

**Telford and Wrekin Health and Wellbeing Board (HWB)**

**12<sup>th</sup> September 2012 at 2.00pm**

**Walker Room, Meeting Point House, Telford**

**Key Decisions/Actions/Discussion:**

<b>Agenda Item</b>	<b>Discussion Points</b>	<b>Who</b>
1.	<p><b>Attendees:</b> Cllr Richard Overton (Chair and Deputy Leader TWC), Cllr Arnold England (Cabinet Member: Leisure &amp; Well-being), Cllr Liz Clare (Cabinet Member: Adult &amp; Social Care), Cllr Paul Watling (Cabinet Member: Children, Young People &amp; Families), David Evans (Chief Operating Officer T&amp;W CCG), Dr Catherine Woodward (PCT Director of Public Health), Dr Mike Innes (Chair of T&amp;W Clinical Commissioning Group), Karen Kalinowski (Assistant Director: Care and Support TWC), Clare Hall-Salter (TWC Partnership and Planning Manager), Paul Taylor (TWC Assistant Director: Social Care Specialist), Jon Power (Delivery and Planning Manager TWC), Helen Onions (Public Health Specialist), Andy Challenor (Community Engagement and Equalities Manager TWC), Dag Saunders (LINKS); Clive Jones (TWC Assistant Director: Family and Cohesion Services) Kim Grosvenor (Group Specialist Commissioner TWC), Christine Harrison (Commissioning Service Delivery Manager TWC) Callie-Ann Bradley (SARC and Rape Lead, West Mercia Police) and Jayne Clarke (Democratic Services Support TWC)</p> <p><b>Apologies:</b> Leigh Griffin (Deputy Chief Executive West Mercia PCT Cluster), Laura Johnston (Director of Children &amp; Family Services); Dylan Harrison (CCG Non-Executive Director), Paul Clifford (Corporate Director TWC),</p>	
2.	<p><b>Action notes 13.06.12:</b></p> <p><b>CAMHS Update:</b></p> <ul style="list-style-type: none"> <li>• This item was deferred to November due to the review.</li> </ul> <p><b>Walk-in Practice:</b></p> <ul style="list-style-type: none"> <li>• This item was deferred to November in agreement with the Chair</li> </ul> <p><b>Proposed Future Agenda Items:</b> Some of the proposed Agenda items were covered at this meeting including:</p> <ul style="list-style-type: none"> <li>• Communication and Engagement Update</li> <li>• Agreeing Our Health and Wellbeing Strategy Priorities</li> </ul> <p><b>Health and Wellbeing Board Minutes:</b></p> <ul style="list-style-type: none"> <li>• The minutes from the meetings of the Health and Wellbeing Board would be circulated to the Cluster Board for information.</li> </ul> <p>Noted correct term: Equality Delivery System, not Equality Diversity System</p>	<b>CHS</b>

**Board Function:**

3. **Agreeing Our Health and Wellbeing Strategy Priorities**

A joint report was presented by John Power and Helen Onions which gave an overview of the implications of the draft Department of Health Guidance on Joint Strategic Needs Assessments and Health & Wellbeing strategies.

A key message which had come out of the guidance was that the T&W HWB's approach to the assessment and strategy was working in line with the Guidance.

The current position was that the HWB aimed to move forward in order to develop the Strategy which needed to be in place no later than the end of March 2013. Consultation and community engagement events had taken place to inform the discussions needed to agree the set of priorities.

Consultation and engagement activities had taken place:

- Stakeholder event (July) asking participants for responses and views
- Survey of the Community Panel (consisting of approximately 1,100 members)
- On-line survey on the Council's website
- Information in the Your Voice Newsletter distributed to all households within Telford and Wrekin

The key messages to come from the consultation were:

- Economic circumstances and the disadvantaged
- Drug and alcohol misuse and the impact on individuals and socially
- Excess weight in children to be broadened to all age groups within the household

Results of the Surveys were given at item 7 of the report.

The items considered to be missing from the proposed priorities were:

- Drug and Alcohol misuse
- Excess weight in adults

The longer term conditions caused by these two missing priorities were also of concern, although these could be dealt with under the life expectancy priority.

A discussion took place including:

- The piece of work undertaken by the PCT and T&WC stood up extremely well and it was commended
- The capacity to have an effective impact on the issues
- The results regarding smoking needed further investigation
- Education services and cross-cutting principles
- Links with other Strategic Boards and holding them to account re

	<p>Education and Economy and wider determinants of health</p> <ul style="list-style-type: none"> <li>• Measuring priority outcomes</li> <li>• Excess weight in children and adults</li> <li>• Lead officer sponsors</li> </ul> <p><b>RESOLVED – that</b></p> <p><b>a) Health and Wellbeing Board priorities be agreed;</b></p> <p><b>b) the Health and Wellbeing Board defer the lead officer alignment decision for further discussion at the Executive Group Meeting.</b></p>	
4.	<p><b>Board Structure/Representation/Role</b></p> <p>Clare Hall-Salter presented a report regarding the Board structure which reflected the emerging development of the Board. It was clear from the feedback received from the Stakeholder event that no one structure/size fits all and the Board would need to be creative in ensuring that the views of all providers, stakeholders, service users and communities were represented and were able to be involved and influence the decision making process. There were no easy solutions to this and further discussions would be held. A number of initiatives had come forward to support the development of Health and Wellbeing boards including HWB Chairs Network; HWB Simulation Events; HWB Network; HWB Development Tool and up to 4 days bespoke support for T&amp;W from the Local Government Association West Midlands Region. Further reports would be brought back to the Board following the release of new regulations during the Autumn in order that the Board would be fully compliant by April 2013.</p> <p>Following amendments to the National Health Service Act 2006 the responsibility to scrutinise health and social care services now fell to the Council. It was likely that the Health Scrutiny Committee would continue to undertake this task on behalf of the Council. A paper would be taken to Cabinet and to Council to make the decision. LGA best practice advised that a protocol or a Memorandum of Understanding was put in place between Health Scrutiny and the HWB.</p> <p>Cllr Liz Clare would represent the Board as Vice-Chair for the shadow year. Cllr Arnold England's role as Cabinet Member for Leisure &amp; Wellbeing was essential for HWB.</p> <p>It was recognised that full support arrangements for HWB needed to be clear. In the interim Paul Clifford had convened an informal meeting group of officers, which had taken place two weeks ago, including children's services/public health/adult services. Pulling together the Agenda had become more difficult due to the number of items that were needed at each meeting. Discussion would need to take place on how to deal with this ie more frequent meetings or sub groups on behalf of the HWB bringing recommendations to the Board.</p> <p>A discussion took place including:</p>	

	<ul style="list-style-type: none"> <li>• Representation on the Board</li> <li>• Scrutiny Arrangements</li> <li>• Membership of the HWB Executive Group to include CCG</li> </ul> <p><b>AGREED – that:</b></p> <p>a) <b>Members note the updates received in relation to the Telford and Wrekin Health and Wellbeing Board;</b></p> <p>b) <b>the HWB Development Tool is to be completed individually by Members of the Board working independently and the results collated and presented for discussion at the November meeting;</b></p> <p>c) <b>that the desired aims for the initial development session would be to focus on the role of the HWB, structure and operation;</b></p> <p>d) <b>that the HWB work with the Scrutiny Committee to develop a full memorandum of understanding/protocol</b></p> <p>e) <b>the frequency of HWB meetings would remain bi-monthly, but with a structured agenda.</b></p>	<b>CHS</b>
5.	<p><b>Communications and Engagement Update:</b></p> <p>Andy Challenor presented an update report on communications and engagement.</p> <p>The HWB and Public Health Transition engagement plans had now been incorporated into one comprehensive plan which was well co-ordinated and had no duplication. An extranet site had been created which included key strands such as Health and Wellbeing, Healthwatch, CCG, Your Views Matter consultations together with information on the HWB including dates, minutes and agendas. Consultation exercises had been undertaken through July and August and 749 completed surveys had been returned. A full database of stakeholders had now been compiled. It was hoped that a HWB newsletter would be produced in September/October. Feedback from the surveys on the way HWB communicated and engaged with stakeholders and local people had identified the need to highlight priorities and be open and transparent with its strategies. Questions were also raised as to what difference the HWB would make. The HWB needed to be careful with its communication messages and needed to clarify how the HWB would help with communities and show how people influence any decisions made.</p> <p><b>AGREED – that the report be noted.</b></p>	
6.	<p><b>Health Performance Update:</b></p> <p>This item was deferred to a future meeting due to the ongoing review.</p>	
	<p><b><u>LINK and Healthwatch Update:</u></b></p>	

<p>7.</p>	<p><b>T&amp;W LINK Annual Report</b></p> <p>Dag Saunders presented the annual report on T&amp;W Link.</p> <p>Last year had been a very active year working under the “host” group of Volunteers who formed LINK. The Youth Link had produced a very successful model on involving young people and this was to be used as Good Practice. LINK’s work on “enter and view” had been expanded and had included premises such as GP Practices. This had not been the most successful area of work in the final year of LINK and it was hoped that Healthwatch would continue where LINK had left off, although with their limited resources Healthwatch would need to set out its priorities.</p> <p>Cllr P Watling complimented the Youth LINK for the informed discussions and engagement sessions that had recently taken place.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> <li>• Youth LINK and Youth Think Team and working with Children in Care and young people placed outside of T&amp;WC care</li> <li>• Engagement and activity</li> <li>• Healthwatch</li> </ul> <p><b>AGREED – that the report be noted.</b></p>	
<p>8.</p>	<p><b>Development of Local Healthwatch</b></p> <p>Christine Harrison presented a progress update on the development of the local Healthwatch.</p> <p>A very strong partnership approach had been taken to delivering Healthwatch. Stakeholder consultation had been sought on the following 3 questions:</p> <ul style="list-style-type: none"> <li>• How can we ensure everyone can access local Healthwatch in ways that suit them?</li> <li>• How can we ensure local Healthwatch is able to represent the views of everyone in ways that suit them?</li> <li>• What does a good health and social care consumer champion look like?</li> </ul> <p>Following consultation the project group now had a strong platform for shaping Healthwatch. Information cards and leaflets had been produced to be taken away; these had also been distributed by LINK. A community dialogue approach and local consumer champion had proved very positive as had the recent workshops.</p> <p>The next step was to shape the service specification with the following key messages:</p>	

	<ul style="list-style-type: none"> <li>• Building on what is good</li> <li>• Recognising areas of improvement</li> <li>• Managing expectations</li> <li>• The importance of maximising what was available</li> <li>• The significance of volunteers</li> <li>• The need for a strong structure of Healthwatch</li> </ul> <p>A designated website had been established solely for Healthwatch to enable feedback to be submitted. A group e-mail had also been set up for information sharing. A further workshop was to be held at the end of September.</p> <p>The work needed to be finalised by 31<sup>st</sup> March 2013 and the Group was currently on target for key milestones.</p> <p>Healthwatch now had a National brand and an example of the logo was shown to HWB.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> <li>• The Healthwatch Brand</li> <li>• Youth LINK Good Practice</li> <li>• Strengthening links with children and young people</li> <li>• Tendering and support offered to potential bidders</li> </ul> <p><b>AGREED – that the report be noted.</b></p>	
<p>9.</p>	<p><b>Sexual Assault Referral Centres Presentation</b></p> <p>Callie-Ann Bradley gave a presentation on the Sexual Assault Referral Centre (SARC) in Worcester.</p> <p>The West Midlands was one of the last areas to be allocated a Sexual Assault Referral Centre. It was proposed that this would be a one-stop-shop for all victims of rape and serious sexual abuse and to bring all of the services together. West Mercia was a large area to cover and the facilities were based where there was a large concentration of cases.</p> <p>The new facilities were based in Worcester, although the SARC at West Road, Wellington would remain open to service the local area.</p> <p>The objectives of SARC were to provide a holistic service for all victims of rape and serious sexual abuse; ensure all victims have access to services; ensure services are within reach of all victims in our communities; promote the recovery and health of victims following a rape; streamline the pathways into care; improve confidence in the community to seek support after rape; provide 24hour support and to provide the ability to self-refer.</p> <p>The new facilities enabled early evidence kits to be available in the toilets. There was a child-friendly suite which had rooms for both the younger children as well as adolescents. Interview facilities together with training</p>	

	<p>facilities were now available to safeguarding teams, officers and doctors.</p> <p>At the West Road site the Safeguarding Teams serviced Telford and Shropshire. The site included medical and interview suites and now rented extra space for counselling services.</p> <p>Crisis workers were very important and G4S Medical supplied workers who were on call 24-7.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> <li>• The differences between services at Worcester and Wellington</li> <li>• Rotation of Staff</li> <li>• Recovery and Convictions</li> <li>• Sexual Violence Board</li> <li>• Prevention and early intervention</li> <li>• The reluctance of male victims to come forward</li> <li>• The work of Health Visitors/Family Connect and Safeguarding Advisors</li> </ul> <p>A variety of statistics for Telford and Wrekin were given and discussed and it was agreed that a copy of the statistics would be circulated once available.</p>	<b>CHS</b>
10.	<p><b>Commissioning Framework for Dementia Presentation</b></p> <p>Kim Grosvenor gave a presentation on the commissioning framework for dementia.</p> <p>In March 2012 the Prime Minister launched the National Challenge on Dementia in order to escalate major improvements in dementia care by 2015.</p> <p>During 2011 only 38.1% of residents in Telford &amp; Wrekin received diagnoses which meant that 1,047 people did not. This meant that Telford &amp; Wrekin was one of the poorest performing PCT/CCGs in the UK.</p> <p>When diagnoses were not made it led to people accessing unscheduled care and the need for care starting at a much earlier time. The cost of dementia care is higher than that of cancer, heart disease and stroke combined. It was estimated that £11m was spent on dementia care and there was a greater stress and strain to cover for carer “burn-out”.</p> <p>Late diagnoses or no diagnosis at all led to:</p> <ul style="list-style-type: none"> <li>• not benefitting from the early support</li> <li>• a lack of co-ordinated care</li> <li>• a lack of resources to keep people safe at home and support for carers</li> <li>• inappropriate care in hospitals and care homes ie the use of medication to sedate patients</li> <li>• inappropriate training of staff and carers</li> <li>• poor quality end-of-life care</li> </ul> <p>All of these factors result in higher care costs.</p>	

	<p>The diagram at Appendix 1 to the report showed the Pathway for Dementia which was a range of choices and information for community wellbeing services and re-ablement services. It also listed the more specialist care ie speech and language therapy and good quality end-of-life care.</p> <p>The “Memory Service”, which was a dedicated service, gave a dementia passport for personalised care and enhanced nurse service in order to keep people within their homes and nursing homes rather than hospital beds through a range of support.</p> <p>There was to be a training event held in Worcester in November on Health and Social Care.</p> <p>Improvements were to be made on:</p> <ul style="list-style-type: none"> <li>• increasing local diagnosis rates</li> <li>• pathway for dementia</li> <li>• early identification services</li> <li>• the dementia model</li> <li>• GP Home visits</li> <li>• Care in hospitals</li> <li>• End-of-life services</li> </ul> <p>A discussion took place including:</p> <ul style="list-style-type: none"> <li>• Effect of dementia on carers – agreed that an update on the Carer’s Strategy be brought to a future HWB meeting</li> <li>• Young carers</li> <li>• Identification of dementia cases</li> <li>• Emotional and recreational wellbeing and respite</li> </ul> <p><b>AGREED – that:</b></p> <p><b>a) the Board acknowledged and supported dementia as a strategic priority across health and social care;</b></p> <p><b>b) the Board supported the proposal that the Health Economy Steering Group, responsible for meeting expectations in the Commissioning Framework, should be accountable to the Health and Wellbeing Board and this should be reflected in the governance arrangements of the Steering Group;</b></p> <p><b>c) the Board acknowledged good progress in implementing component parts of the National Dementia Strategy;</b></p> <p><b>d) the Board acknowledged and supported areas for accelerated improvement, specifically increasing diagnosis rates in Telford &amp; Wrekin.</b></p>	<b>CH/KG</b>
11.	<p><b>Regional Stroke Review Presentation</b></p> <p>Mike Innes gave an update on the Regional Stroke Review.</p>	

