

Agenda

Health and Well-Being Board

Tuesday, 14 February 2017, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board

Tuesday, 14 February 2017, 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
Dr C Marley	Wyre Forest CCG
Peter Pinfield	Healthwatch, Worcestershire
Simon Trickett	Redditch & Bromsgrove & Wyre Forest Clinical Commissioning Group

Associate Members

Mrs C Cumino	Voluntary and Community Sector
Cllr. Karen May	North Worcestershire District Councils
Cllr. Gerry O'Donnell	South Worcestershire District Councils
Supt Kevin Purcell	West Mercia Police

Agenda

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2	Declarations of Interest		

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All the above reports and supporting information can be accessed via the Council's website
Date of Issue: Friday, 3 February 2017

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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 13 February 2017). Enquiries can be made through the telephone number/e-mail address below.</i>		
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Health and Well-Being Board

**Tuesday, 1 November 2016 Council Chamber, County Hall -
2.00 pm**

Minutes

Present:

Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Mrs S L Blagg, Mrs C Cumino, Dr R Davies, Catherine Driscoll, Mr S E Geraghty, Dr Frances Howie, Sander Kristel, Clare Marchant, Mrs K May, Mr G O'Donnell, Peter Pinfield, Dr Simon Rumley and Simon Trickett

Also attended:

Cllr. L Denham, Cllr. I Hardiman, Jack Hegarty, David Mehaffey, Sarah Dugan and Sue Harris (for item 6) and Kate Griffiths

Available papers

The members had before them the Agenda papers (previously circulated) which included the Minutes of the meeting held on 13 September 2016.

Copies of these documents will be attached to the signed Minutes.

392 Apologies and Substitutes

Apologies for absence had been received from Jo-anne Alner and Anthony Kelly.

393 Declarations of Interest

None

394 Public Participation

Bryn Griffiths, Secretary of Worcester Trades Union Council asked a question regarding the Sustainability and Transformation Plan and the lack of financial information available.

The Chairman thanked the participant and promised a written response.

Another member of the public whose request to take part in public participation had been ruled too late to be included was also promised a written response.

395 Confirmation of Minutes

The minutes of the meeting held on 13 September 2016 were agreed to be an accurate record of the meeting and were signed by the Chairman.

396 Shaping Worcestershire's Future - Our

Simon Geraghty, Leader of the County Council, introduced the draft Corporate Plan. The Council's existing plan 'Future Fit' ran until 2017 and the refresh would run from 2017-22 and would continue to

Plan for Worcestershire 2017-2022

encourage self-sufficiency, health and social care integration. The refresh needed to ensure that the vision continued to be fit for purpose. It was a plan for the County rather than the County Council.

The Chief Executive of the Council gave details of what had been achieved so far especially regarding the health and well-being priority and it was known that there was a link between health and well-being and economic prosperity. Worcestershire was the first in the Country, out of 39 LEPs, in developing higher level skills; Worcestershire was the second in the Country in the level of gross value add and third in the country in productivity. This all led to greater prosperity which would help with living well longer rather than just living longer.

Other highlights were:

- Super-fast broadband which would help the link between health and technology,
- Work with children and families - included a reduction in the number of 'not in employment, education or training (NEETs) from 5% to 3%, and an increased number of apprenticeships,
- Increase in Extracare accommodation,
- Dementia friends training,
- Flood alleviation,
- Improving pavements – which would help people to walk and achieve their recommended 150 minutes of exercise a week.

The economy of Worcestershire had grown and the Council would continue in its efforts to create new jobs and build more houses. They needed to make the most of the unique selling points of environment of Worcestershire and had the ambition for the county's transport system to be in the best 25% in the county.

Two of the priorities were 'people' based: education was important as well as life -long learning and that was underpinned by effective safeguarding. Health and well-being could be improved by encouraging healthy active lifestyles which had more impact on peoples' lives than social care services. However when people did need more help, an evidence based approach would be used to ensure they were helped from self-sufficiency into receiving care in the best way.

At the recent Parish Conference people and enabling resilient communities were the focus, including dementia friends training, CSE hotspots and integrated workforce models.

397 Sustainability and Transformation Plans

Board members recognised that strategic plans needed a vision which was provided by the plan. The difficult financial climate was acknowledged which made it more important to help people make the right choices and work with partners in the community sector. However it was suggested that prevention could come through in the plan even more strongly.

RESOLVED that the Health and Well-being Board noted and supported the Corporate Plan refresh – Shaping Worcestershire's Future, Our Plan for Worcestershire 2017-2022.

Sarah Dugan explained that the intention had been to bring the full STP to the Board meeting, but NHS England had extended the national deadline so the document was still a work in progress. A summary of progress and draft proposals had been provided.

At the last meeting some details of financial allocation had been given but work on costings and how the investment money would be allocated was still being worked on and the position had become more challenging due to new control totals for providers.

The plan had four key priorities:

1. Maximising efficiency and effectiveness of the core infrastructure and back office functions,
2. Prevention and self-care, which was a golden thread which ran throughout the plan,
3. Developing out of hospital care, which would be developed while at the same time supporting people into care when needed. Expanded multi-disciplinary teams and pro-active approaches for people with long term-conditions would be important,
4. Clinically and financially sustainable services with streamlined, but minimised access points.

Mental health services was another golden thread throughout the plan. Maternity services and learning disability services were also important issues.

Key enablers included the workforce where it had been challenging to gain staff at all levels; and digital solutions which had received a multi-agency response.

The latest submission had been made on 21 October and feedback was now awaited from NHS England. Once NHS England had commented on the plan there would

be public engagement. The STP, including all the financial details would then be discussed at the next public meeting of the HWB. Specific areas would be consulted on and would be discussed by the Health Overview and Scrutiny Committee.

In the following discussion various points were made:

- Healthwatch had been pleased to be involved in STP discussions from the beginning but were disappointed that the finance details could not now be shared although it was understood that the pressure to keep details confidential was from the NHS England. They were satisfied with the work of the team STP team, but they would like more details to be made publicly available. There would be a public Healthwatch meeting on 11 November when the public could ask questions regarding the STP,
- The County Council Chief Executive felt that the financial challenges had been discussed at the previous two HWB meetings and the process had now moved forward. The details of the delivery programme had not been available at the last meeting. She agreed that the process had been inclusive and felt that Worcestershire and Herefordshire were ahead of some areas in sharing details,
- It was queried how the plan could be implemented with the current austerity. It was agreed that prevention was important but there was not enough investment and it was unrealistic to expect community services to pick up everything the NHS would not pay for,
- It was suggested that priority 4 should be listed first, but it was explained that it could only be delivered by getting the first 3 priorities right first,
- The fact that there may be changes to community hospitals but that they were not at risk of being closed should be more explicit in the plan. It was agreed that they play a vital role but the number of beds available may be reduced,
- It was clarified that references to 'place based estate' referred to the public sector estate and whether the best use was being made of it,
- A board member disagreed with a comment that Andrew Lansley's reforms had been a waste of time because they had allowed there to be more clinical involvement in decision making and the STP process was largely about clinical sustainability,
- Simon Trickett felt there had not been any secrecy

and there were no great surprises to come. The Telegraph report which had been quoted was aimed at other areas which were only just starting to look at centralising services unlike Worcestershire which had started its Future of Acute Hospitals programme 4 years ago. The numbers were known – there would be £1.327 billion to be spent in 2021 for the Hereford and Worcestershire footprint and it was known that increasing demand needed to be dealt with – he felt the STP was now a matter of how the spend would be allocated,

- It was a challenging time but there was collective commitment by partners to working together to get the best outcome for the public.

Following an invitation from the Chairman for invitations from the public gallery there were two comments:

- The document presented emphasised the positives so that it was difficult for individuals to judge the document and to say how it would affect them as individuals?
- Another member of the public felt that overall processes were improving services for patients but people still felt excluded from the process. He urged the STP staff and Board members to engage more fully with the public.

In response it was confirmed that a lot of what was included in the STP had been spoken about already but there were plans to increase the public conversation. The STP was not just the acute trust moving forward in isolation – it brought various plans and services together and that would make it easier for the public to assess the improvements.

RESOLVED that the Health and Well-being Board:

- a) Noted the progress on the development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP);**
- b) Discussed and commented on the draft priorities;**
- c) Discussed and commented on potential approaches to engagement; and**
- d) Agreed to receive a formal update at the next Board meeting following the receipt of feedback on the draft plan from NHS England.**

398 Emotional Well-being and

The Emotional Well-being and mental Health Transformation plan for Children and Young People had been refreshed following its approval by the HWB a year

Mental Health Transformation Plan for Children and Young People

ago.

In the last year it there had been a focus to improve waiting times for child and adolescent mental health services, while at the same time there were increased levels of need and demand. The Youth Cabinet were passionate about improving mental health services.

The HWB had already seen the plan but were asked to disseminate it to the member organisations.

In the following discussion Board members were assured that the plan would also engage parents and children. Further detailed queries would be responded to after the meeting.

RESOLVED that the Health and Well-being Board:

- a) **Approved the refreshed Transformation Plan and continued to support its development and implementation;**
- b) **Agreed to support the dissemination of the refreshed plan across all agencies for comment and further buy in; and**
- c) **Noted that the transformation plan would be implemented as part of the programme of work under the HWB Strategy priority of improving mental health and well-being.**

399 Health Improvement Group

The HIG continued to meet and receive updates on strategic plans and District Council plans. However it was felt that it would be useful to have more CCG input in future.

Reports had been received from Redditch and Wyre Forest and County Plans on loneliness, tobacco and mental health had been considered.

At the September meeting housing issues had been discussed which were strongly linked to health. A new Worcestershire strategic Housing Partnership plan was being consulted on which would bring a stronger approach to partnership working on health and housing. The HIG also agreed to help achieve more integrated and targeted services using the Disabled Facilities Grant.

The District Council Representative pointed out how vital Health Improvement Co-Ordinators were and was reassured that although some restructuring was happening in Public Health it was about filling a gap between the operational front line and the strategic level and would not affect the Health Improvement Co-

Ordinators.

RESOLVED that the Health and Well-being Board noted the update regarding the Health Improvement Group.

400 JSNA Update

The agenda report included a summary of figures relevant to the new priorities of the Health and Well-being Board. Dr Howie hoped that the information was being taken back to organisations and used to help decision making. There was a wealth of data available on the website and a list of current reports was provided.

The representative from the District Councils in South Worcestershire assured the Board that the information does get used by District Councils.

It was suggested that a development session next year should look at how other organisations or the districts could be helped or encouraged to make better use of the information.

RESOLVED that the Health and Well-being Board:

- a) **Noted the information on progress and issues relating to the priorities;**
- b) **Noted the emerging issues and requested the Health Improvement Group to consider these for action if necessary; and**
- c) **Noted the briefings and other further reports available.**

401 Better Care Fund

The Better Care Fund (BCF) was at present forecast to be underspent by £615k but as winter was approaching, some of the underspend may be required as demand for services increased.

The budget for Howbury had been reduced to 6 months because of its change of use and different funding source. Therefore £683,000 was available for recovery services which would take place in people's own homes. There had been a specific policy decision to make use of community hospital beds rather than rely on acute hospital beds.

The activity would continue to be reviewed and schemes were being evaluated. The results would be used to help planning for the next 2 years. However it was now known that in future there would be fewer national conditions imposed on the use of the BCF.

402 Future of Acute Hospital Services

RESOLVED that the Health and Well-being Board:

- a) **Noted the current BCF forecast for an underspend of £615k;**
- b) **Noted the current plans for use of the reserve created by the 2015/16 underspend**
- c) **Noted the latest BDF 2017/18 update.**

Simon Trickett explained that the Future of the Acute Hospital Services programme was a big part of the STP. Emergency service changes that had been made for safety reasons were now beginning to show improved clinical outcomes. For example since in-patient paediatrics and maternity services had been centralised there had been a 17% drop in the number of children needing to be admitted to hospital and where previously there had been a 34% rate for emergency caesarean sections the figure was now down in the mid 20%^s.

As mentioned at the last meeting, the process needed NHS England approval before consultation could commence. The NHS Assurance panel met on 21 October and would be applying 8 tests. Initial verbal feedback appeared positive with a report expected in the next week. However, as the Acute Trust was in special measures and the programme would need £30-£40 million of investment the National NHS investment Committee needed to take a view and that meeting would take place on 22 November.

RESOLVED that the Health and Well-being Board noted this update.

403 Future Meeting Dates

The Chairman called Members attention to future dates:

Private Development meetings (2pm, Lakeview Room)

- 6 December 2016

2017

Public meetings (All at 2pm, Council Chamber)

- 14 February 2017
- 25 April 2017
- 11 July 2017
- 10 October 2017

Private Development meetings (All at 2pm)

- 25 January 2017
- 14 March 2017
- 13 June 2017

- 12 September 2017
- 7 November 2017
- 5 December 2017

The meeting ended at 3.50 pm

Chairman

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HEALTH AND WELL-BEING BOARD

14 FEBRUARY 2017

Sustainability and Transformation Plan – Progress Update

Board Sponsor

Dr Carl Ellson, Chief Clinical Officer SWCCG and Simon Trickett – Interim Chief Officer RBCCG and WFCCG

Author

David Mehaffey

(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

Yes

Safeguarding

Impact on Safeguarding Children

No

If yes please give details

Impact on Safeguarding Adults

No

If yes please give details

Item for Decision, Consideration or Information

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to note progress on the development of the Sustainability and Transformation Plan (STP) and in particular note progress on the public engagement work.**

Background

- 2. This is the eighth update to the Health and Well Being Board on the development of the STP. In the last update (November 2016) members of the Health and Well Being Board received a copy of the near complete draft plan that was being submitted to NHS England and had the opportunity to comment on its development and priorities.**

Scope of the STP

3. 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:

- **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.
- **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.
- **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.

4. There are four key priorities identified in the STP alongside three programme enablers:

- **Priority 1 – Maximise efficiency and effectiveness**
 - 1A – Infrastructure and back office
 - 1B – Diagnostics and clinical support
 - 1C – Medicines and Prescribing
- **Priority 2 – Our approach to prevention and self care**
 - 2A – Prevention
 - 2B – Self Care
- **Priority 3 – Developing out of hospital care**
 - 3A – Developing sustainable primary care
 - 3B – Integrated primary and community services
 - 3C – The role of community hospitals
- **Priority 4 – Establish clinically and financially sustainable services**
 - 4A – Improving urgent care
 - 4B - Improving mental health and learning disability care
 - 4C – Improving maternity care
 - 4D – Elective care
- **Enabling Change and Transformation**
 - 1 – Workforce and Organisational Development
 - 2 – Digital
 - 3 - Healthy communities and the VCS

Submission of draft plan

5. The draft STP was finally published on 21st November 2016 and has been widely distributed through paper copies and on a dedicated website:
www.yourconversationhw.nhs.uk.

6. This website contains a copy of the full plan and the summary plan. It also has a public survey and provides details of the events and road shows that are planned as part of the engagement work.

