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Worcestershire County Council

Agenda

Health and Well-Being Board

Tuesday, 22 July 2014, 2.00 pm
County Hall, Worcester

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Health and Well-Being Board
Tuesday, 22 July 2014, 2.00 pm, Council Chamber, County Hall

Voting Members

Cabinet Member for Health and Well-being	Marcus Hart (Chairman)
Cabinet Member for Adult Social Care	Sheila Blagg
South Worcestershire CCG Accountable Officer	Dr Carl Ellson
Cabinet Member for Children and Families	Liz Eyre
Redditch and Bromsgrove / Wyre Forest CCG Accountable Officer	Simon Hairsnape
Leader of the County Council	Adrian Hardman
Director of Adult Services and Health	Dr Richard Harling
South Worcestershire CCG Clinical Chair	Dr Anthony Kelly
Chief Executive, WCC	Clare Marchant
NHS England	Lesley Murphy
Chair of Healthwatch	Peter Pinfield
Director of Children's Services	Gail Quinton
Wyre Forest CCG Clinical Chair	Dr Simon Rumley
Redditch and Bromsgrove CCG Clinical Chair	Dr Jonathan Wells

Associate Members

North Worcestershire District Councils	Anne Hingley
South Worcestershire District Councils	Hannah Campbell
Voluntary and Community Sector	Carole Cumino
West Mercia Police	Supt. Mark Travis

Agenda

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2	**Declarations of Interest**	
3	**Public Participation** *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 21 July 2014). Enquiries can be made through the telephone number/e-mail address below.*	

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All the above reports and supporting information can be accessed via the Council's website

Date of Issue: Friday 11 July 2014

4	**Confirmation of Minutes** To confirm the minutes of 13 May 2014.	1 - 10
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NOTES

- **Webcasting**

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Health and Well-Being Board
Tuesday, 13 May 2014, 2.00pm, Council Chamber, County Hall, Worcester.

Minutes

Present:

Mr M J Hart (Chairman), Dr Carl Ellson (Vice Chairman), Mrs S L Blagg, Mrs E A Eyre, Mrs T Haines, Mr A I Hardman, Dr Richard Harling, Dr A Kelly, Peter Pinfield, Gail Quinton, Dr Simon Rumley and Mrs A T Hingley

Also attended:

Clare Marchant, Sarah Edwards, Peter Fryers, Pete Morgan and David Mehaffey

Available papers

The members had before them:

A. The Agenda papers (previously circulated);

B. The Minutes of the meeting of the Health and Well-being Board held on 11 March 2014 (previously circulated).

221 Apologies and Substitutes

Apologies were received from Sally Ellison, Lesley Murphy, Supt. Mark Travis, Dr Jonathan Wells and Cllr. Tom Wells.

John Taylor attended for Sally Ellison, Richard Hancox for Lesley Murphy and Paul Sheldon for Jonathan Wells.

222 Declarations of Interests

None.

223 Public Participation

None

224 Confirmation of Minutes

RESOLVED that the minutes of the meeting held on 11 March 2014 were confirmed as a correct record and were signed by the Chairman.

225 Worcestershire Safeguarding Adults Board. Annual Report and Response to the Frances Report

Pete Morgan Chairman of the Worcestershire Safeguarding Adult's Board gave a brief introduction about the WSAB. Unlike the Safeguarding Children's Board the WSAB was not statutory but in the Department of Health paper No Secrets published in 2000, Local Authorities were recommended to have them unless they could show good reason not to. There had been pressure for legislation to put safeguarding adults boards on the same legal footing as safeguarding children's boards and

that would happen with the Care Bill in 2015. Once the Care Bill had been implemented it would be a requirement for CCGs, the Police and Local Authorities to be members of the Board and it would be their duty to co-operate on safeguarding. They would also have to produce a strategic plan and annual reports, which Worcestershire already does.

The Board did not have a large budget so could not direct officers or agencies to take actions but it could hold members to account and take an overview of actions or events such occurred at Winterbourne View. The WSAB would be looking at its structures and procedures to ensure it was fit for purpose and ready for the implementation of the Care Bill.

The number of alerts that become referrals could be used as an indicator of the effectiveness of the Board's procedures and how effective it was in weeding out issues which should not become referrals. Worcestershire had a reasonably successful rate and issues that are investigated are often substantiated.

50% of the abuse that was discovered takes place within care homes which reflected the fact that it was often easier to discover and identify in such a setting. Everyone needs to get better at recognising abuse in peoples' homes and be prepared to report it. Safeguarding was often seen as intrusive but it should be seen as enhancing peoples' lives.

This Annual report for 2012/13 had been published 6 months ago. The Annual report for 2013/14 would be brought to the HWB in about 6 months.

<u>The WSAB's response to the Francis Report</u>

The WSAB did not have to respond to the Francis Report directly and did not have the resources to carry out a review themselves but they took note of the Francis Report. The Francis Report wanted to reduce the likelihood of such abuse happening again. It was not possible to state that abuse could be stopped completely but concerns should be recognised at an earlier stage before they could become abuse. Then care needs to be taken that the good practice was maintained.

In the following discussion various points were made:

- Lots of changes had occurred in 2013/14 in the

care system with the Acute Services Review and Integrated Care and members wondered if the WSAB would have a role in that system. Pete Morgan believed that the WSAB should be a part of the new system and Future Lives. The role of the WSAB was not to ensure safe services, which was the role of the commissioners but to protect adults with a care need who are at risk of abuse and neglect who cannot protect themselves. The WSAB also had a role in saying to commissioners – 'prove your services are safe',

- When asked if he could state that services in Worcestershire were safe Pete Morgan replied that he would never say that because there was always room for improvement and that Worcestershire should not become complacent,
- Richard Harling confirmed that the WSAB was not responsible for quality assurance but Future lives had done lots of QA and monitoring of council funded places. He recognised that self-funders also needed assurance and in future this may become more implicit in the system as more care provision would be provided through the E market place and the County Council would only allow providers on the list if they meet all the checks and standards,
- The Board was restricted financially and only had a small budget but safeguarding actions were not actually carried out by the Board but by other agencies. This means that the cost of safeguarding in Worcestershire was largely hidden. The WSAB did have a strategic and operational plan but in the past they had been too aspirational but that had been addressed more recently.

RESOLVED that the Board:

a) thanked Pete Morgan for bringing the WSAB Annual Report and the analysis of the Francis inquiry for Safeguarding Adults and

***b)* Supported the implementation of the proposed actions in response to the Francis inquiry, and**

***c)* Requested an update on the implementation of the recommendations in six months, and**

d) **Would welcome the 2013/14 Annual Report to the HWB in six months**.

226	**Acute Services Review**	CCG members explained that the work of the 3 subgroups continued. They were continuing to assess Option 1 which came out of the Independent Clinical Review panel. The subgroups were the clinical subgroup (which was further split into emergency care, planned care and women and children) the financial group and the patient/ stakeholder group. Two assurance meetings would take place before there was public consultation. The three groups under the clinical sub group would contribute to a meeting on 3 June and a document would be released giving the clinical overview. A financial model would then be agreed during June once the clinical impact of the new system had been compared to the current system and the finance impact on providers and commissioners had been assessed. It was clarified that the Integrated Impact Assessment Review was a required part of any reconfiguration and looked at access, impact on the environment and travel times. This assessment was part of the patient/ stakeholder engagement sub-committee.
227	**Worcestershire Health Indicators Summary**	Peter Fryers, Consultant in Public Health explained that national products were used to show routine indicators then local figures would be highlighted if they differed greatly compared to the national average. Two reports were used for this report. Firstly The annual health profile for Worcestershire report showed spine charts with the differences from the national and regional average but also showed levels in each of the districts. Secondly the Public Health outcomes framework report showed wider indicators and whether the indicators were moving in the right direction. Caution must be taken not just to look at differences from the average because if everyone was at a poor standard in a particular indicator, action still needed to be taken. In general Worcestershire does well. In the majority of indicators Worcestershire does the same or better than average. Worcestershire was especially good with overall life expectancy, mortality from common conditions, rates of people killed or injured on roads, proportion of low birth weight babies, cancer screening, injuries from falls and readmission to hospital. Looking at the HWB priorities there were some concerns: Obesity - the indicators recorded a low level of breast feeding rates, adult obesity was estimated at higher than

average and there were concerns for the number of diabetics being diagnosed.
Alcohol – Hospital stays for those under 18 were above average an issue which could perhaps be partly addressed with help in schools.
Mental health and well-being – Hospital stays for self harm admissions were higher than the England average but this would be picked up by the Suicide audit group.
Long term conditions – the rate of fuel poverty was high.
Other areas which have caused concern but are not priorities for the HWB are:

- The numbers of diabetic retinopathy screening,
- Tuberculosis treatment – although numbers generally are so low that one outbreak could have a big impact on numbers
- homelessness
- smoking in pregnancy
- school readiness. 73% of pupils on free school meals do not reach a good level of readiness by the end of reception year
- the numbers successfully completing drug treatment. 93% of opiate users were back in a programme within 6 months which suggested that an effective service was not being provided.

In the ensuing discussion the following main points were made:

- With regard to when indicators can be reassessed, some would not show significant changes in less than a year so would not show reliable trends so the figures are updated annually,
- These indicators can help with commissioning by showing where there are areas for concern which would help when reviewing and commissioning services. The indictors are also discussed with the CCGs for the annual round of priority setting.
- The diabetes indicator was unusual because it asked for prevalence against expected numbers. The indicator suggested that more diagnoses should be made but if the model used to estimate expected numbers was not accurate then the indicator could not be accurate
- The rates for childhood obesity had come down in the last year but it was not known if that would be a continuing trend. Also the figures come from state schools where pupils are routinely measured

not private schools.

In summary it was stated that health and well-being was good in Worcestershire. The indicators mainly told us things that were already known which was why the HWB priorities were in areas where there were concerns. The HIG was doing the nuts and bolts work on the priority areas and would report back to the HWB on progress.

RESOLVED: that the HWB

a) **Noted the contents of the report**
b) **Looked into the issues raised by the highlighted indicators, and**
c) **Agreed to continue to monitor those areas where Worcestershire was worse than might be expected, particularly early years development and drug treatment.**

228 CCG operational plans

The HWB had received an Operational Plan at the March meeting and members had received a hard copy of the plans which had now been accepted by NHS England. The plans are now being implemented.

RESOLVED that the Board noted this update.

229 5 year Strategy for Worcestershire Health and Social Care

David Mehaffey gave a presentation on the 5 year strategic plan which brought together CCGs with other partners to develop a strategy for health and social care in Worcestershire. Rather than produce a CCG plan the strategy would be based on a unit of planning which in Worcestershire was decided would be countywide. The 5 year strategy brings together the various strategies that are currently being used by the Governing Bodies of the partners such as the urgent care strategy, Well-Connected, the Better Care Fund and Future Lives.

On 4 April the outline plan was submitted to NHS England who had indicated that the approach was satisfactory and that the strategy should be developed as planned. The details were now being developed and comments from the HWB development session on 18 June would be included before the next draft was submitted on 20 June to NHS England and the opportunity for HWB sign off on 22 July.

The Strategy Working group made up of representatives from CCGs, the Better Care Fund, the County Council and NHS was currently considering the plan.

The Plan on a page shows all the programmes of work which would be needed to move from where we are now to where we want to be, the agreed principles and the outcomes which need to be achieved. The Programmes of Work were Urgent Care, Integrated Care, Out of Hospital Care, Specialised services, the Acute Services Review and Future Lives.
It was hoped that members of the HWB would consider the information in the presentation and give feedback to the nominated leads. A final discussion could then take place at the development session on 18 June to ensure that comments have been incorporated appropriately. The final version of the strategy will then be presented to the HWB in July.
In the ensuing discussion the following points were made:

- The question was asked - Where should the CYPP fit into the Strategic Plan? It was suggested that further discussions should be had about that but the Strategic Plan looked at higher level principles rather than at specific areas, so it may be that details of the CYPP should be included through discussions at the Strategic Partnership Group rather than be included in the strategy itself,
- Members wondered whether the plan was affordable as it appeared to be a very ambitious plan. The plan had been put together by the CCG who had all produced financial plans and they had considered finances and the resources available in the county
- Could the draft plan be shared with users and carers? There had already been engagement with users and carers over the various programmes which were included in the strategy. The strategy was the way the various programmes will be brought together and managed.

The Chairman thanked David for his presentation and asked Members whether they agreed with the recommendations.

RESOLVED: that now the Board had received the presentation on the draft 5 year strategy, that:

a) The contents of the proposed draft was considered and
b) The timeline was noted

c) The proposed final strategy be presented to the HWB in July 2014 following further discussion at the development session on 18 June 2014.

230 The Better Care Fund and Benefits of Pioneer Status

The Better Care Fund involved all the partners around the HWB table who would jointly use the available health and social care funds to improve care outcomes in Worcestershire. The funding available for Worcestershire for 2015/16 was £20 million. The challenge was how best to use the money and share resources to achieve the necessary outcomes and the maximum benefits. The BCF was one of the elements which was included in the 5 Year Strategic Plan. The spending expectations were discussed at the development session on 1st April.

The Pioneer Status – Worcestershire was given Pioneer Status on 1st November which did not bring any extra finances but did bring extra support. It was expected that Worcestershire move forward at pace and then share experiences with others.

Officers had met with Geoff Alltimes, the Responsible Officer for the Pioneer Programme and would meet him again next week. In June all 14 Pioneer sites would meet together. A Director for Monitor who was acting as a Senior Sponser had visited Worcestershire and would help identify blocks in the system.

Also Joyce Redfern would help with Systems Leadership support and integration technology so that information could be shared within Worcestershire agencies and with external agencies afterwards.

Despite reports in the newspapers the Better Care Fund was not being put on hold or stopped.

RESOLVED that this update be noted.

231 Winterbourne View

Following the original Panorama programme from 2011 an action plan and protocols had been created and revised. The original review was for people with learning disabilities but Worcestershire expanded the review to include people with mental health issues and children with complex needs. All the points from the action plan have now been completed apart from one on information sharing which was nearly complete.

Now Worcestershire does not have anyone inappropriately placed. Of the 5 people who were in

Winterbourne View all were subsequently moved into residential care although one has since been moved back into hospital.

A census held on 30 September found that some hospitals did not know where their residents had come from – none of which were Worcestershire residents. An internal audit of processes was carried out which found that some contracts were not compliant. This was now being addressed and 75% are now correctly in place.

At the time of Winterbourne View Worcestershire had 9 people in hospital settings; by 1st June 3 people would be discharged and 4 would be in appropriate placements.

Sarah Edwards also explained:

- that users and carers were consulted via the LD Partnership Board about issues such as ensuring that Worcestershire residents were placed in local placements,
- Ministry of Justice placements were checked by NHS England but the care plan was completed by the local team. The care team needed to ensure that they turned up at care review meetings and if they had any concerns about placements they would contact the commissioners of the placement and NHS England,
- Information about Winterbourne View Review was cascaded to the partnership board and the Joint Commissioning Executive.

Members confirmed that they were aware of the complex needs team and that they acted quickly and consistently if any concerns were raised. They appreciated that a lot of work had taken place and were satisfied that everything was under control.

RESOLVED that the Board considered the actions taken were an acceptable response to the Winterbourne View Review.

232 Future Meeting Dates 2014

Public Meetings
Tuesday 22 July 2014 2.00pm
Tuesday 23 September 2014 2.00pm
Tuesday 4 November 2014 2.00pm

Development Meetings all at County Hall
Wednesday 18 June 2014 2.00pm
Wednesday 15 October 2014 2.00pm
Wednesday 3 December 2014 2.00pm

The meeting ended at 3.40

Chairman …….

Worcestershire Health and Well-being Board

5 Year Strategy for Worcestershire Health and Social Care

Date	22 July 2014
Author	David Mehaffey, South Worcestershire CCG, on behalf of Health and Social Care Partners.
Recommendation	**1. The Board is asked to approve the five year strategy for Health and Social Care in Worcestershire**
Introduction	2. The NHS planning guidance for 2014/15 and beyond, requires CCGs to work with partners to develop a five year strategy for health and social care in Worcestershire. 3. On 13 May a presentation was given to the Board on the work undertaken to date, the process for developing the strategy and a proposed approach for how the Board can lead the process. 4. On 16 June a workshop was undertaken at the development session of the Health and Well Being Board to further develop and refine the strategy. 5. The final strategy is now presented for approval.
What is the five year strategy	6. This document brings together the various discrete plans and activities that health and social care partners are committed to delivering in the coming five years. They include: • Delivering the urgent care strategy • Improving out of hospital care in primary care and community services • Improving specialist services such as cancer treatment and complex surgery • Delivering the Future of Acute Hospital Services in the Worcestershire Review • Delivering the Future Lives Programme • Delivering the Children and Young People's Plan 7. Brought together under the Umbrella of Well Connected, these areas are the core transformation programmes for partners in the coming five years.

Who has developed the strategy

8. The strategy has been developed on the footprint of the Worcestershire Health and Well Being Board. All key partners have played a role with input being co-ordinated through a Strategy Steering Group chaired by David Mehaffey, Director of Strategy at South Worcestershire CCG.

9. Other members were of the group were:

- Mick O'Donnell – Head of Strategy at Reddicth & Bromsgrove CCG and Wyre Forest CCG.
- Frances Martin – Programme Director for Well Connected.
- Anne Clarke – Head of Adult Social Care at Worcestershire County Council
- Sue Harris – Director of Strategy and Business Development at Worcestershire Health and Care Trust.
- Jane Ball – Deputy Director of Strategy at Worcestershire Acute Hospital Trust

10. Further input was gratefully received from:

- Philip Talbot of Age UK, Herefordshire and Worcestershire – representing the wider Voluntary and Community Sector
- Richard Harling – Director of Adult Services and Health at Worcestershire County Council
- Gail Quinton – Director of Children's Services at Worcestershire County Council.

Content of the strategy

11. A copy of the strategy is attached as Appendix 1 to this report. The most fundamental development within the strategy is the plan to develop a risk stratification approach whereby different population groups have services planned for and provided in a more tailored way. Page 31 provides more detail on this.

12. Often known as the ***"5:40 concept"***, this says that only 5% of the population account for 40% of the expenditure by health and social care services. We are currently working to establish the exact numbers for the Worcestershire Health and Social Care economy, but the principles will remain relevant regardless of the exact allocations.

13. The strategy proposes an approach whereby commissioners and providers develop a very different model for planning and delivering services to this group of people. Whereas services are currently

planned and provided for the 5:40 in much the same way as the remaining 95:60, in future the services will move to an approach that differs in that:

- Health and social care budgets will be combined and planning will be at an individual, rather than population wide basis.
- Contracts between commissioners and providers will be capitated (ie per head of population), rather than activity driven (ie per A&E attendance)
- Providers will be paid on outcomes achieved (focused on improvements to quality of life) rather than activity undertaken such as number of hospital stays provided).

Next Steps

14. Subject to the Health and Well Being Board approval, the next steps will be:

- Communication to NHS England that the final strategy has been approved (a draft was submitted on 20 June)
- Review the terms of reference for the Strategic Partnership Group to ensure that there is a clear process for overseeing delivery of the strategy across partners
- Develop and refine the 5:40 concept and produce an implementation plan to deliver the transformation required
- Producing an annual report to the Board on progress in implementing the strategy.

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5 year
Health and Care Strategy for Worcestershire

NHS
Redditch and Bromsgrove Clinical Commissioning Group

NHS
South Worcestershire Clinical Commissioning Group

NHS
Wyre Forest Clinical Commissioning Group

NHS
England

Developed with input from:

Worcestershire Health and Care NHS Trust

Worcestershire Acute Hospitals NHS Trust

worcestershire county council

Worcestershire's Voluntary and Community Sector

Proposed Final Version 2nd July 2014

Introduction

This document outlines the initial view of the Worcestershire five year strategy, as required by *Everyone Counts: Planning For Patients 2014/15 to 2018/9.* This version is near complete, but some updates will be required before it can be finalised.

Process for developing the 5 year strategy

The significant steps in the process for the development of this strategy have been:

- An initial presentation to the Health and Well Being Board on 11th March 2014. At this meeting we sought the Health and Well Being Board endorsement to the process and timeline so that a formal first draft could be submitted to NHS England on 4th April 2014.
- The Strategic Visioning Events on 8th and 9th April where all key stakeholders in the Health and Social Care economy came together to discuss challenges and future plans.
- A presentation to the Health and Well Being Board on 13th May to share the initial draft that was submitted on 4th April along with a proposed timeline for amending the next version to be submitted on 20th June.
- A facilitated discussion at the development session of the Health and Well Being Board on 18th June, following which the Board approved the Strategy for submission to NHS England on 20th June.
- The final strategy will be presented to the Health and Well Being Board on 22nd July 2014 so it should not be considered a final strategy until this process has passed.

There is a strategic working group covering all commissioners and providers, including Adult Services and Health, that has worked on the development of the strategy. Oversight of the development has been undertaken by the Strategic Partnership Group of the Health and Well Being Board. Input to the development of the strategy from parts of the VCS have come through these forums.

This document

The strategy outlines the ambitions that CCGs have identified for the six key NHS Outcome areas and a proposed set of vision statements that partners believe define the key aspects of what we are trying to achieve together. The way in which the strategy brings together existing and future plans in the system is identified on page 11.

We have identified the transformation programmes that we are currently working on in the health and social care economy. We recognise the enormity of the task ahead of us over the coming 5 years and realise that this document only gives us a high level blueprint to work from. As health and social care economy partners we aware that the detail under pinning this strategy needs considerable work over the coming months.

Introduction

Our five year strategy aims to achieve the core elements of the NHS England planning guidance, namely:

Requirement	What we have done to date:	What we plan to do in future
A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care	• Commissioners and providers have established extensive membership schemes and public and patient involvement groups, which are up and running. • Worcestershire County Council has a series of established consultative groups for older people, people with physical disability, people with sensory impairment and carers. A Learning Disability Partnership Board is in place with representation from service users and carers. • There is an extensive network of primary care patient participation groups established around local practices. • Healthwatch Worcestershire are full members of the HWB and of the Health and Social Care Strategic Partnership Group that will be leading the implementation of this Strategy. • The VCS Health and Wellbeing Sub Group have developed a linked pathway focusing upon the wellbeing, particularly prevention and early intervention.	• Transform the role of public and patients from one of "consultee" in engagement exercises to being central to the process of engagement from the start. • Roll out more widely the successful community engagement approach piloted in Worcester City, whereby members of the community were trained to undertake engagement on behalf of the CCG. • Worcestershire County Council is redesigning services end to end - from access to information and advice for all through to assessment, support planning and review for those eligible for long term support. We will work with service users to design the support people may need to access services in the future as well as co -producing key tools for assessment etc.
Wider primary care, provided at scale	• Established extended role for primary care through initiatives such as GP with WMAS and an enhanced role to support sub acute provision in community hospitals.	• Invest the £5 per head effectively to maximise the ability of the accountable GP to provide effective out of hospital care. • Explore opportunities for CCGs and NHSE to co-commission primary care.
A modern model of integrated care	• Developed the Well Connected Programme, become one of the 14 national pioneers, and become one of only 4 areas nationally to participate in *Windmill 2014: from vision to action*, • Invested in enhanced community services and virtual wards, including an expanded role for social workers to support a greater opportunities to provide care closer to home.	• Grasp the opportunity of being one of only 4 areas nationally to maximise the learning from the Strategic Visioning Events to explore the concept of segmenting the population to transform models of care.

Introduction

Our five year strategy aims to achieve the core elements of the NHS England planning guidance, namely:

Requirement	What we have done to date:	What we plan to do in future
Access to the highest quality urgent and emergency care	• Produced the county wide urgent care strategy and identified 14 key delivery projects, with the top three prioritised for immediate delivery.	• Deliver the projects to realise the ambition of the urgent care strategy, focusing on the 3 priorities – Urgent Care Centres, Patient Flow Centre, Discharge to Assess.
A step change in the productivity of elective care	• Acute Trust reconfiguration project. • Significant progress in the expansion of day case surgery • Focus on optimising elective throughput at the Kidderminster Elective Centre	• Surgical redesign which maximises utilisation of the physical environment including state of the art equipment. • Centres of Excellence –organisation of senior and more specialist clinical teams ensuring sustainable rota's and driving efficient high quality care and improving outcomes. • Workforce redesign and new ways of working delivering access to six day a week elective services and seven day a week for core emergency services. • Use of technological advances to improve the quality and efficiency of surgical services. • Significant expansion of work undertaken in community hospitals , including better use of the procedure suites in Malvern and Evesham Community Hospitals.
Children and young people have a healthy lifestyle	• Approximately 9,500 children with mental ill health in Worcestershire. Supporting mental health was ranked within the top ten priorities of the young people make your mark survey. • Levels of alcohol – specific hospital stays amongst those under 18 are worse than the English average. • The % of women who smoke in pregnancy is higher than the English Average.	• 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.

The Health and Well Being Strategy

The Worcestershire Joint Health and Well Being Strategy sets the overall vision for health and well-being in Worcestershire:

"Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes."

All partners have signed up to this overarching vision and have been developing other strategies and plans within the context of it. This HWB document provides the reference point for the development of the five year strategy for the health and social care economy.

There are four priorities:

- Older people and the management of long term conditions
- Mental health and well being
- Obesity
- Alcohol

There are also three groups that will receive particular attention:

- Children and young people
- Communities and groups with poor health outcomes
- People with learning disabilities

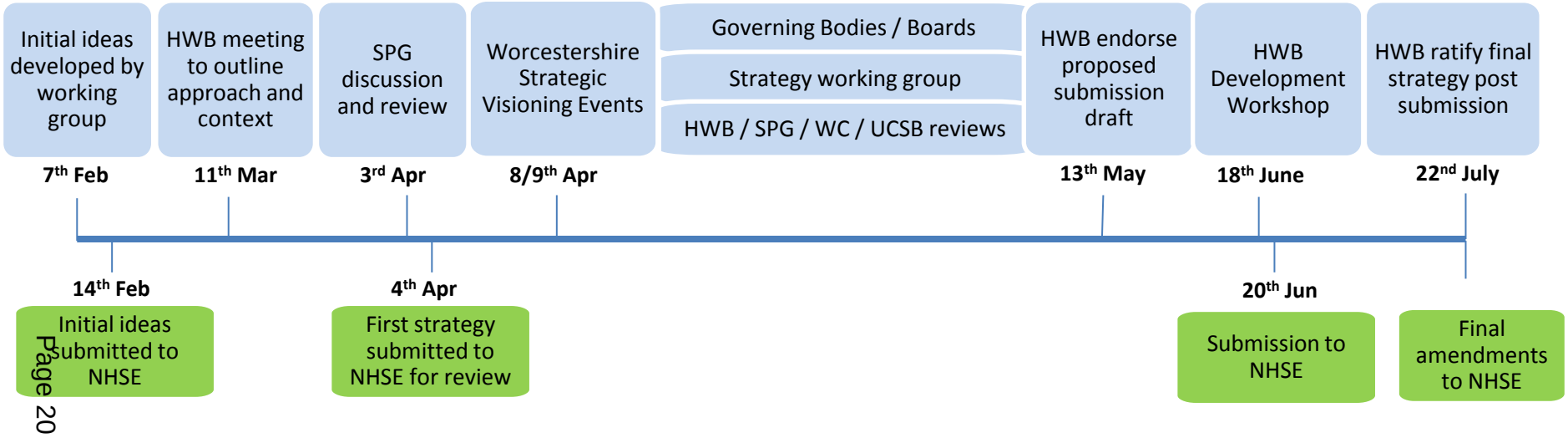
Action to improve health and well being is taking place against two key themes:

Building healthy communities – ensuring that the environment, both built and natural, helps to support health and well being, particularly by addressing those areas where the environment is poor, crime and unemployment is high, and educational attainment is low. These factors are known to have a strong link to poor outcomes and can take generations to turnaround.

- **Improving health and social care** – with a clear aim to help people live independently for as long as possible, this is about ensuring coordination and joining up of care between all the various organisations that can make a positive contribution. Focus will be on three key areas (1) prevention (2) early identification of problems when they do arise and (3) effective intervention to stop them getting worse. There is also a strong emphasis on the need for people to take responsibility for their own health and care.

This strategy sets out a clear sense of direction for local partners to develop delivery plans and provides a robust framework for the development of the longer term plans being developed now. There is already evidence of good progress, for example through the Well Connected Programme and Pioneer Status, through the SWCGG Five Year Strategic Priorities and through all the developing CCG Commissioning Plans.

Developing the Strategy – a Timeline



Strategy working group

- David Mehaffey – Director of Strategy - SWCCG
- Mick O'Donnell – Head of Strategy – WFCCG and RBCCG
- Frances Martin – Programme Director – Well Connected
- Anne Clarke – Head of Adult Social Care –Worcestershire County Council
- Chris Fearns – Director of Strategy – Worcestershire Acute NHS Trust
- Sue Harris – Director of Strategy – Worcestershire Health and Care NHS Trust

Reporting to:

- Health and Well Being Board, via the Strategic Partnership Group

Accountable to:

- Individual organisation Governing Bodies and Boards

Our Five Year Strategic Plan on a Page

Worcestershire Joint Health and Well Being Strategy

Our vision for health and care in Worcestershire

You plan your care with people who work together with you to understand you and your needs, allow you control and co-ordinate and deliver services that support you to achieve the outcomes important to you.

- A seamless health and social care system delivering high quality, timely and effective care;
- As much care and support provided in or as close to people's homes as possible;
- Individuals and families will be able to take greater responsibility and greater control over their own health and care;
- Specialist hospital services, primary care and community care provided from high quality safe environments, with appropriate qualified, supported and skilled staff working across 7 days.
- Investment in prediction, prevention and early intervention where we can be confident that this will reduce future demand on services;
- Residents helped with technology supported self care to ensure that specialist resources are focused more effectively on those in most need;
- Reduced differences between social groups in terms of health and social care outcomes;
- A financially sustainable model of care that targets the use of resources in those areas that will have greatest impact.

Values and principles underpinning our health and care economy

Patients and the population come first, not organisational interests.	Organisations work together to deliver change, not in competition.	We work with a no blame culture where the focus is on finding solutions not blaming for problems.	We balance need for consistency across the county with the specific needs local populations.	All decisions considered in the light of the health and care needs of the population and the evidence base for what works.	We respect the views of the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.	We will work to deliver financial balance, sustainability and Value for Money in the delivery of services

The outcomes we are seeking to achieve

Additional years of life secured in conditions considered amenable to healthcare.	All people over 65 or those under 65 living with long term conditions (including children and young people) have their own coordinated care plan where the priorities set by the individual are supported by the care that they receive, resulting in improved health related quality of life.	Emergency admissions and length of stay reduced by managing care more proactively in other settings.	Safe and effective care secured and the proportion of people having a positive experience of care in all settings increased.	The need for long term residential and nursing care for all age groups is reduced by people being healthy and independently.	Parity of esteem for people suffering with mental health conditions alongside those with physical health conditions.

Worcestershire Joint Health and Well Being Strategy

Where do we want to be?

Strategic Outcome Statement	Where are we now	Where do we want to be in 5 years
Additional years of life secured in conditions considered amenable to healthcare. PYLL rate for 100,000**	**PYLL rate for 100,000** Redditch and Bromsgrove – 1,977 South Worcestershire – 1,893 Wyre Forest – 2,100	**PYLL rate for 100,000** Redditch and Bromsgrove – 1,681 South Worcestershire – 1,557 Wyre Forest – 1,785
All people over 65 or those under 65 living with long term conditions have their own personalised 'joined up' care plan where the priorities set by the individual are supported by the care that they receive, resulting in improved health related quality of life. (Average EQ-5D score)**	• Some joined up care plans in place with plans to improve • Separate statement of SEN, social care and health plans **EQ-5D Score** Redditch and Bromsgrove – 74.1 South Worcestershire – 75.4 Wyre Forest – 74.1	• 100% coverage of >65 and <65 with an LTC • All over 75s with a named primary care lead • SEN reform – 100% of C & YP with SEN with an integrated education, health and care plans. **EQ-5D Score** Redditch and Bromsgrove – 75.1 South Worcestershire – 79.9 Wyre Forest – 75.3
Emergency admissions and length of stay reduced by managing care more proactively in other settings.**	• Integrated Teams and Virtual Wards in place and starting to demonstrate impact **Emergency Admission Composite Indicator** Redditch and Bromsgrove – 2,317 South Worcestershire – 1,738 Wyre Forest – 1,541	• Shift in resource from acute to community achieved through 15% reduction in emergency admissions to acute hospitals and resources invested in BCF. **Emergency Admission Composite Indicator** Redditch and Bromsgrove – 1,920 South Worcestershire – 1,669 Wyre Forest – 1,530
Safe and effective care secured and the proportion of people having a positive experience of care in all settings increased.**	**Measure of people reporting poor inpatient care** Worcestershire Acute Hospitals – 155.2 **Measure of people reporting poor GP and com care** Redditch and Bromsgrove – 5.1 South Worcestershire – 4.8 Wyre Forest –5.8	**Measure of people reporting poor inpatient care** Worcestershire Acute Hospitals – 135.5 **Measure of people reporting poor GP and com care** Redditch and Bromsgrove – 4.8 South Worcestershire – 4.5 Wyre Forest – 5.5

***Technical definitions for these indicators are available on request*

Where do we want to be?

