

Agenda

Health and Well-Being Board

Tuesday, 13 September 2016, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board
Tuesday, 13 September 2016, 2.00 pm, Council Chamber,
County Hall

Membership

Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Ms J Alner	NHS England
Mr M L Bayliss	Cabinet Member with Responsibility for Children and Families
Mrs S L Blagg	Cabinet Member with Responsibility for Adult Social Care
Dr R Davies	Redditch and Bromsgrove CCG
Catherine Driscoll	Director of Children, Families and Communities
Mr S E Geraghty	Leader, Worcestershire County Council
Dr Frances Howie	Director of Public Health
Dr A Kelly	South Worcestershire CCG
Sander Kristel	Director of Adult Social Services
Clare Marchant	Chief Executive, Worcestershire County Council
Peter Pinfield	Healthwatch, Worcestershire
Dr Simon Rumley	Wyre Forest CCG
Simon Trickett	Redditch & Bromsgrove & wyre Forest Clinical Commissioning Group

Associate Members

Mrs C Cumino	Voluntary and Community Sector
Chief Supt. L. Davenport	West Mercia Police
Gerry O'Donnell	South Worcestershire District Councils
Cllr Margaret Sherrey	North Worcestershire District Councils

Agenda

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1	Apologies and Substitutes		

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Date of Issue: Friday, 2 September 2016

Item No	Subject	Page No
2	Declarations of Interest	
3	Public Participation <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 12 September 2016). Enquiries can be made through the telephone number/e-mail address below.</i>	
4	Confirmation of Minutes To confirm the minutes of the meetings held on 10 May 2016 and 14 June 2016.	Chairman
5	Sustainability and Transformation Planning	Sarah Dugan
6	Future of Acute Hospital Services in Worcestershire	Simon Trickett
7	Director of Public Health Annual Report	Frances Howie
8	Joint Health and Well-being Stakeholder Event Summary	Frances Howie
9	Learning Disability Strategy Progress Report	Elaine Carolan Pete Sugg
10	The Worcestershire Transforming Care Plan	Richard Keble
11	Worcestershire Safeguarding Children Board (WSCB) Annual Report 2015-16 <ul style="list-style-type: none"> • Including the Child Death Review Process for Worcestershire. 	Derek Benson
12	Better Care Fund Update	Anne Clarke
13	Future Meeting Dates 2016 Public meetings (All at 2pm) <ul style="list-style-type: none"> • 13 September 2016 • 1 November 2016 Private Development meetings (All at 2pm) <ul style="list-style-type: none"> • 11 October 2016 • 6 December 2016 	

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Health and Well-Being Board

Tuesday, 10 May 2016 Council Chamber, County Hall – 2.00 pm

Present:**Minutes**

Mr M J Hart (Chairman), Dr C Ellson (Vice Chairman), Ms J Alner, Mrs S L Blagg, Anne Clarke, Mrs C Cumino, Dr R Davies, Mr S E Geraghty, Frances Howie, Dr A Kelly, Clare Marchant, Mr G O'Donnell, Peter Pinfield, Dr Simon Rumley, Mrs M Sherrey, Simon Trickett and Simon White

Also attended:

Sarah Dugan, Richard Keble, Frances Martin, David Mehaffey, Kate Griffiths

Available papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the meeting held on 9 February 2016 (previously circulated).

Copies of documents A and B will be attached to the signed Minutes.

359 Apologies and Substitutes

Apologies had been received from John Campion and Lee Davenport.

360 Declarations of Interest

None

361 Public Participation

Jonathan Sutton spoke on behalf of Maggs, YMCA, St Basil's and St Paul's in relation to item 10 on the agenda. He was joined by Claire Badsey.

Jonathan stated that they welcomed the signing by the Health and Well-being Board of the Charter for Homeless Health. People who were homeless had worse health than most yet find it harder to get help and they called on the HWB to take action by acting on the commitments of the charter. Organisations working with those at risk of homelessness would welcome a meeting with officers of the County Council as improvements would only be made with collective efforts.

Claire Badsey who has been homeless and used the services of St Paul's, read a poem entitled Stereotypes to engage the Board and explain that not everyone who was homeless or at risk of becoming homeless fit the

362 Confirmation of Minutes

stereotype.

The minutes of the last meeting of 9 February 2016 were agreed to be an accurate record and were signed by the Chairman.

363 Sustainability and Transformation Plan

The Chairman welcomed David Mehaffey and Sarah Dugan to the meeting.

There had not been a report within the agenda as events were moving quickly with the planning and consideration of the Sustainability and Transformation Plan (STP) and it had been felt that it would be more useful to have a presentation of the up to date situation at the meeting.

The footprint of the STP covered Herefordshire and Worcestershire so was large in terms of geography but small in population. It covered Councils, CCGs, NHS Trusts and primary care organisations. The STP would address the Triple Aim – Health and Well-being, Care and Quality and Finance and Efficiency.

The STP had been discussed at HWB meetings since February. Work had been carried out to establish the programme leadership and governance and analyse the detail of the triple aim gap. Away days would be held to develop proposals and the first formal submission would be made to NHS England in June.

Some emerging priorities for review had been identified which would result in improved patient outcomes as well as helping with each of the aims of the STP.

Changes to 'ways of working' were needed, including workforce challenges, which existed across all the organisations (including making use of volunteers; making better use of digital technologies and connecting areas; also public and patient engagement so that everyone understood and aimed towards having independent living as the norm. The wider determinants of health needed to be considered to enable stronger links between health and services such as housing leisure and education.

Various points were made during the discussion:

The Chief Executive of the County Council felt there were four main areas to concentrate on:

- Prevention
- Interacting with Communities
- Workforce models

- Acute models

The Healthwatch representative felt that it was important for the STP 'process' to maintain communication with the HWB and the relevant Council Officers and to use joint working where possible. Also engagement with carers and the public in general was important. He was concerned about the size of the financial challenge and also the communication challenge of getting the right message over to the public.

It was recognised that engaging effectively with the public and the workforce was not easy but as STPs were part of a national process to deal with a national situation there would be national help with communicating with the public. The Board was reassured that a carers' workshop had been held and carers had been invited to the South Worcestershire CCG Board meeting. The programme Board representatives were important in the process of feeding back to their organisations as well as with engaging with the wider public. Board members were reminded that the STP was not starting from scratch but was consolidating various processes which had already been started and communication with staff and the public would be a continuing process.

Board members felt that the slides did not show how important prevention was in the process.

RESOLVED that the Health and Well-being Board:

- a) Thanked David and Sarah for their presentation, and**
- b) Would use the meeting on 14 June to receive a further update on the STP and enable full discussion by the Health and Well-being Board prior to the submission to NHS England.**

364 Director of Public Health Annual Report

It had been agreed that this item be deferred until the next meeting.

365 Autism Strategy

The Chairman welcomed Richard Keble, Strategic Commissioner for Adult Services and Spencer Craig, Chairman of the Autism Strategy Partnership Group.

The Strategy had been approved last May by the Health and Well-being Board and the All Age Strategy had been launched on 8 October 2015. It was noted that the production of the strategy had been challenging with the

large number of partners and the financial situation.

The report in the agenda detailed what had been achieved and what was still to be completed. Work was on-going to produce measurable outcomes and a further report would be brought back to the HWB in 2017.

Questions were asked concerning the following areas:

- CCGs were concerned about achieving a seamless transition when children with ADD reached an age when they left Children's services when they may have been in special units and were discharged back to the care of a GP. There was awareness of the difficulties as paediatric and adult services had traditionally been separate and with different legislation. Work was on-going to improve the transition.
- It was clarified that anyone would be able to attend the workshop on 30 June but it was recognised that they were not in contact with everyone on the spectrum or their carer's,
- The Family Psychologist Service offered 6 sessions of support, which could be accessed even if a diagnosis had not been made. They also provided a diagnosis service,
- Support will be re-commissioned for next march so will be reviewed over the next six months.

RESOLVED that the Health and Well-being Board noted progress made on the strategy.

366 Carers Strategy

Richard Keble was joined by Anne Duddington who represented Maddy Bunker, Chairman of the Carers Partnership.

The Carers Strategy was approved by the HWB in May 2015 and aimed to work with all age groups.

Progress was being overseen by the Carers Partnership (formerly the Carers Consultative Group) and a Memorandum of Understanding between the County Council's Adults and Children's Services. The main agreements were listed in the agenda report.

Anne Duddington gave a statement from the Carers Partnership. They welcomed the acknowledgement that the role of unpaid carers was vital and also that two new contracts; one for Young Carers and the one for Adult Carers looking after adults; had been awarded. They were also pleased that it was recognised that more

367 Health Improvement Group

needed to be done to support parent carers looking after children with disabilities.

They wished to offer their support and involvement in developing a service for parent carers who needed support as carers, as well as information about services for their children. They also offered their support with the reconfiguration of Adult Social Care which would result in changes for carers as to how replacement care was agreed. They wondered about how the Operational Lead role would work and the role of the Carers Unit.

Anne Clarke explained that to comply with the Care Act they were moving towards more joined up assessments. Carer's assessments would be done along with an individual's needs assessment. The assessments would be more locality based rather than being done by a central Carers Unit. One of the 13 Locality Managers was formerly the Manager of the Carers Unit and would now become the Operational Lead.

Board Members were impressed that there was now greater evidence of co-production than had been obvious a year ago. The update was a credit to officers as it was more readable, with matrices and with the strong voice of the carers and service users coming through.

It was requested that further updates should include what impact the Better Care Fund had carers. The Strategy would be reviewed annually at the HWB.

RESOLVED that the Board noted the progress made on the Carers Strategy.

Frances Howie explained that the HIG met regularly and had good support from its members however the HWB were asked to consider whether or not the representatives from their individual organisations were the right ones. The Board was asked to remember that the impact on outcomes of the activity being undertaken would only be evident in the longer term. The Board had asked for increased oversight of the work of the Home Improvement agency and public health would now be represented on their management Board, following a discussion at the HIG.

Gerry O'Donnell, Wychavon Cabinet Member for Health and Well-being and representative of the South Worcestershire District Councils on the HWB gave a presentation stating 'District Councils had a key role to

play in keeping communities safe and healthy.' Their core functions had an impact on health although planning and housing did not yet link closely enough with health.

He gave details of how Wychavon District Council were tackling the priorities of Older people and the management of long term conditions; obesity; mental health and well-being; alcohol and health inequalities.

Tackling obesity or increasing physical activity was an area where the districts were taking action. Prevention was a main part of their strategy and implementing sport and leisure activities were important and leisure providers were being encouraged to promote the health benefits of their services. However it had been noted that there were not enough measures of success or outcomes in the contracts awarded by District Councils.

A mental health champions project had just commenced to help 11-21 year olds and highlight mental health in education. Various campaigns were running around alcohol but it was an area the HIG needed to revisit. Various projects were also running to address health inequalities such as the Droitwich Foodbank and Westlands Health and Wellbeing Forum.

A number of the HWB priorities were linked to Wychavon priorities but some areas such as homelessness and rurality were priorities under the Wychavon plan but not for the HWB.

Gerry felt that Partnership activity was really successful with achievements in Ageing Well and Obesity but more needed to be done in mental health and alcohol. He felt district Health Improvement Co-ordinators were critical to success. The district plans had been well received by partners at the HIG and demonstrated that the HWB priorities were supported and delivered in the localities.

The Chairman confirmed that the HIG met regularly and was well attended.

Board members asked if there were specific prevention areas that the HIG wished to feed into the STP before June.

In response to a query it was clarified that the HIG did not look at specific hotspots for road traffic accidents but county data was available

The list of actions in the agenda under the Obesity Plan

were generally local actions that contributed to the plan. The Change for Life campaign had national recognition and funding, so it was sensible to use their materials. Locally the eating well on a budget scheme which used a train the trainer approach was proving successful.

It was suggested that as the STP was countywide could it be used as an opportunity for further joint working across the districts and scaling up some existing projects.

RESOLVED that the Health and Well-being Board:

- a) **Considered and commented on progress made between December 2015-March 2016; and**
- b) **Requested that the Health Improvement Group Bi-Annual report be presented to the Board in September 2016.**

368 Charter for Homeless Health

The Chairman noted that the meeting had already received input on this item during Public Participation and agreed that the Board should not just sign the Charter without ensuring that action was being taken.

The representative from Healthwatch Worcestershire thanked the Chairman and Board for signing and felt it was a positive way forward.

RESOLVED that the Health and Well-being Board:

- a) **Noted the signature of the Charter for Homeless Health by the Chairman, on behalf of the Board,**
- b) **Noted and committed to the three commitments of the Charter, including contributing to a more detailed needs assessment, and to integrated commissioning,**
- c) **Agreed for the Director of Public Health in co-production with other stakeholders take this issue to the Health Improvement Group for implementation working in tandem with the development of the Worcestershire Strategic Housing Partnership Plan.**

369 Better Care Fund

Frances Martin explained that an update on the BCF had been received at each HWB meeting for the previous two years. It was an intrinsic part of the Sustainability and Transformation Plan. There was a slight update to the report in the agenda in that the final submission date had been 3 May rather than 25 April. They were now awaiting feedback. The NHS England representative explained that feedback would not be received until the end of May

**370 Worcestershire
Health
Indicators**

as national moderation would occur first.

RESOLVED that the Board:

- a) **Noted the current rating of the Worcestershire 2016/17 Better Care Fund plan, which was 'Approved with Support' and**
- b) **Noted the ambition to move to 'Approved' status by the final submission date of 3 May.**

Frances Howie explained that the data presented was used to produce the JSNA, JHWS and the STP. However it should be noted that the data was constantly changing and was at a county level so the local details were masked.

In general health and well-being in Worcestershire was better than the England average. Areas which had improved or got worse were listed in the agenda. For the areas of concern such as adult obesity, social isolation of carers and school readiness amongst those receiving free school meals, initiatives were in place; for example the living well service and physical activity programme to address obesity and the re-commissioning of the 0-19 service to help with school readiness.

Other areas of concern were rates of breastfeeding, fuel poverty, smoking in pregnancy, successful completion of drug treatment and flu vaccination rates.

Board members felt that recommendation c was important and organisations should be asked what they had done over the previous 12 months. It was agreed that it was important to engage staff and offer the necessary training to make every contact count.

Reducing smoking was important and District Councils were involved in creating smoke free environments. The role of the County Council was in education and promoting individual responsibility. Smoking was a priority but not in the top three for the HWB. It was requested that smoking remain on the report as a health indicator.

Board members requested that figures on obesity be brought as a trajectory to future meeting. It was pointed out that it was now felt to be more important to increase levels of physical activity, if people were previously sedentary, rather than focussing on levels of obesity.

RESOLVED that the Health and Well-being Board:

- a) **Noted the contents of the reports**

371 Health Protection Group

- b) Requested the Health Improvement Group make sure that areas of concern were included in the action plans that report to the HIG,
- c) Encouraged its members and stakeholders to consider areas of concern in individual organisational plans; and
- d) Requested that the next indicator update should include trajectory data so that progress can be understood.

Frances Howie explained that the Health Protection Group sought assurance that the public was protected from health threats. The Group were assured that emergency preparedness plans were in place. Data was received about immunisations and screening and any areas of concern such as areas of lower uptake were addressed. The situation regarding outbreaks was monitored and Worcestershire was at an average level. New regulations had been brought in about air quality so public health was working with Worcestershire Regulatory Services.

RESOLVED that the Health and Well-being Board:

- a) Noted the work of the Health Protection Group during 2015,
- b) Asked that a report be made annually to it for assurance, and by exception for escalation of any key issues; and
- c) Asked that Members own organisations contributed to improvement where needed.

372 Future of Acute Hospital Services

Simon Trickett gave a brief update that progress was good. Everyone agreed that the programme had taken too long, which had resulted in changes being made to services for safety reasons rather than being planned. Previously the Clinical Senate had highlighted three areas of concern but following further work they were presently in the process of their return visit to see if those issues had been resolved. The written report should be received by the end of May. The proposed clinical model would then be taken through the NHS England assurance process and would be ready to go out to public consultation in September 2016. Implementation would then take place in 2017.

373 Future Meeting Dates

The Chairman proposed that the first part of the private development session on **14 June 2016** be changed to a public meeting to look at the STP and enable full discussion.

The next public meetings would be:

- 13 September 2016 and
- 1 November 2016.

Private Development Meetings:

- 12 July 2016
- 11 October 2016
- 6 December 2016

The meeting ended at 3.50pm

Chairman

Health and Well-Being Board

Tuesday, 14 June 2016 Council Chamber, County Hall – 2.00 pm

Minutes

Present:

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Jo-anne Alner, Mr M L Bayliss, Mrs S L Blagg, Anne Clarke, Carole Cumino, Chief Supt. Lee Davenport, Dr R Davies, Catherine Driscoll, Mr S E Geraghty, Dr Frances Howie, Dr A Kelly, Clare Marchant, Frances Martin, Mr G O'Donnell, Peter Pinfield and Simon Trickett

Available papers

The members had before them the Agenda papers (previously circulated); which would be attached to the signed Minutes.

Special Public Meeting

This meeting was held in public at the suggestion of the previous Chairman, to provide an update the Board regarding the Sustainability and Transformation Plan (STP).

The Worcestershire Leaders Board were invited to attend the meeting to receive the update.

374 Apologies and Substitutes

No apologies had been received from Members of the Board.

Members of the Worcestershire Leaders Board (who were not also members of the Health and Well-Being Board) who attended were:

Adrian Gregson	Leader of Worcester City Council
Phil Grove	Leader of Malvern Hills District Council
Marcus Hart	Leader of Wyre Forest District Council
Jack Hegarty	Chief Executive of Wychavon and Malvern Hills District Council
Sheena Ramsey	Chief Executive of Worcester City Council
Nina Woodford	Representing the Leader of Bromsgrove and Redditch District Council

Jane Ball, Deputy Director of Strategy and John Burbeck, Interim Chairman, from the Worcestershire Acute Hospital Trust also attended the meeting.

Sarah Dugan, Chief Executive, Worcestershire Health

		and Care Trust attended and presented the item on the Sustainability and Transformation Plan.
375	Declarations of Interest	None
376	Public Participation	<p>A question had been received from Bryn Griffiths, Secretary of the Worcestershire Trades Union Council.</p> <p>The Chairman read out the question:</p> <p><i>In order to counter-balance the current excessive secrecy by which the Sustainability and Transformation Plan is being formulated and seemingly implemented, will the Board in the interests of transparency and democracy instruct that the submission to be emailed to Board members also be shared at the same time with all county councillors and with the public on the Council's website?</i></p> <p>He answered:</p> <p>As Chairman of the Health and Well-being Board, I can confirm that all papers and presentations discussed at public Board meetings will be available on the County Council website. The general public and all county councillors can access the Council's website.</p> <p>However, requirements for the submission due to NHSE by end June have changed since this was last discussed at Health and Well-being Board. This will NOT be a final submission, but a draft in development.</p>
377	Sustainability and Transformation Planning	<p>Sarah Dugan (CEO of Worcester Health and Care Trust) as Strategic Lead for the STP, explained that the STP Programme Board had met yesterday so there had not been the opportunity to distribute further information before the meeting and she was therefore giving a verbal update.</p> <p>At the last Health and Well-being Board on 10 May the Chairman had suggested that this meeting be a public one to sign off the initial submission of the plan. Since that time the timescales had changed and the next submission would not now be made until 30 June, with further work needing to continue after that point.</p> <p>The STP was fundamentally about implementing the 5 year Forward View across the Herefordshire and Worcestershire footprint. At present planning was being done to see how value could be added by working</p>

together across the range of workstreams. Some workstreams were clinical such as with mental health, maternity and cancer and some were enablers such as IT, digital and workforce. All the workstreams from the different organisations would be included in the plan.

The STP Programme Board had decided on its top priorities which would need to be addressed to meet the Triple aim gaps of Health and Well-being; Care and Quality and Finance and Efficiency.

The Public Health Directors of the two Counties were leading on the Well-being aim. The Care and Quality gap was partly about addressing the special measures position of acute services but the issue would need to be re-solved by all organisations working together. This would then also result in improved outcomes for patients. Managing demand and doing things differently would be important to manage the Finance and Efficiency gap.

After the next submission of the plan on 30 June there would be more engagement with the public, patients and staff. Timeframes had been difficult with the amount of information and planning needed.

It had been recognised that a smaller number of priorities were needed to meet the triple aim gaps. These were not yet finalised but were likely to be:

- Improving Health and Well-being – This would include increasing prevention work, improving resilience at community and personal level with self-care and maximising the use of digital solutions,
- Developing multi-specialty community provider models – care would be redesigned and be based around individuals in their own homes. There was a real appetite for this work and lessons were being learnt from the pioneer work done in Holland and Sweden. Co-production was important so that patients could tell their story once and then carers would have access to that information,
- Developing improved networks for secondary care services – Acute providers would be supported to get out of special measures and outcomes improved in areas where they were not as good as they should be, such as with cancer, stroke, maternity and neo-natal care. Current arrangements were being reviewed to see whether they were being done at the correct level

or whether it was necessary to bring in specialists from further afield even though care may be delivered locally,

- Developing a workforce model – This would look at the types of roles which are required to meet the other priorities. A core team of staff would be required to work around individuals and carry out broader more generic roles. Worcestershire needed to be an attractive employer having good clinical networks and a strong model of care which improved outcomes and attracted staff. This would allow primary care to be provided at scale and demand would fall for acute treatment. Sustainability of staffing in General Practice and acute secondary care specialities was necessary.

It was proposed that the draft submission be emailed to the HWB on 24 June prior to 30 June but it was still unclear when the final plan would need to be submitted. There was a national meeting with Simon Stephens on 8 July when the timelines would hopefully be clarified. Work was on-going with regard to details and modelling for finances. A further report would be brought to the Development meeting on 12 July.

John Burbeck confirmed that the Acute Trust were very involved in the STP process and supported Sarah and her team and the excellent work that was being done. Critical and analytical thinking was occurring and GPs and medics were coming up with new ideas. Existing organisational boundaries would not be staying in place and more patients would be dealt with at, or closer to, home. He was optimistic, but recognised that there was a steep climb ahead.

In response to a question about the increased use and cost of agency staff it was confirmed that it was a concern that was being addressed. More staff had been choosing to work through an agency because they felt it gave them more flexibility; or to work for neighbouring areas who paid more. Now a national agreement had been reached and a cap put on agency pay so that all neighbouring organisations were paying the same. The use of agency staff would continue to be scrutinised.

Workforce planning had previously been carried out by individual organisations but now under the STP they were looking at economies of scale which could be achieved by working together and also new care pathways. Worcestershire needed to be seen as a great place to live and work. It was recognised that more

people wished to work part time or flexibly and it was necessary to allow people to work in different sectors under one contract. New roles were also being developed such as physicians assistants.

Clare Marchant reported that Simon Stevens had said that not all areas had as much local government input as Worcestershire. There was also more involvement from Healthwatch the VCS and patient groups at an early stage. Prevention should not just be the preserve of Public Health and needed input from other sectors such as employment, education, the police and District Councils. It was a big shift to move the focus from hospitals to the community and people were letting go of organisational boundaries.

The Chairman of Healthwatch attended STP meetings and was involved in communication and engagement with user and carer groups. People wanted to know how these changes would affect them so it was important to have the support of HWB Board members as well as the Leaders Board, for when there was wider consultation with the public.

A representative from the District Councils felt that District Councils could help to spread the message in rural areas, especially prevention through their leisure services and recognising the importance of Broadband.

Members from the Worcestershire Leaders Board welcomed hearing about the STP and made the following comments:

- They appreciated that being open and transparent was important and felt more comfortable that this was being addressed,
- They were pleased with the smaller number of priorities as issues were less likely to get lost,
- They recognised that getting people to take responsibility for themselves was difficult but everyone around the table had a role in achieving that,
- The STP was now part of the priorities of the District Councils; and community resilience was something they could work on – particularly in rural areas and with mental health,
- They felt adequate housing was also important for the prevention agenda and was a responsibility of District Councils,
- They recognised that the transport infrastructure could impact on the STP,
- There was a slight concern about the increased

use of technology but it was explained that the digital challenge was for everyone. Not all members of the public would use it but there would still be benefits to organisations in making increased use of technology even if users did not, and a set of digital inclusion initiatives were already in place.

The representative from the Voluntary Sector welcomed the recognition that the STP was not just a public sector health and social care planning tool but included and required input from other sectors including the VCS.

HWB members welcomed the focus on prevention and recognised the good resonance with the Health and Well-being Strategy. It was confirmed that the five approaches to prevention from the Health and Well-being Strategy would be included in the STP.

Sarah concluded that there was complete agreement the 4 priorities and the Hereford and Worcestershire aspects of the plan were very consistent. The STP area was also to be 1 of 4 local pathfinders regarding acute services in rural areas.

RESOLVED that the Health and Well-being Board and the representatives present from the Worcestershire Leaders Board:

- 1. Noted the progress on the development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP);**
- 2. Noted that requirements for the 30 June submission had changed, away from being a final submission, and towards being a developing plan;**
- 3. Agreed that a further update would be circulated to members of the Board for comment before submission on the 30 June; and**
- 4. Noted that public engagement would begin over the Summer months.**

378 Future Meeting Dates

Public meetings (All at 2pm)

- 13 September 2016
- 1 November 2016

Private Development meetings (All at 2pm)

- 12 July 2016
- 11 October 2016

- 6 December 2016

The meeting ended at 3.00 pm

Chairman

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HEALTH AND WELL-BEING BOARD – Public Meeting 13 September 2016

Sustainability and Transformation Planning

Board Sponsor

Dr Carl Ellson, Chief Clinical Officer, South Worcestershire CCG
Simon Trickett, Interim Chief Officer, Redditch & Bromsgrove and Wyre Forest CCGs

Author

Sarah Dugan – STP Lead Chief Executive / David Mehaffey – STP Programme Director

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Information and assurance

Recommendations

1. **The Health and Well Being Board is asked to:**
 - a) **Note the progress on development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP);**
 - b) **Note the Programme Budgeting approach being taken to allocate spend in healthcare and the implication of this on service transformation through to 2020/21; and**

- c) **Agree the process for commenting on the draft plan prior to its submission to NHS England on the 21 October 2016.**

Background

2. This is the sixth update to the Health and Well Being Board on the development of the STP, with previous reports having been presented to the public meetings in February, May and June, and the development meetings in March and April.

Introduction

3. On 22 December 2015, NHS England issued the annual and long term planning guidance for Clinical Commissioning Groups (CCG). As well as the regular requirements for one year operational plans, this guidance called for the development of whole system Sustainability and Transformation Plans (STP) covering a defined “planning footprint”. The planning footprint agreed for this area is Herefordshire and Worcestershire – a footprint covering a population of approximately 780,000 people. There are 44 footprints nationally, with the average sized footprint covering 1.3m people and the largest footprints covering 2.5m people.

Purpose of the STP

4. As previously reported, the STP builds upon local transformation work already in progress through Well Connected, the Future of Acute Hospital Services in Worcestershire and other local transformation schemes. The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim Gaps:

- i. **Health and Well Being** - The main focus of this particular workstream is on achieving a radical upgrade in illness prevention to reduce the long term burden of ill health – both from a quality of life perspective for individuals and a financial perspective for the health and care system.
- ii. **Care and Quality** - The main focus of this work is on securing changes to enable local provider trusts to exit from the CQC special measures regime and to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.
- iii. **Finance and Efficiency** - The main focus of this work is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision.

5. An initial submission was made to NHS England in April, outlining the Triple Aim Gaps within the STP Footprint.

Progress to date

6. A further interim submission which outlined our approach, key workstreams and some of the key lines of enquiry for the STP was made to NHS England (NHSE) on the 30 of June. A feedback meeting was then held between members of the STP Footprint and NHS England and NHS Improvement.

7. The key focus of the feedback was for the STP to focus on the following over the coming months:

- Develop greater depth and specificity, with clear and realistic actions, timelines, benefits (financial and non-financial outcomes), resources and owners,
- Provide year on year financial trajectories that, when aggregated nationally, will enable overall affordability to be assessed,
- Articulate more clearly the impact on quality of care of any proposed changes that are being put forward,
- Include stronger plans for primary care and wider community services that reflect the General Practice Forward View, drawing on the advice of the Royal College General Practitioners ambassadors and engaging with Local Medical Committees,
- Set out our plans for engagement with local communities, clinicians and staff and the implication for the timing of implementation.

Approach to closing the financial gap

8. Indicative financial allocations to NHS commissioning bodies have been announced through to 2020/21 and these are the basis upon which plans for local services need to be made.

9. The STP is now in the process of conducting an exercise to identify the high level priorities for distributing the available resource using a structured budget prioritisation approach. This is based on analysis of demographic and other growth pressures, comparisons to spend and performance profiles in other STPs, assessment of local agreed strategies and other available evidence such as national guidance from NICE or other relevant bodies.

10. These factors will be used to come up with a recommended budget for each of the 14 programme areas within the STP development plan;

- Prevention
- CCG Running Costs
- Urgent Care Services & Non-Elective pathways
- Maternity Care
- Elective Treatment - Other
- Elective Treatment - Cancer
- Mental health services & Learning Disabilities
- Diagnostics and clinical support services
- General Practice within Primary Care

- Prescribing and medicines
- Out of hospital community services
- Complex care

11. Programme teams are currently reviewing the type of changes that would be needed to ensure that services live within the budget envelopes that will be available. This is intended to approach the question of how best to 'live within our means' from a different perspective than the traditional application of efficiency gains to the current patterns of spend; which may not necessarily be aligned to future strategy.

12. The methodology for developing this process has included:

- Conducting a rapid evidence review to inform the creation of a local prioritisation process which was coproduced by members of the STP and The Strategy Unit.
- Allocating CCG spend to Transformation Programme Areas based on spend by programme budget category and setting (an NHS standard financial planning approach).
- A group discussion of STP commissioners to test the methodology and create a budget scenario to recommend to the wider STP leaders group for discussion.
- A workshop with provider and commissioner leads to review the initial commissioner proposals and set the basis for future service planning. This included agreeing to take responsibility for establishing programme review groups "testing" the proposed budgets by identifying what could be provided for the budget allocated and what service changes would be needed in order to live within the budget envelope agreed.

13. The process was based on a methodology that made explicit the prioritisation that would be required in order to live within the budgets available, while at the same time addressing the gaps identified in current services in terms of performance, care and quality or health and well-being.

14. The system agreed that prevention should be a specific priority element in every service area going forward and a new commissioning strategy would build this into every contract and provider requirement. Discretely commissioned services would be moved into mainstream budgets so this spend would be re-allocated to other budget headings.

15. The work to date on back office and infrastructure includes CCG running costs as provider running costs are incorporated into each budget line. Work is being conducted to identify these separately.

16. Commissioners and providers recognised that some service changes and potential reductions in spend will be required in a few programme areas in order to secure investment increases in other priority areas to achieve the best outcomes for

our patients. Specific proposals have not yet been identified to achieve this reduction, however options are currently being considered for debate.

17. Whilst the total available resource to commissioners will be £1.327bn, the forecast spending requirement for 2020/21 based on current forecast projections for cost and demand pressures is £1.412bn, leaving a shortfall of £84m. This difference will need to be addressed through commissioner efficiency improvements – normally achieved through re-designing the way in which services are commissioned or re-commissioning existing services at lower cost.

18. In addition to these savings required of commissioners, provider organisations also have to address efficiencies that are not currently reflected in the figures. These will be outlined in future iterations so that the overall picture /challenge is clear.

19. Specific proposals to address these gaps are currently being explored, but plans are not yet sufficiently advanced to be put forward for scrutiny. It is anticipated that these plans will be developed through the next round of planning and contracting discussions in advance of commissioners and providers signing two year service contracts by December 2016. Due to the nature of the efficiency challenges facing both providers and commissioners, Health and Well Being Board members, as well as wider stakeholders, should expect to see quite radical proposals being put forward in some areas. The proposals will be brought to HOSC for consideration at the appropriate time.

Engagement update

20. Effective stakeholder engagement is a key component to the development of the STP and we have established an approach whereby voluntary and community sector (VCS) representatives can support development of the plan. The Board will be aware already that Healthwatch and VCS representatives from both Counties are represented on the STP Programme Board and are of course also part of the Health and Well Being Board itself.

21. In addition to this, over the past few months, the engagement process has been extended to include VCS representatives on all the clinical theme groups. In most of these groups there are multiple attendees and more than 20 VCS representatives in total are involved in the themed groups across the STP development process.

22. As the budget prioritisation process is taken to the next level, engagement will extend again to ensure that a wider discussion with stakeholders is undertaken to inform the changes that will be required to ensure that the local system lives within the budget envelope allocated to it. The Health and Well-being Board will be aware of the coproduction work undertaken to date and will recall that the Board agreed a Coproduction Strategy which was co-produced by Healthwatch. The engagement process will build on this work and as our plans develop further we will engage with VCS and Healthwatch colleagues to explore the best ways to ensure our final plans are co-produced with local communities.

Next steps

23. The next submission of the STP is expected to be made on the 21 October. This strategic plan will then form the basis of the operational planning cycle for commissioners and providers for the next two financial years (2017/18 and 2018/19). It is proposed that a copy of the draft submission be emailed to Health and Well-being Board members for individual comment by Friday 14 October and a wider discussion of the submission can be held at the next Public Meeting of the Health and Well Being Board in November.

24. It is important to note that any specific decisions or service changes required as a result of the STP will be subject to a separate engagement and consultation process as necessary.

Legal, Financial and HR Implications

25. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed these will be identified and reported in due course and dealt with through self-standing reports.