Engagement to date

7. Throughout the process of developing the STP, we have recognised the importance of effective stakeholder engagement. Our approach during the early stages of development was through voluntary and community sector (VCS) involvement through representatives on the STP programme board. HWB members will be aware that Healthwatch and VCS representatives from both Counties are represented on the STP Programme Board

8. In addition to this our engagement process (#yourconversation) has been launched. The scale of engagement work to date is:

- 416 surveys completed
- 8 engagement events undertaken
- More than 6,000 “hits” on the website, with 49% clicking on the STP summary link
- Twitter - 28 re tweets and 3,067 impressions
- 6 STP launch articles produced for the local media
- 12 STP related media stories (most related to bed numbers)

9. The headline messages are:

- Overall, most people said they were glad to give a view and thanked us for the opportunity to do so.
- Some patient and public respondents expressed their concerns about the potential loss of community hospital beds. This has been a feature of stakeholder concerns e.g. League of Friends and MPs and has been the focus of increasing media interest. This become even more significant over the last few weeks and is probably now the primary concern raised at STP events/group sessions.
- There was consistent feedback around the use of technology and the view that not everyone has access to a computer or wants to communicate this way.
- Many people shared the challenges they have experienced around getting a GP appointment.

- There was a consistent concern raised around the difficulties of recruiting and retaining staff.
- Most people recognise they have a responsibility to look after their own health, but most say they need more information about both prevention and self-care to do so.
- The preferred way to access this information was via a GP or other health care professional, with websites also being mentioned. Many people said they want more GP or specialist time to talk about their conditions, and there was also a strong theme around health campaigns to offer clear advice from one trusted source. There is a view that education about health should start early, and that it should be disseminated through schools and work places.
- The carers who responded said they wanted to be treated with respect as expert care partners – and given information to help themselves and the cared for. They also request reasonable adjustments be made to accommodate their needs.
- Most respondents think routine and non-urgent care should be provided locally – lots of suggestions were made but in summary the view was that community settings should provide all care except where a condition is life threatening. The vision of lots of respondents is a local hub where many services are provided – health, care but also a place where the community can come together to help itself.
- Most want GP appointments to be changed or increased and would be happy to see a professional other than the GP. The view is that if GP access was improved, this would reduce demands on A&E, which they would like to see focusing on emergency and life-threatening conditions only. The view was that the public need more information about where to go when they are ill so they can make a more informed decision – the suggestion was that this information should be available everywhere that people congregate.
- Transport remains a key area of concern when there is a possibility of services being relocated.

10. During the final month of engagement, more public drop-in events will be held and engagement work will be undertaken at events being organised for the Future of Acute Hospitals in Worcestershire formal consultation. The equality data indicates responses were largely from certain groups so work is also been undertaken to engage other smaller voluntary or community groups. As highlighted above, engagement will also be increased in relation to our staff as it is evident that many of them are not aware of the STP and the work that is being undertaken, despite briefings being circulated. As such, engagement will need to be more face to face with staff in the final weeks.

11. Other areas of focus for engagement work over the coming weeks will include:

- **Staff engagement** – feedback to date from staff has been mixed with many staff commenting that they had little knowledge or awareness of the STP. The communications and engagement group has recommended that each

individual organisation holds staff engagement sessions and more opportunities for staff to become involved with workstreams and other STP developments.

- **Bed numbers** – STPs have received a high profile in the national media and specific stories and articles have been picked up locally. Most of the articles have been linked to acute and community hospital bed numbers and how this aligns with the drive for more out of hospital care. Further work and communication will be required around the detailed bed modelling work that has been undertaken to date and the assumptions that need to be met to achieve the bed number requirements identified in the Herefordshire and Worcestershire STP.
- **Transport** – This continues to be a recurring theme and further work is required to build on some of the previous engagement undertaken as part of the Future of Acute Hospital Services review. A specific piece of work is being scoped out by the communications and engagement work stream to examine this in more detail.
- **Technology** – The engagement work has identified significant variation in the enthusiasm for use of applications such as Skype for supporting alternative access routes to healthcare. Specific focus group sessions will be developed to explore this issue in more detail and to identify options that address the range of requirements individuals have.

Progress on delivery

12. Progress is being made in a number of key areas whilst the STP is going through the engagement and discussion phase. These actions are not contrary to the engagement phase and would be unlikely to be affected by feedback based on what we have received to date. The key areas of progress are:

- **Operational Planning** – The key milestones from each STP programme area have been pulled together to form an STP Operational Plan, which is owned by the four CCGs and which will be the main implementation document.
- **CCG structural and operational changes** – A joint committee has been formed across the four CCGs with a specific remit to oversee delivery of the STP operational plan and project milestones. This committee has delegated powers from the four Governing Bodies in this area. In addition a further change to the CCG management structure has been agreed and there is now a single Chief Finance Officer across the three Worcestershire CCGs in addition to the single Chief Operating Officer, Director of Strategy, Director of Primary Care and Director of Organisational and Corporate Development.
- **STP Delivery Board** – A new group comprising of the strategy leads for each key NHS partner organisation has been formed to act in a Programme Management Office (PMO) capacity to drive delivery and implementation.
- **STP Prevention Board** – A specific STP prevention Board has been established and will meet for the first time in February. The role of this board will be to coordinate the prevention and self-care work that partners have

committed to in the STP. This will include advising on how partners can “make prevention part of everything they do” (as per the STP agreement) and to review and oversee the impact of those actions in delivering the prevention agenda that is so critical to the STP.

- **Efficiency and effectiveness workstream** – work has started to explore the potential for joining up the public sector back office and estate across the STP footprint. Initially this is going to involve undertaking an option appraisal for a single Worcestershire public sector headquarters for Worcestershire organisations.
- **Clinical workstreams** – pre-existing action plans continue to be implemented, for example through the Accident and Emergency Delivery Board. However, many other areas are subject to the engagement and discussion process we will await the completion of that exercise before pressing ahead in these areas..

Legal, Financial and HR Implications

13. 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

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

Equality and Diversity Implications

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

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

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Supporting Information

16. A full copy of the plan and summary plan can be accessed through www.yourconversationhw.nhs.uk.

HEALTH AND WELL-BEING BOARD
14 FEBRUARY 2017**PUBLIC CONSULTATION ON THE FUTURE OF ACUTE
HOSPITAL SERVICES IN WORCESTERSHIRE**

Board Sponsor

Carl Ellson Accountable Officer, South Worcestershire CCG

Author

Claire Austin – Communications and Engagement Lead, Future of Acute Hospital Services in Worcestershire Programme

Priorities

Older people & long term conditions

Mental health & well-being

Obesity

Alcohol

Other (specify below)

(Please click below
then on down arrow)

Yes

Yes

Yes

Yes

Users of acute hospital
services in
Worcestershire

Groups of particular interest

Children & young people

Communities & groups with poor health outcomes

People with learning disabilities

Yes

Yes

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

Consideration

Recommendation

- 1. The Health and Well-being Board is asked to CONSIDER the report on the Public Consultation on the Future of Acute Hospital Services in Worcestershire**

Background

2. Public Consultation on the Future of Acute Hospital Services in Worcestershire started on January 6th 2017 and will run for 12 weeks until March 30th 2017. During

the consultation at least 15 drop in sessions will be held in hospitals and community buildings across Worcestershire and South Warwickshire to enable members of the public to find out more about the proposals and make their views known. As this paper was prepared the first six drop in sessions had been held at the Alexandra, Kidderminster, Worcestershire Royal, Malvern and Evesham Hospitals and the Arrow Valley Country Park in Redditch. More than 450 people had visited the stand and spoken to staff. More than 20 meetings with existing groups including those for older people, the disabled, carers and those with long-term conditions, young people and LGBT people had been arranged and more will be arranged throughout the consultation to ensure those most affected by the changes and those in the recognised disadvantaged groups have the opportunity to have their voices heard.

3. After the first three weeks of consultation 633 people had completed the online questionnaire and 450 had attended one of 15 meetings and drop in sessions.

Summary of the Public Consultation on the Future of Acute Hospital Services in Worcestershire at the end of week two	
Meetings and drop in sessions	20
Numbers of people attending	565
Number of questionnaires returned	633

4. Areas of concern highlighted at the drop ins and on the questionnaires include transport between the hospital sites and from rural areas to the three hospitals. There is particular concern that there is not a frequent bus service between the Alexandra and Worcestershire Royal Hospitals or a direct bus service between Kidderminster Hospital and the WRH. There is also anxiety about the loss of services from the Alexandra Hospital and the available capacity of the Worcestershire Royal Hospital to cope with the additional workload.

5. A verbal update on the number of people attending drop in sessions and completing the questionnaire will be given at the meeting.

6. The consultation is due to end on March 30th which will be one week into the Local Government election purdah period. No public meetings can be held during purdah and no decisions on future services can be undertaken until after the local elections on May 5th. This gives the programme time to analyse the responses to the consultation in depth. A final report on the consultation will be taken to the three CCG Governing Body meetings at the end of May 2017.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Specific Contact Points for this report

Name: Claire Austin – Communications and Engagement Lead, Future of Acute Hospital Services in Worcestershire Programme

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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:

Future of Acute Hospital Services in Worcestershire Consultation document

Future of Acute Hospital Services in Worcestershire Summary Consultation document

Questionnaire

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HEALTH AND WELL-BEING BOARD

14 FEBRUARY 2017

Children and Young People's Plan and Governance

Board Sponsor

Catherine Driscoll

Author

Hannah Needham

Priorities

Older people & long term conditions

Mental health & well-being

Obesity

Alcohol

Other (specify below)

(Please click below
then on down arrow)

No

Yes

Yes

Yes

Educational attainment

Groups of particular interest

Children & young people

Communities & groups with poor health outcomes

People with learning disabilities

Yes

Yes

Yes

Safeguarding

Impact on Safeguarding Children

If yes please give details

Yes

Impact on Safeguarding Adults

If yes please give details

Yes

Item for Decision, Consideration or Information

Decision

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

- a) Approve the proposals to refresh the Children and Young People's Plan (CYPP) for 2017 to 2021 and for the plan to act as framework for a whole-system response to improving outcomes for children, young people and their families;
- b) Approve the proposal to strengthen the, already well-established, Connecting Families Strategy Group and for this group to take responsibility for overseeing the implementation of the refreshed CYPP. This effectively replaces the proposed Children and Families Strategic Group which was never fully implemented; and

- c) Note the timescales for consultation to inform the refresh of the Children and Young People's Plan which includes seeking the views of children, young people and families**

Background

2. The Children and Young People's Plan (CYPP) 2014 – 2017 was approved by the Health and Well Being Board in July 2014. The Plan was developed and owned by the Children's Trust and was a joint, strategic overarching plan for all agencies that work with children and young people. It outlined how partners will work together to improve outcomes for children and young people and set out the vision of how to improve outcomes up to 2017. The CYPP had seven priorities:-

- Children and young people have a healthy lifestyle
- Children and young people reach their full potential in education
- Children and young people are helped at an early stage
- Children and young people are protected from abuse and neglect
- Children and young people grow up in secure and stable homes
- Young people have the life skills they need so they feel ready for adult life
- Children, young people and their parent/carers know where to go for information about services.

3. Since the approval of the plan in 2014, the Health and Well Being Board has received an update around performance in July 2015 and February 2016. The Health and Well Being Board also approved, in May 2015, plans to refresh the Children's Trust governance arrangements and form a Children and Young People's Strategic Partnership – this group was never fully implemented due to changes in leadership and a greater focus on establishing Connecting Families governance.

4. In February 2016, the Health and Well Being Board noted the need to refresh the Children and Young People's Plan in light of the refreshed Joint Health and Wellbeing Strategy and the wider prevention agenda. The Joint Health and Well Being Strategy is an all-age strategy and has three key priorities. The Strategy also outlines the five main approaches to prevention. These are listed below.

- Working together to promote healthy lifestyles
- Helping people to take charge of their health and wellbeing
- Giving good clear information to people
- Planning and buying services that work to prevent people becoming ill.
- Making sure our help goes to those that need it most.

5. Since February 2016 there has also been a number of other changes and developments across the children and young people's sector including:

- Launch of Connecting Families, establishment of a Connecting Families Strategic Group and piloting of new ways of working across Redditch
- Political and Senior Officer Leadership Changes (new Cabinet Member, Director and Assistant Director posts)
- Refocus of the Worcestershire Safeguarding Children's Board governance arrangements including monitoring the effectiveness of early help arrangements

- Single safeguarding Ofsted inspection with regard to the help, care and protection of children and young people
- Development and launch of the Sustainability and Transformation Plan which has a clear focus on prevention
- Launch of Worcestershire County Council's Corporate Plan 2017-2022
- Development of the Children and Families integrated commissioning group which brings together commissioners of services for children and families to work collaboratively in commissioning efficient and effective services
- A plethora of commissioning and service re-design activity across children and family focused services including the 0-19 prevention service re-design which was underpinned by an early help needs assessment

6. It is now intended to refresh the current CYPP in order to create a framework for a whole-system response in improving outcomes for children, young people and families. The Health and Well Being Board are asked to approve this approach.

Children and Young People's Plan 2017 – 2021

7. Throughout the life of the previous CYPP there have been a number of improvements that have been made including:-

- The number of young people who are in education, employment or training has increased from 95% to 97%;
- 9 out of 10 of schools are now judged as good or better by Ofsted;
- The rate at which under-18s are admitted to hospital for alcohol-specific conditions has decreased in Worcestershire, bringing us into line with the national average and other similar areas;
- There has been an 18% rise in the number of children adopted since 2014/15
- 70% of young people are now achieving 5 or more good GCSEs
- Waiting times for Children's mental health services has reduced from an average of 23 weeks (referral to partnership appointment) as at June 2015 to an average of 11 weeks as at November 2016. Average wait for a first appointment (Choice appointment) was 3 weeks in Nov 2016.

8. However, there are still a number of areas of concern and potential priorities for greater scrutiny and oversight within the refreshed CYPP. These include:-

- School readiness (Early Years Foundation Stage Profiles) and the broader range of health inequalities for the under 5s;
- Key Stage 2 results continue to be below expectations;
- Growing prevalence of children diagnosed with special education needs and disabilities and understanding what support may be needed to meet their needs;
- Education attainment of vulnerable pupils including those eligible for free school meals, looked after children and children with special education needs and disabilities. The gap is still too big between these vulnerable groups and their peers;
- Progress of Care Leavers into suitable accommodation and education, employment and/or training. 48% of care leavers are currently not in education, employment or training;
- Emotional wellbeing and mental health needs of children and young people;

- Demand on social care at every level (Children in Need, Child Protection and Looked After Children) and the capacity, capability and quality of social care practice;
- Greater focus on working with communities and those organisations that work closely with communities (e.g. Parish Councils and the Voluntary and Community Sector) to find solutions to enable them to help themselves; and
- Rapid growth in housing planned across Worcestershire. This is important as it will potentially mean large changes in the population of the county, most likely a steeper increase than is currently being projected.