Strategic Outcome Statement	Where are we now	Where do we want to be in 5 years
The need for long term residential and nursing care by all services reduced by people being healthy and independent for as long as possible.	Prevention and early help services for older people to be re-commissioned. Adult social care recovery and NHS rehabilitation services for older people in place but operating separately. Limited options to residential and nursing care for older people becoming more dependent. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes 597.4 per 100,000 population.	Prevention and early help services for older people focused on preventing those most at risk requiring adult social care. Integrated adult social care recovery and NHS rehabilitation services in place funded from Better Care Fund offering a more streamlined and cost –effective service. Extra Care developed as an alternative to residential and nursing care for older people becoming more dependent. Permanent admissions of older people (aged 65 and over) to residential and nursing care homes 547.5 per 100,000 population.
Parity achieved for people suffering with mental health conditions alongside those with physical health conditions.	**IAPT treatment and recovery** Worcestershire – 5.8% treatment / 50% recovery **Dementia diagnosis** Worcestershire – 48.7%	**IAPT treatment and recovery** Worcestershire – 15.0% treatment / 50% recovery **Dementia diagnosis rate** Worcestershire – 67.0%
Made significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	1 never event HSMR rate of 107, SHMI of 106, which are below the upper control limits Medication errors per 1,000 bed days of 0.52	No never events, HSMR and SHMI rates consistently at a level below the upper control limits as defined by NHS England. Medication errors per 1,000 bed days maintained at a level consistent with national guidance and thresholds.

The Health and Adult Social Care Strategic Partnership Group

Through the development of this strategy partners have recognised the need to develop more integrated governance to oversee the delivery of the associated strategic transformation programmes. The Worcestershire Unit of Planning is in the fortunate position of having an effective Health and Well Being Board that is supported by an established Health and Adult Social Care Strategic Partnership Group (SPG).

In May the SPG agreed that work was required to bring the various strategic transformation programmes together under a single overarching programme and that the SPG should develop a role of being the overarching group for leadership, programme management, monitoring and assurance, and mutual influencing in order to ensure coordinated delivery. Further work is being undertaken to identify the specific actions required in order to move this forward.

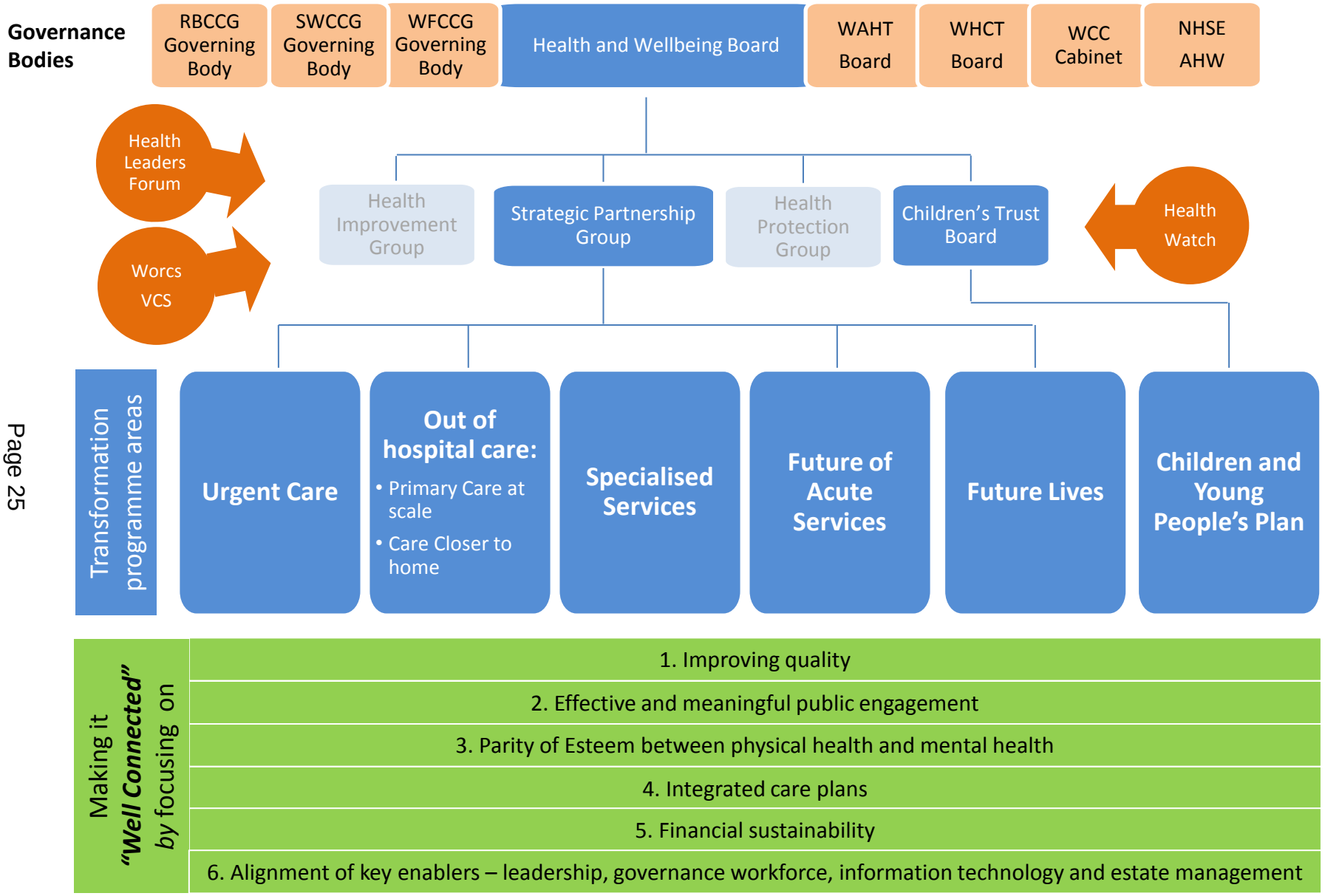
In developing these options, the following principles are considered relevant:

One Strategy – This strategy should bring together all of our strategies and plans for transformation of health and adult social care.

One change programme - The strategic transformation programmes and projects that are in train or which have been identified as necessary to deliver this strategy should be brought together in one overarching programme, Well Connected, under a single programme management process.

- **Focus and priorities** – There should be an agreed number of top priority change projects, with identified delivery timeframes spread across the five years, which are the delivery subsets from the strategic transformation programmes
- **Enablers** – Critical cross sector enabler projects should be identified, properly resourced and ruthlessly managed for delivery.
- **Specifications** – Each strategic transformation programmes and project should have a clear specification that is signed of by the SPG.
- **Ownership** – All strategic transformation programmes and projects will have a clearly named Senior Responsible Officer and Project Lead.
- **Decision making -** Ultimate approval of strategic transformation programmes and projects and commitment of funding sits with the governing bodies and boards of the respective organisations. The role of the SPG is leadership, programme management, monitoring and assurance, and mutual influencing in order to ensure coordinated delivery

Governing the Delivery of the Strategy



Enabling Strategic Change - Well Connected

Well Connected is a collaboration between the County Council, the three Worcestershire Clinical Commissioning Groups, Worcestershire Health and Care Trust, Worcestershire Acute Hospitals Trust, NHS England Area Team, the voluntary sector (through Age UK Herefordshire & Worcestershire) and Healthwatch.

It is the means by which the key transformation programmes that affect the whole health and social care economy are brought together into a single coordinated work structure. The Health and Well Being Board sets the leadership agenda and executes this through the Strategic Partnership Group. There is a Well Connected steering group that organises the day to day partnership working to turn the Health and Well Being Board's vision into reality for the people of Worcestershire.

Through the publication of 'Integrated Care and support: our shared commitment' the Department of Health (with all major national partners) set an ambition to transform people's experience of health and care by integrating services; putting individuals at the centre of planning their own care; and making divisions between organisations invisible to service users. The opportunity to be 'Integration Pioneers' was received with eagerness by senior leaders, patient and carer representatives and staff across our organisations, and in November 2013 the Worcestershire *Well Connected* Programme was named as one of only 14 National Integration Pioneers.

The Focus of Well Connected is on older people and management of long term conditions in all age groups. Older people and those with long term conditions (whether children, adults or older people) rely on health and adult social care services to live their lives as normally as possible and account for a significant proportion of expenditure both by the local NHS and the Council. It is therefore particularly important that we focus on how the system is going to respond to their growing needs.

There is clear agreement between all Worcestershire partners that we need to rethink the way we provide services for older people we need to make greater efforts to prevent problems arising, identify them early and intervene to avert crises. This will include doing more to encourage and empower individuals, families and communities to take greater responsibility for their own health and care. We also need to do more to create seamless pathways between services. In so doing we will be able to shift the balance away from avoidable and expensive hospital based services and improve the quality of care.

Enabling Strategic Change - Well Connected

We intend to:

- Place a greater emphasis on prevention and early help to avoid future ill health, disability and social problems; and
- Deliver on-going integration and improvement of the quality and value for money of health and social care.

In order to do this we have identified six major transformation programme areas:

- **Urgent Care**: Implementation of the Worcestershire Urgent Care Strategy, incorporating 14 delivery projects under the oversight of the Urgent Care Strategy Group.
- **Out of Hospital Care**: Two key areas of focus are incorporated here – implementing actions that will deliver primary care at scale and ramping up the provision of Care Closer to Home through enhanced community services and extended use of community hospitals.
- **Specialised Services**: The specialised commissioning strategy is to concentrate services on clinically and financially sustainable centres of excellence with standards of care that are applied equally across England. Through the execution of this strategy, some of many of those services are likely to be commissioned from providers outside of Worcestershire.
- **Future of Acute Services**: As with specialised commissioning, executing this strategy will result in changes to the way in which current services are provided locally, particularly in women's and children's services and urgent care.
- **Future Lives**: This programme is about responding to the changing social care landscape at a time when budgets are reducing in real terms when demographic changes suggest they should be increasing.
- **Children and Young People**: This strategy is particularly reliant on the delivery of objective 2 of the Worcestershire Children and Young People's plan – ***"Helping children to be healthy".***

Prevention and early intervention is a theme that runs through all these programmes and is a vital part of our whole delivery plan. Through the Well Connected infrastructure and governance arrangements, there are a number of key enablers that are being developed to support the joined up delivery of these programmes:

- **Improving Quality** - A focus on delivering change to improve quality
- **Effective and Meaningful Public Engagement** through joined up public involvement and communications.
- **Achievement of parity of esteem** between mental health and physical health to ensure that those with mental health needs have the same opportunities to access services and live physically healthy lives as those without mental health needs.
- **Integrated Care Plans** by developing a common approach across all health and care providers who serve Worcestershire's population.
- **Financial Stability** through development of the Better Care Fund and segmenting how we commission and provide services to different groups of patients
- **Alignment of Key Enablers** to support effective joint working, such as aligning financial incentives, leadership development, governance, workforce development, information technology and estate management.

The major transformation programmes

The Urgent Care Strategy

All partners across Worcestershire have agreed an Urgent Care Strategy to be implemented from April 2014 onwards. The vision for the strategy is:

"To ensure the people of Worcestershire have access to the right urgent care service that is of a consistently high quality and which is available 24 hours a day 7 days a week".

The strategy sets out to achieve the following principles:

- **Admission prevention and avoidance** - Enhance out of hospital urgent care services so we can avoid an emergency admission where possible. We must develop effective and simplified alternatives to hospital admission across seven days. This is especially important for patients with complex needs and chronic illness.

- **Right care, right time, right place** - Treat with the best care in the best place in the fastest time. A simplified system whereby patients are able to access expert diagnosis and assessment in the setting that is most appropriate to their clinical needs. Access to senior clinical decision making, as early in the patient journey as possible, seven days a week.

- **Effective patient flows** - Promote rapid discharge to the most appropriate place for recovery in a planned manner. We must focus on supporting patients to leave hospital seven days a week. Effective discharge planning can reduce length of stay and readmission and is therefore a vital element of emergency care. A safe supported discharge relies on effective integration of primary, community, secondary and social care services which should be available seven days a week and include the out of hours periods.

The strategy has established six objectives which will help to realise the vision and the principles:

- Create a simple system in which patients know which option is the right one to choose in an urgent care situation.
- Put primary care at the heart of urgent care provision.
- Ensure that patients are only admitted when necessary and only stay as long as clinically appropriate.
- Enhance and transform urgent care pathways, including better use of the full range of community and social care services.
- Ensure 7 day service provision with equitable outcomes.
- Share information more effectively to support improved patient care.

The Urgent Care Strategy

14 delivery projects have been agreed, with executive sponsors and project managers identified. The governance arrangements have been identified with the Urgent Care Strategy Group performing the programme board role and the Urgent Care Operational Group undertaking the programme steering group role.

Delivery Projects

- Demand, capacity and simulation modelling for urgent care
- Develop and deliver a frail & elderly strategy
- Paediatric Emergency care project
- Deliver the seven day working strategy
- Deliver the benefits from the patient flow programme
- Urgent Care Centres in Worcester and Redditch
- Delivery ambulatory care pathways without hospital admission

Delivery Projects

- Improved access to primary care urgent appointments
- Develop an enhanced role for community hospitals, including MIUs
- Deliver enhanced community services and virtual wards
- Procure an integrated NHS 111 and GP OOH solution
- Urgent care workforce plan
- Mental health urgent liaison services
- Health inequalities

Out of Hospital Care

We want to deliver the best possible healthcare in the right setting, at the right time.

This means making improvements to health services in hospitals, as well as closer to home. Out of hospital care includes all those services provided in community settings such as in people's home by community nurses, at GP's surgeries and in health centres.

Our aim is to develop services in the community and focus on self-care, early diagnosis and high quality management of long term conditions, and the diagnosis and treatment of those with ambulatory emergency conditions in the community when appropriate. This enables our acute hospitals to focus on patients who are critically ill and those who require specialist investigations and interventions.

We will do this by reducing reactive and unscheduled care and to develop more planned care earlier. The key areas of action will be:

Primary Care at Scale
We will support easier access to high quality, responsive primary care to enable out of hospital care to be the first point of call for the people across Worcestershire.

Care Closer to Home
We will develop clearly understood integrated planned care pathways which deliver in the community using a multidisciplinary approach. These pathways will standardise care processes to ensure quality of care for patients is high. To enable these pathways to be developed there will a transfer of care, such as outpatient services from central acute hospital settings into community settings.

We will also proactively manage people of all ages with long term conditions, people who are frail because of their old age and people at the end of life stage in out of hospital settings, in or near people's homes. To work this will need a comprehensive response 7 days a week to avoid admissions which could be clinically treated without an acute hospital admission. Different providers will work together in multidisciplinary groups to offer seamless integrated care for patients.to enable people to stay in their homes and, following a hospital admission, to receive rehabilitation and home support as quickly as possible.

Out of Hospital Care – Primary Care at Scale

Worcestershire as a whole is comparatively well served by GPs, particularly in Wyre Forest, when looked at in the context of the national averages. However, this should not be interpreted as meaning that GP resourcing in Worcestershire is not a challenge.

Area	GPs per head	
Wyre Forest	0.83	(1 per 1,209)
South Worcestershire	0.80	(1 per 1,286)
Redditch and Bromsgrove	0.75	(1 per 1,337)
NHS England area team average	0.77	(1 per 1,295)
NHS national average	0.74	(1 per 1,350)

The sustainability of GP practices across Worcestershire, as elsewhere in England is a key challenge with many doctors are approaching retirement age and others are choosing to pursue "portfolio" careers where only a proportion of their working week is spent in a traditional primary care role. Furthermore, the number people seeking to become GPs is declining and CCG member practices often cite difficulties in appointing Partners as a key challenge.

Member practices across all three CCGs frequently quote difficulties in coping with the increased demands, resulting in working patterns well in excess of the traditional general practice working week. The expected population growth coupled with a shortage in GPs means that services and structures have to change.

Primary Care is often describes as the cornerstone of the NHS with the GP as the first point of contact for the majority of care. There has been a huge increase in demand for services over the past decade and although generally patient satisfaction with services is high they consistently raise problems with access to appointments and quality of Out of Hours (OOH) services. The NHS is not alone in facing economic restraint and a future funding gap has been identified. This alongside increasing demand will require commissioners and providers to consider new ways of delivering healthcare.

However, Primary Care is ideally positioned to become an 'at scale' delivery unit for new ways of providing with innovative clinicians who are willing to make changes and work differently. New models are emerging in Worcestershire which will help to promote this "as scale" working. For example at 66 practices across Worcestershire now share a common IT platform and in South Worcestershire all 31 of 32 practices have signed up to a single Primary Care Federation (Stay Well Healthcare). Many practices now share premises, some cross refer between each for services and some are exploring merger opportunities. In Wyre Forest work is underway to explore the potential for "super practices" by bringing individual providers together and in Redditch and Bromsgrove there are smaller groups working together in a cooperative manner. CCGs are currently scoping the potential for an enhanced primary care 'offer' that builds on current initiatives such as the £5 per head funding to support proactive care for older people and the emergency admissions enhanced service.

This model will require that we deliver consistent, high quality primary care at scale, integrated with other community care services and resources and SWCCG are working with the NHS England Arden, Herefordshire and Worcestershire Area Team to explore opportunities to co-commission the services, If a suitable approach is agreed then it will enable greater integration of commissioning across primary, community and secondary care and provide additional levers for the CCG to transfer a greater proportion of care from secondary to primary care – hence delivering the "Primary Care At Scale" objective.

Out of Hospital Care – Primary Care at Scale

The underpinning principles for primary care within the AHW Area Team to ensure delivery are:

1. Primary care continues to be an effective **first point of contact** for patients
2. There remains a **common core offer** of high quality, patient-centred primary care
3. There is an increasing role in **active case management** and supporting patients to manage their own care
4. **Appropriate onward referrals** are made through planned pathways
5. **Record keeping is shared** through the use of integrated clinical systems to enable the effective management of all registered populations.
6. Primary care supports the **continuous improvement** in health outcomes across the five domains of the NHS Outcomes Framework through the use of innovation and technology.
7. Primary care is delivered by **appropriate services** with seamless transition ensuring the optimisation of primary care, assessment and diagnosis, enhanced recovery, re-ablement and rehabilitation of all scheduled and unscheduled care, seven days a week
8. **Partnership working** is developed with the Local Professional Networks in order that patient experience and clinical leadership drive the commissioning agenda, securing higher-quality health services
9. There is a **balance between standardisation and local empowerment in prioritising service development** to meet local needs
10. **Reducing health inequalities** i.e. through health promotion and commissioning services in the right locations with the right skill mix to meet patient needs.

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Objectives from Arden, Herefordshire and Worcestershire Area Team Primary Care Strategy 2014-2019 include:

- To improve access to primary care for both in hours services (commissioned by NHSE) and out of hours (commissioned by CCGs). This will include exploring use of alternative approaches such as telephone, internet and email and by practices considering how they will respond to meeting the needs of their population 7 days a week.
- To reduce variation in quality of care delivered and raise standards.
- To commission value based, sustainable services along agreed clinical pathways for best outcomes for patients.
- To support the changes to the urgent care system to make 7/7 working a reality across the whole system.
- To drive changes to the primary care system to deliver prevention and early intervention based on patients taking more in control of their own health.
- Ensure business continuity through Primary Care Support transition.

Out of Hospital Care – Care closer to home

Each year in Worcestershire over 62,000 patients receive community treatment from the 1,400 community NHS staff currently delivering care. The service is provided across Worcestershire (an area of approximately 500 square miles, with a population of 550,000, over 140,000 (24.7%) of whom are aged over 65) and sometimes across borders into neighbouring counties.

More recently, increasing pressure to care for more people out of hospital, an ageing population and an increasingly challenging financial picture have pushed for a more fundamental redesign of care.

Nationally there is an emerging consensus about the impact that community services can have and what is needed to improve their effectiveness. The main steps identified are:

- Reduce complexity of services
- Wrap services around primary care
- Build multidisciplinary teams for people with complex needs, including social care, mental health and other services
- Support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions
- Create services that offer an alternative to hospital stay
- Build an infrastructure to support the model based on these components including much better ways to measure and pay for services
- Develop the capability to harness the power of the wider community.

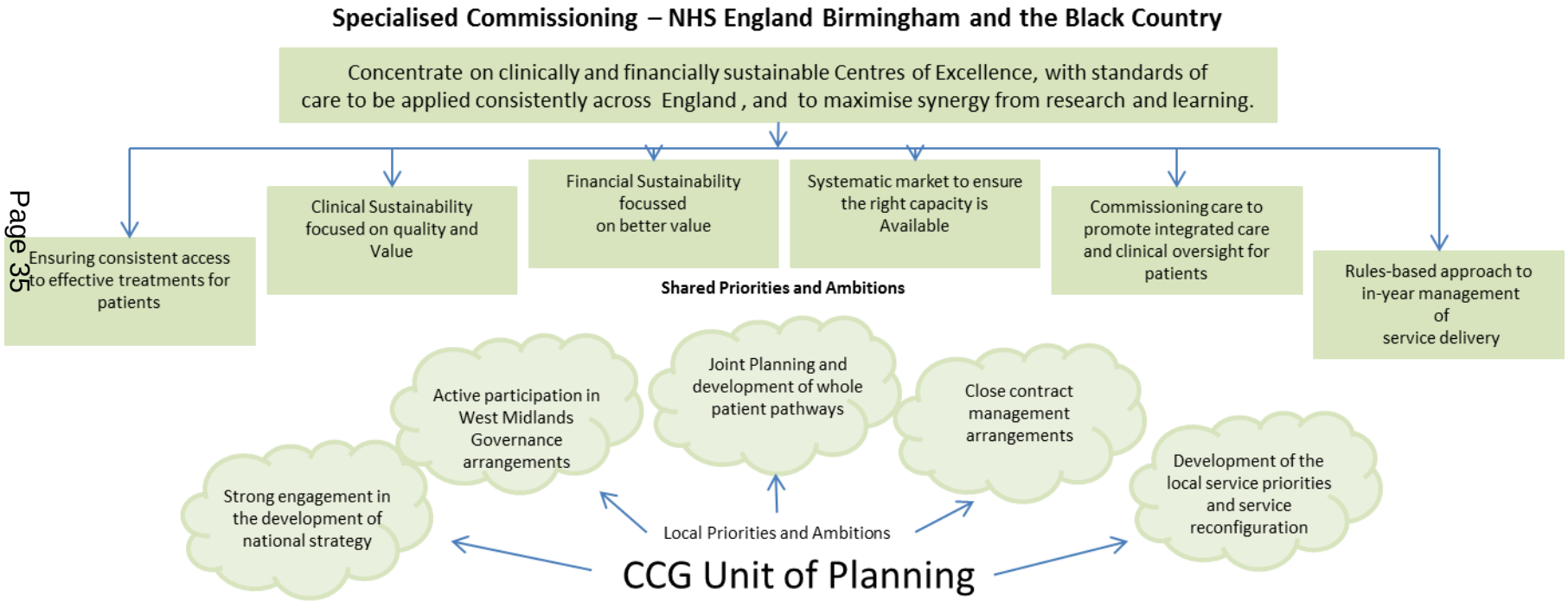
Improving the management of long-term conditions and multi-morbidity should reduce the demand for hospital care and improve patients' quality of life. There are also opportunities for more preventive interventions to meet people's needs for social care. All this requires the co-ordinated deployment of multidisciplinary teams of experts as well as the close involvement of patients and their carers in setting goals and planning care. An important first step is to simplify the pattern of services, creating larger community teams with a shared set of skills that would include some staff with more specialist knowledge. These specialists are still required (for example, in areas such as tissue viability, Parkinson's disease, respiratory problems, incontinence, palliative care) but may focus more on education, support, and providing input in the most complex cases.

This approach requires locality-based teams that are grouped around primary care and natural geographies, offering 24/7 services as standard, and complemented by highly flexible and responsive community and social care services.

Specialised Commissioning

CCGs have the statutory responsibility to commission, or make arrangements to have commissioned, the full range of healthcare for their population with the exception of specialised services for which now NHS England has accountability for. For Worcestershire's patients, specialised commissioned in delivered by the NHS England Birmingham and Black Country Team.

As part of the 'Call to Action', NHS England is developing a five year strategy for specialised services, which will be published in April 2014. This will address the service specific objectives for the next five years, overarching strategic objectives for the provision of a system of specialised healthcare as a whole and the impact of co-dependency between service areas.



Executing this strategy will have implications for Worcestershire's commissioners, providers and patients, particularly where specialised services that are currently provided within the county are moved out of county.

Acute Hospital Services in Worcestershire

Progressing this review is a fundamental to the delivery of a sustainable health and social care economy over the next five years. Without a revised model the health economy is certainly not financially or clinically sustainable. With the model the clinical case has been agreed but there are still major financial challenges to be overcome.

However, when these are addressed the system will be much stronger:

- A more co-ordinated and integrated urgent care system with a single Major Emergency Centre, along with an Emergency Centre and a network of "local" Minor Injury Units.
- Centralised emergency paediatric care and consultant led maternity services, along with by a midwifery led unit.
- Centralised services such as stroke and cardiac care, certain aspects of emergency surgery and other highly specialised services where it is only safe to provide them from one centre.

There is a process and roadmap identified for taking the recommendations from this review forward. With action in this area the acute trust will be well placed to work towards the objective in the planning guidance of a 20% step change in the efficiency of elective care. Activities will include:

- Surgical redesign which maximises utilisation of the physical environment including state of the art equipment
- Centres of Excellence –organisation of senior and more specialist clinical teams ensuring sustainable rota's and driving efficient high quality care and improving outcomes.
- Workforce redesign and new ways of working delivering access to six day a week elective services and seven day a week for core emergency services.
- Use of technological advances to improve the quality and efficiency of surgical services.

Future Lives

The changing landscape of social care presents a number of significant challenges for the health and social care economy in Worcestershire. The County Council is facing real terms cuts in social care budgets at a time when demographics suggest that increased funding is required. The efficiency challenge for the Council, working jointly with local partners is significant and one that should not be underestimated. Our strategy must ensure that any service redesign recognises the implications of reduction to social care support and the impact that will have on the wider health system.

The integration of some health and social care budgets by 15/16 will also provide some challenges and we need to ensure that any changes support the delivery of an integrated, whole system approach to care. The new Care Bill will consolidate all existing legislation under which adult social care is delivered and introduces reforms in funding and charging for care and support. The Care Bill is to be implemented in two stages - April 2015 for changes in overall duties for wellbeing, assessment, eligibility etc, April 2016 for the reform of funding and charging for care.

Adult social care will need to transform in order to meet these new statutory duties. Worcestershire County Council has embarked on a new programme of work called Future Lives: Pathways to Independence. This is a major change programme in Adult Social Care over the next three to five years that will ensure that the Council can continue to offer high quality services, meet the requirements of the Care Bill and other national legislation, and contribute to the Council's financial challenges. Future Lives will review and reform of all aspects of adult social care. It will result in new models of care that promote health and independence, increase choice and control and reduce the need for long term services by maximizing the impact of our investment in prevention and recover. It comprises four programme areas:

Keeping Well - This work has a focus on enabling self-management through high quality information and advice, identifying needs that might benefit from early help - such as loneliness, risk from falls and cold weather and ensuring that support is available through communities and neighbourhoods.

- **Assistive Technology –** Work will continue with providers of telecare, telehealthcare and telecoaching to maximise the use of technology which can support individuals to keep well and independent and which also maximise the efficiency and productivity of statutory services.

- **Recovery -** This work will result in redesigned service to promote recovery and a return to independence. it will usually be delivered at home

- **New Models of Care -** will review our approach to assessing, arranging and providing adult social care and consider how we can improve the timeliness and quality of assessments, promote choice and control and improve quality and productivity.

Children and Young People's Plan

The Children and Young People's Plan sets out a vision for:

"Worcestershire to be the best place it can be for children, young people and their families."

This means that children and young people in Worcestershire:

- Are safe
- Are healthy
- Feel valued and respected
- Achieve success
- Are happy and fulfilled.

Within the Worcestershire five year strategy, our interest is in the delivery of focus area 2 – ***helping children to be healthy.*** In order to do this, the following priorities from the Children and Young People's Plan as relevant to the five year strategy for health and care:

- Supporting families who are at risk of abuse, using drugs or alcohol or suffering from mental health difficulties.
- Making sure that there are people to help children and young people who find life hard, have a disability and aren't able to have a say.
- Giving everyone the chance to be healthy.

In order to achieve these aims the following actions will be taken:

- Provision of a clinically effective CAMHS service available 24 hours a day, 7 days a week for urgent cases.
- Sustainable CAMHS service for children with learning difficulties and/or disabilities will be put in place, along with effective transition protocols for 16/17 year olds.
- Commissioning of evidenced based and equitably available speech and language therapy services.
- Commissioning of effective and appropriate services for children with disabilities, including eligibility for short breaks, the shape of overall provision and equipment services.
- Effective planning and joint commissioning of services to reduce duplication and improve quality in order to reduce the impact of health inequalities, particularly in areas of high deprivation.
- Support to the delivery of the health and well being strategy in a way that is relevant to children's and young people.
- Implement the Worcestershire healthy weight and healthy lives strategy and action place, including the infant feeding plan.
- Deliver the Worcestershire sexual health strategy, including teenage pregnancy.
- Develop a strategy for childhood accident prevention.

Making the Transformation Programme "Well Connected"

Improving Quality – The Worcestershire Framework

In the light of the Francis report, there has been a coordinated and sustained focus on putting quality at the heart of everything we do. Commissioners and providers alike have worked together to ensure that the approach to quality in Worcestershire is focussed on three key areas:

- Ensuring effective quality assurance of all services
- Creating a Culture of Quality In Worcestershire
- Redesigning current models of care and care pathways to improve the safety and effectiveness of services and improve the user experience

Key aspects from the **quality assurance** processes include:

- Visibility within services - undertaking announced and unannounced visits to create improvement plans with the providers
- Quality dashboards for each organisation to monitor key aspects of quality facilitating monitoring of quality indicators in areas such as infection prevention ,mortality and workforce.
- Service concerns reporting from Primary Care that is captured and turned into improvement plans with the providers
- Quality walkthroughs, engaging groups of clinicians and service users to walk a particular pathway and create an improvement plan from the findings
- Listening to patients and the public and working with providers to improve experience

Work undertaken to create a **culture of quality** has included the development of a "Culture Of Quality" programme. This has included a series of workshops and subsequent action planning sessions aimed at improving relationships between organisations to facilitate improvements in quality. An agreed vision has been jointly been developed by partners to focus on continuous improvement:

"Worcestershire working together, aspiring to deliver the highest quality care"

The third aspect of the approach is to **redesign of current models** of care and care pathways. The local approach is clinically led and involves primary care, acute, community health and social care services to deliver improvements. The most significant piece of work undertaken to date is the Improving Patient Flow Programme, which is a key aspect of the urgent care strategy.

A forward plan has been developed based on the learning from Francis/Hard Truths , Berwick, Keogh and Clwyd reviews and this has provided all partners with a clear sense of direction for improving quality over the coming years.

Effective and Meaningful Public Engagement

Effective and meaningful public engagement through co-design and co-production is one of the key drivers for our strategy.

Co-production and co-design is way of working whereby citizens and decision makers i.e. people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it.

Partners in Worcestershire are committed to developing the plans which underpin this strategy by co-producing them with service users and with the professionals who deliver services. Partners will ensure that co-production and design activities are set up to encourage participation from:

- Local communities
- 'Easy to overlook' groups, taking into account factors such as:
    - physical accessibility, for example for older or frail people
    - perceptions, for example disadvantaged young people
    - social expectations, for example children and young people who are often not considered as appropriate to be engaged with and who themselves often do not expect to be taken seriously
    - working people

Partners will use the right channels and materials to engage with different groups such as:

- public facing versions of documents,
- Information formats such as:
    - easy read,
    - other languages,
    - Braille or audio,
    - face to face contact with groups where preferred

Commissioners and providers already have their own mechanisms for engaging with the public and service users in Worcestershire. What we need to do now is to effectively bring the messages from these individual processes together to, wherever possible, present a single view of the public and patients that we can use to drive service change and transformation going forward.

Parity of Esteem Between Mental and Physical Health

Poor mental health is the largest cause of disability in the UK. It's also closely connected with other problems, including poor physical health and problems in other areas like relationships, education and work prospects. There is an ambition for the NHS to put mental health on a par with physical health and in Worcestershire we want to reflect the importance of mental health in all of our planning. We recognise that we will have to commission care pathways across the life span that focus on upstream interventions; integrating physical and mental health and social care to support and promote recovery.