Privacy Impact Assessment

26. There are no specific issues to highlight at this stage.

Equality and Diversity Implications

27. There are no specific issues to highlight at this stage.

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Supporting Information

28. Link to the NHS Planning Guidance for 2016/17 -

<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

**HEALTH AND WELL-BEING BOARD
13 SEPTEMBER 2016****DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

Board Sponsor

Cllr John Smith

AuthorDr Frances Howie
Director of Public Health(Please click below
then on down arrow)**Priorities**

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	No

SafeguardingImpact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Consideration

Recommendation**1. The Health and Well-being Board is asked to:**

- a) **Note and discuss the content of the Annual Report of the Director of Public Health;**
- b) **Consider how the organisations represented on the Board might best respond to the recommendations of the report;**
- c) **Use the Compendium of Health Indicators in service planning and commissioning.**

Background

2. The County Council has a statutory duty to publish an Annual report produced by the Director of Public Health. In most previous years, the report has consisted of the summary of statistics from the Joint Strategic Needs Assessment which is presented to the Board each autumn. In 2014, a theme report was produced, focussing on Inequalities in Worcestershire, and was discussed by the Health and Well-being Board.

3. For 2015, a new style of two part Annual Report has been produced. The first part is a short narrative section on a chosen theme and the second is a compendium of statistics about the health of our population. It is expected that this will be an easier reference report for wide use by those planning and delivering services and this format will be repeated in future years.

The Annual Report

4. The theme of the 2015 report is 'Ageing in Worcestershire', and this thematic part aims to give more detail behind the statistics of higher numbers of older people living in the county. It draws particular attention to:

- The difference between life expectancy and healthy life expectancy;
- The link between social deprivation and healthy life expectancy;
- The drivers of a healthy old age;
- The importance of a system wide approach to preventing unhealthy old age.

5. The key recommendations of the report are:

- **Recommendation one:** that planners, elected members and health and social care leaders in Worcestershire commit to giving a higher priority to reducing the gap between life expectancy and health life expectancy during this next planning period.
- **Recommendation two:** that planners and decision makers give more focus to the health impact of the planned environment, and especially in increasing the chances of a healthy old age.
- **Recommendation three:** that health and social care leaders give more focus to helping people to help themselves, specifically by scaling up training to create a public health army; by building inclusive digital assets; and by systematising social prescribing.
- **Recommendation four:** that health and social care leaders increase the availability of evidence based programmes such as lifestyle change; falls prevention; and physical activity, tailoring and focussing services on those who have the greatest need.
- **Recommendation five:** that there be a shift of attitude, so that the fact of increased numbers of older people in Worcestershire is seen as a good news story, and growing older in Worcestershire is associated with long, healthy living, rather than an inevitable decline into dependency and ill-health. Older people should be seen as an asset in our County, and investment leading to an improvement in the quality of life for older people should be understood as an investment bringing real gain to us all.

6. The compendium of statistics brings together in one place a set of health-related indicators that are listed in other public websites. These data are the most recent available, and it is noted that some are several years behind real time. However, the compendium gives clear trend data so that patterns can be noted and predicted.

7. The indicators show that:

- Overall Worcestershire has good health outcomes
- However there is a general pattern of decreasing the gap between ourselves and England, particularly for the principle mortality measures
- Some measures of child health and those that influence child health indicate poor outcomes in Worcestershire, especially for the most vulnerable
- In particular performance is poor compared with England for smoking in pregnancy; breastfeeding initiation rates; and children with free school meals status who achieve a good level of development at the end of reception;
- Although local rates are in line with national averages, the indicators on excess weight in childhood are of concern, and the percentage of children living in poverty is unchanged;
- Some indicators for vulnerable older people such as fuel poverty and social isolation of carers show poor outcomes in Worcestershire
- Some measures of adult health indicate poor outcomes, in particular the excess weight indicator where we are significantly above the England rate. Rates of domestic abuse and violent crime show increases in the latest year's data although this may be due to better recording rates
- As with children, some other adult indicators are in line with national average, but are of concern in contributing significantly to the burden of ill-health in the County, and in particular to the burden of avoidable ill-health. These include inactivity, smoking, diabetes, hip fractures, injuries due to falls in those aged 80 years and over.

Legal, Financial and HR Implications

8. There are none of relevance, other than meeting the statutory requirement to publish an Annual Director of Public Health report.

Privacy Impact Assessment

9. Not of relevance.

Equality and Diversity Implications

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points

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Supporting Information

- Appendix Part Two of the Director of Public Health Annual Report 2015/16

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

Public Health England <http://www.phoutcomes.info/>

DPH report 2015/16

Part One: Ageing in Worcestershire

Introduction

One of Worcestershire's extraordinary assets is its older people. We should celebrate longevity and the contribution older people make to our communities through volunteering, informal caring, economic contributions and local leadership. Many older people are living active and vibrant lives and are well connected with other people in their communities. People's length of life is longer than at any time in our history.

However, the experience of being old is not the same for everyone and is not always positive. There is considerable variation in the age-related changes that occur. This variation is often due to existing inequalities and differences in socio-economic factors, lifestyles and living conditions. The number of years of life is not the same as the number of years spent in good health. In Worcestershire, people may live long, but the length of time spent living in poor health can also be long.

This need not be inevitable. We can do far more to increase the chances of a healthy old age, so that more people can live in good health until they die. People in Worcestershire are, on average, healthier than they are elsewhere in the country. To increase the chances of all older people living a good quality of life, we need to strengthen our positive focus on the preventative approach, and to promote healthy ageing for everyone.

Our challenge is how best to do this. A recent report from the World Health Organisation finds: 'Some of the most important barriers to developing good public policy on ageing are pervasive misconceptions, negative attitudes and assumptions about older people. Although there is substantial evidence about the many contributions that older people make to their societies, they are frequently stereotyped as dependent, frail, out of touch, or a burden. These ageist attitudes limit older people's freedom to live the lives they choose and our capacity to capitalise on the great human capacity that older people represent.'

We all, as individuals, and in our communities and organisations, have a part to play in creating a better future for the older members of our community. I hope that this year's report will draw attention to the issue of a healthy old age in Worcestershire, and be a call to action for all of us in creating that future.

Section 1: Being Older in Worcestershire.

- 1.1 It is well known that Worcestershire has a relatively high proportion of older people, compared with the rest of the UK. In 2014 the proportion of older people aged 65 or over in Worcestershire was 21.2% compared to 17.3% nationally.
- 1.2 This picture varies across the County with the highest proportion in Malvern Hills (26.6%), and the lowest proportions in Worcester (16%) and Redditch (16.2%).
- 1.3 These percentages translate into large numbers. There are now 125,600 people over 65 living in Worcestershire, and 17,000 who are over 85.
- 1.4 The experience of being old is not only defined by age. Our experience is defined crucially by our general health and well-being, and there is a difference between the number of years lived, and the number of years that are lived in generally good health. The key quantitative measures for these are life expectancy and healthy life expectancy.
- 1.5 It is also important to recognise that Worcestershire is a varied area and people in different areas experience different health outcomes as was examined in the previous Annual Report on health inequalities.
- 1.6 The table below shows life expectancy (LE) and healthy life expectancy (HLE) broken down by areas of deprivation in 2011 (the latest year we can calculate these at this level). We can see that both figures are higher in the least deprived areas and lowest in the most deprived, however the gap between the most deprived and least deprived was bigger (around 15 years) for healthy life expectancy than for life expectancy (about 6 years). This also means that the most deprived are not only living shorter lives, but they are spending a higher number of these years in poor health (23 compared to 15 in the least deprived).

Life Expectancy and Healthy Life Expectancy at Birth by IMD Decile, Worcestershire, 2011

IMD Decile	Both Sexes			Males			Females		
	LE	HLE	Poor Health	LE	HLE	Poor Health	LE	HLE	Poor Health
1 (most deprived)	79.0	55.7	23.3	76.9	54.9	22.0	80.9	56.5	24.5
2	79.9	59.8	20.1	78.2	58.6	19.5	81.5	61.1	20.4
3	81.8	62.4	19.4	78.4	60.9	17.5	85.2	63.9	21.3
4	81.1	64.5	16.6	78.3	64.0	14.3	84.0	65.0	18.9
5	81.0	67.2	13.8	79.6	66.4	13.2	82.4	68.1	14.3
6	82.3	67.1	15.2	81.4	65.9	15.5	83.4	68.4	15.0
7	83.3	67.7	15.6	82.4	66.9	15.5	84.1	68.4	15.7
8	83.7	68.7	15.0	83.0	68.2	14.8	85.0	69.1	15.9
9	84.0	69.6	14.4	82.1	69.2	13.0	85.7	69.9	15.7
10 (least deprived)	85.2	70.6	14.6	83.8	70.3	13.5	86.4	70.8	15.6

- 1.7 There is no significant gender difference in terms of the life expectancy or healthy life expectancy gaps between the most and least deprived. However, both life expectancy

and healthy life expectancy at birth are higher for women than for men in all deprivation groups.

1.8 Looking only at older ages though, at 65, women in Worcestershire can expect the gap between life expectancy and healthy life expectancy to be 9.7 years (compared with 9.8 years in England.) For men, the gap is 7.4 years in Worcestershire (and 8.2 years in England.)

1.9 By 75 years of age these gaps are 6.8 years for women and 4.8 years for men in Worcestershire (and 7.2 and 5.7 years in England,) and by 85 they are 5.5 and 2.9 years in Worcestershire (and 4.2 and 3.5 years in England.) Thus, for women, the experience of being very old in Worcestershire becomes worse, compared with the rest of England, as they get older.

Life expectancy and healthy life expectancy, Worcestershire and England, 2011-13

Worcestershire

Males	@ Birth	@65	@75	@85
LE	79.8	84.0	86.7	91.1
HLE	66.0	76.6	81.9	88.2
Difference	13.8	7.4	4.8	2.9
% in Poor Health	17.3%	38.8%	41.0%	47.3%

England

Males	@ Birth	@65	@75	@85
LE	79.4	83.7	86.5	91.3
HLE	63.3	75.5	80.8	87.8
Difference	16.1	8.2	5.7	3.5
% in Poor Health	20.3%	43.9%	49.6%	55.6%

Females	@ Birth	@65	@75	@85
LE	83.5	86.3	88.3	92.1
HLE	66.4	76.6	81.5	86.6
Difference	17.1	9.7	6.8	5.5
% in Poor Health	20.5%	45.4%	51.4%	76.8%

Females	@ Birth	@65	@75	@85
LE	83.1	86.1	88.3	92.1
HLE	63.9	76.3	81.1	87.9
Difference	19.2	9.8	7.2	4.2
% in Poor Health	23.1%	46.4%	54.1%	59.2%

1.10 Poor health in older age is associated with a number of health conditions. Prevention, or successful early management of these, can significantly impact on the experience of being older. Although measures of the rates of ill-health may be low compared with England averages, it should be noted that the numbers are relatively high in Worcestershire, because a higher proportion of our population is over 65 years of age.

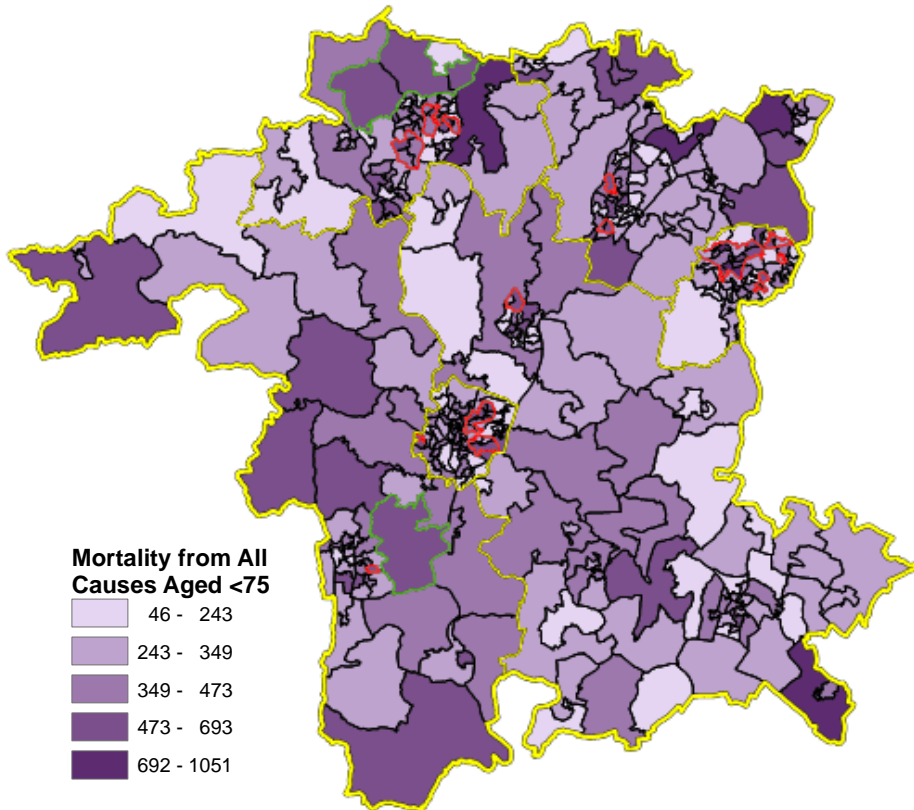
1.11 Many older people live lives which are adversely affected by:

- **Hearing impairment** – 52,200 people aged 65+ in Worcestershire are estimated to suffer from moderate to severe hearing loss
- **Vision impairment** – There are estimated to be 10,900 over 65s in Worcestershire with moderate to severe sight loss
- **Falls** – there are around 2,200 falls in Worcestershire that result in injury requiring a hospital admission. Nearly 1,000 people are participating in Postural Stability Instruction at 44 classes across the county.
- **Hip fractures** – There were 740 hip fractures in people aged 65+ in Worcestershire in 2014/15
- **Stroke** – 2,900 people were living following a stroke whilst 440 people aged 65+ died from Strokes in Worcestershire in 2015

- **Dementia** – There are an estimated 8,600 people over the age of 65 in Worcestershire living with dementia
- **Diabetes** – Just under 16,000 people aged 65+ have diabetes in Worcestershire
- **COPD** – About 8,300 people in Worcestershire over the age of 65 suffer with chronic obstructive pulmonary disease (COPD)
- **CHD** – About 4,400 over 65s in Worcestershire have coronary heart disease
- **Fuel poverty** - Worcestershire has one of the highest rates of fuel poverty in the country with around 14,800 people (11.8% of the population aged 65+) in fuel poverty.

1.12 As was discussed in detail in last year's DPH report, inequalities and social disadvantage have a significant impact on health and well-being. About 25% of people aged over 65 in Worcestershire live in areas classed in the most deprived fifth in the country. This is slightly higher than for the rest of the population (about 24%). Furthermore there are many older people living in poverty and isolation within rural areas that would not be reflected in these figures. In last year's report we identified health hotspot areas with significantly poorer health outcomes.

All Cause mortality <75 and Health Hotspots



1.13 The differences brought by social deprivation impact on healthy life-expectancy as well as on simple life expectancy. In Worcestershire, as set out in Table 1 above, at the age of 65 years the gap between life expectancy and healthy life expectancy is on average about 8 years. These are the years spent in poorer health. However, as set out below, the number of years spent in poorer health for those living in the most deprived areas is nearly double – at about 15 years.

1.14 Lifestyle factors have a significant impact on health and well-being and all the conditions listed above are more likely to develop if people drink too much alcohol, smoke, are physically inactive, and eat too much of foods that are high in sugar, fat and salt.

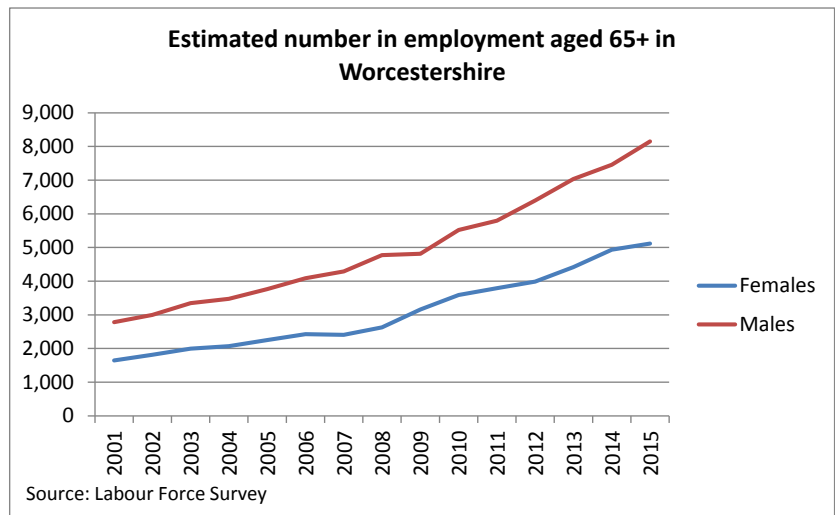
- 1.15 Our population is fatter and drinks more alcohol than ever before, and this is evident in older age too. Some unhealthy behaviours get more marked in old age, in particular sedentary or inactive lifestyles. In fact it is estimated that over 85% of older adults do not do enough physical activity to keep themselves healthy and in Worcestershire this means over 100,000 people aged 65+ are not doing enough exercise. In those aged 75+, just 6.6% do enough exercise in Worcestershire. Although the prevalence of the other major lifestyle risk factors is lower in older people there are still an estimated 13,800 smokers aged 65+ and 22,600 who drink more than safe levels (binge drinking) and still over 36,000 obese older people, with all the associated health problems and risks of further problems.
- 1.16 As was noted in last year's Annual Report, unhealthy lifestyles are linked to social deprivation. This is one of the main explanations for the increased number of years that people from poorer areas live in poor health, compared with people from more affluent areas. Smoking, drinking too much, not taking enough exercise, and eating too much of the high fat, salt and sugar foods are all higher in more disadvantaged areas.
- 1.17 Older people are invited to a number of screening and immunisation programmes, with variable uptake. All of these are built on a strong national evidence base of health protection, and compliance with the programmes will reduce health risk in old age significantly. In general, our uptake rates are good compared with national averages, but these could be improved.
- 1.18 Screening for breast cancer is offered to women aged between 53 and 70, about 70,000 women in Worcestershire. The local uptake is good at just below 80%, meaning nearly 56,000 women are screened per year. Bowel cancer screening is offered to those aged 60-74. Uptake rates for Worcestershire are higher than average at 62%, meaning 62,000 people are screened each year in the County.
- 1.19 The flu vaccination programme is offered to all those aged 65+. In Worcestershire in 2014/15 74% were vaccinated – just under the national target of 75% - this equates to 92,000 people across the County. The other routine vaccination programme for older people is the pneumococcal vaccine (PPV). Here rates in Worcestershire are above the target set, with about 90,000 people vaccinated, 73% of those eligible.
- 1.20 However, again, comparisons with the national average can be misleading. Our ambition should be that 100% of older people take up the screening and vaccination programmes that are available to them, in order to have the best possible chance of a healthy old age.
- 1.21 Many physical health conditions are linked inextricably with mental health and well-being. Dementia is perhaps the best known of the mental health conditions associated with old age, and about 8,600 people in Worcestershire are estimated to be living with dementia. An alliance of dementia and older people's organisations has run effective national and local campaigns on dementia awareness. This has resulted in over 10,000 people in Worcestershire being trained as Dementia Friends, and the first dementia friendly towns being created.
- 1.22 Other mental health conditions increase with age too. 10,800 people aged 65+ are estimated to suffer with depression in the County. Nationally, depression prevalence is about 1 in 4 of the over 65 population, compared with 1 in 14 for dementia.

1.23 There are strong links between social deprivation and mental ill-health. Mental health emergency admissions rise with increased deprivation in Worcestershire. Those aged over 75 years who live in the 20% most deprived areas have a hospital admission rate for a mental health emergency over a third (35%) higher than do those living in the 20% least deprived areas.

1.24 Important influences on mental well-being are social connectedness, and social capital. Many people who live busy and social lives find that as they age they lose contact with friends and family through illness, bereavement, retirement, and re-location. Many old people are socially isolated, and many lose the social capital that they have built up during their earlier lives. Around 45,000 older people in Worcestershire live alone and although many of these will be well connected and do not consider themselves to be lonely there are nearly 16,000 people aged 65+ who do feel lonely. Compared to people who don't feel lonely, people who are lonely are:

- 2½ times as likely to go into care
- Visit their GP nearly twice as often
- Visit A&E 63% more often
- Have 28% more emergency admissions.

1.25 To balance the picture of an increasingly isolated old age, it should be noted that an increasing number of older people are remaining in employment after the official retirement age. Nationally 7.6% of women and 14.0% of men aged 65+ were in employment in 2015 up from 3.2% and 7.3% in 2001. In Worcestershire this equates to over 13,000 people aged 65+ in employment.



1.26 Older people contribute to society and the economy in other important ways, thereby retaining social capital. For example, national surveys have shown that around 39% of people aged 65-74 and 3% of those aged 75+ volunteer at least once a month. In Worcestershire this equates to about 28,700 people aged 65+.

1.27 Furthermore surveys have found 15% of all children aged 0 to 14 received grandparental childcare in 2010/11, equating to 14,100 children in Worcestershire and this is likely to have increased as the general trend is upward. 28% of families where both parents work use grandparental childcare and one in five (19%) grandmothers provide at least 10 hours a week of childcare.

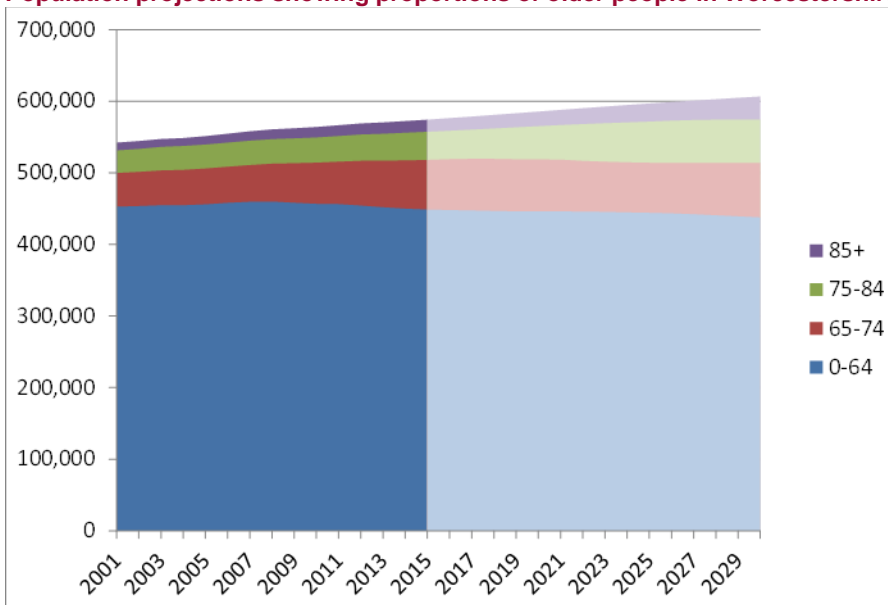
1.28 Older people will often carry leadership roles, contributing much on the basis of their lived experience. For example, 22% of local authority councillors in England in 2013 and 4% of MPs at the 2015 election. were aged 70 or over.

Section 2: Being Older in the future

2.1 There is now a body of evidence dealing with the likely future consequences if current trends in ageing continue. It has become commonplace to paint an alarming picture of our future. Population projections usually describe increased numbers of frail and dependent older people whose needs will stretch the resources of the health and social care system to breaking point.

2.2 In Worcestershire, by 2030, the number of people aged 65+ will increase by over 40,000 to 168,800. It is in the oldest age groups that the rise is most significant, with those aged 75+ going up by 65% to 92,800 and 85+ nearly doubling to 32,200. This will mean that, by 2030, 28% of the population of the County will be aged 65+, 15% will be 75+ and 5.3% aged 85+ (compared to 22%, 10% and 3% in 2015).

Population projections showing proportions of older people in Worcestershire:



2.3 Some further calculation on projected population trends gives the likely future detail of this older population. If things continue as they are, key numbers will include:

- A further 1,500 people will suffer hearing impairment and 7,900 visual impairment by 2030
- Falls will increase such that 2,500 will require hospital admission simply due to the increasing number of at risk older people
- Stroke mortality is projected to continue to fall, but the numbers living following stroke is likely to increase and could be over 4,000 by 2030
- The number of people living with dementia is projected to increase by more than $\frac{2}{3}$ to 14,500 by 2030
- The number of older people with diabetes will continue to increase and is projected to be 20,900 by 2030
- The numbers with COPD and CHD will increase to 11,300 and 5,900 respectively simply due to the increasing numbers of older people

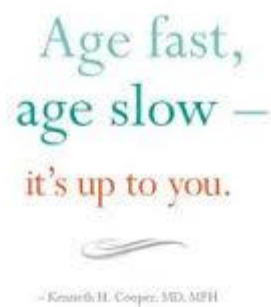
2.4 These increases in poor health outcomes are continuations of existing and in many cases long-standing trends and are driven by underlying lifestyle and socio-economic factors. For example if current trends persist by 2030 we could see:

- 64,300 people aged 65 and over living alone in Worcestershire

- Over 24,000 people aged 65+ providing unpaid care
- 6,800 living in care homes and
- Nearly 20,000 over 65s in fuel poverty

In addition if we project forward lifestyles along with the population growth we could see in the over 65s 18,600 smokers, over 30,000 binge drinkers 48,900 obese people and not far off 150,000 who don't do enough physical activity to keep themselves healthy.

- 2.5 It is clear that, in the current policy and economic climate, these numbers will create demands on current health and social services which cannot be met, with consequences that are unclear.



Section 3: Being older in the future – an alternative vision

“Only around 20% to 30% of what we think of as ‘ageing’ is biological; the rest is ‘decay’ or ‘deterioration’, which can be actively managed or prevented.”

Public Health England

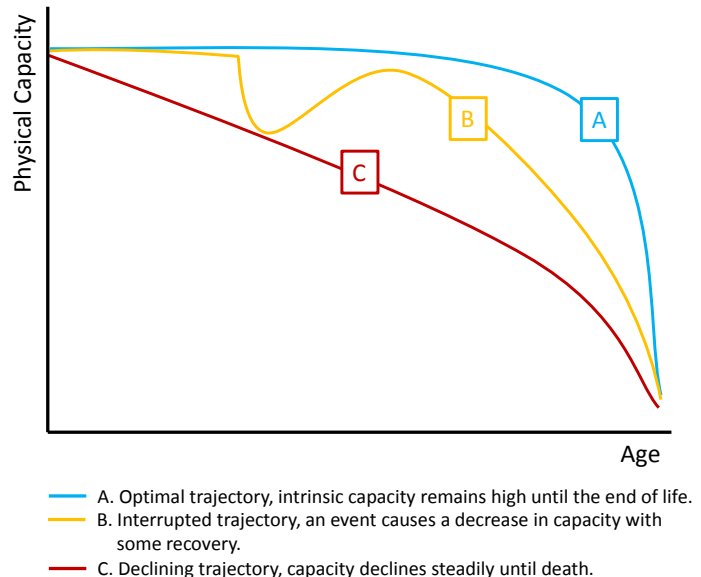
3.1 The future can be different. Our key focus must be to reduce the gap between life expectancy and healthy life expectancy. The World Health Organisation describes three different scenarios of ageing with an optimal and achievable one of intrinsic capacity remaining high right until the end of life.

3.2 It is right to have the highest aspirations. These are achievable. If we simply achieved what the best in the country are achieving now, then we could see some dramatic differences in our older population by 2030. For example in comparison to the projections in the previous section by matching the current best rates in the country we could have:

- 12,700 fewer people with long-term illnesses that limit their daily activities
- 1,500 fewer people with COPD, 2,600 fewer with diabetes, 3,700 fewer with CHD and 1,100 fewer with Stroke
- reduced the rise in dementia such that numbers are only a few hundred higher by 2030 instead of nearly 6,000 higher
- Have 6,000 fewer people who consider themselves lonely
- Reduced the number living in fuel poverty instead of seeing it increase, such that the number is 9,500 in 2030 instead of the projected 19,900
- Over 5,000 fewer older smokers and binge drinkers and more than 6,000 fewer obese older people as well as increasing physical activity such that more than 50,000 more older people are doing an adequate amount of exercise.

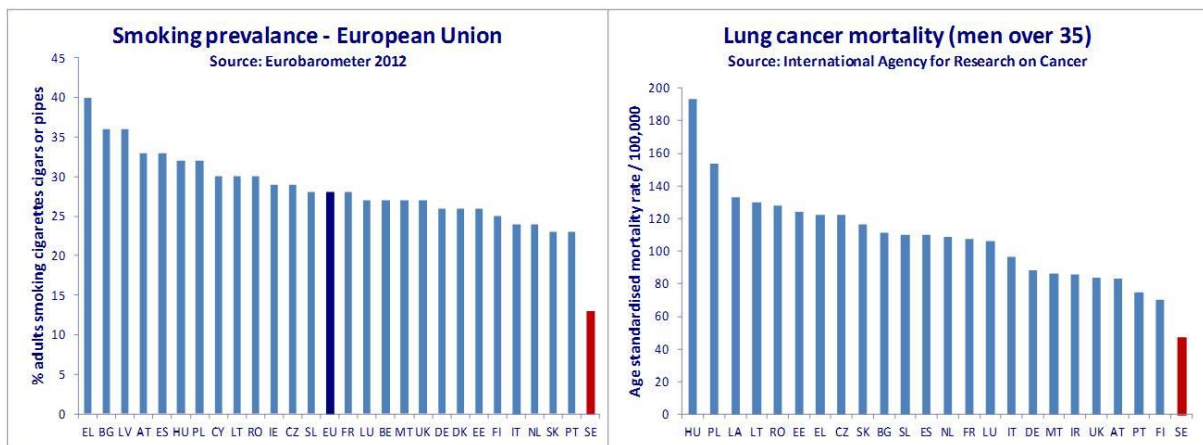
3.3 We can also learn from other cultures. For example in Okinawan Japanese there is the highest fraction of centenarians in the world (18.5 per 100,000 population). In this culture they eat fewer calories, with children eating 60% of the amount of calories recommended in the UK and adults just 80% of our recommended calories. The result of this is that compared to Americans they:

- Are 75% more likely to retain cognitive ability
- Get 80% fewer breast and prostate cancers
- Get 50% fewer ovarian and colon cancers
- Have 20% fewer hip fractures
- Have 80% fewer heart attacks



3.4 We can also learn from other, more similar, cultures.

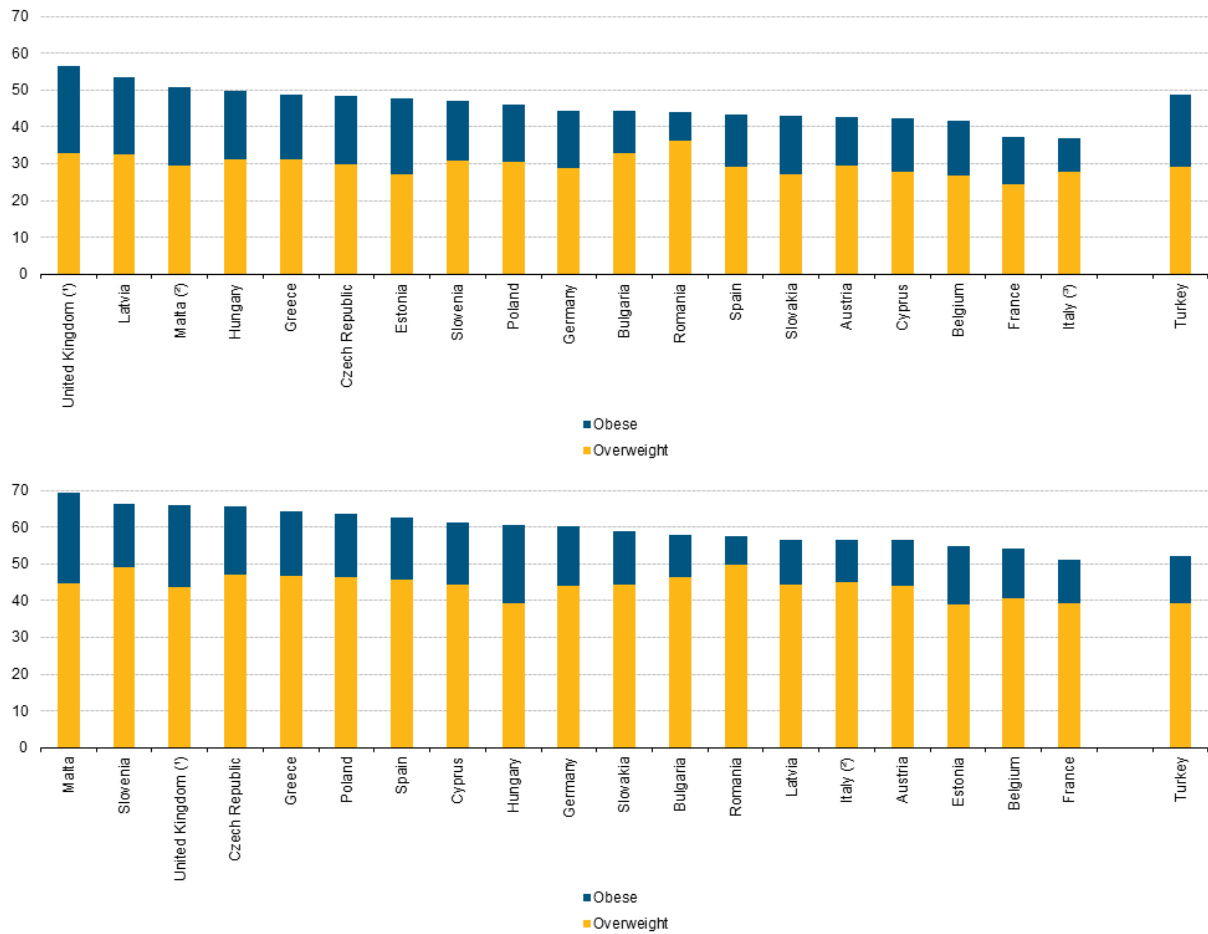
- For example over the whole of Sweden just 11% of the adult population smokes compared to 18% in Worcestershire. [Special Eurobarometer 429: Attitudes of Europeans Towards Tobacco and Electronic Cigarettes. 2015]



- In the Netherlands 44% of adults engage in physical activity outside of sport compared to just 14% in the UK. [British Heart Foundation: Physical Activity Statistics 2015]
- In the UK 44% of adults never do any moderate physical activity. In the EU, the Netherlands has the lowest proportion with 14%. [British Heart Foundation: Physical Activity Statistics 2015]
- In 2008 England had the highest proportion of women who are obese in the EU at 23.9%, whereas in France just 12.7% of women were obese. [Eurostat Overweight & Obesity – BMI Statistics 2008]

	Frequency of adults doing moderate physical activity			adults doing activity outside sport
	Never	1-3 days	4-7 days	
Denmark	23%	39%	38%	32%
Finland	23%	42%	34%	28%
France	46%	30%	23%	17%
Germany	26%	33%	39%	18%
The Netherlands	14%	33%	53%	44%
Sweden	24%	41%	35%	30%
United Kingdom	44%	31%	24%	14%
EU	44%	30%	25%	15%

- In 2010 UK alcohol consumption per capita age 15+ was 10.3 litres compared to just 6.1 litres in Italy. [WHO (2014) Global Information System on Alcohol and Health]
- Mortality from chronic liver disease and cirrhosis in the UK increased steadily over the 2 decades from 1990 to 2010. In contrast the rate across states that were EU members prior to 2004 has decreased such that the UK is now above average. The rate in the Netherlands which was about the same as the UK rate in 1990 has declined and is now less than half the UK rate. [Mladovsky, P., Allin, S., Masseria, C et al (2009) Health in the European Union: trends and analysis. Observatory Studies Series No. 19]



(*) England only. Source: Health survey for England, 2009.
 (*) Source: Aspects of daily living survey, 2009.
 Source: Eurostat (online data code: hlth_ehis_de1)

3.5 And we can learn too from inspirational individuals. This is the story of one woman in Worcestershire:

Case Study – How it can be if we look after ourselves

“Mrs A is 66. She has a very active lifestyle which has been motivated by the fact that her mother had dementia and she is keen to be as proactive as possible to keep herself fit and enjoy her health for as long as possible.

