quantitative and also including information on existing assets and services;
 - community participation should be built in to the JSNA process;
 - JSNA should be a continuous process; and
 - there should be a focus on issues and communities where inequalities have a greater impact.
- 2.4 With the establishment of the ICB at a GM and Tameside level, this is an opportunity to revise the content and approach of the JSNA for Tameside to ensure that it remains an effective tool for strategic prioritisation and decision making at both place and system level, while also fulfilling the statutory role as outlined above.

3. PRIORITIES FOR THE JSNA IN TAMESIDE

- 3.1 There are a range of factors, which need to be built in to the working processes for the JSNA in Tameside and to determine how work is prioritised.
- 3.2 The key health outcomes and metrics within the Public Health Outcomes Framework³ will continue to be a crucial source of data and evidence around what the main health outcomes of concern are for Tameside in terms of those issues, which we know our population experience worse outcomes for. This particularly relates to issues that Tameside is an outlier for when compared to neighbouring and similar areas, or issues that Tameside shows a declining trend in terms of outcomes. It is also important that work continues to focus on groups in the community facing inequalities and additional barriers, which may include protected characteristics as well as other parts of the population. The JSNA Steering Group will maintain the focus on key health outcome metrics to determine areas that require further analysis and potential deep dive needs assessment work.
- 3.3 It is important to align our wider strategic priorities to the work plan of the JSNA Steering Group including the priorities around the wider determinants of health set by the Health and Wellbeing Board, these being: poverty; work & skills; and healthy places. These areas, which are broad, should continue to be a focus of priority work within the JSNA Steering Group. One of the most recent pieces of work published under the JSNA is the Poverty Needs Assessment, which demonstrates the ongoing commitment to this strategic priority.
- 3.4 The approach to producing the JSNA for Tameside should continue to follow the principles set out in the recently agreed Charter for the HWB, which commits members to: basing strategic leadership on evidence; focusing on the wider determinants of health; involving the public in decision making; and being prevention focused.
- 3.5 Having a robust JSNA process also ensures we are fulfilling the GM Population Health Framework model, which has previously been presented to the HWB, which states that local systems should ensure that good processes as well as capacity and specialist capabilities are in place around data intelligence, research and evaluation.

³ [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://www.phe.org.uk)

- 3.6 There are also other purposes for which the system must ensure robust, up to date JSNA and specific needs assessments are available for, including regulators such as CQC and OFSTED. Where there are particular recommendations or areas of concern highlighted by such external regulators, these should also be part of the prioritisation framework for JSNA work planning going forward.

4. NEXT STEPS

- 4.1 Following HWB on 19 January, it is proposed that the JSNA steering group will be coordinated and will have an initial meeting in February 2023 to agree membership and terms of reference.
- 4.2 The steering group will develop a work plan for 2023/24 to prioritise and coordinate relevant pieces of work to continue to develop the JSNA for Tameside. This should include a systematic prioritisation framework to ensure key pieces of work are completed and up to date as outlined in section 3 of this report.
- 4.3 The steering group will provide regular updates on the JSNA work plan for the HWB and will also bring updates forward to other key forums, particularly the Tameside Strategic Partnership Board and Provider Partnership.

5. RECOMMENDATIONS

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

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Agenda Item 6.

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 January 2023
Reporting Officer:	Stephanie Butterworth - Director of Adult Services
Subject:	BETTER CARE FUND 2022-23 – ASC DISCHARGE GRANT FUNDING
Report Summary:	This report provides an update regarding the Better Care Fund for 2022/23 following the announcement of an additional £500 million nationally to support with discharges before the end of March 2023.
Recommendations:	The Health and Wellbeing Board is asked to sign off the funding and proposed plan.
Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)	<p>The financial implications in this report identifies additional external Discharge Grant funding that is coming into the Tameside locality and will be pooled via the Better Care Fund and section 75 agreement.</p> <p>The total amount of funding for the Tameside locality will be £2.6 million and the conditions of the grant are that it must be spent by 31 March 2023. The proposal set out in the paper is to commit £600k into the social care sector and £1.6 million into health, totalling £2.2 million. The remaining £400k will be held back to review the key challenges that will emerge during January 2023, where the locality will agree between themselves how best to deploy the resource most effectively and in a timely manner.</p>
Legal Implications: (Authorised by the Borough Solicitor)	The Better Care Fund Framework 2022-23 is a central government initiative intended to ensure joint working between health, social care and housing services to help older people and those with complex needs and disabilities to live at home for longer. As part of this joint working, local authorities are required to develop capacity and demand plans for intermediate care covering both admissions avoidance and hospital discharge across health and social care to help the system prepare for winter.
Links to the Health and Wellbeing Strategy:	<p>The Better Care Fund is one of the governments' national vehicles for driving health and social care integration. It requires Integrated Care Boards 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>
Risk Management:	This report sets out how the funding is being used to avoid the risk of recovery.
Access to Information:	<p>The background papers relating to this report can be inspected by contacting the report writer, Stephen Beswick</p> <p>Telephone: 07500 572584</p> <p>e-mail: Stephen.beswick@nhs.net</p>

1. BACKGROUND

- 1.1 On 22 September 2022, the government announced its [Plan for Patients](#). This plan committed £500 million for the rest of this financial year to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care and reducing the number of bed days lost to delayed discharges. The focus will be on (but not limited to) a 'home first' approach and discharge to assess (D2A).
- 1.2 This additional funding will be distributed to both local authorities and Integrated Care Boards (ICBs) to pool into the local Better Care Fund (BCF). In line with usual BCF requirements, the use of both elements of this funding must be agreed between local health and social care leaders.
- 1.3 40% (£200 million) of the £500 million Discharge Fund has been allocated to local authorities via a section 31 grant. The grant determination letter sets out the conditions and allocations governing the £200 million that is allocated to local authorities.
- 1.4 On the 17 November 2022, DHSC published how the £500 million discharge fund will be given to help free up hospital pressures and reduce strain on NHS.
 - Funding to speed up patient discharge, freeing up hospital beds to reduce ambulance handover times and improving capacity in social care
 - Key priorities including a focus on what matters most to patients, as well as putting the NHS on a more sustainable footing
- 1.5 Patients will benefit from faster access to emergency treatment following an injection of £500 million to free up hospital beds through quicker discharge, which will also help reduce ambulance handover times.
- 1.6 £300 million will be given to ICBs to improve bed capacity and £200 million for local authorities to bolster the social care workforce, increasing capacity to take on more patients from hospitals.
- 1.7 Local authorities and ICBs – organisations that bring the NHS together locally to improve health in the community – will work together to agree on spending across their regions, introducing tailored solutions, which speed up discharge and benefit patients in their area.
- 1.8 Allocations of funds have been published following the announcement that will be paid in two tranches. The first will be in December, followed by the second tranche being distributed in January 2023 that will deliver support across winter.
- 1.9 The BCF is one of the government's national vehicles for driving health and social care integration. It requires ICBs and local government to agree a joint plan, owned by the Health and Wellbeing Board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006). In Greater Manchester (GM) we have made the case to national government over several years that the depth and breadth of our integrated arrangements, including pooled budgets, have gone beyond the policy intent of the BCF. We reaffirmed this position as part of our response to the Integration White Paper earlier this year.

2. KEY PURPOSE

- 2.1 The fund will be provided to ICBs and Local Authorities to free up beds, at a time when bed occupancy is at 94%. Across GM 19% of those patients did not have a medical reason to reside in hospital.

- 2.2 In line with our devolved and data-driven approach, NHSE/DHSC is allowing local areas to determine how we can speed up the discharge of patients from hospital.
- 2.3 This might be through purchasing supportive technology, boosting domiciliary care capacity or physiotherapists and occupational therapists to support recovery at home.
- 2.4 We will also be looking closely at the impact of how funding is used and using this data to inform future decisions around funding.
- 2.5 Tameside locality will be free to spend this money on initiatives that will have the greatest impact in the area on reducing discharges into social care, which in most areas will mean prioritising home care. Funding may also be used to boost adult social care workforce capacity, through staff recruitment and retention where that will help reduce delayed discharges.
- 2.6 The Health and Social Care Secretary set out his priorities (Wednesday 16 November) for the coming months to ensure the health and care system continues to deliver for patients.
- 2.7 Key areas of focus for the months ahead will be:
- Supporting the workforce including through more staff for NHS 111 and 999
 - Focusing on recovery plans across electives, urgent and emergency care
 - Tackling the issue of delayed hospital discharge
 - Improving access to primary care
 - Ensuring a stronger future for health including maintaining momentum on the new hospital programme and investing in technology to improve patient outcomes.
- 2.8 People should be cared for in the best place for them, but discharge delays mean patients are spending too long in hospital.
- 2.9 Our discharge fund will get more people cared for in the right place at the right time. Hospitals and the social care system to work together to help patients and carers too, who often take on a lot of the burden of caring when someone leaves hospital.
- 2.10 The discharge fund will boost the social care workforce and in turn reduce pressures on the NHS and hospital staff, as it frees up beds and helps improve ambulance handover delays.

3. NATIONAL FUNDING - £500M

- 3.1 Tameside Council is to receive £961,697 as its share of the £200 million. This will be funded in two tranches. The first 40% (**£384,679**) of the grant funding will be paid to local authorities in early December 2022. The remaining 60% (**£577,018**) of the grant funding will be paid on or before 31 January 2023, subject to receipt of a completed planned spending report and weekly activity data, as set out under the 'reporting requirements' section below, and engagement with the department in a review process in January 2023.
- 3.2 Greater Manchester Integrated Care Board (GM ICB) is to receive £19.558 million of its share of £300 million. The distribution of funds will be in line with the ASC relative needs formula. The first 40% (**£674k**) of the grant will be paid in early December 2022. The remaining 60% (**£1.011 million**) will be paid on or before 31 January 2023. The total amount to Tameside Locality will be **£1.685 million**.
- 3.3 Total Funding is £2.647 million.

4. PROPOSAL / EXPENDITURE PLAN 22/23

4.1 The proposed plan for the share of the £500 million for Tameside Locality is set out below:

Adult Social Care Discharge Fund £200m Pooled	Total £000	Sector
	£000	
Home First Model (TICFT)	£300	Health
Same Day Emergency Care (SDEC) (TICFT)	£62	Health
ASC Workforce & Retention - Domiciliary Care Market	£600	Social Care
Sub Total	£962	

Adult Social Care Discharge Fund £300m Pooled	Total £000	Sector
	£000	
TICFT - Discharge Lounge	£475	Health
TICFT - Acute Frailty	£500	Health
TICFT - Pharmacy	£150	Health
TICFT - Transport	£75	Health
TICFT - FP10s in UTC/Emergency Department	£50	Health
Sub Total	£1,250	

Adult Social Care Discharge Fund £300m Pooled	Total £000	Sector
	£000	
Schemes to be agreed and allocated in January 2023 based on emerging winter pressure points	£435	Social Care/Health
Sub Total	£435	

Grand Total	£2,647	
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4.2 The Home First Model in Tameside and Glossop is well established within the locality. This scheme will focus on the expansion of the Home First Model to create increased capacity within the system to facilitate same day discharge. The Integrated Urgent Care Team, which is an integrated Health and Social care service, will benefit from additional therapists (Occupational Therapists and Physiotherapists) and health care assistants who will respond to the patient in their own home on the day of discharge, to provide a wraparound service of (health and social care needs) including the provision of equipment required. This will reduce the need for assessment to take place in the acute hospital setting.

4.3 Same Day Emergency Care has benefitted the organisation by rapidly assessing and treating patients who would otherwise have been admitted to hospital. This scheme aims to expand the opening times of the service and increase capacity to see greater number of patients who would benefit from accessing this service. Increased registered nurse and medical provision is required to realise these benefits. This model is not commissioner funded therefore this service is a cost pressure to the Trust, the winter monies will support the additional requirements to expand rather than the elements that remain unfunded.

4.4 ASC Workforce & Retention – Domiciliary Care Market. This scheme will focus on two key elements; recruitment and retention and boosting Community Reablement capacity.

- Recruitment and Retention of support staff across the providers – providers will

increase already rigorous recruitment drives, but importantly will pay existing staff retention bonuses in December with a second payment for staff still in place in March 2023.

- Boosting Community Reablement capacity to support timely discharge from hospital to people's homes, providing intensive support to enable people to regain skills lost prior to admission and support assessment of any ongoing support required to meet need. This additional reablement capacity will be purchased on a block contract arrangement with a local provider.

- 4.5 Funding for the two funding allocations will be subject to meeting the purpose of the grant as detailed in section 5 of this report along with confirmation how the money is to be spent. Providers will be required to provide information in relation to how the money has been spent, what has been achieved in the time-period, and how this has supported the health and social care economy over the period.
- 4.6 In relation to the boost to the capacity for reablement there will be a requirement to monitor the number of people supported, support package at the start and completion of their involvement, and how quickly they have responded to support people out of hospital beds.
- 4.7 Tameside Integrated Care Foundation Trust (TICFT) plan over winter is to support enhanced capacity that will facilitate discharge with:
- Open a Discharge Lounge.
 - Additional transport will be provided to increase capacity, reducing delays associated with transport issues.
 - Satellite Pharmacy (Ladysmith/Stamford Unit) and additional support in dispensary, which supports discharges in a more timely manner.
 - Additional Transport (3rd) and vehicle / staffing.
 - FP10s usage to speed up delays in Emergency Department (ED) and UTC.
- 4.8 The establishment of the Discharge Lounge will improve discharge efficiency and expedite bed availability to create improved patient flow within the organisation. A multidisciplinary team (including pharmacy support) will be established to operationalise this service over winter.
- 4.9 The Acute Frailty Service including Frailty SDEC commenced in November 2022 as a pressure. A frailty screen is completed for patients over the age of 65 who present in ED so that the multi-disciplinary team can identify those who with the completion of a comprehensive geriatric assessment (CGA) and acute intervention to medical optimise the person, can be safely discharged from hospital on the same day with the ongoing support of community services.
- 4.10 The internal transport service will be enhanced to provide a third vehicle, staffed to support a greater number of discharges. This will also increase and expand the hours that the internal transport service is available to the Trust. Currently the Trust cannot accommodate transport requests for scoop transfers, this enhanced service will include training and additional staffing required to facilitate these transfers reducing the wait for private providers availability.
- 4.11 Satellite Pharmacy and access to FP10s in ED/Urgent Care to reduce delays in access to medication. The two satellite pharmacies will enable urgent access to medications required for discharge without the requirement of needing to be dispensed by central pharmacy.
- 4.12 Tameside locality is proposing to hold back £435k from the Discharge Grant to be able to review what additional schemes will be required based on emerging pressures. As a locality we know that the second and third week in January is usually a very busy time for the system to managing winter demands and will allow resources to be deployed

effectively and in a timely way.

5. ELIGIBLE EXPENDITURE / PURPOSE OF THE GRANT

- 5.1 Local authorities must only use this funding, up to 31 March 2023.
- 5.2 Enable more people to be discharged to an appropriate setting, including from mental health inpatient settings, with adequate and timely social care support as required.
- 5.3 Prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. D2A and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner. Residential care to meet complex health and care needs may be more appropriate for people who have been waiting to be discharged for a long time.
- 5.4 Boost general adult social care workforce capacity through recruitment and retention activity where that will help to reduce delayed discharges from hospital. This could include, but is not limited to, measures that increase hours worked by existing workforce; improve retention of existing workforce; provide additional or redeployed capacity from current care workers; or support local recruitment initiatives. Local authorities will need to satisfy themselves what steps they take to boost workforce capacity align with their functions under the Care Act 2014, and each local authority will need to take into account any legal, employment law, equality, or tax considerations that may arise.

6. CONDITIONS OF THE GRANT

- 6.1 This funding is provided by the department on the condition that every local authority:
 - Pools this funding into the local BCF with plans for health and social care spend (including mental health) agreed by the local authorities and ICB, chief executives and signed off by the Health and Wellbeing Board under national condition 1 of the BCF.
 - Works with their ICB to provide a planned spending report by 4 weeks after details of the fund are published (by 16 December 2022), confirming planned use of this grant against their BCF plan, and that the use of the funding has been agreed by the local authority and the ICB.
 - Demonstrates how they have used the funding provided in this grant via fortnightly activity reports and a final spending report provided to the department alongside the wider end of year BCF reports, as set out in the 'reporting requirements' section below.
 - Works with their ICB and hospital trusts in their local area to improve all existing NHSE discharge data collections including related Situation Reporting Data and discharge data submitted as part of the Commissioning Data Set, specifically on the date that a person is ready for discharge. From 2023, this data will be used as a basis for a metric linked to delayed discharge in the BCF.
 - Ensures that as a minimum social care providers must keep the required Capacity Tracker data updated in line with the Adult Social Care Provider Provisions statutory guidance - however, it's acknowledged that more frequent updates to bed vacancy data is essential for operational purposes. We recommend updating bed vacancy data daily, where possible, as this information can be used by local discharge and brokerage teams when planning patient discharges. Keeping this data up to date is

imperative for ensuring that patients are discharged to the right place for their specific care needs. It also assists with keeping both staff and residents as safe as possible by ensuring providers can accept admission of residents whose specific care needs can be met.

- Does not use this funding to compensate for expenditure already incurred, activities for which the local authority has already earmarked or allocated expenditure, or to fund inflationary pressures.
- Does not use this funding for activities, which do not support the primary purpose of this grant.
- Engages with a progress review across all areas in January 2023. Where there are persistent challenges or non-compliance with funding conditions, or if funds are not being spent in accordance with the agreed plan, NHS England and the department, in collaboration with the National Discharge Taskforce, will follow up with local areas to challenge the planning approach and provide additional scrutiny of spending. Local areas are expected to engage fully with this process where necessary.

6.2 A progress review across all areas will take place in January 2023. Where there are persistent challenges or non-compliance with funding conditions, or if funds are not being spent in accordance with the agreed plan, NHS England and the department, in collaboration with the National Discharge Taskforce, will follow up with local areas to challenge the planning approach and provide additional scrutiny of spending. Local areas are expected to engage fully with this process where necessary.

7. REPORTING REQUIREMENTS

7.1 Local authorities will be required to work with their ICB to provide the following:

- A report detailing how the local authority plans to spend all of their allocation over the winter period, due by 16 December 2022, 4 weeks after details of the fund are published. This should outline how the local authority plans to increase expenditure on discharge in comparison to their BCF plan. A template will be made available through the BCF exchange. The DHSC expects to receive one planned spending report per local authority.
- Fortnightly activity reports, setting out what activities have been delivered in line with commitments in the spending plan. The first report will need to be submitted 2 weeks after spending plans have been submitted on the 16 December 2022, due on 30 December 2022, but since moved to the 6 January 2023 due to the Christmas period.
- The metrics are;
 1. The number of people discharged to their usual place of residence.
 2. The number of people 'not meeting criteria to reside' and who have not been discharged.
 3. The number of 'bed days lost' by delayed discharge.
 4. The proportion of bed based occupied patients who do 'not meet criteria to reside'.
 5. The number of care packages purchased for care homes, domiciliary care, and intermediate care.
- A final spending report provided to the department alongside the wider end of year BCF reports, by 2 May 2023.



7.2 A local authority must provide a planned spending report, and meet the conditions set out above, in order to receive the remaining 60% of their allocation. The DHSC has the right to withhold the second tranche of funding until the local authority provides this report.

8. RECOMMENDATIONS

8.1 As set out at the front of the report.

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Agenda Item 7.

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 January 2023
Reporting Officer:	Andrew Searle – Independent Chair of Tameside Adults Safeguarding Partnership Board
Subject:	TAMESIDE ADULTS SAFEGUARDING PARTNERSHIP BOARD ANNUAL REPORT 2021/22
Report Summary:	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 2021/22.
Recommendations:	The Health and Wellbeing Board note the contents of the report and consider how they can contribute to the joint work of the Board.
Links to Health and Wellbeing Strategy:	Safeguarding vulnerable adults is a fundamentally important issue throughout the Health and Wellbeing Strategy.
Policy Implications:	In compliance with existing policies.
Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)	There are no direct financial implications arising from this report.
Legal Implications: (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.
Risk Management:	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.
Access to Information:	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

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Tameside Adult Safeguarding
Partnership Board
Annual Report
2021 - 22

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TASP B Annual Report 2021/22

Foreword

Welcome to our Annual Report

As always, the aim of this report is to highlight the work undertaken through a partnership approach surrounding the safeguarding of adults, giving the reader an insight to the activity in response to our aims and objectives. As Independent Chair of TASP B I hold all partners to account encouraging collective working to tackle the issues of abuse and neglect involving adults with care and support needs and I believe that as a Board, we do work as a partnership sharing processes and thereby understanding what is required to tackle these issues.