This commitment will ensure we place the same value on mental health outcomes as physical health and capitalise on the economic benefits of systematically implementing best practice across the County. This will include ensuring service users access the:

- Right information
- Right physical health care
- Right medication
- Right psychological therapies
- Right rehabilitation, training for employment
- Right care plan addressing Recovery; lifestyle housing, work, self management
- Right crisis care

All of the interventions, initiatives and strategies will aim to give the same priority to addressing and preventing mental health problems as they do to addressing and preventing physical health problems. In 14/15 we will work across the economy to identify measures of success and set ambitious targets for delivery which will include the reduction of increased mortality and morbidity experienced by those with severe mental illness, guaranteeing the same level of choice and control in relation to support and care interventions and ensuring patients receive timely and appropriate access to mental health services.

Integrated Care Plans

Our vision for health and care in Worcestershire

You plan your care with people who work together with you to understand you and your needs, allow you control and co-ordinate and deliver services that support you to achieve the outcomes important to you.

A key element of making our vision real is the development of personalised care plans. Our ambition is that the plan will be 'owned' by the individual and supported where needed by a member of their family or someone acting as a care coordinator under the auspices of their GP team. The person and everyone involved in providing care and support will be able to access and contribute to the individual's care plan.

This ambition is supported by recent policy:

1. Inclusion of Accountable GP role for registered patients aged 75 and over, in GMS contract regulations
2. Introduction of the Unplanned Admissions Enhanced Service
3. Funding to commission additional services which will further support the accountable GP in improving quality of care for older people
4. Better Care Fund condition
5. The Care Act

but most importantly with the views of our patients, service users, carers and representatives of voluntary and community organisations.

As slide 8 above "All people over 65 or those under 65 living with long term conditions have their own personalised 'joined up' care plan where the priorities set by the individual are supported by the care that they receive, resulting in improved health related quality of life. (Average EQ-5D score)"

Through our existing work to improve end of life care, care home project and risk stratification and virtual ward schemes many people in Worcestershire already have a personalised care plan. Focusing on those who have the most complex needs we will work at pace to scale up delivery and to use technology solutions to support greater care coordination .

Sustainable Finance - The Better Care Fund

The Department of Health has provided funding to support integrated working between health and social care since 2011/12. The clear expectation from the Government is that this funding is used for social care purposes which benefit health and improve overall health gain through jointly agreed plans.

In the June 2013 Spending Round the Chancellor of the Exchequer announced the creation of the Better Care Fund to support the integration of health and social care. The funding is described as: "a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities".

Although not 'new' money, the Better Care fund sets an ambitious challenge to integrate health and social care. The scale and scope of the Better Care Fund will be determined by the Health and Well-Being Board in line with the following national conditions:

- Plans to be jointly agreed
- Protection for social care services (not spending)
- As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes in the acute sector

In Worcestershire the focus for intervention from the Better Care Fund will be to support people who are currently, or who are at risk for becoming, heavily dependent of health and adult social care services to live their normal lives. Kaiser Permanente in California has achieved significant success in identifying high risk people in their population and managing them intensively to avoid admissions. Their model has been studied in depth (and similar models have developed elsewhere) and key learning for the UK includes the concept of population risk segmentation and early intervention.

A small proportion (c.5%) of high risk people each individually account for a disproportionately large amount of NHS and social care service utilisation (c.40%). We know there is both a key need and an opportunity to integrate commissioning processes and budgets to commission coordinated proactive care for this group of people. Our approach to this is to start by being clear on the different needs of service users and how we can best respond to those needs.

Sustainable Finance - The Better Care Fund

We have identified four groups of service user, each of which requires a different approach to the commissioning and provision of services:

Group One

People who are **normally healthy** but sometimes need some form of health or social care support, either through a planned or an emergency event, from which they fully recover and return to their previous way of life

Group Two

People who have a **one off significant event** that results in them from moving from group one to group four and remaining there for a considerable time or for the rest of their lives.

Group Three

People who have a **"rising tide" of health of social care needs** (which could be preventable) resulting in them moving from group one to group four and remaining there for a considerable time or for their rest of their lives

Group Four

People who are **normally unwell** and require some form of on going health and social care support to live their everyday lives.

Type of care required
Irregular and time limited

Type of commissioning approach
Population wide needs planning (X A&E attendances, X births, X GP appointments)

Type of contract
Per event or activity (PbR), structured as now. Paid for by activity volumes.

Financial risk ownership
Held by the commissioner

Group 2
The immediate treatment of the one off event is treated as group one, before the patient moves across to be treated as a group four patient for the remainder of their treatment.

Group 3
For the early stages of the rising tide the patient would be treated within group 1 but, there would come a time when they move across to group four if the local health and social care system is unable to maintain their on going health.

Type of care required
Frequent and on going from multiple agencies

Type of commissioning approach
Person based planning (X visits per week)

Type of contract
Capitated contract, commissioned from alliances, paid for on outcomes.

Financial risk ownership
Shared between commissioner and provider

Case studies are provided in appendix 1 to illustrate the type of person that would be relevant to each group.

Sustainable Finance - The Better Care Fund

It is the people in group four that typically constitute the 5:40 group. However, the it would be a missed opportunity if the Better Care fund only focused on the people in group four. Patients in group three (ie those at risk of having significant and prolonged health and care needs without some form of risk stratified and targeted intervention) in particular could benefit from improved quality of life and at lower cost through more integrated commissioning and providing.

The core strategy required to enable this group of patients to be supported effectively is:

Commissioning:

To create a genuinely pooled budget for the health and adult social care and to use this to commission integrated services.

This would mean that the contributions from the CCG and the Council budget were combined with shared accountability and decision making and risk/benefit sharing of any overspends or underspends.

The services for this group of people would be commissioned on a capitated basis whereby a total value is made available to a provider (or group of providers) to design the most effective services (in terms of cost and quality) around the patients needs.

CCG Commissioners would no longer purchase hospital care from one provider, community care from another, neither would they need to have complex coordination arrangement with the separate commissioners for primary care or those that commission social care.

Providing

In the same way as commissioning would change, the nature of provision would also need to change.

Separate providers would need to come together in federations, alliances, joint ventures, through prime contracting arrangements etc.

Commissioners would specify the outcomes they wanted for the patient cohorts and would identify the resource that they will make available to pay providers to meet those outcomes.

Providers would then design the services they believe are required to best meet those defined outcomes and would receive the entire budget to put those services in place. If the cost of provision exceeds the budget then the provider carries the majority of the risk, if the cost is less than the budget then the provider obtains the benefit and the commissioner carries the majority of the risk (subject to suitable risk sharing agreements).

Alignment of enablers

Key to the successful delivery of our 5 year ambition are a number of cross cutting themes and enablers as shown on slide 11 above:

Leadership
A component of our national Pioneer support is participation in the Systems Leadership programme. This is a ground-breaking collaboration between Public Health England, National Skills Academy for Social Care, NHS Leadership Academy, Virtual Staff College, the Local Government Association (LGA), the Leadership Centre, the Department of Health (DH) and local public services in places, which helps create the conditions for the development of solutions to intractable issues through leadership development. With Public Health England funding a tailored transformative offer to meet the demands of each Pioneer has been made available.

Governance
As slide 11 above the Health and Well-being Board has agreed that whilst not removing the accountability of the respective Governing bodies of partner organisations, revised governance arrangements are required to support the delivery of the 5 year strategy, particularly with the developing Better Care Fund and an increasing use of polled and aligned budgets.

Workforce
Ensuring we have a workforce with the skills and expertise to deliver care and support and our strategic ambition for the our health and social care community is vital. We are working with the Regional Local Education and Training Board (LETB), Arden Herefordshire and Worcestershire Local Education and Training Council (LETC) Skills for Health, Skills for Care and local providers of education and training and are working towards establishing an integrated workforce plan for the future.

Information technology
A Well Connected IT Group with representation from all partner organisations has been meeting since 2012. It has identified a number of pilots and developments to link individual parts of the system together. Within Worcestershire there are currently multiple organisations running multiple IT systems many of which are operating in silos. An independent solution architect has been appointed through the Pioneer network to identify technical solutions to information sharing and rationalisation of the information systems currently in use. Sound Information Governance is critical and through the Pioneer support programme solutions to facilitate cross system information sharing are being explored.

Case Studies

Group 1 - Daud, 11

Daud is a fit, active and healthy young boy who was knocked over by a car, suffering a nasty broken leg and a minor head injury. He lives in a rural village more than 20 miles from the hospital and his parents are reliant on public transport to move around when leaving the village. After being ambulanced to A&E and treated for his injuries he spent 10 days in hospital recovering. On discharge he will be need a wheelchair for at least 4 weeks until his leg is strong enough to enable him to use crutches. He will also need an intensive course of physiotherapy to help him recover full mobility but he is ultimately expected to make a full recovery. He attends school by walking 1 mile to the bus pick up followed by a 40 minute bus journey each way.

Group 2 - Kieran, 55

Kieran runs a small haulage company, using three trucks to go to markets in Birmingham and the north of England 6 days per week. His wife, Caroline, runs the company administration from home in three days per week giving her time to also look after her elderly mother. Kieran and Caroline have two children away at university. Their daughter, Karen, is undertaking a law degree, whilst their son Jack is studying marketing and logistics and hopes to come home to help to grow the family business when he graduates. Three weeks ago, Kieran suffered a major stroke. He is now in hospital and is about to be discharged. He has major right-sided weakness and is having physiotherapy and speech and language therapy to help him to recover as much as he is able. However, he is not expected to regain full function and is likely to be a wheelchair user for the foreseeable future.

Group 3 - Mary, 78

Mary lives with her husband Doug and has a strong family network within a 5 mile radius. Both her and her husband have been active all their lives, they still enjoy looking after their grandchildren and participating in community events. Last year Mary was diagnosed with Alzheimers and there has been a marked deterioration in her cognition over the last few months. She has become very confused whilst out shopping on her own and when Doug has gone out to visit friends and she has been in the house on her own. The GP is aware and has been very supportive, referring both Doug and Mary for an assessment around support/respite.

Group 3 – Karolina, 16

Karolina is sixteen years old and currently lives with her brother and their aunty as their mother died when she was young, and their father has no contact as he has returned to Poland. Karolina has a history of self-harm, including a suicide attempt which resulted in an emergency hospital admission, and is at risk of sexual exploitation. School attendance has been poor though Karolina is now taking some GCSEs. Several agencies have been involved in her care including CAMHS and Children's Social Care and family support services.

Group 4 - Susan, 28

Susan was born with a moderate learning disability and requires support in all aspects of daily living, especially around self care and self awareness. She has been exploited by people in the past and this remains a risk to her independence as she has no family members involved in her care and support. She has a range of activities which she needs support to engage with and particularly enjoys his volunteer placement which may lead to paid in employment in time. Susan has diabetes and asthma and her health needs are normally managed through the community nursing team but she has experienced several hospital admissions over the last few years, mostly out of hours or at the weekend.

Worcestershire Health and Well-being Board

Worcestershire Children and Young People's Plan Refresh (2014-2017)

Agenda item 6

Date	22 July 2014
Author	Lisa Peaty, Business Planning and Performance Manager, CEU, WCC
Recommendation	**1. That the Health and Well-being Board:** **a) approves the Children and Young People's Plan subject to any minor amendments,** **b) confirms its requirements for the Children's Trust to report on progress/performance of the plan (e.g. frequency and format), and** c) **requests HWB members disseminate in their own agencies to inform their own plans and priorities.**
Background	2. The Children and Young People's Plan (CYPP) is a single, strategic, overarching three year plan outlining how partner agencies in Worcestershire will work together to improve outcomes for children and young people. The current CYPP expires in 2014 and a draft plan has been produced to cover the three year period between 2014 and 2017. 3. At its meeting on 11 February the Health and Wellbeing Board considered the draft vision, values and priorities for the CYPP and approved the 'next steps' as outlined in the 11 February Health and Well-being Board report. 4. The Health and Well-being Board also requested: i) that the Health Improvement Group be given an opportunity to confirm whether the relevant Health Improvement Group priorities relating to the health of children and young people are reflected in the Children and Young People's Plan; ii) the CYPP be presented to the Health and Wellbeing Board for final sign off following consideration of the draft CYPP by the Children's Trust Executive Board.

Activity since 11 February 2014 Health and Well-being Board Meeting

5. A further phase of consultation took place during February 2014 to ascertain from children, young people, parents, carers and partners whether the draft vision, values and priorities are fit for purpose. The feedback indicated that the vision, values and priorities were generally considered appropriate, although clarification was sought around whether bullying was included in the priorities.

6. The revised vision, values and priorities were circulated to Local Children's Trusts in February 2014. Their feedback is available as a background paper and key themes have been incorporated in the text of the draft CYPP.

7. A draft CYPP was written in February 2014 incorporating feedback from consultation and with the input from relevant services and managers, including those from health. The draft was considered by the Children's Trust Executive Board at its meeting on 5 March 2014. The Board indicated that they were content with the format and content of the draft CYPP, subject to minor amendments which have since been made.

8. The Health Improvement Group considered the draft CYPP at its meeting on 11 March 2014. It confirmed that relevant Health Improvement Group priorities relating to the health of children and young people are reflected appropriately in the document. In addition, the group requested that the phrase 'families will be encouraged and empowered to help themselves' is added to the values. This has been done.

9. Baselines and targets have been set by relevant agencies for the performance indicators in the CYPP. Baselines and targets are aligned as far as is possible with those set for other purposes (e.g. Joint Commissioning Executive, Balanced Score Card).

10. The CYPP has been formatted and designed professionally (Appendix One).

11. A process for quarterly performance management of the CYPP which enables the Local Children's Trust to have an active role in the performance management of the plan was approved by the Children's Trust Executive Board meeting on 21 May 2014.

Next Steps

12. Following approval by the Health and Wellbeing Board, the CYPP will be published on the Children's Trust's website.

Background Papers

- Children's and Young People's Plan
- Feedback from Districts

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 is 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 2104. 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 cares 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

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

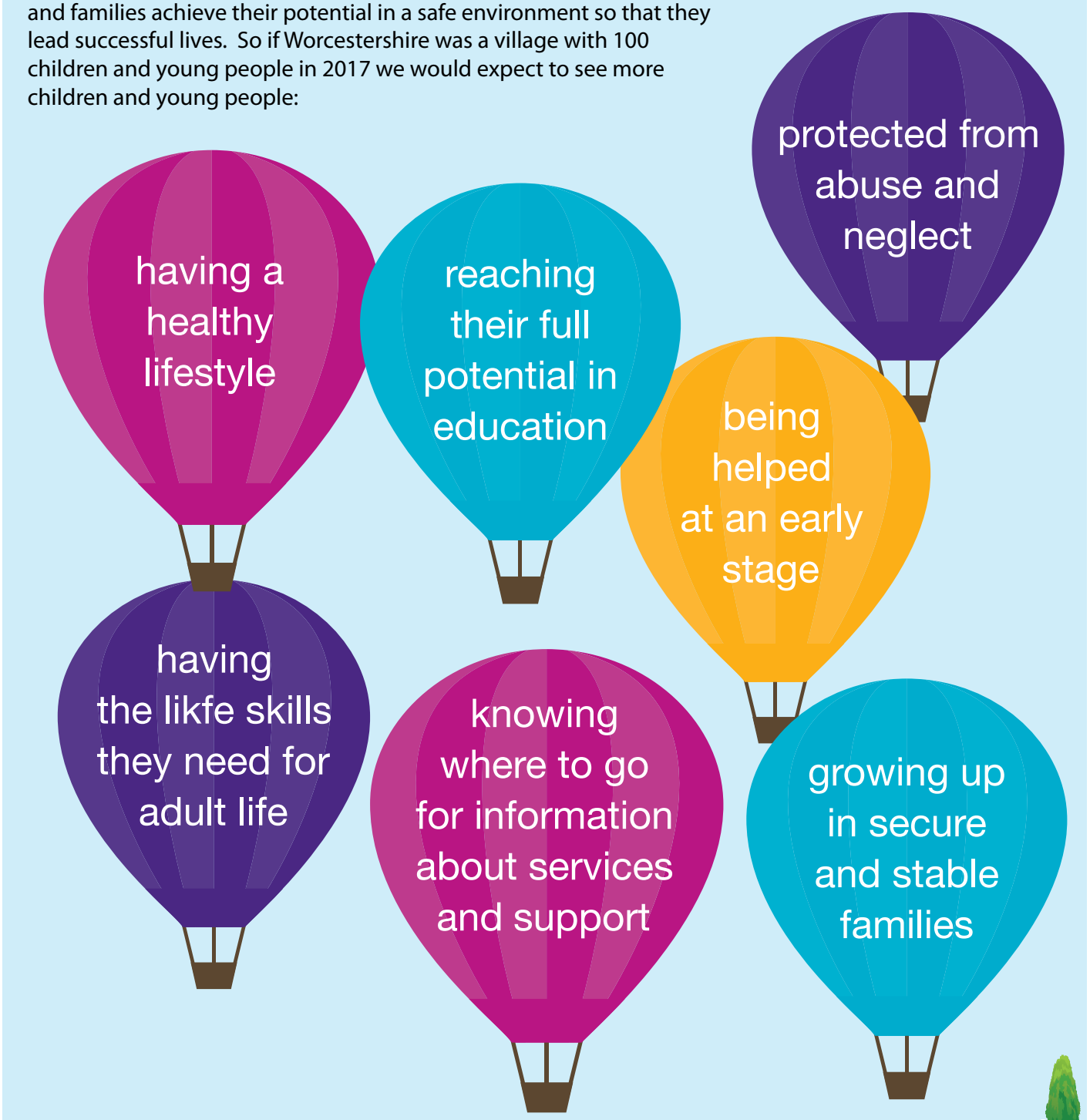
In shaping our vision for 2104-2017, we have considered what it is like for children and young people in Worcestershire today. To do this, we have depicted Worcestershire as a village with 100 children and young people and used this as a baseline from which to help identify what outcomes we need to improve.

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:



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 is 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.
- A reduction in the percentage of year 6 pupils with excess weight from 31.9% in 2012/13 to 33% 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).
- A decrease in the attainment gap at Foundation Stage from 34.9% in 2012/13 to 37% in 13/14 (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 0.07% in 2012/13.
- 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 are 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.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Worcestershire Health and Well-being Board

Air Quality Scrutiny Report

Agenda item 7

Date	22 July 2014
Recommendation	**1. That the Health and Well-being Board note the request for a more in-depth study to be carried out into Air Quality and recommend that it is considered as health and well-being priorities are reviewed for the next Joint Health and Well-being Strategy from 2016.**
Background	2. A Scrutiny Task Group at Bromsgrove District Council has completed a Scrutiny into Air Quality. The Scrutiny is available on their website at: http://www.bromsgrove.gov.uk/cms/council-and-democracy/oands-welcome-page/oands-investigations.aspx 3. The section on Health Implications recommends that the health implications of air quality be the focus of a Scrutiny by the Health Overview and Scrutiny Committee (HOSC). *Recommendation 8* *That the health implications of air pollution be the focus of a detailed review by Worcestershire Health Overview and Scrutiny Committee (HOSC).* 4. Following discussion at the HOSC it was decided that the issue was a county wide public health concern so it would be more appropriate for the matter to be dealt with by the Health and Well-being Board. 5. The Air Quality Scrutiny Task Group were informed by the Public Health Consultant that *"the Health and Wellbeing Board had consulted last year on priorities for the Joint Health and Wellbeing Strategy and air quality was not highlighted as an issue"* 6. The Board is therefore asked to consider whether it would be appropriate to follow the suggestion by the Bromsgrove Scrutiny Task Group and HOSC that a more in depth study be carried out, or whether this should be taken into account as part of consideration of health and well-being priorities for the next Joint Health and Well-being Strategy from 2016.

Worcestershire Health and Wellbeing Board

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Update of the implementation of the Mental Well-being and Suicide Prevention Plan and Suicide Audit Group

Agenda Item 8

Date	22 July 2014
Author	Peter Fryers, Public Health Intelligence Consultant
Recommendations	**1. The Health and Wellbeing Board is asked to :** **a) Note progress made in the first 6 months of the Mental Well-being and Suicide Prevention Plan;** **b) Support the continued implementation of the Worcestershire Suicide Audit Group; and** **c) Request that a future update be brought to the Board as part of the Health Improvement Group annual report.**

Background

2. In January 2014 the Health and Well-being Board approved the Worcestershire Mental Well-being and Suicide Prevention Plan and associated action plan.

3. In addition to approving the Plan, the Board approved the following recommendations in respect to the Bromsgrove Highway Footbridge:

   (i) Close monitoring of attempted suicide and actual suicides across the County be effected through a newly formed Suicide Audit Group, led by the Public Health Intelligence Consultant at Worcestershire County Council;

   (ii) No further action be taken at the present time at the Bromsgrove Highway Footbridge, since a possible cluster of suicide attempts and suicides is no longer evident, but to keep this under review, should the position change;

   (iii) Close working with the Samaritans continues.

4. This report provides the Board with a 6 month update on the Plan and these actions.

Mental Well-being and Suicide Prevention Plan

5. The Plan identifies 3 strategic priorities which will inform the work of all partners over the next 3 years, with the overall aim of improving mental well-being and preventing suicide in Worcestershire:

   Strategic priority 1: To promote a universal approach to improving mental well-being through the active development of the 5 ways to well-being (Connect, be Active, take Notice, keep Learning, Give). This provides evidence based advice, to empower individuals to take responsibility for their own and their families' mental health;

   Strategic priority 2: To raise awareness and early recognition of mental health problems and to promote early intervention and self-help across the life course, including through the recovery journey.

   Strategic priority 3: To improve information about suicide, and support for those who are bereaved or affected by it.

6. Following the approval of the Plan it was sent to key partners to share within their organisation and on a wider scale. The Plan was also discussed at a range of meetings including the Mental Health Network and District Well-being Groups.

7. Delivery against the action plan in the first 6 months is going well. Some of the specific areas of work to promote mental well-being have been:
   - Promoting 'Time to Talk' Day within the council with the help of the YMCA
   - Continuing to promote the 5 Ways to Well-Being
   - Being a key member of the Worcester University Suicide Safe Project
   - Supporting the implementation of a Low Level Mental Health in Children and Young People Task and Finish Group in Redditch
   - Delivery of Moodmasters and 2 sessions of Mental Health First Aid in Bromsgrove

8. Progress of this action plan will now be overseen by the Health Improvement Group (HIG) and future updates will be brought to the Board as part of the HIG annual report.

Worcestershire Suicide Audit Group

9. The Group met for the first time on the 30 April with representatives as below and considered a presentation on suicide statistics for the County. Terms of reference will be finalised at its June 30 meeting. Membership of the group will continue to be monitored to ensure appropriate partners are involved.
   - County Council
   - Police

- Probation
- Samaritans
- Mental Health
- NHS
- Worcester University.

10. A meeting with the Coroner has taken place to agree methods of obtaining detailed information about verdicts in suicide cases as well as cases pending. Members of the Group will also keep each other informed about incidents, including attempted suicides as they occur in the county.

11. Going forward the Group will focus on analysing this data to explore the circumstances of suicides with a view to identifying any patterns such as demographic group, method and location, which might indicate where additional action is required.

12. In relation to the Bromsgrove Highway Footbridge the local newspaper for the 22 February reported someone 'threatening to jump off the bridge'. The police recorded this incident as a 'concern for safety with a qualifier of mental health'. This was as a result of the individual being seen by a member of the mental health team.

13. To date there have been no other reported incidents by the Police or other partners about this specific location. The Group will continue to monitor this location in line with the rest of its work.

14. A meeting has taken place between County and District officers and members to discuss possible measures such as anti-climb paint.

Contact Points

County Council Contact Points

Worcester (01905) 763763, Kidderminster (01562) 822511 or Minicom: Worcester (01905) 766399

Specific Contact Points for this report

Frances Howie, Head of Public Health
(01905) 765533
Email: fhowie@worcestershire.gov.uk

Background Papers

Health and Wellbeing Board minutes (http://public.worcestershire.gov.uk/web/home/DS/Documents/Forms/AllItems.aspx?RootFolder=%2Fweb%2Fhome%2FDS%2FDocuments%2FCommittees%2C%20Panels%20and%20Reviews%2FHealth%20and%20Well%2Dbeing%20Board%2FMinutes%202014&FolderCTID=0x01200002FEC5A935DD7249B89E1A0164F7DA72&View={F63EB537-6E56-4C99-B168-

175967DA6019}) on 29 January 2014

Worcestershire Health and Well-being Board

SEN Reform Update

Agenda item 11

Date	22 July 2014
Author	Peter Harwood Group Manager for Sen Assessment and Inclusion Worcestershire County Council
Recommendation	**1. The Health and Well-being Board is recommended to:** **a) Receive this update for information,** **b) Recognise the collective duty on Health and education to provide for children and young people with Higher Needs above the £10,000 threshold and/or an EHC plan,** **c) Understand the graduated approach to Special Educational Needs, the central importance of the ordinarily available in schools and the notional SEN budget.**
Background	**2. The Children and Families Act 2014** Part 3 of the Children and Families Act transforms the system for disabled children and young people and those with SEN, so that services consistently support the best outcomes for them. The reforms create a system from birth to 25 through the development of coordinated assessment and a single Education, Health And Care Plan; improving cooperation between all services responsible for providing education, health or social care; and giving parents and young people greater choice and control over their support. 3. **The SEN reforms focus on the following themes**: • Working towards clearly defined outcomes • Engagement and participation of parents and young people • Joint Commissioning and developing a Local Offer of support • Coordinated assessments and Education, Health and Care Plans • Personalisation and personal budgets 4. Preparation for adulthood is a key element of the

reforms that cuts across all of these themes.

Timeline

5. Timeline

- **April 2014 – September 2015**: local authorities involve partners and parents in planning for implementation and delivery of the reformed system.

- **From September 2014**: local offers published following consultation; joint commissioning duty commences; new assessment and planning starts (for new entrants); personal budgets offered as part of Education, Health and Care (EHC) plans; mediation arrangements in place; local authorities should publish plans for EHC plan transfers.

- **September 2014 – September 2016**: young people with Learning Difficulty Assessments (LDAs) transfer to the new system. **September 2014 – April 2018**: children and young people with statements of SEN transfer to the new system.

- **April 2015**: New duties for young offenders with special educational needs commence.

Health sub group of the Sen reform Steering group

6. A health sub group (health commissioner and provider representatives, and public health) has been established and agreed that children with complex needs and those with continuing Health Care needs will be the most appropriate cohort for introducing health budgets to EHCPs to begin with.

7. The Multi Agency Review Group (MARG) was attended by the Lead Commissioner for Children and Families and the Personalisation Project Manager to work through the possible process of considering a personalised approach for continuing health care. MARG has agreed to challenge if a personalised approach and personal budget could be considered for each case discussed prior to agreeing funding. It was however, recognised that due to the nature of some of the cases discussed at MARG being so exceptional, that there would be limitations on being able to offer a personal budget (for example, if a specialist assessment residential placement is required to meet a specific need).

8. The next stage is to work closely with the community nursing service to consider children who have complex needs, but may not have continuing healthcare needs. Families will be considered to pilot a personalised way of working. The service is also being asked to participate in training and piloting the use of the EHC plan.

9. The health sub group will also begin to develop the local offer, to provide clarity on the health services available for children with SEN.

10. In terms of the wider implementation of health personal budgets across the whole of the health economy, the sub group will assess the demand for personal budgets over time, as parents and the workforce become more familiar with the concept, and develop the appropriate model for commissioning of community health services post March 2016.

Links with the Care Act

11. The Care Act 2014

Part 1 of the Care Act pulls together threads from over a dozen different Acts into a single, modern framework for care and support. It reforms how the law works, prioritising individual wellbeing for adults with care and support needs over the age of 18, with a particular focus on person-centred practice and outcomes, putting people in control of their care and support.

12. For disabled young people aged 18-25 there will be an impact from both pieces of legislation. It is important that when planning for implementation of the reforms, in both the Children and Families Act and the Care Act, that they are considered together with an emphasis on joining up processes where there are links between them.

Opportunities of an integrated approach

13. There are many places where the duties in the Acts overlap and a range of opportunities for consideration of making more effective use of resources in the implementation of the reforms.

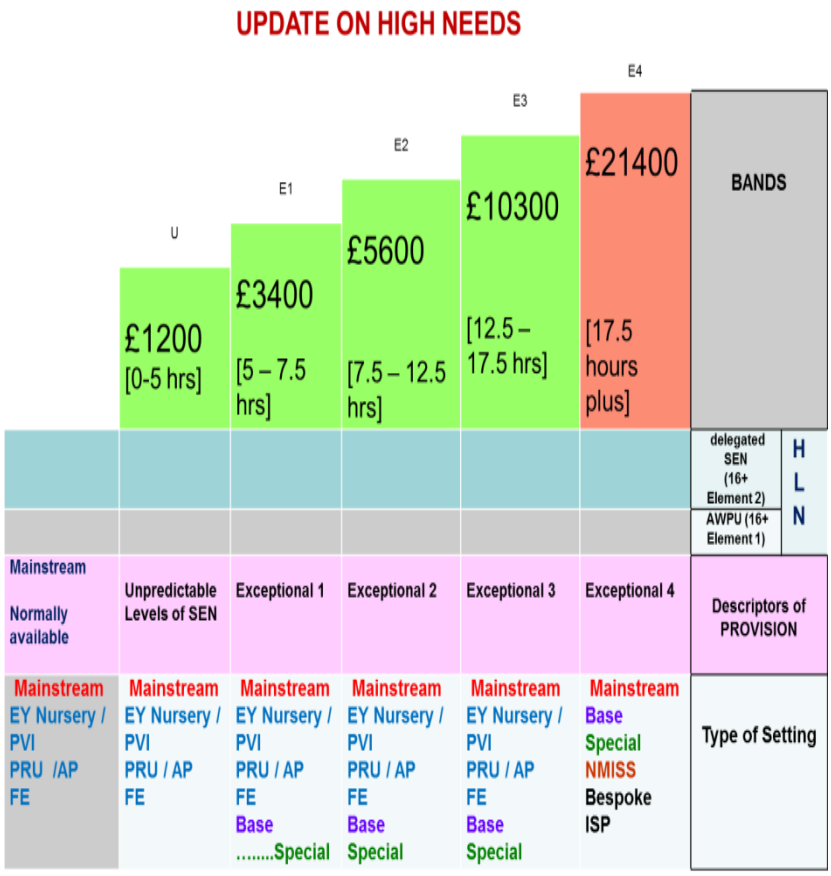
14. This could include new systems and processes, such as pooled or better aligned budgets across adults' and children's services as well as across education, health and social care and the development of mechanisms for council wide 0-25 working.

15. The emphasis in both Acts is on outcome focused, person-centred practice when considering assessment, planning and support as well as co-production and multi-agency approaches to planning and commissioning.

Higher Needs funding and the Ordinarily Available

16. The Higher Needs funding scheme is now in operation and underpins SEN reform. Schools, colleges and settings have delegated funding, [the notional SEN] to support SEN up to a stated threshold of £10,000. SEN reform requires Education, health and care to fund

elements of an EHC plan for children and young people and it is important that there is a common understanding of thresholds and the resources within settings. The draft code and associated regulations are clear that where health needs are identified as part of an EHC which has Education at its core, health authorities will be expected to fund health interventions,



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Dr Mark Wake
Medical Director
Worcester Acute Hospitals Trust
Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD

Our Ref: MJH/KW/WFDC/ DATE: 10th July 2014
Your Ref:

Dear Mark,

Worcester Acute Trust Application for Integrated Digital Care Fund

Thank you for the information regarding the Worcester Acute Trust EPR programme and the application to the Integrated Digital Care Fund.

This letter is to support the funding application from Worcester Acute Trust. As Chair of the Health and Wellbeing Board, I would like to offer support for the Trust's EPR programme but subject to approval at the next Health and Wellbeing Board meeting. The programme will clearly improve the Trust's digital maturity and each of the projects will significantly benefit the patients and clinical teams.

I am aware that the organisation has recent experience of managing IT enabled transformation projects and therefore I have confidence that the organisation will effectively support stakeholders to adapt to the new ways of working.

I wish you well with the application process and look forward to hearing the outcome.

With my very best wishes.