She is a member of a number of sporting activities and regularly plays tennis and climbs. She has also taken up kayaking in the last two years. Mrs A is a proactive member of the U3A being involved in her local cycling group.

Her enjoyment of these activities is reflected in her holidays, her most recent one entailing a 60k bike ride every day!

Mrs A eats healthy and has made a conscious decision to do so ensuring that her diet does contain a good balance of foods. However, she does have a reputation for making very good homemade ice cream and trifle!

Mrs A plays bridge a number of times a week and she feels this helps her to keep mentally as well as physically active. She also has a grandson and this helps her to keep active too!”

Section 4: Taking action to achieve the best future for older people

- 4.1 Our key ambition in bringing about a different future for older people should be to narrow the gap between life expectancy and healthy life expectancy. To do this, we need a coordinated and different approach to ageing. There are already many specific initiatives and pathways in place across the County to treat and improve the lives of frail and older people. Health and social care are working better together and in more integrated ways. However, we do not yet have a single narrative across the system as to what will work best to bring about an increase in healthy life expectancy, as opposed to life expectancy alone. This section of the report draws out some key areas of work which focus on a change at population level, based on local and national evidence.
- 4.2 The Worcestershire Joint Health and Well-being Strategy includes a renewed emphasis on prevention. It calls for action over the long term to address the wider influences on health and well-being, as well as more immediate action to make sure that prevention is included in system thinking on health.
- 4.3 The Joint Health and Well-being Strategy sets out five approaches to prevention: creating a health promoting environment; encouraging and enabling people to take responsibility for themselves, their families and their communities; providing clear information and advice; commissioning prevention services; and gate-keeping services in a professional, systematic and evidenced way. The actions set out here, to achieve the best possible future for older people, sit within this strategic prevention framework.
- 4.4 **Creating healthy places.** Worcestershire has a great opportunity to design healthy ageing into its development plans. Over the next 20 years, there will be a significant increase in housing, and continued developments of our infrastructure and planned environment. These create chances to drive healthy lifestyles which are consistent with a healthy old age.
- 4.5 Key changes to the built environment, which will support healthier populations and healthier old age include:
- new infrastructure development for cycling and walking. It should be noted that creation of cycle paths and walkways will not in themselves bring about behaviour change. Training, education, and support are all needed to make sure that these opportunities are open to all;
 - redesigning existing infrastructure to cope with an older population, so that we are not excluded from the built environment as we age. For example, increasing the time at light controlled pedestrian crossings means that those with slower walking speeds can cross the road safely;
 - creation of more green spaces. Although Worcestershire has a relatively high amount of green space, the population is below the national average in terms of using it for exercise and recreational purposes. Although nationally, utilisation for exercise and recreational purposes has increased, in Worcestershire it has declined in the last four years;
 - creation of more sports space and leisure facilities. Again, for this to prompt behaviour change, attention needs to be paid to motivating people who are inactive to make changes in their lives, and making it easier for them to make use of facilities;
 - improving housing insulation to reduce extremes of heat. Fuel poverty is higher than the average in Worcestershire, and this will have a role in excess winter deaths which are linked to the harshness of the winter. The number of excess winter deaths have

varied between 183 and 400 in the 13 years which are listed in the part two of this Report.

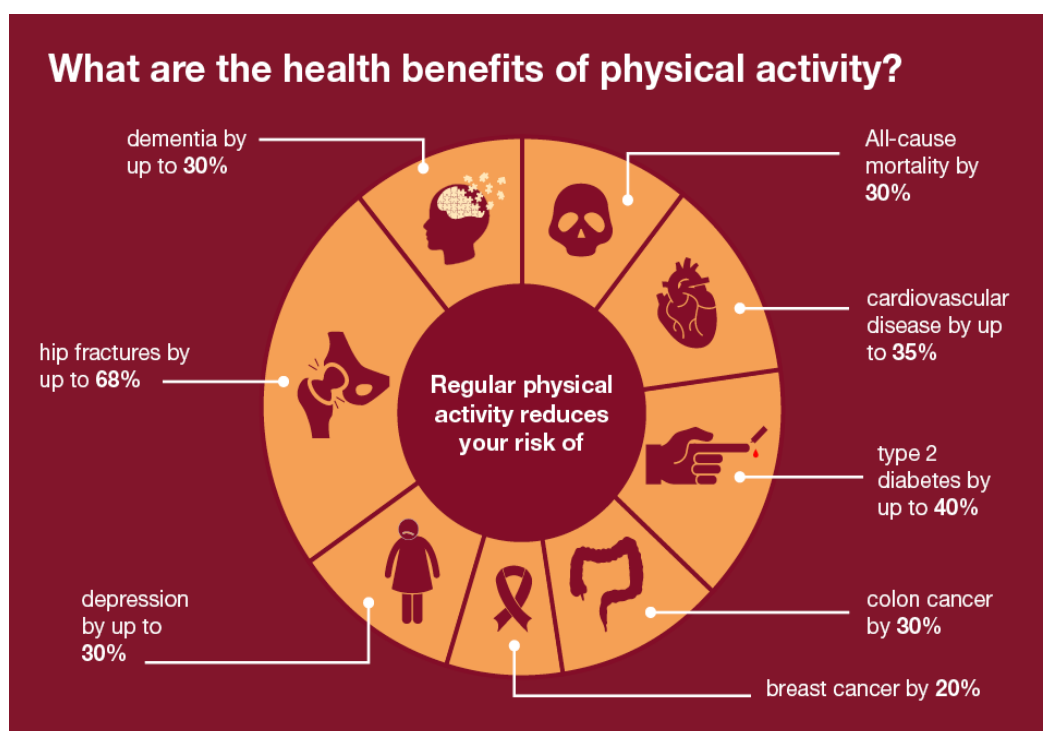
- increasing housing development which promotes social interaction. There is evidence that a healthy old age is more likely where housing design is mixed so that generations can easily meet each other, and so that people can stay within an areas known to them as they age and their housing requirements change;
- making sure that new housing is designed for a healthy old age, with particular attention paid to aids and adaptation to assist older people, and to the use of internal space to allow for the use of such aids;
- making sure there is a good balance of private and communal facilities. This will create the opportunities for social interaction and for local services which can be easily reached by those with mobility problems;
- making sure that new places are digitally enabled. As the digital revolution continues, public access to the internet and ever-faster broadband speeds will bring about social change. It is important that no one is left behind in this digital revolution and access to the internet can bring real improvements to peoples' lives as they age, enabling better access to services, information, and people.
- extending smoke free public areas. Although smoking rates are declining, it is important to maintain a focus on the health benefits of clean air, and to look for new places (such as playgrounds) to extend a smoking ban and ensure that new generations do not start to smoke;
- reducing fast food outlets so as to promote home prepared food, and food that is lower in fat, salt and sugar;
- limiting the availability of alcohol through licensing and through promoting alcohol free activities, so as to reduce the opportunities for drinking to excess.

4.6 **Helping people to help themselves.** As set out in Section 3 of this report, the chances of a healthy old age are significantly increased by following healthy lifestyles. The four main lifestyles factors which are associated with a healthy old age are: not smoking; not drinking too much alcohol; being physically active; and eating a healthy diet with only limited amounts of foods that are high in fat, salt and sugar.

4.7 It is never too late to make changes to lifestyle. The main four lifestyle factors will bring health improvements in a short space of time for the individual, however old. The health benefits of smoking, for example start to be noticed very soon after quitting, from blood pressure and pulse rate returning to normal in less than an hour, through blood circulation to teeth and gums returning to normal in 10-14 days to heart attack risk, lung function and circulation beginning to improve within 3 months, such that walking becomes easier and chronic coughs usually disappear. After just 1 year the risk of coronary heart disease, heart attack and stroke has dropped to less than half that of a smoker and whilst some benefits take longer, after 15 years the risk of stroke, heart disease, diabetes and some cancers is down to that of a non-smoker and after 20 years even the risk of lung cancer has returned to that of a non-smoker.

4.8 Increasing physical activity is particularly important for older people where a decline in muscle mass can reduce daily activities such as climbing stairs and managing to use a toilet. Increasing physical activity has an almost immediate impact of various aspects of personal health such as improved mood, better sleep and self-esteem as well as the improved physical condition that comes with continued exercise over an extended period.

4.9 Achieving the Chief Medical Officer's recommendations of 150 minutes of exercise a week will bring significant improvement to a sedentary population, bringing the risk reductions below, many of which impact significantly on the chances of healthy old age



4.10 In addition to following these four healthy behaviours, the chances of a healthy old age are significantly increased by a high level of social connectedness. Social isolation and loneliness increase the risk of dementia, increase inactivity, and shorten length of healthy life. Tackling this not only requires people to make new connections at a time when they may feel particularly vulnerable (such as following bereavement), but also requires people to recognise when a pattern of spending time alone is becoming chronic loneliness which is hard to change.

4.11 Key actions to help older people to help themselves to healthier old age include:

- Training all front line staff across the health and social care system to have motivational conversations about lifestyles with older people and their carers, helping older people to identify how they can make changes and live healthier lives;
- Building a 'public health army' of people in the County who are aware of key healthy lifestyle issues; able to have motivational conversations; and knowledgeable about digital and local assets. These should include staff outside the health and social care system, as well as residents;
- Scaling up a single approach to social prescribing across the health and social care system so that older people and their carers can become aware of organisations that support healthy lifestyles as well as be enabled to join social organisations to reduce loneliness, and are encouraged in a systematic way to link to them;
- Creating county wide campaigns, based on the principles of social marketing, to encourage healthy lifestyles. Social marketing techniques and methods should support delivery of campaigns to those older people we have traditionally failed to reach;
- Increasing the uptake of health walks by older people; by those older people who live in deprived areas; and by those older people who are already experiencing health challenges;

- Building integrated on-line information about healthy lifestyles, self-care and available services. Maximising the role of digital information in health improvement requires a scaled up approach to public access to the internet, including developments such as digital cafes and training for volunteers to support older people who are digitally excluded, through lack of education or opportunity;
- Supporting workplaces to be health promoting environments so that employees in middle and older age are encouraged and supported to live healthier lifestyles, and so that carers' in paid work have their particular needs met.

4.12 **Developing prevention services which will increase the chances of a healthy old age.**

Whilst living in a healthy place and following healthy lifestyles will increase the chances of a healthy old age, there will continue to be people who face challenges which are best overcome by tailored services. In order to reduce the length of time spent in ill-health in old age there are a number of areas for action and focus. These include:

- Falls prevention services. The risk of falls increases steadily with age. Falls-related injury in old age is more likely to be severe and to lead to longer-lasting ill health and hospitalisation than it is in youth. Yet most falls are preventable. Environmental hazards account for between a quarter and a half of all falls, and other factors include muscle weakness, gait and balance disturbance, a history of falls, and multiple medication. Falls prevention programmes, such as Postural Stability Instruction, can raise awareness of risk factors, strengthen muscles, and improve balance for those at highest risk of falling, including those who have experienced previous falls.
- Tailored physical activity initiatives. Physical activity is one of the strongest predictors of healthy ageing and people tend to become even less active as they age. Tailored exercise programmes for older people, including walking in volunteer led groups, can bring about real change.
- Vaccination programmes. As set out in section 3, uptake of older people's programmes is far from the 100% required to bring benefits to everyone, and more needs to be done to understand and overcome variation across the County. It is also important to make sure that staff and carers who work with older people are immunised against influenza on an annual basis, to reduce the chance of transmission to the vulnerable older people in their care.
- A generic lifestyle change service for those older people who find it hardest to change, including on-line resources (supported where necessary), education, goal-setting, and mutual aid.
- Initiatives to tackle social isolation for people who are chronically isolated. Across the County, several different approaches are in place, and there is a need to evaluate these rigorously and systematise an effective approach.
- NHS Health checks. These offer 5 yearly checks to everyone between the ages of 40 and 74 years, excluding those already on a disease register, with the aim of identifying and reducing the risk of cardio-vascular disease and diabetes. Uptake in the County is relatively low, and varies between areas, genders, and ages. Increasing uptake significantly, and targeting efforts to increase uptake on the disadvantaged areas, would have an important impact on the avoidable disease burden.

Case Study – It's never too late to change

"Sandra was referred through the Citizen Advice community buddies team that is based at the York Street surgery practice in Kidderminster. Her plan stated that she was depressed, had low mood and was diabetic. Sandra had difficulty getting out of her house because of her arthritic hip. She also uses sticks to help her walk.

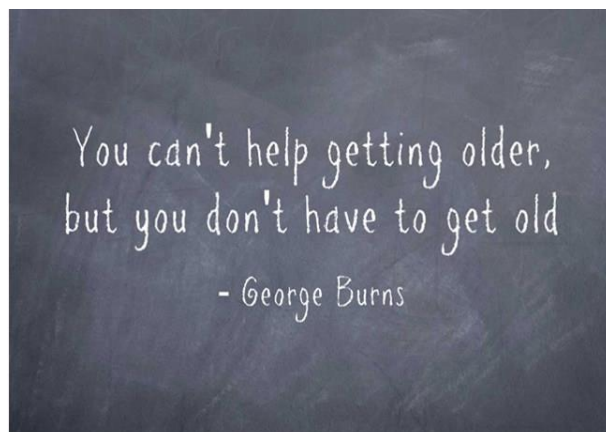
During the first meeting with the volunteer, Sandra cried quite a lot and spoke of her depression and loneliness. She also shared about her serious hip pain that affected her mobility, as well as other medical conditions.

The volunteer spoke to Sandra about visiting her regularly and also about the opportunities for her to get involved at the Simply Limitless Health and Wellbeing Centre in Kidderminster. Sandra quickly took up the offer of going along to an exercise class at the centre that was followed by tea, teacakes and community singing. Sandra quickly started to come twice a week.

Initially Sandra felt unable to do more than sit on a chair with minimal involvement in the exercise activity. However she now does everything including step work and is using weights. She has improved her strength, mobility and balance. Her conversation is now less about her ailments. She now enjoys conversation and laughter with her new friends.

Sandra's family are glad she is reconnecting with society. Monday to Fridays are now far busier for her. She has recently started a CBT class. Sandra now looks so much better as she takes care of her appearance when coming out. She is a far more positive person. She is self-motivated, less depressed and considerably more active. Sandra stopped baking when her husband died seven years now she is talking about cooking and she has started to bake again for her family.

The volunteer has spoken of the privilege in working with Sandra and is excited to see how the Reconnections programme has transformed Sandra's life."



Section 5: Conclusions and recommendations

- 5.1 An ageing population should be a good news story – it comes about because we are better at reducing ill-health, identifying health problems early and treating them effectively. However, it is clear from the data presented in this report and the data appendix that current trends in population ageing and health outcomes present a serious challenge. Healthy life expectancy is not the same as life expectancy and ever increasing numbers of people will live in unhealthy old age, unless there are significant changes.
- 5.2 This is bad news for the quality of people's lives, especially for those who live in deprived areas. It is also bad news for the sustainability of our local health and social care services, which cannot be funded to the level of likely demand. To change this, we must work together to re-shape the lives and health behaviours of people in Worcestershire so that healthy life expectancy is the same as life expectancy.
- 5.3 This report has highlighted areas for improvement. Worcestershire does not always compare well with the best areas in Country and, where we are at national average level, we may mask our worst problems. In particular, social deprivation continues to define people's chances of a healthy old age. But we know from national evidence that it is possible to make changes which will result in reduced demand for services as well as improving people's lives.
- 5.4 It is also clear that most of what we see as the natural consequences of ageing are not inevitable and are to some extent reversible. It is never too early to consider the consequences of lifestyle choices on our future health and wellbeing as making the right choices can lead to a far better old age in which we can remain active both physically and mentally for much longer. Equally however it is never too late to benefit from making changes to improve our lifestyle, with the chance to reverse or delay some of the physical consequences of lifestyles and improve mental wellbeing in older age.
- 5.5 Although much of the responsibility for this rests with individuals, we know that the decisions to be healthy are not made in isolation from the culture and environment they live in. Therefore creating an environment in which making the healthy choice is the easy option is essential if we are going to change the future for older people living in Worcestershire.
- 5.6 The key recommendations of this report link back to the fuller summary of actions which were presented in section 4 above. There are five:
- 5.7 **Recommendation one:** that planners, elected members and health and social care leaders in Worcestershire commit to giving a higher priority to reducing the gap between life expectancy and health life expectancy during this next planning period.
- 5.8 **Recommendation two:** that planners and decision makers give more focus to the health impact of the planned environment, and especially in increasing the chances of a healthy old age.
- 5.9 **Recommendation three:** that health and social care leaders give more focus to helping people to help themselves, specifically by scaling up training to create a public health army; by building inclusive digital assets; and by systematising social prescribing.

- 5.10 **Recommendation four:** that health and social care leaders increase the availability of evidence based programmes such as lifestyle change; falls prevention; and physical activity, tailoring and focussing services on those who have the greatest need.
- 5.11 **Recommendation five:** that there be a shift of attitude, so that the fact of increased numbers of older people in Worcestershire is seen as a good news story, and growing older in Worcestershire is associated with long, healthy living, rather than an inevitable decline into dependency and ill-health. Older people should be seen as an asset in our County, and investment leading to an improvement in the quality of life for older people should be understood as an investment bringing real gain to us all.



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HEALTH AND WELL-BEING BOARD
13 SEPTEMBER 2016**JOINT HEALTH AND WELL-BEING STAKEHOLDER EVENT**
SUMMARY

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Cllr John Smith, Cabinet Member with Responsibility for Health and Well-being
Dr Frances Howie, Director of Public Health

Author

Lucy Chick, Health and Well-being strategy Development Officer

Priorities

(Please click below
then on down arrow)

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children
If yes please give details

No

Impact on Safeguarding Adults
If yes please give details

No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to;
 - a) Note the summary of the 'Developing Action Plans' stakeholder event held on the 9 June 2016, the full summary report is attached to this document as an appendix
 - b) Note the ongoing and further development of the priority area action plans

- c) Make sure that delivering the action plans is given a priority in their own organisation, bringing a refreshed and joined up approach to tackling our three priority areas**

Background

2. The second Joint Health and Well-being Strategy 2016-2021 outlined three new priorities for action which are;
 - Good mental health and well-being throughout life
 - Being active at every age and
 - Reducing harm from alcohol at all ages
3. The vision of the board is that Worcestershire's residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes. The three new priorities affect large numbers of people across all age groups within the County, and are linked to good evidence of potential to improve health outcomes. Each area is affected by a range of factors over the course of people's lives; these can be related to their surroundings and communities as well as their own behaviours. The Health and Well-being Strategy has an increased focus on prevention and in order to achieve this, the board must work with all its stakeholders and partners to achieve its vision.
4. The new strategy sets out specific commitments by Board members and other key partners to fully support the embedding and implementation of the strategy and its action plans within their own organisations plans and activities. The Board will collectively need to satisfy itself that these requirements are actually being implemented with practical reporting of activities, outcomes and the sharing of best practise being demonstrated.
5. The process of preparing a Sustainability and Transformation Plan (STP) has been underway during the time of developing the Health and Well-being Strategy. The priorities of the Strategy are included in the STP and delivering the Health and Well-being Strategy will contribute significantly to the delivery of the STP, in particular its prevention theme.

The Event

6. The event which took place on 9 June 2016, aimed to promote the new Health and Well-being Strategy to a range of partners and stakeholders from across the County and give them an opportunity to shape the development of the action plans used to support the Health and Well-being board priorities. The main aims and objectives of the event were to:
 - Give an overview of current policy and practice in the three priority areas,
 - Provide partners with the opportunity to share experiences on how to tackle these priority areas,
 - Create an opportunity to develop key aims and objectives for each priority area,
 - Achieve ownership of the priority areas involving the widest range of partners and professionals,
 - Identify key aims and objectives for each priority area,

- Identify partners and organisations to work together to take action in tackling these priorities.
7. Over 100 delegates attended the event from various organisations from across Worcestershire these included; Action for Children, Healthwatch Worcestershire, Redditch and Bromsgrove District Council, The University of Worcester, Malvern Hills District Council, Freedom Leisure, Schools, Sports Partnership Herefordshire and Worcestershire, Worcestershire Health and Care NHS Trust, Wyre Forest District Council, Wychavon District Council, Fortis Living, St Pauls Hostel, Worcester Community Trust, Worcester Carers Association, Worcestershire CCG representatives, Age UK, Independence Trust, Community Action, Swanswell, Public Health England, Worcester City District Council, members of the Parliament.
 8. The event was opened by Councillor John Smith which was followed by presentations from Dr Frances Howie, Interim Director of Public Health and Public Health Consultants Karen Wright and Liz Altay. The presentations outlined the current context from National and local policies for each priority, highlighting the evidence and recommendations on how to work in partnership to achieve good outcomes on these priorities. Following the presentations attendees were asked to explore and develop different ways of thinking to create ideas and ways to tackle the issues associated with the three priority areas, as well as considering how partners across the County can work together effectively to generate the most benefit to the Worcestershire population. These ideas were then grouped into themes for smaller group discussions.
 9. Discussions identified several areas of development for each of the priority areas, the following is a summary of the areas of focus suggested by the stakeholders;
 - 10. Good mental health and well-being throughout life**
 - Building better mental health literacy
 - Further development of peer support and mental health champions
 - Promoting resilience & well-being through schools
 - Promoting mental health & wellbeing in the workplace
 - Making better use of community assets
 - Dementia prevention & tackling loneliness
 - 11. Being Active at every age**
 - Developing a Countywide campaign
 - Starting Active Lives – focusing on children, young people and families
 - Developing local action
 - Supporting Active People – focusing on groups who are less likely to be active
 - Workplace activity
 - Active Environments
 - 12. Reducing harm from alcohol at all ages**
 - Alcohol Licensing
 - Awareness raising in educational settings
 - Workplace health
 - Enhancing the role of volunteers

- Emphasis was placed on the need to place greater value on volunteering and developing the role of volunteers

Next Steps

13. Following the themes developed, each of the dedicated Strategy Development Officer's in the Public Health Team are developing coordinated action plans to focus on key areas of work over the next five years of the plan in conjunction with partners and stakeholders.
14. A copy of the full summary of the Health and Well-being Board event is attached in Appendix One.

Legal, Financial and HR Implications

15. There are no direct legal, financial or HR implications.

Privacy Impact Assessment

16. Not applicable

Equality and Diversity Implications

17. An equality impact assessment is not relevant for this particular report.

Contact Points

County Council Contact Points

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Supporting Information

- Appendix One, Full Stakeholder Summary Report (Available on-line)

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- Health and Well-being Strategy 2016-2021

HEALTH AND WELL-BEING BOARD
13 SEPTEMBER 2016**Learning Disability Strategy Progress Report**

Board Sponsor

Sander Kristel, Interim Director of Adult Services

Author

Elaine Carolan, Lead Commissioner, Learning Disabilities, Autism, Carers and Supported Housing

Pete Sugg, Learning Disabilities Commissioning Manager

Priorities

Older people & long term conditions	No
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	Yes	/ NO
Communities & groups with poor health outcomes	Yes	
People with learning disabilities	Yes	

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note progress made on the Learning Disability Strategy.**

Background

2. The Worcestershire's Adult Learning Disability Strategy launched in 2014 sets out the direction of travel for the next three years. The Strategy outlines Social Care, Health, the Police and other key partners' commitment to improving outcomes for all people with a learning disability in Worcestershire; whilst improving their quality of life through its 6 Big Aim's:

Action Plan

Priority			
<p>Staying Healthy</p> <p>The Staying Healthy Sub-Group has developed 'My Worcestershire Health Plan' which sets out better health outcomes for people with learning disabilities (see Appendix 5)</p> <p>All the targets outlined in the LD Strategy are addressed within the 'My Worcestershire Health Plan'.</p> <p>The Health Aim leads have updated the plan for 2016 and the Lead Commissioner for Complex Needs, Caroline Kirby, and the Adult Strategic Commissioner, Richard Keble are now reviewing the revised targets.</p> <p>The new plan will be discussed at the next Staying Healthy Sub-Group to ensure that the 'My Worcestershire Health Plan' is in line with the Worcestershire's Adult Learning Disability Strategy timelines.</p>			
Priority	We said we would	We have done	We will do next
1.	Living Well Make sure people know where to go for help and what to expect	<ul style="list-style-type: none"> We have given feedback on the Your Life Your Choice website and leaflet We have given ideas for the official launch of Your Life Your Choice. Speakeasy Now have done a mystery shopping exercise for the access centre 	<p>We want to be involved in the Your Life Your Choice Official Launch.</p> <p>We will publish a report and action plan about access to information following the Speakeasy Now Mystery Shopper exercise.</p>
2.	Living Well Provide help for people to understand their needs assessment and support plan	<p>We have got agreement that there will be an easy read version of the Needs Assessment and Support plan documents.</p> <p>We requested a document to show people the procedure for needs assessment and support planning. This has been produced and we have commented upon it.</p>	<p>We will input to and review the easy read needs assessment and support documents.</p> <p>We will make films showing people what good support/support plans look like.</p>

Priority	We said we would	We have done	We will do next
3. Living Well	Explore how people can find out what support is available so that their care and support plan meets their needs.	<p>We have commented on the content of the Your Life Your Choice Website.</p> <p>Speakeasies Now have done a Mystery Shopper exercise on the information provided by the Access Centre.</p>	<p>We will continue to work to ensure that information is available to people with learning disabilities.</p> <p>Commissioners will do an audit to find out where providers get referrals from.</p> <p>Commissioners will do an audit of reviews to see how needs are being met</p>
4. Living Well	Explore information for people to understand what direct payments are and can take personal budgets as a direct payment if they want to.	We have reviewed the current process and made sure that we have the right direct payment information to give to people.	<p>Speakeasy Now will review the easy read versions of the Direct Payment information.</p> <p>Operational Teams will check that information is routinely given.</p> <p>We will look at the information that comes out of the Choice Checkers reviews of people with a Direct Payment.</p>
5. Living Well	Explore how we can try to ensure that people can get good quality support	<p>We have looked at how the County Council monitors services and asked for there to be a guidance document to explain this.</p> <p>We have started to look at standards for day services.</p>	<p>The Quality Assurance Team will produce guidance for Your Life Your Choice on how services are monitored.</p> <p>Commissioners will set up a framework for day services with a set of standards and outcomes.</p>
6. Living Well	Explore how we can try to ensure that people have the chance to learn new skills that may help get a job if they want to	<p>We have made links with the volunteer bureaux.</p> <p>We have collected examples of people who have achieved success through volunteering</p>	Commissioners will map what opportunities are available

Priority	We said we would	We have done	We will do next	
7.	Living Well	Ensure the conditions are right for to people feel safe from abuse, neglect and hate crime but if someone hurts them or treats them badly, they can get help.	The group has done the hate crime training and ensured that this is available to providers.	Safeguarding Team will monitor the number on incidents
8.	Living Well	Explore how we can try to ensure that people can use public transport/community transport as much as they are able	We have planned a transport workshop Speakeasy have collected people's transport experiences	There will be a transport workshop in November
9.	Living Well	Explore how we can try to ensure that people can use the local facilities and services, like cinemas and leisure centres, that I wish to	We have planned a meeting about how people access their community	We will devise a questionnaire to find out people's experiences in accessing their local communities.
10.	Living Well	Explore how we can try to ensure that people are supported to claim any benefits that they are entitled to	Work due in October	We will work with the Care Contributions Team and partner agencies to find out how many people are claiming benefits and what information/support is provided
11.	Living Well	Explore how we can try to ensure that people have the support of someone else to speak up for me when need it (advocate), where appropriate	Advocacy procurement is underway	We will review the performance of the Advocacy contract
12.	Living Well	Explore how we can try to ensure that people can feel confident to speak up for themselves	Annual highlight report requested from Self-advocacy group	Group to report in the spring
1.	Having a Place to Live	To develop a range of housing options for people with learning disabilities including: <ul style="list-style-type: none"> • Clusters of self-contained flats • Access to extra care housing • Shared housing (where required) • Self-contained housing • Family led housing 	People with learning disability have increased access to appropriate housing and support. Four developments of cluster flats have been built in Worcester, Redditch and Kidderminster.	Three more cluster flat developments are being built in Evesham, Stourport and Bromsgrove. We are looking at land the Council owns to build supported housing on, including accommodation for people with complex needs.

Priority	We said we would	We have done	We will do next
	<ul style="list-style-type: none"> Specialist housing for people with complex needs 		Several potential sites and business cases in development for two of them.
2.	<p>Having a Place to Live</p> <p>To re-commission the Shared Lives Service and widen the scope of the service including increasing spaces for:</p> <ul style="list-style-type: none"> Long term provision Support for people in transition Support for people moving on from residential care / supported housing Replacement care (respite) especially for people living with elderly carers 	More people with different kinds of needs accessing Shared Lives	<p>New draft service level agreement presented to Market Transformation Board on 11 July and signed off.</p> <p>Full implementation by Autumn 2016</p>
3.	<p>Having a Place to Live</p> <p>To support families who want to find housing options and solutions directly for their family member</p>	Families empowered to source their own housing solutions	Working with the carer's unit on ways to share information about housing, especially with older carers
4.	<p>Having a Place to Live</p> <p>To ensure people with a learning disability can make informed choices about their housing through:</p> <ul style="list-style-type: none"> A regularly updated housing guide Range of options available Good quality matching process for people who share 	People with a learning disability able to make informed choices (based on understanding that choice about housing is limited for everyone)	A housing options guide has been developed which is being reviewed. Options for developing alternatives to the housing matching service are being explored. Positive Living Options Team in place to support the process.
5.	<p>Having a Place to Live</p> <p>To reduce the amount of people with a learning disability inappropriately placed in residential care through:</p> <ul style="list-style-type: none"> Range of housing options Assessments inclusive of appropriate housing de-registration of schemes where appropriate 	<p>More people with learning disabilities within appropriate housing for their needs</p> <p>8 care homes have deregistered so far. 49 people have moved from residential care.</p>	Deregistering care homes where it is appropriate to do so, Expect 7 – 10 more in 2016.17. People in residential care are being supported to move to supported living where it is in their best interests
6.	<p>Having a Place to Live</p> <p>Developing a growing older approach for people with learning disabilities</p>	Appropriate support for people as they grow older including dementia support	Options to develop ground floor accommodation are being explored

Priority		We said we would	We have done	We will do next
1.	Having a Job	Delivery of Having a Job Plan for people with a learning disability	An increase in the number of people in paid employment with a learning disability	The WCC Supported Employment Service is working to place new candidates into employment and provide in work support to maximise job sustainability for existing employed candidates.
2.	Having a Job	Work with partners and Job Centre Plus to recommend and implement reasonable adjustments for all people with a learning disability	Improved access to mainstream employment services for all people with a learning disability	The Employment Partnerships Officer is liaising with key Job Centre Plus Advisors to engage them in activity within the Having A Job Employment focused "Task and Finish" group. Recent JCP staff changes should be finalised in Sept 2016 and a new representative will be invited to work within the group.
3.	Having a Job	Work with the Local enterprise Partnership, Economic Development and partners to make sure that funding for "social inclusion – moving people closer to the labour market" considers the needs of people with a learning disability	People with a learning disability will have access to an enhanced employment pathway alongside other members of the public who are defined as being furthest from the labour market in Worcestershire	The Employment Partnerships Office (EPO) is engaging with the LEP, Chamber of Commerce, and local Worcestershire Business Forums to market the service and promote employment pathways and opportunities for people with learning disabilities. The EPO is also engaging with the LEP and Economic Development partners to seek inclusion in funding tenders that could include LD employment pathways alongside other economically inactive and socially excluded groups.