	<p>This was a very important piece of work and had now become a region-wide review of stroke services and the proposed objectives of the review were:</p> <ul style="list-style-type: none"> <li>• to undertake a full review of services currently provided across the region</li> <li>• to look at models of best practice</li> <li>• for each area, to compare what is happening with best practice</li> <li>• to formulate options to inform commissioners in their planning after 2012/13</li> </ul> <p>The review was rapid but it was only an advisory outcome for CCGs to take on.</p> <p>The stroke strategy would be a life-course for the whole stroke ie from prevention to end-of-life care. Work should be based on the best evidence of variations of services across the region. Postcode variations were not recognised on the national agenda. The consultative process had a tight time line and confusing terminology. The final product would need to be taken to public consultation in early 2013. Recommendations would be needed by March 2013.</p> <p>A discussion took place including:</p> <ul style="list-style-type: none"> <li>• Public consultation</li> <li>• 8 stages of stroke pathway</li> <li>• Pre-hospital care</li> <li>• National Stroke Strategy</li> </ul> <p>There was a note of concern regarding the critical mass of numbers, on where the unit would be in the future and the public impact of any changes to service. <b>It was suggested that this item would come back to the HWB as a future agenda item.</b></p> <p><b>AGREED – that:</b></p> <p style="padding-left: 40px;"><b>a) the rationale for a review and plan for action be noted;</b></p> <p style="padding-left: 40px;"><b>b) the Joint HOSC take the major oversight role for this programme of work.</b></p>	<b>MI</b>
12.	<p><b>CCG and NHS Commissioning Board Update</b></p> <p>Mike Innes gave a brief update on the progress of the Clinical Commissioning Group (CCG).</p> <p>The CCG had been making progress through the authorisation process in Wave 2 and had submitted a suite of documents on 30<sup>th</sup> August 2012. Following the assessment, the CCG will receive a final report with recommendations. Both T&amp;W and the CCG were optimistic that the assessment would be “Authorised now” albeit with some conditions. The CCG had now appointed all members of the Governance Board and the</p>	

	<p>executive and managerial structure had been finalised and were in the process of being appointed to the roles. It was expected that all roles would be filled by the end of September. The CCG was currently on target financially for the year.</p> <p><b>AGREED – that the progress to establish the CCG as a Statutory Organisation be noted.</b></p>	
13.	<p><b>Public Health Transition Update</b></p> <p>Paul Taylor presented a report on the Public Health Transition Arrangements.</p> <p>A paper would be taken through the Council’s process and on to Cabinet later this month.</p> <p>The report flagged up issues relating to public health activity and the ring fenced grant. A joint submission by the PCT and the Council had been made stating that it needed to know what the ring fenced grant would be as soon as possible and that the amount needed would be equal to the current spend. Feedback had been received that the Council would not be “worse off” under the new formula.</p> <p>Work on the Public Health Commissioning contracts was underway and this was by far the biggest element of spend needed. It was expected that the completion of this contract activity would be 31<sup>st</sup> March 2013.</p> <p><b>AGREED – that:</b></p> <ul style="list-style-type: none"> <li>a) <b>the uncertain situation, the tight timescales and support for the prudent approach being recommended towards the award of future public health contracts be noted;</b></li> <li>b) <b>delegation of responsibility to the Director of Adult &amp; Community Services, in consultation with the Direct of Public Health and Cabinet Lead/Shadow Health and Wellbeing Board Chair , to progress the consideration of future commissioned services and the award of relevant contracts for those public health services within the finances available once the Public Health ring fenced grant is announced.</b></li> </ul>	
14.	<p><b>Children’s Safeguarding and Looked After Children Ofsted Inspection Update – For Information only</b></p> <p>Clive Jones gave a brief update and thanked everyone involved for their hard work.</p> <p><b>AGREED – that the update be noted.</b></p>	

15.	<p><b>Care and Support White Paper and Bill – For Information only</b></p> <p>Paul Taylor gave a brief update on the White Paper on Adult Care and Support that was published by the Government on 11<sup>th</sup> July 2012.</p> <p>The paper updated the vision for adult social care and also aimed to simplify law around this area. The staff were all aware of their new responsibilities.</p> <p>With regard to the “caring for our future” progress report on funding reform, it was clear that the Government agree with the principles of the Dilnot Commission’s recommendations but the report did not address the recommendations.</p> <p>Nothing had come forward in the current round of funding announcements for 2015.</p> <p>The Adult Social Care departments were under huge pressure.</p> <p>The deadline for comments on the Care and Support Bill was the 19<sup>th</sup> October 2012.</p> <p><b>AGREED – that</b></p> <p><b>a) the content and implications of the Care and Support White Paper, Bill and Progress Report on Funding Reform be noted; and</b></p> <p><b>b) comments on the Care and Support Bill be made by 19<sup>th</sup> October deadline.</b></p>	PT
16.	<p><b>Proposed Future Agenda Items</b> – noted and an additional agreed item:</p> <ul style="list-style-type: none"> <li>• Learning Disability Self Assessment</li> <li>• Carers Strategy</li> <li>•</li> </ul>	
17.	<p><b>Dates of future meetings:</b></p> <p>SHWB meeting 14<sup>th</sup> November 2012, 2pm – 4pm, venue TBC  SHWB meeting 23<sup>rd</sup> January 2013, 2pm – 4pm, venue TBC  SHWB meeting 13<sup>th</sup> March 2013, 2pm – 4pm, venue TBC</p>	

The meeting ended at 4.54pm

Signed .....

Dated .....

# **BOROUGH OF TELFORD & WREKIN**

**HEALTH AND WELLBEING BOARD – 14 NOVEMBER 2012**

**HEALTH AND WELLBEING BOARD DEVELOPMENT**

**REPORT OF THE PARTNERSHIP AND PLANNING MANAGER**

## **1. SUMMARY**

1.1 The report updates members on:

- The West Midlands Councils HWB Support and Development Programme
- T&W Health and Wellbeing Board development
- Planned Stakeholder Event
- Outcome of national consultation on secondary legislation relating to HWBs

## **2. RECOMMENDATIONS**

- 2.1 Members note the updates received in relation to the Telford and Wrekin Health and Wellbeing Board development
- 2.2 Agree the proposal that the feedback gained from the first LGA facilitated HWB Development morning and development tool is used as the basis for a work plan for the Board and Advisory Group
- 2.3 Agree the focus of the future development sessions with the LGA
- 2.4 Agree the production of a regular HWB Newsletter
- 2.5 Agree the hosting of a second HWB stakeholder engagement event in January 2013
- 2.6 Members note the outcome of the consultation on the secondary legislation relating to HWB as a committee of the local authority

## **3. INFORMATION**

### **3.1 West Midlands Councils HWB Support and Development Programme**

- **HWB Chairs Network:** to share learning, identify and work on issues of common concern including responding to consultations and lobbying, and to act as a sounding board for new activities. Meetings have been held in July and Oct with further meetings in Dec and March 2013. Challenges discussed at this point include: embedding the broad public health agenda within Councils; explaining to communities the new role of

Councils, CCGs, PHE, and NHS Commissioning Board; securing relevant engagement from interested parties without opening the flood gates; maintaining a focus on prevention; integrating all Council services with the Health and Wellbeing agenda; securing a fair budget for the new role.

- **HWB Simulation Events:** provide an opportunity for HWB members to explore the challenges and understand the complexities and conflicts of interests within their roles, within a safe and developmental space. Also they will encourage accelerated learning and strengthen the shared leadership capacity of HWBs. The events will help HWB members to shift their focus from individual organisational interests towards a collaborative approach to agreeing priorities and deploying resources to tackle the health and wellbeing needs of the community. The West Midlands event took place on 10<sup>th</sup> October which was attended by representatives from our HWB, including the Chair.
- **HWB Network:** members drawn from across the WM region. Network has met three times to date. At its recent meeting it discussed the draft secondary regulations for the Health and Social Care Act 2012, Asset Based Commissioning and Board development. The network will look to support the activities of Boards by offering shared experiences and learning.
- **Bespoke Support for T&W HWB:** Up to 4 days support until March 2013. To develop our role and agenda which we want to pursue linked to our strategy and what powers/influence we will have to make sure we can deliver, and Board structure and operation - how we keep a tight decision making Board but ensure engagement/input from local people/client groups, providers and partners. The initial work shop took place on 11<sup>th</sup> October. See 3.2 below.
- **HWB Development Tool:** aims to assist Boards to explore their strengths and opportunities to improve, and to inspire their ambition to develop a clear sense of purpose and an approach which will help transform services and outcomes for local people. The tool is designed to help Boards to go beyond assessing how ready the Board is, towards how effective it is being in practice, and how that effectiveness is enhanced over a period of time.

### 3.2 T&W Health and Wellbeing Board Development

The first development session with the LGA facilitator Liam Hughes took place on 11<sup>th</sup> October. The Board used the structure of the Development Tool to explore their strengths and opportunities for improvement. Appendix 1 details the feedback captured at this session. It is proposed that the feedback gained from the first LGA facilitated HWB Development morning and development tool is used as the basis for a development work plan for the Board and Advisory Group.

It was suggested that future Board sessions with the LGA concentrate on:

- the effectiveness/style/role of the Board and its members
- Strategy development, together with allocation of Board Members to priority outcomes
- what difference the Board will make as a collective
- the planning of a second Stakeholder and Provider Event to agree a mechanism for future working and the launch of the HWB Strategy.

The first HWB newsletter was produced and published in October. Appendix 2. It is proposed that a regular newsletter is produced which highlights the work of the Health and Wellbeing Board.

The HWB Officer Advisory Group, which operates beneath the Board, has now met twice and will continue to meet monthly. The responsibilities of this Group will initially include agenda setting, JSNA and JHWBS development, performance management, communication and engagement, links with joint commissioning plans and links with Scrutiny

### 3.3 Stakeholder Event January 2013

In addition to the feedback gained from our first HWB stakeholder event held in July, we continue to receive representations from organisations and existing partnership Boards about how they can have their voice heard in the new arrangements – in particular on behalf of Supporting people providers, SPIC requests, Learning Disability Partnership & Carers Partnership representation.

We will be working with the West Midlands Councils, see 3.1 and 3.2 above, to specifically work through this challenge with providers and other stakeholders to ensure that we develop the most appropriate Board and structure to meet the health and wellbeing priority needs of our community. Meanwhile, as a Board, we will continue to reflect the statutory minimum member representation as set out in the Health and Social Care Act 2012.

We are proposing to hold an event on 30<sup>th</sup> January 2013 for stakeholders and providers to further explore the above issue and also to launch our HWB Strategy at this event.

### 3.4 Health and Wellbeing Board as a Committee of the Council

Section 194 of the Health and Social Care Act 2012 (“the 2012 Act”) requires that every upper-tier local authority establish a health and wellbeing board. In order to fit health and wellbeing boards within local authority structures, section 194(11) provides that the board is a committee of the local authority which established it and, for the purposes of any enactment, is to be treated as if it were a committee appointed by that local authority under section 102 of the Local Government Act 1972.

It has however always been the explicit policy intention that HWBs will, as a forum for collaborative local leadership, be very different to a normal local authority committee appointed under section 102. Section 194(12) of the 2012 Act therefore enables regulations to provide that any enactment relating to a committee appointed under section 102 of the 1972 Act does not apply in relation to an HWB or applies in relation to it with such modifications as may be prescribed in the regulations. It is intended that the regulations will be laid in January 2013, and will come into force on 1<sup>st</sup> April 2013.

Following informal engagement over the summer, the Department of Health has stated that:

**HWB as a Committee of the Council and Sub-committee structures** will be a matter for local determination, and they will not be putting any prescription about membership or terms of sub-committees established by the health and wellbeing board into the regulations.

They will however seek to provide consistency between the treatment of the health and wellbeing board as a committee and its sub-committees in relation to the following:

- the modifications in respect of disqualifications (so that officers and others are not prevented from sitting on the health and wellbeing board);
- the disapplication of the political proportionality requirements;
- modifications or disapplication of the voting restrictions;
- the application of the standards regime; and
- the continued application of the transparency provisions in relation to public admission to meetings and access to papers.

Further information can be found in Appendix 3.

#### **4. PREVIOUS MINUTES**

4.1 Shadow Health and Wellbeing Board Governance report 22<sup>nd</sup> February 2012.

4.2 Board Structure/Representation/Role report 12<sup>th</sup> September 2012.

#### **5. BACKGROUND PAPERS**

5.1 Health and Social Care Act 2012.

Report prepared by Clare Hall-Salter, Partnership and Planning Manager  
Telephone 382016 Email [clare.hall-salter@telford.gov.uk](mailto:clare.hall-salter@telford.gov.uk)

## Appendix 1

### Telford and Wrekin Health and Wellbeing Board Development Session

11 October 2012

Facilitator: Liam Hughes LGA

#### 1. LGA HWB DEVELOPMENT TOOL GROUP DISCUSSION NOTES

##### a. Strategy, Purpose and Vision

###### Positives:

- Co-terminous LA and CCG
- Agreed HWB priorities based on JSNA and consultation with stakeholders
- Level of consultation good (LINK ; Stakeholders) but still room for improvement
- HWB priorities agreed through consultation defined via JSNA

###### Opportunities for Improvement:

- Refresh our overarching vision for HWB in T&W
- Horizon scanning and evolving/new priorities – looking further into the future
- JHWS not formally developed and agreed
- Resources – ever reducing
- Review TOR and Vision
- Impact on benefit changes on wider determinants of health.