The complexities of adult safeguarding demand that we adopt a 'Making Safeguarding Personal' (MSP) approach where the adult is looked as an individual and the support offered is, built around the needs and wishes of that person. We have made MSP a priority over the past years and it is the Boards belief that now it is embedded in all aspect of our work.

The Boards two other priorities Prevention and Quality assurance had the partnership focus during the past 12 months too and the progress in these areas were instrumental in a refresh of our Policy and procedures at the start of this year and is good evidence that as a partnership we are constantly learning and striving to make a difference.

It would be remiss of me not to mention the impact on Covid-19 and as in last year's report; I stated we are still in a learning stage of what good looks like with regard to the action and responses made at a National level but also at a local level too. What I can say I have constantly sought assurance from partners that

adult safeguarding was and still is a priority for all their staff despite the impact on working practices, reduced staffing and increased workloads. I am pleased to say I always did receive that assurance and we move on with 'living with Covid'. Lastly, I wish to recognise the dedication and resilience of the 'workforce' as well as the voluntary sector who have worked with adults with care and support needs, thank you.

As always, we include within this report a small amount of data to give a glimpse of our business, I am not complacent that we capture all cases and I'm sure we can do better after all that's why we embrace learning.

Safeguarding Adults is important and everyone needs to recognise the harsh reality that abuse and neglect occurs, quite often individuals with care and support needs, are targeted by others, alternatively the abuse and neglect is unintentional and a caring and understanding approach is required. Going back to my first paragraph our approach needs to be person and situation specific (MSP) and we need to strive for good outcomes for every person.

I usually say thanks to everyone involved in adult safeguarding at this stage especially my Board colleagues and the team supporting the Boards work.

It just leaves me to say please be kind to each other and remember that:

“Adult Safeguarding needs to be everyone’s responsibility”

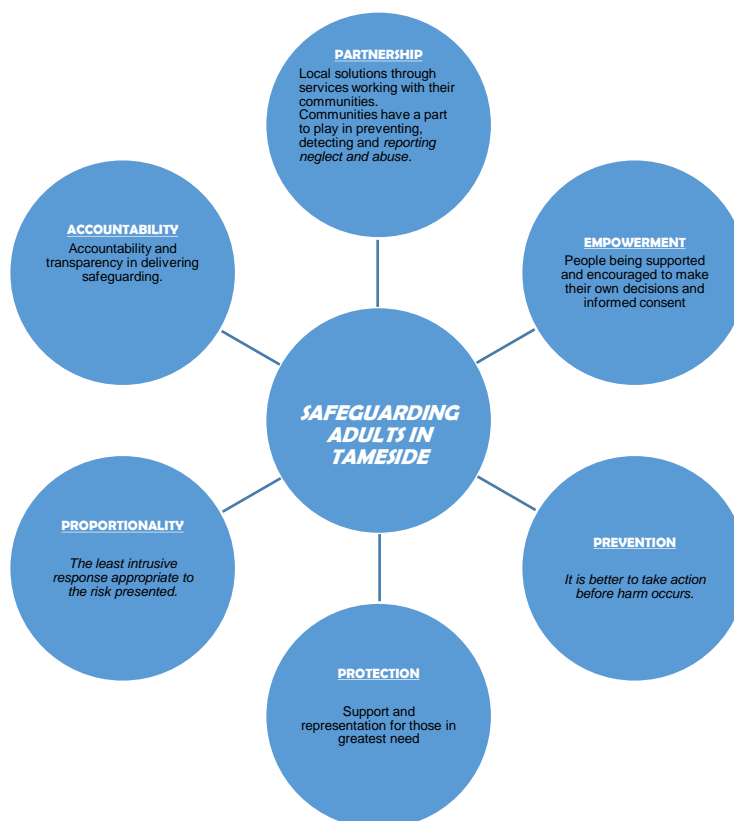
Andy Searle

Independent Chair Tameside Adult Safeguarding Partnership Board

Introduction

Tameside Adult Safeguarding Partnership Board 6th Annual Report discusses TASPb business during 21/22, TASPb have continued to progress the work in response to the TASPb strategy and their statutory obligations. The report looks at the Boards assurance:-

- that the strategic plan and the work of the Board responds to 6 safeguarding principles:-



- partner organisations work effectively to prevent abuse and neglect of adults at risk of abuse
- the Board and the wider Partnership, learn from and respond to evolving safeguarding themes
- that safeguarding practice is continuously reviewed to ensure good quality and responsive practice, enhancing the quality of life of adults in Tameside

Key facts in Adult Safeguarding in Tameside 21/22

- TASPB Partner Organisations responded to 858 Safeguarding Concerns.
- 24% of Safeguarding Concerns raised prompted a Safeguarding Enquiry
- 205 Safeguarding Adult Enquiries were raised during 2021/22 this equates 89 enquiries per 100,000 of the adult population in Tameside
- Neglect and Acts of Omission have been recorded as the most prevalent type of abuse in Tameside
- The most common location of abuse recorded is in a Residential Care-Home Setting.
- TASPB have had 23870 hits on their website during 2021/22.

TASPB 2021/22

The [Care and Support Statutory Support Guidance](#) defines the 3 main duties of an Adult Safeguarding Board. TASPB has a fundamental role in the local authority to provide strategic oversight and leadership of safeguarding practice. The Board main objective is to assure themselves that local safeguarding arrangements and partners act to safeguard adults in Tameside so that adults at risk are able to live their lives free from abuse or neglect.

An adult at risk is a person aged 18 or over who has needs for care and support and as a result of those needs is unable to protect themselves

- 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) and partner organisations:-
 - Healthwatch
 - National Probation Service
 - Tameside and Glossop Integrated Care Foundation Trust
 - Pennine Care NHS Foundation Trust
 - North West Ambulance Service
 - Greater Manchester Fire and Rescue Service
 - Care Quality Commission

And Elected Member:-

- Cllr Wills

TASPB Strategy 2019-2022

TASPB have a [Strategic plan](#) in place to aid this work and focus on the Boards 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.

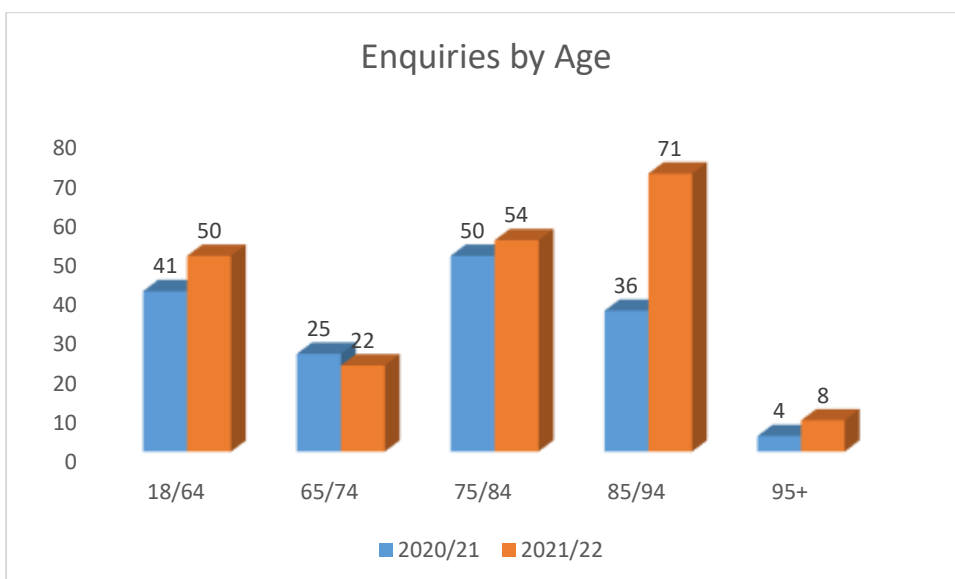
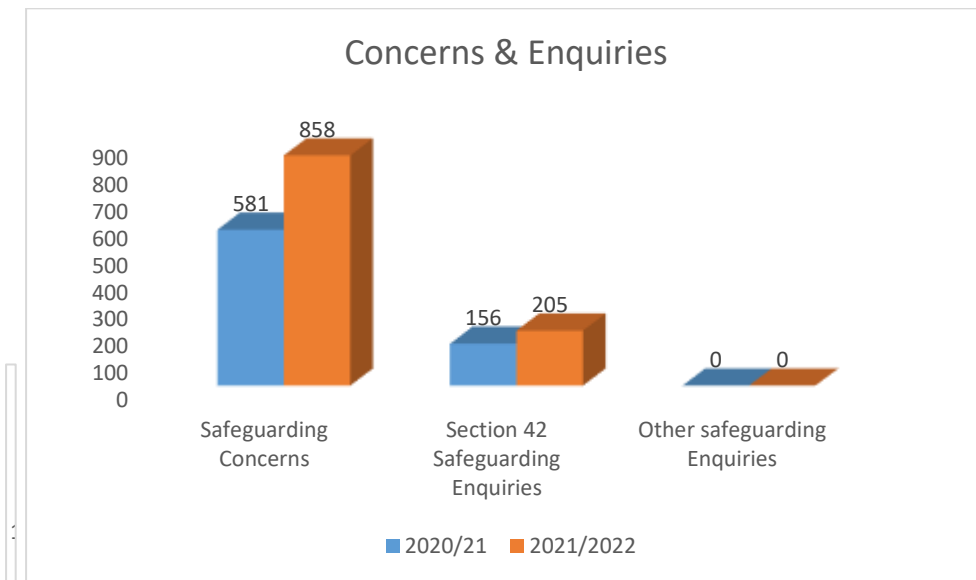
Prevention

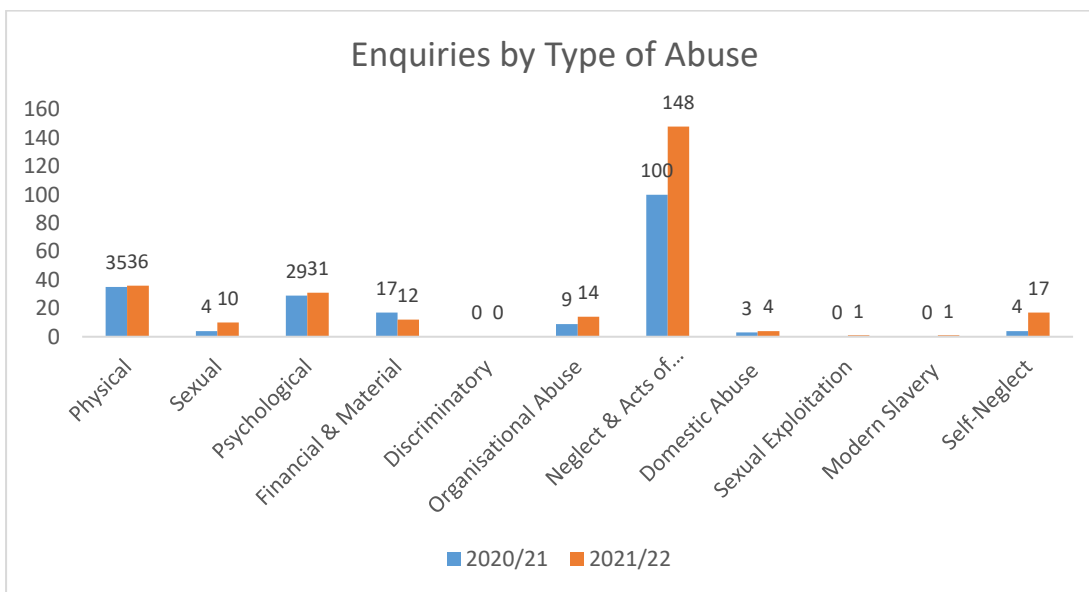
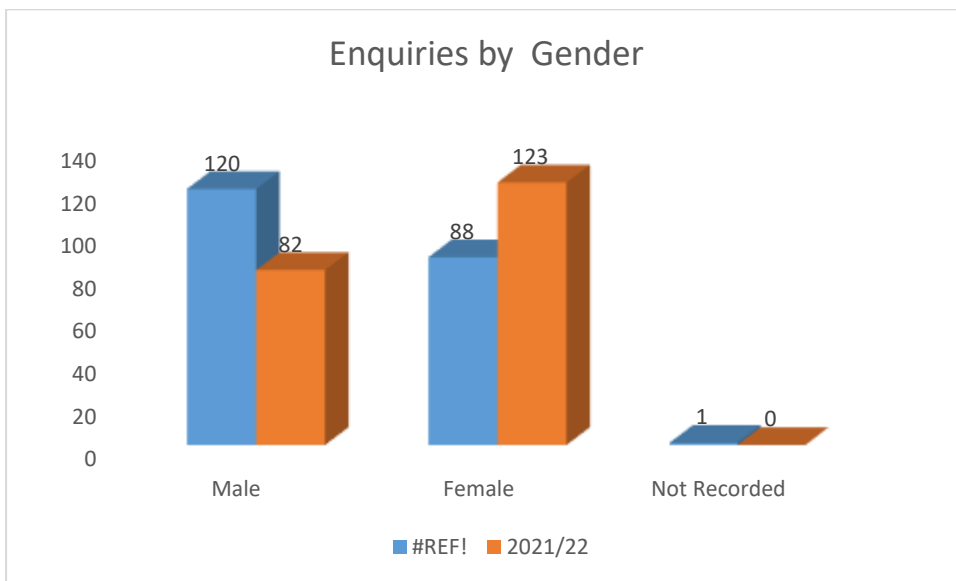
TASPB will endeavour to keep those people safe who as a result of their care and support needs are unable to protect themselves from abuse or neglect

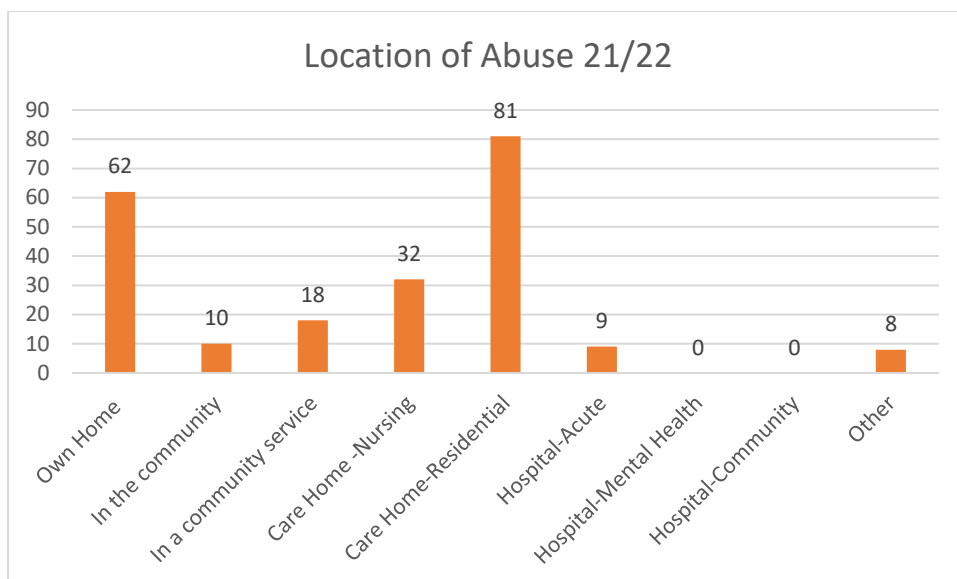
TASPB measure progress and achievements through an annual Business Plan which the Board reviews quarterly. Whilst TASPB current strategy comes to an end this financial year, the work to respond to the Safeguarding Adult agenda does not cease. The Board recognise that the work will need to continue and TASPB are reviewing the strategic plan and dashboard. It is anticipated TASPB will agree the revised strategic plan will be adopted for a further 3 years. This will be available during 22/23.

Safeguarding Adults in Tameside 2021/22

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.







During 2021/22 TASPb noted an increase in the number of concerns and enquiries in comparison to the previous 12 months. There were no particular trends identified. The increase is thought to initially be as the COVID restrictions were reduced and Practitioners would have more of a face to face presence in the Community, therefore more opportunity to be alerted to Adult Safeguarding concerns. This analysis is also supported by national data portraying the same situation.

In addition the increase that was evident to TASPb in the fourth quarter is thought to be in response to the TASPb launch of a revised Safeguarding Adult Policy and Procedure. This updated guidance provided more clarity regarding the Partnership organisations role in conducting the Safeguarding arrangements and the reporting of safeguarding enquiries.

The increase in the age range 85-94 of reports of Adult Abuse correlates with the increase in the number of Safeguarding enquiries recorded in residential homes. As discussed previously, this would appear to be due to the opportunities to identify Adult Safeguarding Concerns as the COVID restrictions were reduced. TASPb have not identified any emerging themes or trends for one particular Residential Home. However, TASPb continue to work with Partner Organisations to seek assurance there are no specific concerns. Where Safeguarding Enquiries are raised TASPb seek assurance that there is a Partnership response to any identified risk and Commissioners are assuring themselves that commissioned services are safe and effective in responding to safeguarding enquiries.

TASPB are assured that Partner Organisations are responding to incidents of Self-Neglect in the context of Safeguarding Adults as there has been an increase in enquiries for this domain during the last 12 months. This may be an outcome of the pandemic but TASPB figures for enquiries raised for self-neglect have been much lower pre COVID. TASPB also acknowledge that Partner Organisations have had a focus on Professional Curiosity. Prior to Covid, TASPB met with organisations to review learning from best practice in response to a self-neglect case. It is thought that this work may have informed the response to self-neglect, as organisations continue to demonstrate that they are proactive in seeking clarity around situations and not accepting certain circumstances at face value.

Safeguarding during COVID-19

This report has discussed the analysis of data in response to COVID -19 and TASPb acknowledge the new and heightened challenges for Practitioners during the pandemic. TASPb identified that the limitations to respond to the 6 safeguarding adult principles due to COVID 19 should be included on the TASPb Risk Register. In response to this, the Board, were initially hosting monthly meetings to seek assurance of safeguarding activity in organisations and the capacity to respond to situations. TASPb are assured that during this period, Partners Organisations responded appropriately, raising any issues that maybe on the horizon to alert a Partnership response. As the restrictions reduced and practice became embedded to accept that COVID is integral to everyday life, TASPb responded by reducing these meetings. Quarterly updates were made available at TASPb meetings and TASPb continued to be assured that individuals and organisations are competent in their delivery of safeguarding practice during the pandemic.

Shared Priorities.

TASPb work closely with other Partnerships with Safeguarding responsibilities in Tameside. The focus on this work is to progress and align shared priorities, such as response to domestic abuse, complex safeguarding and agendas relating to mental health.

These Partnerships are:-

- Tameside Safeguarding Children Partnership
- Community Safety Partnership
- Health & Wellbeing Board
- Domestic Abuse Board

To further enhance this work during 21/22, TASPb Business Unit merged with the TSCP Business Unit. The service re-design was agreed by the TSCP and TASPb in Feb 22 and will be implemented during 22/23. The concept of this approach is to align the business, reduce the number of meetings and create capacity for Partners to respond to safeguarding in the context of 'a think family' approach.

Safeguarding Adult Learning

TASPB Training Programme

TASPB endeavour to create a positive learning environment that encourages practitioners to share experiences and lessons learned from their involvement in Adult Safeguarding. As in previous years, the work to contribute to this element of the safeguarding agenda during 21/22 has provided opportunities for the workforce across the Partnership to access Safeguarding Adult Training. TASPB have facilitated this work both providing training and promoting the training activity accessible to all Partners across the Organisations.

During 21/22 TASPB continued to facilitate the Safeguarding Adult Manager training until the implementation of the revised TASPB Policy and Procedures in February 22. To support this implementation training sessions were hosted by TASPB and attended by 188 members of the workforce across Partner Organisations. Following this TASPB are supporting a rolling programme of Multi-agency Adult Safeguarding Training for 22/23 and beyond.

The learning for TASPB is further enhanced with annual development sessions for practitioners and access to webinars and lunch and learn sessions hosted by Partner Organisations.

Safeguarding Adult Reviews (SAR).

Integral to this learning environment is the learning from Safeguarding Adult Reviews. Section 44 of The Care Act 2014 requires Safeguarding Adults Boards to undertake a Safeguarding Adult Review when specific criteria are met. This is when abuse results in the death or significant and possibly life-changing harm of an adult with care and support needs.