Priority	We said we would	We have done	We will do next
4. Having a Job	Tender of a Supported Employment Service that is focused on outcome measures	Increased independence and confidence of people with a learning disability as they gain employment	<p>Two new posts have been successfully commissioned within Worcestershire County Council and are delivering a Supported Employment Service (SES) for people that have a learning disability.</p> <p>These posts are: Employment Partnerships Officer and Employment Partnerships Support. The new service is focused on people that have a learning disability and are eligible for Adult Social Care and will be partly measured via national framework outcome returns, monitoring referral numbers, counting employment sustainment achievements and recording delivery episodes of positive signposting information.</p>
5. Having a Job	Social media campaign to promote employment	A greater number of people with a learning disability and carers will see that employment can be a realistic option and has real benefits.	The SES is developing marketing and positive publicity regarding the benefits of meaningful employment for people that have a learning disability and social and economic business motivators for more inclusive recruitment. These activities include: creation and posting on social media sites, marketing on established business bulletins and websites, electronic and traditional mailshots, attending and speaking at events, influencing and motivating local government, carer and support sites such as Your Life our Choice.

Priority		We said we would	We have done	We will do next
6.	Having a Job	The recruitment of an Employment Development Officer to help deliver Worcestershire's "Having a Job Plan" and work with young people, family carers and education to promote employment.	Increase the number of young people with a learning disability coming through transitions gaining employment.	The two posts with the new SES have been meeting and working alongside the Young Adults Team and receiving referrals that are in Transitions. These referrals are being contacted at present to agree appropriate training or employment goals, working in synergy with family, carers, education and support workers to develop employment pathways for young people.
1.	The Right Support for Carers	Review of replacement care (short breaks services) to include consultation with family carers and people with a learning disability.	Review and recommendations of replacement care (short breaks) completed.	This work is currently being undertaken for both internal WCC and externally purchased replacement care, including for those Learning Disability service users who are identified as being in receipt of Continuing Health Care.
2.	The Right Support for Carers	Design and deliver replacement care (short breaks) model for family carers	An equitable and integrated replacement care (short breaks) commissioned across Worcestershire	An interim report with recommendations has been discussed the Market Transformation Board and further work will be ongoing. Replacement care will continue to be Care Act compliant and will be available to all Learning Disability service users as per their assessed eligible need. Work has been undertaken to identify Learning Disability service users who are in receipt of Continuing Health Care and a report will be presented to ICEOG in September 2016 to recommend that these costs are recharged back to Worcestershire Health & Care Trust.

Priority		We said we would	We have done	We will do next
3.	The Right Support for Carers	Review and consult with family carers about their support needs for the future (this should take place as part of the discussions about the Carers Strategy)	Review and recommendations of carer support model for the future	The Carers Strategy will be discussed at the Carers Partnership in September 2016 along with the proposal to adopt the Memorandum of Understanding in the NHS Toolkit title "Integrated approach to identifying and assessing Carer Health & Wellbeing".
4.	The Right Support for Carers	Design and deliver carer support model for family carers	Accessible and effective carer support commissioned across Worcestershire	The Worcestershire Integrated Carers Hub and Provision of a countywide stroke, family carer support and communication support service have been commissioned, with both new services commencing on 1 st July 2016.
5.	The Right Support for Carers	Support for information and advice to engage and involve carers in strategic and operational work, including scrutiny, monitoring and evaluation	The Carers Strategy and new services to be co-produced with family carers and people with a learning disability.	The Carers Strategy was co-produced and an update was presented to the Health & Wellbeing Board in May 2016. Accessible and effective carer support has been commissioned across Worcestershire via the two new services described above.
1.	Staying Safe Confirm & Challenge	Up to date reviewing of people with complex needs in Worcestershire involving family carers and advocates	People are appropriately placed in a safe environment as close to their local community as possible in the least restrictive environment.	Continued development in giving opportunities to service users to live independently in a safe environment and in close proximity to relatives and carers
2.	Staying Safe Confirm & Challenge	Regular contract management and quality assurance checks to be maintained for all settings involving people with a learning disability, family carers and advocates.	Quality checks are completed for all locked hospital placements and appropriate quality assurance is in place for all settings to ensure peoples safety.	Quality Assurance systems are in place to ensure that safety is paramount within hospital and care settings. These continue to be monitored as the Transforming Care agenda is rolled out.

Priority		We said we would	We have done	We will do next
3.	Staying Safe Confirm & Challenge	Work with the Police and advocates to ensure the rollout of the Safe Places Scheme, reporting centres to tackle hate crime across Worcestershire	People with a learning disability feel and are safe throughout Worcestershire.	The group has overseen the completion of all districts now having a Safe Places bank of facilities and continues to monitor their effectiveness.
4.	Staying Safe Confirm & Challenge	Care Quality Team to support provider activity and expand work to cover supported living service providers	Providers supported to improve quality of service provision	The Staying Safe sub-group has worked with Having a Place to Live sub-group to ensure safeguarding within supported accommodation.
5.	Staying Safe Confirm & Challenge	Continued development of quality standards by the Contracts & Quality Assurance Team.	All contracts monitored for compliance and quality	All contracts now have safeguarding compliance within them and are spot checked on a regular basis.
6.	Staying Safe Confirm & Challenge	We will work with the Police to tackle hate crime on public transport	There will be a reduction in the number of hate crime incidents on public transport	The Staying Safe sub-group works closely with West Mercia Police in receiving regular updates on LD Hate Crime incidents. There has been an increase in reporting of such cases which is seen as a positive. The group continues to work with the Police to look at ways of minimising incidents in the future. Recently, there appears to be an increase in Hate Crime where the victim was on the Autistic Spectrum and the group is now working with the Autism Strategic Partnership Group to address this increase through education and training.
7.	Staying Safe Confirm & Challenge	We will work with transport providers to improve quality and maximise independence of people with a learning disability.	An improvement in customer satisfaction and safety of the learning disability population when using transport	The group is working with the Living Well sub-group and People's Parliament to host a debate on LD Transport in November 2016. We will be inviting all the transport companies to participate in discussions to answer specific questions that Expert

Priority	We said we would	We have done	We will do next
			Members have raised with personal safety when using public transport in Worcestershire.

3. This report illustrates progress made since the Strategy was launched and highlights how we have fulfilled commitments as partners to:
 - Work with providers to make sure appropriate services are available to purchase that meet people's needs
 - Develop an e-market place to highlight options available to people both mainstream and specialist services
 - Work with the voluntary sector to ensure support is available to access information and community activities
 - Work with mainstream services to make sure reasonable adjustments are made so that more options are available and are safe for people with a Learning Disability
4. We have worked closely with Children's Services to make sure the strategy links to and supports young people in preparation for adulthood through the work of the Confirm and Challenge Group. The Preparing for Adulthood Confirm and Challenge group has met with all the Strategy Sub-Groups to ensure that they are instigating procedures that ensure as smooth a transfer as possible from Children to Adult services addressing specific issues as they arise.

Positive Partnership / Co-production with SpeakEasy

Peoples Parliament Update

5. Since the launch of the Worcestershire's Adult Learning Disability Strategy in 2015 the role of the Expert Member within the work of the Learning Disability Strategic Partnership Board has had a major impact. This is illustrated in the work of People's Parliament and Health Checkers which is shown in Appendices 4-6.
6. The positiveness of this process is illustrated throughout this update report and shows the total involvement of service users with a learning disability in putting into practice the aims of the strategy.

Measuring Progress – Learning Disability SAF

Background

7. The Learning Disability Health Self-Assessment Framework (LDSAF) has been used in England since 2007/08. It has become an important guide for the NHS and Local Authorities, by helping them to recognise the overall needs, experiences and wishes of young people and adults with learning disabilities and their carers'. This has made it easier to bring these perspectives into the tasks of determining local commissioning priorities and monitoring of services.
8. The Framework has helped to improve services for people with learning disability in many parts of the country by raising awareness of their health needs, driving increases in health and local authority resources and improving inter-agency co-

AGENDA ITEM 9

ordination. However, the events at Winterbourne View and subsequent investigations have demonstrated that there is still much to be done. As a result of this, the signatories to the Winterbourne View Concordat agreed to implement a joint health and social care self-assessment framework.

9. The aim of the Framework is to provide a single, consistent way of identifying the challenges in caring for the needs of people with learning disabilities, and documenting the extent to which the shared goals of providing care are met. Locally, this will help the Learning Disability Partnership Board, Health & Wellbeing Board, Clinical Commissioning Groups and the Council to identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities. It should also provide a sound evidence base against which to monitor progress. The last LDSAF was submitted in late 2014.

Update

10. During the autumn of 2015, the Council was informed that an official update of the LDSAF would not be required. However, it was felt that it would be pertinent to undertake an internal progress check.
11. A workshop was held on 18 April 2016 which was well attended by expert members with a learning disability (with appropriate support), representatives from Speakeasy Now and officers of the Council who are actively involved with the various sub-groups of the Learning Disability Partnership Board.
12. A comparison between the LDSAF returns submitted in 2013 and 2014 was made available in an easy read version prior to the workshop to assist our expert members and is attached as Appendix 1 to this report.
13. The LDSAF has 27 questions, 2 of which are rated externally by Improving Health & Lives (IHAL, part of Public Health England). The ratings for these questions (A3 and A5) are not yet available but are expected shortly.
14. Attached as Appendix 2 is the progress update as agreed at the workshop. Of the remaining 25 questions, it was felt that 8 of the subject areas had improved positively. 17 of the areas had not changed but progress was noted and only one area had slipped slightly from a green to an amber/green, rating with regard to young people in transition and the national economic situation which is impacting the Council's work.
15. Some examples of good progress being made:
 - A1 – following work undertaken by Speakeasy Now, significant improvements have been made with regard to GP registers and GP databases being expanded and updated,
 - A7 – The number of LD Champions on acute wards has risen, and LD Liaison Nurses attend the LD Acute Steering Group. There is a more information and signage in easy read formats available in acute settings.

Conclusion

16. Although progress is being made with regard to the Learning Disability agenda, there is still some way to go. It is the intention of the Lead Commissioner for Learning Disabilities that the LDSAF will be reviewed yearly regardless of national requirements. ICEOG held on 4 July 2016 noted that the LD Strategy continues to be implemented and robust monitoring is in place via the LD Partnership and its sub-groups. (please refer to Appendices 1 & 2)

Legal, Financial and HR Implications

All actions are within existing budgets. All legal implications are based on the Care Act 2014.

Privacy Impact Assessment

Not applicable.

Equality and Diversity Implications**Supporting Information**

- Appendix 1 – My Worcestershire Health Plan – (Available on-line)
- Appendix 2 - Comparison SAF 13 to 14 Internal Update (Available on-line)
- Appendix 3 – Comparison SAF 13 to 14 Easy Read (Available on-line)
- Appendix 4 – Celebration of Expert Members Achievements (illustrating how Expert Members have grown since the launch of the Strategy)
- Appendix 5 – People's Parliament – Traffic Light Report & Annual Report
- Appendix 6 – Health Checkers End of Year Report



Expert Members

Speakeasy N.O.W. has continued to support people who have a learning disability to be Expert Members.

The Expert Members are actively involved in the work of the Worcestershire Learning Disability Partnership Board and its 6 sub-groups.

Their job is very important.

They represent the views and opinions of people with learning disabilities living in Worcestershire.

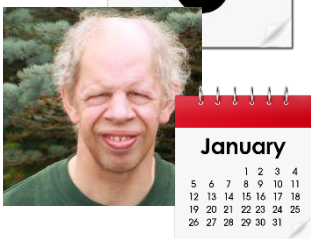
They share these views with people who run services and are involved in making the decisions that affect their lives.

The Learning Disability Partnership Board has met 6 times during the year.

Tim Holman was co-chair until January 2016 when Laura Gill took on the role.

We would like to thank Tim for the excellent job that he did co-chairing these meetings.

Congratulations to Laura Gill who is the new co-chair of the Learning Disability Partnership Board.





All the Expert Members who co-chair sub-groups attend the Learning Disability Partnership Board meetings.

There are 6 sub-groups.

- **Having a Job**
- **Having a Place to Live**
- **Staying Healthy**
- **Living Well**
- **Staying Safe- Confirm and Challenge**
- **Preparing for Adulthood- Confirm and Challenge.**

Each sub group is co-chaired by an Expert Member.

Expert Members speak up on behalf of people with learning disabilities.

Some of the things that they have been consulted on are:

- **Health Equality Framework**
- **The new Care Act changes**
- **Your Life Your Choice website**
- **Health Action Plans**
- **Changes to Employment Support services**
- **Changes to college courses for people with learning disabilities.**
- **Changes in law about pensions.**
- **The introduction of a new National Living Wage.**
- **The Government's proposed changes to Housing Benefit.**
- **The administration support provided to the Learning Disability Partnership Board.**
- **Designing a new logo for the Learning Disability Partnership Board**

As a result Expert Members have taken action in many things



We helped to produce an easy read version of the new eligibility criteria



We raised issues about the long waiting list for Advocacy services



I wrote to Heart of Worcester College about too few courses available to people with a learning disability



I was a part of the interview panel for the new Supported Employment posts at Worcestershire County Council



The Expert Members helped to highlight the increase in costs for people who use a Direct Payment to employ their own personal assistant



We helped to roll out Hate Crime E-Learning introduced by Worcester City Council



I was supported to write a letter to Worcestershire County Councils and Members of Parliament as we were concerned about the proposed changes to the housing benefit

Traffic Light Report

February 2016



SpeakEasy N.O.W.

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h.yuille@speakeasynow.org.uk

Registered charity number 1106914





Members of the People's Parliament are powerful leaders. They speak up about things that are important to adults with learning disabilities in Worcestershire.

Members of the Worcestershire Parliament are called MWP's for short.



The MWP's pick an issue and research it.

Then they write a White Paper.

They hold a public debate to talk about this issue.



At the end of the debate the different organisations taking part make pledges about what they will do.

Twice a year we ask the people who signed the pledges to give us a Traffic Light report.

This is to help us keep track of how things are going



We discuss the reports at our Traffic Light Meeting.

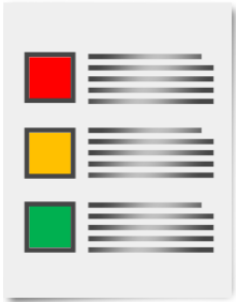
Then we publish our Traffic Light Report.



The Worcestershire People's Parliament held 5 public debates between January 2014 and February 2016.



In February 2016 the MWP's invited the people who had signed pledges at these 4 parliaments to come and tell them how they were getting on.



We ask people who made pledges to fill in a Traffic Light Report.

We ask them to give their work a colour and explain why.

Red It is not going well

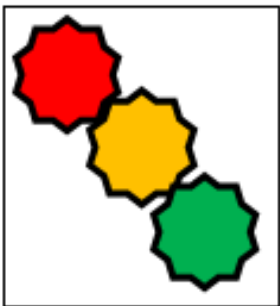
Amber There is some progress

Green Everything is going well



At the Traffic Light meeting MWP's discuss this report with the pledge givers.

MWP's vote on their own rating for the pledge and give their reasons.



In this report you will be able to see the ratings given by both the people who made the pledge and the MWP's for each pledge.

13

Pledges rated Green are not reported on again.

So far 13 pledges have been rated Green.



This report is an update on some of the other pledges.



This traffic light report only talks about new information that wasn't in the last report from September.

It only talks about things that happened up until the traffic light meeting in February.



There will be a fuller report in August, after our next Traffic Light Meeting.



We would like to say thank you to everyone who has given us information on these pledges.



Future Lives and the Internet: Action Plan

January 2014

Updates on 5 aims agreed with the Directorate of Adult Services and Health

We spoke to Karen Wright.



Easy Read information about Digital Champions and what they can do for people with learning disabilities will be sent out to Support providers, day service providers, work-related day opportunity providers, libraries and community organisations.

By end of December 2015



The Directorate of Adult Services and health say there is some progress

Digital Champions have just started their jobs.

The Council would like the Digital Champions to write about what they can do for people with learning disabilities.

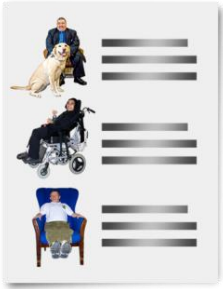
They should do this by end of February 2016.



Members of Worcestershire People's Parliament say there is some progress

MWPs look forward to seeing this information.

They will ask Karen for an update at the end of February.



Job descriptions and/or work programmes for volunteer and paid Digital Champions and Digital Connectors will mention the need to work with people with protected characteristics, which includes people with learning disabilities.

By December 2015



The Directorate of Adult Services and health say there is some progress

This has been done.

Karen will send us a copy of the job descriptions as soon as possible.



Members of Worcestershire People's Parliament say there is some progress

MWPs look forward to seeing a copy of this contract so that we can rate the action green.



Feedback given about the Your Life Your Choice website will be used to make the first pages that everyone visits on the site better for people with learning disabilities.

They will not be too wordy. They will have helpful images. It will be easy for people to find the information they are looking for.

By December 2015

The Directorate of Adult Services and health say there is some progress



Karen told us that some pages have been put into Easy Read.

There is an information video that is being updated.

There are going to be changes to the front page.

Karen says these changes should be done by the end of the week.

Karen has been working with Jenny, Ray and Rachel from SpeakEasy N.O.W. on this.

Members of Worcestershire People’s Parliament say there is some progress



The Your Life Your Choice website is still difficult to read and use.

We had hoped that Karen would talk to MWP’s about how to make the website better.

Karen has been working with other groups at SpeakEasy NOW.

The MWP’s will be included in this work in the future.



**The online Contact assessment form on Your Life Your Choice will be easy to find, Easy Read and easy to use.
By January 1st 2016**

The Directorate of Adult Services and health say there is some progress



Karen said there is work being done to make the Contact Assessment form better.

She said the work needs to be done with social care staff who are using the form to assess people's needs, so that the form does what it needs to do.

Karen asked if it would be helpful to have an example of a filled in form on the website to show people how to fill it in.

Members of Worcestershire People's Parliament say there is some progress



The Contact Assessment form still only gives us 20 minutes to finish the form. This is too short.

An example of a form filled in would be confusing because people would think these were the 'right' answers and not think about what they wanted to say.

We would like someone with learning disabilities to sit with the people who are making the changes to show them how they use the website.

Karen will ask about this and let us know.



Privacy screens for public computers will be advertised in libraries and given to people with learning disabilities when they ask.

By November 2015

The Directorate of Adult Services and health say everything is going well



Karen emailed Kathy Kirk who is in charge of libraries in Worcestershire.

Kathy said the screens are available in libraries now.

Karen said that there are posters being made to tell people about the screens.

Members of Worcestershire People's Parliament say there is some progress



Our local libraries have privacy screens.

Smaller libraries only have one each.

We still haven't seen any posters about the screens in libraries.

If people don't know they are there they can't ask to use them.



Crime and Justice: Everyone is equal

June 2014

Update on 1 pledge



The Business, Environment and Communities Directorate pledges to ensure that all bus drivers taking their 5-year Professional Competency training will get a session on Hate Crime awareness.

We wrote to Tim Rice



The Business, Environment and Communities Directorate say everything is going well

Tim Rice has told us that the Business, Environment and Communities Directorate have now put hate crime awareness into their Professional Competency training.



Members of Worcestershire People's Parliament say everything is going well

We are happy that this pledge has been done.

This pledge is rated green and will not be reported on again.



Transitions: Talk to me, not behind my back!

December 2014

Update on 3 pledges



The Council Children's Services pledges to research which transitions review process is the best and then use it everywhere. This means with schools and with Further Education providers.

We wrote to Helen Ferguson.



Holly has emailed Helen Ferguson.

Helen has told us that she is not in charge of transitions.

Holly will find out who is in charge of this pledge and report back to the group.



The Council Children's Services pledges to develop an Easy Read guide to Education Health and Care Plans.

Information from Chris Boxall – Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS)

We wrote to Chris Boxall from SENDIASS.

SENDIASS say everything is going well

SENDIASS are now in charge of this pledge.

SENDIASS work with Children's Services, but give independent information to people who use their services.



SENDIASS have put some Easy Read factsheets on their website about Education Health and Care Plans.

The factsheets were written with the help of young people.

They have included some Mencap factsheets.

They have included some factsheets that the Government have written that aren't in Easy Read.

SENDIASS would like some help from Worcestershire People's Parliament to look at their website and fact sheets and tell SENDIASS if they are good.

MWPS say everything is going well

We looked at the Easy Read guide to Education Health and Care Plans.

It was easy to understand.

It had lots of information.

We have looked at the SENDIASS website.

We have sent our comments to Chris.

This pledge is rated green and will not be reported on again.





Heart of Worcestershire pledges to host and take part in a review of what is on offer in the county and change it if they can.

They will listen to what young people have to say.

They will listen to others as well, including families and social workers.

We wrote to Claire Heywood, Director of Inclusive Learning.

Heart of Worcestershire College says there is some progress



Claire says there is a big review going on by the Further Education Commissioners in Worcestershire.

This looks at different areas including funding and how well the colleges are working.

This also looks at what colleges are doing for people with Special Educational Needs and tells them if they need to be doing more.

There is also going to be a big review by OFSTED this year. OFSTED are in charge of inspecting colleges to check they are doing a good job.

These two big reviews mean that there are a lot of changes in colleges in Worcestershire.

It would not be a good time for Heart of Worcestershire to start another review.

Heart of Worcestershire have now got 70 extra places of 'supported learners'.

Supported learners need help to do well in college.

This includes HOW's Supported Internship programme.

This helps young adults get into work.

They are trying to find money to be able to help people over 25 get work too.

MWPs say there is some progress

We agree that this is not a good time to start a new review.

We are happy that the Further Education Commissioners and OFSTED will be thinking about learners with learning disabilities in their reviews.

We will be interested to hear what these reviews say.



Real Jobs for Real People: We can do what you can do

13th March 2015

Update on 2 pledges



Department of Work and Pensions pledge that every Job Coach in Worcestershire will be aware of existing DWP Easy Read factsheets. They will have printed copies on their desks to help their work with learning disabled clients. They will print copies off for clients when asked.

We wrote to Ann Williams, Job Centre Plus



DWP says everything is going well

Ann Williams from Job Centre Plus has emailed us.

She says that work coaches know about the fact sheet.

They have printed some in each office and they are held in a folder.

They are not on desks. They are not printed on request.

They are black and white copies because staff aren't allowed to print in colour.



MWPs say there is some progress

We understand that it can be expensive to have lots of colour copies of a factsheet.

We would like to go in and ask for this fact sheet.

We want to know that the staff can find it quickly and easily.



MWPs will arrange to visit our local Job Centres to ask for the factsheets.

Ann has said it would be a good idea for us to do this.



Department of Work and Pensions and Adult Services pledge to create a directory of 2 Tick Scheme members in Worcestershire and include it on the Your Life, Your Choice website.

We wrote to Louise Alexander, Job Centre Plus

DWP says there is some progress



Louise Alexander has emailed us.

The Two Tick System is changing and government ministers need to tell employers how the new system works.

Louise has sent a list of the old Two Tick employers to People's Parliament.

MWPs say there is some progress



We will ask Louise again in August about the new Two Tick system.

We will check if this list is on the Your Life Your Choice website then.



Health Equality for Everyone: Listen to our aims

October 2015

Update on 8 pledges

We spoke to Rachael Skinner



Learning Disability Commissioners pledge to apply for funding for a Health Facilitator job to link up work across the county on GP Health Checks, Health Action Plans and Transitions

The Clinical Commissioning Groups say there is some progress

Learning Disability Commissioners have asked for funding for a Health Facilitator job.

They asked the Integrated Chief Executive Officers Group in December 2015.

The Integrated Chief Executive Officers Group asked Learning Disability Commissioners and Worcestershire Health and Care Trust to see if they can find ways to work together without making a new job.



Rachel asked if we could change this pledge.

The new pledge will be:

Learning Disability Commissioners and Worcestershire Health and Care Trust pledge to link up work across the

county on GP Health Checks, Health Action Plans and Transitions



MWPs say there is some progress

We are sorry that this post could not be funded.
We are happy with the new pledge.



The 3 Clinical Commissioning Groups (CCGs) pledge to appoint a GP spokesperson for Learning Disability to go to Staying Healthy group meetings.



The Clinical Commissioning Groups say there is some progress

All 3 CCGs have agreed to pay a GP to do this work.
They are looking for a GP who wants to do this work.



MWPs say there is some progress

We are happy that this work will be paid for.
We wait to hear who the new GP spokesperson will be.



The 3 Clinical Commissioning Groups pledge to encourage and support GP practices to make good use of accessible feedback systems like the accessible complaints leaflet created by Health Checkers.

The Clinical Commissioning Groups say there is some progress

The CCGs will work with the Primary Care Liaison Nurse, Kay, to talk to meetings for Practice Managers about accessible information.

They will remind Practice Managers about the leaflets and letters they can use.

The CCGs will work with GP practices to help them to help people with learning disabilities to be part of their Practice Participation Groups.

Rachael Skinner and Kay Dalloway will have spoken to the Practice Managers by the end of April.

MWPs say there is some progress

We are very happy with this.

We look forward to hearing that this has been done.



The Staying Health sub group of the Learning Disability Partnership Board pledges to support the recommendation of the Health Checkers GP Practice report. They will add to their action plan ways to help support people with learning disabilities to attend health appointments.

The Clinical Commissioning Groups say there is some progress

Health Checkers are going to talk about their report at all 3 CCG Governing Body Public Board meetings.



The CCGs are working with Kay Dalloway to make some of the things from the report better. They will make a list of places that have accessible weight scales and tell GPs so that they know where the scales are.

Rachael Skinner leads the work on Big Health Aim 1, all about GP practices.

Rachael will check the action plan to see if any more actions need to be added from the GP report.



MWPs say there is some progress

We look forward to seeing that this has been done.



The 3 Clinical Commissioning Groups pledge to support a programme of work in Primary Care that follows the example of the Learning Disability Champions scheme in Hospitals.

The Clinical Commissioning Groups say there is some progress



The CCGs are working with Kay Dalloway to tell people about examples of good work.

They are telling people about good work by using GP Newsletters.

Rachael Skinner will put Champions in Primary Care into the Big Health Aim 1.



MWPs say there is some progress

We look forward to seeing evidence of this.



The 3 Clinical Commissioning Groups and the Health and Care Trust pledge to encourage NHS England to follow the recommendations in the 2014 Health Checker Dental Review. The aim would be for all the reasonable adjustments to be included as best practice when giving dental contracts.



The Clinical Commissioning Groups say there is no progress

The CCGs have contacted NHS England to ask who is in charge of dental contracts.

When the CCGs know who this is they will send them another copy of the Health Checker Dental Review.



Health and Social Care Learning Disability Commissioners pledge to recommend to the Integrated Commissioning Executive Officer Group that the Health Checkers project gets its funding for April 2016-2017.



The Clinical Commissioning Groups say everything is going well

Commissioners from Worcestershire County Council and the CCGs asked for Health Checkers to be funded for another year.

The Integrated Chief Officers Group have said yes.

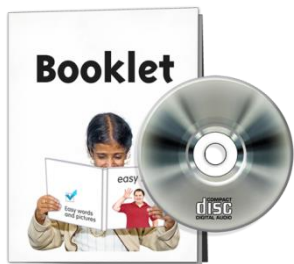
Health Checkers has been funded for April 2016-2017.



MWPs say everything is going well

We are happy that Health Checkers has funding for another year.

This pledge is green and will not be reported on again.



The 3 CCGs pledge to ensure that contract processes are used to check that the requirements of the Accessible Information Standard are being met by the Health and Care Trust and the Acute Trust.

Information from Rachael Skinner

The Clinical Commissioning Groups say there is some progress



CCGs are writing the contract for next year.

They will ask for examples of Accessible Information Standard in their report on Equality.

They will check that accessible information is available when they do quality visits to wards and community teams.



MWPs say there is some progress

We look forward to seeing evidence of this.



Date of next meeting:

Thursday 4th August

10am – 1.30pm

Perdiswell Young People's Leisure Club

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People's Parliament Annual Report

The members of Worcestershire People's Parliament are called MWP's.



In 2015-2016 Worcestershire People's Parliament wrote two White Papers and held one public debate.

These were about:-

Health equality for everyone – Listen to our aims

Good support for everyone – The right support for me

Our Health Equality debate was held in October 2015.



14

At the debate we got 14 pledges from a number of different organisations.

The pledges led to:-



Further funding for SpeakEasy NOW's Health Checkers project.



People with learning disabilities having free health support from the Living Well team.



Making Health Chats easier for people with learning disabilities to understand



Making sure that the new Sexual Health service includes people with learning disabilities



Making it easier for people with learning disabilities to use their GP surgeries



Our Personal Support White Paper was launched in March 2016.





Our Public Debate on Personal Support was held in May 2016 and will be covered in our next Annual Report.



We held two traffic light meetings in 2015-2016.

These meetings help us to keep track of the pledges we have asked for and the work that has been done towards them.



In this time we voted 7 pledges to be Green.

7

This means that the work we have asked for has been done and we are happy with the results.

Thank you to

West Mercia Police

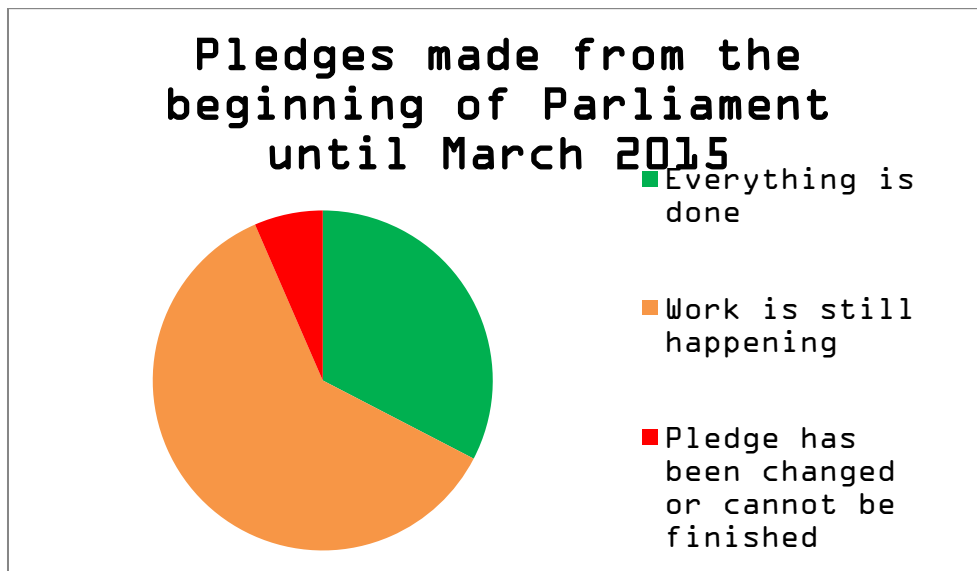
Worcestershire County Council – Department of Adult Services and Health

Worcestershire County Council - The Business, Environment and Communities Directorate

SENDIASS – Special Education Needs and Disability Information Advice and Support Service



The Health and Social Care Learning Disability Commissioners
for completing work on their pledges in this time.



In December 2015 we said goodbye to the first People's Parliament Coordinator Ian Craigan.

Ian did a great job in setting up the Worcestershire People's Parliament and helping the group to run 5 public debates.

He will be missed by all the MWPs!

The new Coordinator is Holly Yuille.



Members

This year we said goodbye to Richard Daykin.

David Joyner worked with the group for several months and has now stepped down from People's Parliament.

Thank you Richard and David for all your hard work.



This year we welcomed a new member Sam Sinderberry.

Sam has become an important part of the team along with his fellow MWPs.



What do our MWPs like about People's Parliament?

We all bring our own ideas to the group

We make good things happen

The pledges we get make a difference

We share ideas between our group and other groups that we go to

We go out to speak to other people about things that are important to us

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Health Checkers End of Year Report

2015-16

The Health Checkers team have done lots of work over the past 6 years to improve the health care of people with a learning disability in Worcestershire.

In 2015-16 they were funded through the Integrated Health and Social Care team by Worcestershire`s Clinical Commissioning Groups.

They work closely with the Staying Healthy subgroup of the Learning Disability Partnership Board.

Health Checkers continue to promote the work around health that they do in Worcestershire.

They were involved with some training with Change and NHS England to help produce a Quality Standards Toolkit that could be used nationally.

This year Lucy Hancock joined the Health Checkers Team.

Rachel Barrett continues to work as Health Checker Project Assistant.



Gail Greer was appointed in November as Health Checkers Project worker.



Sandra Hibbert continues to do some project work for Health Checkers.



Health Checkers carry out some of their work around the Big Health Aims of My Worcestershire Health Plan.

Big Health Aim 1-My GP Practice

GP Report

Health Checkers made plans to visit 17 GP surgeries across the County. They checked the quality of Annual Health Checks for people with learning disabilities and made recommendations.



People with learning disabilities are less likely to go to see their GP. Even if they do, they may not be able to explain what is wrong. They can end up in hospital with things like constipation, dehydration and urinary tract infections which could have been easily sorted out by the GP.

It is important that they have annual health check.

Ray told Health Checkers his story of having an Annual Health Check. (Speech Bubble)



“I was scared. I hadn` t had a check for 12 years. I popped into the surgery for my mum`s prescription and our GP wrote on the back of her prescription for me to come and see her on Thursday for a check”

Ray was worried about going for his annual health check. Health Checkers explained what would happen and a friend went with him on the day. Ray said that he wouldn't have gone otherwise. People with learning disabilities need to be explained what will happen when they have a health check.



Health Checkers gave a presentation to the South Worcestershire Clinical Commissioning Group. Lucy told them she had problems being weighed. She hadn't been weighed for 5 years because of being in a fixed wheelchair. Lucy wants to keep healthy.

Members of the Clinical Commissioning Group were shocked to hear this. They felt that they should do something about it. Health Checkers will do follow up visits later in the year to check if this is now happening.



Health Action Plan

Health Checkers worked with the Integrated Community Team and members of the Staying Healthy subgroup to make sure that this was updated into an acceptable format for people with learning disabilities.



The new Health Action Plan was launched at a promotional day with health professionals, people with learning disability and carers.



It was seen as a good piece of work between people with learning disability and the Integrated Community Health and Social Care team.

Since working on the Health Action Plan, Health Checkers have also helped update My Hospital Passport.

Members of the Staying Healthy group like this style of Easy Read information.