##### b. Leadership, Culture and Values

###### Positives:

- Councillor Member input
- Development and Procurement of Healthwatch
- CCG & LA share the same values and are co-terminous

###### Opportunities for Improvement:

- No code of conduct agreed with the board and its members
- New culture of working to be developed – perhaps visioning jointly for LA and CCG
- CCG forming and LA changing – opportunities to work together during this transition for future benefit

### **c. Governance and Performance**

#### **Positives:**

- Common view on accountability to our population
- HWB meetings in Public
- Currently decisions to be taken through to Council Cabinet and CCG Cluster Board
- Executive Group meeting established – monthly with representative from Scrutiny/CCG/LA

#### **Opportunities for Improvement:**

- NHS CB – LAT representative required at Board and agree their role
- Governance structures need to be agreed
- Agenda setting for development
- Internal Council Governance links with Full Council, Cabinet, Scrutiny (Mapping)
- Mechanism for engaging with providers and service users - how do we hear their voices – Sub structure?
- Comms. opportunity to raise awareness with public re LA & CCG responsibilities careful not to raise expectations
- Common culture in the Board
- Determining Governance with scrutiny and responsibilities of HWB/HOSC
- Need session with Full Council to understand the responsibilities and Full Committee (HWB)
- Representation on HWB – Providers and other stakeholders to be agreed
- Need to develop performance framework based on priorities
- Wider health and social care performance
- Dashboard approach to performance
- JHWS outcomes of work – performance management
- Agenda setting to be governed by strategy
- Agree accountability with other strategic boards and task forces e.g. LSP, CYFB, Safer Cohesive Board, Safeguarding Boards, Economy and Skills, etc.
- Further alignment/wider links with voluntary sector, scrutiny, Shropshire

### **d. Roles and Contributions**

#### **Positives:**

- Each Board member understands their own role and who they represent

#### **Opportunities for Improvement:**

- Role of the Executive group to deliver and feed into the Board and set and facilitate agenda setting
- New name to be considered for Executive Group – Advisory Group?
- Perhaps need an MOU/Code of Conduct to agree the roles of members of the Board

- Ability to understand obligations of Board members – this is an opportunity
- Roles and responsibilities for Board members needs to be clarified and understood
- PH Transition opportunity to understand new roles and build relationships day to day
- Workshop to share roles and responsibilities to improve understanding
- Unions represented at Board?
- Board members need to understand each others organisations and priorities in order to collectively agree roles and contributions

## **2. RELATIONSHIPS AND WAYS OF WORKING – PROVIDERS AND STAKEHOLDERS**

### **Opportunities for Improvement:**

- Board needs to clear about its priorities in order to decide the engagement with the providers/stakeholders required
- Mechanism for hearing the voice of providers/users at the Board
- Definitions of Providers/stakeholders
- Terms of engagement with providers needs to be developed and agreed.
- Provider map for HWB needed
- Review of current partnerships groups/forums – how effective are they/what is their purpose – how will they feed into HWB
- Architecture/support around HWB for providers and users
- Build on/rationalise existing forums/Relationships and keep commissioning focus for the board or create new overarching bodies for both..... presence on Board
- Resources to support partnership groups/providers
- Voluntary sector engagement needs to increase
- Increase resources to support volunteers and infrastructure
- Map existing arrangements and links provided by existing board members – who are providers? If we take this model – still some rationalisation/joining up/ support with less resources
- If it takes this model – still some rationalisation so can join up/support with less resource.
- Map wider stakeholders and what existing forums/links to Board.....can be part of understanding roles and responsibilities Board members carry
- Do partnership boards help bring providers/users together
- How do we manage disagreements at Board?
- Holding to account at Board – particularly providers...so can't sit on Board

### 3. AGREED FUTURE SESSIONS/NEXT STEPS WITH LGA

- **Effectiveness of our Board** – Board development session
- **Strategy Development** – Board development session
- **Stakeholders/Providers Event** to launch our Strategy and agree a mechanism for future working in early in the New Year

#### **Also agreed:**

- **Improvement Action Plan for Board:** Board Members to review Toolkit and add any further statements against the areas
- **Coms and Engagement Strategy** - further development required

# Health and Wellbeing in Telford and Wrekin

Issue 1 Autumn 2012

## Who we are

Welcome to the first Health and Wellbeing Board (HWB) newsletter for Telford and Wrekin.

The Health and Care Act 2012 brought in changes to the way the NHS is organised. The central change gives GP's via the Clinical Commissioning Group (CCG), the major responsibility for overseeing how and what NHS services are provided for patients.

By April 2013 the Primary Care Trust (PCT) will go and new structures will be in place.

The HWB, a responsibility of the Council, is part of this change. Its aim is to improve the health and wellbeing of our communities and address health inequalities.

The current Board has been in development since March 2011.

The Board is made up of councillors, representatives from the CCG, local authority officers, Director of Public Health (currently NHS but will transfer to local authority by April 2013), Healthwatch (currently Telford and Wrekin LINK) and NHS Commissioning Board. For the full membership look on the council website [www.telford.gov/hwb](http://www.telford.gov/hwb)



## What we did

Throughout the summer consultation took place to explain what the Health and Wellbeing Board is, to ask what its priorities should be and to shape Healthwatch.

In July an event was held at Oakengates Theatre @ The Place attended by representatives from health, local authority, voluntary organisations and patient groups to discuss their views and ideas about the Board, its role and its priorities.

Articles appeared in local newspapers, on Facebook and Twitter and in Your Voice encouraging people to have their say. It was not just members of the public and stakeholders who were asked, both council and PCT staff were also encouraged to complete the survey.

Views from almost 850 people were received. Using this information and information collated from the Joint Strategic Needs Assessment (JSNA), the Board were able to agree their priorities at their meeting on 12 September 2012.

Overall there were strong views that the priorities proposed by the board at the start of the consultation, should be included in the Health and Wellbeing Strategy. In addition, following the consultation drug and alcohol misuse and excess weight in adults were also included. A full summary of the feedback is available at [www.telford.gov.uk/hwb](http://www.telford.gov.uk/hwb)

# Health & Wellbeing Priorities

## Your Views Matter – the agreed Priorities of the Health and Wellbeing Board

- Reduce excess weight in children and adults.
- Reduce teenage pregnancy.
- Improve emotional health and wellbeing.
- Support people with autism.
- Reduce the number of people who smoke and misuse alcohol and drugs.
- Support people to live independently.
- Improve life expectancy and reduce health inequalities.
- Support people with dementia.
- Ensure people have a positive experience of health and care services.
- Improve carer's health and wellbeing.

### The Health and Wellbeing priorities are underpinned by the following cross-cutting principles:

- **Equity** - To tackle inequalities i.e. proportional to need and targeted towards areas and groups within the community who need it most.
- **Accessibility** - Services should be accessible to all.
- **Integration** - Services should be joined up, with all relevant partners working to together. To provide the best possible service for patients, clients, service users and carers.
- **Quality** - Services should be safe and evidence based, providing value for money (e.g. based on NICE - National Institute for Health and Clinical Excellence guidance or other national quality standards).
- **Financial Sustainability** - Public sector resources should be used responsibly to deliver and develop services with consideration of financial sustainability and value for money with respect to outcomes.
- **Early Intervention and Prevention** - A strong focus on prevention rather than treatment.
- **Engagement** - Putting the public at the heart of service design.
- **Safeguarding** - At the core is the protection of vulnerable adults and children

## Our Next Steps

A stakeholder event is planned in the New Year to look at the relationships between the Health and Wellbeing Board, providers and stakeholders to discuss a mechanism for future working and to launch the Joint Health and Wellbeing Strategy.

### Dates for future HWB Meetings

Wednesday 14 November 2012, Wednesday 23 January 2013 and Wednesday 13 March 2013

## Healthwatch

Local Healthwatch will give patients and communities a voice in decisions which affect them, reporting into Healthwatch England, a new national body to represent the views of the public at the highest level. Healthwatch will be the new consumer champion for both health and social care and will be represented on the HWB. We are now inviting tenders from organisations who want to operate the Healthwatch. Either individually or with other partners. For more information contact 01952 384990, email [link@telford.gov.uk](mailto:link@telford.gov.uk) or visit [www.telford.gov.uk/hwb](http://www.telford.gov.uk/hwb)

## Contact us

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<p><b>HEALTH &amp; WELLBEING BOARD 14 NOVEMBER</b> <b>JSNA AND HEALTH &amp; WELLBEING STRATEGY PROGRESS REPORT</b> <b>REPORT OF DELIVERY &amp; PLANNING MANAGER AND PUBLIC HEALTH SPECIALIST</b></p>
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## **1. Purpose**

- 1.1. To provide a summary of progress on recent developments for the Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy (JHWS) processes in Telford and Wrekin.

## **2. Recommendations**

- 2.1. That the Board:

- Note the further progress made in the developing both the Joint Health & Wellbeing Strategy and the JSNA processes
- Review the working draft of the Joint Health & Wellbeing Strategy

## **3. Joint Health & Wellbeing Strategy Update**

- 3.1. The Board has a statutory requirement to agree a Health & Wellbeing Strategy by March 2013. The Board agreed the priorities for the Strategy at their September meeting, following an assessment of key local priority areas, underpinned by the JSNA process and informed by a programme of public and stakeholder engagement.
- 3.2. A draft Strategy has now been produced (Appendix One) and the Board is asked to review and comment on this latest working draft document.
- 3.3. As well as continuing to develop the Strategy document, asset mapping workshops for several of the priorities will be completed by the end of December.
- 3.4. Publication of the final Department of Health JSNA and JHWS Guidance is awaited – following their consultation exercise to which the Board made a submission, based on proposals and discussion at the September meeting.

## **4. Joint Strategic Needs Assessment Update**

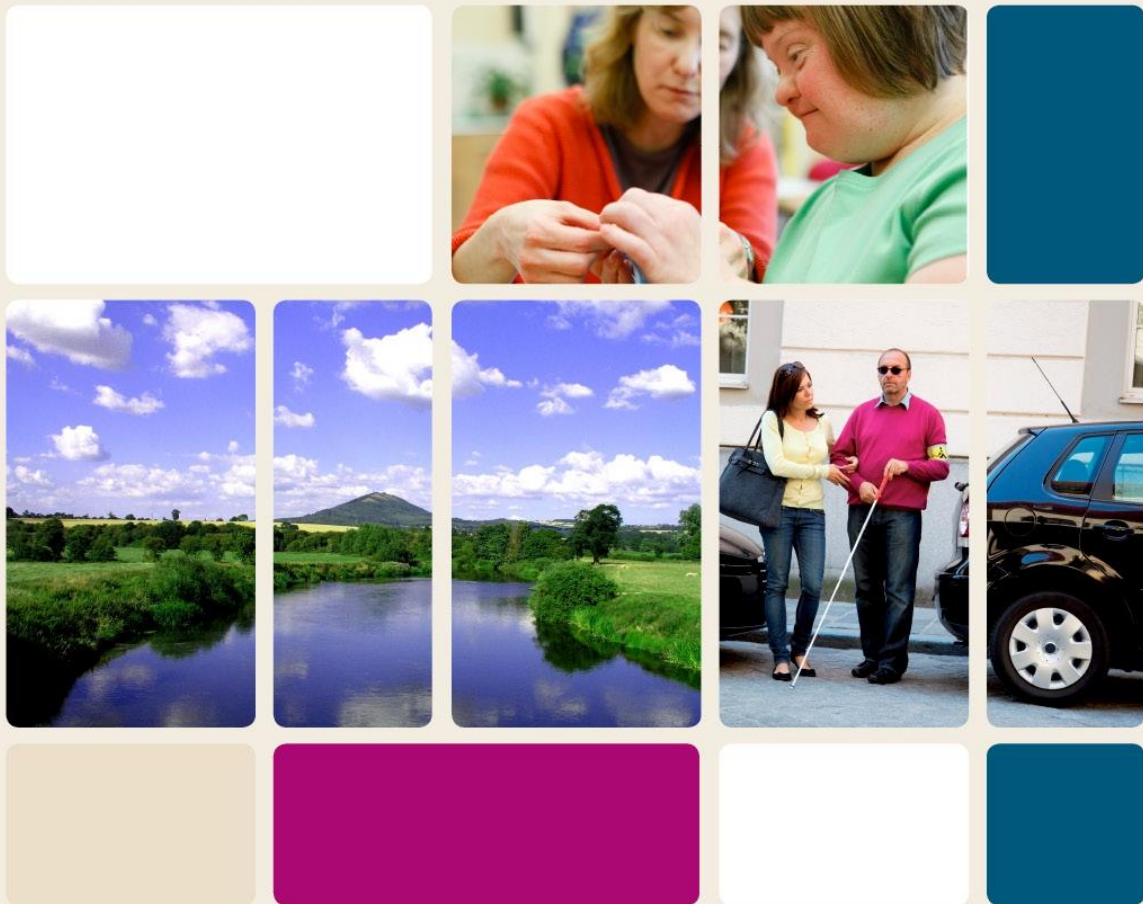
- 4.1. A Director-led working group met to discuss the future development of the JSNA process in October, the following were agreed:
  - Development of an annual work programme and defined annual outputs
  - Consistent branding of JSNA products, reports and intelligence
  - Re-establishment of the JSNA Steering Group, to report to the HWB Advisory Group

**Report prepared by Jon Power, Delivery & Planning Manager and Helen Onions, Public Health Specialist**



# Telford and Wrekin

## Health and Wellbeing Strategy



## Foreword

In the Borough, people's health and wellbeing is improving and more of the population are maintaining a good quality of health for longer and later into life. However, our Joint Strategic Needs Assessment process has identified communities within the Borough where we need to take action to address those inequalities to ensure residents experience the same level of good health and life expectancy.

This strategy sets out our commitment to working in partnership to improve the health and wellbeing of people living in Telford and Wrekin.

Addressing these challenges, is complicated by the financial pressures facing families and public sector organisations.

The Telford and Wrekin Health and Wellbeing Board is responsible for delivering the strategy and addressing health inequalities. The Board includes representatives within the NHS and Telford & Wrekin Council with responsibility for health and social care, including public health services, together with elected Councillors and service user and patient representatives. The Board's role is to consider local health and wellbeing needs and plan the right services for our community.

We have a track-record of effective partnership working and this strategy will ensure that improving health and wellbeing and addressing health inequalities, and, importantly, the wider determinants of health are embedded across our wider partnership framework.

It is the Board's belief that everyone in the Borough has a right to good health. We will work together to provide the support and opportunities to enable this to happen.



### **Councillor Richard Overton**

**Chair of Telford and Wrekin Health and Wellbeing Board**

**Cabinet Member responsible for Health**

**Deputy Leader Telford and Wrekin Council**

# 1. Telford and Wrekin Health and Wellbeing Strategy

The 2012 Health and Social Care Act requires local authorities to establish a Health and Wellbeing Board. The purpose of the Board is to identify the health and wellbeing priorities for Telford and Wrekin and define what will be done to address them.

Our Board has been in development since March 2011. Its current members include representation from:

- Local Authority Elected Cabinet Members
- Clinical Commissioning Group
- Local Authority Officers
- Public Health (currently NHS but will transfer to local authority by April 2013)
- LINK – representative of patient and service users
- NHS T&W/NHS Commissioning Board

The Health & Wellbeing Board is one of a number of ways in which we work in partnership to deliver the right services to shape and improve the quality of life in Telford and Wrekin.

The strategy priorities have been identified through the development of our 'Joint Strategic Needs Assessment (JSNA)' process and a programme of public consultation.

The JSNA process uses data, performance information and intelligence to help us identify health and wellbeing needs and inequalities in Telford and Wrekin. A long-list of local health and wellbeing priorities (see Appendix 1), was identified to inform the development of this strategy based on:

- Where the borough was shown to be in a worse than the national position
- Existing local priorities
- National priorities
- Areas where we know we need to make financial savings

From this list, ten priority areas were identified by the Board to inform a detailed programme of public consultation which took place over the summer of 2012 with the final priorities agreed by the Board in September 2012.

Our approach to both this Strategy and our JSNA has been developed with close reference to national guidance which will continue to be used moving forward. This includes the adoption of a life stage approach described in the National Health Inequalities Review by Prof. Marmot (see Appendix 2).

- Our JSNA can be found at [www.telford.gov.uk/factsandfigures](http://www.telford.gov.uk/factsandfigures)
- Further information about the public consultation can be found at [http://www.telford.gov.uk/info/200190/health\\_and\\_wellbeing/1498/health\\_and\\_wellbeing\\_board\\_hwb](http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb).