TASPB recognise that Safeguarding adult practice can be improved by identifying what is helping and what is hindering safeguarding work. The SAR process enables the Board to tackle barriers to good practice and protect adults from harm. The review arrangements also provides assurance that safeguarding practice is continuously reviewed to ensure good quality and responsive practice, enhancing the quality of life of adults in Tameside.

During 21/22 TASPB completed 3 Safeguarding Adult Reviews

TASPB recognise that it is important to share learning and expertise on a local, regional and national level. The SAR reports are shared with a national repository and accessible for other areas to learn from and likewise TASPB access the reports from the repository to enhance the learning and likewise draw on learning from other areas or emerging practice approaches.

The 7 minute briefs are tools that are used to share the learning across organisations:-

- Annie

[Annie 7 minute brief](#)

- Barry

[Barry 7 minute brief](#)

- Cheryl

[Seven-Minute-Briefing-Cheryl.pdf \(tameside.gov.uk\)](#)

The SAR arrangements also takes into consideration reviews that other Partnerships may be undertaking. Consequently, TASPB contributed to the learning of a Domestic Homicide Review which will be published by the Home Office in 22/23. The Board also identified key lines of enquiry for an adult at risk to be included in a Local Safeguarding Children Partnership Review which has been published [child-ellie.pdf \(tamesidesafeguardingchildren.org.uk\)](#)

Outcomes for Safeguarding Adults in Tameside 2021/22

Making Safeguarding Personal

TASPB accept that it is a challenge for Partner Organisations gathering feedback on the outcomes and experience from the adult at risk of abuse. Making Safeguarding Personal is a priority for the Board and the response to this approach is continually monitored by TASPB. TASPB want to be assured that people are being supported, encouraged to make their own decisions and receiving person-centred care that ensures the Adults are safe on their terms. Work to focus on this to provide assurance to TASPB has been on the arrangements for asking key questions:-

- To what extent was the adult /advocate involved in understanding and responding to acceptable levels of risk?
- Did the adult / advocate feel listened to during conversations and meetings with people about helping them feel safe?
- Did the adult / advocate get information during the concern?
- Did the adult / advocate understand the information given to them when people were trying to keep them safe?
- Did the adult / advocate understand why people did what they did to try and keep them safe?
- How happy did the adult / advocate feel with the end result of what people did to try and keep them safe?
- Does the adult / advocate feel safer because of the help from the people dealing with the concern?

TASPB are assured the approach is embedded into practice and want to build on the good practice to date to continue to develop this area of work. Adult Social Care have been a key partner in this work during 21/22. Consequently, correspondence has been updated to explain the safeguarding arrangements for adults at risk and it is intended that these Adults and their families will be invited to share their experience through completing a survey in the future. This work is to be completed in 22/23

Quality Assurance

A key piece of work 21/22 was the review of the dashboard to support the TASPb strategy and business plan into 22/23. TASPb will continue to focus on developing this area and align this to the TASPb 3 year strategy. The Board agree that there are effective governance arrangements in place to support this priority. Consequently, this work is considered to be integral to TASPb and whilst will remain a focus for 22/23, will not be defined as a key priority in the revised strategic plan.

Prevention

The principle of prevention recognises the importance of taking action before harm occurs and seeking to put mechanisms in place so that they don't recur. TASPb 3 year strategy identified prevention as a key priority. Work over the last 3 years has promoted adult safeguarding and will continue to do so. This year the implementation of the revised Safeguarding Policy and Procedures has contributed to this priority. The work has included a review of the training programme and revised governance arrangements. A sub group to review Policy and Procedures meets periodically to ensure all the guidance remains fit for purpose. The Learning and Accountability Principle has overview of this work and a focus on learning across the workforce as well as the community. TASPb believe that there is a sustainable system in place to support this priority, therefore, going forward to 22/23, this will not be defined as a key priority in the revised strategic plan.

The Annual 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.

WEAAD this year would still see us in the midst of the COVID 19 pandemic and restrictions still in place. Despite the difficulties of COVID 19, the board worked closely with partner organisations and Tameside Communication team to promote the need to protect vulnerable adults from abuse in this challenging time.

TASPb were able to promote awareness by placing new WEAAD posters in Care homes, the hospital and Vaccination centres with contact information on.

TASPb were able to share information about WEADD through The Chief Executives weekly brief, The Wire, Twitter and Facebook.

It was highlighted by Tameside Council leader Councillor Brenda Warrington who is also the Lead for Age-Friendly in the Greater Manchester Combined Authority in her newspaper article [Leader's column: Honours and community spirit - Quest Media Network - Tameside Radio, Tameside Reporter, Oldham Reporter, and Glossop Chronicle](#) and on local radio in an interview with Cllr Wills.



03 - Cllr Wills Elder Abuse.mp3

TASPb Partner organisations raised awareness of World Elder Abuse Awareness Day, who joined in taking part in the purple quiz, Care homes having a purple themed day and Tameside & Glossop Integrated Care Foundation Trust (T&GICFT) Posting WEAAD leaflets throughout the hospital for staff and patients.

Pennine Care

Provided a presentation on WEAAD for their Lunch and Learn Session which they shared on the link below.

[Action on Elder Abuse 2021 - YouTube](#)



National Safeguarding Adult Week

National Safeguarding Adult Week, took place from the 15th to 21st of November 2021 and provided Tameside Adult Safeguarding Partnership Board. (TASPB) with the opportunity to raise awareness of this topic. TASPB worked with partner organisations to raise awareness regarding a different Safeguarding theme each day of the week with the main focus being on the two development sessions during the week.

Tuesday the 16th of November looked at **“Learning from Safeguarding reviews”**

Wednesday 17th of November looked at **“Working in Partnership to Safeguard Adults at Risk of Abuse in Tameside”**.

Both the workshops were conducted virtually with 156 staff across the 2 days from a wide range of organisations - including independent sector and our partner organisations.

The other days of the week were supported promoting information on the TASPB News page [Safeguarding Adults News and Events \(tameside.gov.uk\)](https://www.tameside.gov.uk/safeguarding-adults-news-and-events) and the TMBC Staff

Portal around the topics of Emotional Abuse, Safeguarding Mental Health, Adult Grooming and Creating- Safer Organisational Cultures / Whistleblowing.

TASPB also had the opportunity to adopt the following animation for use in Tameside:-

Tricky Friends Animation.

<https://www.youtube.com/watch?v=zv4yvDMhgHg&t=14s>

British sign language version

<https://www.youtube.com/watch?v=9t-c63d7kt4>

Partner Organisations Individual Response to Safeguard Adults from Abuse

Tameside MBC

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

- The Safeguarding Lead Lei-Anne Granger was appointed in September 2021, she has led on the implementation of the new Policy at ASC.
- The PSW, Anna Jenkins has chaired the Policy review Group. The aim being to update and improve the policy and procedure ensuring the principles of MSP are at the heart of all safeguarding work.
- The policy was implemented in February 2022 and we led the launch events leading up to this for TASPb as well as in our own organisation.
- The Safeguarding Lead has delivered over 12 workshops to local authority staff on the implementation of the new policy – MSP being a core part of this.
- The Safeguarding Lead has led on the redesign of the new leaflet and the design of the survey to be shared with individuals after a Safeguarding Enquiry working in partnership with TASPb.
- The new paperwork for recording concerns, Planning meetings and outcome meetings captures the voice of the person throughout.
- The ‘Tell us your concern’ referral form and revised referral pathway has streamlined the emphasis is on the person’s voice at the centre.
- As part of implementation review Safeguarding audits have been completed with MSP being a theme considered, this will be fed back to TASPb.

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

- The policy launch will have refreshed the MSP principles in practice, this will have enhanced the support received by individuals.

- The new paperwork 'Tell us your concern' 'Planning Meeting' and 'Outcome meeting' are designed to capture the person's voice throughout, they will be easier to read for individuals and their families and reflect their views.
- The revised referral pathway for professionals will support a timely and personalised response for adults at risk in Tameside.
- There will be an opportunity for the people who have experienced the safeguarding process to feedback and contribute to the ongoing review and development of policy and practice.
- Increased focus on legal literacy in the policy and implementation will support a rights based approach, supporting and empowering individuals throughout Safeguarding work.
- The policy and Safeguarding workshop sessions refresh the importance of involving the Adult or representative within the safeguarding process, including within the meetings held.

Activity in response to the Prevention work stream

- Developing our partnership working with the Police. This has involved a task and finish group to consider improving communication pathways between ASC and the Police. Data was collated and analysed to support the work.
- Developed partnership working with CGL, a programme of shared learning events has been planned to develop knowledge of working with adults with substance misuse. Including identification and response to "self-neglect" and exploitation.
- Developed partnership working with housing colleague in regards to safeguarding concerns such as hoarding.
- We have worked in collaboration with the Domestic Abuse Lead to train the workforce in Domestic Abuse.
- Engagement in the Task and Finish group for the Tiered Risk Assessment model.
- Raised awareness of the Managing the Risk protocol within ASC and set up a process to support decision making in high risk cases.
- Engagement and participation in learning events with TASPb.
- Led on Learning from a DHR, this involved a programme of policy and procedure development and staff learning events.
- Engagement and participation in WEAAD activity for TASPb and in TMBC.
- Ongoing engagement with Complex safeguarding work streams and transition
- Representation at Safeguarding leads group.

- Involved within and contribute to TASPb sub groups regarding data set and how we use the data to inform learning etc.
- Supported with audits and presented findings to Learning and accountability as well as staff within local authority.
- Facilitated manager forums within the local authority to share learning from SAR's, inquests and learning reviews.
- Safeguarding lead has supported with workshop sessions with staff teams across the local authority such as 'the hub' and re-ablement in regards to recognising signs of abuse and neglect.
- Safeguarding lead and PSW have commenced social work forums, the first session is on Hoarding.
- The Safeguarding Lead has delivered over 12 workshops to local authority staff raising awareness re safeguarding, defensible decision making, prevention and professional curiosity.
- ongoing chair of the adult MASH
- ongoing contribution to MARAC

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

- Partnership working with the Police has improved, this will result in better outcomes for adults.
- Partnership working with CGL has improved, knowledge of each other's services and the importance of partnership working will result in better outcomes for adults in Tameside.
- Raised awareness of domestic abuse in the context of Adult Safeguarding.
- Staff confidence in supporting adults at risk has increased. Policies and procedures are in place to support.
- Raised awareness of Safeguarding policies and procedure, legal literacy and categories of abuse is resulting in an increase number of referrals and more people receiving a rights based approach to support.
- Raised awareness in regards to recognising abuse and neglect.
- Raised awareness in regards to particular themes such as hoarding, cuckooing.
- Raised awareness re professional curiosity.

Activity in response to the Quality Assurance work stream

- The Learning Review Process has been implemented and embedding in practice, team are taking the lead with these now.
 - The managers Forum takes place regularly to share the learning from the learning reviews and track the actions.
 - A programme of audits and feedback is taking place to review the implementation of the Safeguarding Policy.
 - A programme of staff consultation is taking place to review the implementation of the policy and actions have been taken regularly to update and develop the system in response.
 - A review of the Safeguarding data set collated for the Local Authority has taken place. This work is informing the TASPb Data review task and finish group.
 - 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 Principal Social Worker and Safeguarding Lead
 - Attendance and contribution to multi agency Policy and Procedures re design.
 - Contribution to the re design of the SAR Framework.
 - 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.
- **What impact has this work had or likely to have on Safeguarding Adults at risk of abuse in Tameside?**
 - 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 MSP work stream

Safeguarding review 2021/22

GMP have now embedded the Adult at Risk Policy, which is used by frontline offices attending calls to service where they recognise vulnerability.

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; and
- 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.

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 Multi-agency safeguarding hub (MASH) Team (as was) and the 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.

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. However, it is acknowledged that GMP and partners are not maximising the opportunities to safeguard an SPO will provide. This is an area of work the newly appointed MASH Detective Inspector will be looking to drive with partners.

Complex Safeguarding, Domestic Abuse and Child Abuse (CCE/CSE) have stabilised emerged as increasing trends.

Tameside MASH has worked well during the previous 12 months. It was acknowledged during an Ofsted focussed visit that strategy meeting attendance requires improvement. The fact the police are not based at 'Tameside 1' was impacting on the process. GMP's IT was blocked within the T1 building. This has now been resolved and plans will be progressed in July 2022 to embed police officers within the MASH team. This will also positively impact on our TASP.

The Investigative Safeguarding Review (ISR2) has been implemented to achieve consistency across 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.

From 04th July 2022 Tameside will have a dedicated Detective Inspector over MASH and ASU.

The ASU will enhance GMP's response to adult safeguarding. D.A. victims will be contacted and supported throughout the CJ process. In August 2022 Tameside have appointed a retired police officer who will be our dedicated Vulnerable Adult SPOC. The intention for this role is to be the direct link within MASH to liaise with partners and ensure attendance at S.42 meetings. The SPOC will also advise police colleagues with investigation plans.

The ASU will also provide an enhanced response in relation to 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 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).

Tameside have a weekly RASSO (Rape and Serious Sexual Offence) governance meeting which is chaired by a DCI. During this meeting data is analysed of the previous 7 days to ensure offences are appropriately allocated/progressed. The purpose of the meeting is to also identify trends/issues.

Tameside have a Daily Management Meeting (DMM) where adult vulnerability is reviewed; specific focus on DA victims and others such as cuckooed nominals.

Tameside have an in-depth weekly DA governance where we have a deep dive into performance which includes an enhanced review of officers' body worn video to identify learning and compliance with force policy.

Tameside were the first district within GMP to have a dedicated Domestic Abuse Team (DAT). This team process all domestic abuse perpetrators. Tameside are leading the way to increase our solved rate. This follows on from GMP's commitment to investigate and solve crime.

In June 2022 Tameside began utilising the Priority Perpetrator Identification Tool (PPIT) to identify our monthly top 10 highest harm offenders/victims. Each perp will have a bespoke problem-solving approach to try and reduce harm, plans will be owned by the MASH DA Detective Sergeant.

Tameside are leading on a prevention hub. This is similar to the 'spotlight' process. This team will have close links with the MASH and look to support offenders who engage; but pursue those that do not and cause harm.

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

- Tameside police have always had a strong partnership links with statutory and non-stat partners. Specifically good working relations with Bridges Independent Domestic Violence Advocate (IDVA) services.

The development of the DAT and ASU under one Detective Inspector will only help to strengthen the partnership and improve the outcomes for victims.

The new increase in governance in both DA and Rape/Serious Sexual Offences will again impact on GMP drive to deliver on its commitment to the public of Tameside.

Having reviewed the draft TASPb for Q2; it is recognised that GMP (Tameside) have not raised any S.42 alerts or raised concerns. I suspect this is a recording issue as the police regularly highlight concerns to the MASH. With the appointment of the VA spoc I am confident that Tameside's performance will improve.

Activity in response to the Prevention work stream

As mentioned above the MASH in partnership with IDVA and Probation are using the PPIT to identify top 10 high harm nominals offender/victim and look to develop prevention/problem solving plans to reduce incidents/offending.

The police having monthly scrutiny around vulnerability in key areas of DA/Stalking/Harassment/CSE/CCE will allow the development of bespoke problem-solving plan. These plans are tracked at monthly governance chaired by the local Detective Superintendent.

In June 2022 Tameside launched the Prevention Hub lead by an Inspector. The whole aim of this multi-agency team is to tackle persistent issues and look to prevent further reoccurrence.

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

The impact of the significant changes in team structures and increased supervisory line management. Added to an enhanced crime and vulnerability governance is likely to improve the overall safeguarding of adults at risk in Tameside.

Activity in response to the Quality Assurance work stream

From a governance perspective, as previously referred to within the document. Tameside have a weekly RASSO (Rape and Serious Sexual Offence) governance meeting which is chaired by a DCI. During this meeting data in analysed of the previous 7 days to ensure offences are appropriately allocated/progressed. The purpose of the meeting is to also identify trends/issues.

Tameside have an in-depth weekly DA governance where we have a deep dive into performance which includes an enhanced review of officers' body worn video to identify learning and compliance with force policy.

Every month there is a Crime and Vulnerability chaired by the Assistant Chief Constable for crime where Tameside's performance is compared against other districts and forces.

Quarterly Tameside has a 'QPR' where again there is a deep dive into our local performance. Vulnerable Adult and safeguarding data is produced by GMP central team and the local command team are held to account for our performance.

The police and CPS also now required via the home office to undertake monthly QA meeting under the Joint Operation Improvement Meeting (JOIM). This meeting scrutinises the quality and timeliness of the CJ process. This meeting is

co-chaired by a Superintendent in CJ and head of local CPS. This meeting feeds into a further meeting chaired by the deputy mayor's office.

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 & Glossop Clinical Commissioning Group (CCG)

Activity in response to the MSP work stream

- CCG Staff continue to attend Making Safeguarding Personal Training (MSP) as part of their Safeguarding Training Requirements
- Continued Person Centred responses to Individualised Care Plans, Personal Health Budgets
- MSP response and voice of adult in supporting people through the transformation agenda
- Team around the adult approach and use of Advocacy for complex cases and cases that have required the support/decision from Court of Protection
- Designated Nurse's involved in Review of Partnership (TASPB) Policy and Procedures
- Designated Nurse involved with refresh of MSP/Safeguarding Training.
- Designated Nurse carries out MSP Safeguarding Audits
- MSP, and Team Around the Adult Approach promoted at Primary Care Safeguarding Updates

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

- Raised awareness amongst staff
- Reinforced and embedded Safeguarding Principles, Mental Capacity Act Principles and Human Rights.
- Equality and Diversity considerations treating all individuals with dignity and respect.
- Improved autonomy control and personal ownership over safety.
- The adult with care and support needs feels safer as a result of safeguarding procedures

Activity in response to the Prevention work stream

- Continued engagement and participation with local and National Adult Safeguarding Awareness Campaigns such as World Elder Abuse Awareness Day (WEAAD) and National Adult Safeguarding Week.
- Ongoing engagement and participation in the development, launch and embedding of the Tameside Adult Safeguarding Partnership Boards (TASPB) multi-agency policy procedures and guidelines.

- Raising awareness across Primary Care via briefings and safeguarding sessions on issues such as Domestic Abuse, Mental Capacity Act, Covert Medication, and Prevent.
- Participation and engagement in learning events from Safeguarding Adult Reviews.
- Improved use of technology linking CAADA DASH risk assessment with Primary Care electronic care records.
- Improved Communication Strategy including use of Social Media.

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 the risks and signs of abuse.
- Health professionals will know how to respond and how to refer safeguarding concerns
- Health Professionals feel more confident identifying risks and completing risk assessments for people experiencing Domestic Abuse
- 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.
 - Designated Nurse attendance at Board
 - Designated Nurse Chairs Learning and Accountability Group
 - Continued attendance and contribution to all TASPb works streams and task and finish groups.
 - Contribution to the refresh of the Safeguarding Adult Review Framework
 - Continued Participation and contribution to Safeguarding Adult Review Panels and Domestic Homicide Review Panels.
 - Participation in Audit
 - Participation in Practitioner Learning Events
 - Ongoing provision of Safeguarding Supervision
- **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 the organisation in response to the MSP work stream

- Making Safeguarding Personal is integral to our safeguarding families' policy, which has just been updated.
- Staff across PCFT can access the safeguarding team, through our helpline, Monday-Friday 9am-4.30pm. Safeguarding consultations are offered which support frontline staff to follow the values of MSP. Engagement with this has increased by 39%
- Safeguarding supervision is offered in children's services and is currently being audited. The safeguarding team are trailing the offer of group supervision to some adult sectors. This supports staff to think about MSP.
- Level 1 adult safeguarding training is mandatory to all staff roles, this incorporates MSP. Compliance with this in Tameside is: 92.8%, which equates to 380 staff.

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

Having safeguarding advice readily available to practitioner's means that adults in Tameside are actively safeguarding to a high level. 20% of consultations were from Tameside.

High levels of staff are trained to respond to adults at risk of abuse in Tameside.

Activity in the organisation in response to the Prevention work stream

All staff at PCFT complete mandatory Prevent training. Compliance is 91%.

The safeguarding team are actively involved in Channel panel.

The prevent lead is involved in steering groups for Prevent.

The safeguarding team discuss Prevent in their quality walks. The last of which suggest that staff remember their Prevent training but did not know who the Prevent Lead was.

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

Involvement in Prevent means that adults at risk have their mental health needs represented and considered.

There are high levels of staff trained to respond to prevent concerns in Tameside.

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

Safeguarding Children, Young People and Adults at Risk Contractual Standards 2021-22 provides clear service standards against which PCFT is measured to ensure that its responsibilities are being fulfilled. PCFT contractual standards are currently under review for 2022/23 with new compliance scores and action plan expected in August 2022. However, in 2021/22 standards PCFT was compliant in 59 of 67 standards, with no non-compliance scorings.