Big Health Aim 2-My Community visit

Last year Health Checkers wrote a Dental Report.

They sent it to NHS England for their response to their recommendations.

Health Checkers are still waiting for feedback about this report.

It is important that NHS England follow up and implement the recommendations.



Opticians Report

At the beginning of 2015 Health Checkers started planning to review high street Opticians. They wanted to see how accessible they were for people with learning disabilities and what reasonable adjustments were being made. Their report will be ready in June 2105.



Big Health Aim 3-My Hospital Visit

This year Health Checkers have attended 3 Learning Disability Acute Steering Group meetings at Worcester Royal Hospital.



These meetings are video linked between, Worcester Royal Hospital, Kidderminster and the Alexandra Hospital.

They are chaired by the lead nurse for Quality and Patient Experience at Worcester Royal Hospital and attended by the Liaison nurses and lead nurses of the hospital wards.



Health Checkers were able to talk about their unannounced hospital visits.

Health Checkers were invited to design an LD Champion badge for anyone who has become an LD Champion in the Acute hospitals.



They worked with the Liaison nurse Kay. They awarded badges and certificates to the Learning Disability Champions at Worcester Royal Hospital.



Big Health Aim 4- Complex Needs

Health Checkers have 2 Experts By Experience.

Over the past year continued to be invited to help to review people with learning disabilities in Locked Hospitals around the country.

The reviews are known as Care and Treatment reviews and are held every 6 months. Rachel and Laura have been attending these reviews around the country.

Worcestershire has been asked along with all other authorities to put together a plan to show how they are supporting people with learning disabilities when they are in crisis.





This is called the Transforming Care Plan.

People with learning disability should not be sent to live a long way from home.

There should be a plan for everyone who is in a Locked Hospital to leave as soon as they are well enough and to get support in their own communities.

Health Checker Rachel Barrett has been asked to attend monthly meetings as an Expert by Experience and also has been involved in putting the plan together.

Other work the Health Checkers do.



They helped get people with learning disabilities with Diabetes across South Worcestershire together with Care Quality Commission to talk about health services in their area.



They worked with Health watch to make sure that their Complaints leaflet was in Easy Read.

Helen Perry-Smith from South Worcestershire Clinical Commissioning Group talked about the future of Health Services in Worcestershire and what the money is currently spent on.

Claire Mitchell the Health Improvement Coordinator told us about Social Prescribing and Health Action Plans.

Social prescribing is about signposting people in the right direction to help them improve their health and to access services.



This might be helping someone lose weight or to stop smoking.
Health Action Plans would be used to show what had been
recommended to help the person with learning disabilities with this.



We have funding for Health Checkers until the end of March 2017.

In the future Health Checkers want to get involved in training for
health providers around understanding the needs of people with
learning disabilities.

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HEALTH AND WELL-BEING BOARD

13 SEPTEMBER 2016

The Worcestershire Transforming Care Plan

Board Sponsors:

Simon Trickett - Interim Chief Officer, Redditch & Bromsgrove and Wyre Forest CCGs
 Mari Gay - Interim Chief Operating Officer, South Worcestershire CCG
 Sander Kristel – Interim Director of Adult Services, Worcestershire County Council

Author

Caroline Kirby, Lead Commissioner – Transforming Care

(Please click below
then on down arrow)

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	No
Alcohol	No
Other (specify below)	

Groups of particular interest

Children & young people	Yes
Communities & groups with poor health outcomes	No
People with learning disabilities	Yes

Safeguarding

Impact on Safeguarding Children If yes please give details	Yes
---	-----

The TCP ensures that all children and young people are in the appropriate clinical environments that meet the individual assessed needs, both in the community and Child and Adolescence Mental Health Services (CAMHS) hospital placements known as Tier 4 in-patient services. Monitoring the care and treatment of individuals is in place to ensure that therapeutic interventions are carried out in a timely way that minimises the length of stay in hospital.

Impact on Safeguarding Adults If yes please give details	Yes
---	-----

The TCP ensures that all adults are in the appropriate clinical environments that meet the individual assessed needs, both in the community, locked rehab and secure hospitals. Monitoring the care and treatment of individuals is in place to ensure that therapeutic interventions are carried out in a timely way that minimises the length of stay in hospital.

Item for Decision, Consideration or Information

Consideration

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Ratify the Worcestershire Transforming Care Plan (TCP);
 - b) Note in paragraph 17 that the Plan has already been submitted to NHS England with an accompanying letter stating that Worcestershire expects the cost of meeting TCP to be cost neutral;
 - c) Agree that any financial pressure arising from the discharge of patients should be met by NHS England as set out in paragraphs 18 to 21.

Background

2. Events exposed by Panorama in 2011 relating to Winterbourne View Hospital have led to a number of changes in how services are commissioned for people with learning disabilities and/or autism who have a mental illness and present with behaviours that challenges services. [Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report \(2012\)](#) set out a programme of work to ensure that there was not another situation like Winterbourne View.

3. Subsequent reports - [The Winterbourne View Two Year On report](#) and [Transforming Care: Next Steps \(November 2014\)](#) - set out progress made and the plans for the next stage of this work. NHS England, the Department of Health (DH), the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), the Care Quality Commission (CQC) and Health Education England (HEE) have all committed to strengthen the Transforming Care delivery programme, build on the work of the last few years and accelerate progress where it has been slow. The programme will result in far more people supported to live independently within their communities.

4. In October 2015 a national implementation plan to develop community services and close in-patient facilities was published in [Building the Right support](#): this provides guidance on how the delivery of the Transforming Care agenda will change, as new services are developed and reviewed within the community. The national directive requires there will be a reduction of 50 percent in the number of in-patient beds, meaning that some units will close altogether. Transforming Care applies to children and adults, and focuses primarily on those people in locked hospitals, whether funded by the CCGs or by NHS England. Many of the adults in NHSE funded placements have been placed there as an alternative to a custodial sentence following committing a serious offence against a person, and are under the supervision of the Ministry of Justice.

5. The three Worcestershire CCGs have been clustered into one Transforming Care group. Each cluster has been required to develop a bespoke Transforming Care Plan (TCP). The TCP sets out the Worcestershire three year plan 2016 – 2019 to transform

and deliver services to individuals with learning disabilities and/or autistic spectrum disorders. The focus is to develop and enhance existing community-based services, ensuring health and social care work collaboratively to support those stepping down and being discharged into the community from in-patients facilities, and to prevent admission and re-admission to in-patient facilities. There may be an opportunity to share resources and provide a service across the wider Sustainability and Transformation Plan (STP) area (Herefordshire and Worcestershire). Liaison with Herefordshire is in the early stages to consider the options that would enhance services to support the TCP.

6. Worcestershire's Transforming Care Plan (TCP) (available on-line) has been written in line with national planning requirements. Worcestershire is on track to reduce by 50% the number of people in in-patient beds currently commissioned by CCGs and NHS England. We have begun to work collaboratively with social care commissioners and a range of service providers, developing the market aiming to work towards improved community based provision and outcomes for adults and children with a Learning Disability and/or Autism and their families.

7. Worcestershire has no in-county locked or secure in-patient provision, as these were closed in 2009, with the closure of Lea Hospital in the north of the county. Worcestershire patients are required to go out of County to be treated. Proactive work has been undertaken since 2012 to ensure that these services are quality assured and regularly visited by the Reviewing Officer from the Complex Needs Commissioning Team (CNCT), ensuring that our patients are reviewed robustly, and we are focused on timely discharges. Locally, a protocol was written to manage out of County in-patient admissions. This has become embedded into practice across the county and underpins the effective management of patients in out of county in-patient units, supporting effective and detailed treatment care and timely discharge planning. The protocol has also been disseminated regionally as a good practice exemplar.

8. Worcestershire currently has 17 adults in locked rehabilitation beds and low, medium and high secure in-patients hospitals and 2 young people in Child and Adolescence Mental Health Services (CAMHS) locked in-patient hospital beds known as "Tier 4" services. All secure in-patients and Tier 4 beds are funded by NHS England, and Locked rehabilitation beds are commissioned by CCGs. Worcestershire's plan is to reduce the use of in-patient beds by 50% as follows:

Commissioner	March 2016	March 2017	March 2018	March 2019
CCGs	4	2	2	2
NHSE: Low Secure	8	6	2	2
NHSE: Medium Secure	5	3	3	2
NHSE CAMHS tier 4	2	2	2	2
Total	19	13	9	8

9. Worcestershire's Plan outlines the proactive joint working between health and social care commissioning to become innovative and creative around commissioning of individualised services. Operational pathways will be reviewed and developed to support effective care planning, aiming to create flexibility in the levels of support offered to individuals, and ensuring support is available during episodes of increased behavioural challenge and mental health relapse. These will be reflected in revised contractual agreements. Commissioners have engaged the market around developing services that ensure providers are skilled and sustainable provision is available locally, and new providers have expressed an interest in developing new services within Worcestershire to meet the needs of those identified within the TCP and others.

10. The Enhanced Care Service (ECS) is a community based nurse led provision and is core to the effective delivery of the TCP, delivering a person centred quality provision that is focussed on ensuring that individuals are supported to gain control over their lives. The TCP outlines the ambition to expand and further develop the ECS to include a Multi-Disciplinary Team (MDT) that will provide forensic, psychological and occupational therapy to a cohort of people currently identified within locked rehabilitation and secure in-patient services. The ECS will strive to provide individual quality assessments, intervention and relapse plans to those in transition, stepping down into community provision, and preventing admission and re-admission to in-patient services in line with the nine overarching principles of the national Building the right support plan. Consideration is being given to further develop a shared service with Herefordshire.

11. The TCP requires areas to demonstrate proactive engagement with people with a learning disability and their carers. The aim is to offer person centred support which promotes individuals to maximise their full potential and lead enriched and meaningful lives within their own communities near families and friends. Worcestershire has consistently acknowledged the importance of people with lived experience and carers having a voice and influencing commissioning intentions through the Learning Disability Partnership Board. In addition:

- Since 2014 the CCGs have commissioned Speakeasy Now to review locked hospitals as part of their work in Worcestershire, providing a quality

assurance function carried out by people with learning disabilities who are experts by experience;

- Positive relationships have been developed with Speakeasy Now, and together have developed a clear pathway that ensures that people with lived experience are in attendance at all Care and Treatment Reviews (CTR) of patients currently in in-patient services, and on the panel of Pre-Admission CRTs preventing hospital admission. It is proposed to extend this to carers;
- The Transforming Care Programme Board includes a person with lived experience and a carer representative;
- The local Transforming Care team is seeking to employ a person with lived experience.

12. In line with the STP and TCP requirements, opportunities for joint working with Herefordshire are being explored around developing shared services and a crisis bed service.

13. Worcestershire is committed to and works within the principles of TCP. One hundred percent of all identified patients are monitored, reviewed and their discharge effectively planned for. Progress of the TCP is monitored and reviewed by the Transforming Care Programme Board and the Integrated Commissioning Executive Officers Group (ICEOG) monthly. A highlight report is co-presented with the lead Complex Needs commissioner and the TCP lead (person with lived experience) from Speakeasy Now. The TCP has been signed off in principle by ICEOG, with the acknowledgment that the success of the proposed development and delivery of the TCP to achieve the projected discharge plans for the identified patients, will be dependent on NHSE providing clarity around funds that will support patients who have been identified to step down into CCG funded locked rehab and community providers by 2019.

Legal, Financial and HR Implications

14. The latest submission to the National Transforming Care team was on the 26 May 2016. The Transforming Care Plan - Easy Read version became available from 11 August.

15. Since 2012, progress, development and implementation of the Transforming Care agenda have been reported quarterly to the Learning Disability Partnership Board, co-chaired by the Strategic Commissioner for Adult Services and by an Expert by Experience. The Board is well established and equally represented by experts by experience and carers, commissioners and service providers. A Staying Healthy Sub-Group of the Board takes responsibility for progressing all health-related issues for people with a learning disability and this ensures that the TCP approach forms part of an overall approach to improving health.

16. TCP development and progress is reported to the Integrated Commissioning Executive Officers Group (ICEOG), which comprises the Executive Officers from the three Worcestershire CCG's and from Worcestershire County Council. This group provides senior governance to support the delivery and approval of the local strategy for the implementation of the TCP for Worcestershire.

17. The national expectation is that the Health and Well-being Board (HWB) approves the TCP. However, due to governance timings, this was not possible and it was agreed with national Transforming Care team that approval could be given by ICEOG with subsequent ratification by the HWB. ICEOG provided sign off to the TCP on 6 June 2016. The TCP was submitted to the national Transforming Care Board with an accompanying letter stating that this does not constitute agreement by Worcestershire's health and social care economy to absorb the costs associated with step down and that Worcestershire's expectation is that any changes resulting from Transforming Care would be expected to be cost neutral for Worcestershire Commissioners.

The financial implications are set out below:

18. Transformation Funding is required of £0.498m over 3 years to support transition and step down of those patients in locked rehab and secure in-patient beds and to prevent hospital admission. The CCGs have agreed to match fund 50% as required by national guidance. Funding for 2016/17 has been awarded by NHS England, but no decision made on future years.

19. The table below shows the estimated forecast impact from 2015/16 to 2018/19. The finances are based on average current costs and the actual costs for these patients may be higher as NHS England have provided a national average of their current costs for their patients in Medium and Low secure hospitals. Therefore this should be viewed with a large degree of caution at this stage as it is unclear how the financial funding will flow (if it does) through from the NHSE to CCG's and Local Authority. This shows a forecast increase in costs of £0.696m for the CCGs and £1.184m for the Local Authority by the end of 2018/19.

1. Provision £'000	CCG Cost	NHSE Cost	LA Cost	Total cost
Total cost of provision 2015.16	5,548	3,471	7,560	16,579
Total Estimated cost of provision 2018.19	6,244	1,504	8,744	16,492
Estimated financial Impact	696	-1,967	1,184	-87

Provision = Forecast annual cost of inpatient provision used by TCP population, individual community support packages for former inpatients/those at risk of admission, and community services

Capital Bids fund:

20. Capital funds of £0.650m have been applied for to develop a 2 bedded community crisis service that will aim to provide a short term option for those patients whom may at times present with behavioural challenges to their current provider and those whose mental health has relapsed.

Dowries:

21. The funding model assumes that NHS England will pay for dowries when the inpatient is being discharged from NHS England-commissioned care, and that CCGs will pay for dowries when the individual is being discharged from CCG-commissioned care. In addition to paying for these dowries, the CCGs will continue to fund continuing healthcare (CHC) and relevant Section 117 aftercare. There is still some clarity required as to how the dowries will work practically.

Privacy Impact Assessment

22. Conducted on an individual basis as required.

Equality and Diversity Implications

23. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation. It was noted that this programme will ensure that people with learning disabilities do not experience any disadvantage as a consequence of their disability, when placements are commissioned.

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Supporting Papers

Worcestershire Transforming Care Plan – Available on-line

Background Papers

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- [Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report \(2012\)](#)
- [The Winterbourne View Two Year On report](#)
- [Transforming Care: Next Steps \(November 2014\)](#)
- [Building the Right support:](#)

**HEALTH AND WELL-BEING BOARD
13 SEPTEMBER 2016****Worcestershire Safeguarding Children Board (WSCB)
Annual Report 2015-16**

Board Sponsor

Catherine Driscoll – Director of Children, Families and Communities

Author

Derek Benson, Independent Chair, WSCB

(Please click below
then on down arrow)

Priorities

Older people & long term conditions

No

Mental health & well-being

No

Obesity

No

Alcohol

No

Other (specify below)

Groups of particular interest

Children & young people

Yes

Communities & groups with poor health outcomes

No

People with learning disabilities

No

Safeguarding

Impact on Safeguarding Children

Yes

This report details an assessment of the effectiveness of child safeguarding and promotion of the welfare of children

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. **The Health and Well-being Board is asked to:**
 - a. **Note the key headlines and conclusions from the 2015/16 Annual Report**
 - b. **Consider any points which may inform future work of the HWB in respect of its strategic priorities;**
 - c. **Identify cross cutting themes where the HWB has a role to play in reducing risks to children.**

Background

2. The Independent Chair of the Worcestershire Safeguarding Children Board is responsible for publishing an annual report that provides a public assessment of the effectiveness of child safeguarding arrangements in Worcestershire. The report also recognises achievements and is realistic about the challenges that remain.
3. The report is made publicly available through publication on the Board's website. In addition, it is formally presented to the Chief Executive and Leader of the County Council. It was presented to the Children and Families Overview and Scrutiny Panel on 31 August 2016 and will be and to Cabinet. It is sent to Worcestershire's Police and Crime Commissioner, to the respective chairs of the Worcestershire Safeguarding Adults Board and the Safer Communities Board, and it is circulated to lead officers in key partner agencies.
4. In September 2015 Diana Fulbrook, then Independent Chair, informed the Health and Well-Being Board that WSCB could not be assured of the effectiveness of local arrangements in respect of children in the child protection system. The quality and consistency of frontline basic practice needed improvement and more work was required in particular areas to ensure children are safe in Worcestershire.
5. A new Independent Chair, Derek Benson, was appointed in April, 2016 and he will be presenting the WSCB Annual Report on behalf of the Board. In addition the Child Death Overview Panel (CDOP) Annual Report 2015/16 will be presented by its Independent Chair, Felix Borchardt.

Key points from 2015/16 Annual Report

6. During 2015/16 Worcestershire Safeguarding Children Board had a particular focus on a number of priorities including:
 - a) Implementation of the Board's Child Sexual Exploitation Strategy
 - b) Early Help
 - c) Integrated Family Front Door (incorporating the Multi-Agency Safeguarding Hub ethos)
 - d) Children's Social Care 'Back to Basics' Improvement Programme
7. The Board can provide assurance that implementation of the Child Sexual Exploitation (CSE) Strategy will continue to be a priority into 2016/17. Partner agencies have shown a high level of engagement in developing the Strategy, and also in terms of owning the supporting action plan. During the year there was an increase in the number of children being identified as being vulnerable to or suffering sexual exploitation, however it is too early for the Board to be fully assured about the ability of the system to respond robustly and consistently to CSE concerns in Worcestershire.

8. The Board has monitored the refresh of the Early Help Strategy '*Prevention and Intervention for Children, Young People and Families*' which includes a plan to commission a Starting Well service to be implemented by March 2019. The demand for Early Help Assessments has continued to increase but has not led to a corresponding reduction in referrals to Children's Social Care, placing yet more demand on the system. The Board is assured that local authority commissioned Early Help providers are undertaking effective work with families, but is concerned that demand for commissioned services currently outweighs capacity raising questions about the extent to which commissioned Early Help services are sufficiently targeted. As part of the wider Early Help offer universal services are required to respond to identified need by working directly with families to deliver support services to reduce escalation of need or risk.
9. This year has continued to see further pressure on the children's social care system with increases in referrals, numbers of looked after children and numbers of children with child protection plans. The Board has received regular reports on the significant work undertaken during the year to develop the Integrated Family Front Door and the new Levels of Need document (Thresholds Guidance) was approved by the Board in March 2016. It is too early yet to have a sense of the impact of these changes but it is anticipated that children's social care services and commissioned Early Help services will be more effectively targeted at those children and families where need and risk are highest. The Board recognises the importance of partner agencies playing their full part in working together to offer support services to children and families, to share timely information and to make good quality referrals to Children's Social Care.
10. The Board has been sighted on the Children's Social Care 'Back to Basics' Improvement Programme during the year. Whilst a number of practice improvements have been noted, the pace of improvement has been slower than had been hoped for. In light of the issues outlined in this report and continuing evidence that the quality of social work practice remains inconsistent the Board cannot yet provide full assurance about the effectiveness of help and protection services.
11. From the information provided the Board has identified risks in relation to:
 - a) Completion within time scale of return interviews when children go missing,
 - b) Waiting times for treatment from CAMHS
 - c) Completion rates for Looked After Children (LAC) health reviews.Some improvements have been noted during the year and the Board will continue to closely monitor these issues.
12. No Serious Case Reviews were initiated during the year though a number of cases were brought to the Board for consideration.
13. The Child Death Overview Panel (CDOP) in Worcestershire found that less than a third of deaths had modifiable factors. Cumulative data in respect of babies whose deaths have been classified as Sudden Infant Death Syndrome (SIDS) suggests that smoking and co-sleeping are often significant factors. In the deaths of unborn or extremely young babies factors such as maternal obesity, smoking, alcohol and other environmental factors are often present in some combination. Stronger

links with Public Health are developing and a communications initiative for the public will be considered in the coming year.

14. The Board is pleased to note some evidence of practice improvements from its Multi Agency Case File Audits (MACFAs), particularly in respect of information sharing in Early Help Assessments, application of the Think Family approach and inter-agency working where there are concerns about Child Sexual Exploitation. There is also evidence, however, that multi-agency practice is not yet consistent in all areas.
15. The interim report on the Section 11 Audit presented to the Board in March 2016 indicated good compliance by partner agencies with their safeguarding duties and a strong commitment across the partnership to safeguarding children. Agencies are also reporting an improvement in listening to their service users to develop services. Assurance has been provided about the use of flagging systems across the partnership to raise alerts about risk factors in families. Arrangements for safeguarding supervision for practitioners are in place and findings were shared with managers for further action to be taken where necessary.

Conclusion

16. The Board concluded that the body of evidence from data, audits, reports and learning during 2015/16 demonstrates that there is a strong commitment to safeguarding children across the WSCB partnership and that safeguarding arrangements are in place. Demand for services across the whole system continues to increase and, whilst recognising that improvements have been made to some aspects of frontline social work practice, other practice improvements have not been achieved as quickly as had been hoped at the start of the year.
17. The Board is assured that strategies are in place to improve frontline practice, however it cannot yet be assured about the robustness of the child protection system and this remains a risk. Further assurance is required as to the effectiveness of the wider Early Help offer and whether it is sufficiently targeted, albeit it is recognised that the quality of provision by local authority commissioned providers is good. It is clearly important that children and families receive the right services at the right time. The impact of the Integrated Family Front Door and the revised Levels of Need guidance will be monitored, as will the need for all partners to play their full part in the provision of support services to children and families at the earliest opportunity to prevent escalation of need and risk.
18. Assurance will continue to be sought from partner agencies during the coming year as outlined in the body of this report.
19. The Board recognises that these are challenging times for partner agencies, many of whom are facing reductions in resourcing. In this climate of competing demands, however, there is evidence of some partners investing in their safeguarding services which is indicative of the strong commitment across the WSCB partnership to prioritise the protection of children.

Legal, Financial and HR Implications

Not applicable

Privacy Impact Assessment

Not applicable

Equality and Diversity Implications

Not applicable as no recommendations made.

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Supporting Information

- Appendix 1 - Worcestershire Safeguarding Children Board Annual Report 2015/16 (Available On-line)

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Worcestershire Safeguarding Children Board

Annual Report 2015/16



Find out more online:

www.worcestershire.gov.uk/safeguardingchildren

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Foreword by Independent Chair

It is my pleasure to present the Worcestershire Safeguarding Children Board's (WSCB) Annual Report for 2015/16. The Report provides a summary and assessment of the effectiveness of child safeguarding and the promotion of the welfare of children in Worcestershire.

First, I must acknowledge the work of my predecessor, Diana Fulbrook, who was the Chair of the WSCB until the end of March. This Report details Diana's work in leading the Board throughout the past year as well as the foundations she put in place over a number of years. It is incumbent on the Board to now continue that commitment to children and young people in Worcestershire.

The purpose of a Local Safeguarding Children Board is to co-ordinate safeguarding arrangements across agencies and to ensure these are effective. As in previous years the Report will be made publicly available on the Board's website, and will be formally submitted to the Chief Executive and Leader of the County Council. The Chair will present it to the County Council's Children and Young People's Overview and Scrutiny panel, to the Council's Cabinet and to the Health and Well-Being Board. It will also be sent to the Police and Crime Commissioner and to key partnerships. Board members will ensure that their own agencies and relevant Boards have access to the Report. The Report is therefore an important mechanism for providing assurance to key governance bodies about the importance and effectiveness of safeguarding children in Worcestershire.

The Annual Report covers the local and national context, governance and accountability arrangements, priorities, achievements and learning, and concludes with a formal summary statement about the sufficiency of arrangements to identify children in need of help and protection, and ensure the quality of services offered to those children.

The continued effects of austerity impacted on partner agencies over the last year and underlined the importance of working together effectively. Going forward the WSCB will seek to hold those partners to account in terms of their commitment to collaboration and cooperation. The pressures on the various agencies are recognised, be that caseloads, staff turnover or increasing public scrutiny and expectation. The Board notes, however, that Worcestershire County Council put an additional £5m into children's safeguarding bringing it to an additional £11m over the last 3 years.

Issues reported in previous years remain in the forefront of the WSCB's consideration; Child Sexual Exploitation (CSE) has been subject to significant attention through the year and will continue to be a major priority for the year ahead and potentially beyond.

Until recently referrals to Children's Social Care and commissioned Early Help services were being made to the Access Centre and Early Help Hub. During the course of the year the Board has been sighted on work undertaken to develop a new 'Integrated Family Front Door' which will embed the Multi Agency Safeguarding Hub (MASH) ethos of co-located agencies to support early information sharing and decision making. WSCB will continue to closely monitor developments as the new way of working is embedded and will want to look at its effectiveness. The publication of the report into the review of Local Safeguarding Children Boards commissioned by the DFE in December 2015 and its recommendations will undoubtedly impact

on the Board through 2016/17. While further information from government is awaited, it cannot be allowed to slow the development of the WSCB to enhance the safeguarding of children in the county. The supporting structure introduced last year will undergo refinement to improve the flow and exchange of information, prioritise activity and ensure there are outcomes that improve frontline practice across the agencies

This report provides an account of the work done over the past year but perhaps more importantly, highlights the continuing challenges facing the WSCB and its member agencies. I am confident that the Board, its members and the people they represent are fully committed to safeguarding children and young people in Worcestershire. I would wish to thank each and every one for their efforts to date but at the same time reaffirm the WSCB's intent to drive further improvements in 2016/17 and thereafter.

A handwritten signature in black ink, appearing to read 'Derek Benson', with a long horizontal flourish extending to the right.

Derek Benson
Independent Chair: June 2016

Executive Summary

During 2015/16 Worcestershire Safeguarding Children Board had a particular focus on a number of priorities including:

- Implementation of the Board's Child Sexual Exploitation Strategy
- Early Help
- Integrated Family Front Door (incorporating the Multi-Agency Safeguarding Hub ethos)
- Children's Social Care 'Back to Basics' Improvement Programme

Child Sexual Exploitation Strategy

The Board can provide assurance that implementation of the Child Sexual Exploitation (CSE) Strategy will continue to be a priority into 2016/17. Partner agencies have shown a high level of engagement in developing the Strategy, and also in terms of owning the supporting action plan. During the year there was an increase in the number of children being identified as being vulnerable to or suffering sexual exploitation, however it is too early for the Board to be fully assured about the ability of the system to respond robustly and consistently to CSE concerns in Worcestershire.

Early Help

The Board has monitored the refresh of the Early Help Strategy '*Prevention and Intervention for Children, Young People and Families*' which includes a plan to commission a Starting Well service to be implemented by March 2019. The demand for Early Help Assessments has continued to increase but has not led to a corresponding reduction in referrals to Children's Social Care, placing yet more demand on the system. The Board is assured that local authority commissioned Early Help providers are undertaking effective work with families, but is concerned that demand for commissioned services currently outweighs capacity raising questions about the extent to which commissioned Early Help services are sufficiently targeted. As part of the wider Early Help offer universal services are required to respond to identified need by working directly with families to deliver support services to reduce escalation of need or risk. The Board will continue to identify mechanisms for evaluating effectiveness of the wider Early Help offer in Worcestershire.

Integrated Family Front Door

This year has continued to see further pressure on the social care system with increases in referrals, numbers of looked after children and numbers of children with child protection plans. The Board has received regular reports on the significant work undertaken during the year to develop the Integrated Family Front Door and the new Levels of Need document (Thresholds Guidance) was approved by the Board at the end of 2015. It is too early yet to have a sense of the impact of these changes but it is anticipated that children's social care services and commissioned Early Help services will be more effectively targeted at those children and families where need and risk are highest. The Board recognises the role of partner agencies playing their full part in working together to offer support services to children and families, to share timely information and to make good quality referrals to Children's Social Care.

'Back To Basics' Improvement Programme

The Board has been sighted on the Children's Social Care 'Back to Basics' Improvement Programme during the year. Whilst a number of practice improvements have been noted, the pace of improvement has been slower than had been hoped for. In light of the issues outlined in this report and continuing evidence that the quality of social work practice remains inconsistent the Board cannot yet provide full assurance about the effectiveness of help and protection services. The specific areas about which assurance will be sought in the coming year are outlined within the body of this report.

WSCB Learning & Improvement Framework

The Board has a range of processes in place for consolidating learning which include Child Death Reviews, Serious Case Reviews, case reviews, Multi Agency Case File Audits and Safeguarding Conversations. The Board recognises its need to develop and improve its Learning and Improvement Framework to ensure that findings from audits and case reviews are not just disseminated, but are used by partner agencies to improve frontline practice.

Analysis of information produced by partner agencies

From the information provided the Board has identified risks in relation to:

- Completion within time scale of return interviews when children go missing,
- Waiting times for treatment from CAMHS
- Completion rates for Looked After Children (LAC) health reviews.

Some improvements have been noted during the year and the Board will continue to closely monitor these issues.

Serious Case Reviews

No Serious Case Reviews were initiated during the year though a number of cases were brought to the Board for consideration.

Child Death Reviews

The Child Death Overview Panel in Worcestershire found that less than a third of deaths had modifiable factors. Cumulative data in respect of babies whose deaths have been classified as Sudden Infant Death Syndrome (SIDS) suggests that smoking and co-sleeping are often significant factors. In the deaths of unborn or extremely young babies factors such as maternal obesity, smoking, alcohol and other environmental factors are often present in some combination. Stronger links with Public Health are developing and a communications initiative for the public will be considered in the coming year.

Multi-Agency Case File Audits (MACFAs)

The Board is pleased to note some evidence of practice improvements from the MACFAs, particularly in respect of information sharing in Early Help Assessments, application of the Think Family approach and inter-agency working where there are concerns about Child Sexual Exploitation. There is also evidence, however, that multi-agency practice is not yet consistent in all areas.

Learning from MACFAs undertaken during the year has informed a number of the Board's priority work streams for 2016/17:

- Voice of the Child/child's lived experience (limited evidence of the child's views being used to inform assessments or decisions)
- Review of safeguarding arrangements for disabled children (some evidence of delay where there were concerns about neglect of disabled children)
- Professional Curiosity and Think Family (just under half of all cases reviewed had a combination of domestic abuse, parental mental ill health and parental drug/alcohol use but this was not always known to professionals at the time)
- Child Sexual Exploitation and missing children (in those cases reviewed multi-agency safeguarding practice was judged 'inadequate' or 'requiring improvement')

Audits

The interim report on the Section 11 Audit presented to the Board in March 2016 indicated good compliance by partner agencies with their safeguarding duties and a strong commitment across the partnership to safeguarding children. Agencies are also reporting an improvement in listening to their service users to develop services. Assurance has been provided about the use of flagging systems across the partnership to raise alerts about risk factors in families. Arrangements for safeguarding supervision for practitioners are in place and findings were shared with managers for further action to be taken where necessary.

Consultation with young people and parents

The Board is pleased to report that the views of young people and parents informed the Board's decisions about its strategic priorities for 2016/17. The Youth Advisory Board for Safeguarding (YABS), a group of young people with experience of services, presented the views of 2445 young people to Board members at their Development Day in January 2016.

Conclusion

The Board is pleased to report that during 2015/16 it fulfilled its statutory functions. A new structure has been implemented which has enabled clearer oversight from the Board to the sub groups. Funding has been sustained at the current level for a number of years in spite of competing financial pressures for the partner agencies.

The Board concluded that the body of evidence from data, audits, reports and learning during 2015/16 demonstrates that there is a strong commitment to safeguarding children across the Worcestershire partnership and that safeguarding arrangements are in place. Demand for services across the whole system continues to increase and, whilst recognising that improvements have been made to some aspects of frontline social work practice, other practice improvements have not been achieved as quickly as had been hoped at the start of the year.

Whilst recognising that strategies are in place to improve frontline practice, the Board cannot yet be assured about the robustness of the child protection system and this remains a risk. Further assurance is required as to the effectiveness of the wider Early Help offer and whether it is sufficiently targeted, albeit it is recognised that the quality of provision by local authority

commissioned providers is good. It is clearly important that children and families receive the right services at the right time. The impact of the Integrated Family Front Door and the revised Levels of Need guidance will be monitored, as will the need for all partners to play their full part in the provision of support services to children and families at the earliest opportunity to prevent escalation of need and risk.

The Board recognises that these are challenging times for partner agencies, many of whom are facing reductions in resourcing. In this climate of competing demands, however, there is evidence of some partners investing in their safeguarding services which is indicative of the strong commitment across the WSCB partnership to prioritise the protection of children.

Section 1. Introduction

1.1. Purpose of the Annual Report

Statutory legislation requires the Independent Chair of the Safeguarding Board to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Worcestershire. This report relates to the preceding financial year. The report will be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the chair of the Health and Well-Being Board.

The report aims to provide a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

1.2. Role of the Worcestershire Safeguarding Children Board

The Local Safeguarding Children Board is the key statutory mechanism for agreeing how partner organisations in the local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board by 1 April 2006. Worcestershire Safeguarding Children Board has been in existence for a number of years now and is continually developing in order to fulfil its role within the context of a constantly changing and challenging safeguarding landscape. WSCB complies with the requirements for Local Safeguarding Children Boards set out in the LSCB Regulations and in [Working Together \(2015\)](#)

1.3 Vision Statement

All children and young people in Worcestershire are safe and thriving

1.4 Mission Statement

Working in partnership to keep all children and young people safe and thriving within an environment where safeguarding is everybody's business and intervention and support is timely and right for individuals and families.