9. Improving outcomes for children and families and tackling the challenges outlined in section 6 will require partners and service users to work collaboratively and co-operatively. The refreshed CYPP will need to focus on values and creating the right conditions and relationships for a whole-system response. For example consideration will need to be given to:

- Taking the children, families, communities' perspective and understanding the system and services through their eyes
- A focus on putting people (i.e. children, young people and families) first and agency second
- Making changes based on data and knowledge
- Considering the whole system end-to-end so everyone plays their full part and is adding value
- Putting solutions in the hands of those that need to deliver change

Strengthening the governance across the Children and Families Sector

10. Ofsted carry out inspections of Local Authority services with regard to the help, care and protection of children and young people. Worcestershire's inspection took place from 24 October to 17 November 2016. The report was published on the 24th January 2017 with the overall judgement being inadequate. Within the report, Ofsted highlighted the Connecting Families programme as a positive new way of working in Redditch. They state that this needs further strategic ownership by partners to implement the model (whole-system approach to improving the way in which agencies work together) across the county.

11. Ofsted also highlighted that without a up to date CYPP and functioning Strategic Group there is ***"a lack of strategic drive and reviewing mechanisms that ensure effective progress of partners individually and collectively to make sure services for children and families are integrated and outcomes for children are improving"***

12. To respond to this feedback it is proposed that the existing Connecting Families Strategic Group take ownership of the development and implementation of the CYPP. This forms part of their existing remit and ambition of taking a whole-system response to overcome challenges that prevent and/or delay positive outcomes for children, families and vulnerable individuals and transform the way public services are delivered to improve outcomes, reduce demand and use 'Worcestershire Pound' more effectively.

13. To do this the membership of the Group will need to be strengthened so key individuals such as the Director of Children, Families and Communities and equivalents within partners agencies e.g. Health and Police are playing their full part. It is also

proposed that the Connecting Families Strategic Group is a sub-group of the Health and Wellbeing board and replaces what was the intended Children and Families Strategic Group. A draft terms of reference are attached in the Appendix and the Health and Well Being Board are asked to approve this approach.

Next Steps and Consultation

14. There are a wide range of strategies, plans and partnerships, both owned by Worcestershire County Council and wider partners, that need to be embedded within the new CYPP; these are all inextricably linked and critical to the delivery of our future vision for Children and Young People.

15. These strategies, plans and partnerships need to be identified and links made to any ongoing priorities and engagement with children, families and communities. They will include for example

- Strategies – Prevention and Early Intervention, Corporate Parenting, Care Leavers
- Partner plans – Clinical Commissioning Groups, Police, and District Councils
- Partnerships – Health and Wellbeing, Safeguarding, Crime and Disorder, Schools

16. As part of the current Connecting Families work data is being pulled together to help determine where focus and effort should be place in improving outcomes. This work also includes drawing on the knowledge and experience of partners across Worcestershire in terms of their understanding of the needs, issues and concerns evident in the county. The data, knowledge and evidence gathered will be used to inform the future priorities for the CYPP.

17. A wide ranging consultation and co-production plan will be drawn up which will include engagement with children, young people, parents, carers and staff who work with them including:

- | | | |
|---------------------|-----------------------|---------------------|
| • Social Care Teams | • Family Support | • Districts |
| • CCGs | • CAMHs | • Parenting |
| • Health Visitors | • Speech and Language | • Housing Providers |
| • Police | • Voluntary Sector | • Sexual Health |
| • Schools | | |

18. A variety of consultation methods will be used to maximise the level of engagement. These will include

- surveys – linking to those already done by WCC and partners eg Viewpoint
- workshops
- practical sessions with established groups
- interviews
- and focus groups.

Timescales	Action
February 2017 – April 2017	Identification of strategies, plans and partnerships links made to any ongoing priorities and engagement with children, families and communities

Feb 2017 – April 2017	Mapping against other strategies, plans and partnerships - to build on existing plans and events
April 2017	Detailed consultation plan will be in place and shared with the Health and Well Being Board
Feb 2017 - August 2017	Consultation activities take place
August 2017	Plan is collated
October 2017	New CYPP Launched

Contact Points

County Council Contact Points

County Council: 01905 763763

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Specific Contact Points for this report

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Supporting Information

- Children and Young People's Plan 2014-2017
- Draft terms of reference for Connecting Families Strategic Group

Worcestershire's Children and Young People's Plan

2014 to 2017



WORCESTERSHIRE
SOURCE OF EXCELLENCE



Children's Trust

Introduction

Welcome to the Children and Young People's Plan (CYPP) for Worcestershire. This plan is the single plan for all children and young people in Worcestershire aged from 0-19 years, and some groups of vulnerable young people up to the age of 25 years old. It has been led by the Worcestershire Children's Trust Executive Board, a sub group of Worcestershire's Health and Well Being Board which approved the plan.

The Children's Trust in Worcestershire recognises and embodies the importance of partnership working and co-operation between agencies working with children, young people and families in improving their life chances. This plan covers 2014 to 2017 and builds on the substantial work previously undertaken and recognises the important role that the emerging Local Children's Trusts will have in the future, working closely with early help providers and partners at a locality level.

The period of the last CYPP was one of significant change and challenge, particularly given the level of financial reductions faced by all partners. The scale of this challenge is likely to remain throughout the period of this new plan. One of the major changes in response to this has been, and will continue to be, the commissioning of the right services for children and young people so that they are provided at the right place, at the right time and at the right price. Our successes in commissioning early help services in all six district areas and the continued development of joint commissioning arrangements between the local authority and NHS Worcestershire demonstrate how Children's Trust partners have come together to improve outcomes for children and young people despite budget reductions. This new Children and Young People's Plan, therefore, comes at a time when Children's Trust partners are moving into a new phase of planning, commissioning and delivery of services to children, young people and their families.

In this plan we have refreshed our visions, values and priorities. To help decide on the priorities for this Children and Young People's Plan there has been widespread consultation with children, young people, their parents and carers and those that work with them. The voice of children and young people is vital to all that we do going forward. The recently established Local Children's Trusts have been a significant part of consultation and will have a lead role in turning the ambitions and priorities outlined in the plan into reality. As a result, the plan articulates a commitment to participation, co-operation and collaboration by Children's Trust agencies. However, the challenge is how we channel our energy and increasingly limited resources into what makes most difference for children and young people.

We recognise that every child and young person is an individual. We have high aspirations for every one of them and want every one of them to grow up with the opportunity to realise their full potential. The Children's Trust will now do its best to make this a reality.

Publication of this plan would not have been possible without the support of all those who contributed to consultation. The Children's Trust would like to thank all those who have taken part, especially the children, young people, parents and carers whose input has been invaluable in shaping the plan.



Councillor Liz Eyre
Chair of Worcestershire
Children's Trust



Gail Quinton
Director of Children's Services

What is a Children and Young People's Plan?

A Children and Young People's Plan is a joint, strategic overarching plan for all agencies that work with children and young people. It outlines how Children's Trust partners will work together to improve outcomes for children and young people in the county, setting out the vision for improving those outcomes through to 2017. The plan outlines the Children's Trust's values and ways of working as well as the strategic priorities. The plan is important as it demonstrates how partners will work together, what actions and activities will take place and how we will know we have made a difference. The plan covers all services for children and young people aged 0 to 19 years old and some groups of vulnerable young people up to the age of 25 years old.



The Children and Young People's Plan and its priorities have been informed by and are aligned with the priorities of Worcestershire's Sustainable Community Strategy and the Health and Well-being Strategy. A variety of strategies and operational plans developed by individual Children's Trust agencies sit underneath the Children and Young People's Plan.

There are two main parts to this plan. The first is a look at how well we delivered our priorities for 2011 to 2014. The second part outlines our vision, values and priorities for the future and how these will be delivered.

Worcestershire's Children's Trust

The Children's Trust is a partnership of organisations that work with children and young people, along with representatives of children, young people and parents/carers. Its main purpose is to improve outcomes for all children and young people in Worcestershire through planning services as well as promoting and enabling joint commissioning. The Trust is a sub-group of the Health and Well-being Board and works closely with Worcestershire Safeguarding Children Board and the Corporate Parenting Board. The Children and Young People's Plan is aligned to the plans and strategies of these boards.

Local Children's Trusts are an important part of our Children's Trust arrangements and we are currently working to establish Local Children's Trust in each of the six district areas. The main purposes of a Local Children's Trust are:

- to make sure that there is local plan which demonstrates how the priorities in the Children and Young People's Plan and any other local priorities are going to be delivered in the local area
- to ensure that planning of services at a local level helps to improve outcomes for children and young people, including through local commissioning arrangements.

Children, young people, parents and carers are also an important part of the Children's Trust. They provide advice to the Children's Trust Executive Board, tell the Board about what matters to them and how well they think we are doing on key issues. We actively encourage the participation of children, young people, parents and carers in the planning services.

How well have we done 2011-2014?

The Children and Young People's Plan for 2011 – 2014 set out five priorities and what we would do to achieve them. This section outlines the progress made.

We said...

Children and young people will be protected from harm and neglect

We achieved...

- There has been a small increase over the life time of the plan in children with a Child Protection Plan and those with a Child Protection Plan for a second or subsequent time, but Worcestershire remains better than the national average.
- Over the same time period, there has been a decrease of 15.4% in Child Protection Plans where domestic abuse was identified. This means that we are doing better than the target we set ourselves.
- We have improved safeguarding services which were rated 'adequate' by Ofsted in 2012. Significant service redesign has taken place and two peer reviews in 2013 have helped us to improve services further. No child was found to be at immediate risk of significant harm.
- There continues to be pro-active and effective work being undertaken to protect children when required and also to ensure families are enabled to care for their own children safely where this is possible. Worcestershire Safeguarding Children's Board has worked to raise the understanding of all partners of the thresholds for a child needing a Child Protection Plan and there is robust oversight of Child Protection Plans.
- An Early Help Strategy is in place and Early Help services have been commissioned in all six district areas, informed by local priorities and need so that services are locally responsive. The Early Help Hub has been operational since April 2013 acting as a single point of contact to raise and notify any concerns about a child, young person or family where there is perceived to be no risk of significant harm. CAF was re-launched in Autumn 2013 as the Early Help Assessment (EHA) that assesses a family's needs and identifies the required outcomes.
- The Stronger Families initiative has been proactive in identifying supporting, intensive and challenging work with families who meet the criteria for the project. As of January 2014, we have worked with/are working with 583 Stronger Families, and have claimed payment by results for 191 families.
- There has been a decrease in the percentage of children and young people who say they have experienced bullying or aggressive behaviour from 70% in 2009 to just less than 50% in 2013.

We said...

Educational outcomes will be outstanding for all children and young

We achieved...

- 84% of pupils are now educated in good or outstanding schools and almost 86% of early years providers are good or outstanding. 71.7% of Looked After Children are educated in good or outstanding schools.
- In 2009 the local authority was ranked 90th out of 153 for GCSE performance. It is now ranked 50th. There has been an improvement of 8% over the course of the plan in the percentage of pupils achieving five or more A*-C including English and Maths with 62.9% of pupils achieving this in 2012/13. This means that we are doing better than the target we set ourselves as well as the national and statistical neighbours' averages.
- An improvement in the percentage of early years pupils achieving an overall level of good level of development to 64% in 2012, but the government introduced a new method of assessment which meant that there was a decline to 49% in 2013. The Early Years and Childcare Service and the School Improvement Service challenge and support settings and schools to ensure that provision is appropriate to enable all children to make at least expected progress.
- An improvement in the percentage of year six pupils attaining age related expectations at the end of Key Stage 2 to 77% in 2012 but the government then introduced a new measure of attainment which meant there was a decline to 72% in 2013.
- An improvement in inequalities in educational outcomes for some vulnerable groups of pupils, including Key Stage 2 pupils eligible for Free School Meals, although the improvement is not as good as the improvements made nationally and by our statistical neighbours.
- 15.4% of Looked After Children attained 5 A*-C, including English and Maths at GCSE in 2013, and increased from 9.5% (4 children) in 2013. 33% of Looked After Children attained Level 4+ Reading, Writing and Maths at end of Key Stage Two in 2013. A tracking system is in place to chart progress of Looked After Children in their educational outcomes.
- The local authority has continued to support schools and other settings to improve the quality of teaching and learning and has also provided targeted intervention in schools in challenging circumstances, ensuring the curriculum is appropriate to the needs of pupils.



We said...

Young people will move successfully into adulthood

We achieved...

- An improvement over the life of the plan in the percentage of 16 to 18 year olds who are not in employment, education or training (NEET), such that 5.2% of young people were NEET in March 2013. This is a 0.3% improvement despite the economic recession. This means that our target was met as Worcestershire's performance was better than the national average. Looked After Children and care leavers are a priority for 'Open for Business' addressing Entry to Employment. As a Corporate Parent, Worcestershire County Council is prioritising those schools with high numbers of Looked After Children to support work experience and progression to apprenticeships.
- More Care Leavers live in suitable accommodation and more are in education, employment or training in 2013/14 than at the start of the plan. We are performing better than our target. There is now a specialist team which is supporting care leavers in their transition to adulthood, including supporting them in finding education, employment and training, promoting their health and well-being and supporting them to find somewhere safe and secure to live. A Protocol and provision for 16/17 year old Homeless Young People has been developed with District Housing Officers, including Safe Base accommodation.
- Drop-in venues for Care Leavers have been developed and implemented across the county, providing welfare and health advice.
- There has been some improvement in educational outcomes for 19 year olds, although there is still some improvement to make so that we meet our targets. We have been strengthening links between post-16 providers to enable challenge, support and identification of good practice.
- A Young Adults' Team for young people aged 16 to 24 with complex disabilities and health needs has been in place since 2012 to improve transitions between children's and adults' services.

We said...

Children and young people will have the opportunity to grow up in stable and secure families

We achieved...

- There has been a rise in the social care referral rate over the life time of the plan meaning our target for reduction has not been reached. Children's Social Care is continuing to work to reduce referrals through identification of help at an earlier stage in partnership with the Early Help Hub.
- Following the completion of an in depth needs assessment, the Looked After Children (LAC) Strategy has been developed to prevent children from needing to be looked after; to enable children to return to their birth family where possible and where this is not possible, to identify a secure and stable alternative home.
- Numbers of Looked After Children are managed through the LAC Action Plan and work has been undertaken to address the increase in numbers through the social care service redesign and the support offered through the Early Help Strategy.
- There has been an increase of 5 per 10,000 in the number of Looked After Children in Worcestershire from 50 per 10,000 to 55 per 10,000 in 2012/13 throughout the life time of the plan. Worcestershire has a lower figure than the national average. A pilot inspection of services for Looked After Children undertaken by OFSTED in November 2012 did not find any child who should not have been looked after.



We said...

Children and young people will grow up healthily

We achieved...

- Speech, Language and Communication Needs have been re-commissioned and there has been a significant decrease in waiting times for these services. The talking walk-in service has provided early intervention to children under 5 years with approximately 100 unique children and their parents visiting the drop-ins within each quarter, with positive feedback from parents. The service has also trained professionals such as health visitors, early years settings staff and school staff to be able to identify speech, language and communication difficulties and support strategies to address those.
- Re-commissioned a Child and Adolescent Mental Health Services with a single point of access and out of hours assessment and support, as well as a specialist service for LAC. There has been a significant decrease in waiting times.
- Services for children and young people with disabilities have been redesigned, including the development of both community and specialist short breaks services that better meet need. This gives families more choice and control over the services they could buy to meet their assessed needs through direct payments and the development of an integrated equipment resource service that allows professionals and the families they work with to access equipment more readily.
- Work has been commissioned in Areas of Highest Need to address health inequalities and improve health outcomes, including additional play schemes, after school clubs, breakfast clubs, projects to reduce risky behaviour (e.g. alcohol, drugs), healthy cooking sessions and community food workers.
- A healthy weight service has been put in place for pregnant and new mothers as well as a breastfeeding support service and healthy lifestyle community programmes have been piloted.