In line with statutory requirements, the safeguarding team are represented at board meetings and subgroups.

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

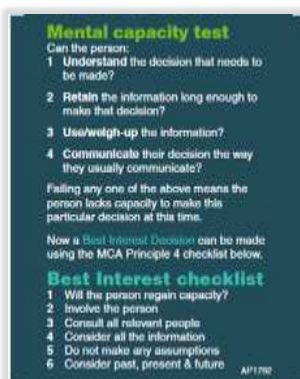
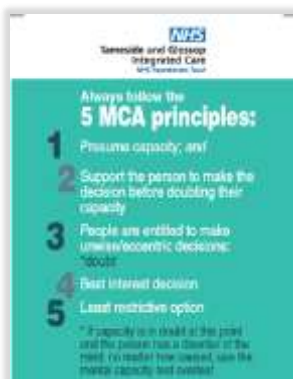
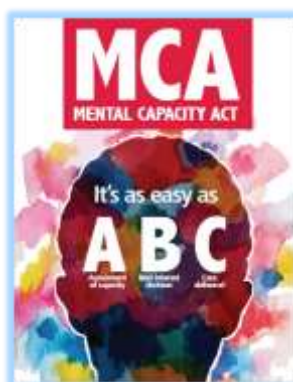
Our Trust is committed to ensuring the principles and duties of safeguarding children, young people, and adults at risk are holistically, consistently, and conscientiously applied at the centre of what we do. Our Trust Safeguarding Strategy recognises a 'Think Family' approach as children, adults and their families and carers do not exist or operate in isolation.

Tameside and Glossop Integrated Care Foundation Trust (ICFT)

Activity in the organisation in response to the MSP work stream

We have been actively working to make sure that our staff are aware of and respond to the requirements of the Mental Capacity Act (MCA) (2005). The Mental Capacity act is empowering legislation and supports Making Safeguarding Personal. We have;

- ✓ Launched a Mental Capacity Act (MCA) campaign to promote that the Act exists to safeguard patients who lack mental capacity to make decisions for themselves and the health professionals who care for them.
- ✓ Developed and implemented a targeted project plan on 4 work streams: Training & development, Legal Digital Frameworks. These areas the Mental Capacity Act is being completed & documented. It will ensure we have a confident, competent work force who are able to deliver the MCA safeguards and provide robust procedural evidence for both internal and external assurance
- ✓ Appointed a Specialist Mental Capacity Act Nurse, who will lead with the Head of Nursing for Integrated Safeguarding, this work programme, with a specific focus on the MCA project to ensure confidence and competence across the workforce in the application of the MCA.
- ✓ Purchased ID badge size MCA cards as shown below to be distributed to all staff to further raise awareness of the MCA principles and the capacity test, providing a quick reference point.



During 2021-2022, 422 Urgent DOLs applications were made by the Trust to Supervisory Bodies. This was a significant increase from previous year by 63%

We have promoted and supported the development of the Integrated Safeguarding Team by commissioning a restorative safeguarding supervision course. Staff receiving supervision, allows expression of concerns, promoting reflection and a person centred approach, contributing to Making Safeguarding Personal.

The Trust is actively promoting a culture that supports person centred care. Every month the Person and Community Centred Approaches team have shared a newsletter with useful links to resources and information, as well as opportunities to reflect, learn and connect around the subject of Personalised Health & Care. The team are driving this agenda and some of the learning opportunities for staff have included; Person Centred Coaching, Why Asking “What Matters To You?” Matters, Co-Production and social prescribing.

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

Making Safeguarding Personal is for everyone, including people who lack mental capacity and so by ensuring our staff work according to the principles of the Mental Capacity Act (2005) and make a best-interests decision in terms of specific safeguarding risks, taking into account what that person would have preferred or wanted will have an impact in preventing abuse and neglect. Promoting a culture of person centred care and developing the workforce to use the relationship and communication skills we have to work with people so that they understand the implications of their decisions will have an impact for adults at risk.

Activity in the organisation in response to the Prevention work stream

- ✓ Embedded safeguarding at the daily trust wide site safety huddle, providing key messages, updates, and informing management of risks, incidents and concerns. This continues to generate useful conversations where actions and learning is identified and shared, when relevant.
- ✓ ‘Spotlight on’ programme. This has included a range of initiatives, focused on quality and safety, as well as patient and staff experience. Themes have included; Hydration and Nutrition, Safeguarding, Person Centred Care,

environment, leadership, wellbeing and communication. Great learning opportunities were created.

We continue to promote, create and ensure safeguarding is our everyday business, culture and whole organisational approach that is firmly embedded within the wider duties and all areas and activities of the Trust;

This has been demonstrated by;

- ✓ Supporting National Safeguarding Adult Week
- ✓ Supporting World Elder Abuse Day



- ✓ Launching our Integrated safeguarding newsletter.
- ✓ Included Safeguarding as a standard in the Trust's newly Quality Assurance Round and Accreditation Programme. Safeguarding Leads are actively engaged with this programme of work and are part of the accreditation team.
- ✓ Promoting 'Adverse Childhood Experiences' (ACEs). ACEs are common and are strong predictors of health risks and disease, making ACEs the most, if not the most leading determinant of the health and social wellbeing of our nation (Public Health England)



- ✓ Presenting learning alongwith the Local Authority to TASPb, following the conclusion of a local Domestic Homicide Review and Safeguarding Adult

Review. The Trust shared a patient experience video developed for learning purposes that was well received with positive feedback from partners.

- ✓ Welcoming an Independent Domestic Violence Advocate (IDVA) funded fixed term to work in the Trusts Emergency Department, AMU and Maternity Services with an aim to; Improve identification of victims of interpersonal violence; provide an effective, consistent presence in A&E to advocate for the service and improve the response to victims of interpersonal violence, by supporting, empowering and training clinical staff to identify signs of abuse and ask screening questions; work collectively as a team with our staff, to offer a safe space where support is provided and choices are offered for immediate safeguarding and provide on-the-spot advice, support and safety planning to victims of abuse and violence at the point of crisis.
- ✓ The Safer Care team coordinated a Trust wide, focus on falls week which commenced on 7th March 2022. The aim of the week was to get everyone talking about falls prevention and learning about interventions which can help stop falls occurring. Following this, a Trust wide Falls Risk Summit was held in March 2022, chaired by the Executive Director of Nursing and Integrated Governance/ Executive Lead for Safeguarding, to address avoidable harm with a focus on quality initiatives. This was attended by a multi-disciplinary team who discussed prioritising falls prevention across our organisation.



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

Promoting a Safeguarding culture ensuring our staff are able to recognise when an adult may be at risk of abuse or neglect. Safeguarding adults is about prevention and early intervention as well as intervention when things have gone wrong and so raising awareness, preventing avoidable harm,

Activity in the organisation 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 2021-2022, sets out clear safeguarding standards by which healthcare providers are measured against. The standards reflect our statutory responsibilities and any areas of thematic safeguarding in response to national inquiries and introduction of relevant legislation. Compliance with the standards is measured by annual completion of the self-assessment audit tool. In the 2021-2022 audit, our self-assessment has demonstrated improvement and progress against the previous year.

The Trust has continued to actively contribute to the work of the safeguarding partnership, aligning the Trust's safeguarding work plan to partnership priorities. Activity has included;

- ✓ Participated and consistently attended Tameside Adult Safeguarding Partnership (TASPB) Board and its subgroups.
- ✓ Participated in safeguarding partnership board development sessions.
- ✓ Contributed to the TASPB policies and procedure development and launch.
- ✓ Contributed to multi-agency reviews (Safeguarding Adult Reviews and Domestic Homicide Reviews) and can demonstrate that action plans, recommendations and learning from reviews have been addressed and implemented.
- ✓ Learning from all case reviews continues to be disseminated in seven minute briefings, learning events and updates.

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

The Trusts Integrated Safeguarding Annual Report for 2021/2022 demonstrates the Trusts continued commitment to safeguarding, demonstrating progress against 2021-2022 priorities and our ongoing activity, in the context of significant operational, system and partnership pressures and recovery.

The Trust has continued to focus on ensuring compliance with our statutory, regulatory and contractual requirements, with the safety and welfare of our patients at the heart of this agenda.

The Integrated safeguarding team has continued to be proactive in ensuring the safeguarding agenda is delivered and Trust staff are supported in providing safe and effective safeguarding across the lifespan.

Maintaining effective safeguarding arrangements increases the safety of adults at risk and the quality of the services we provide.

The Trust will continue to promote, create and ensure safeguarding is our everyday business. Making every contact count to embed safeguarding and creating an organisational approach, with board to floor communication ensuring Safeguarding is maintained as a high priority.

_Healthwatch

Activity in the organisation in response to the MSP work stream

Information about safeguarding is included in the advice and information section of our website, including a direct link to the TASPb web pages.

We also supported and participated in the launch of the new adult safeguarding policies and procedures and promoted these within our organisation.

Greater Manchester Fire and Rescue Service (GMFRS)

Activity in the organisation in response to the MSP work stream

- MSP is referenced within the organisational Safeguarding Policy & Procedure, which has been updated during 2021/22.
- GMFRS Home Fire Safety Assessments involve a person-centred fire risk assessment, tailored to the needs of an individual or household.
- GMFRS personnel, where possible and appropriate, will support and encourage people to make their own decisions and give informed consent.
- GMFRS Designated Safeguarding Officers (DSOs) have been trained to Level 3 in Principles of Safeguarding and Protecting Children, Young People or Vulnerable Adults. In addition, each DSO completes a course focused on the role and responsibilities of a DSO, which is refreshed every 2 years.

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

- DSOs have continued to develop and maintain their knowledge and understanding of safeguarding, which is essential as they act as the first point of contact for members of staff who require advice or support to respond to concerns about an adult with care and support needs.
- Activity has informed shared learning and improved the response to safeguarding concerns, ensuring appropriate referrals are sent to Tameside Adult Services.

Activity in the organisation in response to the Prevention work stream

- GMFRS Safeguarding Policy & Procedure outlines our organisational approach to preventing abuse, neglect and exploitation and responding effectively where concerns are raised, to protect the public, GMFRS service users and personnel, including our apprentices, 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, and applies to all employees, volunteers and contractors working for the service.
- The Policy & Procedure has been updated during 2021/22 and is available on a dedicated Safeguarding section on the organisational intranet.
- The GMFRS Safeguarding Development Officer is the strategic advisor to the GMFRS Senior Management and Leadership Team and has provided professional advice and guidance to develop enhanced safeguarding practices.
- The GMFRS Safeguarding Policy & Practitioners Group identifies issues effecting the strategic direction for safeguarding within GMFRS. The group is responsible for developing, reviewing, and updating the Safeguarding Policy & Procedure, and communicating to employees and volunteers any changes in the Policy & Procedure. The group has monitored compliance with the Policy & Procedure and audited and evaluated safeguarding activities across the organisation to increase effectiveness. The group has also discussed local trends, shared referral data (quantitative and qualitative), provided peer support, and shared best practice.
- GMFRS has developed a Safeguarding Training Competency Framework based on national requirements as set out the following documents:

- Intercollegiate document Safeguarding Children and Young People: Roles and competencies for healthcare staff (January 2019).
- Intercollegiate document Adult Safeguarding and Competencies for Health Care Staff (August 2018).
- Bournemouth National Competency Framework for Safeguarding Adults: A Comprehensive Guide (2014).

The Framework sets out expected levels of knowledge and training, in relation to safeguarding children and adults, for all GMFRS personnel, including apprentices, volunteers and sub-contractors. Knowledge and training requirements are dependent on the job roles and responsibilities.

- All GMFRS personnel must complete the GMFRS e-Learning: Safeguarding Children and Adults at Risk on the service's Learning Management System (Mi Learning).
- Work has taken place during 2021/22 to develop a further eLearning module focused on the organisational policy and referral process, which will be launched during 2022/23. This mandatory training will include formal knowledge checks to measure understanding of the referral processes.
- The GMFRS Prevent: Safeguarding People at Risk of Radicalisation or Involvement in Terrorism, has also been refreshed during 2021/22.
- Prevent e-Learning is hosted on the service's Learning Management System (Mi-Learning) and must be completed by all staff and refreshed every 2 years.
- GMFRS delivers *Workshop to Raise Awareness of Prevent* (WRAP) training to targeted staff groups, the Prevention Department and apprentices. Other staff are optional attendees. Both the e-Learning and face to face training raises awareness of radicalisation and supports staff to identify people at risk and refer them to the Channel Programme.
- The GMFRS Prevention Manager has attended Local Authority safeguarding training opportunities including Honour Based Violence & Abuse/Forced Marriage awareness; Hoarding Awareness, and Suicide Awareness for Professionals.
- The GMFRS Prevention Manager has delivered additional brief safeguarding awareness sessions with operational firefighters to further enhance knowledge of subject and procedures. Case studies regarding domestic abuse; self-neglect/hoarding; complex safeguarding etc. are included.

- GMFRS revised its Prevention Offer during 2021/22 and introduced an Online Home Fire Safety Check and Home Fire Safety Assessment intervention (for those at increased risk of fire).
- GMFRS has continued to receive referrals from partners for those subject to an 'urgent threat to life' via a potential arson attack and undertake urgent Home Fire Safety Assessments.
- Digital safeguarding and monitoring IT: the service has taken necessary steps through the redesign of its ICT Acceptable User Policy and an increased focus on training in relation to digital security and information governance. GMFRS corporate induction for staff, apprentices, volunteers, and sub-contractors outlines clear expectations, rules and guidance in relation to safe use of technology. IT equipment is monitored and managed by a dedicated GMFRS IT department.

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

- 593 Home Fire Safety Assessments (known as Safe and Well visits until January 2022) have been undertaken in the Tameside area during 2021/22 (394 undertaken by operational firefighters, and 199 more complex visits undertaken by Prevention Advisors).
- There have been no accidental or non-accidental fire deaths in Tameside during 2021/22.
- GMFRS operational firefighters and Prevention staff made 26 adult safeguarding referrals during 2021/22 compared to 20 referrals during 2020/21.
- Partnership working has resulted in GMFRS receiving over 2,408 referrals for priority arson threat Home Fire Safety Assessments across Greater Manchester during 2020/21, including referrals from GMP, Victim Support, Tameside housing providers and Tameside's Bridges service. A priority visit can include the fitting of additional smoke alarms and letterbox protection and GMFRS aims to carry out a priority visit 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 has supported continued organisational learning and safeguarding awareness.

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

- The Fire Standards Board introduced a Safeguarding Fire Standard in February 2022. The Standard aims to ensure that Fire & Rescue Services are doing all that can be done in supporting safeguarding, are working proactively to promote the safeguarding of those in their communities as well as employees and volunteers and in reducing the risk of abuse, harm, and neglect. The GMFRS Safeguarding Policy & Practitioners Group, chaired by the Safeguarding Development Officer, will oversee the implementation of the standard and report into relevant Senior Leadership Boards on progress.
- GMFRS continues to be 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.

- Completion rates for mandatory safeguarding training are monitored via an internal Mi Learning system, via staff 1-2-1s and twice-yearly Personal Reflective Appraisals.
- GMFRS undertakes audits to ensure its commitment to safeguarding, to assure that all personnel adhere to the safeguarding procedures in place, and that compliance of the organisational Safeguarding Policy & Procedure is continually monitored and improved to increase effectiveness.
- The GMFRS Safer Recruitment Process and Guidance is in place.
- 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.
- Daily monitoring of an area safeguarding mailbox to alert the GMFRS Prevention Manager (DSO) of referrals passed to Tameside Adult Services. Resilience arrangements are in place to cover absence. This enables active monitoring for the purposes of quality assurance of safeguarding referrals made by GMFRS personnel, and to collate statistics and identify patterns.
- Quality assurance of Home Fire Safety Assessment records is undertaken by appropriate line managers.
- GMFRS Prevention Manager has contributed to SAR/DHR related requests for prior engagement and chronology of previous engagement if required.
- GMFRS Prevention Manager has supported additional safeguarding awareness training to operational firefighters to further enhance subject knowledge and assure procedures are carried out effectively.
- GMFRS undertake standard DBS checks for all operational firefighters. DBS checks for non-operational GMFRS staff are according to their role, e.g. GMFRS Prevention Manager and Prevention Advisors have 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.
- Learning from SARs/7-minute briefings etc. has been shared with appropriate staff to support awareness, learning and improvement.



Greater Manchester Probation Service (GMPS)

Developed a regional Quality and Effectiveness strategy/Plan which focusses on safeguarding and domestic abuse checks and ensuring the concerns are brought to life in the Sentence Plan (SP) and Risk Management Plan (RMP).

Developed a Blended Supervision model which largely focusses on the first 12 week of the order or licence to ensure we produce an evidence led assessment/SP and RMP from the outset that is informed by third party information from police and adult/children's services.

Ensuring that people on probation are seen in accordance with their risk, e.g., all H RoSH are seen a minimum of weekly and Home Visits are undertaken in all cases.

Developed the Tameside Magistrates' Court pathfinder who takes a targeted approach to preparing Pre-Sentence Reports (PSRs) based on age, gender, ethnicity, and vulnerability of the victim. The latter should ensure that any perpetrators of domestic have a report prior to sentencing thus offering greater protection to victims and ensuring the perpetrator access the relevant intervention.

Refresh of the Integrated Offender Management (IOM) model working collaboratively with Police.

Developing our practice working with adult with Autism and we have developed regional Equality, Diversity, and Inclusion strategy.

Activity in response to the MSP work stream

Since 4th March 2022 all new order and release on licences will be audited using a light touch tool to ensure all minimum standards have been achieved.

Working collaboratively with HMCTS to improve quality of reports that are evidence led and targeting defendants based on age, ethnicity, gender, and victim vulnerability.

Widened the scope for victims who can access our Victim Liaison Scheme.

Refer and Monitor tool which provides greater access to commissioned services, which include drug and alcohol services, peer mentoring, employment and education, accommodation, women's services, emotional well-being, family support and well fare hubs.

Tameside PDU also piloted coaching sessions for adult males who suffer from depression and anxiety.

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

Improved sentencing – right sentence at the right time. Informed by better third-party information

Quality improvement in sentence management. Identifying vulnerable victims and vulnerable people under our supervision.

Improved services for victims.

Activity in the organisation in response to the Prevention work stream

Improved safeguarding checks both at court and during sentence management.

Greater focus of safeguarding in the SP and RMPs.

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

As above Probation

Activity in your organisation in response to the Quality Assurance work stream

As above.

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

GM IRS provides greater support and more interventions for those under our supervision. The ROIF allows us to co commission services that will benefit Tameside taking a more targeted needs led approach

North West Ambulance Service (NWS) Annual Report

<https://www.tameside.gov.uk/TamesideMBC/media/adultservices/NWS-Safeguarding-Annual-Report-2021-22.pdf>

Summary

This Annual Report provides an opportunity to reflect on TASPb business during 21/22. The work completed by TASPb and Partner Organisations over the last 12 months provides assurance of the quality and responsiveness of the adult safeguarding work in Tameside.

It is evident TASPb have assurance that safeguarding practice is continuously reviewed to ensure good quality and responsive practice, enhancing the quality of life of adults in Tameside. The response to the TASPb strategy, SAR's and implementation of the revised TASPb Policy and Procedures have contributed to this.

Partner organisations have worked to promote and respond to the Safeguarding Principles. Consequently, this work has contributed to a collective response from the Board to Adult Safeguarding and provides further assurance of how effective this work is in Tameside. The work demonstrates a commitment to evidence *adult safeguarding is everyone's business*, with all organisations and individuals.