1.5 WSCB Values

- Respect for children, young people and their families
- Making a positive difference to the lives of children and young people

- Working together in partnership
- Collective and mutual challenge between partners to keep children safe
- Involving communities at a local level
- Valuing and responding to diversity

1.6 LSCB Membership

Membership of LSCB is statutory for a number of partners as outlined in [Working Together \(2015\)](#). A full list of member partner agencies can be found in [Appendix 3](#). A summary of the Board's governance and accountability arrangements, including the Board's end of year financial statement for 2015/16, is located in [Appendix 4](#).

1.7 Alan Wood Review

In December 2015 the Department for Education (DfE) announced it had commissioned a review of Local Safeguarding Children Boards to be led by Alan Wood. At the time of writing a [Government Response to the Wood Review](#) had just been published and further detail is awaited about changes to statutory guidance. During 2016/17 the Board will consider the implications of the review.

This report aims to provide a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

The Board has taken full account of the key relevant partners' strategies in its own planning processes. The protocol with the Health and Well Being Board and Worcestershire Safeguarding Adults Board has been reviewed.

Partners continue to fund the Board in order that it can fulfill its statutory responsibilities and it should be noted that funding has been sustained at the current level for a number of years in spite of competing financial pressures for the partner agencies. In addition, the decision was taken this year to establish a separate Serious Case Reviews fund which will be implemented next year.

The new Board structure has enabled clearer oversight from the Board to the sub groups and further changes will be made in 2016/17.

Section 2. Priority Work Streams

2.1 Board Priorities and activities

In 2015/16 WSCB worked to a three year rolling Strategic Plan that identified three strategic priorities.



Figure 1

2.2 Specific work streams to support robust safeguarding practice this year

2.2.1 Child Sexual Exploitation

Worcestershire Safeguarding Children Board has continued the commitment to tackling Child Sexual Exploitation (CSE) and recognises that this can only be achieved by all partners working effectively together. The Board also recognises that CSE is a community safety issue and as such everyone must work together to make use of community safety tactics to keep children safe.

The Board's commitment is set out in its CSE Strategy (2015 – 2017). The supporting Action Plan continued to be implemented during the year, overseen by a strategic group made up of Board members. CSE was addressed at every Board meeting in 2015/16.

Within the CSE Strategy there are four clear objectives:

- **Prevention and Education**

WSCB continues to work towards public awareness of sexual exploitation and has this year taken a multi-agency approach to developing a specific prevention approach for delivery in schools to governors, staff, parents and pupils which focusses on healthy relationships and sexual exploitation. This 'whole school' approach will be launched across Worcestershire schools during 2016/17 and includes links to a range of practical resources. The Board works with partners to ensure that front line practitioners receive training to raise awareness, and that the training being delivered is effective in preventing and identifying CSE. The Board continues to support national initiatives such as the annual CSE Awareness Day with communications aimed at ensuring that the message reaches the widest audience possible across Worcestershire. Two full time specialist CSE workers are now employed by Children's Social Care and they provide support to other practitioners. From June 2016 two Barnardo's workers will be working in Worcestershire to provide direct support to children.

- **Recognition and Identification**

Partner agencies continue to work hard to identify vulnerable children who may be at risk of sexual exploitation requiring support services or those who are actually suffering sexual exploitation and require protection. Over the previous year it has been recognised that there is an improvement in our understanding of CSE in Worcestershire, however the Board acknowledges that there must never be an assumption that it has a complete picture. The continuing work has reinforced a view that within Worcestershire there is no established gang or organised crime abuse, or any particular minority ethnic group being targeted. Board partners remain alert for any information that might lead to a change in this view. Worcestershire reflects the national trend where online sexual exploitation continues to emerge as a threat to children. The aim is to develop 'professional curiosity' amongst those who work with children to ensure they look for and act upon signs of potential CSE. Training content has been reviewed to ensure this is highlighted. WSCB also wants to improve the ability of practitioners to identify vulnerable children who have the potential to become perpetrators. All of these aims have to be supported by the effective sharing of information between partner agencies.

- **Intervention and Support**

The Board has been at the centre of developing ways in which CSE concerns are reported, properly assessed and then, on the basis of that assessment, appropriate support provided. We are working towards developing different ways of supporting victims and their families to meet their individual needs. There is also work being undertaken within the community to ensure that the services children and young people use and the places they visit are safe from those who would seek to do them harm. Poor performance regarding the completion of return interviews for missing children has been identified. The agency who were undertaking this task has been de-commissioned and staff in Children's Social Care are now completing the return interviews. Early indications are that there has been an improvement in completion rates; however the Board will continue to seek further assurance about completion rates, reasons for non-

completion, completion rates within time scale, and the quality of the return interviews completed.

- **Pursue and Disrupt**

WSCB recognises that those who seek to exploit children will travel from other areas to do so and it is working hard to strengthen cross border arrangements and information sharing with neighbouring authorities. Partners within Worcestershire meet together each day to share information which allows emerging trends and patterns to be identified, and the appropriate disruption activity to be put in place. Recognising that the nature of the threat of CSE can change over time WSCB will continue to ensure that there is a full understanding of the problem and where those threats lie. The Board will promote the full use of the law to protect children and bring offenders to justice.

The Board's governance arrangements in respect of CSE have been simplified and the need for further streamlining will be considered as the Board moves towards further implementation of the CSE Strategy. The Board will continue to have a role in seeking further assurance about the robustness of arrangements. A self-assessment audit is to be rolled out to evaluate the effectiveness of Board partner agencies' responses to Child Sexual Exploitation. The outcome will be reported in next year's annual report.

Issues which have been addressed as part of the WSCB CSE Strategy include:

- Clarification about the need for information to be shared with the host local authority for Looked After Children placed out of area about any CSE concerns
- Pharmacies have been provided with a checklist to be used to identify those young people at risk of CSE
- Assurance has been received that all children aged over ten years and known to Children's Social Care have been screened for risk of CSE
- All carriage and private hire drivers/operators have received an information leaflet explaining their responsibilities in respect of CSE and the guidance has been incorporated into the new/renewal application processes
- Awareness raising training has been provided for all Councillors who sit on the Licensing Committee
- A dedicated police online CSE team has been in operation since January 2016 to tackle online offending and to bring perpetrators to justice

2.2.2 'Toxic Mix'

Some of the most vulnerable children are those affected by a combination of risk factors. The term 'Toxic Mix' generally refers to or applies when domestic abuse, parental drug and/or alcohol use and parental mental ill health occur in combination, acknowledging that other factors can also increase risk to children's welfare and safety. An analysis of seven MACFAs undertaken during 2014-16 revealed that the combination of domestic abuse, parental mental ill

health and parental drug/alcohol use featured in 42% of the cases reviewed and that this had not always been known by the agencies involved at the time.

A key learning point from MACFAs is that 'professional curiosity' must be routinely exercised to avoid practitioners working in 'siloes' and assessments based on partial information. This requires practitioners to consider carefully the questions to ask of family members and of other professionals in order to build up an accurate picture of needs and risk within the family. The Board has agreed that it will promote 'professional curiosity' and the 'Think Family' approach which requires practitioners to consider the implications of individual family member's needs on parenting capacity. These approaches both support the identification of children affected by parental risk factors, especially when these are present in combination, such as the 'Toxic Mix'. This is an area of development work which would benefit from being undertaken in collaboration with other partnership Boards and will be taken forward in 2016/17.

2.2.3 Emotional Wellbeing

In response to a WSCB survey on safeguarding priorities secondary school pupils have again identified, as they did last year, that young people's emotional health is a high priority for them. During the year the Board has been sighted on the CAMHS Transformation Plan which sets out a refreshed pathway for responding to young people's mental health needs, including lower level support at an earlier stage. Once implemented, the Board will have a role in communicating the pathway to partner agencies and in seeking assurance about its impact.

2.2.4 Healthy Relationships

An audit commissioned by Worcestershire Forum Against Domestic Abuse and Sexual Violence (WFADA & SV) into Personal, Social, Health and Economic (PSHE) curriculum input on healthy relationships in Worcestershire schools revealed a picture of inconsistent practice. WSCB subsequently led on a piece of multi-agency work to develop a 'whole school' approach to healthy relationships which includes direct reference to inappropriate sexually exploitative relationships. There is a plan to embed the whole school approach widely across Worcestershire schools. It includes programmes for staff (including governors), parents and pupils. Following a period of implementation the Board will audit the impact of this approach.

2.3 Activities undertaken by the Board to support its priorities in 2015/16

- Review of relevant policies and procedures at local and regional level
- Review of the prevalence of Toxic Mix factors in MACFAs, review of core training content and analysis of take up rates for e-learning modules related to the Toxic Mix
- CSE Strategy and action plan developed with implementation ongoing
- CSE Position Statement produced
- Development of a framework for a 'whole school' approach to CSE prevention to be embedded across Worcestershire schools

- Learning and Improvement Framework updated
- Development of Female Genital Mutilation problem profile
- Joint event held with Worcestershire Safeguarding Adults Board to identify gaps in transition for older adolescents/young adults
- Re-launch of neglect guidance
- Consideration given to the Board's responsibilities in relation to the Prevent Strategy and the identification of any gaps or issues related to staff training
- Formal representation made to Department for Education about the vulnerability of small numbers of electively home educated children
- Sessions held with Board members to identify any gaps in the wider safeguarding system
- Development day incorporating presentation of survey responses from 2445 young people

2.4 Single agency activities to support Board priorities

The WSCB Annual Report 2014/15 identified specific challenges for each partner agency during the coming year. Feedback on the actions undertaken by partners include the following examples:

- Children's Social Care has led on the co-location of partner agencies as part of the ongoing development of the Integrated Family Front Door which is the Worcestershire strategy to embed a MASH ethos
- District Councils now have representation on all Board sub groups and safeguarding raising awareness training is in place for the whole workforce and Councillors
- WCC Early Help presentation to Monitoring Effectiveness Sub-Group (MEG) outlining the systems in place to monitor the effectiveness of locally commissioned Early Help services with acknowledgement that not all early interventions can be monitored for effectiveness in the same way.
- Public Health Commissioners published a Starting Well tender for Universal Prevention 0 – 19 services including Public Health Nursing and Early Help. The tender had a focus on targeting services to children and families dependent on need and living in the areas of highest deprivation. This has subsequently not been awarded. Existing contracts are being extended with a view to a new service specification being agreed by October 2016 and fully implemented by March 2019.
- Housing providers circulate the WSCB newsletter and provide regular updates to Worcestershire Strategic Housing Partnership. A new Youth Board has been set up by Fortis Living
- National Probation Service (NPS) and Community Rehabilitation Company (CRC) continue to be fully engaged as Board members and have systems in place to assess safeguarding risks.

- West Mercia Police have incorporated specialist Protecting Vulnerable People teams within a single model and introduced a new 'Pathfinder' model for expediting investigations.
- Children's Social Care has implemented its 'Back to Basics' Improvement Programme to improve frontline social work practice (following LGA Peer Review undertaken in April 2015).

A full response to challenges made to partner agencies in the 2014/15 Annual Report can be found in [Appendix 6](#).

2.5 What difference have activities made?

- During the year there has been movement towards the implementation of the Integrated Family Front Door with co-located partner agencies leading to better information sharing
- The Board has gained better insight into the Children's Social Care improvement journey through its active participation in the WCC 'Back to Basics' Safeguarding Improvement Board
- Increase in referrals of children at risk of or suffering from Child Sexual Exploitation indicative of increased awareness
- Recognition of the need to promote 'professional curiosity' across the partnership to support robust safeguarding practice
- Voice of the Child has informed the Board's priorities
- Clarification that only a small number of adult victims of FGM have been identified in Worcestershire whilst awareness has been raised about risks to children
- 'Whole school' approach to healthy relationships and sexual exploitation to be embedded across Worcestershire schools

There has been a particular focus this year on the implementation of the Child Sexual Exploitation Strategy. There has been a high level of engagement by partner agencies in the development of the Strategy and through ownership of the supporting action plan. The Board notes the increase in the number of children being identified as being at risk of sexual exploitation which is indicative of increased awareness across the partnership. It is also pleased to report the progress made in respect of those initiatives listed on page 12. A number of new systems and processes, particularly in relation to the Integrated Family Front Door, are still being introduced and it is too early for the Board to be fully assured about the ability of the system at this point in time to respond robustly and consistently to CSE concerns in Worcestershire. The Board will continue to oversee the full implementation of the CSE Strategy and monitor its impact over the coming year.

The Board acknowledges that children and young people affected by a combination of the 'Toxic Mix' factors are particularly vulnerable and during the coming year it will be promoting 'Professional Curiosity' and the 'Think Family' approach, seeking to engage other partnership Boards in collaborative approaches where appropriate.

The Board will support the embedding of the Emotional Wellbeing Pathway and also will take the lead on embedding the 'whole school' approach to sexual exploitation and healthy relationships across Worcestershire schools in 2016/17.

Section 3. Performance, Effectiveness and Improvement

3.1 Monitoring Effectiveness

Regulation 5 of the LSCB Regulations sets out that Safeguarding Boards should monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children. This year a specific sub group has been established whose aim is to monitor effectiveness based on evidence provided in the framework below. This group is chaired by a Board member enabling efficient handling of any issues that arise.

The WSCB evidence base for monitoring the effectiveness of safeguarding arrangements in Worcestershire for children and young people during this period has included a combination of:

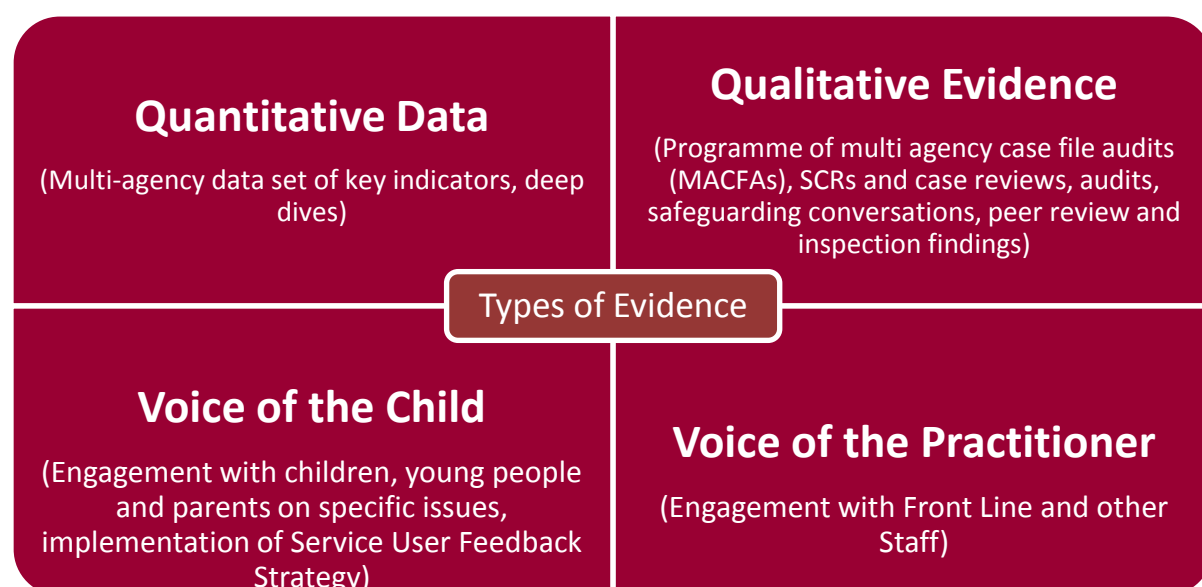


Figure 2

3.1.1 Quantitative Data

Quantitative data continues to be scrutinised through the Board's Performance Analysis Group. Data is regularly reviewed with group members looking for trends or emergent patterns which lead to possible hypotheses or questions about aspects of multi-agency working. The Monitoring Effectiveness Group (MEG) makes a decision about what level of assurance is required and formally requests information from partner agencies on behalf of the Board. Data is also used at the WSCB Development Day to support the Board's decision making about its strategic priorities. Headlines from the data pertaining to children in the system are contained in the following table:

<p>Early Help</p>	<ul style="list-style-type: none"> • The percentage of Early Help Notifications received from schools rose from 19% in 2013/14 to 27% in 2014/15 and remained at 24% in 2015/16 • The increase in Early Help Assessments since 2013/14 has not led to a decrease in the referral rate to Children's Social Care which has continued to rise. The Board will continue to monitor the impact of Early Help Assessments on referral rates.
<p>Referrals to Children's Social Care</p>	<ul style="list-style-type: none"> • The number of referrals to Children's Social Care continues to increase year on year. This may be due in part to changes in procedure, but also is indicative of increasing demand for social care services, including assessments. This increasing demand for services is also indicated by the higher percentage of repeat referrals within 12 months. Nationally between a quarter and a fifth of referrals are re-referrals from within a 12 month period. • Domestic abuse remains one of the main factors that lead to children being referred for children's social care services and subsequently to them being subject to a Child Protection Plan (CPP). The numbers of children that the police report as exposed to domestic abuse is rising and will contribute to higher levels of referral and Children in Need (CIN) • All domestic abuse notifications are now triaged on a daily basis within the new 'Integrated Family Front Door' which will enable more timely information sharing and screening for risk.
<p>Social Care Assessments</p>	<ul style="list-style-type: none"> • In 2015/16 there has been a particular focus on the timely completion of assessments. There has been an improvement in the percentage of assessments recorded as being completed within time scale.
<p>Child In Need (CIN)</p>	<ul style="list-style-type: none"> • There were 3767 CIN in 2015/16 compared with 3942 in 2014/15. The CIN rate for Worcestershire has risen year on year between 2010/11 and 2014/15 (when it was above the national average). The figures for England and statistical neighbours are not yet available for 2015/16.
<p>Initial Child Protection Conferences (ICPC)</p>	<ul style="list-style-type: none"> • During 2015/16 the percentage of ICPCs recorded as held on time (within 15 working days of the strategy discussion/meeting) continued to fall, indicative of a decline in performance. The increase in the number of ICPCs from 700 in 2015/15 to 806 in 2015/16 will have impacted on this. • Other factors which will have impacted on the time taken to complete assessments and convene ICPCs include the increase in referrals, increase in numbers of Children in Need and increased caseloads.

Child Protection Plans (CPPs)	<ul style="list-style-type: none"> • Since 2012 the number and rate of CPPs had been falling and in March 2015 the Worcestershire rate was lower than that for both statistical neighbours and England, however during 2015/16 the number increased from 393 to 472 in March 2016 • The most frequent reasons for child protection plans in 2014/15 were neglect (40%) and emotional abuse (38%). Since 2013/14 the percentage of CPPs due to neglect has reduced and the percentage due to emotional abuse has increased. Worcestershire is in line with statistical neighbours and the national average • The percentage of Worcestershire CPPs lasting two years or more has reduced from 4% in 2014/15 (higher than the national average) to below 2% in 2015/16 (estimated) • Since 2011/12 the percentage of CPPs that are repeat plans has risen from 16% to 23% in 2014/15. The provisional estimate for 2015/16 is down to 19% but is still expected to be higher than statistical neighbours and the national average • The increasing number of CPPs in 2015/16 is thought to be due to more rigorous child protection procedures that have been in use during the year
Review Child Protection Conferences (RCPCs)	<ul style="list-style-type: none"> • In 2013/14, 94.4% of children on CPPs had all their RCPCs on time, this decreased to 87.6% in 2014/15 and the provisional figure for 2015/16 is 87.8%
Looked After Children (LAC)	<ul style="list-style-type: none"> • The number of LAC has risen from 686 in April 2015 to 707 in March 2016. This represents an increase in line with the national average, but higher than that of statistical neighbours. • 58% of LAC were male and 42% female. The percentage by gender and age group is similar to previous years and the latest national averages • The percentage of LAC from black and ethnic minority (BEM) backgrounds has increased from 15% at 31 March 2015 to 19% at 31 March 2016. BEM rates in the wider population are increasing but not at this rate which suggests an over-representation in the LAC population. There were 10 unaccompanied asylum seeking children in March 2015 (1% of LAC) but this has risen to 26 in March 2016 (3% of LAC) which may account for some of the increase in BEM statistics • On 31 March 2016, 57% of LAC were placed in foster care and 14% were placed with a relative or friend, these being the two largest groups by placement type. 5% of LAC were placed for adoption and a further 6% were placed with a parent. The remaining LAC were either in independent living placements, secure accommodation, residential homes, residential schools, other residential settings or hostel/supported residential settings • Although performance had improved up to May 2014 when 70% of LAC had a Pathway Plan, the percentage fell to 35% in December

	<p>2014 and 50% in December 2015, significantly below the 80% target. Pathway planning for LAC has been identified as an area of concern and is being proactively monitored by the Children's Social Care (CSC) Safeguarding Improvement Board. Some of the delay is attributable to administrative processes between agencies. If LAC do not have Pathway Plans in place it indicates that timely decisions are not being made about young people's transition arrangements</p> <ul style="list-style-type: none"> • The LAC numbers have continued to increase at a greater rate than for statistical neighbours and the national picture, thus impacting on workforce capacity in CSC • At end of March 2016 84% of LAC had an up to date Health Assessment, compared with 76% in March 2015.
Children Missing Education (CME)	<ul style="list-style-type: none"> • The number of Children Missing Education (CME) cases dealt with has increased every year since 2007/08 • A CME themed MACFA is planned for 2016/17 following which scoping will take place in order to identify any specific issues for WSCB
Elective Home Education (EHE)	<ul style="list-style-type: none"> • The number of Children being educated at home continues to rise. In 2015 over 70% of children in EHE were in years 7 to 11, 60% were white British, 19% were of unknown ethnicity and over 20% are not white British. 12.2% of children in EHE are from a GRT background and so this group is over represented. 5% of the children in EHE had an assessment undertaken by Children's Social Care in 2015 • EHE is an identified area for Board attention in 2016/17
Missing Children	<ul style="list-style-type: none"> • In 2015/16 there were 311 incidents involving Worcestershire children missing from care compared to 194 in 2014/15. There have been 117 return interviews completed for Looked After Children, 10 completed within time scale (72 hours of being located). Return interviews can be refused by the children • In 2015/16 there were 425 incidents involving children missing from home compared with 358 in 2014/15. There have been 87 return interviews completed for children who went missing from home, 8 completed within time scale (72 hours of being located) • 42% of missing incidents in 2015/16 were children missing from care, compared to 35% in 2014/15.
Child Sexual Exploitation (CSE)	<ul style="list-style-type: none"> • 107 children were referred during 2015/16 as being vulnerable to or actually suffering sexual exploitation compared with 73 in 2014/15 • 33 children (31% of referrals) were already known to CSC (CIN, CPP or LAC) • 47 children (44% of referrals) became CIN, CPP or LAC following referral due to CSE concerns
Private	<ul style="list-style-type: none"> • There has been a significant decrease in the number of notifications

Fostering	<p>this year. The reasons for this are not clear and the Board will be seeking clarification from CSC</p> <ul style="list-style-type: none"> • The majority of notifications concern children and young people placed with host families for the purposes of accessing education • Other notifications are complex with several children 'on the edge of care' • The timeliness of initial and statutory visits remains a concern • This has been highlighted in core training reminding professionals of requirements/duties
Child and Adolescent Mental Health Services (CAMHS)	<ul style="list-style-type: none"> • The CAMHS service remains compliant with the contractual Key Performance Indicator (KPI) for maximum 18 week wait for Choice (initial assessment) Appointments, with an average of 5.99 weeks at end of March 2016. • The average wait for non-urgent Partnership (treatment) Appointments is longer with some waiting over 25 weeks. The Partnership Appointment is a new KPI which Worcestershire Health and Care NHS Trust has worked hard to meet and the number waiting over 25 weeks has reduced from 48 in July 2015 to only 6 in March 2016 showing a marked improvement. Many of these children had cancelled or not attended appointments.

Key areas of concern during the year have included CAMHS waiting times for treatment, timely completion of return interviews for children who have gone missing and completion of LAC Health Assessments. The Board has sought assurance in respect of these issues throughout the year utilising its Escalation Matrix to determine the level of risk associated with each issue. The Board is confident that CAMHS commissioners are closely monitoring the issue of waiting times and that this will be addressed by them if the position deteriorates. Towards the end of the year a decision was made to change the arrangements of return interviews for missing children and from April 2016 these are to be undertaken by Children's Social care staff. The Board will continue to monitor closely performance in these areas.

3.1.2 Children's Social Care 'Back to Basics' Improvement Programme

Regular reports have been received by the MEG and directly by the Board regarding implementation of the Children's Social Care Improvement Programme and progress in meeting its established practice standards. The WSCB Independent Chair sits on the CSC Safeguarding Improvement Board to ensure direct 'line of sight'. During the course of the year it was noted that improvements in some aspects of frontline practice were evidenced, such as more assessments being completed within time scale, more children being seen in timescale, significant improvement in the timeliness of completion of Section 47 enquiries and improved timeliness in the response to complaints, but also an acknowledgement by Children's Services that the pace of improvement has been slower than had been hoped for at the start of the year. In March 2016 the reported position was that:

- The Children's Social Care workforce was still fragile
- Worcestershire faces the same challenge as that reported nationally in terms of recruiting experienced permanent social workers

- A significant proportion of social workers are newly qualified
- Caseloads remain too high
- Leadership is not yet permanent
- Practice quality is not consistent

Furthermore any partnership issues that have been highlighted through Children's Social Care self-reflection have been fed back through the MEG to the Board and explored further. An example was the commissioning of a report presented to the Quality Assurance Group on the engagement of key partners in S47 Strategy Meetings which found a need for improvements in multi-agency representation and information sharing with an update to be submitted to the Board in six months.

In light of the issues outlined and continuing evidence that the quality of social work practice remains inconsistent the Board cannot provide full assurance about the effectiveness of help and protection services.

The continuing oversight and direction provided by the 'Back to Basics' Improvement Programme is acknowledged as a positive factor by the Board. That said, over the course of 2016/17 the Board will continue to seek assurance of ongoing improvements in a number of areas;

- The turnover of staff is monitored with a view to reducing the rate of turnover, thus providing assurance re. workforce stability
- Acknowledging the national picture in terms of ratios of experienced staff to newly qualified social workers, the Board will seek assurance that this is kept under review with effective mentoring and professional development of staff
- Caseloads are not only monitored numerically but that management is able to articulate the complexity and impact of caseloads, i.e. the Board will seek assurance that there is effective grip of the qualitative as well as the quantitative assessment
- The efforts of senior leaders at WCC to bring in a stable and cohesive management team is also acknowledged, and this will be monitored through the year,

It is anticipated that with effective implementation of the measures described above, practice quality will improve and become more consistent. The WSCB will seek assurance this is in the line of sight of management and is being delivered.

3.1.3 Early Help

[Working together to safeguard children](#) (2015) states that: "*Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.*"

The Early Help offer in Worcestershire is delivered by a combination of six local authority commissioned Early Help providers (one for each district), by local authority targeted family support services and wider universal services (e.g. schools, health visitors). The element

delivered by universal services is by definition less visible and more difficult to evaluate as it may not involve the completion of an Early Help Assessment and data is not readily accessible. WSCB, like other local safeguarding children boards around the country, has acknowledged the limitations in monitoring the effectiveness of Early Help provision and has agreed the Board will focus on ensuring the effectiveness of commissioned Early Help services.

In order to fulfil its statutory functions under Regulation 5 an LSCB should use data and, as a minimum, should *'assess the effectiveness of the help being provided to children and families, including Early Help'* (WT, 2015:67).

WSCB considers that there are two aspects to the evaluation of Early Help. Firstly the impact on the individual families receiving services and secondly the cumulative impact on the system (e.g. number of child protection plans and referrals to Children's Social Care). A framework to assess the effectiveness of Early Help was produced by WSCB in 2015/16.

Through scrutiny of the monitoring arrangements put in place by the local authority Early Help commissioners the Board is assured that the quality of interventions with families is good. This is in part based on service user feedback. Currently some families have to wait for a service which raises questions about whether commissioned Early Help services are sufficiently targeted.

The number of Early Help Assessments has continued to rise (consistent with the national picture), as have the numbers of referrals to Children's Social Care, indicative of increasing pressure on resources.

The Board has been sighted on the refreshed Early Help strategy 'Prevention and Intervention for Children, Young People and Families' and is aware that a new 'Starting Well' service is to be commissioned and implemented by March 2019. Partners are being asked to work directly with families where there are concerns not requiring a social care response and to take responsibility for ensuring that Early Help provision is available. The Board will continue to monitor these developments closely over the coming year.

The Board has received regular reports on significant work undertaken during the year to improve the systems and processes for screening referrals and for reconfiguring teams to improve the response. The MASH (Multi Agency Safeguarding Hub) ethos is still being embedded, with co-located partner agencies having now started to triage domestic abuse, child sexual exploitation and missing children referrals at the Family Front Door. The Thresholds guidance has been revised and a new Levels of Need document was approved by the Board in March 2016. It is too early to have a sense of the impact of these changes but it is anticipated that Children's Social Care services and commissioned Early Help services will be more effectively targeted at those children and families where need and risk are highest.

3.1.4 Qualitative Evidence

This includes findings from Multi Agency Case File Audits (MACFAs), Safeguarding Conversations and Audits undertaken during the year.

3.1.4.1 Multi Agency Case File Audits

WSCB has a statutory duty to oversee and monitor the effectiveness of the work that agencies are doing to safeguard and promote the welfare of children and young people.

One of the ways in which the WSCB does this is to conduct Multi-Agency Case File Audits (MACFAs). The MACFA Panel sits under the Monitoring Effectiveness Group. The Panel is made up of representatives from education, health, police, adult and children services and any other agency which is appropriate to the MACFA theme being considered.

The MACFA Panel is independently chaired by the chair of the Quality Assurance Group (QAG) thus enabling the MACFAs to effectively feed in to the Learning and Improvement Framework. Relevant partners audit their own agency's records in advance of the Panel meeting and come ready to share information about practice in an open and transparent way. The Panel discuss the findings and individual agencies are given a rating in respect of their safeguarding practice. An overall rating is applied to each case reviewed in terms of the multi-agency response to the child's safeguarding needs. If the need to address any child protection practice issues are identified during the course of the MACFA process these are dealt with by the relevant Panel member as a matter of urgency. The MACFA process supports a challenging and learning culture.

In 2015/16 four Multi Agency Case File Audits were undertaken which focused on:

- Child sexual exploitation
- Children with disabilities
- Early Help
- Children missing from home or care

The findings from the MACFAs undertaken during 2015/16 have been collated and widely disseminated across the WSCB partnership using a written briefing and a supporting PowerPoint presentation which can be used in team briefings and other meetings. [The Learning and Improvement briefing](#) can be found on the WSCB website. The distribution and application of the Learning and Improvement leaflet is currently being monitored.

In all of the eight CSE and Missing cases reviewed safeguarding practice was judged to be inadequate or requiring improvement. However, practice improvements to note include better information sharing between agencies in completing Early Help Assessments, more evidence of a Think Family approach and improved inter-agency working where there are concerns about Child Sexual Exploitation.

One example of an outcome from the MACFA process was the setting up of group supervision for practitioners to explore how they could work better together with a family of young girls who were going missing.

A review of MACFAs undertaken during the year identified that a combination of 'Toxic Mix'¹ factors were present in nearly half of the cases reviewed.

This year there has been greater focus on reflecting on the findings of MACFAs rather than making a series of recommendations for action by individual agencies. A tool has been developed to identify recurring themes and practice issues.

Analysis of findings supports the development of learning themes and provides the Board with a stronger steer about action to support improvements in practice across the Partnership.

The engagement of General Practitioners (GPs) in the MACFA process has improved this year due to the support of the Named Professionals (a specialist role within Primary Care to support GP Practices with safeguarding issues).

3.1.4.2 Safeguarding Conversations

Four Safeguarding Conversations are facilitated each year providing Board members with an opportunity to talk directly with frontline practitioners about a specific child's case to understand how performance and practice issues impact upon a Child's Plan and subsequent outcomes for the child or young person. In total nine Board members participated in Safeguarding Conversations during the year. They met with a range of practitioners from agencies including: social work, school nursing, education, Early Help, police, sexual health and drug/alcohol agencies.

The findings do not differ significantly from MACFAs. Whilst it is difficult to ascertain specific trends from Safeguarding Conversations they do provide MACFA Panel members with hypotheses to inform their thinking.

A further benefit is an opportunity for Board members to meet practitioners to find out what is happening on the frontline. When necessary Board members have pursued issues and followed up with relevant heads of service. Practitioners find that Safeguarding Conversations provide an opportunity to reflect on their work and support their professional development.

Safeguarding Conversations held in 2015/16 considered cases which broadly fell within the following categories:

- Toxic Mix (domestic abuse, parental drug/alcohol use, parental mental health)
- Child Sexual Exploitation
- Early Help and the impact of the Toxic Mix
- Missing children

3.1.4.3 Audits

Audits are an important aspect of the Board's quality assurance role. The Board received a positive response to audits from partner agencies during the year which enables it to monitor

¹ The Toxic Mix refers to instances where domestic abuse, parental mental health issues and drug and alcohol use coexist in families

and evaluate the effectiveness of what is done to safeguard and promote the welfare of children. In 2015/16 audits presented to the Board included:

- Section 11 Audit

The purpose of the S11 Audit is to obtain assurance about the extent to which partner agencies are fulfilling their statutory duty to have regard to the need to safeguard and promote the welfare of children in the discharge of their core functions. This year the audit placed particular emphasis on commissioning arrangements and on service user feedback. Agency compliance with the audit was good with all relevant partner agencies submitting returns. The audit provided assurance that agencies were self-reporting a good level of compliance with safeguarding duties with confirmation that clear plans are in place to address any areas that require improvement.

Originally a challenge event was planned to hold agencies to account. However, after careful consideration and interrogation of the audits it was considered that a more proportionate response would be to carry out a dip sample placing particular emphasis on service user feedback. At the time of writing this report the dip sampling had not yet been completed.