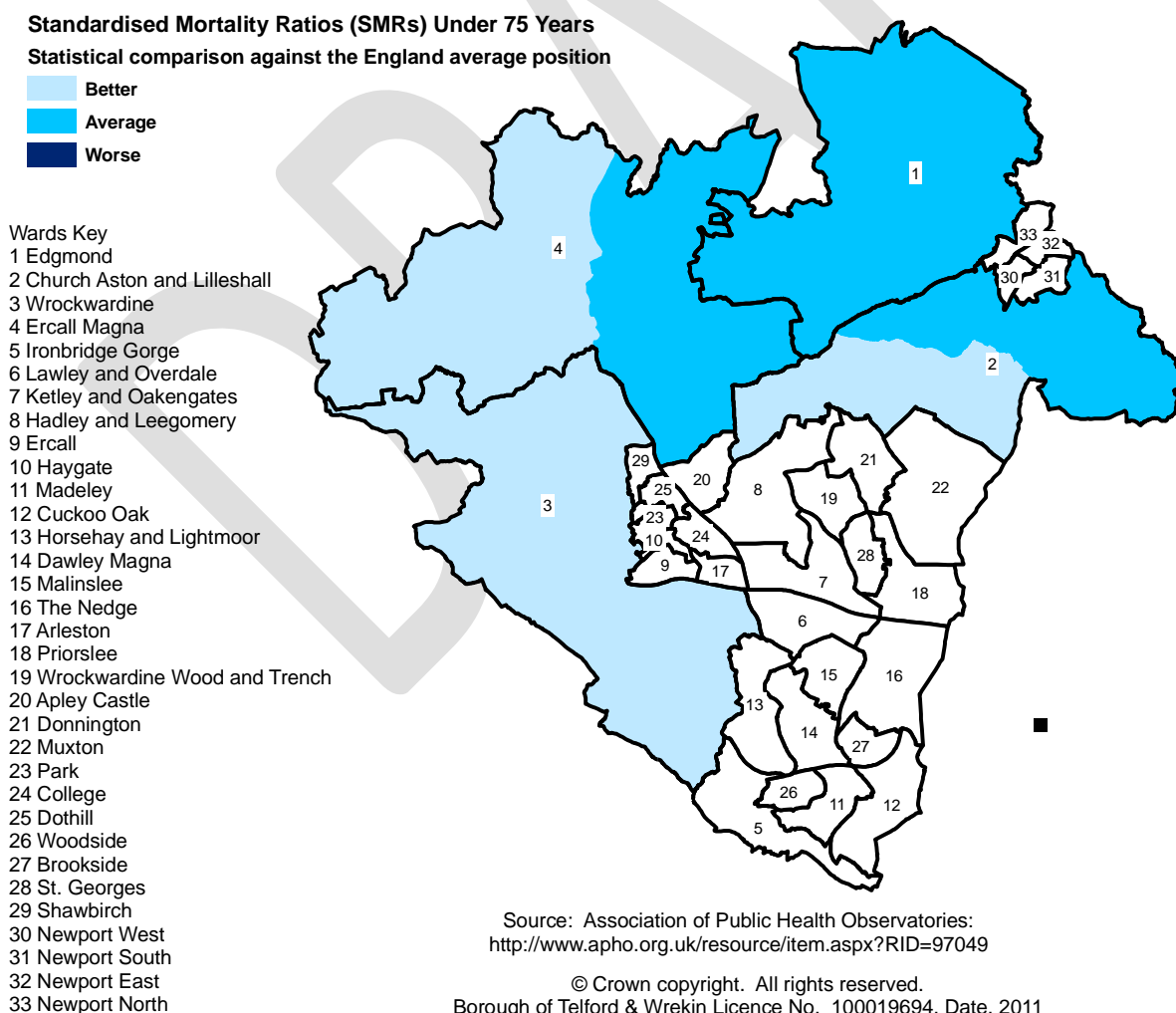
## 2. Health and Wellbeing in Telford and Wrekin

Over the past 20 years, the health and wellbeing of the Borough has improved significantly with people living longer and staying healthier than ever before. However, there are some real health challenges and differences across the borough which need to be overcome if this improvement is to continue. Too many people in the Borough, particularly men still die early from cancer, heart disease and stroke and rates of teenage pregnancy, maternal smoking, breastfeeding and childhood obesity are all worse than the England average.

A key health challenge in Telford and Wrekin is that the health of residents is not consistent across the Borough, as shown in the map below. People in our more deprived areas are more likely to die earlier and are more likely to have poor physical and mental health.

Whilst people are living longer, many are spending more years at the end of their life in declining health. This places significant demand on health and social care services and highlights the importance of healthy lifestyles, good emotional health and wellbeing, and community and family support networks. Many of the causes of poor health are largely preventable, as are the costly consequences. Reflecting this, a number of the proposed priorities focus on the prevention of ill health starting from childhood.

### Premature Mortality in Telford and Wrekin



### 3. Telford and Wrekin Priorities

**Our Vision** “All children and adults living safe, healthy and independent lives through access to timely, appropriate health and social care services”

	Priorities	Outcome Measures
<b>C H I L D R E N A D U L T S</b>	<b>Reduce excess weight in children and adults</b>	<ul style="list-style-type: none"> <li>• Excess weight in 4-5 year olds</li> <li>• Excess weight in year in 10-11 year olds</li> <li>• Breastfeeding initiation and prevalence</li> <li>• Obesity in adults</li> </ul>
	<b>Reduce teenage pregnancy</b>	<ul style="list-style-type: none"> <li>• Under 18 conception rates</li> <li>• Reduction in risk taking behaviour</li> </ul>
	<b>Improve emotional health and wellbeing</b>	<ul style="list-style-type: none"> <li>• Hospital admission rates from self-harm</li> <li>• Further measures to be developed and linked to the strategy</li> </ul>
	<b>Support people with autism</b>	<ul style="list-style-type: none"> <li>• Measures to be developed and linked to the strategy</li> </ul>
	<b>Reduce the number of people who smoke or misuse alcohol or drugs.</b>	<ul style="list-style-type: none"> <li>• Smoking related deaths</li> <li>• Smoking attributable hospital admissions</li> <li>• Smoking in pregnancy</li> <li>• Low birth weight babies</li> <li>• Alcohol related violent crime</li> <li>• Successful drug programme participation</li> </ul>
	<b>Ensure people have a positive experience of health and care services</b>	<ul style="list-style-type: none"> <li>• Overall patient experience measures</li> <li>• People treated with Dignity and Respect</li> <li>• Overall satisfaction with care and support</li> <li>• Overall satisfaction of carers with social services</li> </ul>
	<b>Improve carers' health and wellbeing</b>	<ul style="list-style-type: none"> <li>• Carer-reported quality of life</li> <li>• Carers who feel they have been included in discussions about the person they care for</li> <li>• Further measures to be developed and linked to the strategy</li> </ul>
	<b>Support people to live independently</b>	<ul style="list-style-type: none"> <li>• Social care self-directed support</li> <li>• Older people who were still at home 91 days after discharge from hospital into reablement services</li> <li>• People receiving reablement services who need ongoing support</li> <li>• Delayed transfers of care from hospital</li> </ul>
	<b>Improve life expectancy and reduce health inequalities</b>	<ul style="list-style-type: none"> <li>• Male life expectancy</li> <li>• Premature death from CVD</li> <li>• Premature death from cancer</li> <li>• National cancer screening programme uptake</li> <li>• Management and treatment of long term conditions</li> </ul>
	<b>Support people with dementia</b>	<ul style="list-style-type: none"> <li>• Increase the number of dementia services available</li> </ul>

#### CROSS-CUTTING PRINCIPLES

EQUITY – ACCESSIBILITY – INTEGRATION – QUALITY – ENGAGEMENT  
 FINANCIAL SUSTAINABILITY – EARLY INTERVENTION and PREVENTION -  
 SAFEGUARDING

## **Priority 1 - Reduce Excess Weight in Children and Adults**

### **Why is it important?**

Being overweight or obese is one of the most widespread threats to health and wellbeing in the country. Obesity reduces life expectancy by on average 11 years. Obese children and adolescents are more likely to become obese adults and therefore are at higher risk of future health problems such as type 2 diabetes, cancer and heart disease. Obesity is notoriously difficult to treat, so prevention and early intervention are very important.

Breastfeeding has many clear health benefits for both mothers and babies. Breastfed babies are less likely to suffer from a range of infections (including chest and stomach infections), insulin dependent diabetes and they are also less likely to become obese. Mothers who breastfeed reduce their risk of ovarian and breast cancer and breastfeeding helps women with weight loss after pregnancy.

### **What is the situation in Telford and Wrekin?**

- Obesity amongst 4-5 year olds has decreased during the past five years from 12.5% in 2006/07 to 10.4% in 2010/11. 'Excess weight' in 4-5 year olds (24.9%) remains worse than the average for England (22.6%).
- Amongst 10-11 year olds 252 were overweight and 318 were obese in 2010/11.
- More boys than girls are obese in both the 4-5 and 10-11 year age groups
- Breastfeeding at birth has improved in recent years increasing to 65% in 2010/11 from 58% in 2003/04. However, levels of breastfeeding remained significantly worse than the national average in 2010/11 with:
  - 65% of infants breastfed at birth, compared to 74% in England and;
  - 33% of infants breastfed at 6-8 weeks, compared to 46% in England
- Breastfeeding rates are significantly lower amongst:
  - Younger mothers with 42% of teenage mothers breastfeeding at birth, compared to 72% of mothers aged 35 years and over
  - Deprived communities with: 51% of infants are breastfed at birth in the most deprived areas, compared to 81% in the most affluent areas
- The prevalence of obesity amongst adults is estimated to be worse than the national average at 26.5% of adults compared to 24.2% in England as a whole, this equates to 36,00 adults 16 years and over

## **Priority 2 - Reduce Teenage Pregnancy Rates**

### **Why is it important?**

For some younger people, becoming a parent is a positive choice. However, teenage pregnancy is often associated with poor health and social outcomes for both the mother and child. Young mothers are more likely to suffer postnatal depression and less likely to complete their education, more likely to live in poverty and more likely to become teenage parents themselves. Raising young people's aspirations and building their resilience can help them make informed decisions enabling them to fulfil their potential. This in turn can reduce risk taking behaviours such as drug

and alcohol misuse which can undermine young people's life chances, and potentially prevent involvement in crime and anti-social behaviour.

### **What is the situation in Telford and Wrekin?**

- There were 155 conceptions amongst under 18 year olds in 2010
- There has been a decrease in teenage pregnancy rates during the past decade
- However, the under 18 conception rate in 2010 (47.5 per 1,000 females aged 15-17 years) remained statistically significantly worse than the national average for England (35.4 per 1,000)
- Just over half, 55% of pregnant teenagers (under 18 years) opt to continue with their pregnancy, and 45% choose to terminate the pregnancy
- Smoking in pregnancy is highest amongst teenage mothers and breastfeeding rates are exceptionally low
- The electoral wards with the highest teenage pregnancy rates are also amongst the most deprived wards

## **Priority 3 - Improve Emotional Health and Wellbeing**

### **Why is it important?**

Promoting good emotional and physical health and intervening early, particularly in the crucial childhood and teenage years, can prevent mental illness. Improved emotional health and wellbeing is associated with a range of better outcomes for people including: improved physical health and life expectancy, better educational achievement, increased skills, reduced risk of mental health problems and suicide, improved employment rates, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation.

### **What is the situation in Telford and Wrekin?**

- It is estimated that in 2010 around 17,200 people in Telford and Wrekin suffered from a common mental disorder such as depression, anxiety and obsessive compulsive disorder, with around 60% of these estimated to be women.
- One in ten children aged between 5 and 16 years suffers with a mental health problem, and many continue into adulthood. At least one in four adults experience mental health problems at some point during their life.
- There are on average 15 suicides every year. The largest proportion of suicides is amongst men aged 21 to 39 years
- In 2009/10 there were 371 hospital stays for self-harm, 39 of those admitted for self-harm were under 18. The hospital admission rate for self-harm in 2009/10 was significantly higher than the national average

## **Priority 4 - Support People with Autism**

### **Why is it important?**

Autistic Spectrum Condition (ASC) is a lifelong condition that affects how a person communicates with and relates to other people. It also affects how a person makes sense of the world around them. Autistic Spectrum Condition is a lifelong developmental disability, affecting social interaction, communication, social relationships and making sense of the world.

During the last few years there has been a strong message from Government that there is a need for local services to meet the needs of adults and young people with autistic spectrum conditions.

### **What is the situation in Telford and Wrekin?**

- Estimated that 1 in every 100 adults will be on the autistic spectrum, which equates to approximately 1,700 people in Telford and Wrekin.
- More detailed work on the prevalence of autism in Telford and Wrekin is required in the JSNA.
- Historically, services have developed disparately across the local health economy, leading to inconsistencies in the services that users might expect and physical surroundings which are not fit for purpose

## **Priority 5 - Reduce the Number of People who Smoke and Misuse Drug and Alcohol**

### **Why is it important?**

Smoking is the single biggest preventable cause of early death and illness in the country, causing over 80,000 deaths per year. The overall economic burden of tobacco use to society is estimated at £13.74 billion a year. Smoking cessation is the most cost-effective life saving intervention offered by the NHS. Smoking is more common in deprived communities and low income families and households. Children with parents who smoke are more likely to become smokers and the earlier children start to smoke the more likely they are to continue to smoke as adults. Smoking in pregnancy causes low birth weight and contributes to infant mortality.

Drug and alcohol misuse cause chronic disease and early deaths and are a significant financial burden on treatment services. The wider burdens on the community in terms of crime and anti-social behaviour are also far reaching and costly.

### **What is the situation in Telford and Wrekin?**

- 23% of adults are estimated to be smokers (circa 32,000 people aged 16+ years)
- During the past five years smoking quit rates have been amongst the highest in the country, with over 3,900 quitters during 2010/11

- However, mortality rates due to smoking-related deaths and hospital admissions rates attributable to smoking remain statistically significantly worse than the national average
- Levels of smoking in pregnancy are persistently, significantly worse than the national average. 23.6% of mothers smoked during pregnancy in 2010/11 (515 women), compared to 13.5% in England as a whole
- There are clear inequalities with:
  - 41% of teenage mothers smoking in pregnancy compared to 14% of 35+ year olds
- 35% of mothers from the most deprived communities smoked throughout pregnancy, compared to 6% of mothers from the most affluent communities.
- It is estimated that 21% of adults (circa 29,000 people) can be classified as 'increasing and higher risk drinkers'
- There were 770 reported violent crimes related to alcohol in 2010/11, with a higher than average ratio compared to England.

## **Priority 6 - Ensure People have a Positive Experience of Health and Care Services**

### **Why is it important?**

People can come into contact with health and care services at any point in their lives, sometimes unexpectedly due to illness or crisis and sometimes regularly to support long term conditions. It is important that all people who use our services have a positive experience and that we listen to what they are telling us about the experiences they have.

### **What is the situation in Telford and Wrekin?**

- 83% of patients report that they are satisfied with their GP, and 71% are satisfied with their practice nurse in 2010/11
- 77% of patients report that they are able to see a GP fairly quickly
- 90% of respondents to the 2010/11 Adult Social Care User survey reported that they were satisfied with their care and support services, with 61% extremely or very satisfied, the same as the national rate.
- 95% of people assessed by Adult Social Care were satisfied that they had been treated with dignity and respect during the assessment process, with less than 1% being dissatisfied.

## **Priority 7 – Improve Carers' Health and Wellbeing**

### **Why is it important?**

It is suggested that at some point in our lives most of us will look after an elderly relative, sick partner or a disabled family member. Caring can take its toll on your finances, your health, your social life, and on your other family and work commitments. However, given a reasonable level of support and understanding, carers are prepared and able to go to very great lengths to care for their loved ones for as long as possible in their own home environments.

Without unpaid carers the country would face a care bill it cannot afford. Well-supported carers also contribute directly to reduced care packages and reduced care-home placements.

### **What is the situation in Telford and Wrekin?**

- Estimated 16,200 people over 18 providing unpaid care. Over 4,000 of these people are providing substantial and intense care
- 193 young carers are known to us though there are an estimated 600 young people in the Borough with caring responsibilities
- Carers are more likely to be female and the largest proportion are aged 35-64
- Carers aged 18-45 are less likely to receive support services than those who are older
- People who care for someone over 65 get fewer carers' services than the national average
- The reported health of carers is below national average. Carers' health is poorer than that of non-carers, and the more hours spent caring, the poorer the reported health of carers.
- There is a predicted decline in the proportion of people able to care for family, friends or neighbours in the borough as the ratio of adults to older people decreases.

## **Priority 8 – Support People to Live Independently**

### **Why is it important?**

Maximising people's independence is shown to prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability and delay the need for more costly and intensive services.

The Government's aim is for people to live independently for as long as possible, ensuring that people who need care and support have as much choice, control and freedom over decisions and services as they want.