TASPb priorities as outlined in the 3 year strategy are embedded into practice. These priorities will continue to be a focus as will the 6 Safeguarding Principles. TASPb will use the work to date as the foundation for the next 3 year strategy, consequently this has informed their priorities for the next 12 months:-

- Domestic Abuse
- Self-Neglect
- Neglect
- Adults experiencing Multi-disadvantage



- **Glossary**

- **ACE** **Adverse Childhood Experiences**
- **AD** **Assistant Director**
- **A&E** **Accident and Emergency**
- **AMU** **Acute Medical Unit**
- **AP** **Aggrieved party (Victim)**
- **ASC** **Adult Social Care**
- **ASU** **Adult Safeguarding Unit**
- **CADDA –DASH** **Domestic abuse, stalking and honour based Violence Risk Assessment**
- **CCG** **Clinical Commissioning Group**
- **CJ** **Criminal Justice**
- **Cllr** **Councillor**
- **COVID-19** **Corona Virus Disease – 2019**
- **CPS** **Crown Prosecution Service**
- **CS** **Complex Safeguarding**
- **DA** **Domestic Abuse**
- **DAT** **Domestic Abuse Team**
- **DBS** **Disclosure & Barring Service**
- **DCI** **Detective Chief Inspector**
- **DHR** **Domestic Homicide Review**
- **DMM** **Daily Management Meeting**
- **DSO** **Designated Safeguarding Officer**
- **DV** **Domestic Violence**
- **GM** **Greater Manchester**
- **GMMH** **Greater Manchester Mental Health**
- **GMFRS** **Greater Manchester Fire and Rescue Service**
- **GM IRS** **Greater Manchester Integrated Rehabilitation Services**
- **GMP** **Greater Manchester Police**
- **GMPS** **Greater Manchester Probation Service**
- **HMCTS** **Her Majesty’s Courts & Tribunal’s Service**
- **ICFT** **Integrated Care Foundation Trust**
- **IDVA** **Independent Domestic Violence Advocate**
- **IOM** **Integrated Offender Management**
- **ISC** **Integrated Safeguarding Committee**

- **JOIM** **Joint Operation Improvement Meeting**
- **LA** **Local Authority**
- **LD** **Learning Difficulty**
- **MARAC** **Multi-Agency Risk Assessment Conference**
- **MASH** **Multi Agency Safeguarding Hub**
- **MBC** **Metropolitan Borough Council**
- **MCA** **Mental Capacity Act**
- **MSP** **Making Safeguarding Persona**
- **NBO** **Neighbourhood Beat Officer**
- **NFCC** **National Fire Chief Council**
- **NPS** **National Probation Service**
- **PCFT** **Pennine Care NHS Foundation Trust**
- **PDU** **Probation Delivery Unit**
- **PPIT** **Priority Perpetrator Identification Tool**
- **PSR** **Pre-Sentence Reports**
- **PSW** **Principle Social Worker**
- **QA** **Questions & Answers**
- **QPR** **Quarterly Performance Review**
- **RASSO** **Rape & Serious Sexual Offence**
- **RMP** **Risk Management Plan**
- **RoSH** **Risk of Serious Harm**
- **SAR** **Safeguarding Adult Review**
- **SP** **Sentence Plan**
- **SPO** **Stalking Protection Order**
- **SPOC** **Single Point of Contact**
- **TASPB** **Tameside Adult Safeguarding Partnership Board**
- **TGICFT** **Tameside & Glossop Integrated Care Foundation Trust**
- **TMBC** **Tameside Metropolitan Borough Council**
- **VA** **Vulnerable Adult**
- **WEAAD** **World Elder Abuse Awareness Day**
- **WRAP** **Workshop to Raise Awareness of Prevent**

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Agenda Item 8.

Report to:	HEALTH AND WELLBEING BOARD
Date:	19 January 2023
Reporting Officer:	Dr Henri Giller - Independent Chair of Tameside Safeguarding Children Partnership
Subject:	TAMESIDE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2021/2022
Report Summary:	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 2021/22.
Recommendations:	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.
Links to Health and Wellbeing Strategy:	Tameside Safeguarding Children Partnership priorities for 2021/22 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.
Policy Implications:	In compliance with existing policies.
Financial Implications: (Authorised by the statutory Section 151 Officer and Chief Finance Officer)	There are no direct financial implications arising from this report.
Legal Implications: (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.
Risk Management:	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.
Access to Information:	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

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Tameside Safeguarding Children
Partnership
Annual Report
2021 - 22

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Section 1

Introduction

Tameside Safeguarding Children Partnership (TSCP) are responsible for making sure that children of all ages and abilities get the help and protection that they need in Tameside. The Children and Social Work Act (2017) set out provisions led by 3 safeguarding partners (local authorities, chief officers of police and clinical commissioning groups (changed to Integrated Health Care Organisation July 22), and places a duty on those partners to make arrangements to work together with any relevant agencies for the purpose of safeguarding and promoting the welfare of children within the area. This is set out in the guidance [Working Together 2018](#)

Tameside Safeguarding Children Partnership (TSCP) brings together those Statutory Safeguarding Partners to work in close collaboration with relevant agencies to safeguard and promote the welfare of all children and young people in Tameside. This is achieved through the co-ordination of collaborative partnership activity at a local level to identify and respond to local safeguarding need, ensure local arrangements for the safeguarding of children are fit for purpose and provide scrutiny of, and challenge to, those arrangements where appropriate.

We are committed to putting children first, to empowering families to take good care of themselves and their children, and to providing professional, personalised services that recognise each family as unique and listen and respond to their individual circumstances. Running through the core of our priorities is the requirement to take account of the voice and lived experience of children in such a way that it influences assessment and planning at all levels of intervention. At the same time we challenge one another to do better, to learn and to aspire for more - much as we all do for our own children. The [Tameside-Safeguarding Arrangements](#) outline how we achieve that ambition and this Annual Report 2021/22 discusses how we as a Partnership have worked over the last 12 months to strive to achieve this work.

Our focus during 21/22 has been on the Partnership priorities:-

- Trio of Risk & Vulnerability

At both local and national level, the toxic trio effects parental/carer ability to care of their children. TSCP completed case reviews during 2017-20 in which in the toxic trio have featured heavily; 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 wellbeing, safety 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.

SCRUTINIZING THE SAFEGUARDING CHILDREN PARTNERSHIP IN TAMESIDE (APRIL 2021 TO MARCH 2022) - 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 third working year of the new partnership arrangements. The criteria for scrutiny is that contained in the report “Six Steps for Independent Scrutiny” as updated by the national survey of what is currently being scrutinised, by who and how (Pearce, Stratton, Parker & Thorpe,2022).

TSCP Leadership

TSCP Partner Leads are clearly identified and accountable for TSCP activities safeguarding children. In addition to their participation in the Partnership Executive meetings, the Partner leads meet as a leadership group with the Independent Chair and the Partnership business manager on a monthly basis, to consider on-going strategic safeguarding priorities and operational matters arising that may impact upon those priorities. The leadership group also oversees the development of the agenda for quarterly Executive meetings. The Partnership leads are represented at allied boards and partnerships (the safeguarding adult board, community safety partnership and the health and wellbeing board) and report back to the Executive on safeguarding initiatives undertaken by these bodies and safeguarding issues emergent in their policy areas. Delegated representatives of the three statutory partners participate in relevant sub- groups and working groups of the Safeguarding Partnership. The structures of the Partnership were reviewed in this period and a revised body to oversee the operational functioning of the Partnership, the business group, was proposed. This became operational in May 2022.

Engagement of Relevant Agencies

All relevant agencies are engaged with the safeguarding children partnership, are aware of local information sharing protocols and training initiatives and participate in partnership development events and reviews of strategic priorities. New members to the partnership are provided with induction materials by the business manager and a safeguarding newsletter is regularly circulated to representatives of relevant agencies informing them of local and national reviews and research and training and workforce development opportunities.

The level of engagement of an agency's staff during this period was critically affected by the on-going Covid 19 pandemic. This had significant impact with respect to staffing levels in children's social care, the police and with NHS providers. This situation impacted on the quoracy of

Safeguarding meetings, the timeliness of reviews and the delivery of appointments for safeguarding services. With respect to children's social care the pressures on staffing caused by Covid compounded an already critical position with respect to the recruitment and retention of qualified social workers. This situation was picked up by Ofsted in a visit to the local authority in April 2022.

The statutory partners continued to meet regularly (as they had since the start of the pandemic) to oversee the pattern of disruption caused by the pandemic in safeguarding agencies and to initiate preventive or remedial actions as appropriate. As lockdown restrictions eased so the evolving local patterns of pressure on safeguarding demand were responded to with increasing agility (e.g. supporting vulnerable children back into schools).

In two instances major reviews of the existing engagement arrangements of agencies were on-going in the period. With respect to NHS staff, the impending introduction of the integrated care system (ICS) initiated a review of the roles and responsibilities of health staff with a safeguarding responsibility in the clinical commissioning group (CCG). This review continued into 2022-23. With respect to the police, a critical review of the GMP's functioning by HMICFRS led to a review of the deployment of safeguarding officers across the force. As a consequence, an increase in the number of designated police officers with safeguarding responsibilities deployed in Tameside was commenced in this period.

Outcomes for Children and Young People

Listening to the voice of the child both from the perspective of quality assurance of safeguarding service delivery and to inform service development has been a feature of the Tameside arrangements since the inception of the revised partnership. The current annual report clearly illustrates that this approach continues to be employed across the statutory partners and their relevant contributor organisations. The report demonstrates that gleaning the views of young people is not restricted to those with only marginal safeguarding concerns but focuses on those with significant and complex needs that, if unattended, may lead them to be hard to reach.

Quality Assurance & Information Sharing

The Quality Assurance Performance Group (QAPM) undertook a full programme of assurance exercises sampling agency activity on a multi-agency, bi-agency and single agency basis. The exercises demonstrated both strengths in current key practice areas but also opportunities for

substantial improvements to take place. This was the case in topics such as neglect, children’s mental health, sexual harmful behaviours and complex safeguarding. Programmes of development work were initiated in each of these areas in the period under review and changes in operational procedures proposed and/or initiated. These developments continue to be progressed in 2022-23.

Learning from Local & National Reviews & Research

Learning reviews undertaken in this period related to issues of neglect, mental health (both child and parental), transitions, complex and contextual safeguarding, trauma informed practice and the pathways to access early help. Recommendations for improving or enhancing service included:

- Revising the assessment tools used to identify neglect
- Improving access to mental health service for children and ensuring that parental mental health needs are identified along with a child’s
- Initiating revisions to the transitions pathway
- Increasing the capacity of the complex safeguarding team
- Prioritising trauma informed practice as a key learning goal in the local safeguarding system

National research findings continue to be circulated and promoted through the partnership newsletter and inform the content of the partnership’s training programme.

Multi-Agency Safeguarding Training & Workforce Development

The commitment to a multi-agency training strategy continues to be a strength of the Tameside partnership. A substantial number of staff from across relevant agencies have engaged with the training opportunities available in the period and, as the pandemic eased, so the take up of face-to-face training increased. A range of training modules were delivered in the period – both core or foundation as well as modules specifically tailored to progress the strategic priorities of the partnership’s business plan. The availability of a variety of training delivery mechanisms was sustained in the period and is planned to continue into 2022-23.

The challenge of having an adequate workforce to undertake safeguarding activities continues across all relevant agencies, and Tameside inevitably competes with the nine other GM boroughs to fill staffing vacancies. Consideration of how to “grow one’s own” skilled workforce increasingly comes to the fore.

Section 2-The Town of Tameside

Tameside is a Metropolitan District within Greater Manchester. According to the latest Official National Statistics estimates contain 227,117 people of which 50,956 are 0-17 years of age. It is classified as within the 20% most deprived areas in England with 19% of children living in low income families (Tameside Profile 2019). We have seen an increase in percentage of Free School Meal eligibility from 26% (2020/21) to 29% (2021/22).

In Year 6, 21% of children are classified as obese (Tameside Profile 2019).

	Cohort	% FSM	% SEN EHCP	% SEN Support
Tameside	37499	29%	4.10%	13.40%
Primary	22091	30%	2.20%	14.40%
Secondary	14567	26%	2.00%	12.10%
SEN/PRU	715	43%	99.40%	0.60%

Ofsted Ratings	Apr-20	Mar-21	Mar-22
Pupils in Good or Outstanding Schools - Secondary (%)	73%	66%	67%
Pupils in Good or Outstanding Schools - Primary (%)	89%	89%	91%
Pupils in Good or Outstanding Schools - Special (%)	71%	71%	72%

Section 3- Vulnerable Children in Tameside

Children Social Care Demographics

	2017/18	2018/19	2019/20	2020/21	2021/22
CIN	1456	1440	1187	1258	1709
CP	468	363	366	388	377
Cared for Children (LAC)	625	653	703	682	665

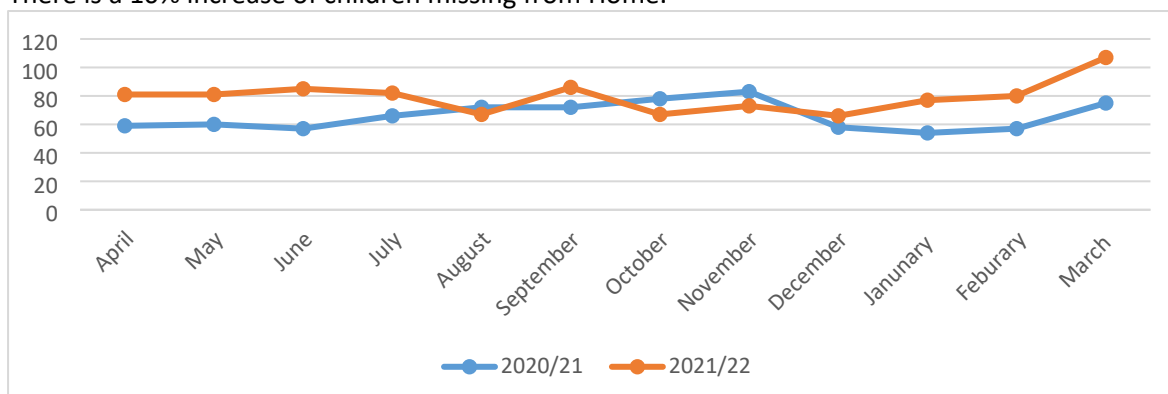
Domestic Abuse Notifications from Police to Children Services

The number of Domestic abuse notifications has steadily increased in number plus the number of high risk notifications have also increased.

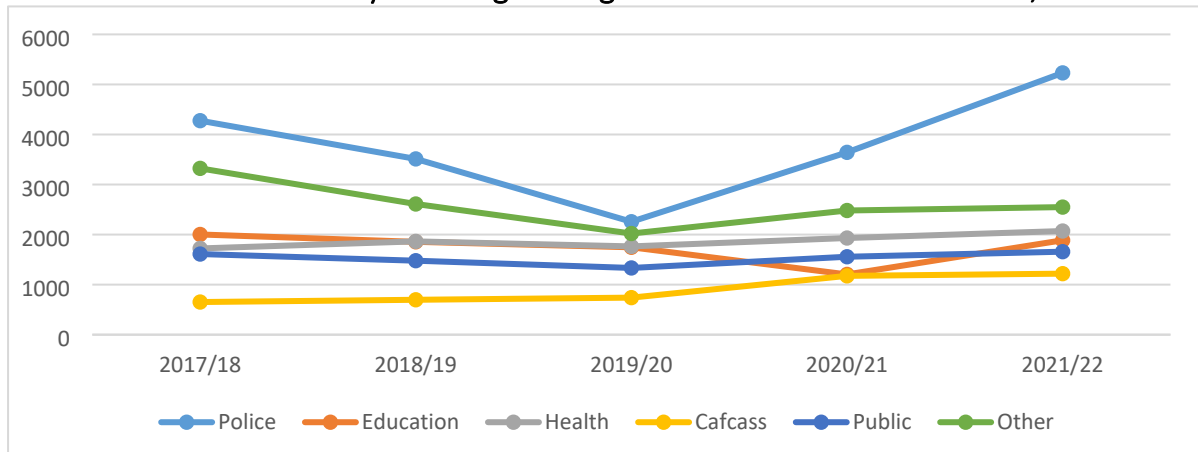
	2019/20	2020/21	2021/22
Overall	1858	2609	3222
High Risk	299	466	628

Missing from Home-

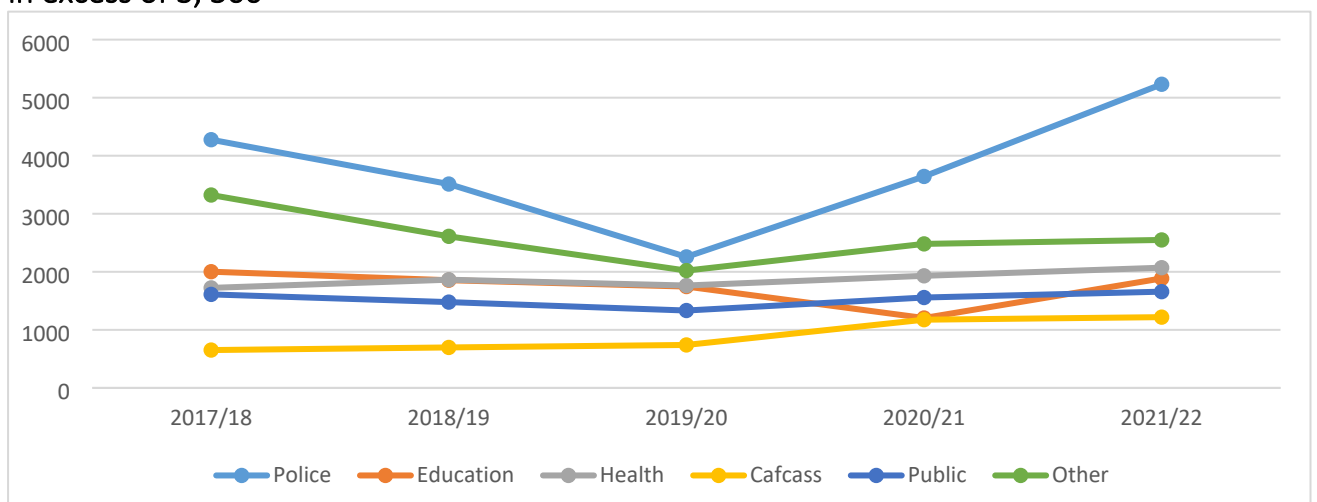
There is a 10% increase of children missing from Home.



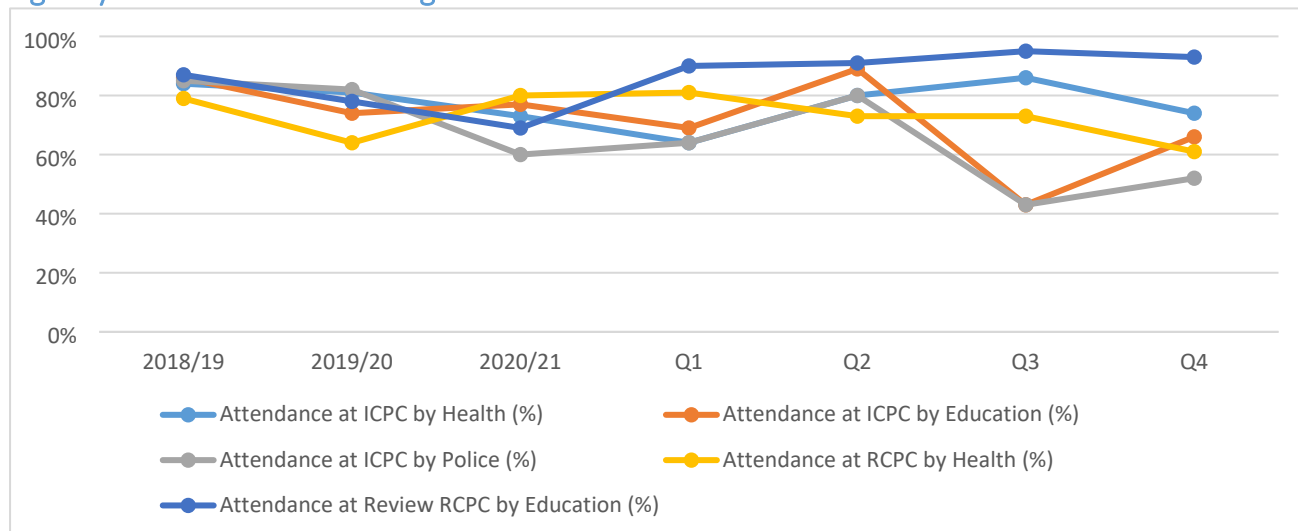
Number of contacts- Last year safeguarding contacts were in excess of 14,000



Number of referrals to Children Services by Agencies- Referrals to Children Social Care in excess of 3, 500



Agency attendance at meetings



Timeliness of multiagency meetings

	2019/20	2020/21	Q1	Q2	Q3	Q4
Initial Child Protection Conferences held under 15 Working Days (%)	75.0%	81.0%	75.0%	64.0%	80.0%	82.0%
% of children subject to CP with stat visit within 6 weeks	93%	96%	94%	88%	87%	93%
Core groups held within timescales (%)	72%	67%	45%	60%	64%	80%
Child Protection Conference held within time scales (%)	96%	78%	87%	67%	66%	91%
Social work reports at Safeguarding unit 2 days before Child Protection Conference (%)	60%	38%	68%	53%	51%	29%
Percentage of CIN meeting with timelines	72%	56%	68%	61%	54%	58%
Number of C&F assessments completed within 45 days	77.0%	70.0%	79.0%	50.7%	62.0%	57.0%
Looked After Child Reviews in Timescale (%)	92%	77%	77%	62%	70%	88%

Section 4 Partnership Working

In tackling our priorities we have collaborated with other partnerships in Tameside:-

- [Tameside Community Safety Partnership](#)
- [Tameside Adults Safeguarding Partnership Board](#)
- Health and Wellbeing Board

Strong leadership, accountability and scrutiny is demonstrated through alignment of Business Plans and actions and processes that take account of Greater Manchester wide initiatives.