- Supervision Audit

1075 respondents (managers and practitioners) undertook the survey into supervision arrangements. This was a significant improvement on the audit undertaken in 2013 (163 respondents). Key findings were:

- Only 52% of managers have had supervision training, which is less than the 59% in the 2013 audit. Individual agencies received detailed feedback on their service response.
- An average of 61.5% of staff have a contingency plan in place in case of long term sick leave. This requirement is detailed in WSCB Supervision guidance
- A relatively high number of practitioners (76%) and managers (80%) have safeguarding as a standing item in supervision discussions
- Not all supervision discussions are recorded
- 17% of staff felt that supervision discussions did not provide them with the necessary confidence in their role to manage any safeguarding issues which might arise

In order to address these issues and ensure that learning was taken from the Audit the Board requested a report on how the information from this Audit has impacted on and informed agency thinking about supervision.

Agencies responded positively to this request and the Board was assured that agencies had taken note of the report and used the exercise to reflect on their current safeguarding supervision practice.

- Flagging Audit

This audit was undertaken following a case review to identify what flagging systems agencies had in place to ensure staff are aware of individuals or families where risk factors are present.

The responses were largely positive, with most agencies having a system in place for adding flags or alerts to IT systems. There were also systems in place to remove flags when required.

The Board was assured by the findings of this audit and no recommendations were made for further action.

- **Future Audits**

Audits planned for 2016/17 include:

- Training and Workforce
- Family Front Door/understanding of Thresholds²
- Section 175/157 audit of safeguarding arrangements in schools and FE colleges
- Application of Escalation Policy
- CSE Self-assessment Audit

Other areas may be audited if new issues present during the coming year.

3.1.4.4 Early Years Strategic Inquiry instigated by WSCB

Following a criminal investigation undertaken by West Mercia Police an Early Years Strategic Enquiry (EYSI) was undertaken in partnership with three other Local Safeguarding Children Boards. This highlighted significant concern about the systemic gap identified between the Early Years Foundation Stage and Working Together that affected the way Ofsted approaches inspections of Early Years settings. A summary of the key findings was sent to relevant Ministers and Ofsted. A meeting was arranged between DfE officials, the LSCB Chairs who commissioned the Strategic Inquiry and the Independent Report Author.

An interim report prepared by the DfE following this meeting made reference to a number of issues they intended to raise formally with Ofsted following presentation of the EYSI report.

3.1.4.5 Voice of the Child

An audit was undertaken by WSCB in 2015 to seek assurance that all partners were systematically and routinely collecting feedback from children and young people about the services received. It concluded that this was not the case and the Board initiated a pilot which attempted to engage three volunteer partner agencies in adopting a three question approach to collecting feedback. The pilot did not progress beyond the planning stage due to capacity issues for some of the partner agencies concerned. The Board then agreed to put particular emphasis on service user feedback in its S11 Audit as a means of seeking further assurance and partner agencies were asked questions as to how they incorporate service user feedback into the development and planning of services. Examples given included:

- Youth Offending Service: View Point and self-assessment questionnaires

²This audit is usually undertaken annually but due to changes at the Access Centre was not undertaken in 2015/16

- Clinical Commissioning Groups: surveys, Children and Young People's Engagement Network, Healthwatch and Youth Takeover Day
- Worcestershire Health and Care NHS Trust: Youth Board and appointment of Participation and Young Person Officer
- Acute Hospitals Trust: surveys and NHS Friends and Family Test

In addition, MACFAs routinely audit the extent to which the Voice of the Child is heard during direct work with children and families. During the year it was concluded that whilst there is emerging evidence of improved recording in respect of children's views in case records, it is not yet clear that the child's voice is routinely influencing assessments and decisions. An initiative for the Board in 2016/17 will be the promotion of the Voice of the Child, or the child's lived experience where they are very young or unable to verbalise their views and wishes, and how this should be used to inform assessments and decisions.

3.1.4.6 Voice of the Parent

This year WSCB engaged directly with parents of children with disabilities as part of a themed MACFA and this feedback was presented to Board members. Parents felt that respite care provided was good. Parents also commented that when a child is pre-school and services are provided directly to the family there is good communication and engagement with professionals. When children start school, however, parents felt more on the periphery which can increase the isolation of parents of disabled children. This feedback will be further considered by the Board during 2016/17 when it will have a particular focus on the safeguarding arrangements in place for Worcestershire children with disabilities/learning difficulties.

Key areas of assurance for the Board this year have been in respect of the Early Help Strategy, the Children's Social Care 'Back to Basics' Improvement Programme and developments in respect of the Integrated Family Front Door. This year has continued to see further pressure on the children's social care system with increases in referrals, numbers of looked after children and numbers of children with child protection plans. Now more than ever it is imperative that services are targeted at the right children at the right time. Key elements of a robust system include having the right systems and processes in place to respond in a timely way to need and risk, clear pathways in place for accessing services and consistently good frontline practice. The Board acknowledges the significant amount of work which has been undertaken during the year by Children's Social Care and other partners to work towards establishing these key elements, but recognises that it is too early to see the full impact of these developments.

In addition, the Board has undertaken a range of activities during the year to evaluate the effectiveness of multi-agency working. Engagement with the Board's audits has been high. The Board is pleased to note some evidence of practice improvements from the MACFAs, particularly in respect of information sharing in Early Help Assessments, Think Family approach and inter-agency working where there are concerns about Child Sexual Exploitation, whilst acknowledging that practice is not yet consistent or sufficiently robust in some areas. There is assurance that the Voice of the Child is being recorded in case records more frequently, but there are questions as to the extent to which the views and feelings of children are influencing assessments and decision making.

The Board's achievements have included greater focus on findings from MACFAs rather than making a series of recommendations for action by individual agencies. This leads to more clarity about specific learning themes and the practice improvements required. There has been an improvement in the engagement of GPs in the MACFA process. There is also evidence of tangible outcomes such as the setting up of group supervision for practitioners to explore how they could work better together with a family of young girls who were repeatedly going missing.

Assurance has been provided about advances made by partner agencies in obtaining service user feedback, the use of flagging systems within partner agencies to raise alerts about risk factors in families and, to a lesser extent, about arrangements for the safeguarding supervision arrangements in place for practitioners.

The Interim report on the S11 Audit presented to the Board at the end of the year indicated good compliance by partner agencies with their safeguarding duties and a strong commitment across the WSCB partnership to safeguarding children.

3.2 Learning and Improvement

WSCB has a statutory duty (Working Together, 2015) to maintain a local learning and improvement framework which is shared across agencies which work with children and families.

This framework enables agencies to be clear about their responsibilities, learn from experience and improve services as a result.

WT (2015:68) states that whilst LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding. The WSCB Improving Frontline Practice Group set up in 2015/16 and chaired by a Board member is mandated to:

- Provide assurance that actions from Serious Case Reviews, Child Death Reviews and other learning opportunities have been implemented and embedded in practice
- Sign off policies and procedures on behalf of WSCB
- Manage the communication of learning across the WSCB partnership
- Raise awareness within local communities

Developments in 2016 – 17

- Development of processes to assess the eligibility for Serious Case Reviews
- Review of national Serious Case Reviews by safeguarding leads
- Publication of WSCB leaflet which summarises learning for the year
- Development of MACFA learning process
- Review of WSCB Learning and Improvement Framework

3.2.1 Learning and Improvement Framework

The WSCB Learning and Improvement Framework was reviewed in 2015/16 and can be found at:

http://www.worcestershire.gov.uk/downloads/file/5558/learning_and_improvement_framework

Learning is taken from a range of activities including:

- Serious Case Reviews
- Case Reviews
- Child Death Reviews
- Multi Agency Case File Audits (MACFAs)
- Domestic Homicide Reviews (when appropriate)

3.2.2 Child Death Overview Panel

The Child Death Overview Panel (CDOP) has a statutory responsibility to collect and analyse information about the deaths of all children who live in Worcestershire; to identify any safety and welfare matters along with wider public health or safety concerns. The Panel analyses collated

information in order to classify each death, identify any 'modifiable factors' that may have contributed to the death of the child and make recommendations regarding interventions to reduce the risk of similar deaths. Although there may only be a relatively small number of deaths from a particular cause in a given year, cumulative data and liaison with other CDOPs in the West Midlands may reveal trends and common factors

During 2015/16 CDOP reviewed 35 deaths and found that modifiable factors were present in 11 of the deaths. Data collected over the past 8 years indicates that parental cigarette smoking and bed sharing are identified factors present in the majority of cases classified by CDOP as Sudden Infant Death Syndrome. As a direct result of the Panel's analysis of child deaths, the Worcestershire-wide Safer Sleeping Initiative was established as an important public health programme delivered to new parents by Midwives and Health Visitors. Initially introduced in Worcestershire, this initiative has subsequently been adopted throughout the West Midlands region, and supported by inclusion in the Child Health Book (Red Book).

During the year, the Perinatal Sub-Group discussed 22 deaths before bringing them to full Panel. Maternal obesity was by far the most frequently occurring modifiable factor but others included parental smoking, alcoholism and environmental stresses including overcrowding, deprivation and domestic abuse, which have been brought to the attention of Public Health. Many of these deaths are of premature or extremely premature infants and these will be given further scrutiny to see if there are any recurring factors.

Other issues identified by the Panel included several incidents relating to hospital care, questions of disclosure of prognosis to children approaching their majority, review and implementation of the West Mercia Sudden Unexpected Deaths in Infants and Children (SUDIC) policy and changes to Worcestershire SUDIC personnel. The Panel has also discussed at length interaction with and feedback to parents and a policy has been implemented with advice booklets developed for bereaved families. The Panel has highlighted to the Board that several key agencies, sighting capacity issues, have withdrawn from participating at CDOP.

3.2.3 Serious Case Reviews

One Serious Case Review was published in 2015/16. The actions from this review had already begun to be implemented to ensure that lessons learned were acted upon without undue delay.

The Review highlighted a number of learning points and recommendations for agencies in respect of:

- Improving communication within and across agencies;
- The importance of providing effective, reflective supervision given the complexity of some family situations and to give practitioners and managers confidence to challenge families and each other;
- The importance of engaging all professionals in assessments to include those involved with adults within the family.

In addition to agencies implementing their own action plan(s) the Board has made stronger links with Housing providers, including ensuring a representative sits on the Board, held

communication learning events and widely disseminated a model for 'checking back' developed with health colleagues to support more effective communication within and between agencies. All agencies were provided with a Learning and Improvement Briefing outlining the case and actions to be undertaken. A PowerPoint presentation was also provided by WSCB to ensure dissemination across the workforce. The dissemination of information was audited by WSCB and this audit found that of the agencies that responded:

- All agencies had disseminated the learning and this had been followed up by some agencies by presentations at conferences and via team meetings
- The briefing had been placed on agencies' intranet sites
- Managers had used the briefing in team meetings to reflect on practice
- Agencies had found the PowerPoint useful to support discussion about the learning

No Serious Case Reviews or case reviews were undertaken by WSCB in 2015/16. One reflective learning session was undertaken in April 2015 and learning disseminated by the agencies. Five further cases were submitted to the Serious Case Review Group for consideration and scoping was undertaken by key agencies. Following debate and challenge, and in a few cases after seeking advice from the National Panel, no cases were considered to meet the criteria for a Serious Case Reviews.

The Serious Case Review Group has reviewed the documentation and introduced new processes to ensure that governance is clear and transparent. Other improvements have included tracking mechanisms for action plans and instigating a formal process for receiving learning from Domestic Homicide Reviews. The leaflets for parents and practitioners have also been reviewed.

3.2.4 Policies and Procedures

Policies introduced/reviewed during the year and how these are expected to improve practice include:

- Twice yearly updates to the West Mercia Consortium Child Protection Procedures shared with Herefordshire, Telford and Wrekin, and Shropshire LSCBs
- Audit of the guidance documents in the Worcestershire section of the Child Protection Procedures to ensure they are up to date and fit for purpose
- Revised inter-agency guidance for responding to domestic abuse
- Levels of Need guidance (thresholds)
- Updated Protocol for Female Genital Mutilation, Forced Marriage and Honour Based Violence

During the year the Board also engaged in a project to develop a West Midlands regional wide set of child protection procedures sponsored by the Association of Independent LSCB Chairs. This work will continue into next year.

3.2.5 Monitoring and evaluating the effectiveness of training

A full report detailing the effectiveness of training can be found at:

http://www.worcestershire.gov.uk/downloads/file/5814/the_effectiveness_of_training. The report outlines the assessment of the effectiveness of safeguarding training in line with the WSCB [Framework for Evaluation](#). Evidence of impact of training is gathered from a variety of sources including audits, evaluations and formal training reviews.

WSCB delivered 64 multi-agency training courses in 2015/16 to 1182 people. There is good attendance at multi agency training by schools, Children's Services and the Worcestershire Health and Care NHSTrust. Some large agencies prefer to deliver single agency training although research suggests this is less effective at promoting multi-agency working.

WSCB multi-agency training is rated extremely highly in terms of the content and style of delivery by those attending. This is achieved in part by the regular review of training content to ensure that current learning from MACFAs, case reviews and Serious Case Reviews is referenced. During the year the Board jointly hosted a learning event with the Worcestershire Safeguarding Adults Board (WSAB) on transitions issues for older adolescents/young adults. The Board has also delivered a programme of CSE awareness training.

Learners routinely report that their level of knowledge and confidence has improved after attending multi-agency training events. Demonstrating that this knowledge and confidence has impacted on their practice is a challenge addressed through impact evaluations and audits, including the use of national benchmarks where these are available. Partner agencies are asked to ensure that they follow the WSCB [Framework for Evaluation](#) in respect of single agency training. The last Training Audit undertaken in 2014 did not provide full assurance and agencies have again been prompted to apply the Framework. A further audit is planned during 2016 with a particular emphasis on ensuring that single agency training is effective.

A comprehensive range of e-learning modules is made available by the Board, but there is a lack of take up by agencies and professionals in respect of some modules and the provision of this resource is currently being reviewed. Courses added to the [e-learning portfolio](#) this year include Safeguarding Children in Education, Pathways to Extremism and the Prevent Programme.

In conclusion, there are some specialist courses, such as safeguarding supervision training, where the impact of the training can be clearly evidenced, but for general safeguarding training this is more difficult to demonstrate. The Board is continually looking at innovative ways to ensure that multi agency safeguarding training is effective and agencies will be asked in 2016 to evidence how they ensure that single agency training impacts on practice.

3.2.6 Communications

During the past year the Board has undertaken a wide range of communication activities to raise the profile of the Board, promote engagement and strengthen existing means of communication with members of the public, parents and carers, children and young people and practitioners from all agencies. The primary communication sources include the WSCB website, Newsletters, Annual Report, Learning and Improvement briefings and the Practitioner Network meetings. Examples of Learning and Improvement briefings can be found at:

http://www.worcestershire.gov.uk/info/20204/safeguarding_children_information_for_professionals/482/learning_and_improvement/3.

WSCB seeks to raise awareness of specific safeguarding issues through community partnerships and directly with the public through local campaigns on national awareness days. During the year press releases, media coverage and digital technology have been employed to deliver communication strategies on issues such as Child Sexual Exploitation, Internet Safety and the prevention of child abuse.

Work has been undertaken to ensure that the WSCB website provides clear and helpful safeguarding messages to parents and carers, signposting them to further sources of support from specialist organisations. The Board has worked in partnership with a leading national child protection agency to promote safeguarding messages and campaigns to parents, carers and local practitioners. During the coming year the Board will be looking at its options for utilising social media as a vehicle for its outward facing communications.

WSCB communications can be located on the WSCB [Website](#).

3.2.7 Engagement with front line practitioners

Practitioner feedback on specific issues is sought via the WSCB Practitioner Network meetings and, when appropriate, electronically. It enables the Monitoring Effectiveness Group to test hypotheses drawn from scrutiny of performance data or the Quality Assurance Group to dip sample or audit practitioner views about a specific issue. For example, after the publication of Learning and Improvement Briefing 5 (relating to the GW Serious Case Review), practitioners were asked to provide feedback on the dissemination and use of the Briefing. In addition, practitioners can bring issues from the frontline to the Network meetings and, if gaps or weaknesses in services or systems are identified, these can be escalated through to the Board.

3.2.8 Engagement with children and families

The Board is committed to ascertaining the views of young people and parents in their work as part of the WSCB Service User Feedback Strategy. In order to inform the annual WSCB Development Day a survey was sent to all High Schools in Worcestershire asking young people to rank in order of importance to them different groups of vulnerable children. They were also asked to say in their own words what other groups of young people they were concerned about.

Responses were received from 2445 young people who considered that domestic abuse was the highest priority group, followed by children affected by Child Sexual Exploitation and then parental drug and/alcohol misuse. As in the previous year, young people remain concerned about the emotional health of children and young people and bullying.

1953 free text responses were received, varying in length from one or two words to long sentences. The responses were themed into 25 different areas. The top concern for young people was the home environment, followed by friendships/relationships, including peer pressure, with the third concern being internet safety. A consultation with a group of young people who work alongside WSCB suggested that this may be because 'if everything is okay at home then everything else falls into place'. The work being undertaken by the Board in

The Board has a range of processes in place for consolidating learning which include Child Death Reviews, Serious Case Reviews, MACFAs, Safeguarding Conversations and other case reviews. During the last year the Board has placed increased emphasis on the production of evidence based findings and has communicated these across the WSCB partnership. Positive feedback has been received about the Board's Learning and Improvement briefings.

The Board recognises its need to develop and improve its Learning and Improvement Framework to ensure that findings from audits and case reviews are not just disseminated, but used by partner agencies to improve frontline practice. During the coming year the Board will prioritise its role in seeking assurance from partner agencies that learning has led to improvements.

No Serious Case Reviews were initiated during the year, although a number of cases were brought for consideration.

Whilst in Worcestershire only a relatively small number of child deaths are found to have modifiable factors, cumulative data in respect of babies whose deaths are classified as Sudden Infant Death Syndrome (SIDS) suggest that smoking and co-sleeping are often significant factors. In the deaths of unborn or extremely young babies factors such as maternal obesity, smoking, alcohol and other environmental factors are often present in some combination. Stronger links with Public Health are developing and a communications initiative for the public will be considered in the coming year.

Learning from MACFAs undertaken during the year has informed a number of the Board's priority work streams for 2016/17:

- Voice of the Child/child's lived experience (limited evidence of child's voice being used to inform assessments or decisions)
- Review of safeguarding arrangements for disabled children (some evidence of drift where there were concerns about neglect of disabled children)
- Professional Curiosity and Think Family (half of all cases reviewed had a combination of domestic abuse, parental mental ill health or parental drug/alcohol use)
- Child Sexual Exploitation and missing children (in all cases reviewed multi-agency safeguarding practice was judged 'inadequate' or 'requiring improvement')

Section 4 Formal summary statement of the arrangements to ensure that children are safe in Worcestershire

Whilst it will never be possible to be completely assured that all children and young people in Worcestershire are safe, it is possible to be assured that the system is playing its part in being able to identify, manage and respond to risk when it is identified. Worcestershire Safeguarding Children Board has a responsibility to form an annual overall judgement on safeguarding arrangements and their effectiveness. The Board identified a number of strategic priorities at the beginning of the year and based on its activity and learning can make the following formal summary statement in respect of 2015/16:

Engagement with the work of WSCB has remained strong, evidenced by Board members chairing sub-groups and ensuring actions are completed to implement the Business Plan. Attendance at Board meetings is good and response to audits is generally positive. Changes to membership, however, remains a challenge to continuity. Early indications are that the Board will be assured by its recently completed S11 audit that partner agencies are fulfilling their safeguarding children duties as set out in Chapter 2 of Working Together to Safeguard Children (2015). Contributing partners have agreed, despite competing financial demands, to provide additional funding for Serious Case Reviews from next year which evidences the strength of multi-agency commitment to learning and improvement across the WSCB partnership. The Board also notes that WCC reports that it has increased its funding for safeguarding services over the last three years by £11m.

At the end of 2014/15 the Board formed the view that it could not be assured about the robustness of the child protection system. This year has continued to see further pressure on the children's social care system with increases in referrals, numbers of looked after children and numbers of children with child protection plans. More so than ever there is an increased reliance on partner agencies to ensure that all referrals to Children's Social Care are appropriate, a reasonable expectation in multi-agency working.

A particular priority for the Board this year has been the need for assurance on the Children's Social Care 'Back to Basics' Improvement Programme which was initiated after findings from the LGA peer review undertaken in April 2015 raised questions about the quality of frontline social work practice. The Board has been closely sighted on progress during the year supported by the WSCB Independent Chair attending meetings of the Children's Social Care Safeguarding Improvement Board. Over the course of the year there have been some practice improvements noted (outlined on page 20 of this report), however the Board recognises that other areas of practice have not improved in line with expectations. At the end of the year it was noted that the children's social care workforce is inexperienced, permanent leadership is not yet in place, practice quality is not yet consistent and ongoing difficulties with recruitment means that caseloads remain high. Whilst the Board is assured that plans are in place to address these challenges, the pace of change has not been as fast as had been hoped for at the start of the year and therefore the Board has yet to reach point where it is sufficiently assured about the robustness of the child protection system.

WSCB will continue to seek assurance about practice and service improvements as outlined in the body of this report (see page 21)

Increased demand year on year has led to a need to ensure that there is a robust response to referrals to include timely decision making and assessments and quality feedback where the referral is not appropriate. At the start of the year the LGA peer review had found the 'front door' arrangements to be confusing for partner agencies. During the course of the year the Board has received regular reports on significant work undertaken to improve the systems and processes for screening referrals and for reconfiguring teams to improve the response. The MASH (Multi Agency Safeguarding Hub) ethos is being embedded, with co-located partner agencies now starting to triage domestic abuse, child sexual exploitation and missing children notifications at the Integrated Family Front Door. It has been reported to the Board that early indications suggest more timely information sharing is already starting to reduce the number of inappropriate referrals.

The Thresholds Guidance has been revised this year and a new Levels of Need document was approved by the Board in March 2016. It is to be embedded with a message that partner agencies are required to play their full part in working together to offer additional support to the child and/or family. It is too early to have a sense of the impact of these changes but it is anticipated that Children's Social Care services and commissioned Early Help services will more effectively target those children and families where need and risk are highest. Evaluation of the new Family Front Door arrangements will be an important area of focus for the Board during the coming year.

WSCB acknowledges the work done to date to consolidate arrangements for accessing services through the Integrated Family Front Door. Assurance will be sought that timely information sharing is adhered to by partners in accordance with local agreements, that referrals are appropriate with feedback given when this is not the case, and that children and families are receiving the right services at the right time.

The Board has been updated on the refreshed Early Help Strategy 'Prevention and Intervention for Children, Young People and Families'. The demand for Early Help Assessments has continued to increase this year but not led to a corresponding reduction in referrals to Children's Social Care, placing yet more demand on the system. LSCBs around the country have recognised the challenge of evaluating the effectiveness of Early Help, especially where services are delivered by practitioners in wider universal services. This Board is assured that there are robust mechanisms in place to quality assure the services provided by commissioned Early Help providers and that effective work is being undertaken with families, but is concerned that demand for commissioned services currently outweighs capacity resulting in families waiting for a service. A new 'Starting Well' service specification is to be agreed by October 2016 and fully implemented by March 2019. As part of the wider Early Help offer partner agencies are required to respond to identified need by working directly with families to deliver support services. The Board will continue to identify mechanisms for evaluating the effectiveness of support services delivered by universal services.

WSCB will continue to seek assurance that Worcestershire's Early Help offer is adequately resourced, sufficiently targeted and monitored as to its effectiveness.

It has been another busy year for the Board with focused work on its priorities and a number of achievements, most notably in respect of the implementation of the WSCB Child Sexual Exploitation Strategy and supporting action plan. During the year there has been an increase in the number of children identified as either suffering or being vulnerable to sexual exploitation. This provides some assurance about increased awareness and audits have evidenced some improvements in inter-agency working whilst noting that inconsistent practice is still evident. The Board therefore cannot yet be fully assured about the multi-agency response to children at risk of sexual exploitation or when they go missing.

CSE and Missing Children will continue to be subject to rigorous oversight and scrutiny by the CSE Strategic Group, reporting through the Board. Assurance will be sought that these issues are embedded as 'business as usual' in each agency and across the partnership, and that partners have in place robust systems for responding to concerns about sexual exploitation when they arise.

Concerns have been raised in relation to timely completion of return interviews for missing children, waiting times for treatment from CAMHS and completion rates for LAC health reviews, and whilst there have been improvements further assurance will be sought in 2016/17.

WSCB will continue to monitor these measures closely, or will ensure that the appropriate partnership board is doing so, with an expectation of continuous improvement through 2016/17 without compromise on quality of the service provided.

The Board notes evidence from case file audits of some practice improvements in multi-agency working and there is evidence of the Voice of the Child being recorded with more frequency in case records, albeit there are questions as to extent to which children's views sufficiently influence assessments and decision making.

WSCB will continue to seek assurance through MACFAs, Safeguarding Conversations and case reviews that the Voice of the Child is used to inform assessments and decision making in a meaningful way.

Whilst there has been a particular focus this year on frontline practice within Children's Social Care, the Integrated Family Front Door developments and Early Help provision, it is also important that the Board fully understands the impact on safeguarding children of significant changes across the wider partnership, for example organisation/sector restructure, changes to eligibility criteria for services or new pathways for service delivery, and resourcing challenges. Next year the Board's focus will be on a wider range of partner agencies, seeking to understand the impact and risks associated with organisation/sector specific issues.

Summary statement of overall judgement

The Board concluded that the body of evidence from data, audits, reports and learning during 2015/16 demonstrates that there is a strong commitment to safeguarding children across the Worcestershire partnership and that safeguarding arrangements are in place. Demand for services across the whole system continues to increase and, whilst recognising that improvements have been made to some aspects of frontline social work practice, other practice improvements have not been achieved as quickly as had been hoped at the start of the year.

Whilst recognising that strategies are in place to improve frontline practice, the Board cannot yet be assured about the robustness of the child protection system and this remains a risk. Further assurance is required as to the effectiveness of the wider Early Help offer and whether it is sufficiently targeted, albeit it is recognised that the quality of provision by local authority commissioned providers is good. It is clearly important that children and families receive the right services at the right time. The impact of the Integrated Family Front Door and the revised Levels of Need guidance will be monitored, as will the need for all partners to play their full part in the provision of support services to children and families at the earliest opportunity to prevent escalation of need and risk.

The Board recognises that these are challenging times for partner agencies, many of whom are facing reductions in resourcing, but is confident overall that there is a strong commitment by all Board member agencies to prioritise safeguarding.

Section 5 Examples of proposed action identified by individual partner agencies for 2016/17

Agency	Development Areas for 2016/17
WSCB	<ul style="list-style-type: none"> • Ensure the Levels of Need guidance is understood across the partnership • Implement initiative to promote 'professional curiosity' and Think Family approach working collaboratively with WSAB and Safer Communities Board • Consider implications of the Wood Review of LSCBs • Implement changes to Board structure • Support embedding of emotional wellbeing pathway • Embed whole school approach to child sexual exploitation and healthy relationships • Develop Learning and Improvement Framework to provide assurance that learning leads to practice improvements
Police	<ul style="list-style-type: none"> • Structural changes to be better connected • Improve holistic approach and developing professional curiosity • Improve response to missing/absent children and potential link with CSE
National Probation Service (NPS)	<ul style="list-style-type: none"> • Though fully engaged in the Family Front Door / MASH arrangements, technology interface continues to prove challenging as NPS systems are not compatible with Framework-i. A significant technology update is due for NPS in late 2016 that will hopefully resolve this issue and enable increased efficiency
Community Rehabilitation Company (CRC)	<ul style="list-style-type: none"> • Ensure access to Framework i • Embed use of home visits risk assessment procedure and increase level of home visiting to monitor children's wellbeing • Assure that all frontline staff have received in-house training to support roll-out of new safeguarding procedures, including input on making referrals to Children's Social Care • Assure training effectiveness
WCC Children's Social Care	<ul style="list-style-type: none"> • Full implementation of 'Integrated Family Front Door' operating under a MASH ethos i.e. timely and proportionate sharing of information with key partners leading to effective help and support to address need at the earliest opportunity. To be delivered through a variety of means to include universal and/or Third Sector support

	<p>services, targeted family support services or Children's Social Care services dependent on levels of need/risk</p> <ul style="list-style-type: none"> Continued improvement in the quality and consistency of frontline practice and management oversight Continuing to improve the response to children missing from home, care and education Continue to recruit and retain suitably qualified and experienced social workers and managers
District Councils	<ul style="list-style-type: none"> Development of the District Council role in supporting initiatives around CSE locations of concern. Consistency in safeguarding responsibilities to contracted service providers Improved understanding of Thresholds by District Council staff teams.
Youth Offending Service	<ul style="list-style-type: none"> Join up risk management processes Continue to improve assessment and planning in particular through the implementation of both a new case management system and new assessment framework Continue to undertake critical learning reviews, identify learning and communicate the findings and resulting actions to the LSCB making the serious incident review process more multi agency where relevant.
Health Providers	<ul style="list-style-type: none"> Supporting the development of 'Family Front Door' Public Health Commissioners published a Starting Well tender for Universal Prevention 0 – 19 services including Public Health Nursing and Early Help. The tender had a focus on targeting services to children and families dependent on need and living in areas of highest deprivation. This has subsequently not been awarded and existing contracts are being extended with a view to a new service being in place by March 2019.
Health Commissioners	<ul style="list-style-type: none"> Continue to improve GP engagement in safeguarding Processes - The Named Professionals for Primary Care support GP Practices in improving safeguarding systems and processes. Continue to work in partnership with WCC to improve GP involvement in safeguarding processes through the further use of Technology The CAMHS Transformation Plan will continue to be implemented throughout 2016-17, with the intention of the Starting Well service commencing from October 2016, and a new CAMHS service specification agreed by October 2016.

Areas for challenge are identified at each Board meeting and the challenges brought forward from last year are:

- Production of a regular CSE problem profile including provision of 'hot spot' information for District Councils
- Meaningful data on the Integrated Family Front Door for the Board to be able to be assured of its effectiveness
- Data required from the transformation plan for Children's Emotional Wellbeing and Mental Health

Appendices

Appendix 1 Statutory Objectives & Functions of LSCBs

Statutory Objectives of Local Safeguarding Children Boards (LSCBs)

The objectives of LSCBs, as set out in Section 14 of the Children Act 2004 are:

- to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area, and
- to ensure the effectiveness of what is done by each such person or body for those purposes

Statutory Functions of Local Safeguarding Children Boards (LSCBs)

The functions of Worcestershire Safeguarding Children Board, set out in primary legislation and regulations, are:

(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

- The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
- training of persons who work with children or in services affecting the safety and welfare of children;
- recruitment and supervision of persons who work with children;
- investigation of allegations concerning persons who work with children;
- safety and welfare of children who are privately fostered;
- cooperation with neighbouring Children's Services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

Appendix 2 Local Background & Context

Local Demographics

The largely rural county of Worcestershire is situated in the West Midlands. It has a population of 569,000 and 70% of residents live within the main towns. According to figures released by Worcestershire County Council the county population is increasing by approximately 2,400 persons per annum.

Age

Worcestershire has a resident population of approximately 115,000 children and young people aged 0 to 17, making up 20% of the total population. Over the next ten years the population of 0 to 17 year olds is projected to increase by 2,900 (2.5%) with variations between age groups. The population of 10 to 15 year olds is projected to increase by 9% while the population of 16 to 17 year olds is projected to decrease by 2.4%.

Ethnicity

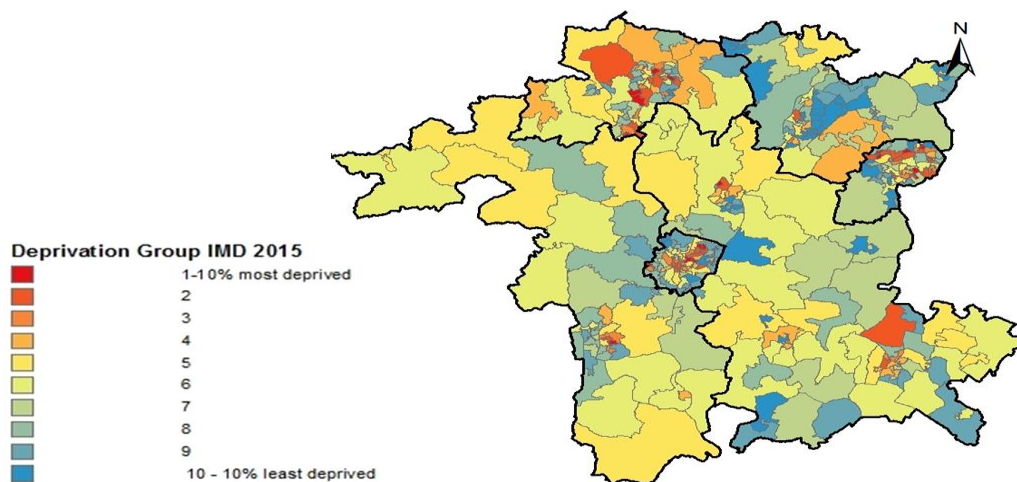
10% of the population aged 0 to 17 is classified as belonging to an ethnic group other than White British. The largest group is Asian or Asian British and the next largest is children from a mixed heritage background. English is spoken as an additional language by over 5000 school pupils (6.5%). Polish, Urdu and Punjabi are the most commonly recorded spoken community languages in the area.

Areas of Deprivation

The Indices of Deprivation use several measures including income, employment, education, health, barriers to housing and services, crime, and living environment. These are weighted and combined to create an overall Index of Multiple Deprivation. In Worcestershire deprivation scores vary with the highest score at 75.6 in one area of Worcester City and 2.4 in another. Most of the high deprivation areas are in the urban areas of Worcester, Wyre Forest and Redditch. The average for the county is 17.7, ranked as 110 out of 152 Local Authority areas (1 being the most deprived).