Yours sincerely,

M. J. Hart

Marcus J Hart
Cabinet Member for Health & Well Being

Marcus Hart
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Worcestershire Health and Well-being Board

The Better Care Fund

Agenda item 11

Date	22 July 2014
Author	Frances Martin, Well Connected Programme Director
Recommendation	**1. That the Health and Well-being Board is asked to:** **a. Note the changing national position with regard to the production and assurance of Better Care Fund plans.** **b. Note the <u>likely</u> deadline of 1 August for the resubmission of plans and agree the delegation of approval of the final submission to the Chair of the Health and Well-being Board in consultation with the Director of Adult Services and Health and the CCG Accountable Officers.** **c. Approve the expenditure of the additional allocation of £444,000 on domiciliary care and stroke services.**
Background	2. The Better Care Fund was announced in June 2013 with the overarching aim of ensuring a transformation in integrated health and social care through a single pooled budget. It is a key part of the five year strategy for health and social care. The NHS Planning Framework (Everyone Counts) asks CCGs to agree five year strategies, including a two year operational plan, and covering the BCF, through the Health and Wellbeing Board. The national policy is evolving and a further iteration of the BCF plan is expected in response (although the fundamental elements remain the same). 3. The February Health and Well-being Board formally agreed the Better Care Fund plan for submission. Further to feedback from NHS England and the LGA peer reviewer, the detail of the plan was updated and the May Health and Well-being Board development meeting endorsed the Worcestershire Better Care Fund plan submission of 4 April. Appendix 1 summarises the key financial elements of the plan and shows the national requirements.

4. All local plans were subject to a regional and national assurance process by NHS England and Local Government Association coordinated peer reviewers with the intention that they would be subsequently signed off nationally by Ministers. The Worcestershire plan was assessed as 'high risk' but recognising the scale of our ambition as Integration Pioneers was recommended for sign off.

5. No plans have yet been signed off nationally. This is reported as being due to concerns at the Department of Health about:
    a. Provider engagement and agreement on the consequential impact on the acute sector
    b. Clarification of the impact on emergency admissions
    c. Planned investments and anticipated savings
    d. Risk and contingency

6. CCGs were asked to resubmit their two year operational plans on 27 June with a focus on the alignment of commissioner / provider plans and ensuring compatibility with BCF plans. Notice of a requirement for resubmission of BCF plans (against a revised template) was given at the same time.

7. During week commencing 30 June, a number of areas were identified to 'fast-track' the resubmission of BCF plans with the aim of these then being assured and then available as 'exemplars' to other areas. (Worcestershire is <u>not</u> one of these areas). Revised templates have been issued to the fast track areas with a resubmission date of 9 July. The stated intention is that all other areas will then resubmit plans and that these will have been assured by October.

8. No date has been confirmed for resubmission of the Worcestershire BCF plan but it is likely to be 1 August.

9. The revised templates being used for the fast track areas set out a requirement for more detail including:
    a. Separate submissions for each CCG contributing to the BCF plus a HWB submission
    b. Further detail about funded schemes and their impact (in financial terms)
    c. Commissioners to share their operational plan activity with providers, and providers to complete part of the BCF plan confirming that they recognise the admissions data, agree with the data setting out the impact of the BCF and have considered the implications for their own organisation.

10. The Strategic Partnership Group met on 3 July and agreed to develop the next iteration of the BCF plan, incorporating learning from the fast-track sites and alongside the development of the programme plan.

Finance

11. The Health and Well Being Board signed off the BCF plans 11 February 2014 and 13 May 2014 based on an expected allocation of £10,485,780. At the time the final allocation had not been confirmed, but the Board acknowledged that if any further additional funds be confirmed, further discussion would take place between the Council and CCGs to consider home care demand pressures and investment in stroke services in the North of the county.

12. In May 2014 a formal notification was received from the Department of Health on social services grant allocations. This notification (LASSL (DH)(2014)1 is attached as Appendix 2. Annex A of the document confirms that the allocation for Worcestershire is £10,929,532, rather than the £10,485,780 included in planning assumptions. This allocation has been confirmed by NHS England and the additional amount will need to be formally approved by the Health and Well Being Board in order to ensure receipt of the monies. The additional amount - £443,752 will be received in 2014/15 and it is proposed that the additional monies be used for the purposes contained in paragraph 11 above.

Next Steps

13. Develop the revised BCF plan in preparation for a likely submission date in early August.

14. Submit the revised plan to the next Health and Well-being Board for ratification.

15. Continue to develop the detailed delivery plans to support the aim of the pooled budget being used to focus on the groups identified as at highest risk of hospital admission (as set out in the five year Strategic Plan). (Note that the data analysis and modelling has commenced).

16. Continue to develop appropriate governance arrangements.

Appendix 1 Worcestershire BCF Plan

BCF Investment	Lead provider	2014/15 spend		2015/16 spend	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent
2013/14 Carried-forward Budget Pressures	WCC	0	215,000		
Urgent and Unplanned Admission Prevention Beds	WCC	500,000	0		
Plaster of Paris Placements	WCC	442,000	0		
Discharge to Assess Beds	WCC	667,500	0		
Pivotell	WCC	40,000	0		
Enhanced Interim Packages of Care	WCC	92,800	0		
ICES: 24 hr fast-track delivery	WCC	57,000	0		
Dementia RMNs in Int. Care	HACT	310,000	0		
Timberdine	WCC	1,805,000	0		
WHASCAS Extension (Twilight Nurses)	HACT	220,700	0		
WHASCAS Extension (WCC staff)	WCC	131,300	0		
Health Support for Discharge to Assess Beds	HACT	61,200	0		
Urgent and Unplanned Internal Homecare Service	WCC	142,800	0		
Rapid Response Social Work Team	WCC	665,000	0		
ASWC: Comm Hosps	WCC	118,500	0		
ASWC: Resource Centres	WCC	79,800	0		
ASWC: Step-down	WCC	38,780	0		
Promoting Independence	WCC	1,000,000	0		
Domiciliary Care	WCC	900,000	0		
ICES contribution	WCC/CCGs	300,000	0		
Therapy Support to Resource Centres	HACT	128,000	0		
SPOA Rapid Response Nurses	HACT	235,400	0		
Winter Pressures	CCGs	1,200,000	0		
Discharge after Dark	WCC	85,000	0		
Night Sitters	WCC	50,000	0		
Resource Centres	WCC	0	1,000,000		
Unallocated	WCC	0	0		
Total		**9,270,780**	**1,215,000**		

Disabled Facilities Grant				2,358,000	
Capital Spending Social Care				1,328,000	
Contribution to the cost of implementing the Care Bill				1,308,000	
Carers Support				1,260,000	
Other CCG Expenditure				30,939,000	
HOME CARE		**223,752**			
STROKE SERVICES IN NORTH OF COUNTY		**220,000**			
TOTAL SPENDING (RECURRENT AND NON RECURRENT)		**10,929,532**		**37,193,000**	

National Requirements for Better Care Fund Plans

• Single plan with evidence of provider engagement and clear governance. Milestones for implementation.
• Protection for social care services – implications of Care Bill implementation and demography.
• 7 day services in health and social care.
• Better data sharing based on NHS number.
• Joint approach to care assessments and planning – with accountable professional for integrated services.
• Agreement on the consequential impact of changes on the acute sector.
• Risk mitigation plan.
• Metrics – Permanent admissions to residential and nursing homes, Older people still at home 91days after discharge to reablement, delayed transfers of care, avoidable emergency admissions, patient/user experience, injuries due to falls in over 65's.
• Schemes with investment and savings/benefits.

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Worcestershire Health and Well-being Board

Future of Acute Hospital Services Worcestershire (FoAHSW) programme

Agenda item 12

Date	22 July 2014
Author	Simon Angelides, Programme Director, FoAHSW Programme
Recommendation	**1. It is recommended that the Health and Well-being Board:** **(a) Consider the Pre-Consultation Business Case for the FoAHSW programme;** **(b) Review the proposed approach to public consultation;** (c) **Support the initiation of public consultation on the Reconfiguration Proposal commencing in September 2014.**
Background	2. The acute service reconfiguration began in January 2012 with the Joint Services Review (JSR) of Acute Services in Worcestershire. This clinically led review hoped to identify a blueprint for developing a stronger health economy, equipped to provide quality health services for the people of Worcestershire and able to withstand the financial pressures placed upon NHS organisations. 3. Between January 2012 and March 2013 the JSR undertook detailed consultation and engagement with both the public and clinical experts from across the health economy. 4. The JSR developed thirteen reconfiguration models which were evaluated according to a range of financial and non-financial criteria. Four models received high scores from this evaluation process in September 2012. 5. The JSR models were considered by the Worcestershire Clinical Senate in February 2013. The Clinical Senate made three recommendations aimed at providing safe and clinically sustainable services for the people of Worcestershire: • Consolidation of inpatient paediatric services at the

Worcestershire Royal Hospital site with local access to Paediatric Asssessment Unit services at both the Worcestershire Royal and Alexandra Hospital Sites;

- Consolidation of Consultant Obstetric Services at the Worcestershire Royal Hospital site with midwifery services provided in the Redditch locality;
- Centralisation of Major Emergency Services at the Worcestershire Royal Hospital site with a networked Local Emergency Unit at the Alexandra Hospital site.

6. The JSR was closed in March 2013 and two options for the development of the reconfiguration proposals were handed to the three Worcestershire CCGs. Under Option 1, Worcestershire Acute Hospitals NHS Trust would continue to operate services on all three hospital sites while, under Option 2, a similar model of care would be developed but services at the Alexandra Hospital in Redditch would be run by another provider or providers.

7. Following the introduction of Clinical Commissioning Groups (CCGs) in April 2013, the Acute Trust and CCGs reaffirmed their commitment to the acute service reconfiguration. However, significant public opposition to the proposals - in particular to the changes in service provision at the Alexandra Hospital - arose following the publication of the JSR's two suggested options.

8. Supported by NHS England, the three Worcestershire CCGs, Acute Trust, and the NHS Trust Development Authority agreed to develop a new reconfiguration programme. As a result the Future of Acute Hospital Services in Worcestershire (FoAHSW) programme was established in September 2013. The programme's aim was to conclude the development of the Reconfiguration Proposal(s) and to undertake the public consultation.

9. In November 2013, the FoAHSW programme commissioned an Independent Clinical Review of the models of care proposed by the JSR process. This review was completed in January 2014 and recommended the CCGs adopt a 'Modified' Option 1 as the Reconfiguration Proposal. The Independent Clinical Review Panel felt this would improve the quality, safety and sustainability of care in Worcestershire as a whole. The Panel did not support the model of care suggested in Option 2.

10. The 'Modified' Option 1 was formally agreed by the three CCG Boards in January 2014. The FoAHSW Programme commenced work on the development of a detailed specification and began the necessary assurance steps to allow public consultation.

11. In May 2014, the programme successfully passed through the first NHS England assurance stage (the Strategic Sense Check). NHS England suggested that a Pre-Consultation Business Case (PCBC) be developed for the final assurance stage.

12. This final assurance check point is scheduled for the end of July / early August. The FoASHW Programme will present the PCBC, the Consultation Plan and a draft of the Consultation Document.

Finance

13. At the time of writing this report, work is currently being undertaken within the FoAHSW programme to develop a financial model that will be included with the PCBC. It is anticipated that this will demonstrate that the Reconfiguration Proposal is financially sustainable for the health economy in Worcestershire.

Pre-Consultation Business Case (PCBC)

14. The PCBC is currently being finalised and is due to be considered by the FoAHSW Programme Board on 14th July 2014. It will then be possible to circulate it to the Health and Well-being Board.

15. The PCBC considers a number of issues including:
    - whether the reconfiguration proposal will provide safe and sustainable clinical services in Worcestershire.
    - the statutory responsibilities of the CCGs. This includes the development of an Integrated Impact Assessment and the development of a clinical Quality Impact Assessment.
    - compliance with the revised NHS England guidance published in December 2013 (*Planning and Delivering Service Changes for Patients*).
    - the impact on surrounding health systems, specifically the CCGs areas of South Central Birmingham, Solihull, South Warwickshire and Herefordshire.
    - the engagement work completed to date. This has included the development of a monthly stakeholder forum (which has included 'Save the Alex' and the Kidderminster Hospital Alliance') and attendance at local events (such as the recent Healthwatch conference).

Consultation

16. The consultation will consist of a mix of public meetings in Worcestershire's largest towns, information roadshows in all the county's hospitals (including community hospitals), a bus tour of the more rural areas of the county and attendance at community and voluntary group meetings. By attending community and voluntary group meetings, particularly with those groups

most affected by the proposals, we will ensure that we hear from the quiet voices in our community.

17. The consultation will be widely publicised and details of all the meetings and the consultation literature will be on the website www.worcsfuturehospitals.co.uk. Materials will be translated and made available in other formats on request.

Timetable

18. The final NHS England Assurance Panel is scheduled for July / August 2014. In advance of this meeting, the FoAHSW programme is seeking support from the Health and Well-being Board for the initiation of public consultation on the Reconfiguration Proposal in September 2014.

19. Subject to approval from NHS England, the FoAHSW Programme Board, and the three Worcestershire CCGs public consultation will begin in September and continue for twelve weeks, finishing in November.

20. The three Worcestershire CCGs will then consider the feedback from the public consultation and amend the Reconfiguration Proposal accordingly. It is currently anticipated that this will take place no later than January 2015.

Worcestershire Health and Well-being Board

Worcestershire's Learning Disability Joint Health and Social Care Self-Assessment Framework 2013-2014

Agenda item: 13

Date	22 July 2014
Author	Sharon Paterson, Commissioning Manager – Learning Disabilities
Recommendation	**1. That the Health and Well-being Board** **a) Note the summary of the 2013 Self-Assessment Framework submission;** **b) Consider the main issues where additional action is required;** **c) Request that a GP champion for Learning Disabilities is identified to work with members of the Health Sub-Group of the Learning Disability Partnership Board in order to support the roll out of "My Worcestershire Health Plan", in particular to improve the coverage and quality of Learning Disability GP Health Checks and Health Action Plans.**
Background	2. People with learning disabilities are one of the groups in which the Health and Well-being Board has a particular interest. 3. The Self-Assessment Framework (SAF) is a national benchmarking tool that allows local areas to assess local services and opportunities for people with learning disabilities against standards across three themes: A. Staying healthy B. Being Safe C. Living well 4. The SAF was originally developed in the wake of a 2007 report, Death by Indifference, which highlighted evidence of institutional discrimination against people with learning disabilities within the NHS. The SAF set out to measure whether people with learning disabilities had equal access to and outcomes from healthcare – including whether GP, community and hospital services were making reasonable adjustments for this group.

5. The SAF has developed over time and now includes an assessment of the response to Winterbourne View as well as of progress against the national Valuing People Now Strategy, which includes wider issues such as access to mainstream services, community inclusion, personalisation, housing, employment as well as health.

Completion of the SAF and summary of results

6. The SAF was completed with input and verification from people with a learning disability, family carers, adult social care and NHS commissioners and operational services. It was submitted in December 2013.

7. The SAF highlighted an all age learning disability population of 4,685 people.

8. The standards were more challenging than previous years in line with the expectation that each year significant improvements will be made.

9. **Section A: "Staying Healthy"** was locally verified against the benchmark measures as scoring 3 ambers and 6 reds across the standards.

10. **Section B: "Being Safe**" was locally verified against the benchmark measures as scoring 4 greens, 4 ambers and 1 red across the standards.

11. **Section C: "Living Well"** was locally verified against the benchmark measures as scoring 2 greens, 5 ambers and 2 reds across the standards.

12. An action plan has been produced against each of the red scores. This has been crossed referenced to "My Worcestershire Health Plan", a wider plan that describes work ongoing to improve services and opportunities for people with learning disabilities.

Actions ongoing

Section A: "Staying Healthy

13. In response to the previous 2012 Self-Assessment Framework the Health Sub-Group of the Learning Disability Partnership Board have developed **"My Worcestershire Health Plan: Better health outcomes for people with a learning disability"**
http://www.worcestershire.gov.uk/cms/pdf/My%20Worcestershire%20Health%20Plan%20Booklet.pdf

14. A stakeholder event was attended by over 180 people in 2013 to launch the Plan and discuss the '5 Big Aims' relating to:

1. My GP Practice
2. My Community Services

3. My Hospital Visit
4. Complex Needs
5. Carers

15. A film, "My life: My health", has been distributed to all GPs and is on the Worcestershire County Council website. The Primary Care liaison Nurse uses the DVD as part of her training to staff. The film is available on YouTube: http://youtu.be/Hjf1zh36HzI

16. There is ongoing work to improve the coverage and quality of Learning Disability GP Health Checks and Health Action Plans. However progress has been slow and the recommendation above is for a GP champion to help to generate and maintain momentum. A link worker from Worcestershire Health and Care Trust is available to support GPs.

17. The integrated learning disability teams will be reviewed to ensure that there is an appropriate mix of skills and adequate capacity.

18. The revised specification for Speech and Language Therapy includes a requirement the service to make reasonable adjustments for people with learning disabilities, and this will now be rolled out.

19. Specialist learning disability acute liaison nurses continue to work within the acute hospitals to ensure that these can accommodate the needs of people with learning disabilities. The effectiveness and hours of operation of this service will be reviewed.

Section B: "Being Safe"

20. Worcestershire has met the requirements arising from Winterbourne View in full and assurance has been presented to the Health and Wellbeing Board previously. Quality assurance of services for people in receipt of Council funded adult social care has been strengthened and will continue to be reviewed and improved.

21. A Learning Disability Strategy is under development with people with learning disabilities and family carers, and will meet the additional requirements of the SAF and Valuing People Now in respect of "Being Safe". It is expected to come to the Health and Wellbeing Board for approval in November.

Section C: "Living Well"

22. The Council have invested in the People's Parliament to ensure that people with learning disabilities have a voice. The

Parliament allows people with a learning disability time to reflect and understand topics in depth, produce white papers, debate issues and agree pledges with senior managers across the public sector.

23. The Employment Sub-Group of the Learning Disability Partnership Board have recently written and signed up to **"Worcestershire Works: Better employment outcomes for people with a learning disability".** This includes proposals to reshape current supported employment provision to strengthen opportunities for young people.

24. The Council continues to develop Supported Living as an alternative to residential care where appropriate, in order to allow and promote greater social inclusion for people with learning disabilities.

Next Steps

25. Progress against the actions arising from the SAF will be reported to the Learning Disabilities Partnership Board through its various Sub-Groups. The SAF will be repeated in 2014/15 and this will allow an assessment of progress against the various standards.

Supporting papers

Appendix 1: Joint Health and Social Care Self-Assessment Framework and Submissions
Appendix 2: SAF Red rating Action Plan

Worcestershire Health and Well-being Board

Worcestershire Safeguarding Children Board Annual report 2013/14

Agenda Item 14

Date	July 22nd 2014
Author	Diana Fulbrook, Independent Chair of Worcestershire Safeguarding Children Board.
Recommendation	1. **The Health and Well-being Board is asked to:** **a) Receive the 2013/14 WSCB Annual report;** **b) Note the progress of the work of the board;** **c) Request that the 2014/15 WSCB annual report is presented to the Health and Well-being Board in July 2015 prior to going to the Cabinet and then to full Council**
Background Information	2. The Independent Chair of Worcestershire Safeguarding Children Board is responsible for publishing an annual report that gives a public assessment of the effectiveness of child safeguarding and promotion of the welfare of children in Worcestershire, and both recognises its achievements and is realistic about the challenges that remain. The report is made publicly available through publication on the Board's website, and is also formally submitted to the Chief Executive and Leader of the County Council as the most senior strategic local leaders. It is sent to Worcestershire's Police and Crime Commissioner and to the Chair of the Health and Well Being Board as well as being reported to the Children's Trust Executive Board. 3. 2013/14 saw a major Service Redesign implemented by Children's Social Care (CSC), intended to strengthen the front line and introduce a new practice model to ensure a robust and valued service to vulnerable children and families. The extension of the Early Help Strategy across Worcestershire is also designed to improve services for children. During the transition period, social worker recruitment was problematic and some areas of performance declined. The practice changes therefore

proved slower to implement than anticipated and the Board has been concerned at the slow pace of change. Other agencies, notably Health and Police, also made major changes, mainly due to financial reductions, and these all impacted on performance. Practice was therefore variable during the year but with more recent signs of improvement, and the Board has recognised the importance of the longer term aims for the CSC Service Redesign.

4. During this past year, the Board implemented its new structure and continued to develop its performance framework including the increasing use of multi-agency data centred on the journey of the child. Working Together to Safeguard Children 2013 was implemented, and there were significant achievements including producing suicide prevention guidance, child sexual exploitation processes, a Learning and Improvement Framework, a user feedback strategy plus continuous training and development of front line staff. The wider safeguarding environment in Worcestershire continued to be challenging and the Board wa responsive to new demands. An Ofsted Inspection is anticipated, using new criteria

Key Issues

5. The key issues for the Safeguarding Board in 2013/14 included:

- The pace of change particularly linked to the implementation and impact of the Children's Social Care change programme
- Implementation and impact of the Early Help strategy
- Recruitment of suitably qualified and experienced social workers
- Inconsistent practice
- Management and supervision of staff
- Repeat issues arising from serious case reviews and unexpected child deaths including vulnerability of young babies and adolescents, the significance of effective and timely communication within and between agencies, ensuring a "Think Family" approach, GP engagement, and the need for robust risk assessments
- Recurring themes of domestic abuse, parental mental ill health and substance abuse
- Lack of a multi-agency electronic chronology system
- Developing a multi-agency performance framework
- Impact and cumulative effect of financial cuts on safeguarding
- Lack of systematic user feedback

Conclusion

6. The Board has been able to make a stronger assurance statement for 2013/14 than last year, based on achievements and more robust information, although challenges remain in being able to demonstrate safeguarding arrangements are effective. The Board concluded that there is a good body of evidence from data, audits, reports and learning that demonstrate safeguarding arrangements are in place and that

children are generally safe in Worcestershire. Good progress has been made from last year and performance has improved although organisational changes in a number of agencies did contribute to this declining for a period. Outcomes and measuring effectiveness are still challenging, and there continue to be multi-agency areas for improvement around consistent practice, communication/sharing information and “Think Family”. The Peer Review undertaken at the end of the year confirmed the Board’s strengths, but identified that the Board could not adequately evidence a clear and shared view about the vulnerable population and be able to measure the impact of its actions. Improvements will be taken forward into 2014/15.

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Worcestershire Safeguarding Children Board

Annual Report 2013 -2014

Find out more online:
www.worcestershiresafeguarding.org.uk

This report has been prepared by the Independent Chair in conjunction with the Business Manager, and was approved by the Worcestershire Safeguarding Children Board (WSCB) in June 2014. Its sources include annual reports, performance data, information presented to the Board throughout the year, and feedback from Sub-Groups and other sources relevant to the Board's business. The report has been formally sent to the Chief Executive and Chair of the Health and Well Being Board (WHWBB) as statutorily required, in addition to partner agencies and key stakeholders. It will be placed on the Board's website so it is accessible to all. (www.worcestershiresafeguarding.org.uk). For any further information please contact Sue Haddon, Business Manager, Worcestershire Safeguarding Children Board 01905 752803

Independent Chair's Foreword

Worcestershire Safeguarding Children Board's Annual Report for 2013/14 gives a public assessment of the effectiveness of child safeguarding and the promotion of the welfare of children in Worcestershire, and both recognises its achievements over the past year and is realistic about the challenges that remain.

The purpose of a Local Safeguarding Children Board is to co-ordinate safeguarding arrangements across agencies and to ensure these are effective. I have great pleasure in presenting the Annual Report for 2013/14, The Report will be made publicly available on the Board's website, and will be formally submitted to the Chief Executive and Leader of the County Council as the most senior strategic local leaders. The Chair will present it to the County Council's Children and Young People's Overview and Scrutiny Panel, to the Council's Cabinet and to the Health and Well-Being Board. It will also be sent to Worcestershire's Police and Crime Commissioner, the Chair of the Children's Trust Executive Board and to other key partnerships. Board members will ensure that their own agencies and relevant Boards have access to the Report as well. The Report is therefore an important mechanism of assurance to key governance bodies about the importance and effectiveness of safeguarding children in Worcestershire.

This Report needs to be read in conjunction with WSCB's 3 year Strategic Plan 2014 -17, as the identified areas for improvement and learning points from last year have been carried forward and taken into account in the Board's priorities for next year. The Annual Report covers the local and national context; governance and accountability arrangements; priorities, achievements and learning; ending with a formal summary statement about the sufficiency of arrangements to ensure children are safe in Worcestershire.

2013/14 saw a major Service Redesign implemented by Children's Social Care (CSC), intended to strengthen the front line and introduce a new practice model to ensure a robust and valued service to vulnerable children and families. An Early Help Strategy is also being extended across Worcestershire, both having been designed to improve services for children. During the transition period, social worker recruitment was problematic and some areas of performance declined. The practice changes therefore proved slower to implement than anticipated and the Board has been concerned at the slow pace of change. Other agencies, notably Health and Police, also made major changes, mainly due to financial reductions, and these all impacted on performance. Practice was therefore variable during the year but with more recent signs of improvement and the Board has recognised the importance of the longer term aims for the CSC Service Redesign.

During this past year the Board implemented its new structure and continued to develop the performance framework including the increasing use of multi-agency data centred on the journey of the child. Working Together to Safeguard Children 2013 has been implemented, and there have been significant achievements including producing suicide prevention guidance, child sexual exploitation processes, a Learning and Improvement Framework, a user feedback strategy plus continuous training and development of front line staff.

The wider safeguarding environment in Worcestershire has continued to be challenging, and there have been concerns about the cumulative impact of financial cuts on safeguarding children. An Ofsted Inspection is anticipated, using new criteria, and the Board has been responsive to new demands. It has been able to make a stronger assurance statement for 2013/14 than last year, based on achievements and more robust information, although challenges remain in being able to demonstrate safeguarding arrangements are effective. Finally I would like to pay tribute to Board members, sub group members, their agencies, the Business Support Team and of course all staff and practitioners across Worcestershire who work hard to ensure the safety of children. We remain absolutely committed to best practice and I commend this report as a means of demonstrating this to the public of Worcestershire.

Diana Fulbrook,
Independent Chair, May 2014

Contents

Executive Summary

The Board assesses that it complied with its statutory and legal requirements throughout the year, and implemented changes arising from Working Together to Safeguard Children 2013. It continues to work to improve its ability to assess the effectiveness of safeguarding arrangements.

Last year's strategic priorities have been actioned and much of what the Board said it would do has been achieved. Where it was not, this was mainly because work was still in progress, outcomes were not evident from work undertaken or awareness still needs to be raised about new procedures. There continue to be multi-agency areas for improvement around consistent practice, communication/sharing information and the `Think Family' approach.

The Board assesses that full account of relevant partners' plans and strategies has been taken in its own planning processes and stronger links are being developed. There have been demonstrable achievements over the past year. Learning from audits, Inspections and Serious Case Reviews has driven change and available feedback from children, parents and practitioners has started to inform improvements.

The new structure of the Board has yielded a more integrated approach to the Board's business and opportunities have been provided for Board development. Progress has been made on clarifying agency roles and responsibilities. Areas for further development are explored in the Report.

Good practice is evident, but this still remains inconsistent. Local data shows that the introduction of Early Help is starting to make a difference but the number of looked after children remains high.

The year was marked by change and the Board kept careful oversight of performance which declined during the transition period of the implementation of Children's Social Care's Service Redesign. The Board worked well to fulfil its responsibilities, to challenge when and where required and to collectively work towards being able to demonstrate the effectiveness of safeguarding arrangements. The Peer Review undertaken at the end of the year confirmed the Board's strengths, but identified that the Board could not adequately evidence a clear and shared view about the vulnerable population and be able to measure the impact of its actions. Improvements will be taken forward into 2014/15.

Summary statement of overall judgement by WSCB

The Board concluded that there is a good body of evidence from data, audits, reports and learning during 2013/14 to demonstrate that safeguarding arrangements are in place and that children are generally safe in Worcestershire. Good progress has been made from last year and performance has improved although organisational changes in a number of agencies did contribute to this declining for a period. Outcomes and measuring effectiveness are still challenging, and there continue to be multi-agency areas for improvement around consistent practice, communication/sharing information and "Think Family"

Section 1.
Local Background and context

1.1 Key information and characteristics about Worcestershire

1.1.1 Worcestershire County is located in the heart of England towards the south of the West Midlands Region. The county borders Herefordshire, Shropshire, Staffordshire, the West Midlands Metropolitan Area, Warwickshire and Gloucestershire. The county has two main rivers, the Severn and the Avon. To the west of the county are the Malvern Hills, and to the south-east are the Cotswolds, both designated Areas of Outstanding Natural Beauty. The north of the county borders the West Midlands conurbation.

1.1.2 Worcestershire consists of six districts, namely: Bromsgrove; Malvern Hills; Redditch; Worcester City; Wychavon; and Wyre Forest. Worcester City is the main administrative and employment centre in Worcestershire, but the county also contains the towns of Kidderminster, Redditch, Bromsgrove, Stourport-on-Severn, Malvern, Evesham and Droitwich Spa. By area Worcestershire is largely a rural county, although around 70% of the population lives in urban areas. Wychavon and Malvern Hills are the two most rural districts.

1.2 Factors relating to needs and services in the context of safeguarding

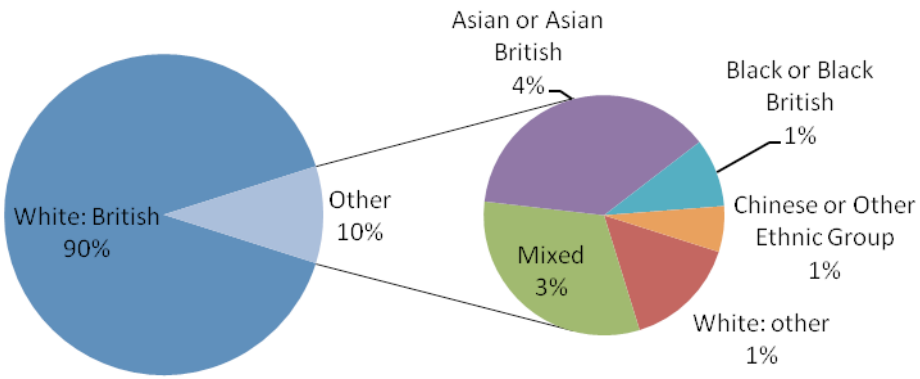
1.2.1 **Age**

Worcestershire County Council has a resident population of approximately 122,000 children and young people aged 0 to 18 years, representing approximately 20% of the population (2011 census). The population age breakdown for Worcestershire is: 5% aged 0-4, 6% aged 5-10, 6% aged 11-15, and 3% aged 16-17 years. Over the next ten years the population of 0-17 year olds in Worcestershire is projected to increase by 5,500 (5%) compared to a 10% increase nationally, with variations between age groups. In particular 5-10 year olds are projected to increase by 17%, and 16-17 year olds to decrease by 11%.

1.2.2 **Ethnicity**

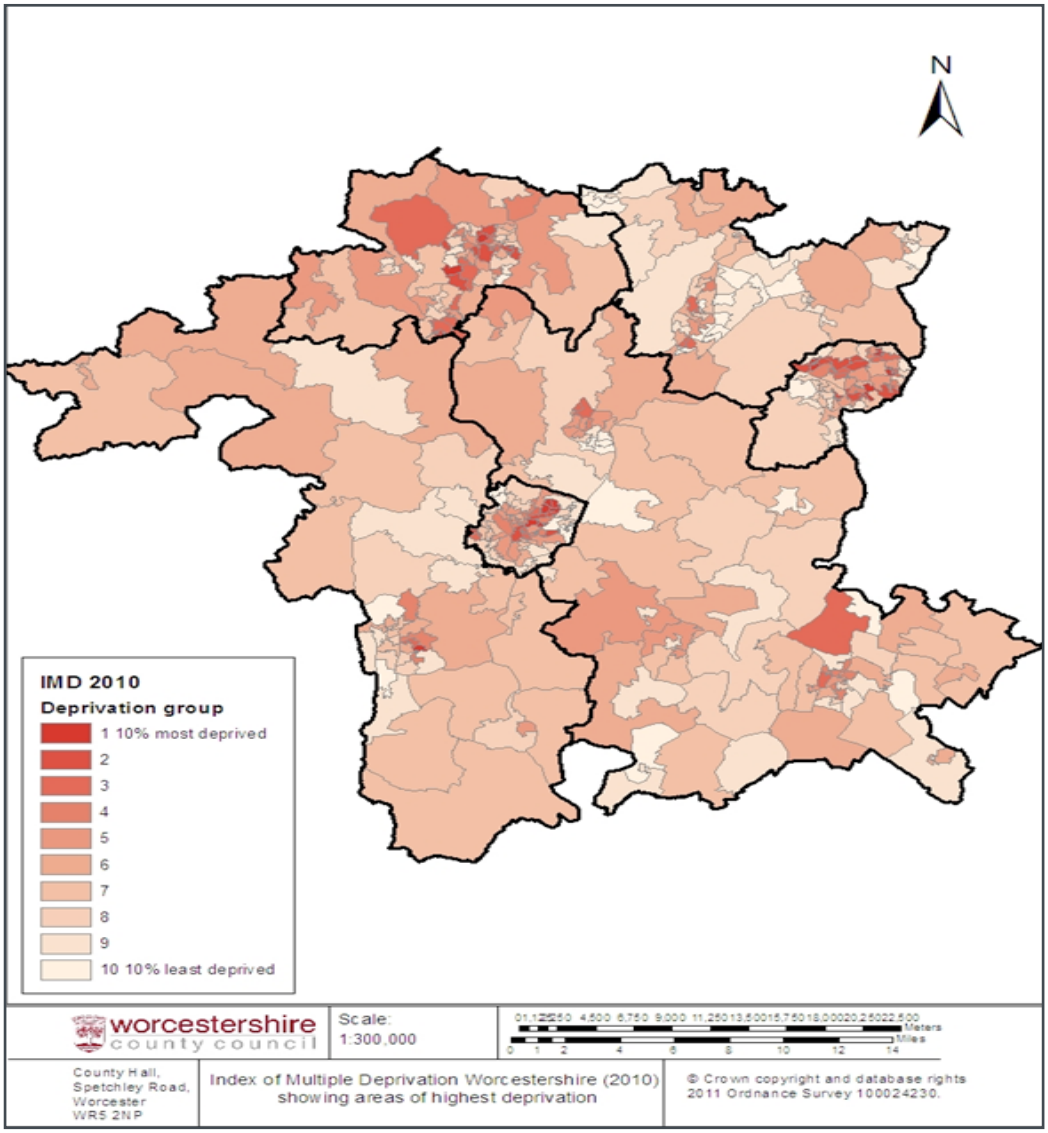
10% of the population is classified as belonging to an ethnic group other than White British compared to 18.3% in England overall. The majority of these children are from dual heritage or Asian/British Asian minority groups. English is spoken as an additional language by 4.5% of pupils. Urdu, Panjabi and Polish are the most commonly recorded spoken community languages in the area.