Our Vision, Values and Approach

In shaping our vision for 2104-2017, we have considered what it is like for children and young people in Worcestershire today. To do this, we have depicted Worcestershire as a village with 100 children and young people and used this as a baseline from which to help identify what outcomes we need to improve.

If Worcestershire was a village with 100 children and young people in 2014:



Our vision is:

We will work together to make Worcestershire a place where children and young people from all communities and backgrounds are healthy, feel safe and have opportunities to enjoy their lives and reach their full potential.

If Worcestershire was a village with 100 children and young people in 2017:

Our vision for Worcestershire in 2017 is that children, young people and families achieve their potential in a safe environment so that they lead successful lives. So if Worcestershire was a village with 100 children and young people in 2017 we would expect to see more children and young people:

having a
healthy
lifestyle

reaching
their full
potential in
education

protected from
abuse and
neglect

being
helped
at an early
stage

having
the life skills
they need for
adult life

knowing
where to go
for information
about services
and support

growing up
in secure
and stable
families



Values

The Children's Trust wishes families to be at the centre of all it does or strives to do. Our values take account of the United Nations Convention for the Rights of the Child and are:

- all children and young people matter;
- to listen to, hear, respect and value children and young people;
- to celebrate diversity, whilst acknowledging individual rights and responsibilities;
- to stretch the most able, support those who need it, and protect and nurture the most vulnerable;
- that families will be encouraged and empowered to help themselves;
- where possible, to prevent problems from happening;
- to provide the right support at the right time and at the right place;
- to involve children and young people in decision-making, particularly those decisions that affect their family life;
- for agencies and professionals to work in partnership with each other and with families;
- for services to be of high quality, no matter who delivers them.

Approach

The priorities contained in this plan:

- are based on evidence of need;
- incorporate recommendations from external assessment of the performance of some services in Worcestershire by Ofsted and peer reviews;
- reflect local views, wishes and aspirations of children, young people and their parents and carers, as well as local community leaders such as elected members;
- draw upon the knowledge and experience of operational staff and managers.

Our approach will be to:

- remain focused on outcomes so that we can demonstrate not how much we do, but what impact it has had;
- focus actions on those children, young people and families living on a low income as well as those children, young people and families who are vulnerable, including those in rural areas ;
- encourage local solutions to local problems/issues;
- provide services that deliver value for money;
- promote personalisation;
- work in partnership whenever and wherever possible;
- do what we know has been proven to work.





Being Outcomes Focused

The Children's Trust wishes to become more outcome-focused in its approach and has agreed a terminology that will be used to ensure that the work of the Children's Trust remains focused on outcomes and so that we can demonstrate impact. For this purpose, an outcome is defined as 'an end result,' for example, Looked After Children are healthy. It is not what activity has taken place, but the consequences of that activity.

For the purposes of this plan, an indicator is a measure which permits us to quantify the extent to which outcomes are being achieved, or to tell what difference we have made or what impact we had. Using the example of Looked After Children being healthy, the percentage of Looked After Children who are obese could be used as an indicator to measure success.

Whilst our vision extends through the life of the Children and Young People's Plan to 2017, the rest of this plan outlines what we will do in the coming twelve months to progress the priorities that we have identified.

Our Priorities

Children and young people have a healthy lifestyle

Our areas of focus are:

- to improve the emotional health of children and young people, including access to mental health support;
- to encourage children and young people to eat healthily and participate in physical activity and sport;
- to reduce the harm caused by, and improve young people's awareness of, smoking, drugs and alcohol.



Children and young people reach their full potential in education

Our areas of focus are:

- to increase the diversity and further improve the quality of learning opportunities and access to them for all children and young people;
- to reduce educational attainment gaps between vulnerable learners and their peers;
- to match learning opportunities to the child or young person;
- to help parents and carers to be involved in their child's learning (with a focus on parents with poor literacy skills).

Children and young people are helped at an early stage

- Our areas of focus are as identified in the Early Help Strategy.

Children and young people are protected from abuse and neglect

Our areas of focus are:

- to improve services that help to keep children safe;
- to reduce the impact on children and young people of domestic abuse, parental mental health issues and substance misuse;
- to protect children and young people who go missing and from child sexual exploitation;
- to help children and young people feel safe wherever they are.

Children and young people grow up in secure and stable families

- Our areas of focus are as identified in Corporate Parenting Strategy.



Young people have the life skills they need so they feel ready for adult life

Our areas of focus are:

- to work with businesses and other organisations to improve the range of work experience, jobs, apprenticeships and volunteering opportunities for young people, especially for those who are not currently in education, training or employment or those who are in care;
- to help all young people to gain the information and skills that will help them to live independently, especially those young people who are about to leave care;
- to improve transition arrangements between children's and adults' services for children with special educational needs and disabilities.

Children, young people and their parents/carers know where to go for information about services and support

Our areas of focus are:

- to continue to develop the internet as a point of access for children, young people and their parents/carers requiring information, advice and guidance on all aspects of a child's life;
- to continue to develop and promote existing information on services for children, young people and their parents/carers, the support they offer and how to access them;
- to improve accessibility of information on what to do when there are concerns about the welfare and safety of a child or young person.



Outcome:

children and young people have a healthy lifestyle



Our areas of focus are:

- to improve the emotional health and well-being of children and young people, including access to mental health support;
- to encourage children and young people to eat healthily and participate in physical activity and sport;
- to reduce the harm caused by, and improving young people's awareness of, smoking, drugs and alcohol.

Why is this important?

- Mental health and well-being, obesity and alcohol are priorities in Worcestershire's Health and Well-being Strategy. There are approximately 9,500 children with mental health problems in Worcestershire. Good emotional and mental health is just as important as good physical health and can affect all other areas of a child's life, including attainment at school.
- Consultation indicates that more needs to be done to improve the emotional health and wellbeing of children and young people and to improve referral and access to mental health support. It was ranked within the top ten issues identified in the Make Your Mark Survey undertaken by Worcestershire Youth Cabinet.
- There is an increased risk and rate of poorer mental health in children and young people living in families with low incomes compared to those in better-off households.
- The needs assessment indicates that in 2011/12 almost a quarter of children in reception and a third of children in year six were either over weight or very over weight. The prevalence is significantly higher for boys than girls. Obesity can lead to a range of health problems later in life, including diabetes, high blood pressure, heart attack, stroke and cancers.
- Very over-weight children in both reception and year 6 are more likely to live in areas that are more deprived and children growing up in poverty are less likely to have a healthy diet, access to fresh fruit and vegetables and take regular exercise.
- Levels of alcohol-specific hospital stays amongst those under 18 are worse than the English average. Excess alcohol consumption leads to social problems including crime, antisocial behaviour, domestic abuse and family breakdown. It can also lead to a range of health problems later in life including high blood pressure, stroke, cancers and depression.
- The percentage of women who smoke in pregnancy are higher than the English average. Smoking in pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, still birth and sudden unexpected death in infancy.

What will be done?

- More services and support will be planned and commissioned jointly across agencies to reduce duplication and increase the quality and efficiency of local services in order to reduce health inequalities, particularly in areas of deprivation.

- Drug and alcohol services will be re-commissioned taking account of the spectrum of need from children to adults.
- The Worcestershire Mental Well-being and Suicide Prevention Plan will be implemented focusing on early intervention and promotion of mental well-being across all settings and all ages.
- The Worcestershire Healthy Weight, Healthy Lives Strategy and action plan, including the Infant Feeding Plan will be implemented. This will include work to empower families to take responsibility for their diet and physical activity.
- A comprehensive county-wide response to the prevention of self-harm and suicide in children and young people, to include self-help information for children and young people, training and awareness raising in schools and other settings around self-harm and information will be developed.
- Information from children and young people on their experience of healthcare services will be captured to ensure that services meet needs, including the development of mechanisms for capturing young people's feedback on the support for emotional well-being that has been accessed from early intervention services provided by schools, early help providers and school nurses.
- Continue the redesign of unit based residential short breaks provision as well as work to create integrated health and social care teams for services that children with disabilities need.
- Commission school nurses to work in partnership with schools and the community to improve health outcomes for children and young people. This will include improving the awareness of the harm caused by smoking, drugs and alcohol, the promotion of healthy weight and emotional health and well-being.

What will success look like?

- Children and young people will access appropriate, high quality mental health support and services that meet their needs in a timely manner.
- More children and young people eating healthily and participating in sport regularly.
- Redesigned school nursing services and drug and alcohol services in place, focusing on areas of highest need.
- A decrease in health inequalities for children and young people across the county.
- More young people are aware of the harm caused by smoking, drugs and alcohol.

How will success be measured?

- A reduction in hospital admissions as a result of self-harm (10-24 years) from 416 per 10,000 in 2012/13 to 377.5 per 10,000 in 2014/15.
- 33% or fewer year 6 pupils with excess weight in 2013/14 (academic year).
- Reduce the gap between the percentage of year 6 pupils from disadvantaged communities with excess weight from 8% in 2012/13 to 7.5% in 2013/14 (academic year).
- A reduction in alcohol-specific hospital admissions amongst those under 18 from 57.2 per 100,000 in 2012/13 to 47.1 per 100,000 in 2014/15.
- 14% or fewer of mothers smoking at the time of delivery in 2014/15.
- An increase in the percentage of mothers breastfeeding at 6-8 weeks so that Worcestershire is not significantly different from the England average.



Outcome:

children and young people reach their full potential in education

Our areas of focus are:

- to increase the diversity and further improve the quality of learning opportunities and access to them for all children and young people;
- to reduce educational attainment gaps between vulnerable learners and their peers;
- to match learning opportunities to the child or young person;
- to help parents and carers to be involved in their child's learning (with a focus on parents with poor literacy skills).

Why is this important?

- Giving children and young people access to high quality education is crucial to enable them to reach their full potential and fulfil their aspirations. Even high performing schools, further education colleges, early years and other settings can continue to improve so that they become amongst the best nationally. High quality leaders, including governors, are essential to such improvement.
- The needs assessment indicates that educational outcomes for the Early Years Foundation Stage, Key Stage Two and Key Stage Five in Worcestershire are just below national averages in 2013.
- Inequalities exist in the educational outcomes for specific groups of children and young people compared to the outcomes for the wider range of children and young people of which the groups form a part. This is particularly apparent for pupils eligible for Free School Meals, Looked After Children and some black and minority ethnic groups. Such vulnerable children and young people often require additional support to enable them to achieve as well as their peers.
- Children from lower socio-economic groups are at much greater disadvantage at every stage in their education than those from higher socio-economic groups particularly if they form a small proportion of a school's population. However, educational attainment determines outcomes in later life and is a route out of living in poverty. The national Child Poverty Strategy prioritises preventing poor children becoming poor adults through raising their educational attainment.
- Three quarters of respondents to the View Point Survey said that learning opportunities should be matched to the child or young person and two thirds said that improving the range and quality of learning opportunities was important.
- National research shows that parental involvement in their child's learning is an important in improving a child's academic attainment and achievements, as well as their overall behaviour and attendance. The role of parents during a child's earliest years is the single biggest influence on their development.

What will be done?

- Schools and other settings will work in collaboration, particularly through local partnerships, school-to-school support and through the involvement of teaching schools, National and Local Leaders in Education
- Services will be commissioned to enable schools and other providers to improve their quality of provision and specific initiatives will be implemented to address identified areas of weakness.
- The Special Education Needs and Disability review will be implemented.
- Every school or setting will provide a learning environment (including the curriculum) that is appropriate for its learners.

- Schools and other settings that are not yet rated good by Ofsted will be challenged and supported, and their progress will be monitored regularly, including intervention where appropriate.
- Targeted support for schools and settings with vulnerable children, including identifying children and young people whose prior attainment and progress indicate that they are at risk of underachieving when compared to their peers.
- The progress of pupils from vulnerable groups will be tracked and monitored. An appropriate curriculum, adequate resources and targeted support will be provided so that provision meets the full range of pupils' needs.
- Schools and other settings will enable the active involvement of parents and carers in the education of their children.

What will success look like?

- Fewer schools and other settings in Ofsted categories of concern and fewer schools below floor standards, and more rated by Ofsted as outstanding.
- An improvement in educational outcomes for children and young people of all ages
- An improvement in the educational outcomes of children and young people from vulnerable groups at all key stages and a reduction in gap in educational outcomes for vulnerable groups of children and young people and the cohort of which the group is a part, particularly for those eligible for Free School Meals, Looked After Children, those with special educational needs and those from some black and minority ethnic groups.
- Better engagement at school and other educational settings by children and young people from vulnerable groups and families, including improved attendance and exclusions.

How will success be measured?

- An increase in the percentage of pupils who achieved a good level of development in the Early Years Foundation Stage from 49% in 2012/13 to 53.5% in 13/14 (academic year).
- The attainment gap at foundation stage to be 37% or lower in 2013/14 (academic year)
- An increase in the percentage of pupils that achieve at level 4 or above in Reading, Writing and Maths at Key Stage 2 from 72% in 2012/13 to 74% in 13/14 (academic year).
- An increase in the percentage of pupils achieving five or more A*-C at GCSE or equivalent including English and Maths from 62.9% in 2012/13 to 64% in 13/14 (academic year).
- A decrease in the percentage gap in achievement between pupils eligible for Free School Meals and their peers achieving the expected level at Key Stage 2 from 26.2% in 2012/13 to 24% in 13/14 (academic year).
- A decrease in the percentage gap in achievement between pupils eligible for Free School Meals and their peers achieving the expected level at Key Stage 4 from 30% in 2012/13 to 28% in 13/14 (academic year).
- A decrease in the achievement gap between LAC obtaining 5 GCSEs A* - C or equivalent from 38.6% in 2012/13 to 36% in 13/14 (academic year).
- A decrease in SEN/Non SEN attainment gap at Level 4+ at Key Stage Two Reading, Writing and Maths from 56.3% in 2012/13 to 54% in 13/14 (academic year).
- A decrease in the SEN/Non SEN attainment gap for 5 or more A*-C at GCSE including English and Maths from 50% in 2012/13 to 48% in 13/14 (academic year).

Please also refer to the priority on young people having the life skills they need, so they feel ready for adult life.

Outcome:

children and young people are helped at an early stage

- Our areas of focus are as identified in the Early Help Strategy

Why is this important?