### **What is the situation in Telford and Wrekin?**

- 48% of people who completed a period of reablement in 2010/11 did not require any ongoing social care support.
- There are pockets of good practice but these services are not joined up, are complex to navigate and patchy, leading to inequity in access
- Where investment has taken place, there is evidence of reduced on going costs
- Only approx. 30% of people who would benefit from reablement are currently accessing the service

## **Priority 9 – Improve Life Expectancy and Reduce Health Inequalities**

### **Why is it important?**

Cancer and cardiovascular diseases (heart disease and stroke) are the most typical reasons people die early (before the age of 75). People living in the most deprived communities, men and people from Black and Minority Ethnic Groups have a lower life expectancy are more likely to die

before the age of 75. It is estimated that at least 80% of all early deaths from heart disease and over 40% of deaths from cancers could be prevented through a healthy diet, regular exercise and by not smoking. Screening programmes, early detection for disease through raising awareness of symptoms and prompt effective treatment can dramatically reduce premature deaths.

### **What is the situation in Telford and Wrekin?**

- Male life expectancy at birth is statistically significantly worse than the national average position (77.5 years compared to 78.6 years)
- Female life expectancy at birth is not statistically significantly different to the national average position (82.1 years compared to 82.6 years)
- Cancers cause 40% of early deaths, with on average 217 cancer deaths under 75 years every year
- The early death rate from cancer is significantly worse than the national average
- CVD causes 25% of early deaths, with on average 140 deaths every year
- Despite a significant decrease the early death rate from CVD remains significantly worse than the national average
- The uptake of cancer screening programmes is below the national average
- Male life expectancy in the most affluent areas is 79.8 years, compared to 74.9 years in the most deprived areas
- Female life expectancy is 82.5 years in the most affluent areas, compared to 80.6 years in the most deprived areas

## **Priority 10 – Support People with Dementia**

### **Why is it important?**

Dementia is becoming more common and the cost of looking after people with dementia is increasing – the Government has identified it as a national priority.

People with dementia will progressively get worse, and as they do will become increasingly dependent on other people to carry out everyday tasks. It mainly affects people over the age of 65, although can affect younger people too.

The Government is committed to improving the care and experience of people with dementia and their carers by transforming dementia services to achieve better awareness, early diagnosis and high quality treatment at every stage and in every setting. Dementia makes the lives of people who have it, and the lives of their families and carers, very difficult, however, there are lots of things that can be done to help people overcome the problems and to improve their quality of life.

### **What is the situation in Telford and Wrekin?**

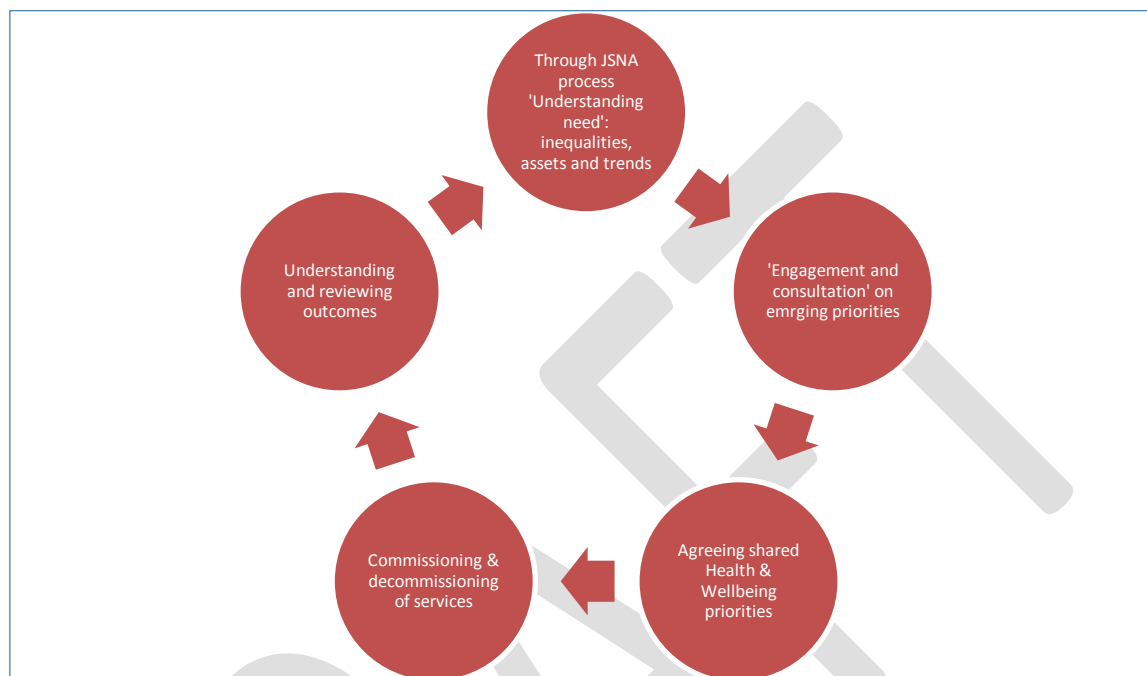
- In 2010 an estimated 1,600 people aged 65 and over in Telford and Wrekin were suffering from dementia, by 2026 this is estimated to rise to 2,100.

- Increased population and increased longevity of life leading to increased dementia prevalence
- Predicted decline in the number of carers due to social factors
- A need for a greater focus on local delivery of quality outcomes and local accountability for achieving them

DRAFT

## 4. Delivering the Priorities

An asset based approach is core to the delivery of our priorities – this focuses on building on the significant improvements we have already made to health and wellbeing to develop innovative and new ways of delivery. Each priority has a Board sponsor to drive improvement and change through the health and wellbeing strategy cycle and commissioning process



To continually improve health and wellbeing and reduce inequalities in Telford and Wrekin, while making the best use of resources, the following cross-cutting principles will inform our strategic and commissioning decisions:

### Equity

To tackle inequalities the provision, uptake and outcome of services should be equitable i.e. proportional to need, and proactively targeted towards the areas and groups within the community where they are most needed

### Accessibility

Services should be accessible to all, particularly for the nine protected groups identified in the 2010 Equalities Act

### Integration

Services should be joined up, with all relevant partners working together to ensure patients, clients, service users and carers experience seamless journeys of support, care and treatment

### Quality

Services should be safe and evidence-based, providing value for money i.e. both clinically and cost-effective e.g. based on NICE (National Institute for Health and Clinical Excellence) guidance or other national quality standards

## **Financial Sustainability**

Public sector resources should be used responsibly to deliver and develop services with consideration of financial sustainability and value for money with respect to outcomes

## **Early Intervention and Prevention**

A strong focus on prevention, rather than treatment, to deliver greater overall increases in both life expectancy and quality of life, including an early intervention approach to supporting families, sustained lifestyle behaviour change, awareness raising of symptoms and early detection and treatment of risk factors which cause ill-health

## **Engagement**

Putting the public at the heart of service design

## **Safeguarding**

At the core of our approach to service design and delivery is the protection of vulnerable adults and children. This challenge will be overseen by our Adult and Children's Safeguarding Boards.

# Appendix 1: Strategic Priorities Long List

To inform the development of our Health & Wellbeing priorities, our Joint Strategic Needs Assessment (JSNA) process was used to develop a long list of local priorities. The following table sets out this long-list together with the reason why each issue was included. To ensure that all the priorities on the long-list have appropriate focus, those which have not been aligned to the Health & Wellbeing Strategy, have been aligned with another local partnership or partner organisation (see Appendix 3). This will ensure that appropriate action to address the 'wider determinants of health' are delivered.

This long-list of priorities has been organised by the Marmot 'life stages'. More information about these can be found in Appendix 2.

	JSNA PRIORITY REASONS							Responsible partner/ partnership board (see key below table)
	Marmot Indicator	Significantly worse than England average	Health (PCT/CCG/PH) Priorities	National Policy / Outcome measure	Financial Pressure	Children, Young People and Families emerging priorities	Adult Social Care emerging priority	
<b>STARTING WELL</b>								
Breastfeeding initiation (@ birth and duration 6-8 weeks)		●	●	●				HWB
Supporting teenage parents			●			●		HWB
Excess weight (overweight and obesity) in 4-5 year olds		●	●	●		●		HWB
Smoking in pregnancy		●	●	●				HWB
Low birth weight babies		●	●	●				CCG
Paediatric hospital admission rates (< 5s)		●						CCG
Children achieving a good level of development at age 5	●	●						CFB
<b>DEVELOPING WELL</b>								
Under 18 conception rates		●	●	●		●		HWB
Disabled Children						●		CFB
Inequalities in educational outcomes						●		CFB or SETF
Children in Care rate	●				●	●		CFB
Care Leavers						●		CFB
Child Protection Plan rate	●					●		CFB
First time entrants to the youth justice system				●				SCCB
Special Educational Needs Rate	●							TWC
<b>WORKING WELL</b>								

	JSNA PRIORITY REASONS							Responsible partner/ partnership board (see key below table)
	Marmot Indicator	Significantly worse than England average	Health (PCT/CCG/PH) Priorities	National Policy / Outcome measure	Financial Pressure	Children, Young People and Families emerging priorities	Adult Social Care emerging priority	
Young people not in employment, education or training (NEET)	●	●		●		●		SETF
Households in receipt of means-tested benefits	●	●			●			SETF & SFTF
Unemployment		●			●			SETF
Workforce skills levels		●						SETF
Average earnings		●						SETF
Inequality in percentage receiving means-tested benefits	●	●						SETF
<b>LIVING WELL</b>								
<b>Emotional Wellbeing</b>						●		HWB
<b>Prevention and maximising independence</b>			●	●	●		●	HWB
Hospital admission rates for self-harm		●		●				HWB
Excess weight in adults		●		●				HWB
Adults not consuming 5-A-DAY fruit and veg		●						PH
Family poverty		●	●	●		●		LSP
Strengthening Families				●		●		SFTF
Homelessness (particularly youth)								HPLTF
Crime attributable to alcohol		●						SCCB
Alcohol-related violent crime		●						SCCB
Anti-social behaviour rates		●						SCCB
Fear of crime								SCCB
People from different backgrounds getting on well together								SCCB
<b>AGEING WELL</b>								
<b>Smoking-related deaths</b>		●	●					HWB
<b>Smoking-attributable hospital admissions</b>		●	●					HWB
<b>Dementia</b>			●	●			●	HWB
<b>Rehabilitation and Re-ablement</b>			●	●	●		●	HWB
<b>Male life expectancy</b>		●	●	●				HWB
<b>Premature mortality rates from all cancers</b>		●	●	●				HWB

	JSNA PRIORITY REASONS							Responsible partner/ partnership board (see key below table)
	Marmot Indicator	Significantly worse than England average	Health (PCT/CCG/PH) Priorities	National Policy / Outcome measure	Financial Pressure	Children, Young People and Families emerging priorities	Adult Social Care emerging priority	
<b>Premature mortality rates from cardiovascular diseases</b>		●	●	●				HWB
Meeting the needs of the ageing population			●		●		●	ALL
Bowel cancer and cervical screening uptake		●		●				CCG / PH
End of life care			●					CCG
Long term conditions management (Respiratory disease and diabetes)								CCG
Management of hypertension in primary care		●	●					CCG
<b>ALL-AGE</b>								
<b>Mental Health</b>			●		●	●		HWB
<b>Young Carers and Carers</b>			●		●	●	●	HWB
<b>Positive experience of health, care and support</b>			●			●	●	HWB
<b>Autism</b>			●	●		●	●	HWB
Early intervention and prevention			●		●	●	●	ALL
Safeguarding - protecting from avoidable harm and caring in a safe environment			●			●	●	LSCB / LSAB

HWB = Health and Wellbeing Board  
 CCG = Clinical Commissioning Group  
 PH = Public Health  
 CFB = Children and Families Board  
 LSP = Local Strategic Partnership Executive  
 LSCB / LSAB = Local Safeguarding Children and Adults Boards

SCCB = Safer Cohesive Communities Board  
 SETF = Skills and Employment Task Force  
 SFTF = Supporting Families Task Force  
 HPLTF = Homelessness / Private Landlord Task Force  
 TWC = Telford and Wrekin Council

## Appendix 2: The National Life Stage Approach: Fair Society, Healthier Lives

The national Health Inequalities Review: Fair Society, Fairer Lives led by Prof. Marmot, proposed significant action to reduce the social gradient in health across key life course stages. The significant stages are:

### Starting well

The health and wellbeing of women before, during and after pregnancy is a critical factor in giving children the healthiest start in life. Evidence indicates that: improving maternal mental health, tackling maternal obesity, decreasing smoking in pregnancy and improving breastfeeding will have the greatest impact. Children's development is crucial and better early years support makes a big difference. Good parent-child relationships help build children's self-esteem and confidence and reduce the risk of children adopting unhealthy lifestyles.

### Developing well

Teenage years are a crucial time for health and wellbeing. Teenagers and young people are among the biggest lifestyle risk-takers. Behaviour patterns adopted in childhood and adolescence usually persist into adulthood. The younger people start to smoke the more likely they are to remain smokers and the pattern is the same for overweight and obesity. Half of all mental illness starts by the age of 14.

### Living well

The majority of illnesses and early death, before the age of 75, are caused by 'diseases of lifestyle' and therefore could be prevented. It is estimated that a substantial proportion of cancers and deaths from circulatory disease (heart disease and stroke) could be avoided, through a combination of stopping smoking, improving diet, increasing physical activity and sensible alcohol consumption. Improving emotional health and well-being impacts significantly on both people's physical health and their lifestyle behaviour choices.

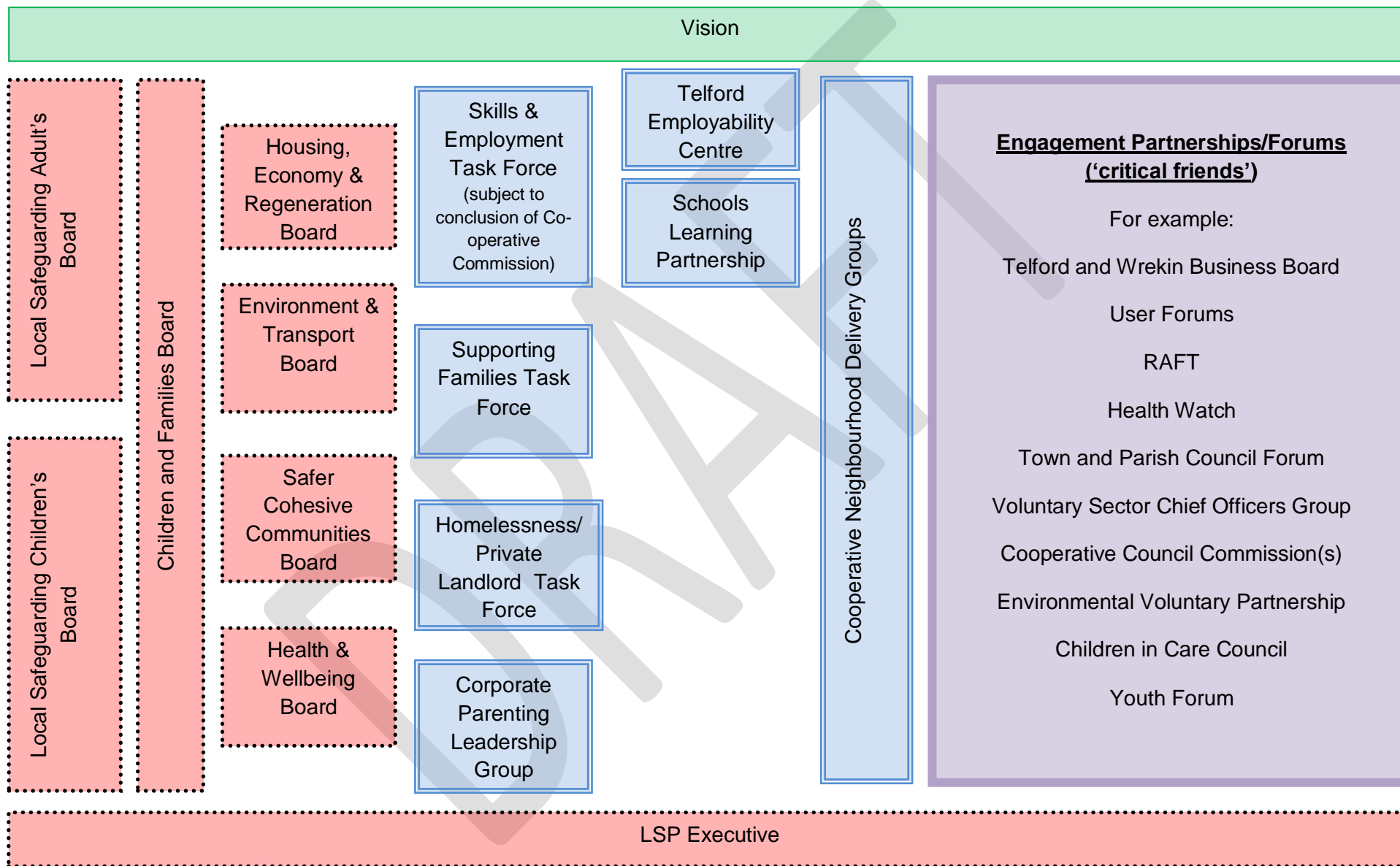
### Working well

The health and wellbeing of people of working age is important to our economy and society. Working is in general good for people's health and being unemployed can negatively impact on both physical and mental health. Taking a preventive approach can impact on musculoskeletal problems, work-related stress, depression and anxiety which in turn will reduce sickness absence from work.