Worcestershire showing small areas (LSOAs) with deprivation groups IMD 2015

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Local Authority Provision

At the end of March 2016 there were a total of 3767 children in need (CIN), 707 looked after children (LAC) and 472 children with child protection plans. This compares with 2015 figures of 3924 children in need, including 368 with child protection plans and 687 looked after children.

Local Authority Provision	March 2015	March 2016
Children in Need	3942	3767
Looked after Children	687	707
Child Protection Plans	368	472

Children's Social Care and Early Help

During 2015/16 all referrals for Children's Social Care and Early Help have come to the Access Centre and the Early Help Hub for screening and a decision on threshold. Advice is offered and cases are signposted and directed as appropriate. At the time of writing this report these arrangements are being reviewed and developed as part of the Integrated Family Front Door.

WSCB has received regular reports from Children's Social Care following the peer review undertaken in April 2015 and the Independent Chair sits on the Children's Social Care Safeguarding Improvement Board in order to directly feedback to the Board. This year has seen a great deal of change in Children's Social Care in terms of senior management and processes.

Inspections of partner agencies reported to WSCB

- LGA Peer Review of Children's Social Care
- HMIC National Child Protection Inspection
- CQC Inspection of Acute Emergency Departments
- Short Quality Screening Inspection of West Midlands Youth Offending Service
- West Midlands Quality Review Service (WMQRS) CAMHS Peer Review
- HMIC Domestic Abuse Inspection
- WMP CSE Peer Review
- HMIC Inspection Report on West Mercia Police support for vulnerable victims of crime
- CQC Review of Health Services for Children Looked After and Safeguarding in Worcestershire

Reports and action plans for the above have been submitted to WSCB. In addition to the inspection information agencies are regularly required to inform the Board of any current issues impacting on safeguarding including inspections, thematics and annual reports.

Appendix 3 Attendance at Board meetings

Agency	Name	Meetings attended in 2015/16	Substitute in place of Board Member	Representative	Agency
Independent Chair	Diana Fulbrook	5/5	N/A	100%	100%
Vice Chair Community voluntary Sector	Michael Hunter	5/5	0	100%	100%
Children's Services:					
Learning and Achievement	John Edwards	3/5	0	60%	60%
Director of Children's Services	Gail Quinton	2/2	0	100%	100%
	Simon White (Acting Director)	3/3	0	100%	
Early Help and Partnerships	Hannah Needham	5/5	0	100%	100%
Lead Member (Safeguarding) Participant Observer	Liz Eyre	1/1	0	100%	20%
	John Campion	1/5	0	20%	
Head of Social Care	Siobhan Williams	2/2	0	100%	60%
	Cath Knowles (Acting head)	1/1	0	100%	
Safeguarding and Quality Assurance	Diane Partridge	4/5	0	80%	80%
Clinical Commissioning Groups (CCGs)					
NHS Redditch and Bromsgrove CCG Wyre Forest CCG	Jo Galloway	3/5		60%	100%
	Ellen Footman (deputising)		2/5	40%	
South Worcestershire CCG	Lisa Levey	0		0%	80%
	Ellen Footman (deputising)		4/5	80%	
Designated Doctor/ Designated Nurse (deputise for each other)	Andy Mills	3/5	1/5	60%	80%
	Ellen Footman	4/5		80%	
NHS England	Vikki Tweddle	0/5		0%	80%
As a 'low risk' Board NHSE rep receives minutes and only attends if required on specific issues	Ellen Footman (deputising)	4/5		80%	
Worcester Health and Care NHS Trust					
	Sandra Brennan	0/4		0%	100%
	Michelle Clarke	0/1		0%	
	Andy Mills (deputising)		1/5	20%	
	Karen Rees (deputising)		2/5	40%	

Agency	Name	Meetings attended in 2015/16	Substitute in place of Board Member	Representative	Agency
	Liz Staples (deputising)		1/5	20%	
	Sarah Dugan (CEO))	1/5		20%	
Worcestershire Acute Hospitals Trust					
	Mari Gay (interim in post)	0			100%
	Lindsey Webb	0			
	Lisa Miruszenko (deputising)		1/5	20%	
	Anne Crohill		3/5	60%	
	Denise Price		1/5	20%	
WM Ambulance Service	Andy Proctor		0/5	0	0%
WM Police	DS Stephen Eccleston	3/5		60%	100%
	Richard Long		1/5	20%	
	Damien Pettitt		1/5	20%	
District Council	Kevin Dicks	4/5		80%	100%
	Judith Willis		1/5	20%	
DASH Directorate of Adults Services and Health	Anne Clarke (now Interim Director)	1/5		20%	100%
	Yvonne Waltham		2/5	40%	
	Sarah Cox		2/5	40%	
Festival Housing	Clare Huyton	4/5		80%	80%
Youth Offending Service	Keith Barham	3/5		60%	80%
	Phil Kendrick		1/5	20%	
CAFCASS	Tammy Conn	4/5		80%	80%
National Probation Service	David Cookson	4/5		80%	80%
Community Rehabilitation Company	Susannah Stennett	5/5		100%	100%
Education					
Further Education	Anna Place	1/3		33%	33%
First Schools	Carol Newton	2/2		100%	100%
	Tracey O'Keefe Pullen	3/3		100%	
Middle School	Lynne Evans	5/5		100%	100%
High Schools	Alan Roll	3/5		60%	60%
Special Schools	Sarah Radford	2/5		40%	40%
Independent Schools	Matthew Armstrong	1/2		50%	50%
Early Years	Nicola Turrell	2/4		50%	50%
Lay members	Sylvia Dyke	5/5		100%	100%
	Margaret Tovey	5/5		100%	100%
Health Watch – Participant Observers	Morag Edmondson	1/5		20%	60%
	Jane Stanley		2/5	40%	

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Agency	Name	Meetings attended in 2015/16	Substitute in place of Board Member	Representative	Agency
CEO, Worcestershire County Council – participant observer	Clare Marchant	2/5		40%	40%
WSCB Board Manager	Sue Haddon	4/5		80%	80%

Appendix 4 Governance and Accountability Arrangements

The Lead Member will hold the Independent Chair to account for the effective working of the LSCB and, in turn, the Chair is able to hold agencies to account as set out in Working Together (2015), although they retain their safeguarding responsibilities. The Chair worked closely with all LSCB partners and the Director of Children's Services. Diana Fulbrook independently chaired WSCB from April 2012 – March 2016 and was a member of the National Association of LSCB Chairs attending the Annual Conference. A new Independent Chair, Derek Benson, was appointed in April 2016.

Strategic Partnership Arrangements

WSCB has a formal joint protocol with the Worcestershire Safeguarding Adults Board (WSAB) and the Health and Well-Being Board (HWB). Next year consideration will be given to making this a four-way protocol to include the Safer Communities Board.

The HWB oversees the system for local health commissioning. It leads on the strategic planning and co-ordination of NHS, Public Health, Social Care and related Children's Services. Health and Well-Being Boards were formally established in April 2012 and became statutory bodies from April 2013.

WSCB collaborates with the Worcestershire Safeguarding Adults Board, the Worcestershire Health and Well-Being Board and the Safer Communities Board to discuss cross cutting themes and how to efficiently support respective strategic priorities. An example of an output this year was the Transitions event in respect of older teenagers held in February 2016 hosted jointly by the Safeguarding Adults Board and Safeguarding Children Board. One output from the event was the issuing of formal requests for assurance from key partner agencies that the needs of older teenagers and young adults would be taken into consideration when commissioning services. Potential areas of joint work next year are further work on transition from children's to adult services and promotion of 'professional curiosity' and Think Family approach.

For more details about strategic partnerships in Worcestershire go to:

<http://www.worcestershire.gov.uk/partnership/>

Regional LSCB Working

Where appropriate, efforts are made to rationalise and streamline work across the four West Mercia boards (Worcestershire, Telford & Wrekin, Shropshire and Herefordshire). Links are made through the Independent Chair and the Board Manager and WSCB Officers. An example of regional working is the production of the West Mercia Consortium Inter-Agency Child Protection Procedures. WSCB has this year been involved with two West Midlands LSCB initiatives: a proposal to develop a West Midlands regional performance framework and a set of West Midlands child protection procedures, both resourced by the Government's innovation funding.

WSCB Membership

Membership of the WSCB is statutory for a number of partners as outlined in Working Together (2015). WSCB has recruited two lay members who participate in the meetings and function of

the Board to represent the local community. Other agencies represented are education, housing associations and the voluntary and community sector. This year WSCB has been pleased to welcome representatives from the independent school sector, further education colleges and early years.

Attendance at Board meetings can be found in Appendix 3.

WSCB Structure and Staffing

2015/16 has seen some key changes implemented in the way the Board operates, supported by its new structure. The sub groups are now all chaired by a Board member, thus giving the strategic Board direct line of sight to the activity being undertaken on behalf of the Board and increasing ownership. Sub group chairs are now delegated to make some decisions on behalf of the Board, thereby acting as a filter which reduces the workload of the strategic Board and enables it to focus more readily on the most critical safeguarding issues. During the course of the year some evaluation of the new structure has been undertaken and recommendations will be implemented during the coming year.

An outline of the sub and activity groups can be found in [Appendix 5](#).

The Board met five times during the year but meetings are now being held quarterly. Sub groups also meet quarterly, however activity groups can meet more frequently in accordance with the demands of their respective work plans.

In addition to the Independent Chair of the Board, WSCB also funds a data support officer and an independent chair who leads the Quality Assurance Group (QAG) and Multi Agency Case File Audit (MACFA) panel. The Board has prioritised these functions to support its quality assurance role where the collection and scrutiny of both qualitative and quantitative data is critical.

The Business Support team has remained stable in terms of personnel and no vacancies have been carried.

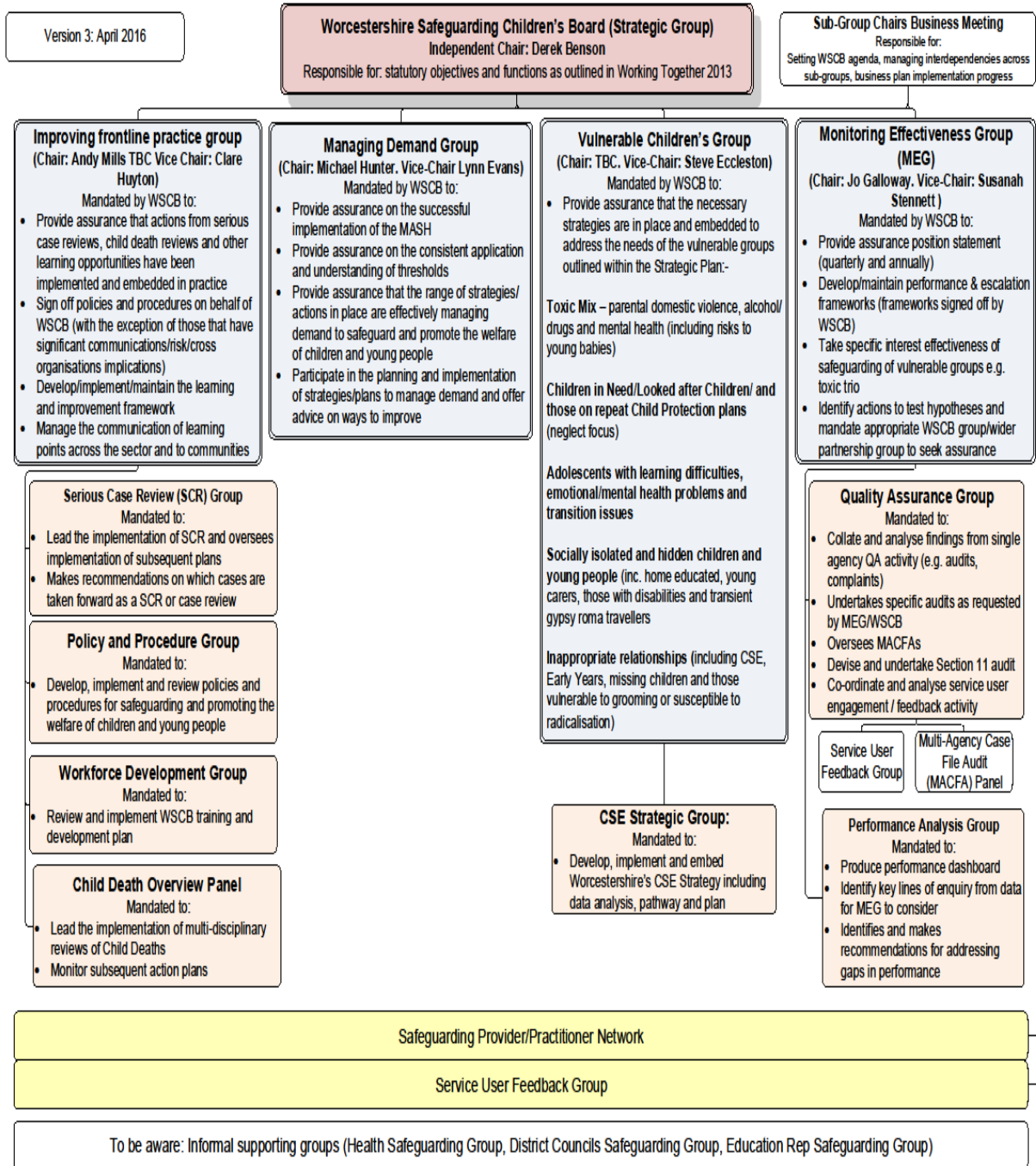
Financial position

Through careful management of the Board's budget and by increasing training fees where necessary the Board has maintained its holding account for contingency planning. Partner contributions have been sustained at the same level for a number of years and it is not expected they will rise in 2016/17. These contributions fund both the work of the Board and the salaries of the business support team. A separate Serious Case Reviews fund has now been agreed and this will come into effect next year. The fact that contributory partners have agreed to identify money for SCRs in addition to their existing contribution to the Board's budget, especially in the current climate of cuts to services, is evidence of the high priority given by them to the safeguarding agenda in Worcestershire.

Financial Statement

	Board Budget	Training Delivery	Total
	Expenditure £		
Salaries	199,685		199,685
Independent Chair	18,528		18,528
Youth Advisory Board	3,000		3,000
Serious Case Reviews and Case Reviews	1,844		1,844
Performance resources	24,220		24,220
Administration and business costs	11,024		11,024
Training Expenditure (excluding salaries)		24,831	24,831
E-Academy (E-learning)		17,563	17,563
Total Expenditure	258,300	42,393	300,694
	Income £		
Agency Contributions			
WCC - 50%	(122,647)		(122,647)
Health - 35%	(86,000)		(86,000)
Police - 10%	(24,529)		(24,529)
National Probation Service - 0.9%	(2,250)		(2,250)
Community Rehabilitation Company - 0.9%	(2,250)		(2,250)
CAFCASS - 0.4%	(550)		(550)
District councils - 2.5%	(5,984)		(5,984)
Core training, Early Years and GP		(54,450)	(54,450)
Income from E-Learning		(11,988)	(11,988)
Total income	(244,210)	(66,438)	(310,648)
Net Expenditure	14,090	(24,044)	(9,954)
Holding account b/f as at 01.04.15	(27,978)		(27,978)
Holding account as 31 st March 2016	(13,888)	(24,044)	(37,932)

Appendix 5 Board Structure



Appendix 6 Agency Responses to Challenges Identified in the 2014/15 Annual Report

Development area as outlined in 2014/15 Annual Report	Responses & Achievements
Worcestershire County Council - Children's Social Care	
<p>Ongoing Adult Social Care engagement</p> <p>Promotion of Think Family approach Provide assurance of sound commissioning practice around safeguarding</p> <p>Work collaboratively to deliver the CSE strategy</p> <p>Corporate Parenting Board to provide assurance re timely LAC health assessments and pathway planning</p> <p>Children's Social Care Performance Board to provide assurance of safeguarding services across Early Help, CSC and the SQAS</p>	<p>Adult Social Care is co-located with partners as part of the MASH ethos but not yet part of the Integrated Family Front Door.</p> <p>'Think family' is inherent in social care practice and a core principle within the Back to Basics Improvement Plan. Developments within the 'family front door' seek to strengthen this further across the Council and partners, with both co-location and virtual engagement. Furthermore our Connecting Families initiative and 0-19 commissioning seek to 'embed' this philosophy and way of working.</p> <p>Children's Social Care is fully engaged with key partners to deliver the WSCB CSE Strategy. We have invested in Social Work practitioners at the 'family front door' whom work closely with the Police, CSE Team and other partners to identify children suffering CSE and therefore in need of protection and those at risk of CSE and therefore in need of prevention and support services. We are gradually increasing intelligence to inform our problem profile leading to increasingly targeted strategic responses and disruption activity.</p> <p>Children's Social Care performance monitoring has been built into 'business as usual' and is now reported through the Back to Basics Safeguarding Improvement Board chaired by the Chief Executive. This evidences consistent and sustained areas of improvement in key areas of practice such as seeing children in line with prescribed timescales; timeliness of assessments under Section 47 (child protection enquiries) and the timeliness of assessments. Furthermore there is evidence of increasing 'management grip' and an increasingly proactive approach to addressing poor performance.</p>
Worcestershire County Council – Education	
<p>Address safeguarding concerns for elective home educated children</p> <p>Act on relevant recommendations from the Early Years Strategic Inquiry</p> <p>Work to include all educational establishments in assuring consistent safeguarding practice across schools/colleges in all sectors</p>	

Worcestershire Safeguarding Adults Board	
<p>Work to establish more consistent approaches to safeguarding across the two boards</p> <p>Establishing leads with key partnerships on agreed priorities</p> <p>Work jointly on cross-cutting issues including the toxic trio, forced marriage, FGM, Think Family, exploitation (CSE/modern slavery), and transition issues particularly adolescent mental health</p> <p>Better use of dual members on both WSCB and WSAB</p>	<p>Ensuring that young people are not overlooked and issues relating to young adults are represented in the Board's assurance processes.</p> <p>We are taking forward the lessons learnt from SCRs/Safeguarding Adults Reviews (SARs) where young people have been abused and sharing these lessons with other Board's regionally and nationally.</p> <p>The Board has developed a Prevention Strategy that contains objectives that include young adult issues e.g. scams, sexual exploitation, hate and mate crime.</p> <p>Ongoing activity</p>
Police	
<p>Continuity in safeguarding personnel</p> <p>Evidence of good safeguarding practice by operational staff</p> <p>Assurance re impact of resource cuts on safeguarding activity</p> <p>Effective partnership working in key developments including MASH and CSE</p> <p>Good and timely communication with the Board and strong strategic leadership</p>	<p>Worcestershire has introduced a new 'Pathfinder' model. The increased teams will identify appropriately trained staff to deal with CP issues and require outstanding actions to be passed to those remaining on duty to complete. This will appropriately expedite investigations. The Pathfinder model is in the phased process of rolling out across the alliance. Operational staff have continual access to safeguarding processes, information and supervision.</p> <p>The implementation of the single CID model will incorporate within it existing members of specialist PVP teams thereby retaining those specialist staff but spreading them out across the larger teams to share that expertise and experience. There is an expectation that traditional non PVP detectives will be exposed more to PVP related crimes with the knowledge and experience of those around them to support their development. It is intended that this will upskill all Detective Officers in dealing with PVP related crimes as well as other crime types thus making protecting vulnerable people everyone's business and in line with the Alliance vision to be great at protecting the vulnerable.</p> <p>The Alliance are committed and are currently actively planning an uplift in PVP related training courses to ensure that officers have the knowledge and training to complement their new role.</p> <p>The Alliance has introduced new working practices, with permanent dedicated teams to proactively target individuals involved in possession and sharing of IIOC and online CSE.</p> <p>Although the Pathfinder model is commencing across the Alliance, there remains a Strategic PVP team to ensure a full overview of policy, procedure, communication and leadership.</p>
Probation	
<p>Managing risks to safeguarding under the new arrangements</p>	<p>Systems in place to assess safeguarding risks within NPS and CRC and to share information; National Offender Management Services</p>

<p>Continuing full engagement as Board members by both the NPS and CRC</p> <p>Evidence of good sharing of information and communicating between the NPS and CRC</p> <p>Evidence of improved safeguarding practice following the HMIP Thematic Inspection</p> <p>Work to the agreed protocol with the LSCBs</p>	<p>audit of risk assessment in CRC in Autumn 2015 provided assurance and led to refinements in process.</p> <p>NPS and CRC staff continue to be fully engaged as Board members.</p> <p>Formal information sharing systems supplemented by regular planned information contact between operations middle and senior managers.</p> <p>Within CRC inspection action plan delivered; internal audit in spring 2015 provided evidence of quality of safeguarding practice and issues for further development. Further audit work planned for 2016 to follow up training input.</p> <p>Protocol fully in use.</p>
District Councils	
<p>Assurance of consistency of ownership of safeguarding responsibilities across all District Councils and by all Chief Executives</p> <p>Engagement in delivering the CSE Strategy</p> <p>Assurance of engagement by all housing providers/ commissioners/ contractors with safeguarding issues</p>	<ul style="list-style-type: none"> • Meeting between Chief Executives and Safeguarding leads with WSCB officer held to ensure attendance at relevant meetings. District Council representative appointed to all Board Sub-groups • Process in place to ensure communications and actions from the Board are disseminated to relevant District departments. • Engaged in delivering CSE strategy and action plan and links put in place to the Community Safety Partnerships. District attendance at the monthly CSE Panel. CSE Awareness Raising to the voluntary and community sector. • A review and activity undertaken by each District to ensure safeguarding duties are appropriately transferred to commissioned/contracted providers. • Safeguarding awareness raising in place for whole workforce and District Councillors.
Early Help	
<p>Clarify what the Board needs to see to be able to assure itself on the effectiveness of Early Help i.e. what does good look like?</p> <p>Clarify the activity that the WSCB (and single agencies) need to do to provide the assurance</p>	<p>At its meeting in January 2016 the Board's Managing Effectiveness Group received a presentation outlining the systems in place to monitor the effectiveness of commissioned Early Help services. As part of the presentation the wider definition of Early Help (providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care) was discussed and it was acknowledged that not all early interventions can be monitored for effectiveness in the same way.</p> <p>The presentation gave an overview of the monitoring of commissioned services in the areas of</p> <ul style="list-style-type: none"> - Performance & Impact (outputs, outcomes and trends) - Contract compliance - Financial control/budget control - Quality and safety of service delivery <p>Monitoring the quality and safety of service delivery includes auditing of case files to ensure that guidance on effective Early Help is followed i.e. that local agencies and services are working together to:</p>

	<ul style="list-style-type: none"> • identify children and families who would benefit from Early Help; • undertake an assessment of the need for Early Help; and • provide targeted Early Help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child <p>The presentation contained examples of performance dashboards produced within Children's Services (by provider and by district/countywide.</p> <p>Following the presentation the group agreed that it was assured of the effectiveness of the systems in place to monitor Early Help provision and of the effectiveness of the provision from the performance data seen.</p>
Health & Wellbeing Board	
<p>Review of the agreed protocol to take account of the new arrangements regarding oversight of the CYPP and Early Help Strategy</p> <p>Engagement with safeguarding issues in wider health matters</p> <p>Evidence of attention to safeguarding issues in respect of its priorities and to a focus on children</p>	<ul style="list-style-type: none"> • Protocol has been reviewed • The H&WBB now has oversight of the CYPP and receives a progress update every 6 months • An all age prevention policy has been agreed and incorporated into the new Joint Health & Wellbeing Strategy, and the Early Help Strategy no longer exists. The all-age Prevention Policy, JHWS and WCSB thresholds document form the prevention & early intervention strategic approach for CYP & families. • The 14/15 WCSB annual report and CDOP annual report went to the September 15 HWBB. It was agreed that the HWBB would identify cross cutting themes where the HWB had a role to play in reducing risks to children • The impact on safeguarding children and safeguarding adults have both been incorporated in the H&WBB agenda items template
Housing Providers	
	<ul style="list-style-type: none"> • WCSB newsletter circulated amongst all housing providers • Regular updates provided to Worcestershire Strategic Housing Partnership • Informal discussions on learning from individual cases through Fusion partnership • New youth board (YOBs) set up at Fortis which complements Teen champs and gets2gether clubs • Joint housing providers event planned to share learning and raise awareness of safeguarding 2016/17 • Safeguarding to be area discussed at up and coming Fortis Tenants Day 2016/17 • Housing providers participating in communities week in Sept 2016 which will be opportunity to raise awareness of safeguarding amongst our communities
Youth Offending Service	
	<p>Not included in 2014/15</p>
Health Providers	
<p>Continuing assurance re: capacity and effectiveness of Health Visitors, School Nurses and Midwives as providers of</p>	<p>The Starting Well tender has a focus on universal services contributing to the Early Help offering with a focus on targeting services to children and families dependent on need and when they need extra support. This also links in with the development of the Family Front Door.</p>

<p>universal services which contribute to EH offering</p> <p>Assurance re all Health staff receiving appropriate safeguarding training</p> <p>Evidence of good communication between Health providers and with CSC</p>	<p>Levels of compliance with attendance at safeguarding children training are monitored by CCGs. Moving forward to 2015/16 reports will reflect if staff have attended and refreshed at the correct level.</p> <p>Co-location at Wildwood. Participation in MASH and EVODA (Every Victim of Domestic Abuse)</p>
<p>Health Commissioners</p>	
<p>1. Appointment of a Named Professional for Primary Care</p> <p>2. Evidence of improved GP input to child protection processes e.g. case conference attendance and reports</p> <p>3. Assurance about the adequacy of provision for young people with the full range of mental health needs</p>	<p>1. Appointed</p> <p>2. GPs now receive the same revised template as all partner organisations to complete for case conference. WCC intend to collect data on submission of reports to case conference. GPs are reliant on receiving notification for a case conference in a timely manner. This is work being undertaken by WCC through the 'Back to Basics' programme to ensure Social Workers ask families who their GP is. The correct information can then be recorded on Frameworki and the correct GP notified of a case conference.</p> <p>3. The Early Help Needs Assessment identified a renewed focus was required to support emotional health & wellbeing and supporting the resilience of CYP & families. In response a new integrated prevention service for 0-19s has been designed and is currently out to tender called 'Starting Well'.</p> <p>The Starting Well tender includes a new service element for tier 2 emotional health & wellbeing service for 0-19s with mild to moderate emotional and mental health difficulties comprising of on-line counselling and face to face support.</p> <p>The emotional wellbeing and CAMHS transformation is underway and monitored by NHSE. Th plan is comprehensive to improve provision at every 'tier'. The Starting Well tender includes a tier 2 emotional wellbeing service which includes face to face evidenced based therapy and online counselling. CAMHS is being redesigned, and this will include the development of a new eating disorder service and a design which reduces waiting times.</p>
<p>Worcestershire Safeguarding Children Board</p>	
<p>Develop a broader understanding and strategic oversight of the whole system</p> <p>Continue to develop scrutiny and challenge role, taking collective responsibility for improvements and outcomes</p> <p>Implement the new structure,</p>	<p>Conducted a whole system overview exercise and reported findings to the Board.</p> <p>Exception reports received on areas of concern and risks are regularly monitored. Induction for new Board members now includes a section on challenge. 2016/17 needs to focus on ongoing scrutiny of performance information to monitor practice improvements.</p> <p>Board members chairing groups. Evaluation of Board structure</p>

<p>securing attendance from relevant agencies and full engagement by all members including chairing sub groups and involvement of relevant staff in Board groups</p>	<p>undertaken and further developments to be made in 2016/17.</p>
<p>Monitor the cumulative impact of agency cuts on safeguarding</p>	<p>Section 11 audit requested assurance re. impact of agency cuts and commissioning processes. Further assurance required to assess cumulative impact.</p>
<p>Ensure focus on quality outcomes, giving consideration to user feedback to make improvements</p>	<p>Service User feedback was a focus in Section 11 audit and a dip sample of evidence is being undertaken in 2016/17</p>
<p>Establish the Board's role in monitoring the effectiveness of Early Help</p>	<p>Established the role of the Board in monitoring the effectiveness of Early Help and identified areas that could be realistically monitored. Assurance received regarding commissioned Early Help provision.</p>
<p>Implement the CSE Strategy</p>	<p>CSE Action Plan agreed and nearing full implementation. CSE Strategic Group to continue to sit until action plan fully implemented.</p>
<p>Board members prepared for an Ofsted inspection</p>	<p>Inspection document and self-assessment produced.</p>
<p>Develop analytical skills when receiving data and maintain a focus on identified groups of vulnerable children</p>	<p>MEG continues to develop analytical skills but further partner agency involvement required on the Performance Group. Ongoing scrutiny and review of performance data required.</p>
<p>Improve the evidence trail and feedback from the SCR learning</p>	<p>Starting to receive feedback from partner agencies as to how SCR learning has been disseminated. 2016/17 focus on assessing changes to practice.</p>

Appendix 7 Glossary

CAFCASS	Children and Families Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Groups
CDOP	Child Death Overview Panel
CiN	Child in Need
CME	Children Missing Education
CPC	Child Protection Conference
CPP	Child Protection Plan
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSC	Children's Social Care
CSE	Child Sexual Exploitation
EH	Early Help
EHA	Early Help Assessment
EHE	Elective Home Education
EHN	Early Help Notification
EYSI	Early Years Strategic Inquiry
FGM	Female Genital Mutilation
HACT	Health and Care NHS Trust
HMIC	Her Majesty's Inspectorate of Constabulary
HWB	Health and Well Being Board
ICPC	Initial Child Protection Conferences
IMD	Index of Multiple Deprivation
LAC	Looked after Children
LGA	Local Government Association
LSOAs	Lower Layer Super Output Area
MACFA	Multi Agency Case File Audit
MASH	Multi Agency Safeguarding Hub
MEG	Monitoring Effectiveness Group
NPS	National Probation Service
QAG	Quality Assurance Group
SCR	Serious Case Review
SUDIC	Sudden, Unexpected Deaths in Infants and Children
WCC	Worcestershire County Council
WFADA & SV	Worcestershire Forum Against Domestic Abuse and Sexual Violence
WMP	West Midlands Police
WMQRS	West Midlands Quality Review Service CAMHS
WSAB	Worcestershire Safeguarding Adults Board
WSCB	Worcestershire Safeguarding Children Board
YABS	Youth Advisory Board (Safeguarding)
YOS	Youth Offending Service

HEALTH AND WELL-BEING BOARD

13 September 2016

Better Care Fund Update

Board Sponsor

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Author

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Chris Bird, Principal Accountant, Adult Services

Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes

Item for Information and Assurance

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the "Approved" status of the 2016/17 Better Care Fund (BCF) plan,
 - b) Note the current plans for the use of the reserve created by the 2015/16 underspend,
 - c) Note the financial position for 2016/17, as reported to the Integrated Commissioning Executive Officers Group, 5 September 2016,
 - d) Note the ending of BCF Funding for Howbury from 30 September 2016, and
 - e) Note the information on the planning process for 2017/18

Background

2. The creation of the Better Care Fund was announced in June 2013 with the overarching aim of facilitating the integration of health and social care through the creation of a single pooled budget.
3. The Worcestershire BCF for 2016/17 totals £38.142M. The plan was approved through the NHS England assurance process on 22 July 2016.

4. NHS England made changes to the Q1 reporting requirements and submission was extended to 9 September 2016. This will be reported to November HWB.

Use of BCF Reserve

5. In 2015/16 the BCF underspent by £141K and the underspend transferred to a reserve held by WCC.

At May's Integrated Commissioning Executive Officers Group (ICEOG) use of the reserve to a value of £129K was agreed, leaving £12K uncommitted.

	£000
Band 6 Nurse in UPI team (interim funding to maintain current Situation prior to service redesign)	45
Recruitment of a social worker to be responsible for BCF placements process	38
12 month secondment for co-ordinator post in Pathway 1 team, necessary for the SW CCG pilot linked to Pathway 1 budget	25
Funding for remaining 6 weeks of Health Care Assistant to support Community Delays Pilot	21
Total Agreed Use of Reserve	129
Total Reserve remaining	12

Budget Monitoring

6. The current estimated forecast is that the BCF overall will underspend by £500k. The key reasons are as follows:-
 - The four BCF funded urgent care schemes of Urgent and Unplanned Placements (UUPS), Plaster of Paris Placements (PoPs), Pathway 3 and Enhanced Interim Packages of Care are estimated to underspend by £516k at this stage. These schemes focus on admission prevention and facilitate discharge from hospital. This is mainly due to quite low levels of activity in periods 1 and 2, particularly in UUPS.
 - The forecasts for UUPS, POPs and Pathway 3 assume that the volume of clients for 2016/17 will continue at roughly the same level as we have seen in Periods 1-4.
 - The forecast also assumes average length of stay (ALOS) of 14 days for UUPS, and 42 days for PoPs and Pathway 3. At present they are slightly lower than those used in the forecasting methodology. If ALOS hold at current levels, the forecast could improve further.
 - The weekly panels for the four schemes above, introduced in 2015/16 to ensure rigour and scrutiny in decision making, continue.

- £16k overspend currently forecast in the Rapid Response Team due to vacancies being covered by agency staff, which is a higher per-post cost.
- BCF funding for Howbury will cease on 30 September. At the moment the monitoring forecast assumes that the remainder of the Howbury budget will be fully spent on the alternative provision, therefore this change should not affect the overall BCF forecast outturn.
- All other BCF schemes are forecast to budget at this stage.

Howbury

7. BCF funding for Intermediate Care (prevention of avoidable admission to hospital and reablement) ceases on 30 September. A full year budget is shown for Howbury on the BCF plans – this will be amended in future monitoring reports.

SWCCG and WCC are currently working together to develop a changed service model for prevention and rehabilitation / reablement. It will be proposed that the budget identified for Howbury for the remainder of 2016/17 will be used for this new model.

Better Care Fund 2017/18

8. National guidance for 2017/18 has not yet been issued. In preparation for the guidance, current schemes will be evaluated during September and October. The Worcestershire planning process will ensure that the 2017/18 BCF is aligned to Sustainability and Transformation Plan priorities, Adult Social Care priorities and the development of new care models in the Community.

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