- difficulties arise for approximately 30% of families nationally which, if nipped in the bud early enough, can be prevented from escalating to needing specialist services such as Social Care. Effective prevention and early intervention from universal and targeted services can bring about savings as specialist services are more costly to provide.
- 70% of respondents to the View Point Survey thought that preventing problems from happening and helping early on when they do should be an area of focus in the Children and Young People's Plan.
- The need to make the journey of the child and their family as seamless as possible through assessment and intervention as well as focusing support on the areas and families with highest need was a central theme that came from consultation.
- Over the last twelve months, we have commissioned early help services across Worcestershire, including Children's Centres. An Early Help Hub acts as a single point of contact for families and practitioners to raise any concerns about a child, young person or family who may have needs that cannot be met by universal provision and where there is perceived to be no risk of significant harm. This is supported by Early Help Assessment and Support Plans. These services and new ways of working need to be embedded.
- The needs assessment indicates that 2470 Early Help Notifications have been generated and 859 Early Help Assessments have been initiated since 1st April 2013.
- The government estimates that 900 families in Worcestershire meet the national Troubled Families criteria of having an adult on out of work benefits; children not being in school and/or family members being involved in crime and anti-social behaviour. The Stronger Families Programme has worked with 600 families across Worcestershire since April 2012 to achieve the outcomes of getting parents back to work, improving school attendance and anti-social behaviour.



What will be done?

- Further integrate services across the 0 to 19 age range including mapping of current provision, developing and implementing coherent pathways and ensuring a streamlined approach to assessing and meeting need.
- Integrate services for children aged 0 to 5 years with a particular focus on the future role of health visitors, family nurse partnerships and early years practitioners, including those based within Children's Centres.
- Re-define Worcestershire's approach to parenting support.
- Strengthen the approach for monitoring the quality and performance of all early help services across Worcestershire to demonstrate the impact on outcomes.
- Implement Phase 2 of the national Troubled Families agenda ensuring an effective interface with the broader early help provision.

What will success look like?

- Commissioned early help services for children, young people and their families will prevent issues from escalating further meaning fewer families require support from specialist services.
- Early Help services, including Children's Centres and parenting programmes, are integrated, accessible and responsive to local needs.
- More children and young people attend school and fewer are excluded.
- Better co-ordination and information sharing between service providers.
- Fewer children and young people requiring social care services.

How will success be measured?

- A decrease in referrals to children's social care from 308 per 10,000 in 2012/13 to 261.8 per 10,000 in 2014/15.
- A decrease in those who became subject to a child protection plan for a second or subsequent time from 20.5% in 2012/13 to 15.8% in 2014/15.
- A decrease in permanent exclusions to 0.065% in 2013/14.
- A decrease in persistent absence from 4.3% in 2012/13 to 4.28% in 13/14 (academic year).
- A decrease in the percentage of 16 to 18 year olds not in education, employment and training from 4.7% in 2012/13 to 4.5% in 2014/15.



Outcome:

children and young people are protected from abuse and neglect

Our areas of focus are:

- to reduce the impact on children and young people of domestic abuse, parental mental health issues and substance misuse;
- to protect children and young people who go missing and from child sexual exploitation;
- to help children and young people feel safe wherever they are

Why is this important?

- Protecting children and young people from abuse and neglect is the joint responsibility of all partners involved in Worcestershire's Children's Trust and the Worcestershire Safeguarding Children Board (WSCB).
- The areas of focus are key themes within the Worcestershire Safeguarding Board Strategic Plan.
- Ensuring that children and young people are safe and protected was rated as the top priority during consultation with all stakeholders.
- National research indicates that the experience of watching, hearing or otherwise being aware of domestic abuse can impact on children and young people's physical, emotional and social development. This is a priority in Worcestershire's Community Safety Strategy and WSCB's Strategic Plan.
- Children with Child Protection Plans are often from families where there is a high incidence of domestic abuse, parental alcohol and drug misuse, parental mental health issues and parental offending history.
- Being bullied can seriously affect a child's physical and mental health, lead to feelings of isolation and worthlessness and affect longer term life chances. The WSCB Bullying Survey indicated that 47% of children and young people responding to the survey said they had been bullied and 37% had experienced bullying in the last year. Many knew how to report bullying to their school or an adult, but felt that they did not receive enough support once they had reported it. The Worcestershire Youth Cabinet Make Your Mark Survey ranked bullying as the top issue for children and young people.
- It is estimated that nationally 100,000 children under the age of 16 run away from home or care every year. Running away can be symptomatic of wider problems in a child's life and those who run away are at greater risk of harm. There are longer term implications: half of all sentenced prisoners ran away as a child and adults who present as homeless often ran away as a child.



What will be done?

- The key activities set out in the WSCB Strategic Plan for 2014-2017 will be delivered.
- The effectiveness of arrangements for responding to missing children will be monitored and in particular the number of Looked After Children who go missing.
- Awareness of links to child trafficking and child sexual abuse will be raised and procedures and

guidance for working with, and identification of, those at risk of child sexual exploitation (CSE) will be embedded.

- Procedures will be put in place to prevent forced marriage and female genital mutilation.
- Safeguarding services will be improved through continued implementation and embedding of service redesign and recruitment of suitably qualified and experienced social workers.
- Think Family approaches will be developed to identify and support families where there is domestic abuse, parental mental health issues and substance misuse.
- Awareness of bullying issues for specific groups (including black and ethnic minority groups, children with learning difficulties and/or disabilities, those on low incomes and Lesbian, Gay, Bisexual and Transgender young people) will be raised and peer support approaches for those who have been bullied will be promoted through Worcestershire's Health and Well-being Strategy.

What will success look like?

- Children are safer from the risk and effects of domestic abuse through a greater awareness of the impact of domestic abuse on children and young people amongst practitioners.
- More support is given to children and young people affected by domestic abuse particularly those regularly exposed to this.
- Children and young people who require support receive timely and consistently high quality services.
- Fewer children and young people requiring social care or repeated social care support as a result of early intervention.
- Consistent application of thresholds and processes for access to services by all agencies involved in safeguarding children and young people.
- All agencies involved in safeguarding children and young people work co-operatively and share information in a timely and appropriate way.
- Children and young people say they feel safe wherever they are.
- Children and young people say that their school and other agencies deal with bullying well and are responsive when it occurs.



How will success be measured?

- A decrease in the number of children with a child protection plan from 33 per 10,000 in March 2014 to 31 per 10,000 in 2014/15.
- A decrease in those who became subject to a child protection plan for a second or subsequent time from 20.5% in 2012/13 to 15.8% in 2014/15.
- A reduction in the proportion of Child Protection Plans where domestic abuse is identified as a factor (baseline and target to be set).
- A reduction in the number of children and young people who go missing to below 29 per month.

Outcome:

children and young people grow up in secure and stable families

- Our areas of focus are as identified in Corporate Parenting Strategy.

Why is this important?

- Looked After Children are amongst the most vulnerable children and young people in society and local authorities and their partner agencies have a corporate parenting responsibility to improve the life chances for the children and young people who are in their care.
- Our vision for Looked After Children is to enable them to live in a safe home, with people who care, support and encourage them into recognising and reaching their personal aspirations for their future. Our aspirations and goals as Corporate Parents are the same as any good parent. We will require the best for them not just 'good enough'.
- There has been an increase in the number of Looked After Children in Worcestershire such that there are around 650 Looked After Children in our care. Our Looked After Children Strategy aims to ensure that all children are looked after by the right people in the right place at the right time.
- Nationally, children living in poverty are 700 times more likely to become Looked After.
- A Looked After Children Needs Assessment has been undertaken in Worcestershire which is being used as a basis for commissioning services and support for Looked After Children and those on the edge of care.

What will be done?

- Implement the Looked After Children Commissioning Strategy, including commissioning of high quality provision and services for Looked After Children and prevent children and young people coming into care.
- Implement the Corporate Parenting Strategy and the Healthy Care Action Plan.

What will success look like?

- More children safely and securely cared for at home, and thus fewer who are looked after.
- Looked After Children achieving good outcomes in all areas of their life, including education, health and employment.
- The right children come into care and are looked after by the right people in the right place at the right time.

How will success be measured?

- The Looked After Children rate to be 58 per 10,000 by the end of 2014/15.
- 70 children are adopted in 2014/15.



Outcome:

young people have the life skills they need so they feel ready for adult life

Our areas of focus are:

- to work with businesses and other organisations to improve the range of work experience, jobs, apprenticeships and volunteering opportunities for young people, especially for those who are not currently in education, training or employment or those who are in care;
- to help all young people to gain the information and skills that will help them to live independently, especially those young people who are about to leave care;
- to improve transition arrangements between children's and adults' services for children with special educational needs and disabilities.

Why is this important?

- Young people not in education, employment or training (NEET) are at risk of not achieving their potential, economically or socially. National research suggests that there is a reasonable expectation that 1 in 6 of young people who are NEET will never secure long term employment. Supporting families into work and increasing their earnings is one of the priorities of the national Child Poverty Strategy.
- Whilst there has been an improvement in the percentage of young people who are NEET in Worcestershire, there are variations across the county. Many of these young people are from some of the most vulnerable groups, including care leavers and young people from families already living in poverty. Low aspirations, poor educational achievement and economic circumstances mean that many are then subject to lifelong unemployment, benefit dependency or low paid employment.
- The Worcestershire Youth Cabinet Make Your Mark Survey indicates that children and young people thought there should be a better range of work experience opportunities and apprenticeships. Three quarters of respondents to the View Point Survey felt this should be a priority within the Children and Young People's Plan. Their 'Ready for Work' Survey also indicated that 66% of respondents had not undertaken work experience. Of the 33% that had accessed work experience, 25% felt it had not been useful in preparing them for the world of work.
- Transition between children's and adult's services and agencies is a key point in a young person's life, but can be a time of change, anxiety and uncertainty for the young person and their parents or carers. Successful transitions need to be planned well in advance to ensure that there is continuity in service provision or support.
- Many young people, including children leaving care, say that they feel unprepared for adulthood. Health care pathways for those leaving care are also insufficiently defined and young people have limited advice and information at this transitional stage. Consultation indicates that there is a lack of available good quality housing for young people, particularly care leavers and/or young parents. Young people feel that they need more training for independent living and skills for adult life, including money management skills.

What will be done?

- Businesses, schools and colleges and other organisations will work together to improve the range of work experience, jobs, apprenticeships and volunteering opportunities for young people, especially for those who are not currently in education, training or employment or those who are in care.

- Support will be provided for young people who are currently NEET to enable them to re-engage in education, employment and training.
- An appropriate mix and balance of flexible high quality education, training and employment opportunities for all young people will be developed.
- The pathways (and future commissioning intentions) for young people and families who are at risk of and/or become homeless will be clarified.
- Local Children's Partnerships will advocate volunteering as activity in which children and young people can engage.
- Transparent, consistent and personalised pathways for transition between a range of children's and adult's services and agencies will be implemented and inter-linkages with the SEND review and Well-Connected will be identified.
- The Special Education Needs and Disability (SEND) Review will ensure that 16 to 25 year olds with SEND will be supported in further education.

What will success look like?

- More young people, including those from vulnerable groups, engaged in a diverse range of high quality education, employment and training opportunities, including apprenticeships.
- Improved educational outcomes for young people between the ages of 16 and 19.
- More young people with special education needs and disabilities receive appropriate support to ensure a smooth transition between children and adult services and agencies.
- Young people who are living independently have appropriate life skills and are living in suitable accommodation.

How will success be measured?

- A decrease in the percentage of 16 to 18 year olds not in education, employment and training from 4.7% in 2012/13 to 4.5% in 2013/14.
- The proportion of young people attaining the level 2 threshold at age 19 to be in line with statistical neighbours' average
- The proportion of young people attaining the level 3 threshold at age 19 to be in line with statistical neighbours' average
- An increase in the percentage of care leavers in employment, education and training from 47% in 2013/14 to 52% in 2014/15.
- An increase in the percentage of care leavers in suitable accommodation at from 85.3% in 2012/13 to 90% in 2014/15.



Outcome:

children, young people and their parents/carers know where to go for information about services and support

Our areas of focus are:

- to continue to develop and promote existing information on services for children, young people and their parents/carers, the support they offer and how to access them;
- to continue to develop the internet as a point of access for children, young people and their parents/carers requiring information, advice and guidance on all aspects of a child's life;
- to improve accessibility of information on what to do when there are concerns about the welfare and safety of a child or young person.

Why is this important?

- Availability and accessibility of information about services and support was a key theme in consultation with parents, carers and young people. 80% of those responding to the View Point Survey felt it should be a key priority.
- Access to information and advice is essential for families who need, or may need services or support. It can empower families to help themselves when issues arise and reduce the need for more costly interventions, advice or support later on.
- Families living in poverty tend to be least pro-active in seeking the information, advice, guidance and support that will enable them to access universal and targeted services such as childcare, benefits and tax credits, training, transport and employment.

What will be done?

- Consultation will take place with parent carers on what information they require and how they would like it provided.
- Implement Worcestershire County Council's Digital Strategy so that information, advice and guidance is provided through digital channels and to enable on-line referral to/assessment for services such as the Early Help Hub, Social Care Access Centre and for pupils with special education needs.
- Develop the Early Help Hub as a single point of access for information on commissioned providers of services and activities for children with disabilities
- Better coordinate the provision of information and advice relating to the SEND Reform local offer, Early Help and Future.
- Partners will ensure that information on what to do when there are concerns about the welfare and safety of a child or young person are visible on their website.

What will success look like?

- Information on services and support available is more accessible to families and meets local needs.
- Parents, carers, children and young people from vulnerable groups are able to access information, advice and guidance on universal and targeted services when and where they need it.

How will success be measured?

- A decrease in referrals to children's social care from 308 per 10,000 in 2012/13 to 261.8 per 10,000 in 2014/15.

What else is needed to support the achievement of the priorities?

In order to achieve what this plan sets out to do, we will have to:

- put effective arrangements in place for reporting progress on this plan and managing performance.
- build effective partnerships locally and strategically, including Local Children's Trusts with local plans outlining how the priorities in the Children and Young People's Plan will be delivered in their area;
- commission services using joint and pooled budgets from a range of providers. This includes the development of pooled budgets and the commissioning of a range of local services that meet local needs;
- target resources on areas and communities of highest need and support communities to find local solutions to local problems;
- develop and train the workforce to ensure that it has the skills required to deliver universal, targeted and specialist services and better outcomes for children, young people and their families;
- continue to listen to the voice of children, young people and their parents/carers, and engage them in the development of services.





Worcestershire Council for
Voluntary Youth Services



Wyre Forest
District Council



Bromsgrove
District Council
www.bromsgrove.gov.uk



West Mercia Probation Trust



WORCESTERSHIRE
SOURCE OF EXCELLENCE



Children's Trust

Connecting Families Strategic Group Terms of Reference

Purpose of Group

To bring together Senior/Strategic Leaders from agencies and organisations across Worcestershire to lead a whole-system response to overcome challenges that prevent and/or delay positive outcomes for children, families and vulnerable individuals and to transform the way public services are delivered to improve outcomes, reduce demand and use the 'Worcestershire Pound' more effectively.