### Ageing well

Our population is ageing rapidly, but people are living and staying fitter for longer. Dementia is increasing due to the ageing population, but improving diet and lifestyle earlier in life can significantly reduce the impact for over half of people who suffer with dementia. Intervening early to support the vulnerable elderly, such as those who are frail and isolated in order to prevent falls, depression and unnecessary suffering in cold weather, can make a huge difference.

# Appendix 3: Partnership Framework



**Key:**

Pink – Strategic Function

Blue – Delivery Function

Purple – Engagement/Critical Friend

**TELFORD & WREKIN COUNCIL**

**HEALTH AND WELLBEING BOARD – 14 NOVEMBER 2012**

**LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2011-12**

**REPORT OF AD SAFEGUARDING CHILDREN**

**PRESENTED BY CHRIS BRANNAN – INDEPENDENT CHAIR**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

The purpose of this report is to raise awareness of the critical role of the Safeguarding Board to keep children and young people in the Borough safe.

**2. RECOMMENDATIONS**

That:

- consideration be given to the focus and progress made delivering the LSCB Business Plan.
- the role of the LSCB in driving change and improvement in response to the OFSTED ‘Inspection of Safeguarding and Looked After Children’ is acknowledged

**3. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	Co-operative Council Priority: ‘Protect and support our vulnerable children and adults’
	Will the proposals impact on specific groups of people?	
	Yes	The objectives and actions of the LSCB Business Plan impact across all sections of the Borough, in particular children, young people, parents and carers – including work to support and protect the most vulnerable in the community
<b>TARGET COMPLETION/DELIVERY</b>	LSCB Annual Report April 2011- March 2012	

<b>DATE</b>		
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	There are no direct financial implications arising from the recommendations in this report. The total budget available to fund the work of the LSCB in 2011-12 is £203,810 provided by contributions from a number of partners including the PCT and the Police. Financial reports are presented bi-annually to the LSCB and are reported yearly in the Boards Annual Report
<b>LEGAL ISSUES</b>	Yes	Section 13 of the Children Act 2004 (2004 Act) requires each local authority to establish a Local Safeguarding Children Board (LSCB). LSCB functions are prescribed by Section 14 of the 2004 Act and the Local Safeguarding Children Board Regulations 2006 (as amended). Section 14A of the 2004 Act requires all LSCBs to prepare and publish a report at least once in every 12 month period about safeguarding and promoting the welfare of children in its local area
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	The scope of the actions in the LSCB Annual Report impacts on many aspects of the lives of children, young people, parents and carers – including work to support and protect the most vulnerable in the community.
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	Borough-wide impact

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

#### *Local Safeguarding Boards (LSCB)*

The Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB). The LSCB is the statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

As well as the statutory requirement, the activities and focus of the Board are aligned with the Co-operative Council priorities of 'Protect and support our vulnerable children and adults' and 'Putting Children & Young People First'.

Working Together To Safeguard Children 2010 requires all LSCBs to produce an annual report which reflects the progress of its business plan as well as providing a realistic assessment of the challenges which will remain. The report (Appendix 1) sets out progress against its priorities including:

- Children Abused Through Exploitation – mainstreaming of the CATE service in the Targeted Youth Support and Cohesion Services – to build on the success of Operation Chalice.
- Getting the Right Help at the Right Time – this objective extends across the children and young people partnership landscape. Critical to this is the ongoing implementation of Family Connect – to provide a single front door to all children, young people and family enquiries. Another area where significant progress has been made is the development of a pre-birth pathway. It is anticipated that this will lead to early identification and support given to families at the earliest opportunity.
- Missing Children – supported the development and launch of a joint regional protocol to provide consistent information sharing across care provides and 'return interview' to enable the risk of children going missing again to be reduced. This has allowed in some instances the young person to be reintroduced to their family successfully.
- Children & Young People Feeling Safe – the work commissioned by the Board led to the development of a chatterbox leaflet to raise awareness of bullying amongst children, parents, carers and schools to ensure that children are able to identify what bullying is, what to do about it and where to seek help. It also considered domestic abuse and health relationships (low level sexual abuse). This work has been recognised as best practice by the Children's Commissioner as this was designed by children for children.

### *Developing the Board*

Since the completion of this report, OFSTED have undertaken an Inspection of Safeguarding and Looked After Children services (Appendix One presents a head-line summary of the judgements). This report was published on 10<sup>th</sup> August 2012. Overall, both safeguarding and looked after children services were found to be adequate in their effectiveness (meet minimum standards), and the inspectors endorsed the direction and vision for children's services following the strategic review in 2011. The OFSTED report compliments the working of the Board stating that the 'fully established LSCB successfully demonstrates a culture of appropriate challenge resulting in effective governance of safeguarding issues by the Council and its partners'.

Whilst recognising the Board's strengths, the OFSTED report is also very clear where the role and effectiveness of the Board can be strengthened. OFSTED consider that the Board has a critical role in ensuring that their (OFSTED's) recommendations are effectively and speedily implemented. The Board will agree and then monitor the implementation of the action plan to improve all the areas identified.

The Board is moving quickly to update its Business Plan in response to the OFSTED report. It is critical that the Board is self aware and continues to develop its role as a result. Two particular areas which the Board will focus on as a result of the inspection are:

- training – ensuring that all identified staff are compliant with safeguarding training
- ensuring that the recommendations made by the Board are linked more directly in front-line social work practice.

As the lead organisation for Safeguarding and Children in Care, the Council is taking action to address the recommendations identified by OFSTED – the 'immediate' recommendations have already been addressed. The Council will be responsible to the independent LSCB for the delivery of these recommendations and ensuring that they deliver the necessary outcomes and improvements. As the OFSTED report has highlighted, the Board offers an appropriate level of challenge to the Council and its partners and is therefore well placed to ensure the necessary actions are effectively implemented.

**Report prepared by Clarissa Kris Woodcock  
Safeguarding Children Partnership Development Officer  
Telephone: 01952 telephone extension 385656**

**APPENDIX ONE: OFSTED INSPECTION OF SAFEGUARDING AND LOOKED AFTER CHILDREN: SUMMARY JUDGEMENTS**

<b>Safeguarding services</b>	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
<b>Safeguarding outcomes for children and young people</b>	
Children and young people are safe and feel safe	Adequate
Quality of provision	Inadequate
The contribution of health agencies to keeping children and young people safe	Adequate
Ambition and prioritisation	Good
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Adequate
<b>Services for looked after children</b>	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
<b>How good are outcomes for looked after children and care leavers?</b>	
Being healthy	Adequate
Staying safe	Good
Enjoying and achieving	Adequate
Making a positive contribution, including user engagement	Good
Economic well-being	Adequate
Quality of provision	Inadequate
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Equality and diversity	Adequate



**Annual Report**  
**April 2011- March 2012**

## Document Governance

<b>Title</b>	Telford & Wrekin, Safeguarding Children Board, Annual Report April 2011- March 2012
<b>Purpose/scope</b>	Recording the annual effectiveness of safeguarding and promoting the welfare of children within Telford & Wrekin
<b>Subject key words</b>	Safeguarding, Children and Young People
<b>Lead author and contact details</b>	Clarissa Kris Woodcock, T&W Safeguarding Children Partnership Development Officer Email: <a href="mailto:Clarissa.Woodcock@telford.gov.uk">Clarissa.Woodcock@telford.gov.uk</a> Tel: 01952 385656
<b>Date of document</b>	20 June 2012
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# FOREWORD

I am pleased to present the Telford and Wrekin Safeguarding Children Board Annual Report 2011-2012 outlining the achievements and assessments of the Board during the last twelve months, during which time there has been a particular focus on the voice of the child with the 'I Stay Safe' initiative. A summary of the LSCB Key Priorities and how they have impacted on the lives of children and young people can be found over the page.

Since April 2010 there has been a new statutory responsibility for Local Safeguarding Children Boards to produce and publish a report that provides an assessment on the effectiveness of our local arrangements to safeguard and promote the welfare of children. In essence, it provides an analysis of how well the key agencies responsible for child safety are performing their duties both individually and collectively. Whilst this report recognises the achievements and the progress that has been made it also makes a realistic assessment of the challenges that still remain.

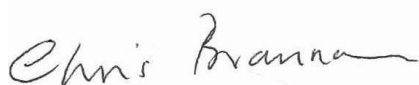
The last twelve months have been very demanding for all front line services as they have been working in a rapidly changing environment. The public sector landscape has altered significantly and partners have had to redesign their organisations in response to the new financial climate.

Nationally Professor Eileen Munro has published her independent review to improve child protection and produced a comprehensive report to the Government. We have welcomed their response and are now eagerly awaiting the revision of 'Working Together' our statutory guidance. There have been fundamental changes in the National Health Service and these have created uncertainties about safeguarding and its future framework within the Health Community.

In Telford and Wrekin there is a strong culture that recognises the requirement for continuous development, transparency and accountability by all the partners. There is no doubt that the agencies take their responsibilities very seriously and this was clearly acknowledged by action in response to the Munro Report, OFSTED Good Practice Guide, Peer Review and the Section 11 Audit. Having said that, there is no room for complacency and therefore we must continue to focus resources on front line delivery and also ensure that our quality assurance framework has a key role in our improvement cycle.

Finally I would like to thank the Board, its staff and all practitioners for their commitment and professionalism in what has been a challenging year.

**Chris Brannan**



**Independent Chair**

**2011-2012 LSCB Priorities Key Activity and Impact on the lives of children & young people**

<b>Board Priorities</b>	<b>LSCB Key Activities</b>	<b>Impact on the lives of C&amp; YP</b>
<b>Children Abused Through Exploitation (CATE) Priority</b>	<ul style="list-style-type: none"> <li>Developed a draft 5 step model which helps identify localities where there maybe an emerging problem</li> </ul>	Known intelligence of sexual exploitation activity and related crime which helps us put our resources where needed.
	<ul style="list-style-type: none"> <li>Independent Sexual Violence Advisory (ISVA) Service implemented in Shropshire and Telford &amp; Wrekin.</li> </ul>	2 full time ISVAs and 2 Sexual Violence Support Workers have supported 30 clients in their first 7 months of operation.
	<ul style="list-style-type: none"> <li>Support for children, young people and families who are victims of child sexual exploitation</li> </ul>	More young people and parents are engaging and accepting support. Reduced level of risk from sexual exploitation.
	<ul style="list-style-type: none"> <li>Muslim Forum</li> </ul>	Highlighted problems ,challenged behaviours and cultural issues and tailored services to local Pakistani Muslim needs..
<b>Getting The Right Help At The Right Time Priority</b>	<ul style="list-style-type: none"> <li>Information sharing between Early Intervention Teams and Social Care Team.</li> </ul>	Improved decision making means that appropriate support to children & families is now provided earlier
	<ul style="list-style-type: none"> <li>Developing CAF Performance Framework</li> </ul>	Measures the outcomes for the early intervention teams
	<ul style="list-style-type: none"> <li>Pre-Birth Pathway</li> </ul>	Vulnerable children are identified and supported earlier
	<ul style="list-style-type: none"> <li>Family Connect consultation events with all stakeholders</li> </ul>	Knowledge and views are captured to shape the service.
<b>Missing Children Priority</b>	<ul style="list-style-type: none"> <li>Missing Children data analysis</li> </ul>	Analysis of what is working well and what is not
	<ul style="list-style-type: none"> <li>Joint Regional Protocol launch</li> </ul>	Robust mechanism for information sharing across all children in care providers both private and public
	<ul style="list-style-type: none"> <li>Develop process for Children &amp; Young People missing from care</li> </ul>	Return interviews will be a way for them to discuss feelings
	<ul style="list-style-type: none"> <li>Involvement of Early Intervention and Cohesion services</li> </ul>	Early identification means we provide the right services at the right time
<b>Children &amp; Young People Feeling Safe Priority</b>	<ul style="list-style-type: none"> <li>Anti- Bullying consultations with young people, the Care Council, Youth Projects ,Play Groups and Disabled Children’s Groups</li> </ul>	How were doing comments for our communications and anti-bullying strategy
	<ul style="list-style-type: none"> <li>Parents Protect (sexual abuse) Events</li> </ul>	Raising parents awareness of sexual abuse
	<ul style="list-style-type: none"> <li>Primary School mentoring by West Mercia Police Cadets</li> </ul>	Positive role models for Years 4 – 6
	<ul style="list-style-type: none"> <li>Refreshed the LSCB website using a I Stay Safe campaign during anti-bullying week by Holmer Lake School on Beacon radio</li> </ul>	Promotion of anti-bullying week & LSCB website to 250,000 listeners. In first week of launch 600 hits on new website
	<ul style="list-style-type: none"> <li>10,500 anti-bullying chatterboxes created by children for children plus supporting curriculum delivered to schools</li> </ul>	Raising awareness of bullying amongst children, parents and schools. Recognised by the Children’s commissioner as primary school safeguarding best practice.

# BOARD OBJECTIVES

**The Telford & Wrekin Safeguarding Children Board (LSCB) was created under The Children Act 2004.**

The work of the LSCB has a focus on keeping children safe: including the prevention of significant harm as well as the wider remit of improving the wellbeing of all children in Telford & Wrekin.

The specific objectives of the Telford & Wrekin Safeguarding Children Board are:

1. To co-ordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area and to ensure the effectiveness of what is done by each such person or body for that purpose. Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development

2. To ensure that children grow up in circumstances consistent with the provision of safe effective care and undertaking that role as to enable those children to have optimum life chances and enter adulthood successfully.

3. To improve safety for children by promoting the development of safe environments in which children can grow, for example improved cyber safety, reducing death from injury from fires and reducing deaths in infancy.

4. To promote a community involvement in safeguarding children and promoting their welfare by raising awareness through publicity and training.