The work of the Partnership in response to these priorities also contributes to [TMBC Corporate Plan](#), and the [Police and Crime Plan](#)

During 21/22, this collaboration has influenced changes in the Safeguarding Business Unit. We agreed a Service redesign in Feb 2022 to support this approach and work to embed this will continue into 22/23.

The Partnership are assured that during 21/22 work has been ongoing to demonstrate how effective these arrangements have been in practice:-

Partnership responses:-

Organisation:-Tameside Children's Services

Key issues that have been the focus for 21/22

- Providing a safe and responsive service during the epidemic and periods of lock down and virtual working.
- Increased demand with numbers of referrals to CSC
- Recruitment & Retention of Qualified Social Work Staff
- Lack of available agency social work staff to cover vacancies

What went well in 2021/22?

Continuous Improvement Of Service Delivery

- Co-located MASH & EHAP into the 3rd Floor T1
- £0.5M investment into creating a Signs of Safety delivery team.
- Extra resource to increase staffing within the MASH, Neighbourhood and Permanence Teams
- Created posts of ASYE Co-ordinator and PLO manager
- Developed a robust induction programme for all new starters with protected case load for initial 2 weeks.
- Social Workers in Schools project embedded within eight High Schools
- Qualified social workers and managers in the multi-agency safeguarding hub (MASH) undertake timely initial screening of children who are referred to children's social care. They identify those at immediate risk and refer them immediately for social work assessment.
- Child-focused decision-making and support ensure that many disabled children have their needs met through a range of responsive services that work well together. Services have been adapted to children's changing needs and clear and responsive decision-making is in place

Ensuring Compliance And Quality Of Safeguarding Arrangements

- Monthly audit programme established with monthly Quality Assurance and Performance Management Meetings attended by Heads of Service & Service Unit Managers
- Introduced Practice Week Model
- Multi-agency audit program established
- Focused briefings with front line staff on key learning from Rapid Reviews & Practice Learning Reviews

Response To Strategic Priorities And Emerging Need

- **Neglect**

Reviewed and relaunched Graded Care Profile to the Tameside Neglect Action Plan and staff training program rolled out

Engaged and shared learning from the findings of the Tameside Poverty Truth Commission

- **Mental Health**

The GM I-Thrive Framework has been rolled out across Tameside to frontline staff in a variety of practitioner forums via Early Help, Social Care and the Partnership. The model considers the current multi-agency system supporting Children and Young People's psychological and emotional wellbeing.

- **Transitions**

Impact of capacity with adult service to effectively transition plan into suitable services post 18 years

What were the major challenges / issues faced?

- Significant pressures on recruitment and retention of suitably qualified social workers
- Sufficiency of placements including residential therapeutic placements for adolescents with significant and complex mental health needs.

What areas have been identified for improvements in 2022/23?

- Improved retention and recruitment of qualified social work staff
- Strengthened Early Help offer to prevent escalation into statutory services
- Revised Multi-Agency Threshold Protocol

Predicted demand / challenges for next 12 months

- Recruitment & Retention of qualified and experienced social workers
- Placement sufficiency
- Impact of Covid & Lockdown and complexity of Children's mental health having been out of school.

Organisation:- Early Years, Early Help and Neighbourhoods

Key issues that have been the focus for 21/22

- Building back better from Lockdown
- Mental Health
- Develop parenting offer
- Domestic abuse
- Redesigning neglect documentation
- Developing intervention champions across teams
- Develop the EH offer to provide help and support at the earliest opportunity

What went well in 2021/22?

Continuous Improvement Of Service Delivery

Staff recruitment and retention across the service is a strength and alongside the robust staff induction allows us to have well established and skilled teams across Early Years, Early Help and Neighbourhoods.

Tameside's Parenting Offer strives to support families when it is needed most. We offer a range of courses and services to suit the needs of all parents and children in Tameside.

We have a robust and multi-agency parenting panel in place to ensure all referrals are screened thoroughly making sure the right courses are available to all.

The EHAP is an integral part of the 'front door' of Tameside's Children's Services and the identification of the right support for Children, Young People and Families at the right time to prevent further escalation of need/risk. Pathways developed from the EHAP allow families to receive timely support (within 5 working days) from the right service at the right time, including the introduction of Family Group Conference.

Team Around Approach has 72% of setting engaged and aims to empower Schools, PVI's, Colleges and families to access support much earlier for children & families and build relationships to ensure an effective and sustained change. This has led to an increase of partners completing EARLY Help Assessments across the borough.

Developing champion roles across the whole service has been successful in line with Evidence based practice to ensure interventions are timely and change is sustained within families.

TFT South and West have provided interventions to 506 Families (1194 children/ Young People).

Breakdown of the 506 Families TFT North and East have completed interventions with over the past 12 Months.

- 376 Families supported at Early Help Threshold Level 2
- 130 Families support as part of C.I.N/ C.P plans
- 167 Families stepped down to Level 1
- 51 Multi- Agency Early Help Panels have taken place, discussing 371 families.
- 21 Families have been supported by TFT following Team Around the School

TFT South and West have provided interventions to 530 Families (1259 children/ Young People).

Breakdown of the 530 Families TFT South and West have completed interventions with over the past 12 Months.

- 356 Families supported at Early Help Threshold Level 2
- 174 Families support as part of C.I.N/ C.P plans
- 51 Multi- Agency Early Help Panels have taken place, discussing 368 families.
- 27 Families have been supported by TFT following Team Around the School.

Better working relationships with CSC step-downs in relation to Step-downs, CIN interventions and the request of duty to ensure family's needs are responding too in a timely manner. The Top interventions requested from Panel and Children Social Care are around Parenting, behaviour management and mental health issues.

The development of SEND FIWs within each TFT team to support with parentings, behaviour management to support family stability.

Ensuring Compliance And Quality Of Safeguarding Arrangements

Regular audit activity as well as team sessions on all 7 minute briefings ensure all opportunities to develop and improve practice takes place.

All staff have access to all training offered i.e. EHA, Tameside Neglect Action Plan, Eco Mapping, Professional Curiosity and analytical overview including changes/additions to workforce development are made to meet family's changing needs and current needs.

All teams work to a set of practice standards as well as the policies and procedures relevant to their individual roles.

We have recently taken part in Practice week both having practice observed as well as observing that of other teams.

Feedback from Practice Week:

I just wanted to let you know I spoke to Jane this morning and her feedback about you was amazing

She said she had not had a good experience with previous workers but working with you has been really good and very different. She said you are approachable, supportive and understanding. One of the things she said has made a difference is contact with you, you always return her calls when you are free and always on the same day. She commented that if you are ever running late you always ring and let her know and she has found this really helpful as she is not left waiting not knowing if you will turn up or not.

She said you have been really understanding about her work commitments and have arranged meetings outside her working hours which has been really helpful to her.

You have shared plans with her and have been amenable to change details when asked and prior to sharing with others or in meetings

When asked what she would change about how you work with her she couldn't think of anything at all

She described you as professional and organised and passionate about your work

In the questions she scored everyone a TEN

This feedback from her is so good I just wanted to share it with you and your managers and say well done- it was lovely to speak to a parent who was being so positive about you and the service you provide and the difference you are making to her family

Take care and thank you for working with me through practice week

Response To Strategic Priorities And Emerging Need

- **Neglect**

We have redesigned and developed the TNAP and screening tool to ensure we include family's changing needs and contextual risks that were not included within the GCP – online safety, Obesity, rooms in each house etc.

This was co designed and produced through multi-agency task and finish groups for the 4 sections but also the development of the new section – Parenting capacity to ensure that we understand the parentings ability to change and sustain change. We have identified multi agency champions within areas to roll out the TNAPs and TNAP. The Neglect strategy has been refreshed and is now being mandatory to complete in EHM and being developed within LCS.

- **Mental Health**

We now have the FITS team co-located with EH providing consultation and training to enhance the existing skills of the workforce to become trauma informed with the aim of embedding trauma informed practice across children's services.

We continue to work using the THRIVE model and have the SPOA co located with EHAP and MASH with regular meeting and discussion on referrals to ensure all YP receive a service appropriate for their need.

- **Trio of Risk & Vulnerability**

We continue to ensure all staff are trained within each of these areas to ensure that the needs of all children are identified and met, we know that there is a clear link between the toxic trio and an increased risk of abuse and neglect in children and young people.

- **Transitions**

We do work around transition from PVI into school through Portage, by way of support and information sharing as a minimum

Work is being started on 16 – 18 year old young carers to support transition to adult services

We provide support for schools/families to ensure robust transition of EHA between settings and within exclusions from education.

- **Complex & Contextual Safeguarding**

To ensure we identify and provide interventions at the earliest opportunity to keep young people safe, we have developed the following:

- Tameside Early Help Child at Risk of Exploitation practice standards
- Tameside Child at Risk of exploitation Guidance
- Tameside Pre-screening tool
- Tameside Child at Risk of exploitation tool kit

This tool kit has been devised for professionals to use with young people to help open up and have discussions around safety and risky situations whilst also giving some hints to some safer situations. Risk is an essential component of a balanced childhood, young people need to understand what risk means and that being in risky situations might lead to something unpleasant happening. The idea behind this toolkit is that it gives young people information about risky situations. It also provides some hints as to what might constitute safer situations. It also allows professionals to raise issues of safety with young people in a way, which is non-accusatory. Completing an ecomap alongside the tool kit would offer more understanding of the young person's family, friendship and community relationships. The different coloured sections address different areas. Historic concerns are considered as it has noted within rapid reviews the importance of taking into consideration past concerns.

- **Trauma informed professional practice**

We now have the FITS team co-located with EH providing consultation and training to enhance the existing skills of the workforce to become trauma informed with the aim of embedding trauma informed practice across children's services.

All teams use eco maps and cultural genograms to understand past history and the TNAP includes parenting capacity to understand previous trauma and ACES of the parent.

Trauma informed practice is a golden thread through all area of our service.

- **Early help offer and thresholds**

The service has 3 key areas and teams that offer range of targeted and universal services, all this can be found on the EH website

These are a range of Early Years activities and pathways through children centre, portage, crèche and Outreach

Early Help support and evidence based interventions for children, young people and families through Tameside Families Together, Edge of Care, Special Guardianship team, Child Protection FIW, Family Time Centre, Family Group Conference, and SEND FIWs

Our EH Neighbourhood offer through the Early Help Access Point, Families Information Service, Neighbourhood Co-ordinators, Early Help Assessment advisors, Parenting coordinators, STARS team and Young Carers.

There is currently a review of the Threshold document.

What were the major challenges / issues faced?

- Impact of lockdown on all services
- Capacity of partners and their engagement and commitment to EH through attending meeting. Being represented at panels, non-attendance at TAS etc.
- Police referrals and the appropriateness and timeliness of these
- Cost of living for staff and families, this is continuing to impact and will only get worse
- Recruitment to some vacancies by way of few applicants and/or not the right applicants

What areas have been identified for improvements in 2022/23?

- Data – to work to improve the EHM to allow the right data to be extracted
- Thresholds – to review the thresholds document
- EHA – to finalise the EHA document and supporting guidance and tools in response to the pilot and feedback from partners.
- CRE – to finalise the documents and launch this with partners and within Children’s Service
- TNAP – gather data and continue to develop the Neglect steering group and champions roles
- To reduce demand coming in through the front door to include a relaunch of EH neighbourhood offer to include roles and processes
- Development of the SEND offer through EY, family intervention and Active

Predicted demand / challenges for next 12 months

- Cost of living for staff and families leading to increase in demand on services re MH, financial hardship, foodbanks etc.
- Introduction of regressions check in SF
- More demand coming in across the service
- Continued capacity of partners and their engagement and commitment to EH

Organisation: - Education

Key issues that have been the focus for 21/22

- Peer on Peer abuse
- On line safety
- neglect

What has gone well?

Continuous Improvement Of Service Delivery

Having a dedicated person representing education sitting in MASH, Education safeguarding support officer Lisa Fox. This has really enhanced the working relationship between MASH and schools and the gathering of information to be considered when MASH are assessing has been much more timely from schools

Ensuring Compliance And Quality Of Safeguarding Arrangements

Section 175 audits were updated by Ian Webb, TSCP QA officer, in line with Keeping Children Safe in Education statutory guidance 2021 these were sent out to all schools and returns collated by TSCP.

In order for schools to meet the statutory guidance in keeping Children safe in Education 2021 and the DFE Sexual violence and sexual harassment between children in schools and colleges guidance; training was commissioned from Safeguarding Network. 2 half-day sessions were arranged and attendance was really good. The training gave staff in schools the tools to be able to have robust policies and to be able to recognise and deal with this type of abuse.

Following the campaign “everyone’s invited” and the subsequent review by OFSTED of sexual violence and harassment in schools a report was presented to TSCP executive board with assurances of how we were supporting schools to meet the recommendations

Response To Strategic Priorities And Emerging Need

- **Neglect**

Schools were consulted about the new neglect strategy and the Tameside Neglect Action plans. Each school identified a neglect lead and training and briefing sessions were provided by early help, these were very well attended and schools really valued being included in the consultation and their views being listened to and acted on

- **Mental Health**

Termly network meetings have been held with DSL in schools. Guest speakers have included KOOTH, TOG mind and CAMHS who have been able to update schools on what support they can offer, referral pathways etc. This is ongoing and these services attend the termly meetings to provide updates for staff in schools

We have continued to work with Stone wall , digital safeguarding who have briefed staff on current on line trends such as children and body image, viewing pornography and the impact this can have on children’s mental health

- **Trio of Risk & Vulnerability**

There have been some issues with operation Encompass – when the police have not notified a school that there has been an incident of domestic abuse- this is being raised to the police each time the LA are made aware this has been the case for them to take up with their staff

- **Transitions**

Schools are predominately involved in transitions at certain stages of a child’s life when they move from nursery to primary school, primary to secondary, secondary to college and also when the child changes school advice has been disseminated from education welfare and also guidance in Keeping Children Safe in Education from a safeguarding perspective, transfer of CP files

- **Complex & Contextual Safeguarding**

Staff from the complex safeguarding team provided a number of virtual briefing sessions for staff in schools and also an evening session was provided for school governors. The sessions covered

what to look for, vulnerabilities, risks and what to do if it was suspected that a child was at risk. Training was also provided through TSCP in relation to complex safeguarding

- **Trauma informed professional practice**

This will be addressed in 2022/23

- **Early help offer and thresholds**

Schools engage with Team around the school and also with neighbourhood. They have a named lead in early help, early help advisor and neighbourhood co-ordinator. They can access Early help access point and MASH for advice. Early help have a regular slot on the network meetings to keep schools up to date on support they can offer.

What were the major challenges?

Many briefing sessions and training courses have been held virtually, some like the network will continue to do so. Whilst this have proved popular with attendees it can be hard to gage if we have the full attention of people in the meetings

What areas have been identified for improvement for 22/23?

Use of dedicated school safeguarding email addresses to ensure that more than one person receives notifications of meetings, requests for information etc.

Predicted Demand and Challenges for 22/23?

High numbers of children needing support either at early help or higher levels of need staff in schools already being stretched with case loads

Organisation: - Greater Manchester Police – Tameside Division

Key issues that have been the focus for 21/22

- GMP has gone through significant strategic change during 2021/22 'plan on a page'
- Respond to incident and emergencies.
- Investigate and solve crime.
- Prevent and reduce crime, harm and ASB.
- Deliver an outstanding service.
- Build trust and confidence

What went well in 2021/22?

Continuous Improvement Of Service Delivery.

Police at Tameside have drastically improved our response times for emergency calls. Tameside current 52-week average is 82.4% with week-on-week improvements current week as of 09/10/2022 attendance is 92% of all our emergency calls (G1) within the national guidelines.

Solved crime is continuing to improve with a focus on child protection offences and violence committed against women and girls.

Tameside has the highest solved outcome rate in the GM area at 9.2% against a GMP average of 8%.

In September 2022 Tameside implemented a 'prevention hub'. This has been a commitment of additional police resources including a dedicated Sergeant and Inspector leading this team. The purpose of this multi-agency team is to reduce demand on all partner agencies to problem solve and prevent future demand.

Ensuring Compliance And Quality Of Safeguarding Arrangements

GMP does record the Voice of the Child when they attend domestic abuse incidents. This gives children the opportunity to talk about their experiences and how domestic abuse is affecting them in the home. GMP also refer all domestic abuse incidents involving children to Schools through the Op Encompass process which allows Schools to pick up further experiences of children which can then be later fed back to GMP by partner agencies. Officers responding to incidents provide safety advice to children in various formats including providing internet safety advice when online concerns have been raised, including those that arise from social media and messenger formats. Sometimes this may result in additional work by specialist teams such as the Complex Safeguarding Hub who will undertake CSE / CCE work with the child.

On other occasions this may result in additional one on one work with the child, those with parental responsibility and a Social Worker or through referral to Early Help. This will be documented in the DAB / CAP / Crime write-ups. Safety plans are completed with children when joint visits are undertaken by Children's Services and Police. This involves giving children information and advice about how to keep safe. This can be verbally, through referral to other support services or through advice on voluntary organisations which assist with keeping children safe. Actions take into consideration the needs and feelings of the children concerned. This will be documented in the DAB / CAP / Crime write-ups.

When Missing Children are returned home, a safe and well check is completed with them. This will explore safety considerations with the child and their views will be considered when completing this. In some circumstances this might result in the recording of a CAP for additional support. This will be documented on the Missing Report and any linked CAPs. When officers take children into Police Protection, they are required to seek the views of the children (where able to) in the decision making about what they would like to happen. This involves the child in the safety planning process. This will be documented on the Police Protection paperwork.

PIPPA assessments are conducted with vulnerable children prior to them being video interviewed about matters. This process is designed to have the child's best interests at heart and during it information is often provided to children about how to feel safe. It is also an important rapport building process with children so that the officer is better able to take their wishes and feelings into account when making decisions about next steps. The type and format of this will be determined by the age and capability of the child in question and will be assessed by the specialist trained officer. This will be documented in the officer's interview plan / report. GMP does get feedback from partner agencies in relation to children views. This feedback is used to inform and improve our practices. Children's Services obtain feedback from children and they pass this onto GMP on a regular basis so that we can make sure that the children's voice informs our practice.

Officers and staff have undergone multi-agency training, trauma informed practice and other children focused training practices to upskill our officers and staff in how they respond to incidents involving children. Escalations are sometimes raised by partner agencies regarding a response to an incident or investigation. This is welcome feedback and acts as a check and balances practice. When escalations are raised, this is reviewed and any learning is fed back to

teams so that learning can be put into place. This is often documented in email format in response to the escalation / comment / complaint, verbally to those teams and individuals involved and sometimes results in additional training / CPD or inputs to raise awareness / amend practice. These act as case audits.

Response To Strategic Priorities And Emerging Need

- **Neglect**

GMP/Tameside have had a focus on child neglect, specifically neglect stemming from domestic abuse and the impact this has on children. Officers are taking positive action and arresting offenders when attending domestic incidents (where applicable) for child neglect. Child neglect awareness training is delivered to all front line responders and reiterated at daily management briefings.

- **Mental Health**

GMP continue to deliver a high level of service for those with mental health needs. There has been work with Tameside health providers to improve the pathway for those detained under the mental health act.

- **Trio of Risk & Vulnerability**

GMP are in the process of delivering DA matters training with Safe Lives. This will be delivered to all front-line police officers. Within that training there is specific emphasis on the trio of risk. Tameside MASH officers review all referral submitted and apply the trio of risk whilst triaging reports and refer/escalate to partner agencies where required.

- **Complex & Contextual Safeguarding**

Tameside police are leading the way with our response to complex and contextual safeguarding. Tameside have a dedicated Child Criminal Exploitation unit led by a Detective Sergeant. This team are trailblazers for GMP and achieving outstanding results of diverting children away from crime, as well as achieving successful prosecutions for modern day slavery offences. This unit work closely within a multi-agency arrangement within the complex safeguarding team. Tameside has also committed resources to focus of criminal sexual exploitation; a separate Detective Sergeant leads a team of officers specifically focussed on children that are being sexually exploited. The CSE team work closely with the complex safeguarding team.