Worcestershire population aged 0 to 17 by ethnicity



1.2.3 Areas of Deprivation

The Indices of Deprivation use several measures including income, employment, education, health, barriers to housing and services, crime, and living environment. These are weighted and combined to create an overall Index of Multiple Deprivation. In Worcestershire deprivation scores vary between 71.2 in one area of Worcester and 1.7 in one area in Bromsgrove. Most of the high deprivation areas are in the urban areas of Worcester, Wyre Forest and Redditch. The average for the county is 16.44, ranked as 110 out of 152 Local Authority areas (1 is the most deprived)



1.2.4 Educational Establishments

As at January 2014, there were 197 Local Authority Maintained schools in Worcestershire, comprising 162 primary schools, 16 middle schools, 9 secondary schools, 5 special schools and 4 short-stay schools. There were 43 Academies, 20 being secondary schools, 5 middle schools, 14 primary schools and 4 special schools. There was 1 'alternative provision' Free School with another opening in September 2014. There were 24 Independent Schools in Worcestershire, including 1 that is due to convert to Free School in September 2014, 2 Faith Schools and 2 children's homes that also provide special education. There are approximately 950 Childcare providers (private, voluntary or independent) including 52 local authority nurseries and 465 Child minders.

1.2.5 Local Authority Provision

There is an Access Centre offering advice and signposting as well as taking all referrals for Children's Social

Care. At the time of this Report there were 382 children with a Child Protection Plan and 2,463 Children In Need. All referrals are dealt with by one of 3 area based Immediate Response Teams (comprising of a Team Manager and social workers on rotation from the Safeguarding Teams) in Redditch/Wychavon, Wyre Forest/Bromsgrove and Worcester City/Malvern. Each area has 5 Safeguarding Teams (15 in total). There is a Social Work Pod managed by the Wyre Forest and Bromsgrove Group Manager. There are 3 Looked After Permanency Teams that cover the whole county, 2 Care Leavers Teams, and 3 Children with Disabilities Teams. There are separate teams for Adoption, Fostering and Kinship and Residential Services. Children's Social Care has 205 Worcestershire County Council foster carers, 5 children's homes and 2 short-break units. A Specialist Support Service provides Family Support and Family Contact through 3 Children and Families Teams, an Outreach Team that supports the work of the Care Leavers Service and a Health and Well-being Pod and a Virtual School that provide additional health and education support for Looked After Children. There is an Emergency Duty Team that provides an out of hours service for Worcestershire and Herefordshire. Early Help services were in the process of being commissioned in local districts (details in Sec 4.4.4) in the implementation of the Early Help strategy, overseen by the Children's Trust Executive Board.

1.2.6 Youth Offending

The West Mercia Youth Offending Service covers Worcestershire, Herefordshire, Shropshire and Telford and Wrekin

1.2.7 Key Partnerships

The Children's Trust Board was established in April 2010 and is chaired by the Lead Cabinet Member for Children's Services. A new three year Children and Young People's Plan (CYPP) is being published in 2014 with safeguarding as an explicit priority. A Health and Well-being Board (HWBB) is established and the Children's Trust Executive Board is an official sub-committee of this. Its priorities support key aspects of the CYPP. The Worcestershire Safeguarding Children Board (WSCB) became independently chaired in April 2008, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services

1.2.8 Health

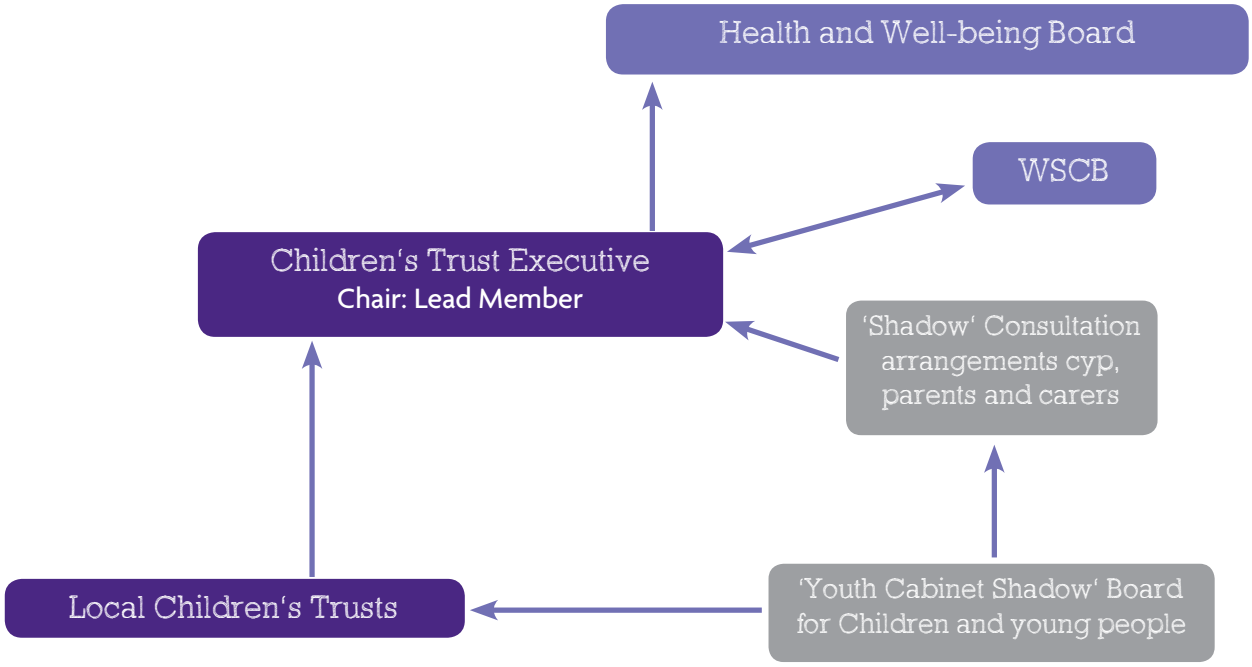
Worcestershire County Council, NHS Redditch and Bromsgrove CCG, NHS Wyre Forest CCG and South Worcestershire CCG jointly commission health services for children and young people across Worcestershire, governed by a Section 75 agreement. The Children's Joint Commissioning Unit, based within Worcestershire County Council, is the lead commissioner for all community health services including speech, language and communication needs; child and adolescent mental health services (CAMHS) and services for children with a disability. All community health services, including community-based CAMHS, are commissioned from Worcestershire Health and Care Trust. In-patient CAMHS care is provided at Birmingham Children's Hospital and other independent sector services including services outside the West Midlands. The main provider of acute hospital services is the Worcestershire Acute Hospitals NHS Trust, which includes the Worcestershire Royal Hospital, the Alexandra Hospital in Redditch, and Kidderminster Hospital and Treatment Centre. On April 1 2013 the NHS underwent structural changes introduced in the Health and Social Care Act. This included the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) and the introduction of clinical commissioning groups (CCGs), NHS England and Healthwatch England. The CCGs are responsible for ensuring that their commissioned providers are compliant with the requirements outlined in Working Together, and the Area Team similarly for those services it directly commissions, such as primary care, as well as assuring the role of the CCGs.

1.3 Relevant strategic published plans and strategies

1.3.1 WSCB continued to have a close working relationship with the Children's Trust Board during the year and took responsibility for delivering the safeguarding element of the Children and Young People's Plan. A

review of the role and function of the Children's Trust Board resulted in a decision for it to formally report to the Health and Well-being Board. Local Children's Trusts are now being established in each district with the central Board re-named the Children's Trust Executive Board, its role and function adjusted to support the local Trusts. Membership of the Trust Executive Board includes WSCB's Independent Chair, and representatives of the local trusts, Worcestershire County Council, NHS Redditch and Bromsgrove CCG, NHS Wyre Forest CCG and South Worcestershire CCG, Worcestershire Safeguarding Adults Board, West Mercia Police, West Mercia Probation Board, and local schools and colleges.

Children and Young People's Strategic Planning Arrangements



1.3.2 The responsibilities of both the Children's Trust Executive Board and WSCB complemented each other and a protocol was put in place to support the relationship. This will be reviewed and updated in the early part of next year to take account of the new arrangements and to further clarify respective roles in some overlapping issues such as Early Help and bullying. In addition, a protocol was formally agreed with the Health and Well Being Board in March 2014, which is a three-way document also involving the Adult Safeguarding Board.

1.3.3 WSCB is aware of the importance of aligning plans and strategies produced by other key partnerships, and has taken these into account in the production of its 3 year Strategic Plan

Appendix 3 of the 2014-17 Strategic Plan lists those most relevant to WSCB including:

- Worcestershire Children and Young People Plan 2011-14, produced by the Children's Trust Board
- Worcestershire Fit for the Future Corporate Plan 2011-16
- Community Safety Agreement and Action Plan particularly in respect of domestic abuse, drugs and alcohol, and safeguarding
- The Police and Crime Plan 2013-17
- The Joint Health and Well-being Strategy 2013-16

1.3.4 The common priorities across these plans are children and families with a particular emphasis on safeguarding and protecting children and young people, domestic abuse, drugs and alcohol and mental

health and well-being. WSCB has therefore worked to establish strategic links with the key partnerships and take account of their plans and strategies in drawing up its own 3 year Strategic Plan. An updated version of the multi-agency Information Sharing Protocol was produced by the Children's Trust in March 2014 following a consultation process which included WSCB.

1.4 External Inspection Findings

Ofsted Inspections

1.4.1 An Ofsted Inspection under the new single inspection framework is anticipated next year. The Ofsted Inspection in March 2012 rated Safeguarding Services as adequate, LAC services had been rated as adequate in the previous inspection in October 2010.

1.4.2 Specific comments about the WSCB in the 2012 report were that it "is delivering its core business plan and it is increasingly effective." The good work of the Serious Case Review Sub-Group was particularly marked out, with further work needed on embedding lessons learned from complaints into practice improvements. The areas for improvement were mainly focused on practice issues and endorsed those identified by the Improvement Board. New areas for improvement included:

- The effectiveness and impact of CAF (now known as the Early Help Assessment)
- The effectiveness of early intervention and prevention
- Greater focus on Child In Need plans
- Engagement of all agencies in assessments and plans

1.4.3 The Improvement Board formally ended at the start of 2013/14 and WSCB took over responsibility for its part of the new improvement plan. Whilst the performance monitoring of Children's Social Care lies with the council's Children's Services Performance Board, by agreement WSCB has received an exception report at every meeting. The Board has therefore been able to track progress in Children's Social Care's transformation programme and its impact on performance. The Board has also been clear that the responsibility for improvement lies with all agencies and the performance framework includes the need for multi-agency data.

1.4.4 Whilst the formal improvement process was a difficult experience, WSCB gained insight into the crucial importance of effective performance management and of its role in ensuring the effectiveness of safeguarding practice. This has been built upon as the Board has gained confidence and experience in exercising its strategic oversight role.

1.4.5 Another external Inspection took place in 2012/13, which was a pilot inspection of LAC undertaken in November 2012 as part of the development of the new Ofsted Inspection Framework. This confirmed the known areas for improvement and validated the plans in place to secure improvement.

1.4.6 Other Ofsted inspections in 2013/14 were:

- Five inspections of local authority children's homes with findings for overall effectiveness of Outstanding in two and of Good in the other three
- Three inspections of Children's Centres (including a group inspection of provision across Wychavon) with findings for overall effectiveness of Good in all three
- Inspection of the WCC Fostering and Kinship Service with a finding for overall effectiveness of Adequate.

Other External Inspections

1.4.7 The Board decided to arrange a Peer Review in order to strengthen external challenge and increase self-awareness. This took place in March 2014 and initial results included the need to have a clear and shared view about the vulnerable population and to be able to measure the impact of the Board's actions to improve services. In particular, there needed to be better analysis of the performance data presented to the Board so it was clear what actions needed to be taken. These findings and recommendations will be taken forward next year.

Multi-agency Inspections

1.4.8 In addition to Local Authority based inspections, other agencies have been involved in their own inspection processes during the year. The relevant ones to WSCB are as follows:

- In January 2014 West Midlands Ambulance Service (WMAS) was inspected by the Care Quality Council (CQC) with very positive initial feedback (full report awaited at the time of writing). In February 2014 they also received a Peer Review from Yorkshire and feedback was again very positive
- A Thematic Inspection of the West Mercia Police response to Domestic Abuse was undertaken by Her Majesty's Inspectorate of Constabulary (HMIC). It found that some effective work was being done to tackle domestic abuse, but noted several areas for improvement to provide confidence that victims are provided with a consistent standard of service and that the risk to them is minimised. WSCB will consider the findings of the report at its September 2014 meeting
- Schools and Colleges have been inspected throughout the year and nothing has been brought to the attention of the Board in respect of concerns about safeguarding practice
- No single agency Care Quality Commission inspections have been undertaken during 2013/14, however a Health Action Plan and report have been presented to WSCB demonstrating the Health economy's readiness to respond in a timely manner when such an inspection is undertaken.

The Board assesses that full account of relevant partners' plans and strategies has been taken in its own planning processes and that appropriate liaison and stronger links are being developed. Factors relating to local needs and services in the context of safeguarding have also guided decisions about plans and priorities. Outcomes of Inspections have been acted upon and learning has taken place. A stronger association with multi-agency Inspection outcomes relevant to safeguarding could be established.

Section 2.
Statutory and legislative context for Local Safeguarding Children Boards (LSCBs)

2.1 Role of the Board

2.1.1 The Local Safeguarding Children Board is the key statutory mechanism for agreeing how partner organisations in the local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board by 1 April 2006.

2.1.2 Worcestershire Safeguarding Children Board has been in existence for a number of years now and is continually developing the best way to fulfil its role within a constantly changing and challenging context. It has been working on how best to demonstrate the effectiveness of safeguarding arrangements by ensuring it has the right performance information and analysis in order to effectively challenge as appropriate.

2.2 Statutory Objectives

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

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

b. to ensure the effectiveness of what is done by each such person or body for those purposes

2.3 Statutory Functions

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

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

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

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

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

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

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

2.4 Working Together to Safeguard Children 2013:

2.4.1 The statutory inter-agency guidance "Working Together to Safeguard Children" was revised in March 2013 and the Board undertook an exercise to establish what changes needed to be made to arrangements and activities. The most relevant changes emerged as:

Policies and procedures requiring review:

- Threshold Guidance completed and approved in March 2014
- Assessment timescales: Assessment guidance has been produced for social workers by Children's Social Care and work is ongoing to align multi-agency guidance for all other practitioners (April 2014)
- Training pathway (including Common Induction) completed and approved in February 2014
- Serious Case Review (SCR) process: WSCB has moved towards using the systems approach to undertaking SCR's and Case Reviews, with greater engagement of practitioners and managers. The feedback has been positive and workers have valued the opportunity to reflect and learn lessons together. WSCB is committed to seeking the views of family members about the services that they have received during any period under review and these are incorporated into the reports.
- West Mercia Multi Agency Protocol for the Management of Sudden and Unexpected Deaths in Infants and Children (SUDIC)
- Engagement with families by Child Death Overview Panel (CDOP). An approach has been agreed by CDOP (March 2014)
- Learning and Improvement Framework completed and approved in February 2014

Protocols established with:

- The Children's Trust Board regarding oversight of Early Help arrangements completed and due for approval by July 2014

Links need to be made / strengthened with:

- Housing: Agreed representation of Registered Social Landlord (RSL).
- British Transport Police, Prisons and Armed Forces: Decision not to progress
- Faith groups: Links already established

Other actions:

- Need to engage with providers of services to adults to seek assurance that they routinely establish where children and young people need help or protection: Still being progressed

2.4.2 It is expected that the 'Working Together' will be complied with unless exceptional circumstances arise. There were none during 2013/14.

The Board assesses that it complied with its statutory and legal requirements throughout the year, and implemented changes arising from Working Together 2013. It continues to work to improve its ability to assess the effectiveness of safeguarding arrangements

Section 3.
Governance and accountability arrangements

3.1 Local partnership and accountability arrangements

3.1.1 The Board has a scrutiny role and therefore must retain its independence. In terms of accountability it therefore stands alone from other structures and partnerships and is not subordinate to nor subsumed within them. In practice though, WSCB has worked closely with other partnerships over the past year and remains committed to integrating activities and strategic thinking to ensure the best outcomes for children and young people.

3.1.2 The Board comprises of senior strategic managers across a range of agencies and has also had two lay members during the year. It links with other regional and national groups as well as with organisations and strategic partnerships within Worcestershire. The key partnerships include:

- Worcestershire Safeguarding Adults Board
- District Councils
- Police and Crime Commissioner, including Community Safety Partnerships and Multi Agency Public Protection Agencies, (MAPPA)
- Health and Well-being Board
- Children's Trust Executive Board
- Clinical Commissioning Groups
- Other key partnerships including education, housing associations, the voluntary and community sector and the Worcestershire Forum Against Domestic Abuse and Sexual Violence.

3.2 Independent Chair arrangements

3.2.1 It is the role of the Independent Chair to hold all agencies to account. The current Chair started in post in April 2012 and is subject to a 3 year contract. Under Working Together 2013 the Independent Chair is directly accountable to the County Council's Chief Executive for the effective working of the Board, and works closely with the Director of Children's Services, regularly liaising with the Lead Member.

3.2.2 The Independent Chair is a member of the National Association of LSCB Chairs, created in 2012, and attends the Annual Conferences. There are also regular meetings with regional colleagues and with the other three West Mercia Chairs, and there have been efforts to rationalise and streamline work across these Boards.

3.3 LSCB structure and infrastructure arrangements

3.3.1 The revised structure was implemented during the year and Sub-Groups adapted their practice to focus on work plans consistent with the Board's priorities. A structure diagram is contained in Appendix 1. A lack of clarity about the role of the Safeguarding Effectiveness Executive (SEE) emerged from the peer review process and this will be taken forward next year.

3.3.2 The agreed WSCB Performance Framework has been developed during the year by the Performance Group which has been working to provide the Board with the information required to scrutinise practice and better understand the impact on children and young people. The use of a Data Support Officer has been a valuable resource to support this function as the crucial importance of having the right information available is recognised.

3.3.3 The Board meets every two months, and established its priorities and key strategic objectives at the start of the year in a rolling three year Strategic Plan. In addition it held a Development Day that addressed learning from SCRs, new vision and mission statements, and agreed priorities for the next year based on data and learning points. An Induction Programme was introduced for new Board and Safeguarding Effectiveness Executive (SEE) members which was well received and plans have been made for an ongoing Development Programme for Board members commencing in June 2014.

3.3.4 The SEE meets bi-monthly and comprises of representatives with operational management roles from a wider group of agencies than the Board. Its role is to ensure effective implementation of the Annual Business Plan which is informed by the 3 year Strategic Plan. Sub Groups and task and finish groups complete the day to day work of the Board and each works to specific Terms of Reference, with clear lines of reporting and accountability either to the Board or to the SEE. These are chaired by representatives of different agencies or independent leads. Of particular note during 2013/14 was the work of the Child Sexual Exploitation (CSE) task and finish group.

3.4 WSCB Meetings Attendance

Attendance levels at Board and Executive meetings are contained in Appendix 2. Changes in membership need to be taken into account during the year particularly in respect of Health.

3.5 Support arrangements

3.5.1 The Board and Sub Groups are supported by a Business Support Team led by the Business Manager. This has been a more stable year for the team in terms of personnel changes and no vacancies have been carried.

The Business Support Team, Independent Chair and Board related activities were funded through partner funded arrangements. It is of note that at a time of financial constraint all partners have continued to support this work as outlined in the following table:

Children's Services	50%	£122,488.00
Clinical Commissioning Groups	35%	£86,000.00
Police	10%	£24,529.00
Probation	1.8%	£4,500.00
CAFCASS	0.4%	£550.00
District Councils **£997.39 each from:** Bromsgrove Redditch Malvern Hills Worcester Wychavon Wyre Forest	2.5%	£5,984.00
TOTAL		**£244,051.00**

3.5.2 The financial statement for 2013/14 was as follows:

Expenditure		
Salaries	WSCB Team	192,367.00
Training expenditure	Core training, Early Years and learning events	27,988.00
E-Academy		2,569.00
SCRs and CRs	Independent Reviewers	22,202.00
Independent Chair	WSCB Chair	14,850.00
Data Support Officer	Performance Framework	11,000.00
QAG Chair		10,940.00
Administration		13,327.00
	Total	**295,243.00**
Income		
Agency Contributions		244,051.00
Training charging policy	Core training and Early Years	30,953.00
E- Learning	Sale of e-learning licences	5138.00
	Total	**280,142.00**
	From Holding Account	**15,101.00**
	Total	**295,243.00**
From		
Holding Account at 31 March 2014 (following end of year adjustment)		**78,773.00**

3.6 Policies, procedures and guidance

3.6.1 The Practice, Policy and Procedures Group oversees the development of local practice guidance in response to legislation and government guidance, as well as specific circumstances. It also co-ordinates the maintenance and updating of the West Mercia Consortium Inter-Agency Child Protection Procedures, shared with the three neighbouring Local Safeguarding Children Boards in Shropshire, Telford and Wrekin and Herefordshire.

3.6.2 During 2013/14 the following key guidance documents were formally approved and implemented:

- Safer Sleeping Policy (led by CDOP)
- Guidance for responding to concerns about child sexual exploitation (strategic priority for WSCB)

- What to do if you are concerned about the risk of suicide to a child/young person (an action from a Serious Case Review)

3.6.3 During 2013/14 the Thresholds Guidance was reviewed and updated. It was formally approved by WSCB in February 2014 and has now been published. It is due to be formally launched and embedding learning events are planned during 2014/15 to raise awareness.

3.6.4 A Learning and Improvement Framework was adopted by the Board, which encompasses the learning from Serious Case Reviews and Case Reviews, Multi-Agency Case File Audits (MACFAs), Child Death Reviews (Child Death Overview Panel) and the Safeguarding Conversations

3.6.5 During 2013/14 the following guidance documents were drafted and at year end are awaiting formal approval and implementation:

- Engaging with Fathers and Other Significant Males – this emerged as an area of concern from Serious Case Reviews
- Forced Marriage Protocol (in collaboration with the Worcestershire Safeguarding Adults Board (WSAB) and the Worcestershire Strategic Forum Against Domestic Abuse and Sexual Violence) – this is in response to a national concern and is designed to raise awareness
- Review of the West Mercia Multi Agency Protocol for the Management of Sudden and Unexpected Deaths in Infants and Children (SUDIC) (led by West Mercia Police) – this document has been updated to reflect new arrangements when a child suddenly dies

3.6.6 A number of updates were made to the West Mercia Inter-Agency Child Protection Procedures in collaboration with the three other West Mercia LSCBs in response to audit and review findings and national policy.

3.7 Training provision and its effectiveness

3.7.1 The actions identified for the Training Delivery Group presented in the 2012/13 Annual Report have all been achieved. This includes delivering/commissioning a high quality range of multi-agency courses to over 1,500 practioners. E-learning has been well utilised, with the Board providing 3,449 e-learning courses on a variety of topics, as well as promoting a free CSE module for parents. With the purchase of a comprehensive selection of additional e-learning courses (including the "toxic trio" of domestic violence, mental ill-health and substance misuse) it is expected that the use of e-learning will continue to grow. Adult Services has acknowledged the need for its social workers to be trained in child safeguarding and this will be taken forward next year

3.7.2 The Training Delivery Group has been striving to ensure that training is effective. A new Framework for Evaluation has been implemented to support this. Learners self-report on their knowledge and confidence pre and post course and this shows a promising shift in their self-perception in these areas. In addition, a 3 month follow on questionnaire is completed by practitioners for selected training. This year focussed on CSE, Supervision and the impact of parental drug and alcohol use training for which the PIAT[1] training evaluation method was used. These showed an impact on working practices and a positive impact on outcomes for children. Training is discussed and analysed during Multi-Agency Case File Audits, Safeguarding Conversations and Serious Case Reviews. Identifying direct evidence of impact on frontline practice remains an ongoing challenge, but over time the Framework for Evaluation is expected to evidence the

1 PIAT – Promoting Interagency Training is a validated method of safeguarding training evaluation (Connect, Share and Learn, Carpenter et al (2011)

effectiveness of provided training. A full report and the framework can be found here.

3.7.3 The introduction of Working Together 2013 gave the Training Delivery Group the opportunity to revise the training strategy and pathway.

3.8 Section 11 Audit

3.8.1 Section 11 of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children, and that the services they contract out to others also meet this requirement. Local Safeguarding Children Boards are required to audit agencies compliance with Section 11. In Worcestershire all organisations are asked to complete a self-assessment every two years and to provide evidence of how they comply with S.11 when carrying out their day to day business. This gives an indication of how well organisations are working to keep children safe. Agencies are asked to develop action plans to address any weaknesses identified.

3.8.2 A Section 11 Audit took place in March 2014 and it is clear from the responses that the areas considered in the 2012 audit have been maintained, with some improvements reported by the majority of agencies. With 75% of agencies stating that their services are good (72.5%) or outstanding (2.5%), the position in Worcestershire remains strong.

3.8.3 The 2012 report stated that some issues needed attention before the Board could be satisfied that they are embedded in local practice and routinely monitored e.g. the impact of whistle-blowing policies and the participation of children and families in the development of policies and services. From the 2014 audit it is clear that there has been some progress in these and other areas, with all of the audits referring back to their last audit and providing evidence that the issues identified previously had been addressed. The 2012 report highlighted concerns about compliance with safeguarding procedures by external providers commissioned by partner agencies to deliver services on their behalf. Whilst there has been some progress in this area in the last 18 months, it is still not possible to state that all commissioned services are compliant in all aspects of Section 11.

The Board assesses that progress has been made on clarifying responsibilities and Board development, and that the new structure has yielded a more integrated approach to Board business. Areas for further development include:

- **Continue to implement Framework for measuring the effectiveness of training**
- **Build on new representation from Directorate of Adult Services and Health**
- **Improve attendance levels by some agencies at all types of meetings**
- **Continue development of shared responsibility for completing Board business**
- **Outward effective communication within agencies following meetings**
- **Completion of actions identified in the Section 11 Audit**

Section 4.
Priorities, Achievements and Learning

4.1 Board Priorities

4.1.1 In 2013/14, the Board worked to a new 3 year rolling strategic plan that identified six strategic priorities, outcomes and indicators as follows:

Strategic Priority	Outcome	Indicator	Key Actions/Targets
1. Robust core safeguarding practice	Public confidence that all children are safeguarded	No SCR indicates poor practice	1. Implement Performance Framework 2. Scrutiny and challenge activity 3. Learning from SCRs/audits 4. Assessment improvements
2. High priority development areas	Fewer children and young people at risk	Evidenced positive impact of actions	Progress work on priority groups of children: • domestic abuse • mental ill-health • substance misuse • child sexual exploitation • missing children • forced marriage • safer sleeping
3. Assurance through requiring information from others	Board satisfied that issues are being effectively managed	Board assured that children are being effectively safeguarded	1. Develop key stakeholder relationships 2. Commissioning arrangements 3. Bullying
4. Continuous improvement	High quality performance	Improved quality & performance results	1. Staff supervision arrangements 2. Service User feedback 3. Workforce developments
5. Professional challenge and information sharing	Collective responsibility for effective outcomes	Evidenced culture shift at operational and strategic levels	1. Thresholds guidance 2. Information sharing 3. Escalation of practice concerns 4. Use of chronologies 5. Explore Multi-Agency Safeguarding Hub (MASH) option
6. Board operating strategically	Excellence rating by Ofsted	Board structure working effectively	1. Implement new Board structure 2. Board development/induction 3. Working Together 2013 implementation 4. Work strategically with other West Mercia LSCBs 5. New SEE group well established

4.1.2 This work has been taken forward through Sub-Groups (e.g. child sexual exploitation pathway and procedures have been developed and rolled out), liaising with other partnerships and agencies (e.g. the Domestic Abuse Forum for domestic abuse, and CAMHS for mental health respectively), multi-agency staff training (e.g. effective communication and supervision practice), and Board development (e.g. induction and ongoing development programmes in place and a development day).

4.1.3 There is evidence of progress in these objectives as outlined in the following section and outstanding matters not yet achieved will be taken forward into next year. In particular, the Board is still finding it difficult to find evidence that activities result in positive change and outcomes. The new Performance Framework has been assisting the Board to judge how effective safeguarding arrangements are and it is intended to continue drawing data from a range of agencies rather than just focus on Children's Social Care.

4.1.4 The four categories of children identified in the plan for last year reflect the Board's priority groups. These are:

- The core business of abuse and neglect;
- The high priority groups of children who have witnessed domestic abuse, substance misuse or mental illness, those experiencing sexual exploitation, forced marriage, and young runaways
- Children who need to be monitored such as children experiencing bullying, those privately fostered or in the care system;
- Other partnerships responsible for groups of children such as young victims of crime, children in the youth justice system and young carers, about whom the Board needs to be kept informed.

The over-riding priority for the Board was, however, to ensure the child protection system was rigorous and that Early Help was achieving its intended outcomes.

4.2 Outcomes of priorities

4.2.1 Robust core safeguarding practice

We said we would…

- Implement new performance framework
- Scrutinise and challenge activity
- Learning from SCRs/audits
- Assessment improvements

What did we do?

- Board members are now routinely receiving data, exception reports and themed reports on key aspects of safeguarding activity
- Board members are now assuming responsibility for scrutiny of the performance information received
- Integrated MACFA action plan and SCR action plans are being monitored. Briefing sheet has been developed on learning from SCRs and audits. Learning themes have been identified with learning events planned for 2014/15 as part of new Learning and Improvement framework. Training evaluation framework has been approved and implemented.
- Assessment guidance for social workers has been produced and multi-agency guidance is being developed

What difference did it make?

- New areas of potential concern have been identified through scrutiny of the data and new performance indicators added to the dashboard
- Increased awareness of the gaps in performance information from adult services and of aspects of concerning practice
- Some evidence of improvement in supervision, management oversight and recording. Evidence of positive impact of supervision training
- Difficulties consistently meeting time scale for Children and Young Person Assessments which needs to be monitored. Multi agency guidance not yet produced so no impact at this stage.

4.2.2 High priority development areas

We said we would…

- Progress work on priority groups of children: i.e. those affected by domestic abuse, parental mental ill-health and substance misuse
- Develop processes to identify and manage child sexual exploitation and missing children
- Develop identification of Forced Marriage
- Raise awareness about safer sleeping

What did we do?

- Themed MACFA undertaken on children repeatedly exposed to domestic abuse. Completed self-assessment of joint working where there is parental drug/ alcohol use. Engagement with provider services to negotiate development of performance information about outcomes for children. Commissioned additional e-learning modules on parental mental ill health, hidden harm (drugs/ alcohol) and domestic abuse. Co-delivered drug/alcohol training jointly with Mercia Net.
- Developed Forced Marriage Protocol in collaboration with WSAB and WFADA & SV. Widely disseminated briefing sheet
- Implemented Suicide Prevention Guidance and Referral Pathway
- Implemented CSE Referral Pathway and established multi agency CSE Panel process
- Developed and piloted Safer Sleeping policy

What difference did it make?