# LSCB MEMBERSHIP

## The Board

Name	Agency
Mr C Brannan	Independent Chair
Ms M Bayley	Shropshire Community Health Trust
Mr J Bedesha	T&WC: Family & Cohesion Services
Mr M Bennett	Lead Joint Commissioner and Contracting Manager of Mental Health, Substance Misuse, Adults with Learning Difficulties and Employment
Mr G Branch	West Mercia Probation Trust
Mr J Collins	T&WC: Education, Culture & Skills
Ms G Eatough	Secondary Schools
Dr Ganesh	Shropshire Community Health Trust - Designated Doctor
Ms K Hancocks	Community Board Member
Ms H Hipkiss	NHS Midlands and East SHA
Ms C Hobbs	Primary Schools
Mr S Hosking	Youth Offending Service
Ms B Jackson	Telford College of Arts and Technology
Ms L Johnston	T&WC: Director of Children and Family Services
Mr C Jones	T&WC : Assistant Director Family & Cohesion Services
Ms G Knox	Special Schools
D Supt M Lakeman	West Mercia Police
Ms M Lee	South Staffordshire & Shropshire NHS Foundation Trust
Ms V Morris	Shrewsbury and Telford Hospital NHS Trust
Ms S North	Community Board Member
Ms K Perry	T&WC: Interim Assistant Director: Children's Safeguarding
Mr D Robson	T&WC: Adult Safeguarding & Quality
Ms A Scott-Ryan	Shropshire and Telford & Wrekin NHS Trust – Designated Nurse
Mr R Thomson	Public Health – Shropshire County PCT
Cllr P Watling	T&WC Lead Member
DCI J Wells	West Mercia Police

## Executive Group

Name	Agency
Mr J Bedesha	T&WC: Family & Cohesion Services
Mr M Bennett	Lead Joint Commissioner and Contracting Manager of Mental Health, Substance Misuse, Adults with Learning Difficulties and Employment
Mr C Brannan	Independent Chair
Mr G Branch	West Mercia Probation Service
Ms S Dean	Primary Schools
Dr M Ganesh	Shropshire Community Health Trust - Designated Doctor
T/DI H Gordos	West Mercia Police
Mr S Hosking	T&WC: Youth Offending Service
Ms L Johnston	T&WC: Director of Children and Family Services
Ms D Lloyd	T&WC: Family Connect
Ms K Perry	T&WC: Interim Assistant Director: Children's Safeguarding (Chair)
Ms A Scott-Ryan	Shropshire and Telford & Wrekin NHS Trust
Mrs S Vale	Shropshire Community Health NHS Trust – Vice Chair

Ms M White	T&WC: Child Protection and Assessment
Ms W Williams	Wrockwardine Wood Arts College

### **Board Officers**

<b>Name</b>	<b>Agency</b>
Miss E Boddison	T&WC: Safeguarding Advisory Service
Mrs J Britton	T&WC: Safeguarding Advisory Service, Interim Service Delivery Manager
Ms C Hughes	T&WSCB Interagency Training Coordinator
Ms T Knight	T&WC: Safeguarding Advisory Service, Principal Officer Conferencing and Review & LADO
Mr M Turner	T&WC: Safeguarding Advisory Service, Principal Officer Child Protection & LADO
Ms K Woodcock	T&WC: Safeguarding Children Partnership Development Officer

# Annual Report 2011-2012

## Introduction

### The Purpose of this Report

- To report work progress against T&W SCB Business Plan 2011-12.
- To analyse safeguarding practice within the Borough, focussing on T&W SCB agreed performance data and information relating to inspection, audit and needs analysis.
- To inform the T&W SCB business planning process 2012-15.

### Background

The Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB). The LSCB is the statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

Working Together To Safeguard Children 2010 (WT2010) requires all LSCBs to produce an annual report which reflects the progress of its business plan as well as providing a realistic assessment of the challenges which still remain.

The core content for annual reports is outlined in WT2010. This report complies with that guidance.

As well as the statutory requirement, the activities and focus of the Board are aligned with a core priority of the 2011-12 refresh of Telford & Wrekin's Children and Families Plan: *"Keep children safe from maltreatment, neglect, violence and sexual exploitation"*.

This **Annual Report** is divided into three sections:

- Governance and Operational Arrangements
- Performance and Audit
- Progress against Business Plan - Improving Practice and Service Delivery

The 2011/12 Business Plan had four safeguarding priorities together with a number of sub-groups and work streams and its two Professional Practice Themes. These are detailed below.

#### **Board Priorities**

- \* Children Abused Through Exploitation (CATE)
- \* Missing Children
- \* Getting The Right Help At The Right Time
- \* Children and Young People Feeling Safe

#### **Sub-groups**

- \* Child Death Overview Panel
- \* Policies & Procedures
- \* Performance Management
- \* Serious Case Review
- \* Training

#### **Professional Practice Themes**

- \* Invisible Men' The role of men in children's lives
- \* Cultural Competence

#### **Work Streams**

- \* Communication Strategy
- \* Munro Report Response
- \* Funding
- \* Structure & Membership

## Governance and Operational Arrangements

This has been a period of reflection, challenge and change for the LSCB. The Munro Review of Child Protection: Final Report - A child-centred system was published July 2011. The Munro Report set challenges for improvements in service delivery especially early intervention and the quality of social work practice and the role of the LSCB in driving these improvements across all partner agencies. In response to the 15 Munro recommendations a strategic steering group has been set up to drive the implementation forward.

All the organisations who work with Children and Young People (C&YP), share a commitment to safeguard and promote their welfare have specific roles and responsibilities to do so which are underpinned by statutory duty or roles. These are outlined in WT2010.

Chris Brannan is the Board's Independent Chair. This is his third year of tenure.

The Lead Cabinet Member for Children and Young People regularly attends LSCB meetings.

During 2011-12 the membership of the Executive Group and Sub-groups has been reviewed and approved by the SCB.

Two Community Board Members were appointed in January 2011 and under took a comprehensive induction programme. In addition to attending the main Board both serve on the Children and Young people Staying Safe Sub-group. The Community Board Members have been able to contribute to the scrutiny and oversight of various policies and procedures and in developing work with children and young people.

All statutory member agencies completed Section 11 Audits in 2011. They all report having safer recruitment policies and procedures which comply with T&W SCB guidance. Members also have in place policies and procedures to address the management of Allegations Against Adults Who Work With Children.

LSCB Financial Summary 2011-12 / 2012-13 is Appendix A

## Performance and Audit

The SCB approved a comprehensive performance management framework and calendar of reporting, which enables it to fulfil the expectations outlined in the business plan. The framework covers five core areas: Section 11 Self-Audits, performance reporting and performance indicators on a range of safeguarding issues, single agency focused audits, multi-agency practice audits and themed reviews.

The **Annual Unannounced Inspection** of contact, referral and assessment arrangements took place in May 2011. Ofsted found two areas of strength: an innovative and effective multi-agency approach to protecting children at risk of sexual exploitation which is recognised nationally as a practice leader in this area and the investment in business support officer posts who provide extensive, individualised support for social workers. The level and quality of this support enables workers to efficiently manage their casework and spend more time with children and families. The introduction of this support has had a very positive impact on social worker morale.

OFSTED found the service met statutory guidance in child protection enquiries, arrangements for the screening of contacts and referrals, thresholds for children's social care are well understood and operate effectively across partner agencies, use of the common assessment framework and a Team around the Child approach, partnership arrangements for working with children at risk of significant harm are strong, the needs of disabled children are responded to in a sensitive manner, children and young people are routinely seen and spoken to as part of the assessment process, at the time of the inspection all cases were appropriately allocated, out-of-hours arrangements are well established and responsive with effective communication between daytime and out-of-hours services. Standards for the service are defined and monitored through a clear service level agreement, the local authority seeks user feedback on their experience of its duty and assessment services which informs service development and senior managers have a good understanding of the strengths and vulnerabilities of the service.

Areas for development were identified as: children's ethnicity and diverse needs being considered in assessment and care planning, the quality of analysis in assessments, up to date comprehensive case recording, timely initial assessments for children in need and consistent good quality supervision.

To move forward and action the findings of the Ofsted Unannounced Inspection, the Munro Report recommendations and the Peer Review which took place in 2011, Telford & Wrekin Council has established a Transforming Social Care initiative.

## Progress against Business Plan Improving Practice and Service Delivery

The LSCB has made considerable progress towards achieving its Business Plan objectives. Key progress includes:

- Ongoing support to children and families affected by Operation Chalice investigation into sexual exploitation
- Development of the draft 5 steps model for identifying potential CATE issues in a particular geographic area with potential for regional and national implementation.
- A Regional Joint Protocol for Missing Children to enable improved support to be given to the children, young people and families affected.
- During the year the Board ratified the following policies: The 2011-12 Communications Campaign, Anti-Bullying Policy and Guidance.

Further examples of work are listed at **Appendix B**.

Key to the effectiveness of the LSCB is the involvement and engagement of children and young people throughout the Borough, particularly vulnerable groups. These activities have included:

- Anti-bullying consultations with the Care Council, Youth Play and Activity Groups, Disabled Children's Groups and Youth Projects. These consultations informed the refreshed Anti-bullying Policy and Guidance.
- Consultations involving 5 Primary Schools and 1 Infants School with the purpose of the children producing an anti-cyber bullying and domestic violence tactile communications tool for all primary school children in the borough. This piece of work was recognised by the Children's Commissioner as best safeguarding practice for primary schools.
- Beacon Radio Broadcast. The focus of which was anti-bullying. The script was created and performed by the children of Holmer Lake Primary School and was transmitted 62 times to a listening audience of 250,000 during the last two weeks of November to coincide with national anti-bullying week.
- Groups of children commented on the refresh of the LSCB website
- Other examples of activities and those planned for the future are summarised at **Appendix C**.

## What difference have we made to children, young people, parents and carers?

Significant differences include:

- The raised awareness of children in terms of their own safeguarding environment; anecdotal evidence suggests children are questioning their own environment and how this reflects on their wellbeing
- Child deaths have reduced since 2008
- The role of significant men in children's lives and the impact is better taken into account in assessment and care planning
- Hospital paediatric staff are better able to identify potential safeguarding issues within apparent Life Threatening Events
- The reflective question, 'How has the work of this meeting contributed to keeping children and young people safe?' has become an integral part of all T&W SCB meetings.

Other achievements are set out at **Appendix D**.

**Serious Case Review (SCR)** During 2011 -12 the Group continued to meet on a bi monthly basis. It has co-ordinate the production of a number of discretionary reviews, received and considered reports of serious incidents from the Youth Offending Service. The group has received and considered a report analysing Child Protection Plans over 2 years. It has also considered published Executive Summaries from other LSCBs to ascertain any potential local learning and nationally published summary documents collating themes from SCRs [e.g. Ages of Concern], good practice and framework guidance. The group will continue to look at future arrangements for the SCR Process as and when guidance is published.

There have also been specifically convened Panel meetings to progress and address the recommendations from the individual SCR (Child A) initiated in 2010 and to successfully addressed the inadequacies which were identified in Ofsted's evaluation,

Key examples of the impact of addressing the learning from Child A

- Increased visibility of men who are significant figures in children's lives and the role they play (as evident from care plans for court and notes of legal planning meetings)
- Increased awareness by hospital doctors of the differential diagnosis of Apparent Life Threatening Events, that child maltreatment should be considered as one of its important potential causes (as evident from safeguarding training delivered by Designated Doctor).
- Reduction in frequency of missing children from local children's homes (data from COMPACT system, the West Mercia Police missing person database that automatically shares information with key agencies)
- Schools have comprehensive advice on good practice for record keeping and archiving (development and use of Designated Persons workbook and follow-up health checks)

- Agreement by A&E to flag additional vulnerable children (those subject to Supervision Orders or Care Orders but Placed with their Parents)
- Information regarding child protection concerns is shared when a child is moved to specialist hospital. (As evident from Paediatric Intensive Care Retrieval Forms).
- Improved safeguarding governance for all members of Shropshire health family including Ambulance and GPs as member of the Health Safeguarding Governance Children's Committee (as evident in notes of meetings)
- Recognition of the importance of involving someone with the right specialist knowledge in conducting management reviews (as evident from proposal to commission specialist assistance for current discretionary management reviews)

**Child Death Overview Panel (CDOP).** There were 25 deaths reported to the Shropshire/T+W CDOP in 2010-11, 17 fewer than the 42 deaths during the year 2009/10, 30 fewer than the 55 which occurred in 2008/09. There were no homicides or suspicious deaths. The appointment of the Lead Nurse for CDOP in May 2011 increased the cover for the Rapid Response during the week and an option appraisal has been carried out to look at covering evenings and weekends. CDOP has been involved in developing the T+W accident prevention strategy. The CDOP information leaflet has been reviewed and updated.

**Interagency Training** In year 2012 /13 each statutory agency will be required to provide a single agency safeguarding training plan, identifying their staff requirements for interagency training. Currently the Training Sub-group are conducting an audit ensuring all partners are compliant with this WT2010 requirement.

**Training courses** During the reporting year training offered 12 different course titles which included: the 'Hidden Sentence', and 'Somebody Else's Child' and 'Developing Practice', which extended learning around the four categories of abuse. In total, 27 interagency courses were delivered by the training pool, 309 learners attended. 4 new courses have been developed by the training pool for 2012, titles include: Parental Mental Illness in a Child's World and Interagency Working to Safeguard Children Living with Parental Substance Misuse. The Peer Review acknowledged multi-agency training was well regarded and a particular strength of the LSCB.

**Conferences** Training also hosted 3 conferences: Parent Protect which provided practitioners with information to be shared with parents enabling them to protect their children from sexual abuse and provide information about e-safety. Fabricated and Induced Illness, jointly hosted with Shropshire Safeguarding Children Board. The outcomes from this event are currently being discussed by the Serious Case Review Sub-group and further work will be developed in 2012/2013. The third conference: Assisted Voluntary Return, introduced issues relating to illegal migrants and provided information which could be offered to people to assist them to return to their home country, the session was led by the Refugee Migrant Centre

**Schools Child Protection training which includes statutory, private and independent provision** All Schools in the Telford & Wrekin area have received Board approved training which is refreshed every 3 years. The Designated Persons have attended role specific training and update sessions are provided every term. A large number of schools access interagency training on a regular basis.

**Voluntary Sector Training** The Training Sub Group undertook the commitment to provide free training for the Voluntary Sector. Organisations who have received child protection training include: Street Pastors, Home Start, Woodside Family Group, small Volunteer Youth Groups, Chaperones, Stay Project, Shropshire Girl Guides and the Police Cadets

**The Local Authority Designated Officer** dealt with 142 allegations during 2010-2011 eight people were dismissed and three received criminal convictions. The numbers of allegations are slightly up on the previous year (138); this is also reflected in regional and National trends”

**Safeguarding in schools** During the year there were eleven Ofsted inspections. As part of the overall inspection process Safeguarding is taken into account as a limiting judgement. Of the eleven, two were rated as Outstanding and the others as being good (six) or satisfactory (3). As an officer of the Board the Principal Officer for Child Protection visited two of the schools who took up the option of a “health check” on their Child Protection and Safeguarding procedures. One of the schools achieved outstanding prompting the Head teacher to write: *“Just had a very successful Ofsted. Our Safeguarding and Child Protection Strategies were considered to be exemplary and we were awarded an Outstanding Judgement. Thank you for all your help and guidance in these matters”*

A **“Designated Persons Workbook”** was submitted and approved by the SCB. For the first time this set out roles, standards, practice and performance for Designated Persons in Schools and was subsequently adopted as good practice model at the Regional Midland Association Safeguarding in Education Officers Network (MASIE). It is hoped our lead will shape practice across the wider regional safeguarding agenda. The “Workbook” sits alongside model template policies that the SCB produces yearly for schools.

**Police** Protecting Vulnerable people which includes children is a strategic key priority for West Mercia Police; a theme which is embedded within our training for all of our staff.

West Mercia Police has five local authority aligned territorial policing units and within each there is a dedicated public protection team with specialist staff that address key areas which include Child Abuse and Domestic Abuse. Each Public Protection Unit is lead by a dedicated Detective Inspector, with West Mercia Police HQ having strategic control and leadership but delivering a localised service.

Partnership working is fundamental to effective public protection and West Mercia Police are committed to this process of working with all agencies that have an ability to provide protective services. A demonstration of that commitment is the current engagement to pursue co-location working within the Telford and Wrekin Family Connect project. New data analysis and assessment now addresses the wide agenda area of children who may be abused through exploitation. West Mercia Police data is provided to allow agencies to proactively identify any early indications of abuse through exploitation and therefore implement early prevention strategies.