Objectives

- Take ownership of the development and implementation of Worcestershire's Children and Young People's Plan (CYPP) to improve outcomes
- Own the shape and value base for Worcestershire's frontline workforce and implement the children and families wider workforce strategy and plan
- Act as formal governance for the Connecting Families programme and take the strategic lead for shaping and steering its implementation
- Collectively lead transformational change through a value-based approach
- Jointly identify cross-organisational/agency opportunities to manage demand and use the 'Worcestershire Pound' in a more efficient and effective way
- To report progress to Worcestershire's Health and Well Being Board, Worcestershire Public Sector Executive Group and Worcestershire's Leaders Board
- To work closely with other strategic groups such as Worcestershire's Safeguarding Children's and Adults Boards and the Safer Partnership Board to deliver change and improve outcomes

Success measures

- Demonstrable impact and improvement in outcomes
- Demonstrable evidence of innovative and creative joint ways of working that removes duplication and repetition of effort and makes sense to staff/service users.
- Demonstrable evidence of an integrated approach in managing transformational change in an efficient and effective way

Membership - this is work in progress, membership to be confirmed.

Name	Job Role	Organisation
	Director of Children, Families and Communities	Worcestershire County Council – Children's Families & Communities
	Assistant Director Families, Communities and Partnerships	Worcestershire County Council – Children's Families & Communities

Name	Job Role	Organisation

**Chair and Vice Chair roles are appointed on annual basis.*

Supporting Officers

Name	Job Role	Organisation
	Group Manager:	Worcestershire County Council – Children's Families & Communities

Roles and Responsibilities

Members will need to:-

- seek out opportunities for greater collaboration/different ways of working in delivering services which are more effective and efficient in meeting need;
- be open and responsive to new ways of working;
- take the approach 'people first – agency second';
- lead and drive change within their own organisation so everyone plays their full part;
- pro-active seek out the views of children, families, communities and staff in order to understand the system and services through their eyes
- put the solutions for change in the hands of those that need to deliver the change;
- disseminate key communication messages back within individual organisations;
- respect each other's opinions and views;
- attend meetings, proactively present and constructively contribute towards discussion.

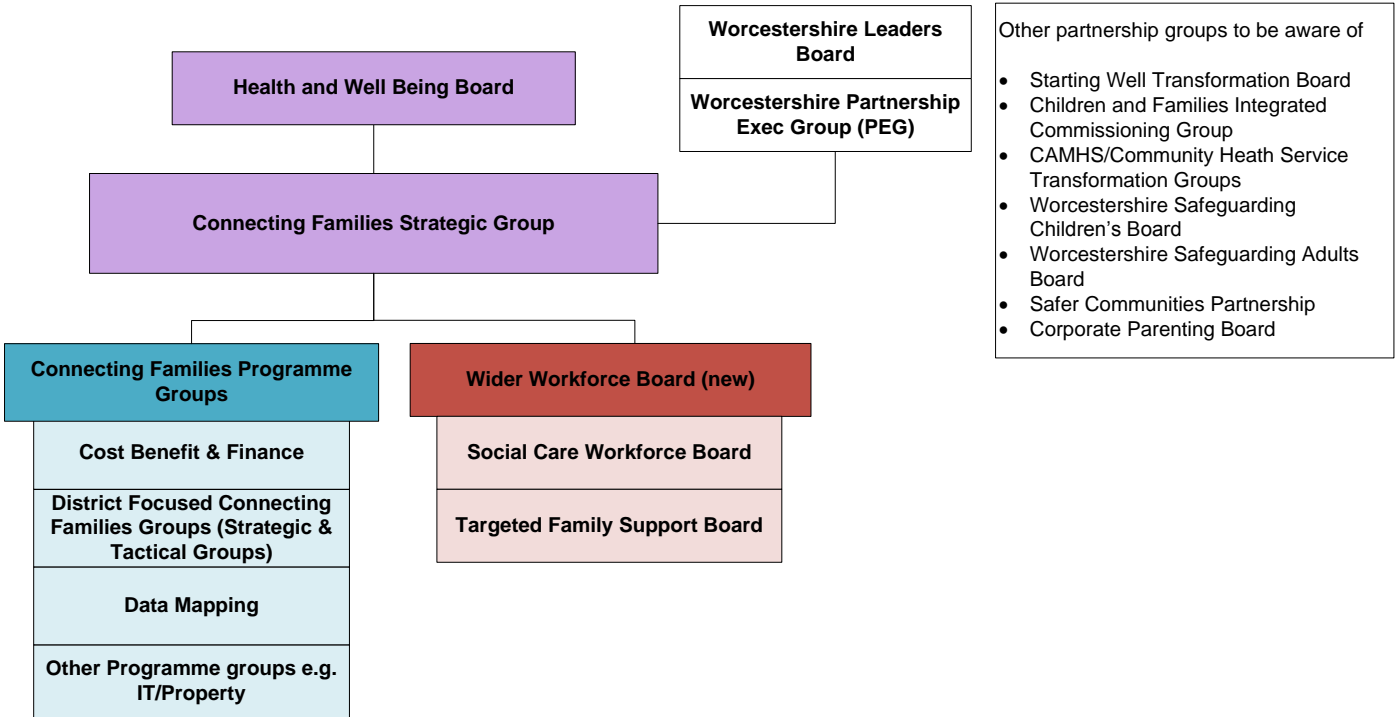
Agreed:

Frequency of Meetings

The group will be bi-monthly. Agendas and relevant documentation will be uploaded to the shared secure folder 5 days prior to the meeting. An action and decision log will be kept with responsibility for capturing actions and decisions.

Accountability

Connecting Families Strategic Group will be a sub-group of the Health and Well Being Board.



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HEALTH AND WELL-BEING

14 FEBRUARY 2016

WSAB Annual Report – 2015-16

Board Sponsor

Director of Adult Services and Health

Author

Bridget Brickley, Board Manager

Relevance of Paper – Priorities

Older people and long term conditions

Mental health and well-being

Alcohol

Domestic Abuse

Relevance - Groups of Particular Interest

People with mental health needs

People with learning disabilities

Older People

Item for Decision, Consideration or Information

Information

Recommendation

- 1. The Health and Well-being Board is asked to consider any cross cutting themes and to refer issues either directly to The Board or, through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.**

Background

2. The Annual Report provides an overview of the activity of the Board during 2015-16. This includes the safeguarding activity that took place to protect people in Worcestershire with care and support needs at risk of harm during this period.
3. The report covers the first full year as a statutory board under the Care Act 2014. The guidance for the Act clearly sets expectations for the minimum content for Safeguarding Adults Boards (SAB) and Annual Reports (Schedule 2.4 (1) a-g).
4. The Board identified seven key business objectives for 2014/15. Overall progress for the year was strong, with the majority of these being met. Those that were not achieved during this period have subsequently been completed.
5. A primary objective for the year was to ensure that stakeholders had the necessary policies and procedures in place to deliver the requirements of the Care

Act. An annual assurance completed by key partners demonstrated that these were all in place, alongside staff training and support.

6. Other notable achievements include the introduction of clear and accountable governance processes and structures for the Board, alongside provision of some dedicated staff support. Ratification and publication of a number of Multi-agency protocols, guidance, procedures and strategies. Awareness raising through the publication of posters and publications. Finally there have been a number of cross cutting pieces of work with other boards, including collaborative work around the transition of young people into adult services with the Children's Safeguarding Board.

7. The introduction of the Care Act (2014) has brought changes in safeguarding terminology and reporting criteria. It also introduced a 'three stage test' clearly outlining those adults (over 18) where safeguarding duties apply.

8. These changes make it difficult to make comparisons to previous years. Whilst some comparisons have been made where there are similarities, it is important to note that these cannot be taken as an absolute and rigorous comparison.

9. Activity data indicates that there is a high level of awareness of the process to report safeguarding concerns across the county, with the number of 'concerns' of adult abuse cases raised remaining a similar level to the level of 'Alerts' raised in previous years. However a significant proportion of these are found to be inappropriate referrals where the issue raised is not a safeguarding matter and therefore did not meet the appropriate level for a statutory enquiry to take place.

10. It is important to note that a significant number of non-statutory enquires were also completed during the year. Whilst there is no obligation to undertake a formal enquiry, it was felt proportionate to undertake this approach as it would enable the Local Authority to promote the persons wellbeing and support the preventative agenda.

11. Physical abuse was the highest reported type of primary abuse followed by neglect, then psychological and financial abuse, in that order. These abuse types are usually the most highly reported because the signs are more visible.

12. A key part of the Care Act (2014) was the introduction of Making Safeguarding Personal which aims to put the person at risk at the centre of the process. Embedding this person centred approach was a key priority for the WSAB. Of those cases which required a statutory enquiry two thirds identified a personal outcome they would like to achieve through the process. Of these cases the majority felt that this outcome had been achieved or partially met.

13. Finally, the report includes contributions from each of the key partner agencies of the Board. These illustrate the work that is taking place across the County by the partner agencies to protect adults at risk from harm.

Legal, Financial and HR Implications

14. Not applicable

Privacy Impact Assessment

15. Not applicable

Equality and Diversity Implications

16. The report contains references to the demographic of the County and cross references safeguarding activity to the demographic. The outcomes show there is a continued under-representation of BME citizens being referred for safeguarding protective arrangements.

Supporting Information

- Worcestershire Safeguarding Adults Board Annual Report 2015/16 Summary
- Worcestershire Safeguarding Adults Board Annual Report 2015/16 – Available on line.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

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Message from our Chair

This is our first full year as a statutory board under the Care Act 2014. Though Worcestershire Safeguarding Adults Board (WSAB) has been working as a partnership board for many years, the Care Act required some significant changes to be made, to take on a more strategic role and to get better assurance that key partners work together effectively to improve safeguarding, wellbeing and independence.



Following a consultation process we approved our 3 Year Strategic Plan and our annual business plan. We are pleased to see that the new safeguarding procedures that were required by the Care Act are being implemented, as well as seeing good progress in the implementation of the Care Act across all agencies. The board has worked specifically on the development of new multi-agency guidance on Self Neglect, as this was a gap that had been identified. We started work on developing a new Performance & Quality Assurance Framework by collecting information from all agencies. This important work will continue into next year and will help us improve our local assessment of risks and better plan our future priorities.

Protecting and safeguarding people at risk of abuse or neglect is an important job and we have taken steps to further develop and strengthen partnership working. We have worked on improving community awareness of abuse.

A key challenge for the Board has been to get better engagement with people who have experienced safeguarding processes and to make sure that we listen to what people tell us.. We feel it is important to take the time to do this properly rather than too quickly and risk a tokenistic approach.

I have continued to be impressed with the commitment and hard work of all the partner agencies and I have no doubt that the Board will continue to build on its' current strengths to meet the challenges ahead.

Kathy McAteer

Independent Chair of Worcestershire Safeguarding Adults Board

Board Structure

The WSAB is made up of representatives from 14 key agencies and sectors who are involved in safe-guarding adults in the county. They help to shape the Board and are responsible for the delivery of the Boards objectives. To do this they work within Sub Groups, each one with a clear focus on its remit.

Worcestershire County Council
West Mercia Police
NHS Redditch & Bromsgrove CCG
NHS Wyre Forest CCG
NHS South Worcestershire CCG
Worcestershire Health & Care NHS Trust
Worcestershire Acute Hospitals NHS Trust
National Probation Service
Worcestershire Voices
Regulatory Services (Trading Standards)
Representative from the Care Homes Association
Representative from the Worcestershire Carers Association
Lead Councillor for adult social care

Chairs and
Sponsors
Sub Group

Case Review
Sub Group

Community
Awareness &
Prevention

Learning
Development &
Practise
Sub Group

Policy
Sub Group

Performance &
Quality Assurance
Sub Group

Changes from the Care Act

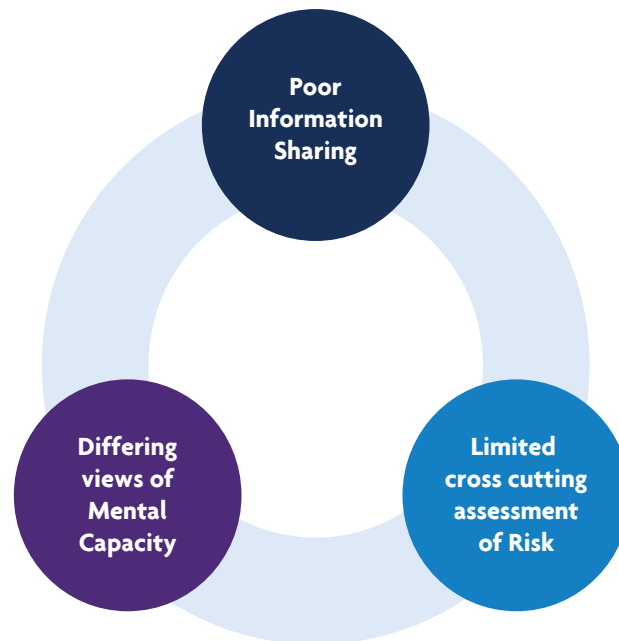
The Care Act (2014) removed the Serious Care Review (SCR) function replacing it with a statutory requirement to undertake Safeguarding Adults Reviews (SARs). They are commissioned when:

- there is reasonable cause for concern about how WSAB members or other agencies providing services, worked together to safeguard an adult,
- and
- The adult has died, and WSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died)
- or
- The adult is still alive, and WSAB knows or suspects that the adult has experienced serious abuse or neglect.
 - A Safeguarding Adults Review (SAR) is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. A SAR is not to apportion blame. It is to promote effective learning and improvement to prevent future deaths or serious harm occurring again.

In 2015/16 the Case Review Sub Group took five Serious Case Reviews and Safeguarding Adults Reviews to the Board.

Our Priorities	Our Achievements	Our Outcomes
1. Improve outcomes for people who Self Neglect	• Introduce newBoard governance processes and structures	• 2653 concerns raised
2. Collaborate with other partners to ensure effective assurance of cross-cutting issues.	• Appointment of a substantive Board Manager	• 343 were deemed to be Section 42 (13%)
3. Engage with key partners, including adults accessing safeguarding processes and with care & support needs	• Development of a process that studies partnership data to identify priorities	Making safeguarding personal:
4. Involve the community in safeguarding and improve community awareness of abuse	• Welcoming Regulatory Services as a new Board member	• 63% of people felt that their desired outcomes were achieved. Desired outcomes included;
5. Develop better understanding Worcestershire's risk profile to target board activity on the greatest local risks	• Work with housing providers	
	• Work with partner Boards such as Worcestershire Safeguarding Children Board, Health and Wellbeing Board Community Safety Partnership and Health-Watch Worcestershire	
	• Hosting a 'Transitions Event' with theWorcestershire Safeguarding Children Board	
	• Publishing documents such as;	
6. Embed the new Safeguarding Adult Review (SAR) process and seek assurance that lessons are leant and embedded across agencies		• To Before Involved In Making Decisions - 98% achieved
		• To Maintain Control Over The Situation - 90% achieved
		• Other Outcome - 83% achieved
7. Seek assurance that all stakeholders implement training strategies which meet the requirements of the Care Act and Making Safeguarding Personal		• To Be And To Feel Safe - 83% achieved
		• To Know That This Will Not Happen To Anyone Else - 71% achieved
		• To Have Access To Justice Or An Apology - 64% achieved

Safeguarding Adult Reviews & Serious Case Reviews Common Interrelated Issues



The WSAB regularly considers common themes arising through reviews. The assessment and sharing of Mental Capacity is an area which has appeared in most cases. As a key objective for WSAB in 2016/17 is to seek greater assurance that the Mental Capacity is properly understood and being fully used by health and social care staff.