- Identified need to audit screening process for domestic abuse notifications and to consider effectiveness of Early Help. Secured engagement to address gaps in joint working arrangements between providers and children's services and in data about parents. Gaps in multi-agency training pathway addressed.
- Began to raise awareness of Forced Marriage Protocol amongst professionals but referrals not yet coming through
- Evidence from MACFAs of risk management meetings being held when there is a risk of suicide
- 40 children subject to CSE Strategy Meetings between August 2013 and March 2014
- Numbers low so not easy to demonstrate impact of Safer Sleep policy on death rates. Audit demonstrates that parents are aware of Safer Sleeping policy and it is in the process of being rolled out countywide.

4.2.3 Assurance through requiring information from others

We said we would...

- Develop key stakeholder relationships
- Ensure commissioning arrangements include safeguarding
- Work to identify extent of bullying and improve support arrangements

What did we do?

- Worked to engage District Council representatives at both WSCB and SEE level
- Protocol developed between WHWBB, WSAB and WSCB
- Commissioning briefing paper disseminated to partner agencies. Section 11 Audit undertaken which sought assurance about commissioning safeguarding arrangements.
- Bullying survey rolled out across Worcestershire schools. Detailed analysis of data has been completed and themes identified.

What difference did it make?

- SEE representative has now introduced regular meetings of District Council Safeguarding Leads.
- Regular completion of audits by District Councils
- Increased awareness of cross cutting themes between Adults and Children's Services
- Increased awareness of commissioning responsibilities and positive response to Section 11 Audit
- Bullying survey findings have been presented to Children's Trust Executive Board who are taking the lead on this so no measurable impact at this point in time

4.2.4 Continuous improvement

We said we would…

- Improve quality of staff supervision
- Develop ways to gain and use service user feedback
- Monitor multi-agency workforce developments

What did we do?

- Completed audit of supervision arrangements. Delivery of multi-agency supervision training.
- Service user feedback strategy developed. Section 11 Audit included asking questions about service user feedback systematically collected and any themes emerging from complaints or compliments.
- Consulted with young people on the WSCB website, bullying survey and their experiences of care. Sought practitioner feedback on workforce issues and encouraged practitioners to raise safeguarding alerts in respect of services delivered.
- Workforce data included in the Performance Framework.
- Training audit completed. WSCB training pathway reviewed and Framework for Evaluation of multi-agency training developed.

What difference did it make?

- Impact evaluation of supervision training evidences improved practice and positive outcomes for children.
- Supervision audit findings being used to inform the development of principles of supervision.
- Young people influenced questions asked in the bullying survey which led to positive response rate (8,917 children). Changes to the young people's website page based on feedback.
- WSCB members better informed about the impact of workforce issues and of gaps in the Board's knowledge. Training audit provided evidence of partner agencies commitment to training and highlighted gaps in their ability to report required data.

4.2.5 Professional challenge and information sharing

We said we would...

- Review and revise Thresholds guidance
- Improve information sharing
- Improve the escalation of practice concerns process
- Explore the better use of chronologies
- Explore developing a MASH

What did we do?

- Multi-agency review of WSCB's Threshold guidance
- Completed audit of Access, Referral and Assessment
- Completed three MACFA's where information sharing is scrutinised
- Completed audits of the use of chronologies and escalation
- Agreed to develop a Multi-Agency Safeguarding Hub (MASH)

What difference did it make?

- Audits evidence that previous version of Threshold guidance is well known and utilised regularly to make decisions about referrals to Children's Social Care. Impact of revised guidance yet to be evaluated.
- Evidence that virtually all referrals to Children's Social Care result in an assessment thereby indicating that referrals are appropriate.
- Provided assurance that the Access Centre processes are robust and highlighted less efficient areas of the system
- Provided evidence of barriers to information sharing and supported identification of intra and inter agency communication as a priority learning theme
- MASH in early stages of development and no impact at this stage
- Identified need to raise awareness of the Escalation guidance

4.2.6 Board operating strategically

We said we would…

- Board operating strategically
- Implement new Board structure
- Work on Board induction and development
- Implement Working Together 2013
- Work strategically with other West Mercia LSCB
- Establish the Safeguarding Effectiveness Executive group (SEE)

What did we do?

- New board structure implemented, including establishment of the SEE and appointment of new Chair
- Issues log developed for the Safeguarding Network to escalate specific issues to SEE
- Membership of WSCB and SEE has been strengthened
- Self-assessment completed by Board members and Board Induction and Development programme developed and implemented
- Working Together workshop held and actions identified for implementation
- Learning and improvement framework developed
- Establishment of regular meetings between West Mercia LSCB Business Managers

What difference did it make?

- Evidence of issues being escalated through Board Structure when appropriate
- Positive feedback received from Board and SEE members regarding induction sessions resulting in increased awareness of roles and responsibilities
- Improved engagement by District Councils and Housing Providers
- Introduction of Lay Members' perspective
- Increase in opportunities for sharing good practice across West Mercia

4.3 Examples of good multi-agency practice in Worcestershire

There is evidence of good multi-agency practice in Worcestershire including:

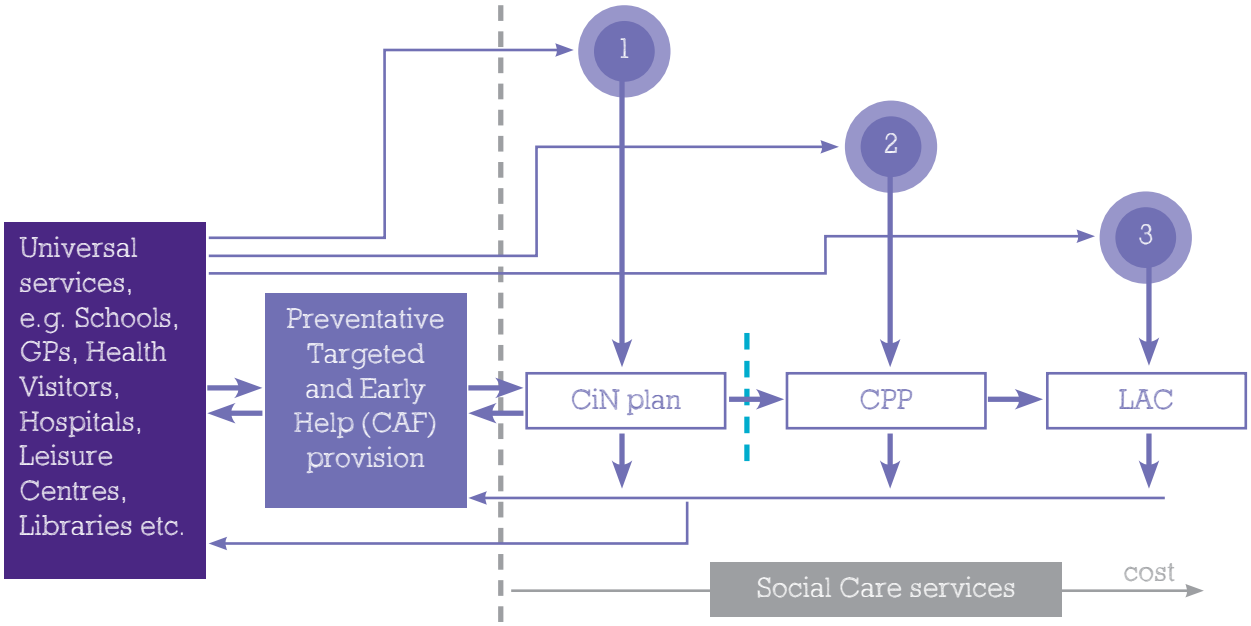
- Monthly meetings between Health and Care Trust Safeguarding Team Manager, Acute Trust Safeguarding Lead, Children's Services Safeguarding and Quality Assurance Manager, Children's Social Care Group Managers and Designated Nurse to discuss multi-agency working and escalation of issues, and to identify examples of positive practice, as well as 'near misses'. Some of these case discussions have led to WSCB Case Reviews.
- Full engagement from a wide range of partner agencies in the newly formed Child Sexual Exploitation Panel which oversees the response made to children and young people in Worcestershire who have been subject to a CSE Strategy Meeting.
- Improved links between the Child and Adolescent Mental Health Service (CAMHS) and Children's Social Care and improved outcomes for children as a direct result of the implementation of the new Suicide Prevention guidance and associated referral pathway.
- Regular meetings between CAMHS, Acute Trust and Children's Social Care to address issues associated with the shortage of Tier 4 beds for children requiring inpatient facilities for their mental health needs. This has led to the recognition of the need for a local Protocol for managing specific cases which will be produced during 2014/15
- Good links between the Youth Offending Service and the local drug/alcohol service for young people (SPACE) evidenced through the high referral rates following assessment of the needs of young offenders.
- Collaboration between Worcestershire Safeguarding Adults Board, Worcestershire Safeguarding Children Board, West Mercia Police and Worcestershire Forum Against Domestic Abuse and Sexual Violence to develop a Forced Marriage, Honour-Based Violence and Female Genital Mutilation Protocol and a communications briefing on Forced Marriage

4.4 Quality and effectiveness of the child's journey arrangements

4.4.1 The Board has been tracking progress in the system by looking at data relating to the journey of the child. A data report can be found in Appendix 3 which outlines the key areas of consideration for the Board.

4.4.2 The Early Help strategy is intended to address need as early as possible in order to prevent more intrusive and intensive intervention being required at a later date. The following model of the journey of the child (produced by Walsall Council to illustrate the main flows in and out of Children's Services, the three numbers relating to in-flows that by-pass Early Help provision) reflects the key steps in this journey which are universal services, Early Help, Child in Need, Child Protection Plans, and Looked After Children.

Journey of the child system



4.4.3 Universal Services

Between April 2013 and February 2014 the Early Help Hub advisors completed 994 Early Help Notifications from various agencies. It is evident that a wide range of universal services have started to make referrals to the Early Help Hub. Referral sources will need to be monitored over time to establish if there are any obvious gaps that may need to be addressed. The role of partner agencies is crucial in ensuring universal services are effective in identifying problems early.

4.4.4 Early Help

Since its launch in April 2013 the Early Help Hub has taken over 3,500 calls. Now co-located with the Access Centre, more effective decision making and a better understanding of the thresholds for passing cases through to Children's Social Care have been facilitated. This involves all partners and needs full engagement to ensure appropriate and timely help is offered. Although implementation of the Early Help Strategy is in its relatively early stages there are already some early indicators of its effectiveness including:

The introduction of the Early Help Notifications has enabled families to be referred to relevant service providers with minimum delay

The use of the Framework I data systems to record Early Help case work has allowed a 'single view of the child' by a variety of professionals

Case studies submitted by providers to date are demonstrating a significant improvement in joint working, faster access to services and therefore shorter intervention period for families

4.4.5 Children in need

Data relating to Children In Need (CIN) indicates a pattern of increasing numbers of children being defined as 'in need'. However, the number of CIN plans started in Worcestershire reduced, so there were more referrals but fewer plans being made. Data is not available about the timeliness of decision making. There is a heavy reliance on the findings from audits in respect of CIN cases, and the themed report on the Quality of Plans presented to WSCB in October 2013 raised some concerns about the quality or robustness of CIN Plans in particular. The educational characteristics of the CIN population indicated that the educational

outcomes for this cohort as not as good as their peers. More assurance is therefore required about evidenced improvements

4.4.6 Children subject to Child Protection Plans

361 Worcestershire children had a Child Protection Plan in December 2013 which was a reduction of 15.6% from March. There was a steady downward trend over 12 months, bringing the rate in line with statistical neighbours. A particular focus is the increasing percentage of children with repeat plans that by December had reached 21%. The analysis of reasons for this indicates such factors as over-optimistic assessments by practitioners of parents' capacity to sustain change and a lack of robustness of Child in Need planning. Some children clearly did need a repeat plan, however, due to changes in the family's circumstances.

4.4.7 Privately fostered children

During 2013/14, 59 notifications were received in respect of new private fostering arrangements with 49 requiring action. Timeliness of visits remains problematic particularly for those in placements of less than 12 months. This has been an ongoing concern for WSCB, and the Children's Social Care Performance Board will closely monitor this in 2014/15 with a view to driving improvements. Many of the notifications continue to be complex with several children being "on the edge" of care and where the standard of care offered by the carer is barely "good enough". There has been a 50% increase in the number of young people staying with host families whilst accessing education in Worcestershire. Although the numbers are still low (10 this year), there is a strong possibility that this will continue to increase.

4.4.8 Looked After Children (LAC)

Figures show that at the end of March 2014 there were 644 Looked After Children in Worcestershire. Although not as high as the national LAC rate per 10,000 children under 18 years (60), in March 2014 Worcestershire's rate per 10,000 was 56.2, which was significantly higher than for statistical neighbours (44.2.in 2013), although early indications are that this has reduced into 2014. In terms of age, the largest groups are 10-15 years and 16+ years, and in respect of placement type, 57.1 children were placed in foster care and 14.3 with a relative or friend. As at December 2013 61% had previous child protection concerns and 27% had previously been subject to a CIN Plan. WSCB received assurance in October 2013 that performance in respect of LAC Care Plans had been found to be generally robust with clear oversight provided by the Safeguarding and Quality Assurance Service. Identified performance issues include:

- A downward trend in the timeliness of LAC reviews
- Recorded pathway planning for the 16+ age group is slow, and this is being proactively monitored by the Children's Services Performance Board
- A steady downward trend in the percentage of timely LAC health assessments – this has been systematically exception reported to WSCB over the last few months as an identified area of concern
- A high percentage of statutory LAC visits that are outside timescale

4.4.9 Children placed outside of county

The percentage of Looked After Children placed more than 20 miles from their homes outside of county is 18.6% which is a reduction from 23% on the previous year. Most children placed out of county are living in agency foster placements or agency residential placements, or with friends or relatives. Additional in-county residential space is being sought to keep out of county placements to a minimum.

4.4.10 Permanence option

Timeliness of care proceedings has been a key issue for the Local Authority with the new legal requirement of 26 weeks to completion. A reduction from an average of 71 weeks in December 2011 down to 32 weeks by March 2014 is a significant achievement with proceedings in Magistrates Courts already having reached 26 weeks. The Local Family Justice Board monitors the changes through its performance group and their target of an average of 26-30 weeks during 2013/14 is well on course to be achieved. Figures relating to adoption,

length of time in care and the number of moves are monitored by the CSC Performance Group and indicate a rise in adoption numbers. There are plans to create one West Mercia Adoption Service across the four Local Authority areas in order to maximise resources and secure further improvement.

4.4.11 Missing children

The number of missing children has continued to fall year on year, as have the number of missing incidents. Accurate information for the Board has not always been available in 2013/14 and this was highlighted as a concern for the Board which has since been addressed. Performance in respect of missing children return interviews is of concern and monitored by the Board.

4.4.12 Child Sexual Exploitation

The new pathway was implemented in August 2013 and up to March 2014, 51 children were subject to CSE Strategy Meetings due to concerns about possible sexual exploitation. 13 of these required no further action and 28 were either referred through to Children's Social Care, were subject to an Initial Child Protection Conference or subject to a further CSE Strategy Meeting. Further discussions are taking place about the threshold for organising a CSE Strategy Meeting to ensure a consistent response to all children; especially where the risk is low/medium and practitioners are being encouraged to use the screening tool.

4.4.13 Home educated children

The number of registered elective home educated children in 2013/14 was 319, representing a significant increase from the previous year, with 129 new referrals. This has increased over a period of several years as indicated by the following table:

New and Existing Elective Home Education registrations (excluding Year 11 leavers)

	Academic year							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Total no. of new referrals	101	136	125	132	144	115	190	191
Total of currently registered children	136	168	188	188	218	219	166	221

The Board has expressed concern nationally about the lack of legal authority to adequately safeguard elective home educated children as issues have arisen locally. WSCB has is undertaking a case review where this is an issue of concern to see if any lessons can be learnt.

4.4.14 Vulnerable groups

Through analysis of performance data and themed reports the Board has identified the following vulnerable groups in Worcestershire:

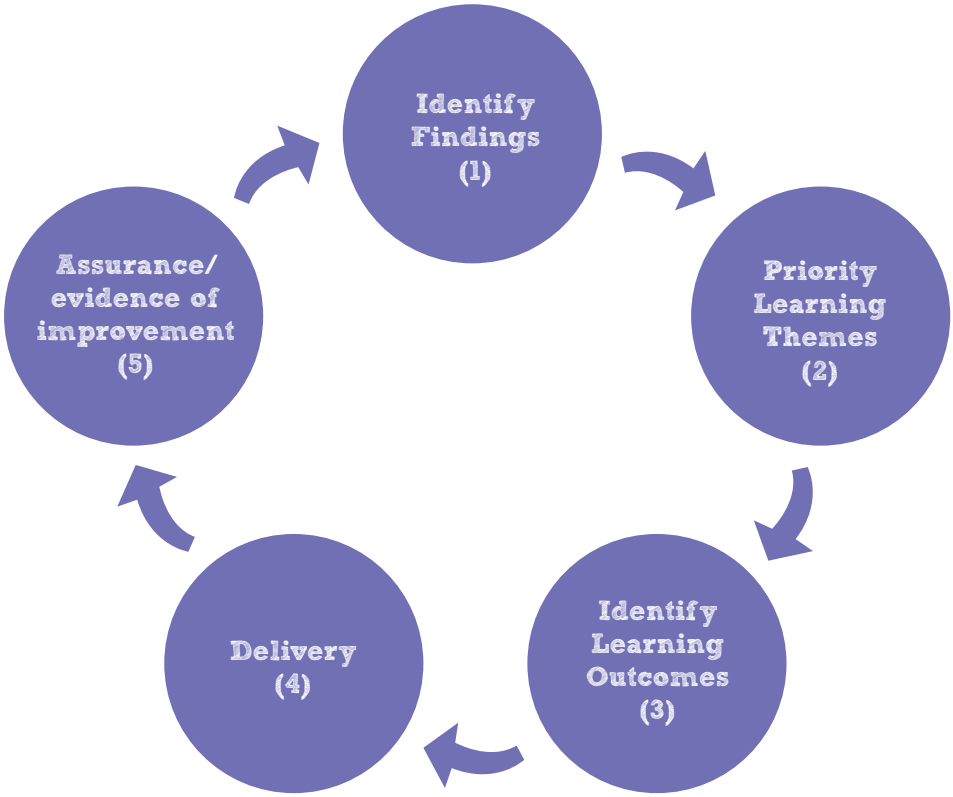
- Children in Need
- Children with repeat Child Protection Plans
- LAC children; pathway planning and health assessments
- Missing children – return interviews

4.5 Learning and Improvement Framework

4.5.1 As required in Working Together to Safeguard Children 2013, WSCB has developed a local Learning and Improvement Framework which encompasses the learning from Serious Case Reviews and Case Reviews, Multi- Agency Case File Audits, the Child Death Overview Panel (CDOP) and the Safeguarding Conversations. The learning from these activities is embedded in a number of ways, at both a single agency and multi-agency level. Policies and procedures are developed or revised, core training is updated, targeted training events are held and briefings are circulated to agencies. Safeguarding Leads in partner agencies disseminate learning through, for example, team briefings or the intra-net

4.5.2 Multi-Agency Case File Auditing is focused on areas identified through the Framework to establish whether learning has been embedded and is making a difference to front-line practice. Individual agencies also audit the impact of new policies and procedures.

WSCB 's Learning and Improvement Framework:



4.6 Changes made as a result of previous learning/priorities and new developments

4.6.1 2013/14 has seen a number of changes based on previous learning. The introduction of the Learning and Improvement Framework will ensure that all past and future findings from SCRs, Case Reviews, MACFAs, CDOP and Safeguarding Conversations will be routinely collated and included in multi-agency training. They will be used to identify priority learning themes on which WSCB will focus its resources to support embedding of the learning across the workforce.

4.6.2 Examples of changes during the year include:

- **Suicide Prevention Guidance:** Following a Serious Case Review a multi-agency guide to Suicide Prevention was developed and cascaded through the workforce. This is still in the early stages of implementation and in 2014/15 a Task and Finish Group is to be established to ensure that implementation is effective.
- **Safer-sleeping strategy:** In response to the learning from the child death review process and a Serious Case Review guidance has been developed and training implemented throughout the Health and Care Trust and Acute Hospitals Trust. In 2014/15 this learning will be cascaded to the wider workforce via e-learning.
- **Child Sexual Exploitation:** In line with Government guidance a multi-agency CSE pathway was developed and implemented, accompanied by a number of multi-agency training events. Evidence to date shows that training has been effective. Also established is the CSE Panel to oversee and review the implementation of the guidance in respect of individual children and young people.
- **Supervision in Schools:** The supervision audit and MACFAs highlighted the known absence of safeguarding supervision in schools. In addition to working on Supervision Principles for the wider workforce, WSCB has been involved in initial discussions with schools to implement guidance for Headteachers, Governors and Designated Senior Persons to support schools to implement this.
- **Sharing information between schools:** Following a number of MACFAs which identified that school records may not be shared appropriately, the Senior Advisor for Safeguarding in Education has implemented a policy outlining the procedure that schools should follow when a child leaves or joins a school.
- **Engagement with GPs:** Gaining the full engagement of GPs in safeguarding remains a challenge for WSCB, as it is nationally. The named GP and Designated Nurse have been working to raise the awareness of GPs of their safeguarding responsibilities. WSCB has worked hard to engage GPs in the MACFA process (with some limited success).
- **Changes in the Children's Services Access Centre:** The Access Centre has undergone a major re-design including the co-location of the Early Help Hub, Access Centre and Stronger Families. The recent Access and Referral Audit showed that this was proving to be extremely successful.
- **Safeguarding in Colleges and Independent Schools:** A Task and Finish Group, chaired by Health and supported by WSCB, is seeking to establish good practice, as well as identify gaps in safeguarding arrangements where there is no school nursing service in place. The report will be available early in 2014/2015.
- **CAMHS has established a single point of access (SPA);** waiting times have decreased and out of hours access for all ages has improved. CAMHS has trained and developed a dialectical Behaviour Therapy Team, which targets young people with emotion dysregulation and self-harming behaviours.

4.7 Integrating performance and quality assurance data and information

4.7.1 WSCB's approach to quality assurance and performance monitoring include the following elements:

- Performance data (dashboard)
- Exception reports prepared following scrutiny of the data
- Multi Agency Case File Audits (MACFAs)
- Themed multi agency audits
- Themed reports on specific aspects of safeguarding practice
- Assurance reports from partner agencies

- Safeguarding Conversations

4.7.2 The Quality Assurance Group leads on the MACFAs and the themed audits, prepares reports for the Board and monitors the implementation of actions in the Integrated MACFA Action Plan. The Performance Group leads on development and scrutiny of the performance data contained within the dashboard, prepares the exception reports for the Board and produces the themed reports, which pull together both quantitative and qualitative performance information in accordance with the reporting schedule.

4.7.3 During 2013/14 assurance reports have been provided by the Head of Children's Social Care for each Board meeting regarding workforce issues, the implementation and impact of the Service Redesign and specific performance issues as appropriate.

4.7.4 These elements combine to make up the WSCB's Performance Framework. Feedback from the peer review undertaken in March 2014 was that the Performance Framework is robust.

4.8 Child Death Overview Panel (CDOP)

4.8.1 The Child Death Overview Panel (CDOP) has a statutory responsibility to collect and analyse information about the deaths of all children who live in Worcestershire; to identify any safety and welfare matters along with wider public health or safety concerns. The Panel analyses the collated information to classify each death, identify any 'modifiable factors' that may have contributed to the death of the child and make recommendations regarding interventions to reduce the risk of similar deaths. Although there may only be a small number of deaths from a particular cause in a given year, cumulative data and liaison with other CDOPs in the West Midlands may reveal trends and common factors.

4.8.2 During 2013 -2014 CDOP reviewed 38 deaths and noted that modifiable factors were present in 15 of the deaths. Data collected over the past 6 years indicates that parental cigarette smoking and bed sharing in combination with bottle feeding are identified factors present in the majority of cases classified by CDOP as Sudden Infant Death Syndrome. Other factors identified include prematurity, deprivation, parental substance and alcohol misuse and domestic abuse. As a direct result of the Panel's analysis of child deaths, the Worcestershire-wide Safer Sleeping Initiative has been introduced and is now part of an important public health programme delivered to new parents by midwives and health visitors both before, and immediately after, the birth of each child.

4.8.3 Another innovative development of CDOP has been the development of a Perinatal Sub-Group. This derivative of CDOP has been established to review the deaths of all children who die within 5 weeks of birth, without leaving hospital and includes very premature births. The Group has identified that often many of these child deaths have in combination a range of modifiable factors, including parental smoking, obesity, very young mothers, substance misuse along with environmental stresses including overcrowded dwellings and domestic abuse. These findings are of great importance from a public health position; providing further insight into the social and behavioural characteristics underpinning problematic pregnancies and premature birth. This data is used by the Worcestershire Acute Hospitals Trust to advise, inform and improve the management of pregnancy services, including pregnancy education. The safeguarding and public health issues identified through CDOP emphasise the importance of the CDOP data set as a key information source for the WSCB.

4.8.4 CDOP gave extensive consideration to cases of suicide in the West Midlands in light of the draft Worcestershire Mental Well Being Strategy and WSCB Suicide Prevention guidance.

4.9 Serious Case Reviews and the implementation of recommendations

4.9.1 One Serious Case Review (SCR) was published in 2013/14 (FW) and two further SCRs are awaiting completion and will be published in due course. Each SCR has an Action Plan that incorporates WSCB's and individual agencies' recommended actions. The implementation of Plans is monitored by the SCR Sub Group and progress reported to WSCB.

4.9.2 Key learning points in respect of the FW SCR were the importance of listening to the VOICE of the child, the dangers of babies co-sleeping with parents, particularly when alcohol and drugs had been consumed, the importance of the recognition of the impact of parental substance misuse and of the needs of Young Carers. The Safer Sleeping Programme, training in working with parents where substance misuse is an issue and work with the Young Carers organisation on an awareness raising event in May 2014 have all resulted from this SCR's learning. Ensuring the voice of the child is known and listened to has been a particular focus for the Board and it is anticipated that this will feature more strongly next year as this information is routinely collected and used to inform practice.

4.9.3 Other SCR learning has resulted in a focus on safeguarding adolescents particularly those with identified mental health needs, the development and implementation of Suicide Prevention Guidance, including a multi-agency Risk Assessment and Management Tool, and the re-design of CAMHS. WSCB has been monitoring the impact of the changes on services for children and young people and their families.

4.9.4 WSCB also undertook three Case Reviews that focused on improving multi-agency working. A key element in all three was the importance of timely and effective communication between agencies and practitioners, with the need for clarity and 'checking back' any information being shared and actions agreed. The Board's Development Day in December focused on how to improve the effectiveness of communication at all levels. There also is recognition that WSCB's Escalation Process needs to be used consistently by staff.

4.9.5 Reviews have also highlighted the need for all agencies, including Adult Services and GPs, to 'Think Family' in all their interactions with adults. This has led to a strengthening of the engagement of the Directorate of Adult Services and Health (DASH) with WSCB. The Designated Nurse and Named GP have vigorously promoted GPs' awareness of their safeguarding responsibilities and the learning from Case Reviews through training and the GPs' Safeguarding Newsletter. WSCB's revised Threshold Guidance conveys a clear message to agencies to 'Think Family'.

4.10 Engagement with children, families and front-line workers

4.10.1 WSCB approved a Service User Feedback Strategy in February 2014 that will be fully implemented in the coming year. It incorporates a dual track approach to collecting feedback with the collation of feedback collected by partner agencies as well as a commitment by WSCB to engage with children, parents and carers directly on specific issues.

4.10.2 The Section 11 Audit undertaken early 2014 found that the majority of agencies actively involved children and their families in the design, development and delivery of services through stakeholder meetings and consultations. A few systematically collect direct feedback from service users on the services delivered.

4.10.3 Appendix 4 contains examples of user feedback being used to improve services by the Youth Offending Service, The Glade Sexual Assault Referral Centre, the Early Help Hub, Pods, CAMHS and findings from the "Big Questionnaire" completed by young people. Feedback collected by the Safeguarding and Quality Assurance Service has assisted with the development of both Child Protection Conference and LAC Review processes. There are also examples of the direct engagement with children, parents and practitioners by WSCB, and of feedback from practitioners to WSCB.

4.10.4 Obtaining routine relevant feedback from children/young people and parents/carers continues to be a challenge but some progress has been made this year. WSCB will strive to ensure that it continues to obtain meaningful service user feedback to inform the Board's operational work. It will also continue to challenge partner agencies to put mechanisms in place to systematically collect service user feedback on the services directly delivered by them and to evidence what difference this has made to services.

4.10.5 WSCB undertook a bullying survey which was completed by 8,766 young people aged 10 – 17 years that will now be actioned by the Children's Trust Executive Board. The University of Worcester analysed the results and the key points were:

- Most frequent form of bullying is face to face verbal, less with cyberbullying
- Females are more likely to be bullied than males
- As age increases bullying decreases
- Incident rates of bullying varied, with Bromsgrove young people reporting the lowest and Redditch the highest.

4.11 Equality and diversity

4.11.1 Children with Disabilities Task and Finish Group

WSCB commissioned a short life multi-agency group led by the Operational Manager for Children with Disabilities to ensure that the recommendations from a MACFA and a Case Review were implemented and to identify any gaps in respect of the supplementary government guidance Safeguarding Children with Disabilities. The recommendations were that:

Parent representative felt very strongly that communication should be free of jargon and should not contain acronyms. She felt this was an on-going issue and wider than the issue of use of interpreters, signing etc. WSCB should ensure that all services have policies and procedures in place for engaging effectively with parents.

The issue of children with disabilities needs to be embedded in all training. The TDG considered this recommendation and a representative now attends the review of all core training, which is part of the Framework forEevaluation to ensure their voice is heard

4.11.2 Working with Faith Groups

Building on work started during 2012/13 when WSCB engaged with a number of Muslim faith groups across Worcestershire, further work has been undertaken this year on supporting a Muslim extended school in developing its safeguarding children policy as part of the response to a Management of Allegations process.