- **Trauma informed professional practice**

Working within safeguarding it is important that we recognise the impact and nature plus regularity of incidents that cause trauma to our staff. GMP/Tameside are a learning organisation and ensure that we have regular debriefing reviews to understand what worked well and where improvements are required. We regularly use the TRIM process to help officers manage traumatic incidents.

- **Early help offer and thresholds**

GMP contribute, where possible and necessary to early help offers. This is covered in safeguarding children training. Staff are also able to seek advice on thresholds through the MASH police team.

What were the major challenges / issues faced?

GMP were placed into special measures. As such the new Chief Constable had to make significant cultural changes to working practices. A significant challenge for GMP in this period was trying to increase/recruit police officer and police staffing numbers. As we increased the staffing numbers it was recognised that inexperience of officers that were dealing with critical matters. As we've changed the culture of taking positive action has increased the amount of retained workload and pressures within the criminal justice system.

What areas have been identified for improvements in 2022/23?

- Building performance momentum
- Instilling pride and effectiveness in our work
- Overcoming inexperience with a learning environment

Predicted demand / challenges for next 12 months

- There are no exceptional predicted demands other than the year on year's demands of the public.
- Our challenge is to re-establish GMP as giants within policing. GMP have made significant improvements in the last year. We are seeing green shoots of operational improvement across all areas and can already evidence substantially better results. We have a challenge to continue to recruit and retain our workforce. The challenge is to deliver on GMP being the most improved police service in the UK.

Organisation:-Tameside and Glossop Clinical Commissioning Group

Key issues that have been the focus for 21/22

On July 1st 2022, , NHS Tameside & Glossop CCG ceased to operate, statutory functions and responsibilities of CCGs transferred to a new statutory NHS body called Greater Manchester NHS Integrated Care (GM NHS) replacing 10 CCGs in GM. This new organisation, overseen by a Board, is in charge of the NHS money and making sure services are in place to put plans into action and is part of the wider system - GM Integrated Care Partnership. The partnership operates at three levels: neighbourhood, locality and Greater Manchester and will have a single vision and strategy. We have been working hard to ensure that NHS safeguarding functions transfer safety to GM NHS ensuring that the locality teams stay connected to the safeguarding partnership arrangements and priorities.

What has gone well?

Continuous Improvement Of Service Delivery

We continue to engage with safeguarding partnership boards through the work of the learning improvement and accountability groups to disseminate and embed learning from reviews and share good practice. The Safeguarding Team leads the co-ordination and contribution of health providers in reviews working with clinical areas to identify any learning, generating actions to

strengthen practice and improvements. Learning is incorporated into training, awareness raising and communications.

We have developed Primary Care Safeguarding Snippet Sessions alongside longer GP leads meetings and increased the number of sessions over the year , topics include:

- Change Grow Live, alcohol and drug abuse.
 - Medicines Management team on Covert Medication
 - Weight Management and Child Neglect.
 - Alcohol exposed pregnancies, and an update on adult safeguarding
 - Domestic Abuse act.
 - Self-harm pathway
 - Sharing learning from drug related deaths panel
 - GP specialist trainees on all aspects of safeguarding
 - TARGET session (regular GP education session) on FII and Perplexing Presentations
-
- The NHS recognise the benefits to working in partnership with people and communities, It means better decisions about service changes and how money is spent, It supports collaborative and meaningful partnerships that start with people and focus on what really matters to our communities. We have been working with CYP and families in the borough to support integration and personalisation of care and support that addresses health inequalities and improves quality care.
 - The new OKE Navigator Service has provided 19 workshops so far this year, with topics based on feedback and trends coming through for advice.
 - Active Tameside deliver part of the SEND Family Support offer with Early Help, and through listening to families and young people they have developed new activity sessions such as Dungeons and Dragons, and also have launched a SEND Youth Council to enable children to shape provision in the future.
 - The ADHD/ASC pathway acceptance letter has been coproduced with families in the Parent Care Forum to feel more welcoming and informative to parents.
 - Community Hive was co-produced from inception which was launched December 2021, TOG Mind also have the HOPE co-production group that are continuing to support development and the Hear our stories website. Hear our Stories is a co-produced project created by young people to share their personal stories and experiences of mental health.
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- **Ensuring Compliance And Quality Of Safeguarding Arrangements**

Arrangements for safeguarding assurance for CCG commissioned services and providers includes annual self-assessment with compliance against the Greater Manchester Safeguarding Contractual Standards Tool, assurance visits and quality reports, Section 11 Audit, and attendance at provider safeguarding performance and operational committees. Assurance is a continuous cycle and will continue into 22/23.

We have contributed to multi agency audits throughout the year.

- **Neglect**

The CCG contributed to the review of the current Tameside graded care profile and increased uptake of use. Neglect champions have been identified in the health provider organisations. Further work is ongoing to review the children's neglect strategy.

- **Mental Health**

Following a capacity and demand review GM MHS – Tameside has provided additional investment to CAMHS and the neuro-developmental pathway. This resource will be used to recruit new staff to provide additional capacity to enable delivery of identified needs and alleviate the huge pressures on waiting lists. A mobilisation plan is in place that is also looking at areas such as accuracy and processes around data and admin for example.

We have increased the resource in the dedicated Cared For Children Psychology Team and have worked with partners to update the service offer to include bespoke training for in house residential staff, increase consultation clinics available to professionals and increased direct work with Cared for Children.

Community Mental Health offer was launched and increased access into locality bases, working with CAMHS single point of access. There is a Co-located single point of access with early help and safeguarding to improve joint working and referral flow – no wrong door to get the right support. Mental Health Support Team in schools mobilised in 18 settings and planned to double in 22/23 to increase early intervention and access to mental health for young people. .We have expanded the commissioned online of service offer with Kooth and Qwell, for age 10+. The Worry Wizard for earliest messages around self-regulation and emotional wellbeing

- **Trio of Risk & Vulnerability**

GM NHS Tameside have supported the work of the domestic abuse strategic plan. We have contribute to the strategic and operational groups to ensure health partners support the work to improve DA services in Tameside. Have contributed to the DA workforce training offer and workforce surveys.

We have worked with commissioned providers to ensure procedures are in place to recognise and respond to support victims of domestic abuse. GM NHS has secured funding for each locality to improve identification, referral and support of victims of DV in primary care – in Tameside we have commissioned a three year IRIS programme in primary care.

We continue to contribute to the Domestic Homicide Review (DHR) process by ensuring that individual management reviews are completed either as a direct author or through panel representation.

- **Transitions**

We have Increased awareness and understanding of neurodiversity for professionals working with CYP through training programme

GM NHS Tameside Individualised CYP Commissioner has established a multi-agency transitions panel to review and support timely packages of care to ensure CY and professionals understand

and continue to meet CYP needs through various transition points. GM NHS Tameside have identified a lead commissioner with responsibility for Transitions. Raised the profile of preparing for adulthood and transitions who are at risk of complex safeguarding

Response To Strategic Priorities And Emerging Need

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- **Complex & Contextual Safeguarding**

GM NHS Tameside commission a full time complex safeguarding nurse within the complex safeguarding team. This role is co-located with the CST however and provided by Tameside & Glossop ICFT.

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.

GM NHS has recruited a health practitioner to support the GM complex safeguarding peer review schedule. We have been working with the GM hub to develop a health data set to contribute to the insights and impact framework.

- **Trauma informed professional practice**

We have coordinated the GM PACES and trauma responsive training plan to ensure Tameside workforce have access to training to support this priority. In addition to the GM training the Family Intervention and Therapy Service to support CYP on the edge of care with a history of ACEs and have provided bespoke training to EH and CSC teams.

- **Early help offer and thresholds**

We have Invested in a Health Navigator Service that will provide out of hours support to families waiting for services or who are no longer needing health services but need that extra support.

Family Support Offer for families who may have difficulties with emerging neurodiversity, who may or may not be on a diagnostic pathway but who may need additional peer support, help with strategies or additional services input.

Awareness sessions have been held for schools and General Practice on the Co-located SPOA – safeguarding, early help and mental health.

Mencap are running a 2 year project in Tameside to listen to families with under 5's to develop a peer support offer and parenting programme. They are currently engaging in rich discussions with families that will help us with commissioning plans in future.

What were the major challenges?

Health and social care act – transition of functions to new NHS body

Demand and capacity , recovery from Covid and acute pressures across health and wider safeguarding system

Turnover of staffing across partnership organisations- start again syndrome

What areas have been identified for improvement for 22/23?

Development of a local strategy/vision for ACES and trauma responsive workforce

Increased awareness around identifying young people earlier before crisis, especially those with LD/A and those cared for on the edge of care.

Continue developments with partners for an intensive support offer with the 'Ealing' model for LD/A, and additional support with the Barnados Keyworker, to prevent crisis situations earlier.

Continue recruitment and mobilise all CAMHS pathways to age 18.

Predicted Demand and Challenges for 22/23?

- Recruitment – national issues well documented affecting NHS staffing. Locality mental health, 0-19's and paediatrician recruitment particularly difficult.
- Increased waiting times across health service
- Increase in demand at all levels.
- Increased complexities in child and family presentations - either new or exacerbated.
- Supporting Ofsted improvement plan.

Organisation:-Tameside and Glossop Integrated Care NHS Foundation Trust

We have continued to promote, create and ensure safeguarding is our everyday business, culture and whole organisational approach that is firmly embedded within the wider duties and all areas and activities of the Trust.

Ongoing development of the Complex Safeguarding Agenda across the Trust in response to emerging themes and priorities.

What went well in 2021/22?

- Continuous Improvement Of Service Delivery
- Launched our integrated safeguarding newsletter
- Each week throughout November 2021, we held the spotlight on Safeguarding by creating a time to focus on the safeguarding life course, by raising awareness and providing opportunities for learning to support and promote a culture and organisational approach, that safeguarding is 'Our Everyday Business'.
- Embedded safeguarding at the daily sight huddle, providing key messages, updates, and informing management of risks, incidents and concerns. This continues to generate useful conversations where actions and learning is identified and shared, when relevant.
- Included Safeguarding as a standard in the Trust's new Quality Assurance Round and Accreditation Programme. Safeguarding Leads are actively engaged with this programme of work and are part of the accreditation team.
- Promoted 'Adverse Childhood Experiences' (ACEs).
- The Trust has further strengthened the safeguarding structure key to our integration journey through the recruitment of;
- Lead Nurse for Integrated Safeguarding

- Complex Safeguarding Specialist Nurse
- Specialist Mental Capacity Act Nurse
- Commissioned a two day safeguarding supervision course that was attended in quarter 2 2021 by the integrated safeguarding team, Named Doctor, Designated Doctor, Cared for Children's Nurses and Pathway Lead for Children's Universal & Universal Plus Services and FNP Supervisor. This has supported the introduction of a safeguarding restorative supervision model and approach in the Trust.
- Ensuring Compliance And Quality Of Safeguarding Arrangements
- Continued to actively contribute to the work of the safeguarding partnerships and align Trust safeguarding work plan to partnership priorities.
- Participated and consistently attended Tameside Safeguarding Children's Partnership (TSCP) Board and subgroups.
- Contributed to the daily functioning of the Multi-Agency Safeguarding Hub and attended the MASH operational and steering groups.
- Contributed to the development of a new monthly Multi-Agency Communication and Practitioner Forum attended by our practitioners and have actively represented at the Strategic Communication group.
- Responded to Ofsted feedback with our partners with regards improving attendance at multi-agency meetings and timeliness of health assessments for children in care through pro-active engagement in the partnership improvement work and actively contributed to a multi-agency group focused on attendance at multi-agency meetings (Strategy Meetings, Child Protection Conferences, Core groups and LAC reviews). We have ongoing focus on the system wide challenges with convening, contributing and attending multi-agency safeguarding meetings for children and their families.
- Promoted statutory guidance 'Working Together to Safeguard Children' to ensure our staff are aware of our statutory duties.
- Identified a Named Nurse for Cared for Children. This post ensures compliance with our contractual standards aligned to the intercollegiate framework. This Nurse manages the cared for children's team and leads the operationalisation of the Trusts Statutory duties as detailed in the Statutory guidance for Improving the Health and Wellbeing of Looked after Children (2015).
- Contributed to the multi-agency, Local Authority led panels; Permanency Panel, resource panel, care leaver's panel.

Response To Strategic Priorities And Emerging Need

Trio of Risk & Vulnerability

- Welcomed an Independent Domestic Violence Advocate (IDVA) funded fixed term to work in the Trusts Emergency Department, AMU and Maternity Services with an aim to; Improve identification of victims of interpersonal violence; provide an effective, consistent presence in A&E to advocate for the service and improve the response to victims of interpersonal violence, by supporting, empowering and training clinical staff to identify signs of abuse and ask screening questions; work collectively as a team with our staff, to offer a safe space where support is provided and choices are offered for immediate safeguarding and provide on-the-spot advice, support and safety planning to victims of abuse and violence at the point of crisis.
- Taken steps to implement 'Ask Ani' campaign in our Pharmacy Department which was launched in quarter 1 2022.

Transitions

- Introduced a daily report of the 16 and 17 year olds admitted to adult wards in the Trust, providing the opportunity for oversight and provision of specialist advice from Heads of Nursing, Paediatric Matrons, and Cared for Children's Nurse and the Safeguarding Team. Work is ongoing with divisional teams to introduce policy and procedure for young people residing in adult wards and accessing our adult services.

Complex & Contextual Safeguarding

- Appointed a Complex Safeguarding Specialist Nurse following a vacancy.
- Attended the monthly complex safeguarding operational group where a multi-agency action plan in response to the GM complex safeguarding strategy is the current focus for development.
- Actively contributed to the GM week of action focussed on Online Safety and Car Crime.
- Prepared and shared a 7 minute briefing to raise awareness of complex safeguarding.
- A Complex Safeguarding Training group email was set up and information in regards to current trends, updates and training is shared with over 150 members of acute and community members of staff.
- Contributed to the Greater Manchester Peer Review of Tameside's Complex safeguarding arrangements and practice.
- A number of pathways have been developed to ensure that health remains a priority for the young people open to the Complex Safeguarding Team and communication between services is seamless and up to date.
- The Week of Action in March was a success. The Complex Safeguarding Specialist Nurse, along with the Lead Nurse for Integrated Safeguarding completed walk around of the hospital, raising awareness of Complex Safeguarding and their role. An article was added to the Trusts Weekly Digest and the Complex Safeguarding specialist Nurse spoke directly with parents who were visiting the hospital, providing resources and goodies.
- The Complex Safeguarding Training delivered in March was very well attended with over 70 health staff from across acute and community taking part

What were the major challenges / issues faced?

Despite the impact and challenges faced over the last twelve months, safeguarding has remained a priority across the Trust. Tameside and Glossop Integrated Care Foundation Trust (TGICFT) recognises that one of the most important principles of safeguarding is that it is 'Everyone's Responsibility' and must be our 'Everyday Business'. Safeguarding children, young people and adults cannot be done in isolation; it is only truly effective when we work collaboratively and restoratively within our own organisation and with our partner agencies to 'Think Family' and protect all those at risk of harm, abuse or neglect. We are proud of our achievements and progress against our key priorities, however it is recognised the pace and progress of the work plan overall and action against some of the previous year's priorities, has been limited due to the ongoing significant operational pressures and continuing challenges felt from the ongoing Covid-19 pandemic during 2021-2022, both in the safeguarding service and across the organisation and specifically in our Emergency Department, Cared for Children Service, ISCAN, Health Visiting and School Health services.

What areas have been identified for improvements in 2022/23?

The Trust has identified a number of actions required to strengthen the Safeguarding service. Actions and priorities are determined from our internal practice and review, regulatory and contractual requirements, safeguarding case reviews and from lessons learned. Multi-agency enablers and national drivers are also key to informing and prioritising our work plan for 2022/2023. A summary of our priorities for 2022- 2023 is as follows:

- Continue to actively engage and work collaboratively with partners in responding to the multi-agency improvement plan (specifically following SEND inspection and Ofsted monitoring visits of Tameside Children's Services) to improve outcome for children, young people and their families.
- Prepare the Trust for the transition to and implementation of Liberty Protection Safeguarding (LPS).
- Continue to work in collaboration with partners to deliver against multi-agency priorities and work plans.
- Work in partnership with TSCP to respond to the national enquiries and reviews for child protection.
- Take a 'Back to Basics' approach to support the front line workforce in delivering safeguarding and to refocus on their roles and responsibilities in working together to 'think family', promote early help and intervention and safeguard adults at risk, unborn babies, children, young people and their families.
- Have a continued focus on Domestic Abuse and re-launch the domestic abuse champion model.
- Implement a Safeguarding Champions Model in the Trust to further strengthen our Trust vision that safeguarding is our everyday business.
- Being ACE aware, taking a think family approach across the lifespan and putting safeguarding at the heart of everything we do, underpinned by our values and behaviours continues to be our ambition.
- A continued focus on the recovery of safeguarding mandatory training requirements and compliance; specifically level 3 safeguarding children.

Organisation:- Pennine Care NHS Foundation Trust

Key issues that have been the focus for 21/22

- Ensuring that Trust staff are equipped to recognise domestic abuse.
- Reviewing and designing a trust model for representation at MARAC.
- Safeguarding Training strategy has been designed and is now live.
- Ensuring safeguarding is implemented at leadership level across the trust and with partner agencies.
- Review of Looked after Children Training.

What went well in 2021/22?

Continuous Improvement Of Service Delivery

- A model and funding for Trust representation at MARAC has been approved and recruitment is set to take place.
- Children's Safeguarding Supervision audit suggests that there is good engagement with supervision.
- Ensuring Compliance and Quality of Safeguarding Arrangements.
- The Safeguarding Strategic Group has been enforced, to include heads of quality for each area, ensuring that compliance is scrutinised even further.

- Compliance with safeguarding children’s training is continually monitored. Level 3 is currently under threshold, due to capacity, the safeguarding team have provided additional sessions to meet demand.

Response To Strategic Priorities And Emerging Need

- The PCFT duty team offer consultation for all PCFT in response to all safeguarding priorities and emerging needs, providing safeguarding oversight and supporting to inform decisions, actions and escalations.

- **Neglect**

This is covered in level 2 and 3 safeguarding children training. This will also be highlighted as part of the developing “was not brought” policy.

- **Mental Health**

PCFT continue to deliver a high level of service for those with mental health needs. There has been work within the Trust on a self-harm pathway.

- **Trio of Risk & Vulnerability**

This is supported by PCFT drug and alcohol teams. The recently released Domestic Abuse Awareness training within the trust is also a response to this. This is covered in level 2 and 3 safeguarding children training.

- **Complex & Contextual Safeguarding**

The safeguarding team have good links with complex safeguarding teams. This is covered in level 2 and 3 safeguarding children training.

- **Trauma informed professional practice**

The nature of PCFT service means that professional practice is trauma informed.

- **Early help offer and thresholds**

PCFT contribute, where possible and necessary to early help offers. This is covered in level 2 and 3 safeguarding children training. Staff are also able to seek advice on thresholds through the safeguarding duty team.

What were the major challenges / issues faced?

- Gaging the knowledge of our services in Early Help offers – this is to be analysed through Quality Walks.
- Safeguarding team capacity in response to increasing demand in consultation, serious reviews, training and supervision.

What areas have been identified for improvements in 2022/23?

- Safeguarding audit to continue to ensure compliance, including an audit of safeguarding supervision.
- Was not brought pathways to continue to be developed.
- Compliance with looked after children training.
- Robust quality walks to be developed, post Covid, to gauge staff knowledge and subsequent response to findings.

Predicted demand / challenges for next 12 months

- Safeguarding consultations with our centralised duty team have increased significantly annually, it is expected that this demand will continue.
- LPS to include 16-18 year olds – PCFT to continue to develop towards implementation of this.

Organisation- Action Together

What went well in 2021/22?

Madrasah Safeguarding

- Action Together deliver the Level 1 Child Protection Training to the VCSFE.
- Delivered Level 1 Child Protection Awareness to 12 Madrassah teachers (October 21). Feedback was very positive, teachers said they had a greater understanding of different types of abuse and what to do. This has led to concerns re bruising, leading to contact with safeguarding lead at school.
- Work is taking place to roll out the training to other Madrassah's in 2022 /23.