Awareness posters



Safeguarding Adults
Elderly Abuse Poster
April 2016

Safeguarding Adults
Financial Abuse Poster
April 2016

Safeguarding Adults
Neglect Poster
April 2016

Safeguarding Adults
Hatecrime Poster
April 2016

Our Journey Forward 2016/2017

Each of our Sub Groups is working towards achieving the 5 Strategic Goals as shown below. By working together, with other service providers, service users and local communities we aim to achieve each of these objectives making Worcestershire a safer county for all of its adults at risk.

1. To improve the way that we communicate with the public and our partners and explain what the Board is and what it does.

2. To check that the Mental Capacity Act and Deprivation of Liberty Safeguards are properly understood and being used fully in their everyday work by health and social care staff

3. Improve the way that the Board listens to Worcestershire's adults with care and support needs and involve them in the Boards work. This will be clearly shown within the Board's Engagement Strategy

4. Build on the existing work with other Boards e.g. Children's Safeguarding Board, Health and Well Being Board and Safer Communities Board. We will also make the best use of time and money and improve how we share out the work amongst all agency workers that make up the WSAB Sub Groups.

5. To continue to work with partner agencies to show where there might be risks for adults (at risk of abuse or neglect) within Worcestershire and use this to target the work of the Board, by making sure that performance frameworks are worked to and carry out at least one deep investigation

6. Continue to improve community awareness of abuse and approve prevention Strategy

7. Complete any unfinished work from WSAB's 15/16 Objectives



More information about WSAB and safeguarding can be found at:
www.worcestershire.gov.uk/wsab

HEALTH AND WELL-BEING BOARD

14 FEBRUARY 2017

BETTER CARE FUND

Board Sponsor

Sander Kristel

Author

Richard Keble

Priorities

Older people & long term conditions

(Please click below
then on down arrow)

Choose an item.

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1 **The Health and Well-being Board is asked to:**
 - a) **Note the period 8, Better Care Fund (BCF) Forecast as reported to the Integrated Commissioning Executive Officers Group (ICEOG) on 9 January 2017,**
 - b) **Note the commitment of the reserve created by the 2015/16 underspend,**
 - c) **Note the further delays in the BCF planning for 2017/18 and the implications for the timetables for agreement and assurance.**

Background

2. The BCF budget for 2016/17 totals £38,142M. In 2015/16 the BCF underspend was £141K. The underspend was transferred into a reserve held by Worcestershire County Council.

BCF 16/17 Forecast

3. The Period 8 forecast is that the BCF will underspend by £706K. The main contributors to the underspend are large variances in the UUPs placement budget (due to lower activity than previous years), the UPI budget (due to high staffing turnover in the team resulting in vacant posts), and Howbury (due to a reimbursement of the BCF by WCC for costs relating to long-term residents at Howbury).
4. This is a reduction of £20K on the P7 forecast, £13K of this movement is due to high November costs in both Urgent Unplanned admissions and Pathway 3. All of

the schemes which focus on admission prevention and facilitated discharge continue to be monitored closely at weekly panels.

Use of the 2015/16 Reserve

5. The use of the reserve was agreed by ICEOG in May 2016. £12K of the £141K is currently uncommitted.

2015/16 Invoices

6. Invoices relating to Timberdine, totally £160K, have been received by WCC (previous provider). WCC and WHACT (the current provider) staff are currently undertaking an analysis of these costs to determine which relate to 2015/16 and which 2016/17.

2017/18

7. It is now anticipated that the delayed BCF Policy Framework and Planning Guidance will not be published until the end of January. Delay is due to the finalising of the position on social care baselines following the local government financial settlement.

8. The National Better Care Support Team recognises that the ambition to conclude all planning approvals by 31 March 2017 is unworkable and will stretch into the new financial year.

9. Officers from Worcestershire County Council (WCC) and from the Clinical Commissioning Groups (CCG) have now received evaluations of all 2016/17 and have planning meetings scheduled to agree a proposed 2017/18 plan.

10. Following publication of the Planning Guidance and timetable for assurance and approval it will be necessary to agree a timetable for Health and Wellbeing Board scrutiny and approval. Consideration may need to be given to exceptional meetings.

Legal, Financial and HR Implications

As appropriate

Privacy Impact Assessment

As appropriate

Equality and Diversity Implications

Equality relevance will be considered when the 2017/18 Plan is presented to the Health and Wellbeing Board.

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

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**HEALTH AND WELL-BEING BOARD
14 FEBRUARY 2017****OFSTED INSPECTION OF SERVICES FOR CHILDREN IN
NEED OF HELP AND PROTECTION, CHILDREN LOOKED
AFTER AND CARE LEAVERS**

Board Sponsor

Catherine Driscoll – Director of Children, Families and Communities.

Author

Jake Shaw – Assistant Director, Provider Services

Priorities

Older people & long term conditions

Mental health & well-being

Obesity

Alcohol

Other (specify below)

(Please click below
then on down arrow)

No

Yes

Yes

Yes

Educational attainment

Groups of particular interest

Children & young people

Communities & groups with poor health outcomes

People with learning disabilities

Yes

Yes

Yes

Safeguarding

Impact on Safeguarding Children

If yes please give details

Yes

Impact on Safeguarding Adults

If yes please give details

No

Item for Decision, Consideration or Information

Information

Recommendation

1. The Health and Well-being Board is asked to note this update in relation to the recent Worcestershire Ofsted Inspection and the County Council's response regarding the Improvement Plan.

Background

2. Ofsted carry out inspections of Local Authority services with regard to the help, care and protection of children and young people. The inspections are carried out under the Single Inspection Framework (SIF) which replaced the previous inspection process in November 2013. The SIF covers inspection of services for children in need of help and protection; children looked after, care leavers, adoption and a review of the Local Safeguarding Children's Board.

3. The inspections are announced at short notice and take place over a four week period. The framework includes a detailed and forensic analysis of the quality of work with children and the impact made on the outcomes they achieve. The inspection outcome has four possible judgements: inadequate, requires improvement to be good, good and outstanding. Under the SIF the judgements of the 116 Authorities where the results have been published to date show that 73% of authorities are 'inadequate' or 'require improvement'.

4. Worcestershire's inspection took place from 24 October to 17 November 2016. This involved 11 inspectors and 155 meetings with over 200 people as well as the rigorous examination of case files of children.

Ofsted Judgements and Recommendations

5. The overall judgement for Worcestershire was 'inadequate' and was published on 24 January 2017. This is a very disappointing judgement for Worcestershire's children and young people, as well as for the committed and hardworking staff within the service. Plans were already in place to deliver service improvement prior to the inspection and this work has continued and been further strengthened to form an improvement plan to cover all recommendations from Ofsted.

Ofsted Ratings Table

Children's services in Worcestershire are 'inadequate'	
1. Children who need help and protection	Inadequate
2. Children looked after and achieving permanence	Inadequate
2.1 Adoption performance	Requires improvement
2.2 Experiences and progress of care leavers	Inadequate
3. Leadership, management and governance	Inadequate

6. The report contained fourteen recommendations for the Authority, with its partners, to implement. These are:

1. Ensure that elected members and senior leaders meet their statutory responsibilities and duties to the children of Worcestershire by improving all children's services
2. Implement the workforce strategy as swiftly as possible to improve workforce stability and capacity
3. Ensure that children's services staff and the wider partnership understand and consistently apply the 'level of needs' at every stage of the child's journey, including in the early help pathway
4. Strengthen children's voices by ensuring that children are seen, and seen alone, that their views are fully considered and taken into account, that they are supported to contribute to their plans and that their wishes are acted upon, when appropriate
5. Ensure that the management oversight and performance information relating to children who are at risk or vulnerable to child sexual exploitation and missing are accurate, and lead to improved safeguarding practice
6. Complete a thorough review of all children subject to Section 20 accommodation to ensure that their arrangements are appropriate in all cases
7. The local authority should assure itself that decisions made to close the cases of the cohort of children in need that were recently reviewed are both appropriate and in the children's best interests
8. Improve the quality of assessments and plans for all children. Ensure that children progress, including permanence plans, through robust reviews and effective oversight
9. Ensure that strategy discussions include all relevant agencies and robust contingency arrangements so that children are safeguarded while child protection enquiries are undertaken
10. Improve the timeliness of health assessments for children looked after to ensure that their needs are fully understood and met
11. Ensure that social workers and managers fully understand and exercise their responsibilities to unaccompanied asylum seeking children
12. Review the response to privately fostered children to ensure that assessments of carers are completed and agreed, and that children are visited within required timescales.
13. Improve the service to care leavers by ensuring that there is a sufficient range of support and services available to all care leavers.

14. Ensure that effective performance management and quality assurance drive improvements and consistency in the quality of practice, including findings from complaints and training.
7. The detailed report is available on the County Council's website or directly through Ofsted's website <https://reports.ofsted.gov.uk/local-authorities/worcestershire>

Worcestershire's Improvement Plan

8. The Chief Executive invited the Local Government Association to carry out a peer review of children's services in April 2015. Following the peer review report, which confirmed the challenges within the service, an improvement board and 'back to basics' plan for children's social work were implemented. Ofsted's view was that there was progress since the peer review, although they felt the progress had lacked pace and stability of leadership to have had a clear impact on children's outcomes.

9. However, Ofsted did recognise that some progress had been made in relation to:

- Recruitment of a permanent senior leadership team: the Cabinet Member with Responsibility for Children and Families, Director of Children, Families and Communities, Assistant Director for Safeguarding and Independent Chair of the Local Safeguarding Children's Board have all taken up their roles in the last four to nine months.
- Implementation of the Safeguarding Board's Child Sexual Exploitation Strategy
- Establishing an integrated Family Front Door (incorporating the Multi-Agency Safeguarding Hub ethos) with the publication of revised Threshold of Need Guidance
- Children's Social Care 'Back to Basics' Improvement Programme showing improvements in compliance with key performance standards (for example return interviews for children missing, timeliness for assessment activity and adoption performance amongst others)

10. The improvement plan has been refreshed in the light of the final Ofsted judgement. The plan focuses on 8 major work programmes. These are:

1. Workforce strategy
2. Ensuring conditions for good practice
3. Performance and quality assurance
4. Service user feedback
5. Thresholds and assessments
6. Good outcomes for children in care and care leavers
7. Improving the quality of practice for children subject to public law outline and care proceedings
8. Targeted early help.

The service improvement plan is attached at Appendix 1.

11. The political and managerial commitment to delivering good services to Worcestershire's children and young people has ensured that progress has continued to be made since the inspection. The stability and commitment of current leadership has continued to focus on making improvements since the inspection.

12. A key part of the inspectors' feedback at the end of the inspection was that they had seen evidence of positive change but that it was too early to judge that it had made a real difference to the experience of children. Continuing to deliver and embed the plan is the best way to make this positive difference.

Worcestershire's Financial Strategy

13. The Council has made significant financial investment in Children's social care placements in recent years (£3m for the 2017/18 financial year) which has allowed services to be available to meet the needs of children requiring intensive support to meet their needs.

14. Cabinet agreed in December 2016 to recommend a further £700,000 per annum to increase safeguarding capacity following the 2015/16 Annual Report of the Local Safeguarding Children's Board which advised that it could not be fully assured that child protection services were effective.

15. In light of the Ofsted judgement, Cabinet are recommending an allocation of additional resource, recognising that the pace of change can be accelerated through the availability of additional funding. Council will be asked to recommend a budget for 2017/18 that adds a further £800,000 per annum on an ongoing basis. In addition, there is a recommendation for a short-term allocation of £1m for 2017/18 and 2018/19 financial years (£2m in total).

16. The additional funding recommendation is broken down below:

- £1.5m revenue for children's safeguarding and for services for care leavers on an ongoing basis
- £1m of revenue funding for each of the next two financial years
- £1m to the capital programme to support improvements in social care IT systems to accelerate the pace of change required

Policy Framework

17. There are a number of policies and strategies that are currently in need of refreshing and approving in order to ensure that the framework for the delivery of services is clear, effective and follows current best practice guidelines. Work is already underway to prepare these documents for formal approval by Cabinet later in 2017.

18. The County Council had a Key Issues Debate at its meeting on 12 January 2017 about the role of all Councillors as corporate parents. This was a positive debate that demonstrated strong cross-party commitment to the vital role that Councillors play as corporate parent to children in care and to care leavers.

19. The Corporate Parenting Board, on behalf of the Council, will discuss and approve a revised Corporate Parenting Strategy and a pledge to children in care and care leavers at their meetings in February and April 2017.

20. The Cabinet Member with Responsibility for Children and Families will be asked to approve the a number of strategies by April 2017 including the Looked After Children strategy, the sufficiency and placement strategy and the Care Leavers strategy.

Wider partners

21. There are key roles for partner organisations across Worcestershire to play in order to ensure that services are playing their full part in improving outcomes for children and families. This includes the full range of public sector organisations, as well as schools, the voluntary and community sector, families and the wider community and of course children and young people themselves.

22. The judgement has been shared widely and the improvement work will continue to be discussed and debated through the range of key strategic forums to ensure that all partners play their full part in keeping children safe, healthy and achieving great outcomes for a positive future. The voice of the child will be at the heart of the improvement work being delivered. There will be a refresh of the Children and Young People Plan and a strengthening of partnership oversight of improving outcomes.