A significant amount of work was undertaken on last year's priorities and progress can be evidenced. The Board assesses that there is clarity about priorities and that there is a mechanism to take forward learning, mainly through multi and single agency training, awareness raising and developments in policy and procedures. There has been some improvement in performance but there is still inconsistency and patterns of concern that emerge from audits and case reviews which do not appear to improve despite efforts to change practice. These include poor recording, management and supervision practice, insufficient sharing of information and lack of multi-agency chronologies. There has been evidence that progress declined during the Children's Social Care change programme which was hampered by recruitment problems. Resource constraints and major changes in other agencies are also impacting on safeguarding activity e.g. health services and police. Local data shows that the introduction of Early Help is starting to make a difference but the number of looked after children remains high. User feedback is now being collected and used to inform improvements but has yet to be embedded by all agencies

Section 5. Formal summary statement about the sufficiency of arrangements to ensure children are safe in Worcestershire

5.1 Agencies' Response to concerns raised in the 2012/13 Annual Report

5.1.1 This report has reviewed the Board's activities during 2013/14 and has identified some patterns of concern. In keeping with its scrutiny and independent role the Board challenged itself as well as a number of agencies and partnerships to improve safeguarding arrangements and practice in particular ways. The responses to these challenges are outlined in Appendix 5, but are summarised below:

Who was challenged...	What was their Challenge...	How did they Respond...
All agencies...	Provide data to get a composite picture.	Data for the WSCB dashboard provided by a number of agencies
	Gap between strategic intent and practice and a culture shift required.	Evidence of work with GPs, multi-agency training and dissemination of safeguarding guidance across all agencies having had a positive effect
	Inconsistent practice.	Agencies have worked hard to improve consistency ,including use of SCR sheets to disseminate learning, challenging practitioners' thinking, learning workshops, delivery of reflective supervision training, and appointment of a Principal Social Worker/Advanced Social Work Practitioners to help embed consistent good practice
	Sharing of information.	Their response was: Prioritised by some agencies and work on this includes training GPs, newsletters produced, feedback by Board reps. to their own agencies and dedicated specialists appointed to support practice changes

WCC Children's Services…	Recruitment and retention of trained suitable social workers.	Continuous recruitment campaign, with a transitions plan to employ temporary staff in the interim including use of the escalation process to address partners' concerns
	Range of practice improvements, linked to the above/effective management and supervision required.	Service Redesign implemented and investments made to address the barriers to change. Evidence showed gradual practice improvement but inconsistent on key indicators.
	Electronic multi-agency chronology.	Ongoing multi-agency initiative
	Assurance of sound commissioning practice around safeguarding.	Effective commissioning arrangements now in place to ensure safeguarding standards and outcomes built into tenders and contract monitoring of Early Help services and services for children in need, including looked after children
Children's Trust Executive Board…	CAF improvements required (volume and quality).	CAFs replaced by Early Help Assessments and signs these being increasingly used
	Early help roll-out slow and as yet, little evidence of effective outcomes.	4 of the 6 Early Help district services now in place and indications of a positive impact. The EH Hub now co-located with the Access Centre, resulting in more effective decision-making
Worcestershire Safeguarding Adults Board…	Closer working on transitional issues e.g. adolescents.	No progress made on moving this forward during 2013/14 due to the Adult Safeguarding Board re-structuring
Health and Well-being Board…	Evidence of attention to safeguarding issues in respect of its priorities.	Request for data on parental drug/ alcohol use to be considered during the commissioning process; links made between the Worcestershire Suicide Prevention Plan and the WSCB's Suicide Prevention Guidance

Health…	Communication between Health workers.	Communication protocol across the health economy agreed and to be launched summer 2014 with an implementation plan
	GP input to child protection processes e.g. conference attendance and reports.	Much work undertaken with GPs to raise awareness and understanding of "Think Family" approach. Alternative means for GPs to input to Child Protection Conferences through teleconferencing being explored
Education…	Consistency of practice across all schools.	Safeguarding is a key part of everyday work in all schools and forms part of any Local Authority review and intervention, and is a key element of all Ofsted inspections
	Communication to all schools.	Electronic communication from Local Authority to all schools, series of network meetings and safeguarding is a standing item on every meeting between Heads and the LA Senior Leadership Team
Police…	Impact of resource cuts and working partnership with Warwickshire.	West Mercia and Warwickshire Police formed a strategic alliance and share the same vision of 'protecting people from harm', whilst retaining their own identity, leadership and governance. Need to deliver a reduced budget of £30m by 2016 and probably by a similar amount thereafter. The Protecting Vulnerable People (PVP) Department sits within the Protective Services Directorate and has responsibility for 13 strands of public protection. New design agreed and will be implemented by the end of June 2014. PVP operates across 7 geographic policing areas and supports 5 separate Local Children and Adult Safeguarding Boards, as well as strategic MAPPA Boards in both Forces

	Continuity of safeguarding staffing and linkages with operational staff	Inevitable loss of key staff, the recruitment and induction of many others and the introduction of new locations and ways of working, but through this period of uncertainty officers/staff have worked with partners to ensure risk is appropriately identified and vulnerable people are safeguarded.
District Councils…	Attendance and engagement at meetings	Board and SEE representatives now in place, with good engagement, and a county-wide District Council Safeguarding Officers Group established with support from WSCB to share good practice and consider DC specific issues
	Engagement with housing issues	District Council responsibilities were raised during the Section 11 Audit. A Registered Social Landlord (RSL) representative is now on the Board, who also chairs the Strategic Housing Partnership, so links are in place
Probation…	Impact of pending national changes on safeguarding arrangements	Briefing papers have been presented to WSCB on the safeguarding risks that need to be addressed during implementation of the new structure for delivery of Probation services; new Board and SEE representatives are to be identified
Worcestershire Safeguarding Children Board…	Strategic oversight of whole system.	Work in progress, supported by the Performance Framework and production of multi-agency performance information
	More constructive challenge and less defensiveness.	Increasing evidence of challenge as confidence grows. A focus of the Board's Development Day.
	Take responsibility for minimising impact of resource cuts, including attendance and engagement at Sub-Groups.	Sub-Group representation by some agencies has been affected by funding cuts. The Board is to review this as part of the Peer Review recommendations
	Ensure focus on quality outcomes and obtaining user feedback.	Board receives qualitative data and is working to improve the availability and use of user feedback. A Service User Feedback Strategy in place and being implemented

5.1.2 There has clearly been a great deal of activity and progress made with some ongoing issues that are being carried forward for further work in 2014/15

5.2 Areas for development identified in the 2013/14 Annual Report

5.2.1 The particular areas for development identified in this Annual Report are as follows:

All Agencies...

- All agencies provide timely and relevant data to enable Board to establish composite picture
- Ensure all front line staff 'Think Family'
- Evidence of more consistent practice
- Evidence of improved inter- and intra-agency communication
- Evidence of professional challenge and escalation
- Evidence of effective feedback by Board representatives

WCC...

- Provision of timely data through the development of new data reports to fill gaps in information
- Provide assurance of sound commissioning practice around safeguarding
- Develop Adult Services representation, engagement and Think Family approaches
- Recruitment and retention of suitably qualified and experienced social workers
- Further evidence of consistent practice, management oversight and supervision
- Safeguarding concerns over elected home educated children
- Review Early Years provider regulation
- Assurance of consistency of safeguarding practice across schools encouraging exchanges of best practice

Children's Trust Board Executive...

- Assurance that Local Children's Trusts take responsibility for effective multi-agency safeguarding
- Revised Protocol with WSCB required, particularly around Early Help
- Need assurance re effectiveness of Early Help and use of Early Help Assessments

Worcestershire Safeguarding Adults Board

- Continue to engage on cross-cutting issues eg forced marriage, FGM
- Commitment to work jointly on transition issues particularly adolescents
- Better use of dual members on both WSCB and ASB

Health and Well-being Board…

- Working to the newly agreed protocol
- Engagement with safeguarding issues in wider health matters
- Evidence of attention to safeguarding issues in respect of its priorities and to a focus on children

Health commissioners…

- Assurance to be provided about the Worcestershire response to the national issue of lack of Tier 4 Beds for YP with mental health needs
- Evidence of improved GP input to child protection processes eg case conference attendance and reports

Health Providers…

- Assurance re capacity and effectiveness of Health Visitors, School Nurses and Midwives as providers of universal services which contribute to EH offering
- Assurance re communication between Health workers, training provision and understanding of safeguarding by all staff at a level according to their role and responsibilities as defined in the Intercollegiate Document 2014

Education Schools & Colleges

- Full representation and active engagement on the Board by types of Schools particularly High Schools , Middle Schools and Further Education Colleges
- Improved communication/feedback system to all schools via Board member representatives
- Assurance about safeguarding in Independent Schools, Specialist Schools and Free schools

Police...

- Changes in safeguarding personnel/lack of continuity
- Linkages with operational staff
- Assurance re impact of resource cuts on safeguarding activity
- Level of strategic engagement and communication

District Councils...

- Assurance of consistency of ownership of safeguarding responsibilities across all District Councils
- Engagement by all housing providers/commissioners/contractors with safeguarding issues

Probation...

- Managing risks to safeguarding under the new arrangements
- Managing the transition period
- Level of meaningful and appropriate Board membership by both the NPS and CRC
- Sharing of information and communicating between agencies
- Review adherence to/use of the People Posing a Risk to Children policy
- Increase compliance of flagging and review systems for CP and Risk to Children

Worcestershire Safeguarding Children Board...

- Improve strategic oversight of whole system
- Develop constructive challenge and collective responsibility
- Secure attendance and engagement by all members including sub groups
- Need to assess cumulative impact of agency cuts on safeguarding
- Ensure focus on quality outcomes and using user feedback to make improvements
- Develop analytical skills when receiving data
- Implement recommendations from Peer Review

5.2.2 Actions being taken forward next year to address these issues either by individual agencies or incorporated into the Board's 3 year Strategic Plan including:

- Continuing development of WSCB's Performance Framework and promoting the importance of timely and relevant multi-agency data
- Ongoing scrutiny of performance information to monitor practice improvements
- WCC Children's Services Performance Board closely overseeing Children's Social Care issues such as staff recruitment and retention, and practice improvements, with exception reports provided to the Board
- Ongoing discussions about developing a Multi-Agency Safeguarding Hub (MASH) and the viability of a multi-agency chronology
- Board updates about Early Help implementation, assessments and monitoring information
- Discussions with the Worcestershire Safeguarding Adults Board about closer working and the potential for setting up a joint Adolescent Group
- Protocol with the Children's Trust Executive Board to be revised to include local arrangements and Early Help monitoring
- Ongoing health work to improve communications and GP input to child protection processes
- Meetings taken place with probation to establish safeguarding risks attached to the changes, and to agree Board membership
- Discussions have taken place to establish appropriate Directorate of Adult Services and Health (DASH) representation on the Board, a named Safeguarding Children Lead, and a commitment given for staff to receive safeguarding training
- Ongoing discussions with schools to develop better communication with all schools
- Ongoing discussions with the police about resource levels and continuity
- Engagement with the Health and Well-being Board, and the CYP Overview and Scrutiny Panel through the presentation of WSCB's Annual Report
- Ongoing Board development and self-assessment to ensure continuous improvement
- Follow up to Peer Review which will inform effectiveness of the Board structure
- User feedback and focus on quality outcomes have been prioritised
- Strategic Inquiry has been triggered to explore the position regarding the regulation of early years provision, following the closure of a group of nurseries related to safeguarding matters

5.3 Overall judgement

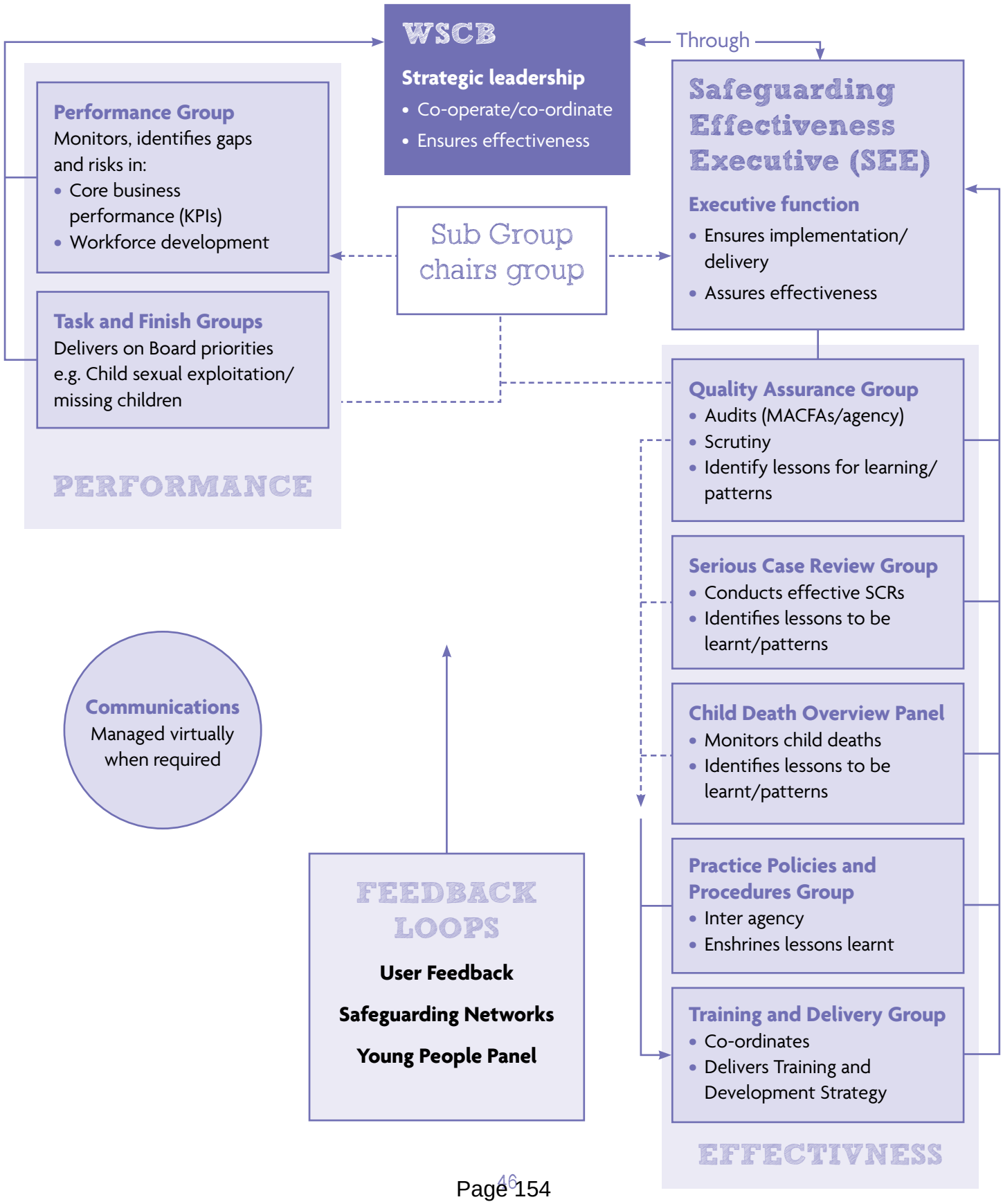
In conclusion, the Board has formed an overall judgement of safeguarding arrangements and their effectiveness based on its activity and learning during the year. There has been a sharper focus on outcomes and assessing the quality of services delivered, and a commitment to knowing whether the Board and agency activity are making a difference to safeguarding children and young people. In a rapidly changing environment it has been essential to keep pace with expectations and to ensure that the Board's focus remained on key safeguarding issues. Learning and required improvements from 2013/14 have been incorporated into next year's plan and key messages have been identified in this Annual Report. From the available information, the Board makes the following formal summary statement in respect of 2013/14:

The Board assesses that Early Help arrangements are starting to have a positive effect, and an audit of the access and referral arrangements concluded that the "front door" to Children's Services is robust and effective. Organisational change in some agencies and the cumulative impact of financial cuts on safeguarding caused concern during the year, including in the Police and health agencies. The transition period of implementing Children's Social Care's Service Redesign in particular affected performance and there were serious concerns about recruitment problems and the impact of continued social worker and manager changes, gaps in statutory visits, lack of supervision and management oversight and delays in implementing plans. Performance had improved by year end, the Board was kept informed of progress and supported the longer term aim of improving safeguarding through the Redesign. Multi-agency data is starting to become available and a fuller picture gained. There are identified areas for improvement. The Board remains committed to achieving effective safeguarding for children and young people in Worcestershire

Summary statement of overall judgement by WSCB

The Board concluded that there is a good body of evidence from data, audits, reports and learning during 2013/14 to demonstrate that safeguarding arrangements are in place and that children are generally safe in Worcestershire. Good progress has been made from last year and performance has improved although organisational changes in a number of agencies did contribute to this declining for a period. Outcomes and measuring effectiveness are still challenging, and there continue to be multi-agency areas for improvement around consistent practice, communication/sharing information and "Think Family"

Appendix 1: Structure for Worcestershire Safeguarding Children Board



Appendix 2: Worcestershire Safeguarding Children Board Meetings Attendance Table

(based on 5 meetings in 2013/14)

		Attendance Rate		
Agency	**Board Member/ Representative**	**2013/14**	**Representative**	**Agency**
Independent Chair	Diana Fulbrook	5/5	100%	N/A
Health				
Worcestershire Acute NHS Trust	Helen Blanchard (left post September 2013)	1/2	50%	80%
	Anne Crohill (deputising)	2/2	100%	
	Celine Eves (interim)	1/3	33%	
	Lindsey Webb (in post November 2013)	0/3	0%	
West Midlands Ambulance Trust	Julie Ashby-Ellis /Rob Cole	1/5	20%	20%
Clinical Commissioning Groups (CCGs)				
NHS Redditch and Bromsgrove CCG and NHS Wyre Forest CCG	Jo Galloway (Ellen Footman deputising)	4/5 3/5	80% 60%	100%
South Worcestershire CCG	Mari Gay (Ellen Footman deputising)	4/5 3/5	80% 60%	100%
Designated Nurse/Designated Doctor	Ellen Footman Andy Mills	3/5 4/5	60% 80%	100%
Worcestershire Health and Care Trust	Sandra Brennan (Vice Chair) Karen Rees (deputising) Alison Wills (deputising)	2/5 1/5 2/5	40% 20% 40%	100%
NHS England	Helen Hipkiss/Sue Doheny/ Vicki Tweddle	5/5	100%	100%
Named General Practitioner	Dr Jonathan Leach	2/5	40%	40%

Worcestershire County Council				
Lead Member (Safeguarding)	Liz Eyre	3/5	60%	60%
Director of Children's Services	Gail Quinton	4/5	80%	80%
Safeguarding/Quality Assurance Service	Adrienne Plunkett	4/5	80%	80%
Head of Service - Children's Social Care	Siobhan Williams	5/5	100%	100%
Adult Services	Richard Keble	3/5	60%	60%
Head of Learning & Achievement	John Edwards	4/5	80%	80%
Early Help	Hannah Needham	2/5	40%	40%
Education				
Further Education Colleges	Carol Duncan	3/5	60%	60%
Secondary Schools	Alun Williams	3/5	60%	60%
First Schools	Carol Newton	5/5	100%	100%
Middle Schools	Hilary Dowding (from Septe,ber 2014)	2/4	50%	50%
District Councils	Kevin Dicks	3/4	75%	75%
West Mercia Police	Amanda Blakeman	2/5	40%	100%
	Steve Cullen	2/5	40%	
	Damian Pettitt (deputising)	1/5	20%	
West Mercia Probation Trust	Manjinder Purewal/George Branch	5/5	100%	100%
Youth Offending Service	Keith Barham	4/5	80%	80%
Voluntary & Community Sector	Michael Hunter	5/5	100%	100%
Children and Family Court Advisory and Support Service (CAFCASS)	Vera Boyes/ Julie Shaw/ Tammy Conn	1/5	20%	20%
WSCB Manager	Sue Haddon	5/5	100%	100%
Lay Member	Annie Bushby	1/5	20%	N/A
	Sylvia Dyke	4/5	80%	N/A
Festival Housing	Claire Huyton	1/1	100%	100%
Healthwatch observer	Carol Thompson	4/5	80%	80%

Safeguarding Effectiveness Executive (SEE) Meetings (based on 6 meetings in 2013/14)

Agency	Board Member/Representative	2013/14	Attendance %
Chair - Police	Amanda Blakeman/Steve Cullen/Adrienne Plunkett	6/6	100%
Health			
Worcestershire NHS Acute Trust	Anne Crohill/Doug Castling	6/6	100%
Worcestershire Health and Care Trust	Karen Rees/Alison Wills	6/6	100%
Designated Doctor (rep CDOP)	Andy Mills (from October 2013)	2/3	67%
SPACE (YP's substance misuse)	Alan Ford	4/6	67%
Education			
Schools	Carol Newton	5/6	83%
Further Education Colleges	Viv McLaughlin/Cathryn Draper	2/6	33%
West Mercia Police	Stacey Williamson	5/6	83%
District Councils	Judith Willis	4/6	67%
Chairs of Networks	Katy Stock (South)	1/2	50%
	John Hunt (North)	1/2	50%
	Peter Unwin/Sarah Melville (Joint Chairs from September 2013)	2/4	50%
Youth Offending Service	John Hunt	4/6	67%
Chair of Training Sub Group	Gillean Small/Jane Piggott-Smith	6/6	100%
WSCB Business Team	Angela Eason	6/6	100%
	John Dickinson	3/6	50%
	Martine McFadden	5/6	83%
	Sue Haddon	6/6	100%
Worcestershire County Council			
Learning and Achievement	Jan Nelson/Alison Newman	3/6	50%
Specialist & Transitions Service (Representing Children's Social Care)	Iona Payne	6/6	100%
Adult Services (Representing Adult Services)	Sue Lawrence	1/4	25%
Worcestershire Strategic Forum Against Domestic Abuse (WSFADA)	Martin Lakeman	3/6	50%
Safeguarding and Quality Assurance/Chair of SCR Sub Group	Adrienne Plunkett	5/6	83%
Support Guidance & Skills /Early Help	Gail O'Malley	6/6	100%
Community Voluntary Sector	Phil Street	4/6	67%
Probation	Les King	5/6	83%

Appendix 3: Performance Data

This report is structured according to the journey of the child and considers key areas of performance, particularly where agencies are currently working to improve performance. The majority of the annual data contained in this appendix relates to 2012/13. At the time of writing (June 2014), validated local, national and statistical neighbour data for 2013/14 was not available.

Early Help, Stronger Families and Referral to Children's Social Care

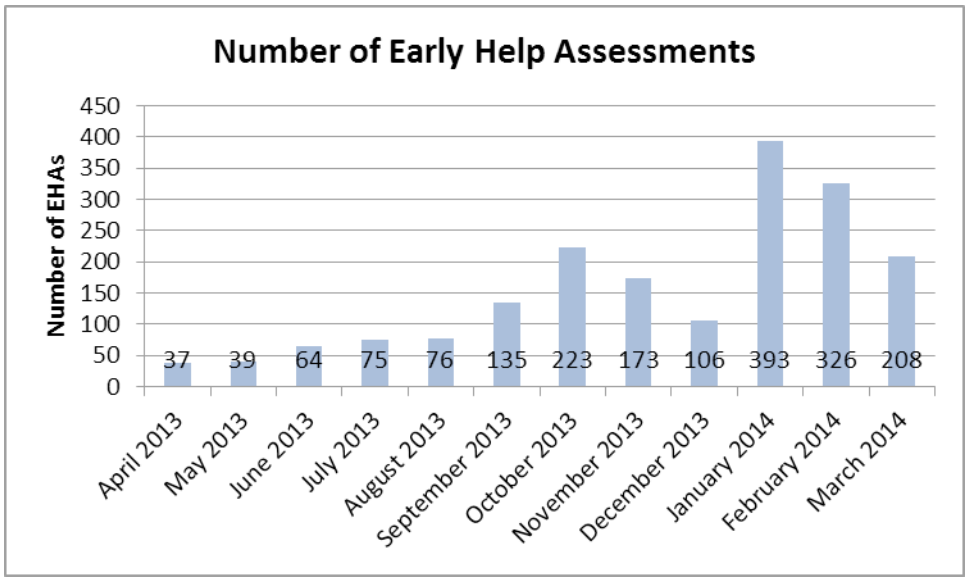
Early Help

Worcestershire's Early Help Strategy is child and family centred and focused on prevention and recovery, aiming to make the journey of the child and their family as seamless as possible through referral, assessment and intervention. The Early Help Hub was launched in April 2103 as a single point of contact for families and professionals (including those from universal services) to raise and notify any concerns about a child, young person or family who may have needs that cannot be met by universal provision and where there is thought to be no risk of significant harm. The Early Help Hub is co-located with the Children's Social Care Access Centre to facilitate more effective decision making, consistent application of thresholds and more efficient transfer of cases between Early Help and Social Care.

Between 1st April 2013 and 31st March 2014, 1433 Early Help Notifications (EHN) were received by the Early Help Hub from a range of universal services, including schools, GPs and Health Visitors. In addition, it is estimated that approximately 15 "No Further Action" (NFAs) were referred from the Access Centre to the Early Help Hub each week, which are not included in the table below.

Source of the Early Help Notifications for 2013-14			
Referrer	**No.**	**Referrer**	**No.**
Parent/Carer	345	Childcare Provider	21
Schools	278	Grandparent	8
Health Visitors	186	Other Health professionals	8
GP	140	Speech & Language Therapist	7
Intermediary	94	Psychologist	6
Social Worker	65	Early Help Provider	5
Paediatrician	50	Youth Offending Service	5
Family Support Workers	42	Education Investigation Officer	4
Not recorded	41	School nurse	4
Midwife	38	Housing	3
CAMHS	36	Lead Provider	3
Access Centre Children's Team	30	Other	14

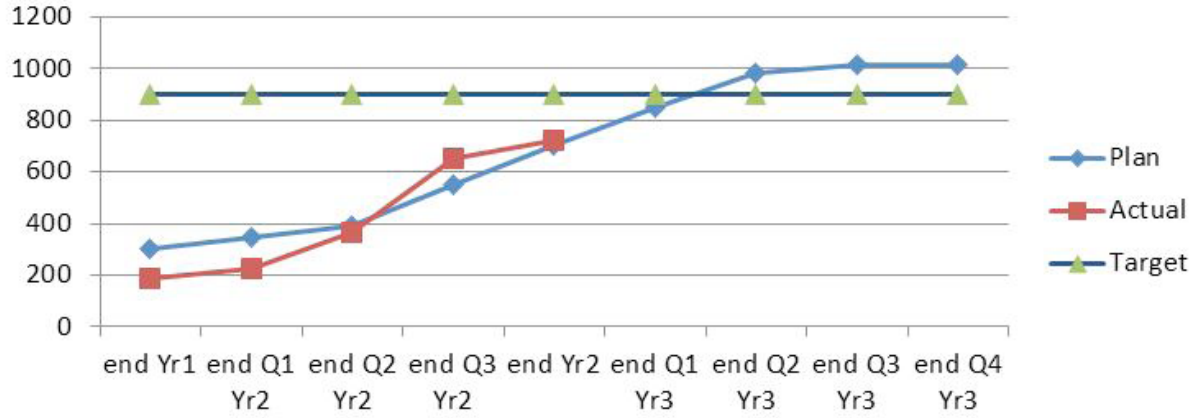
Early Help services are provided by six commissioned Early Help providers (one for each district). Early Help Assessments (EHAS) have replaced the previous Common Assessment Framework. There were 1,855 EHAs initiated between 1st April 2013 and 31 March 2014. The graphs below demonstrate the rise in EHAs over the last twelve months.



Stronger families

The Stronger Families Programme is working with the most challenging families in high priority areas to reduce pressures and demands on high cost specialist services such as Social Care. The Stronger Families Programme in Worcestershire supported 719 families between April 2012 and March 2014, and is on track to have worked with at least 900 families by the end of the three year programme:

The number of Stronger Families receiving support.



What does this mean?

- The rise in Early Help Notifications means that more families with additional needs, but which do not meet the threshold for Social Care, are being referred for appropriate support in line with Thresholds Guidance.
- Closer working between the Early Help Hub and the Access Centre with the transfer of cases between them (step up and step down), means that children are referred to the most appropriate service, thus reducing delay and meaning that, having told their story only once, families receive the right support.
- The rise in EHAs and increase in number of Stronger Families receiving support suggests that more families' needs are being assessed (and met) in a timely way by the most appropriate services, possibly diverting those families from Social Care.

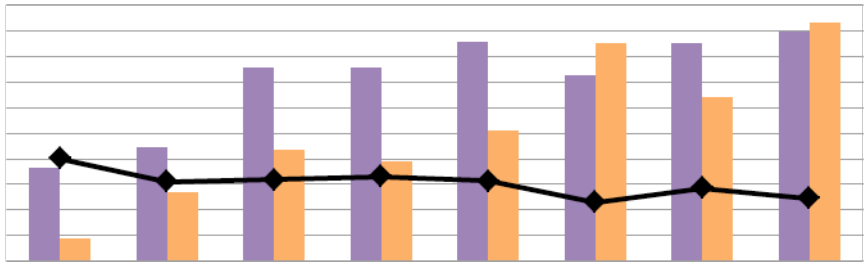
Referral rates and Single Assessment

Referral rate

Referral rates have risen from 246/10,000 in 2010/11 to 311/10,000 in 2012/13 (3,163 referrals) and 312/10,000 (3, 526 referrals) in 2013/14. These rates are lower than the national and statistical neighbours averages. 14.1% of the referrals in 2013/14 were within 12 months of a previous referral. The increase in the referral rate during the last twelve months may have been a result of the Access Centre ensuring that cases for siblings were opened when an individual child had been referred, rather than opening one case for all siblings. The impact of Early Help on referral rates is currently being analysed along with the impact of social workers (rather than call operators) taking the phone calls in the Access Centre which ensures that referrals are entirely appropriate. Those calls that do not meet thresholds receive social care advice or are referred to Early Help. In the same time period, re-referrals have decreased from 17.8% (2010/11) to 15.5% (2012/13) and to 14% (2014/14).

Children and Young Person's Assessment

In August 2013, the Child and Young Person's Assessment replaced initial and core assessments. There has been a decline from 80% of assessments being completed within the target of 45 working days to 59.9% between August 2013 and March 2014.



	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
45 days or under	73	89	152	152	172	146	171	180
Over 45 days	18	54	87	78	102	171	128	187
Completed Monthly %	80.2	62.2	63.6	66.1	62.8	46.1	57.2	49.0
Completed YTD %	80.2	69.2	66.4	66.3	65.3	60.6	59.9	57.9

What does this mean?

- Whilst referral rates have continued to rise, there are a complex range of factors which affect the referral rate and it is not yet possible to determine the impact of Early Help on referrals.
- The changes in practice at the Access Centre mean that referrals to both Social Care and Early Help are more likely to be appropriate.
- The decline in timeliness of assessments indicates that there is drift and delay for families meaning that children may not be receiving the services they require in a timely way.

Children in Need (CIN)

Children in Need rate

CIN Rate per 10,000 children 0-17 years					
	2008/09	2009/10	2010/11	2011/12	2012/13
Worcestershire	246.0	262.7	233.7	259.7	274.9
Statistical Neighbours	207.6	276.9	308.1	264.2	252.2
England	276.0	341.3	346.2	325.7	332.2

The CIN rate for Worcestershire (equating to 3,148 children) has been rising since 2010/11. The rate in 2012/13 was the highest for the last five years and was also above statistical neighbours for the first time since 2009. However, it remained lower than the England average. The rise in CIN has contributed to higher caseloads for social workers and approximately 50% social workers with caseloads above 20 and some have a case load of 28-30 children, particularly in Bromsgrove, Wychavon, Malvern and Worcester City.

In 2012/13, the highest proportion of primary need for CIN was Abuse/Neglect 54% which is higher than the national average of 47%. The next highest need was Family Dysfunction at 16% (national average: 18%) followed by Child's Disability or Illness at 13% (national average: 11.5%). The length of time children were subject to a CIN plan at 31 March 2013 is below national averages (Worcestershire: 18.4%; National: 22.9%) for plans lasting 3 months or less and for plans lasting between three and six months (Worcestershire: 11%; national: 12.1%) and for plans lasting between six and 12 months (Worcestershire 14.6%; National 14.9%). However, the percentage of children which have a plan for 12 to 24 months and for over two years is above the national average, being 18.2% (National: 15.9%) and 37.7% (National: 34.2%).

CIN: education

- In 2012/13 65% (57.9%) of school-aged CIN in Worcestershire had a special educational need with most on the register as School Action Plus (25% compared to 18% nationally) or with a Statement (28% compared to 24% nationally).
- 54.4% of school-aged CIN were eligible for free school meals which was slightly lower than national at 55.6% but above the statistical neighbour average of 48.6%.
- Only 29.6% of school-aged CIN attained a level 4 or above in reading, writing and maths in 2012/13 compared to 42.3% of CIN nationally.
- 15.8% of CIN attained 5+ A*-C including English and maths which was in-line with the national average for CIN of 16.1%. The proportion of children who made expected progress in both English (31.8% compared to a national average of 27%) and in maths (27.5% compared to a national average of 25.5%) at GCSE were higher than the national cohort.
- 16.5% of CIN were persistent absentees which is higher than the national figure of 15.4%.
- In 2011/12 (the most current data available), 9.4% of CIN had at least one fixed term exclusion which was higher than the national of 7.8%. 0.9% of CIN had at least one permanent exclusion which was higher again than the national figure of 0.5%.

What does this mean?

- CIN rates have continued to rise suggesting that increasing numbers of families require support from Social Care.
- This has contributed to high caseloads for social workers.
- The educational characteristics of the CIN population indicate that the educational outcomes for this cohort are not as good as their peers.

Child Protection

Children subject to a Child Protection Plan (CPP)

Children subject to a Child Protection Plan per 10,000						
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Worcestershire	28.0	31.6	36.7	39.8	37.4	33.3
Statistical neighbours	24.2	31.9	33.4	31.5	31.4	No Data available
England	31.0	35.5	38.7	37.8	37.9	No Data available

The proportion of children subject to a Child Protection Plans per 10,000 has declined in Worcestershire since 2011/12. Statistical neighbour and national averages are not yet available for 2013/14, but in previous years Worcestershire's CPP rate has been lower than both. It is anticipated that the CPP rate will decrease further as Early Help is embedded. There continues to be pro-active and effective work undertaken to protect children when required and also to ensure that there is 'recovery' of families to care for their own children safely where this is possible. There is robust oversight of children with Child Protection Plans (e.g. recent work through Worcestershire Safeguarding Children's Board to raise the understanding of all partners of the thresholds for a child needing a Child Protection Plan) to try and ensure that the right children are on right plans and that interventions are proportionate to need. The introduction of the new integrated risk assessment is already leading to more robust practice and increased confidence and engagement from other agencies as reflected in case file audits and complements received from partner agencies. Conference Chairs are ensuring that conferences address the question of whether the child is at risk of significant harm.

The most frequent reasons for Child Protection Plans in 2013/14 were neglect (53%) and emotional abuse (35%). These percentages are similar to 2012/13 when Worcestershire was in line with statistical neighbours and the national average.

At 31 March 2013 CP plans lasting three months or less is below national averages (Worcestershire: 22%; National: 28.7%). For plans lasting between three and six months in Worcestershire also lower than the national average (Worcestershire: 22.7%; national: 25.0%). However, the percentage of children which have a plan for six to twelve months, twelve to twenty four months and for more than two years is above the national average, being 28% (National: 26.9%); 22% (National:16.2%) and 5.4% (National: 3.2%) respectively.