7 Minute Briefing Training – 10th September 2021

- Children Services Safeguarding and Quality manager delivered 7 Minute Briefing Training to the VCFSE.

VCFSE Safeguarding Briefing - 5th October 2021

- The briefings covered Role of the Local Authority Designated Officer, safe working practices and the Practitioner Safeguarding Communication Forum, the role of the Complex Safeguarding Team, signs of exploitation and the ACT model and a consultation re the Neglect Strategy and screening tool.

What areas have been identified for improvements in 2022/23?

- Continue to build a working relationship/partnership between the VCFSE and Tameside Safeguarding Children's Partnership
- Promote Tameside Safeguarding training offer and increase access to Tameside Safeguarding Children Partnership by VCFSE, for example Signs of Safety, Neglect and 7-minute briefing training
- Practitioners Forums, deliver forums with multi agency partners and increase VCFSE attendance
- Invisible men, form VCFSE partnership to support delivery of the strategy
- Reporting mechanism for the work is via the Learning and Improvement Group. Predicted demand / challenges for next 12 months

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

TSCP introduced a refreshed Strategy in 21/22. To support this Strategy we reviewed our Governance Arrangements and updated these to support achieving our Priorities. The Sub Groups supporting the Partnership are fundamental in helping us to achieve our strategic outcomes:-

- Best possible practice is the norm across all practitioners in Tameside.
- Maintenance of high professional standards through wide dissemination of learning across all settings where change and improvement will be monitored.
- A healthy culture of professional challenge and escalation where necessary.
- Safeguarding issues identified and responded to as early as possible.
- A workforce that fully understands their duty to safeguard and promote the welfare of children and is confident to fulfil this.
- Children, young people and their families receive the appropriate level of help and intervention through robust management of thresholds and levels of need.
- Voice and lived experience of children will influence assessment, planning and services.
- To develop an Adolescent Safeguarding Strategy that addresses the key priorities as identified at Greater Manchester level.

This work complements the published [Tameside-Safeguarding Arrangements](#) which will also be revised and published in 2022/23 to reflect the introduction of the reviewed approach and changes to relevant organisations.

The Partnership are financed by contributions from Partners in Tameside:-

Contributions/Income 2021/22	Income Position
LA	74,360
CCG	66,680
GMP	13,200
Jigsaw	1,382
NPS	3,569
Schools	60,410
Academies	48,790
Total Contributions	207,981

Section 6-Work to contribute to our Strategic Outcomes

Learning and Development (sub group and work stream contributions)

Contribution to the TSCP Priorities – Key Activity and achievements during 21/22

To support the Learning and Development Meeting to respond to the Annual Priorities to progress the TSCP Strategic Plan and Annual Business Plan a Neglect work stream has been established to promote and develop a response to the TSCP Neglect Strategy that is communicated across the workforce. The remit of the group is to monitor the progress of the strategy, responding to recommendations from the Learning and Development Meeting and in turn making recommendations to the Learning and Development Meeting for actions required to meet the objectives of the Neglect Strategy.

The multi-agency group has developed a selection of guidance and tools to support the workforce in identifying and responding appropriately to Neglect

- Risk factors and learning for improved practice around Neglect
- Neglect tool guidance
- Neglect tool

The Launch of the TNAP went really well, we completed 6 sessions in total – 4 virtual sessions and 2 face to face sessions. These were really well attended and the feedback was positive, stating the information was informative and a good transition from the GCP to the TNAP itself. In total, over 200 practitioners and managers attended.

Partners also really liked the CFC input into the logo and the description around this:

- The Heart – to show we care for each other within our families
- The Words – calm, love, security – what we want to achieve and feel
- The Rainbow – to be inclusive of all families, but also reach the pot of gold at the end – and to be everything we can be.

Greater Manchester has developed a strategic framework for ACEs and trauma-responsive practice sets out a case for cultural and pragmatic change – prompting a paradigm shift, which will prevent, mitigate, or heal the impacts of adverse childhood experiences and trauma for children and for adults. It is an all-age approach. Tameside has now identified senior level system lead to drive and promote the implementation plan locally, share learning, and best practice with GM peers. We have established a local ACES and Trauma-responsive steering group whilst in its infancy it is expected that this group will work closely with Learning and Development members to ensure safeguarding partners are contributing to the delivery of the GM plan. Learning and Development members have supported the coordination of GM training offer, which comprised of 4 levels of training that reached around 150 staff in the borough.

Further GM funding for additional courses and places is expected in 2022/23. The sub group will continue to support the steering group to ensure the right professionals are targeted for additional training. Next steps include development of a GM Online PACES and Trauma Portal to be populated and developed with locality information to provide workforce with access to information, advice and training.

Recognising and responding to Sexualised behaviour in Children and young people Guidance for professionals has also been an area that we have focused on during 21/22. Guidance has been published and available for staff and a training programme has been identified to be delivered during 22/23. This work contributes to our strategic outcomes:-

- Best possible practice is the norm across all practitioners in Tameside.
- Maintenance of high professional standards through wide dissemination of learning across all settings where change and improvement will be
- Monitored.
- A healthy culture of professional challenge and escalation where necessary.
- Safeguarding issues identified and responded to as early as possible.
- A workforce that fully understands their duty to safeguard and promote the welfare of children and is confident to fulfil this.

In response to the refreshed Strategy, the Governance Arrangements have identified work streams that will also support our work. The Learning and Development Group have agreed the Terms of Reference for Training work stream and the Policy and Procedures work stream. These groups and these will become established to support the business during 22/23.

Quality Assurance and Performance Management

The Quality Assurance Performance Group (QAPM) conducted a range of assurance exercises which ranges from collecting Key Performance Indicators (KPI), Multi-agency Audit program, Bi-agency audits. Neglect, Mental Health, Trio of risk, complex safeguarding and contextual safeguarding.

Standard Audits

Section 11 audits were not carried out during 2021/22 as these are conducted every two years.

Section 175 audits are carried out annually, based on Keeping Children Safe in Education (KCSIE). The vast majority of schools completed the audit (96%) with some areas identified for improvement. During the self-assessment audit, 276 actions were identified by schools. The main themes centred around; mental health, child on child abuse (linked to sexual harmful behaviour guidance issued in June 2021).

Key themes from KPI

Attendance by agencies at multi agency meetings has been raised as an ongoing concern and a subgroup has been identified to focus on improving attendance at meetings and recording of meetings.

The lack of use of the Graded Care Profile and rise in Neglect cases at CIN. A Neglect task and finish group was set up to review the neglect screening tools and for wider consultation with the work force. An update on the neglect subgroup is given to the Learning & Development sub group.

A key discussion point during 2021/22 was the increase in levels of contacts, referrals, domestic abuse notifications, missing from home and rise in mental health attendance at A&E, impact with low staffing number suggests resources are getting stretched.

Multi-agency audits

Sexual harmful Behaviour- six agencies were involved representing; Aim Project, Children Social Care, Early Help, Education, Health and Police. Seven cases were examined from AIM and Children Social Care. Overall concerns were raised around quality of Children Social Care response to sexual harmful behaviour, with 3 out of 7 cases schools had escalated concerns prior to audit.

Neglect- eight agencies were involved in the multi-agency audit which involved; Adult's mental health, Children Social Care, CCG (GPs audit), CGL (Alcohol treatment service), Early Attachment Services, Early Help, Education, Greater Manchester Police, and Health Visitors. Part of the scope of the audit was to examine adult services support for families (Adult mental health & CGL) and their interaction with children services. Overall, we found there were missed opportunities earlier on to support children. However, when services were involved in the cases 5 out of 6 saw an improvement within the family.

Private/Voluntary Sector assurance exercise- All children's home providers based in Tameside's geographical boundaries or that host Tameside's Cared for Children, were invited to conduct a self-assessment around sexual harmful behaviour. Generally, assurances were given around how Children's Home deal with sexual harmful behaviour but some issues emerged around sharing protocols with private/voluntary sector.

Bi-agency audits

Communication Social Care and GP audit. A dip sample audit was conducted to test the communication between children social care and GPs. Overall, GP practices didn't have correct information regarding who is flagged as Cared for Child (LAC). A re-run of the audit will take place in 2022/23

Pre Birth audit (health and social care). A dual audit was conducted with Children Services and Midwifery services. Numerous improvements have been suggested including; planning, there is not the time to have appropriate plans in place despite referrals being made in time, delays in system and good engagement from health colleagues.

Single agency audits

CPIS: Following the neglect audit a further Children Social Care Audit took place around CPIS. A Dip sample audit. Overall a number of issues were raised in the audit and a follow-up audit will take place 2022/23 to see if issues have been addressed.

Core Group & MA involvement. The aim was to examine multi-agency representation at meetings. Some key findings include; the need to improve recording of meetings, mixed attendance at meetings, and good contributions from Health in the core group meetings.

Consultations

Early Help Toolkit- A workforce questionnaire was sent out across agencies in support of the Early Help Toolkit. Overall 71 professionals took part in the consultation which informed the development of the Early Help Toolkit.

Neglect Screening Tools- A workforce questionnaire was sent out across agencies in support of the Early Help Toolkit. Overall, 170 professionals took part in the questionnaire which informed of Tameside Neglect toolkit and guidance regarding neglect.

Assurance Exercises

Mental Health- A lead for mental health gave QAPM members a state of play for children's mental health. Overall, some positive work around the further adoption of I-thrive model, integrating mental health into the Early Help support offer. However concerns were raised around the increase in demand for services whilst having a number of unfilled posts. This in addition raised concerns regarding data received from A&E around an increase in attendance due to self-harm.

Escalation Policy- An escalation process has been in operation for over a year that has a four step process, with TSCP only being made aware in step 3 and step 4. The TSCP reported that they had not received any notifications of escalation. All agencies who attended the QAPM meeting gave assurances that the escalation process was working and being kept at step 1 and step 2.

Complex Safeguarding

	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22	Quarter 4 2021/22
Number of referrals	15	26	18	<u>21</u>	12	20	20	16
Number of referrals into the Complex Safeguarding Team closed (NFA)	3	11	13	<u>7</u>	4	6	13	8
Number of re-referrals	1	2	5	<u>2</u>	1	1	3	1

	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22	Quarter 4 2021/22
Current children and young people open to Complex Safeguarding Team	29	40	39	38	36	39	36	35

Partner organisations focus on the best possible outcomes is informed by working with children to ensure services meet their needs in a co-ordinated way. Complex Safeguarding Team collate feedback regarding the service every 6 months from the Children they work with. This demonstrates the work in response to the Tameside Voice of a Child Strategy, *“I am the expert in being me. You are the expert in your field. If we truly join forces and work together as equals. I can be a better me. And you would be able to help more young people, which would make you a better you.”*

Sample of the information shared by the young people supported by the Complex Team:-

	Strongly disagree	Disagree	Agree	Strongly agree
The Complex Safeguarding Team workers worked well with me	1 (this young person did not feel they needed support from the team)	0	4	19
I now understand more about exploitation and how to keep safe	0	0	6	18
I now know where to look if I need more information on exploitation	0	0	4	20
I felt involved in discussions	0	0	2	22

Overall, what is good about the Complex Safeguarding Team? Please be honest!

- Weekly visits, communication was amazing. Worked on understanding and/or for future reference. Spoke around my own everyday life as well as safeguarding work. Brilliant.
- The good thing about the team is that it was fun to talk to them. They helped me throughout my time working with them.
- You keep kids safe.
- You sort stuff out.
- Good conversations.
- At the start, I didn't know anything, but as they came each time I started to learn about it. It's good that they came and went through the sessions with me, just in case something like that happened to me, so I knew what to do.
- They listen and care.
- By doing the work with me, they helped with my missing episodes.
- Gave me confidence about what I knew.
- She was friendly, kind and had a wicked sense of humour. She taught me a lot of stuff I didn't know before, I'm sad to see her go.
- They didn't make me feel like a small child, they treated me properly, always made me smile. Even though we spoke about difficult things, I always looked forward to seeing her.
- I feel comfortable talking to them and feel I can tell them most things.
- They keep me informed on any and all things that affect me.

Learning Reviews

In 2021/2022 year TSCP commissioned 6 new safeguarding reviews. In addition there were 3 reviews which had not closed and have outstanding action plans. Some joint learning has been identified from Safeguarding Adult and children reviews. These raise learning about a think family approach to Safeguarding and transitional arrangements for children entering adult services.

- **Neglect**

In one case the primary reason for review was that neglect leading to a child suffering significant harm was identified. Features of early neglect, however, were evident in all other reviews which took place. A Neglect Task and Finish group was initiated and led by Early Help Services. A revision of the Graded Care Profile assessment tool and an audit of its use was initiated. A training programme was rolled out which helped practitioners in the use of the tool. Further work will occur in 2022/23 to launch the tool formally and to make further revision to the Children's neglect strategy.

- **Mental Health**

In two reviews parental mental ill health was identified which had not considered at the time of assessment of the family specifically considering the impact which this may have on a person's capacity to parent. Practitioners were not always making appropriate referrals to mental health services. In addition mental health services were not consistently making referral to children's social care when working with an adult who may have children – even if the only need was to share information with families.

Reviews identified that children and young people were not always able to have timely access for assessment and treatment of mental health issues.

Work is ongoing within mental health services to ensure that the parenting capacity of adults with children is assessed as part of an overall mental health assessment.

In addition an electronic self-referral pathway for practitioners and parents wishing to make referral to mental health services has been developed. This is added as a link on the early help website. Work is ongoing with commissioners of mental health services for children to ensure that there is a prompt and appropriate response to children. Focus for 2022/23 will focus on implementation of the Thrive model of care delivery.

- **Transitions**

Two reviews identified a disconnect between adult and children's multi agency services across Tameside as vulnerable young people reach the age when they need to move from children to adult services. Work was commenced in early 2021 to ensure that there was a continued service offer to those young people who were leaving care. Reviews have identified the need for further service offers to work with vulnerable young people but who are not care leavers. A key example of the work which continues to be focused upon is young people with learning disability and those with a diagnosis of autism.

Work is ongoing with commissioners to ensure that there is a robust offer of service provision to young people with an identified learning disability or autism.

- **Complex & Contextual Safeguarding**

Four child practice reviews focused on young people who had received physical injury and included the death of a young person. A consistent theme of these reviews was that all the young people were known to services within Tameside and concerns about complex safeguarding issues had already previously been identified. In addition work was ongoing with the young people involved at the time of the incidents having occurred. Further work is planned to ensure that complex and contextual safeguarding issues are consistently identified and addressed in Tameside.

- **Trauma informed professional practice**

An overriding theme identified within the children's reviews undertaken in Tameside was the need for practitioners across all agencies to review their approaches to children and families which demonstrate that there is an understanding of the impact of adverse childhood experiences on both children and adults within the family. Furthermore the need to ensure that a trauma informed approach is incorporated into any work undertaken by practitioners going forward. The objective of taking this approach is to address negative behaviours and perspectives of families, brought about by

present and previous adverse experiences so that changes can be made to prevent further harm and to improve outcomes for children and families.

- **Early help offer and thresholds**

Reviews have identified the benefit of services working together to ensure that support can be offered to families at all levels of the Tameside safeguarding thresholds for children and young people. 2021/22 saw a “one stop front door” for concerns about families in which early help services and the Multi Agency Safeguarding Hub are co-located. This has resulted in families receiving more robust assessments and receiving help and support relevant to their level of need.

TSCP programme of learning 2021/22

TSCP are committed to facilitating a workforce that fully understands their duty to safeguard and promote the welfare of children and is confident to fulfil this. In response to the learning from local and national reviews we host a number of Practitioner forums during the course of a year. This year there were three practitioner events held these forums focused on the following topics: -

29/07/21: Practitioner event regarding 'Alex' LCSPR	17/09/21: Practitioner event regarding 'Ben' LCSPR	03/02/22: Practitioner event regarding 'Ellie' LCSPR
Strategy Meetings	Strategy Meetings	How do we measure impact of parental mental ill health on children including parenting capacity?
Voice of the Child	Assessments including Graded Care Profile	Young Carers assessments? What is the process?
Support provided to the child	Child Protection Conference Procedures	Assessment of domestic abuse when children are the alleged perpetrators
How we performance managed the support	How do we assess whether support intervention is proving successful	Referral to Adult Social Care for parents who are identified as vulnerable?
Child Protection Conference Procedures	Hospital Discharge and Information Sharing at Discharge	Diagnosis of autism- so What?
Covid Consideration	Covid Consideration	Transition from children to adult services.

We facilitate the Partnership Training to support the workforce to inform the strategic priorities and provided the following training modules during 21/22:-

Virtual event/topic.	Number of times delivered.	Training responding to Strategic Priority Areas Y/N
Working Together to Safeguard Children – Virtual Foundation Course.	5	
Virtual Neglect Training.	5	Y
Virtual Domestic Abuse Awareness.	2	Y
Virtual Reducing Parental Conflict Practitioner Training.	3	
Solihull Approach Awareness Virtual Training.	2	
Virtual Professional Challenge Course.	2	

Virtual event/topic.	Number of times delivered.	Training responding to Strategic Priority Areas Y/N
Virtual refresher training in child protection.	1	
Safeguarding vulnerable teenagers: Making a connection using trauma informed practice.	2	Y
Safeguarding Children & Parental Mental Health.	2	Y
Virtual Forced Marriage & Honour Based Violence awareness briefing.	1	
Understanding Exploitation.	1	Y

In addition, Partner Organisations can access various online Safeguarding training which cover topics:- Adverse Childhood Experience, Child Criminal Exploitation, Child Neglect, Child Sexual Exploitation, Consent and Sexual Behaviour, Domestic Abuse, Female Genital Mutilation, Human Trafficking, Online Safety, Parental Mental Health, Parental Substance misuse and Self-Harm and risky Behaviour.

Section 7-Scrutiny

Peer Review

A peer review process was conducted by Oldham Safeguarding Children Partnership (OSCP) to reflect on the effectiveness and impact of multi-agency safeguarding arrangements and improved outcomes for children and young people.

A peer review is the provision of a critical friend in assessing strengths and identifying areas for improvement from the point of view of peer reviewers against their own experiences and government guidance.

The key Area of focus of the review was to:-

Evaluate the impact of rapid reviews and child safeguarding practice reviews on improving multi-agency practice.

It was proposed that the impact on Tameside's Early Help Offer be reviewed in relation to:

- Information sharing and interface between early help provision and statutory intervention
- Early help mental health offer and pathway
- Application of the pre-birth protocol
- Tackling neglect and the use of the Graded Care Profile

The outcome of the Review was thought to be a positive experience and the key learning points were defined as opportunities. The review's focus on Partnership Working, acknowledged structures were changing in response to the need to reform. We were satisfied that there is evidence that learning from reviews is given importance by senior leaders. This outcome was echoed in the

monitoring and signing off of action plans, as it was apparent the support from strategic leads facilitated the opportunities for frontline practitioners to participate in reviews. The new governance arrangements introduced a Business Group who will enhance this approach and play a strong role in driving forward and monitoring recommendations.

Seven minute briefings were viewed as a positive response to communicate learning and the Practitioner forums. To enrich this work we will include in training and newsletters “useful links” to the TSCP websites and external resources related to the subject matter. We were also satisfied that the Peer Review observed evidence of professional challenge and escalation in Partnerships and sub-groups and this contributes the effectiveness and impact of multi-agency safeguarding arrangements and improved outcomes for children and young people.

We will use the outcome from the Peer Review to inform and improve the Partnership Work during 22/23.

Section 8 - Moving Forward

We agreed our priorities in the TSCP Development Session July 2021 and in the autumn of 2021 developed these to be the focus of the TSCP Strategy 2021 – 2024. The latter part of 21/22 has been concentrated on establishing the Governance Arrangements to support the strategy and ensure that there are sustainable systems in place to progress this strategy. As a Partnership we acknowledge whilst we remain steadfast to ensure safeguarding is our everyday business and to be assured it is of our Partner Organisations, the approach to embed the new strategy is evolving and work to evaluate these arrangements will be key to ensuring the successful outcomes we strive to achieve.

Priority areas of Business for 22/23:-

- Develop and implement a Learning Strategy
- Develop and implement Communication Strategy
- Embedding of Neglect Screening Tool in order that issues of childhood neglect can be identified and responded to as early as possible
- Assessment and analysis of risk of exploitation in Tameside and early identification
- Assessment and analysis of risk of exploitation and response/activity to support Care Leavers
- Section 11 Audit for agencies to complete for transitions against NICE Guidance documents to provide assurance to TSCP and provide any recommendations for single agencies action
- Multi-agency audit on Transitions to Identify six cases who have gone through the process from children to adult services and identify recommendations