Supporting Information

- Service Improvement Plan

Contact Points

County Council Contact Points

County Council: 01905 763763

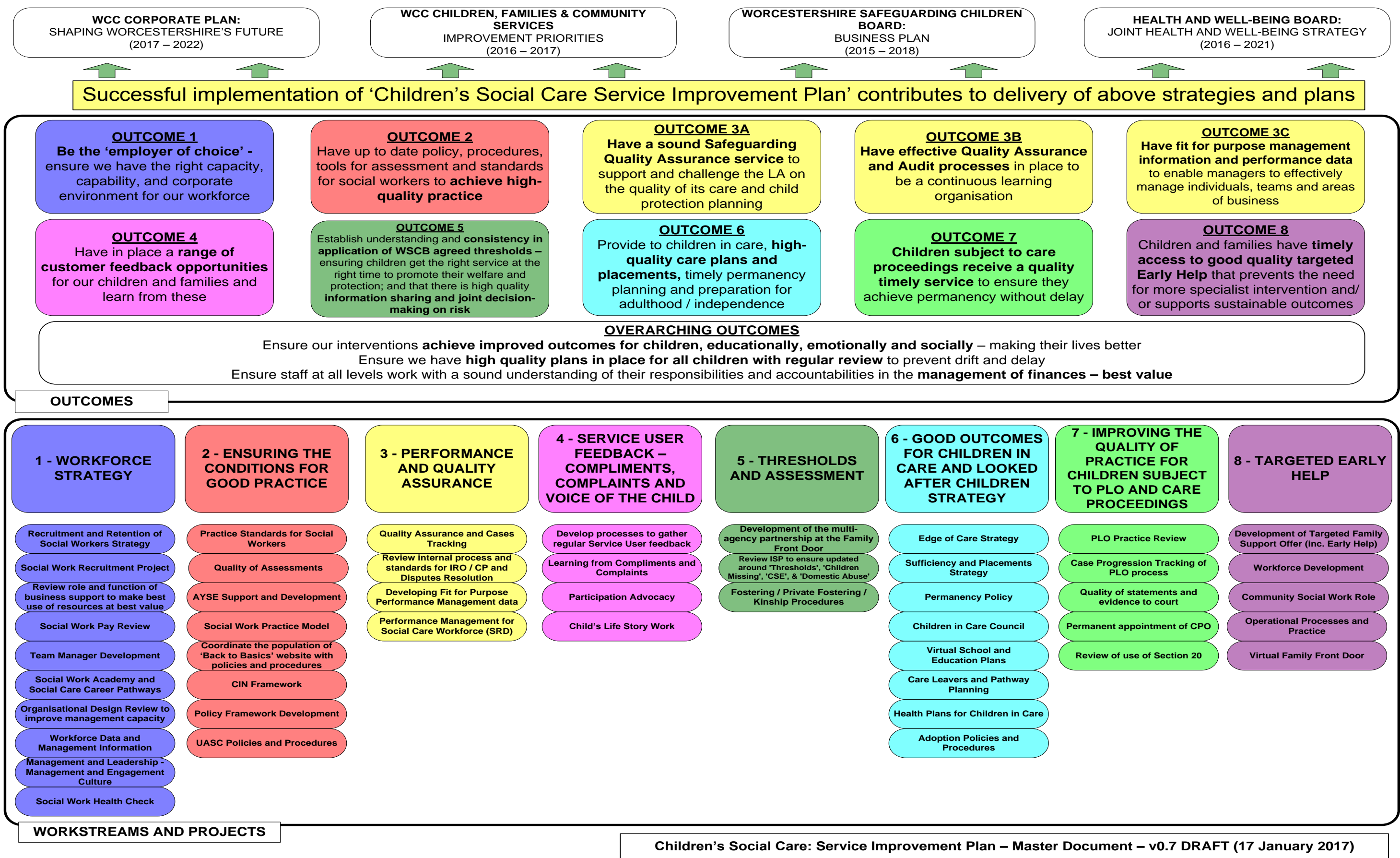
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Specific Contact Points for this report

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HEALTH AND WELL-BEING BOARD
14 FEBRUARY 2017**DEVELOPMENT SESSION**

Board Sponsor

Dr Frances Howie

Author

Director of Public Health

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

Yes

If yes please give details

Impact on Safeguarding Adults

Yes

If yes please give details

Item for Decision, Consideration or Information

Decision

Recommendation

1. The Health and Well-being Board is asked to:
 - a) Note the discussion at the recent Development Meeting; and
 - b) Approve points in paragraph 5 below.

Background

2. The Health and Well-being Board held its Private development meeting on 25 January, 2017. Development meetings are held quarterly and allow an opportunity for members to discuss the effectiveness of the Board. This development meeting was supported by an external facilitator who also worked with the Board at its last review meeting in November 2015.

3. At its meeting on 25 January, members discussed the way the Board works and considered this in the context of maximising its' work as strategic leader of the health and social care system at a time of unprecedented challenge and change. Since its last review, the Sustainability and Transformation Planning (STP) process has been introduced which brings significant new opportunity for system oversight and leadership.

4. Members reviewed the business of the Board over the last year and concluded that the balance and spread of papers had been consistent with its key functions. However, there was a wish to strengthen involvement of partners across the system with Board discussion and key pieces of work. In particular, involvement in consideration of the challenges and solutions around system capacity and performance, and housing would be welcome. It was also noted that whilst this is a Partnership Board, its members seek to influence a whole system and can do this best through clear ownership of key issues, and promotion of those issues within their own and other organisations. There was discussion on Children and Young People's services, and consideration of increasing the visibility of these to the Board. A specific proposal is on the Board's agenda for 14 February on the governance of Children and Young People's services, following the findings of the recent Ofsted inspection of Children's Safeguarding services.

5. The following points were agreed:

- Frequency of meetings to remain unchanged. There are quarterly public Board meetings, and bi-monthly development meetings
- Board membership to remain unchanged. Membership of relevant Task and Finish groups to be extended to relevant partners, with regular invitation to Board meetings to contribute to relevant agenda items
- Sub-group on Children and Young People to be further developed with strengthened reporting to the Board
- Each agenda item to be owned and introduced by a voting Board member, as Senior Responsible Officers
- Actions from Board recommendations to be specifically reviewed by the Board at public and/or private sessions
- Agendas from 2017 to include thematic papers to be brought to Board by an SRO, with a recommendation to set up a Task and Finish Group where appropriate, which should allow focus on issues where progress is needed and has proved difficult to achieve
- Thematic papers on prevention; inequalities; system enablers; and children and young people's services to be included 17/18, with a full forward looking work plan to come to the April 17 meeting of the Board
- Setting up of a Task and Finish Group on Housing and the use and effectiveness of current and future funding streams to be established now, following the expected announcement on the Better Care Fund.

Legal, Financial and HR Implications

6. There are no legal, financial or HR implications in this report.

Privacy Impact Assessment

7. Not appropriate.

Equality and Diversity Implications

8. There are no potential Equality considerations requiring further consideration during implementation.

Contact Points

County Council Contact Points

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Worcestershire Hub: 01905 765765

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Specific Contact Points for this report

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Supporting Information

- Health and Well-being Board Terms of Reference

Background Papers

In the opinion of the proper officer the following are the background papers relating to the subject matter of this report: None.

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Worcestershire Health and Well-being Board

Revised terms of reference – January 2014

Legal standing

1. The Board will be constituted as a Committee of the County Council, as at present. The Health and Social Care Act 2012 includes a clause that provides for the disapplication of legislation that relates to such Committees in order to recognise that Health and Well-being Boards are unusual in comparison to other Section 102 Committees in having officers, and members from Clinical Commissioning Groups and local HealthWatch.

2. The Board does not have delegated authority to take decisions of behalf of member organisations. However all organisations are encouraged to abide by the collective decisions of the Board. In the event of a dispute the Board:

- will attempt resolution locally
- may engage external mediation
- may escalate the issue to NHS England
- may refer the issue to the Secretary of State.

Aims

3. The Board will:

- Lead and build partnerships for health and well-being
- Establish a shared understanding of health and well-being in Worcestershire and the County's health and social care needs
- Ensure continuous improvement in health and well-being outcomes and the quality and value for money of health, social care and related children's services
- Lead strategic planning and drive commissioning of NHS, public health, social care and related children's services
- Influence how the County Council and the local NHS use their resources to organise and provide services
- Encourage persons who arrange and provide health, social care and related services to work in an integrated manner
- Ensure that there is long-term action across a range of partners to influence the determinants of health and well-being
- Ensure that effective arrangements are in place to protect the public against infectious diseases and other threats to health through preventive efforts and robust planning and an effective response to outbreaks and incidents
- Ensure that effective arrangements are in place for

Approach

- safeguarding at-risk adults and children
- Become a forum for public discussion and accountability of strategies, policies, services and activities that influence health and well-being and health and social care services
- Develop a consensus around major service change.

4. To do this the Board will:

- Prepare and produce a Joint Strategic Needs Assessment (JSNA) to provide a clear statement of health and well-being in Worcestershire and the County's health and social care needs
- Develop a Joint Health and Well-being Strategy; based on this assessment, to provide a framework for how these needs are to be addressed
- Develop a clear understanding of current and future funding, activity and expenditure across health and social care, and opportunities for service change
- Determine whether health and social care commissioning plans are consistent with the JHWS, endorse these where appropriate or advise on what additions or changes are expected
- Oversee Joint Commissioning between the County Council and the CCGs
- encourage and oversee the progressive integration of budgets across health and social care and related services. Consider and approve the use of the Better Care Fund (previously named the Integration Transformation Fund).

Membership

5. The Chair of the Board will be appointed by the Leader of the County Council from amongst voting members. Voting members will be:

County Council (7):

- Cabinet member for Health and Well-being
- Leader of the Council
- Cabinet member for Adult Social Care
- Cabinet member for Children's services
- County Council Chief Executive
- Director of Adult Services and Health
- Director of Children's Services

NHS (7):

- Accountable Officers from each CCG (3)
- Clinical Chairs from each CCG (3)
- Director of the Local Area Team of NHS England

Chair of Healthwatch Worcestershire.

6. Associate (non-voting) members may attend and participate

Sub-groups and other relationships

Decision-making and quorum

at meetings of the Board but may not vote, and will be:

- 1 Representative from the voluntary and community sector, selected by Worcestershire Voices. (Note their role is to provide a strategic perspective from and to feedback to the VCS as a whole)
- 1 Representative from the West Mercia Police
- 1 Leader or relevant portfolio holder from the District Councils in the north of the County; 1 Leader or relevant portfolio holder from the District Councils in the south of the County. (Note their role is to provide a strategic perspective from and feedback to their District Councils rather than to represent their individual Council or specific local issues.)

7. Additional representatives from the County Council, CCGs and other organisations may be invited to attend at the discretion of the Chair.

8. All members (whether voting or associate) will be asked to nominate a single named substitute to take their place in the event that they are unable to attend a meeting.

9. The Board will maintain a number of sub-groups to lead on one or more of the aims above, reporting periodically to the Board. They are not formal committees or sub-committees of the Council and will not meet in public. An outline of their roles and membership is included in the attached Annex.

- JSNA working group
- Health and Social Care Strategic Partnership Group
- Joint Commissioning Executive
- Health Improvement Group
- Health Protection Group
- Children's Trust Executive Group.

10. The Board will maintain a relationship and dialogue with:

- The Local Enterprise Partnership
- The Community Safety Partnership
- The Safeguarding Adults' Board
- The Safeguarding Children's Board
- Strategic Housing Partnership
- District Local Strategic Partnerships (where these exist).

11. Decisions of the Board will be made by consensus wherever possible. If a consensus cannot be reached the Chairman will call for a vote from amongst those voting members present at the time. The Chairman will have a second or casting vote in the case of equality of votes.

12. Meetings will be quorate if at least eight voting members (or their substitutes) are present including at least one elected

Public participation

Member from the County Council and one CCG member.

13. Board meetings will be held in public except where the Board is required to consider items of a confidential or exempt nature in which case the press and public will be excluded from this part of the meeting. The Access to Information Rules will apply to all formal meetings of the Board. Board development sessions are not formal meetings of the Board and will be held in private.

14. Up to 20 minutes of each meeting will be given over to public participation in the form of questions or comment up to a maximum of three minutes per participant. Questions or comments will normally be limited to items relevant to the agenda except at the discretion of the Chair. The nature and content of participation should be submitted by 9.00am the working day before the meeting date to the Head of Legal and Democratic Services. Questions or comments will be heard but will not be followed by a debate. The Chair will follow up with a written response within 28 days.

Declarations of Interest and Code of Conduct

15. All voting members of the Board and substitutes are required to register their Disclosable Pecuniary Interests as required under the Localism Act 2011 and the Council's Code of Conduct, which will be published on the Council's Website.

16. Members of the Board are expected to:

- Attend meetings or send a substitute
- Work together and take collective responsibility for decisions
- Ensure that their own contribution and the business of the Board is conducted in a way which is consistent with the Nolan Principles of Public Life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership
- Come with a mandate to represent and feedback to their respective organisation(s)
- Honour any commitments made insofar as they relate to their own organisation(s)
- Balance the interests of the population of the County as a whole against the interests of specific geographical areas.

Frequency of meetings and support

17. Meetings of the Board will generally be held every other month with additional meetings to be arranged at the discretion of the Chair.

18. Administration for the Board will be provided by the County Council's Head of Legal and Democratic Services.

Health and Well-being Board Subgroups

Group	Role	Membership
JSNA working group	<ul style="list-style-type: none"> To oversee production of the JSNA. To support development of the Joint Health and Well-being Strategy and associated plans. 	<ul style="list-style-type: none"> TBC
Health and Social Care Strategic Partnership Group	<ul style="list-style-type: none"> To lead the Well Connected programme and ensure ongoing integration of health and social care. To develop a strategy for health and social care, focusing on but not limited to older people, and based on an understanding of current and future funding, activity and expenditure, and opportunities for service change. To monitor the quality and value for money of health and social care services. To oversee development of a financial framework and aligned incentives for integrated care. To ensure that a comprehensive plan is in place for the development and implementation of an integrated care system, including key projects and enablers, and ensure that it is making adequate progress. To ensure that a communications plan for Well Connected is in place and that key messages are agreed across partners and disseminated effectively. To ensure adequate clinical leadership, and public, patient and service user involvement in the development of integrated care. 	<ul style="list-style-type: none"> WCC CCGs WHCT WAHT NHSE VCS Healthwatch
Joint Commissioning Executive	<ul style="list-style-type: none"> To establish and maintain effective joint commissioning arrangements. To develop commissioning plans, in accordance with the JSNA and JHWS, for approval by respective commissioning organisations and consideration and endorsement by the HWB. To monitor the quality and value for money of health and social care services within the Joint Commissioning portfolio, reporting to respective commissioning organisations and the HWB. To oversee the management of aligned and pooled budgets reporting to respective commissioning organisations. To make recommendations for the use of the Integrated Transformation Fund for approval by the HWB. To ensure that contracts for health and social care services are effectively managed and deliver to agreed targets. To ensure that public, patients, service users and 	WCC and CCG officers

	<p>carers are given the opportunity to shape how services are organised and provided.</p> <ul style="list-style-type: none"> • To ensure that effective arrangements are in place for safeguarding at-risk adults and children in jointly commissioning services. 	
Health Improvement Group	<ul style="list-style-type: none"> • To co-ordinate action to influence the determinants of health and well-being. • To identify the contribution of partners individually and collectively and monitor progress - this will include those actions agreed in the obesity, alcohol and mental well-being and suicide prevention plans. • To monitor improvement in health and well-being outcomes. • To ensure progress against the mental health and well-being, alcohol and obesity priorities the Board will establish a new health Improvement Group that will involve the County, all of the District Councils, the NHS and other partners to consider action to influence the determinants of health and well-being. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC lead Members • DC officers • CCGs • VCS
Health Protection Group	<ul style="list-style-type: none"> • To provide assurance that plans are in place and that there is an effective response to infectious diseases and other threats to health. • To monitor and provide assurance on the coverage and quality of immunization and screening programmes. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC officers • NHSE • CCGs • Others TBC
Children's Trust Executive Group	<ul style="list-style-type: none"> • To ensure that services for children, young people and their families are integrated. • To ensure continuous improvement in outcomes for children, young people and their families are improving. • To co-ordinate action to influence the determinants of health and well-being. • To monitor progress on the children, young people and families elements of the JHWS and the Children and Young People's Plan and ensure the contribution of partners individually and collectively. 	<ul style="list-style-type: none"> • WCC Cabinet Member • WCC officers • DC rep • Others TBC