What does this mean?

- The low number of plans lasting less than three months could be contributing to the higher number of repeat CP Plans if plans are ceasing too quickly before there is real evidence of change.
- The contrast between Worcestershire and its statistical neighbours with a higher percentage of children with CP Plans for a longer period could indicate some drift and delay in progressing plans for children and young people. Children with plans over 15months are routinely reviewed by the Safeguarding and Quality Assurance Service.

Child Protection Conferences

The percentage of Initial Child Protection Conferences held within 15 days of the Strategy Meeting has continued to improve year on year from 88.7% in 2012/13 to 90.1% in 2013/14. In 2012/13, Worcestershire's performance was better than both statistical neighbours (70.6%) and the national average (70%). In 2013/14, 94.4% of Review Child Protection Conferences had been held within time scale, which is a slight deterioration in performance from 2012/13 (97.3%), although this does not necessarily put children any additional risk as a CPP is already in place.

Repeat Child Protection Plans

Children with repeat Child Protection Plans per 10,000						
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Worcestershire	13.8	9.4	15.0	16.2	19.8	20.5
Statistical Neighbours Average	14.6	13.5	14.6	15.3	15.6	Not available
England Average	13.5	26.2	13.3	13.8	14.9	Not available

There has been a progressive increase in the repeat Child Protection Plan Rate per 10,000 since 2009/10, alongside a progressive (but smaller) increase in the rate for statistical neighbours and the national average. In 2013/14, 20.5% of children were subject to a Child Protection Plan for a second or subsequent time. This compares to a statistical neighbour average of 14.9% and the national average of 15.8% in 2012/13.

In Worcestershire, 5.4% of children became subject to a second CPP within 12 months of the previous plan ceasing in 2013/14 and in 2012/13. The percentage of CIN cases being closed within 6 months of a CP Plan ending was higher in Worcestershire (52.6%) than for statistical neighbours (41.9%) and nationally (42.7%). This has been analysed by the Safeguarding and Quality Assurance Service leading to questions being raised about the robustness of CIN Plans after the CP Plan has been stepped down or whether the CIN plan was closed too early. This could indicate over-optimism by agencies of a family's capacity to sustain the changes that have been made to improve the care and safety of children and there may be a correlation with the increase in children with a CP Plan for a second or subsequent time. However, there will always be a certain number of repeat CPPs due to changes in the circumstances of families.

What does this mean?

- The decrease in CP Plan rate and increase in the CIN rate may suggest that the needs of an increasing proportion of children are being met as CIN, rather than via a CPP.
- Neglect is the main category of abuse for both CIN and children with a CPP and is a higher percentage than the national average
- Initial and repeat Child Protection Conferences are held in a timely way suggesting that the needs of children identified at being at risk of significant harm are addressed quickly.
- The increase in Repeat CPPs suggests that children are removed from CP Plans too soon, that CIN Plans are not robust enough or that CIN Plans are closed too quickly.

Looked After Children

Looked After Children rate

Rate of Looked After Children per 10,000						
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Worcestershire	45.0	50.0	51.0	52.0	55.0	56.2 provisional
Statistical neighbours	38.3	40.6	42.4	42.6	44.2	Not available
England	54.0	57.0	58.0	59.0	60.0	Not available

The LAC rate per 10,000 has increased in Worcestershire since 2008/09. Whilst the rate for statistical neighbours and the national average have also increased over the same time period, Worcestershire is higher than the statistical neighbour average for 2012/13, but lower than the national average. The Looked After Children Strategy and Action Plan focusses on ensuring 'Right Child, Right Plan, Right Time, Right Place, Right Cost'. The focus is on ensuring Care Plans for LAC are progressed in a timely way, especially those with a plan for adoption or placement with relatives.

Over recent years there has been a downward trend in respect of timeliness of LAC reviews. Previously high performance (100%) in this area had fallen to bring it more in line with statistical neighbours and the England average of just over 90% in 2012/13.

Characteristics of LAC

LAC Gender and Age								
	AT 31 MARCH 2013				AT 31 MARCH 2014			
AGE	No. of male children	No. of female children	Total	%	No. of male children	No. of female children	Total	%
Under 1	14	15	29	4.6%	26	15	41	6.4%
1 - 4:	62	43	105	16.5%	45	43	88	13.7%
5 - 9:	69	58	127	20.0%	77	60	137	21.3%
10 - 15:	141	92	233	36.7%	144	94	238	37.0%
16 - 17:	89	52	141	22.2%	84	56	140	21.7%
Total	**375**	**260**	**635**	**100%**	**376**	**268**	**644**	**100%**
%	59.1%	40.9%	100%		58.4%	41.6%	100%	

As of 31st March 2014, 58.4% of LAC were male, which is a similar figure to 2013. The greatest percentage of LAC (37%) as of 31st March 2014 were aged 10-15 which is similar to the previous year. There has been a rise in the percentage of LAC who are aged under one year between March 213 (4.6%) and March 2014 (6.4%), with a corresponding decrease in the percentage of LAC aged 1-4 years from 16.5% to 13.7%.

LAC Ethnicity					
		AT 31 MARCH 2013		AT 31 MARCH 2014	
		Number of children	%	Number of children	%
WHITE	White British	537	84.6%	562	87.3%
BME	Non-White British	98	15.4%	82	12.7%
UNKNOWN/NOT YET OBTAINED		0	0.0%	0	0.0%
REFUSED	Permission to record	0	0.0%	0	0.0%
TOTAL		**635**	**100%**	**644**	**100%**

The percentage of BME for LAC had decreased from 15.4% at 31 March 2014 to 12.7% at 31 March 2014. The number of LAC who are Unaccompanied Asylum Seeking Children decreased from 30 (31st March 2012) to 20 (31st March 2013). This equates to 3.1% of all LAC (March 2013).

36.2% of LAC had a statement of SEN in 2013, which was higher than the national figure of 28.5%. Those with SEN but without a statement was in-line with the national figure, comparing 39.7% to 39.3%.

LAC Placements

Looked after Children Placements				
	At 31 March 2013		At 31 March 2014	
	Number of Children	%	Number of Children	%
In County	465	73.2%	486	74.5%
Out of County	144	22.7%	120	18.6%
Placed for adoption	23	3.6%	38	5.9%
Missing	3	0.5%	0	0.0%
Total	**635**	**100%**	**644**	**100%**

74.5% (provisional) of LAC were placed inside county on 31st March 2014, which is an increase from 73.2% on 31 March 2013. There has been a corresponding decline in the percentage placed out of county from 22.7% to 18.6% over the same time period.

On 31 March 2014, 57.1% of LAC were placed in foster care and 14.3% were placed with a relative or friend – these being the two largest groups by placement type. 5.9% of LAC were placed for adoption and a further 4.8% were placed with a parent. The remaining looked after children were either in independent living placements, secure accommodation, residential homes, residential schools, other residential settings or hostel/supported residential settings.

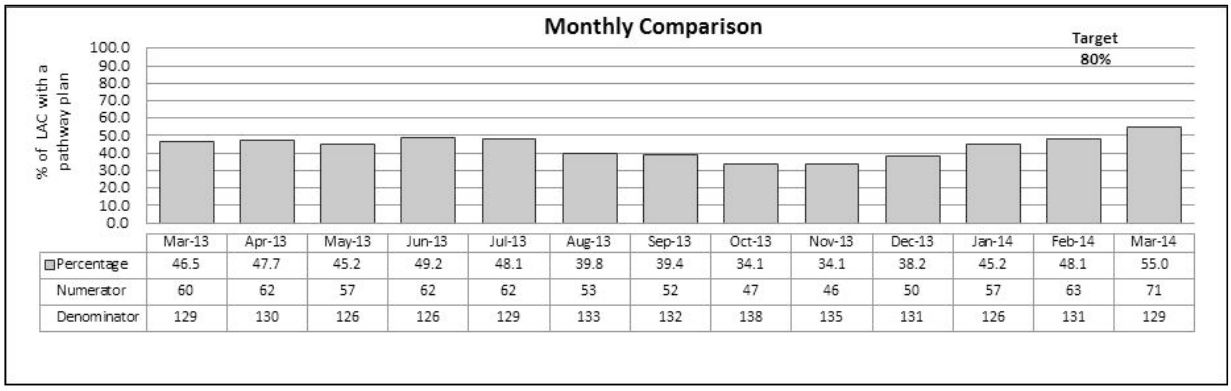
What does this tell us?

- There is a slight decrease in the number of children being placed out of county and also an increase in the number of children being placed for adoption both of which are positive developments in line with the LAC action plan.

The following are areas where agencies are currently working to improve performance:

Pathway Plans

The percentage of LAC with a pathway plan

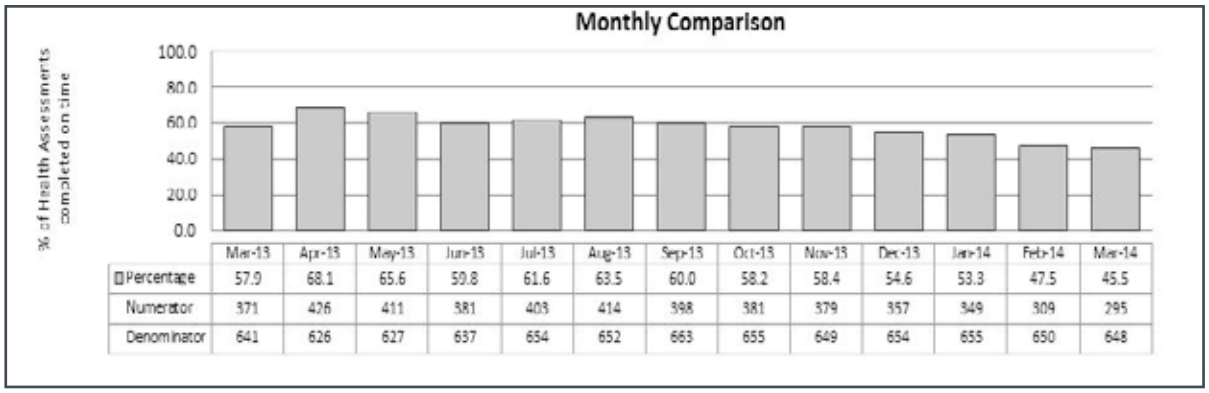


	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Percentage	46.5	47.7	45.2	49.2	48.1	39.8	39.4	34.1	34.1	38.2	45.2	48.1	55.0
Numerator	60	62	57	62	62	53	52	47	46	50	57	63	71
Denominator	129	130	126	126	129	133	132	138	135	131	126	131	129

Although performance had increased since 2012/13 when 46.5% of LAC had a pathway plan, the outturn for 2013/14 (55%) is 25.0% below the target of 80%. Pathway planning for Looked After Children has been identified as an area of concern and is being proactively monitored by the CSC Performance Board. If performance is low in this area, it can be assumed that timely decisions are not being made about young people's transition arrangements.

Health Assessments

The percentage of LAC with health assessments completed on time



	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Percentage	57.9	68.1	65.6	60.8	61.6	63.5	60.0	58.2	58.4	54.6	53.3	47.5	45.5
Numerator	371	426	411	381	403	414	398	381	379	357	349	309	295
Denominator	641	626	627	627	654	652	663	655	649	654	655	650	648

There has been a steady downward trend in the percentage of LAC health assessments completed within time scale since August 2013 and this has been systematically reported to WSCB over the last few months as an identified area of concern. In March 2014 performance had dropped to 45.5% which is well below the target of 85% and the lowest level during the last 12 months. This decline has been due to the backlog of Health Assessments requests coming through from Children's Social Care. In order to address this, Worcestershire County Council employed two temporary Administration Assistants to deal with the backlog so that health can be notified of pending assessments in a timely manner. School Nurse and Health Visitor Leads have been notified so that the Health Assessments can be prioritised whilst the information is current. The backlog will impact on School Nurse workload in particular and the Joint Commissioning Unit are looking at ways to fund this and developing future plans to meet the needs of LAC. There is a working group which is monitoring progress with Integrated Service for Looked After Children and WCC and this meets every three weeks to continue to monitor progress and drive improvements

Permanence

In December 2011 care proceedings in Worcestershire were taking an average of 71 weeks to complete, whereas by March 2014 this had reduced to 32 weeks, compared with 35.7 weeks for the Midlands average. Whilst this is a considerable improvement, timeliness of care proceedings is a key issue since the introduction of the new legal requirement of 26 weeks for completion. Children's Social Care and WCC Legal Services have developed a process for live tracking of cases to record the week a case is in and supports managers in monitoring progress. In addition, the courts have introduced a care proceedings monitoring system which they now regularly report on monthly and which triggers scrutiny of amber or failed cases.

What does this mean?

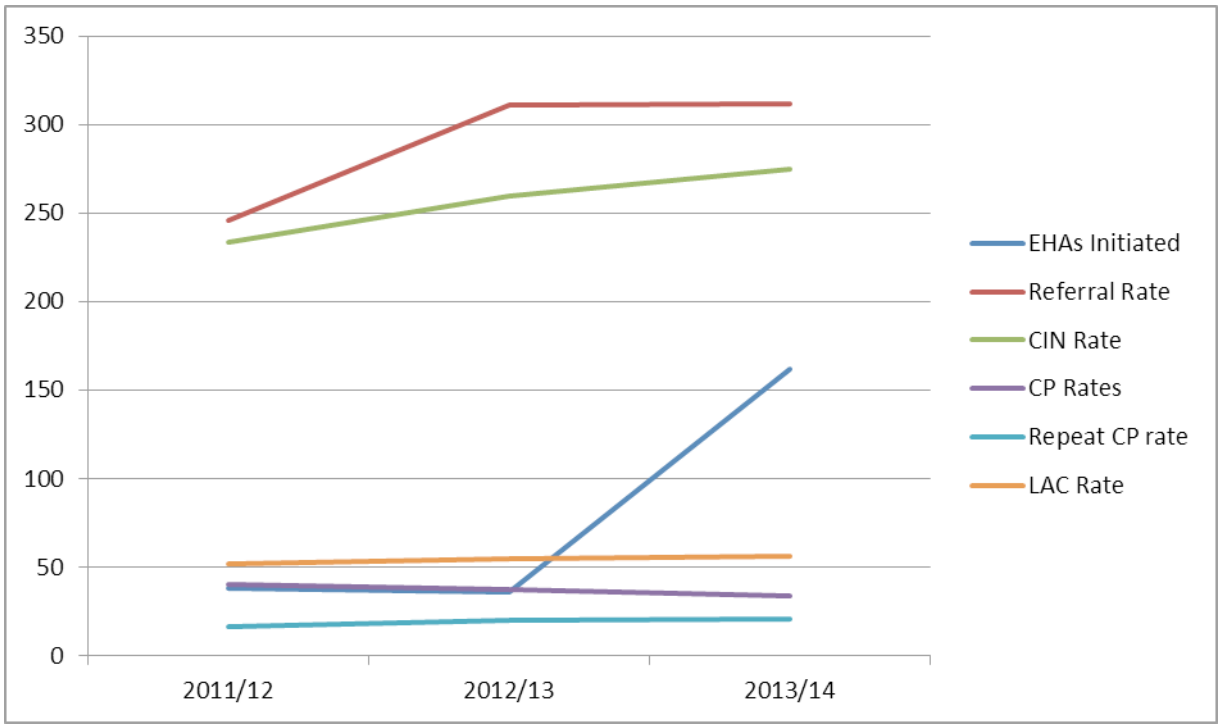
- **Evidence indicates that legal proceedings are being progressed in a more timely way which means that permanency plans for children are expedited.**

Inter-relationships

Previous involvement with Children's Services of Looked After Children				
	Mar-13	Jun-13	Sep-13	Dec-13
CIN	168	171	178	171
CP	379	379	393	394
None	93	83	87	77
Grand Total	**640**	**633**	**658**	**642**

At December 2013, 27% of LAC had previously been subject to a CIN Plan as opposed to 61% of LAC who had been subject to a CPP. 12% of LAC had not previously has a CIN or CP Plan.

Comparison of EHA, Referral and CIN rates per 10,000			
April to March	2011/12	2012/13	2013/14
	Per 10,000	Per 10,000	Per 10,000
EHAs Initiated	38	36	162
Referral Rate	246	311	312
CIN Rate	233.7	259.7	274.9
CP Rates	39.8	37.4	33.3
Repeat CP rate	16.2	19.8	20.5
LAC Rate	52.0	55	56.2



What does this mean?

- There has been a sharp increase in EHA in 2013/4 but as yet this has not impacted on the referral rate for Children's Social Care. During 2013/14 the commissioning of Early Help Services has been taking place and 2014/5 should see this having more impact.

Vulnerable groups

Through analysis of the available performance data and themed reports the Board has identified the following vulnerable groups in Worcestershire:

- Children in Need
- Children with repeat Child Protection Plans
- LAC children; pathway planning and health assessments
- Missing children – return interviews

Appendix 4: User Feedback

Feedback collected by Agencies

Examples of user feedback are as follows:

- The Youth Offending Service routinely collects parent/carer feedback to inform their work and ensure ongoing improvements to their service. They found that the majority of parents/carers were satisfied with the service they received and 92% felt that all the relevant agencies were involved in supporting their children. The following was highlighted as a particular positive:

  "Understanding the consequences of further offending; having to address issues surrounding substance misuse and taking responsibility for their own actions."

- The Glade Sexual Assault Referral Centre (SARC) introduced a postcard system of qualitative feedback and are currently using pictures to give younger children a voice. They have used the feedback to improve services, for example the enhancement of the waiting area at the Telford SARC. Comments include:

  "Everyone has been really sweet and understanding. You have made a horrible experience pleasant. Thank you so much. You gave me the choice to decide and I haven't had that in a long time. Today has really changed my view on people, but for the better. I can start to think, that people are there to help."

  "They are really supportive, made me feel safe. They are really nice people. They have looked after me."

- The Early Help Hub consulted with parents and carers about the website via Parents Voice. Feedback included re-wording specific phrases e.g. ensuring the phrase `children with disabilities' was used as opposed to `disabled children'

- Findings from the `Big Questionnaire' (a survey distributed to all Looked After Children) will inform Worcestershire's Corporate Parenting Strategy, The Children and Young People's Plan and a review of the current pledge. The majority of the children who replied felt that they had a positive relationship with their social worker and 90% said they trusted their carer/social worker and could talk to them if they were worried.

- The newly formed Pods in Batchley and Birchen Coppice are collating the views of practitioners to find out what is working well and what could be done better. Responses from a small number indicate that working in a Pod has positively changed the way people work, enabling better communication and collaborative working. Practitioners report that they feel the impact on the families will mean involvement at an earlier stage resulting in less escalation and improved multi-agency working.

- CAMHS findings indicate that 78% of Worcestershire children and young people reported feeling their difficulties were `much better' or `a bit better' after receiving a service from CAMHS.

Feedback collected by the Safeguarding and Quality Assurance Service

In October 2013 a system was introduced for obtaining feedback from parents and carers of their experiences of attending Child Protection Conferences. Of 50 responses received, 87% stated that the Conference Chair had spoken to them before the Conference and explained the process, 90% felt that they had been treated with respect during the Conference, and 85% considered that the Chairs had explained to them why decisions were made. However, 30% said that they did not know/were unsure about who would be attending the Conference, 30% would have liked the opportunity to contribute more, and 20% left the Conference unsure about the part they would take in the Child Protection Plan or Child in Need Plan. Since February 2014 a system has been in place for obtaining feedback from looked after children and young people following their Reviews. 92% said they had had the opportunity to speak to their IRO prior to the Review, 96% understood/just about understood why they were looked after by the Local Authority, and 96% were clear/just about clear about the plans made at the Review. This feedback clearly provides valuable information to assist with the development of both the Child Protection Conference and LAC Review processes.

Direct Engagement with Children and Parents/Carers by WSCB

Examples include:

- Consultation with a group of Young Carers who provided feedback on the WSCB website page for young people. As a result, the wording was revised and additional information added
- WSCB undertook a bullying survey completed by 8766 young people age 10 – 17 that will now be actioned by the Children's Trust Executive Board. The University of Worcester analysed the results and the key points were:
    - The most frequent form of bullying is face to face verbal, less with cyberbullying
    - Females are more likely to be bullied than males
    - As age increases bullying decreases
    - Incident rates varied with Bromsgrove young people reporting the lowest and Redditch the highest.
- A small group of Looked After children were asked a number of questions about how they felt they were treated by Agencies:
    - 86% of the LAC said it was true that they were happy with the way they were treated by professional people
    - The majority felt that their views were heard by those involved in their care
    - There was a range of feelings towards their relationship with their social worker, with the majority feeling they had a good relationship
    - There was a range of answers as to whether they felt involved in decision making about them. All felt that they had at least some involvement
    - The majority felt that the people involved in their care were getting better at their job
- There is now a CSE course available for parents that can be accessed from the WSCB website. The Training Delivery Group has been assured of the benefits of promoting this particular resource with parents as a result of the comments from parents such as:

"I would recommend this course due to the fact that it has opened my eyes to the different ways people will attempt to sexually exploit a child and the different things to look for in a change of a child's behaviour, therefore I will now know what to look out for"

Feedback to WSCB from practitioners

Examples include:

- The Supervision audit asked practitioners and managers about their views on supervision and found that both supervisees and supervisors felt they were either receiving or giving supervision in a challenging way, albeit supervisors felt that they were giving it more than practitioners felt they were receiving it. It would appear that supervision was giving confidence to practitioners and allowing time for reflection in the majority of cases. 59% of managers have had training in supervision. The feedback from practitioners enabled the Quality Assurance Group to make recommendations based on these and other findings
- The Referral and Access Audit included the recording of the views of all callers to the Access Centre over the time period of one week to establish their views on the Thresholds Guidance document. This information was used to inform the review of the Thresholds Guidance undertaken during 2013/14
- Training courses continue to be a source of engagement with front line practitioners and managers, and WSCB evaluates every course that they deliver in line with the framework for evaluation. This enables practitioner feedback to be used to review all courses delivered by WSCB to ensure that they continue to be of the high quality expected. A full report is available on the WSCB website

- Through the Network the views of practitioners were gained about workforce issues and their impact on frontline services for children and families. These were included in the themed report prepared by the Performance Group on Workforce and are used to triangulate other aspects of performance information
- The quarterly meetings of the Safeguarding Network serve as a mechanism for frontline practitioners to raise specific safeguarding issues with Board members. These are reported to the Safeguarding Effectiveness Executive (SEE) meetings and fed up to Board members as appropriate. During 2013/14 the following issues were referred in this way:
    - The issue of Early Years providers (nurseries) being graded as inadequate by Ofsted and re-opening under a new name without reference to the previous concerns
    - Concerns about the vulnerability of home educated children to abuse or neglect

Appendix 5: Agencies' Response to concerns raised in the 2012/13 Annual Report

Agency/ Partnership Areas for Improvement	Agency/ Partnership Response
All agencies	All agencies, aside from Adult Services and one DC, replied to the request for training information.
Provide data to get composite picture	Provision of data for WSCB dashboard (WHCT, CSC, SPACE, YOS, CAMHS)
Gap between strategic intent and practice - culture shift required	Work with GPs to embed learning from SCRs, MACFAs and CRs and promote information sharing, Think Family and raise awareness of 'toxic trio' (CCGs and NHS England) through training and communications.
Inconsistent practice	Named GP role used to support practice improvements (CCGs/NHS England)
Sharing of information	Participation in SCRs and CRs as required (all agencies)
	Bromsgrove DC/Redditch BC has prioritised information sharing and its internal Safeguarding Group has an Action Plan in place to address this.
	WHCT now producing SCR briefing sheets to disseminate learning. Themes and strategies are incorporated to challenge practitioner thinking. Reflective supervision provided by Integrated Safeguarding Team used to reflect on culture and practice. Learning workshops also used to embed learning from SCRs, CRs and MACFAs.
	FE college safeguarding leads now all receiving relevant information via WSCB rep and all colleges have safeguarding policy and procedures in place
	Training programme has been delivered to GPs which addresses the importance of information sharing and learning from SCRs. Regular newsletters are produced for GPs which contain information on safeguarding issues. Safeguarding is monitored as part of clinical quality review processes. Dedicated time within Named GP's contract is to be increased.
	Improvements in educational progress in all areas
	Good and outstanding Children's Centres, Children's Homes and Short Break Units (CSC)
	Sufficient Early Years provision
	WMAS provides yearly data and any data on request to help build a composite picture. Individual and organisational accountability is supported by an effective Safeguarding team which works to ensure consistent practice, including information sharing. During 2013/2014 WMAS made 2138 Child Safeguarding Referrals. This represents 0.23% of 999 calls received over that period

WCC/Children's Social Care Recruitment and retention of trained suitable social workers Range of practice improvements, linked to the above - effective management and supervision required Electronic multi-agency chronology Assurance of sound commissioning practice around safeguarding	The CSC service redesigned in 2013/14 with the following aims: Increase social work posts to ensure manageable caseloads increase direct time with children. Reduced layers of management to increase accountability and swifter decision making Right Child, Right Plan, Right Time, Right Place Skilled business support staff Locality based working Reduction in changes of social worker Access to services at the point of need A difficult year in terms of managing the changes and initial difficulty in the recruitment of qualified and experienced social workers and managers. A Transitions Plan has been in place with actions to employ temporary agency staff, ensure oversight by senior managers and the S&QA Service, use of a support team of Advanced Social Work Practitioners and the escalation process by partner agencies. Cultural change has been slow and there continued to be inconsistency in practice. Monthly reports to WSCB provided assurance that no child was in need of immediate safeguarding through these changes and to track key indicators to demonstrate that all managers were providing effective supervision and to track the recruitment of permanent staff. Investment to address the barriers to change: Additional £3.5m to resource looked after children Additional £0.5m for Market Forces increment to attract experienced social workers Investment in EH services across districts Creation of Principal Social Worker and Advanced Social Work Practitioners to help embed consistent good practice By end March 2014 there were indications of gradual improvement in teams that had recruited permanent managers and social workers. The inconsistent practice is concentrated in areas with higher turnover of social work staff due to reliance on agency workers. There has been inconsistent improvement on key indicators: Seeing children and recording activity within statutory timescales Ensuring assessments and plans are progressed within timescales Ensuring effective team manager oversight of all children's assessments and plans New practice tools and systems have been introduced in 2013/14 to support improved performance: Recording guidance

Police

Impact of resource cuts and working partnership with Warwickshire

Continuity of safeguarding staffing and linkages with operational staff

West Mercia and Warwickshire Police have formed a strategic alliance. Whilst each Force has its own identity, leadership and governance they share the same vision of 'protecting people from harm'

Both Forces required to deliver policing with reduced budget of around £30 million by 2016 and likely to have to reduce by similar amount in the medium to longer term

The Protecting Vulnerable People (PVP) Department sits within the Protective Services Directorate with responsibility for 13 strands of public protection. As with every other area, the PVP policing model was fundamentally reviewed and a new design agreed. In June 2012 a 'Blueprint' was approved by the Police and Crime Commissioner, due to be implemented by end of June 2014

The Department operates across 7 geographic policing areas and supports 5 separate Local Safeguarding Children Boards and Adult Safeguarding Boards, as well as strategic MAPPA Boards in both Forces. It seeks to:

Strengthen the Strategic Alliance

Place resources in areas of highest risk and protect the most vulnerable from harm

Protect frontline resources within the new financial reality

Promote flexible mixed economy workforce with the appropriate training, experience, skills and knowledge to safeguard our most vulnerable from harm

Build on/develop partnership working with other key agencies/ third sector

Together with partners, explore opportunities that add value (e.g. MASH)

Identify and appropriately manage emerging risk (e.g. Honour Based Violence and Modern Slavery)

Last 2 years a transitional period for both Forces and PVP

Whilst significant amount of experience/expertise has been retained, inevitably there has been a loss of key staff, the recruitment and induction of many others and the introduction of new locations and ways of working, such as the implementation of the Harm Assessment Units

Through a period of a great deal of uncertainty Officers and staff have worked tirelessly with partners to ensure risk is appropriately identified and vulnerable people are safeguarded.

Children's Trust Executive Board CAF improvements required - volume and quality Early help roll-out slow and as yet, little evidence of effective outcomes	Early Help Assessment (EHA) and Support Plan process has replaced the previous Common Assessment Framework. A streamlined approach whereby an early help practitioner creates an Early Help Action Plan and works with the family to decide how the outcomes are to be achieved. If other agencies and support services need to be involved, the Integrated Working Co-ordinators advise what other agencies are available and provide support in contacting them. If the outcomes are not met, alternative ways of working considered, including escalating the family to the District Access Panel (DAP) which helps identify why the outcomes were not met, and discuss new ways in which the family can be supported Early Help Assessments and Support Plans logged on the same recording system as Social Care and all relevant Early Help professionals, including those in commissioned providers, have access to relevant parts of the system Early help assessment audit tool in place and being used, resulting in 3799 Early Help Notifications being generated and 1789 EHAs being initiated since 1 April 2013 Four of the six 0-19 Early Help district services now in place with the remaining two currently negotiating contracts with the preferred provider. District service arrangements, which include the provision of Children's Centres, have been phased in, district by district, in order to balance the speed of implementation whilst ensuring quality and effectiveness of provision Early Help Hub and Social Care Access Centre co-located from beginning of September 2013. This facilitated more effective decision making by EHH advisors and better understanding of thresholds and when a case should be passed to Social Care. Referrals for Early Help are made through the Early Help Notification, an online referral form for professionals to request support for a family. Since April 2013, EHH advisors completed over 2500 EHN+ forms from various referrers Worcestershire's Stronger Families programme forms part of the Early Help Strategy and between March 2012 -2 014, 727 families have been supported. Worcestershire remains on track to work with the expected 900 families by March 2015.

Health Communication between Health workers GP input to child protection processes egg case conference attendance and reports	Worcestershire CCGs have worked with Safeguarding Leads across the health economy to develop a Communication Protocol, with the aim of improving information sharing within heath and with partner agencies. The protocol will be launched in summer 2014 at the Communication Event planned by WSCB. An implementation plan will ensure it is cascaded across health and embedded within practice through training and supervision Worcestershire CCGs in collaboration with NHS England have worked to drive improvements and engagement across GP Practice. This included training to GP Practices to embed learning from SCRs/CRs/MACFAs specifically to promote information sharing, a 'think family' approach and to highlight the 'toxic trio' and the importance of engagement in child protection processes When a GP Practice has had direct involvement in a SCR or CR specific workshops delivered in the Practice to cascade learning Continued awareness raising promoted via the CCG webpages, Bulletins, GP Newsletter and other briefings to GPs of the learning from such reviews, as well as national findings or guidance Named GP Safeguarding Children role developed to contribute to supporting GP Practice All GP Practices have a Safeguarding Lead A review of Child Protection Conference notifications and submission of reports for conference process is underway to improve timeliness of response and engagement of GPs in the process. In addition there has been work to find alternative means for GPs to input to Child Protection Conferences through teleconferencing.
Worcestershire Safeguarding Children Board Strategic oversight of whole system More constructive challenge/ less defensiveness Take responsibility for minimising impact of resource cuts including attendance and engagement at sub committees Ensure focus on quality outcomes and obtaining user feedback	WSCB's Performance Framework is beginning to provide a more comprehensive overview of the whole system and serves to triangulate performance information provided to WSCB by partner agencies Board members have started to develop more confidence in exercising constructive challenge and defensiveness has started to reduce. A Challenge Log is to be introduced next year. WSCB needs to fully understand the full impact of resource cuts on the delivery of frontline services. Restructuring of some partner agencies has impacted on their ability to continue to provide representation at sub groups, e.g. YOS and Police. WSCB approved its Service User Feedback Strategy, which will be fully implement during the next year to ensure the voice of the child informs the operational work of the Board and also its assessment of effectiveness of services delivered by partners. Only a small number of partner agencies systematically collect service user feedback about the services delivered and WSCB will continue to challenge those partners who do not do so

Appendix 6: Glossary of Terms

BME	Black and Minority Ethnic
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIN	Child in Need
CP	Child Protection
CPP	Child Protection Plan
CSC	Children's Social Care
EHA	Early Help Assessment
GP	General Practitioner
HWB	Health and Well-being Board
LAC	Looked After Child
LSCB	Local Safeguarding Children Board
MACFA	Multi Agency Case File Audit
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
SCR	Serious Case Review
SEE	Safeguarding Effectiveness Executive
SPACE	Young Person's Substance Use Service
SUDIC	Sudden Unexpected Death in Children
TDG	Training and Delivery Group
UASC	Unaccompanied Asylum Seeking Children
WCC	Worcestershire County Council
WHCT	Worcestershire Health and Care Trust
WSCB	Worcestershire Safeguarding Children Board
YOS	Youth Offending Service

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