**Professional Practice themes** Information relating to the two practice themes has been disseminated across agencies and partners of the LSCB. An LSCB training event

(Missing Men Conference) has been held which assisted in the launching of the two practice themes. This Conference was well attended and received by professionals across the LSCB Partnership.

A baseline audit has assessed how partner agencies have incorporated the two themes into professional practice. Further developments will include embedding the themes in all work, policy/procedures and quality assurance frameworks.

### **Child Protection Trends**

The number of children with Child Protection Plans is measured as a rate per 10,000 population aged 0 to 17. Telford & Wrekin continues to have a higher rate of CP Plans per 10,000 than All England and Statistical Neighbours. At year end we were also the highest of all West Midlands Authorities per 10,000 (35.13). Telford & Wrekin's children subject to a CP Plan per 10,000 at 31 December 2011 was 56.5.

The percentage of Children who have been made subject to a CP Plan who have previously been subject to a plan at 31 December 2011 was 14.8%. At the same time in 2010 Telford & Wrekin's figure was 14.1%. As overall registrations increase this figure may come down. At year end, March 2011, Telford & Wrekin's outturn was 12.4%, which was just above the statistical neighbour average of 12.3% and lower than All England average of 13.3%.

There has been an increase of 31.2% in the number of children becoming subject to a CP Plan between 01 April 2011 - 31 December 2011 compared to the same period in 2010. There has also been an increase of 72.3% in the number of children ceasing to be subject to a CP Plan between 01 April 2011 -31 December 2011 compared to 01 April 2010 – 31 December 2010.

The percentage of children who ceased to be subject to a Child Protection Plan within 6-12 months was lower than the All England Average. 33.2% of Telford & Wrekin children ceased to be subject to a plan within 6-12 months and the All England outturn was 38.2%. 31.2% of Telford & Wrekin children ceased to be subject to a Plan within 1-2 years, this was higher than the All England outturn.

Whilst the number of children becoming subject to a Plan has increased, further analysis of sibling groups has shown that whilst we do have some larger sibling groups the trend has not changed dramatically in recent years. In 2009/10 there were 10 sibling groups which included 4 or more children, in 2010/11 there were 13 and from 01 April 2011- 31 December 2011 there have been 11 sibling groups of 4 or more children made subject to a CP Plan. In 2010/11 there was a 61% rise from 2009/10 in boys aged between 1 and 4 becoming subject to a CP Plan. There was also a rise of 67% in boys aged 5 to 9 in 2010/11 compared to 2009/10. The ratio of boys to girls being made subject to a CP Plan is generally consistent over the last 5 years. The category of abuse that children are being made subject to CP Plans under has not changed dramatically, however since 2009/10 the predominant change has been an increase in the number of boys becoming subject to a Plan under the category of Sexual Abuse. In 2010/2011 there was a rise in the number of boys being made subject to a Plan under the category of Physical Abuse. It rose from 22 in 2009/2010 to 48 in 2010/2011.

Referral rates in Telford and Wrekin in comparison to Statistical Neighbours and All England have been lower per 10,000 however this year (2011/2012) there has been a significant rise which is mainly attributed to improved recording mechanism. The number of Referrals as at 31 December 2011 was 1684, this is 446.7 per 10,000.

In terms of the number of Children Looked After, the trends in Telford & Wrekin have continued to increase and exceed the All England Average since 2007. The current number of Children in Care per 10,000 is 79.6.

The percentage of children who were subject to a CP Plan who subsequently became Looked After within 12 months of being subject to a CP Plan has increased year on year since 2007/08 to 2010/11 and is expected to continue this year with the percentage as at 30/09/2011 being 42%.

Available data suggests that Telford & Wrekin have had a high rate of children subject to child protection plans for the last 10 years, however, up to 2007, this was counter balanced by a lower rate of CIC in comparison to all England average and statistical neighbours. It could be suggested that prior to 2007 Telford & Wrekin attempted to retain children on child protection plans as opposed to bringing children into care. From 2007 this trend began to change, and along with high rates of child protection plans, we began to see an increasing rise of CIC. There could be a number of reasons for this trend:-

- The establishment and bedding in of the TAC process and Early Intervention Services, leading to improved information sharing and a collective approach to safeguarding children and young people within Telford & Wrekin.
- The identification of long term neglect cases, particularly identifying large sibling groups. This could be a relevant factor when considering the conversion rate from child protection to CIC rate.
- The impact of 'Baby Peter' on safeguarding practice.
- The introduction of the Public Law Outline, resulting in consistent management oversight of significant cases, and decisions being made earlier regarding long term care plans for children & young people.

Telford & Wrekin continues to have a higher rate of CP Plans per 10,000 than All England and Statistical Neighbours. We need to explore the reasons behind this trend. One of the reasons for the rise could be a change in our practice in relation to unborn children. Instead of children becoming subject to a child protection plan at birth, they can now be made subject to the child protection plan up to 12 weeks before the birth.

When we explore why our rate of child protection plans continuing to rise, we particularly need to focus on the reasons behind the rise in repeat child protection plans. We are in the process of undertaking audits jointly within both Safeguarding and the Early Intervention services of those children who have been made subject to a child protection plan within a 12 month period, in order to identify themes within this area. Jointly with our safeguarding partners, we also need to review our safeguarding practices in relation to children where there is a dual status, i.e. children being subject to a child protection plan and being a CIC, as this has an impact on the numbers of children subject to a child protection plan.

Telford & Wrekin have continued to consider new approaches to targeting services for our vulnerable children – particularly in light of increased referrals, the number of children with a child protection plan, and increasing numbers of CIC. The development and introduction of Family Connect Model will bring together key professionals in one place in order that there is early identification of vulnerable children and improving the speed to which those children receive the most appropriate help from single agencies or several agencies. This approach will avoid unnecessary duplication of assessments by agencies, simplify processes and improve communication and information sharing between professionals.

## Conclusion & Looking Forward

Whilst operational safeguarding arrangements remain robust, organisational change and restructuring within key partners' agencies both nationally and locally has impacted on the momentum for local delivery of the strategic objectives in some areas. For example, these have affected the comprehensive development of the local missing children and pre-birth pathways. Partner agencies have however continued to monitor the effectiveness of operational child protection services. This has been accomplished through a range of mechanisms: supervision of staff, internal meetings with leads with less formal discussions with staff and young people, management and performance information, managers signing off assessments and care plans, statements for court, case file and theme audits. The number of children subject to a Child Protection Plan including those subject to a repeat plan are continually monitored.

Relationships between frontline professionals remain strong, and energy is being put into redeveloping them where changes in personnel require it. Where any professional disagreements cannot be resolved informally on a day to day basis, the role of the Designated and Named professionals and Safeguarding Advisory Service is well known.

The SCB has had a productive year. In response to national developments we have spent time reviewing how we deliver our core functions. This will contribute to improving outcomes for children and their families and ensure that agencies continue to work effectively together to plan, commission and deliver services.

The SCB has not just looked inward; we are developing strategies to improve operational practice throughout the Borough. This work has required extensive discussion and collaboration between board member agencies.

Given the current economic climate, next year will be particularly challenging for all partner agencies. The SCB have agreed a new budget to address the impact of partnership restructuring and the recommendations of the Munro Review.

### **2012-15 Business Plan Looking forward.**

Telford & Wrekin is about working smarter. We know that boards which concentrate upon a limited number of priorities are more likely to make a difference to children and young people. We also understand that in order to lead to improvements, priorities need to be relevant to the local area. To ensure the Board has a proper overview of activity relating to vulnerable groups of children including those living with domestic violence, hidden harm, parents/carers with mental health issues, children with disabilities and to identify any possible gaps, the Board will be undertaking a scoping exercise identifying the numbers of partnership meetings where these groups are identified and supported. It is imperative that the Board has this overview and that there are established linkages in terms of reporting and sharing information.

The LSCB has set three priorities for the coming year: **Children Abused Through Exploitation, Missing Children, and Children and Young People Feeling Safe**. On going actions from this year's SCB Business Plan will be subsumed into the 2012-15 Business Plan. Whilst the ongoing development of the T&W Family Connect Service will be overseen by the Council's Children Young People and Families Board.

Strong practice is seen where LSCBs review regularly and update their priorities to meet changing needs and pressures. To this end there will be a board development day towards the end of this year where we can collectively review our priorities and the learning from the scoping exercise.

Future Board work will continue to focus on positive outcomes for and the continued engagement of children and young people, performance and holistically integrating our professional practice themes: 'Invisible Men' and Cultural Competence into the Boards work.

The SCB priorities, sub-groups and work streams for 2012-3 are at **Appendix E**.

## LSCB FINANCIAL SUMMARY 2011-12 / 2012-13

2011/12			
2011/12 ORIGINAL BUDGET	2011/12 BUDGET ADJUSTMENTS	2011/12 REVISED BUDGET	2011/12 ACTUAL OUTTURN

(inc Partners payment holiday)

£                      £                      £                      £

### EXPENDITURE

Salaries	147,486	0	147,486	158,630
Non Salaries	52,504	-12,674	39,830	18,096
CEC/DEC's	10,008	5,769	15,777	15,777
	<b>209,998</b>	<b>-6,905</b>	<b>203,093</b>	<b>192,502</b>

### INCOME

Shropshire & Telford Hospital	-5,000	1,250	-3,750	-3,750
Telford & Wrekin PCT	-38,000	9,500	-28,500	-28,500
West Mercia Constabulary	-14,000	3,500	-10,500	-10,500
West Mercia Probation	-4,340	1,085	-3,255	-3,255
CAFCASS	-550	137	-413	-413
YOS	-500	125	-375	-375
Education	-29,606	7,401	-22,205	-22,205
T&W Base Budget	-65,706	-5,042	-70,748	-70,748
Schools	-25,000	0	-25,000	-25,000
Training Fees	-4,560	0	-4,560	-4,910
Non Attendance Fees	-1,200	0	-1,200	-660
Daphne	-8,000	0	-8,000	
Funded from reserve	-13,536	-11,051	-24,587	-22,186
	<b>-209,998</b>	<b>6,905</b>	<b>-203,093</b>	<b>-192,502</b>

### LSCB - RESERVES

#### **2011/12**

Opening Reserves 11/12 (as at 01/04/2011)	-109,679	
Actual Reserves used 11/12	22,186	
Closing reserves 11/12 (as at 31/03/2012)		<u>-87,493</u>

#### **2012/13**

Opening reserves 12/13 (as at 01/04/2012)	-87,493	
Planned use of reserves 12/13	50,433	
Current Serious Case Review	16,000	
Planned closing reserves 12/13 (as at 31/04/2013)		<u>-21,060</u>

2012/13		
2012/13 ORIGINAL BUDGET	2012/13 BUDGET ADJUSTMENTS	2012/13 REVISED BUDGET

(inc Partners payment holiday)

£                      £                      £

	160,996	0	160,996
	39,420	0	39,420
	24,580	0	24,580
	<b>224,996</b>	<b>0</b>	<b>224,996</b>

#### **ACCOUNTING NOTES:**

Partners payment holiday agreed 2011/12 and 2012/13  
 DAPHNE income not expected - taken out  
 Salary costs 11/12 higher than budget due to incremental drift

## Appendix B: Sub-group and work streams achievements

	Sub-Group/Work Stream	LSCB Achievements
	Priority Areas	
1	Children Abused Through Exploitation (CATE) Priority	<ol style="list-style-type: none"> <li>1. Development of the draft 5 steps model for identifying potential CATE issues in an area. This is part of the launch of the Regional Missing Children Joint Protocol.</li> <li>2. Implementation of Independent Sexual Violence Advisory (ISVA) Service. In the first 7 months, the service has supported 30 clients, 2 full time ISVAs and 2 Sexual Violence Support Workers. Service available throughout Shropshire, Telford and Wrekin. Key agencies have received referral packs.</li> <li>3. Support for Chalice victims and their families.</li> <li>4. Strong links established with two voluntary organisations – Axis and Calla.</li> <li>5. Menu of activities agreed with Muslim Forum – which includes working with young people and Community Safety including Chalice, proposal to establish supplementary schools to focus on raising aspirations for young men.</li> </ol>
2	Getting The Right Help At The Right Time Priority	<ol style="list-style-type: none"> <li>1. Family Connect Service recruitment complete.</li> <li>2. Information sharing of Early Intervention Teams data with Social Care Data Team and Safeguarding: including Common Assessment Framework and Team Around the Child data.</li> <li>3. Common Assessment Framework (CAF) Performance Information Framework completed and ready to use.</li> <li>4. Development of Family Connect PR and Communication strategy including consultation with all stakeholders.</li> <li>5. Customer Relationship Management System (CRM) being developed. Commissioned April 2012.</li> <li>6. Pre-Birth Pathway complete. Implemented April 2012.</li> </ol>
3	Missing Children Priority	<ol style="list-style-type: none"> <li>1. Missing children data analysis.</li> <li>2. Developing robust process for children and young people missing from care.</li> <li>3. Launch of the Joint Regional Protocol</li> <li>4. Involvement of Early Intervention and Cohesion Services</li> </ol>
4	Children & Young People Feeling Safe Priority	<ol style="list-style-type: none"> <li>1. Produced creative outcomes whilst navigating around financial constraints.</li> <li>2. Anti- Bullying consultations with young people: Care Council, Youth Activity &amp; Play Groups, Disabled Children’s Groups &amp; Youth projects. Anti-Bullying Strategy approved by the Safeguarding Children Board.</li> <li>3. Distribution of Key Stage 1 and Key Stage 2 Chatterboxes to 11k primary school children within Telford &amp; Wrekin supported by an enriched curriculum. This work was nationally recognised by the Children’s Commissioner and the NSPCC.</li> <li>4. Safeguarding Concertina Card consultation taken place with 5 secondary schools. The work will be implemented in all secondary schools later this year with an enriched curriculum.</li> <li>5. Parents Protect Event: 72 people attended September’s events.</li> <li>6. Primary School mentoring by West Mercia Police Cadets for Years 4 – 6 positive role models.</li> <li>7. Trial of voluntary sector NSPCC accreditation.</li> </ol>

<b>Functions with Sub-groups</b>		
5	Child Death Overview Panel (CDOP)	<ol style="list-style-type: none"> <li>1. CDOP Lead Nurse appointment and is now qualified in Rapid Response for child deaths .</li> <li>2. Submitted CDOP national data prior to deadline (May 2011).</li> <li>3. Increased partnership working with coroner.</li> </ol>
6	Performance Management	<ol style="list-style-type: none"> <li>1. Ratified: Performance Management Framework and Calendar of Reports to LSCB.</li> </ol>
7	Policies & Procedures	<ol style="list-style-type: none"> <li>1. Missing Children Joint Protocol has been agreed by Council and LSCB.</li> <li>2. Refresh of the Schools Safeguarding and Child Protection Policies agreed by LSCB.</li> </ol>
8	Serious Case Review	<ol style="list-style-type: none"> <li>1. SCR action plan submitted to Ofsted and deemed satisfactory</li> </ol>
9	Training Sub- Group	<ol style="list-style-type: none"> <li>1. Chair and Action Plan Lead of Training Sub Group retained giving the sub-group continuity.</li> <li>2. Membership of training pool increasing.</li> <li>3. Expectations of statutory agencies clearly set out and progress report process in place.</li> </ol>
<b>Work Streams</b>		
10	Communication Strategy	<ol style="list-style-type: none"> <li>1. Production of Children &amp; Young People chatterbox communication tool.</li> <li>2. LSCB Members E Site.</li> <li>3. Refresh of LSCB Website.</li> <li>4. Beacon Radio anti-bullying jingles broadcast – Holmer Lake School: By Children For Children.</li> </ol>
11	Funding	<ol style="list-style-type: none"> <li>1. Funding for 2012-13 agreed.</li> </ol>
12	Munro Report Response	<ol style="list-style-type: none"> <li>1. Summary report produced which incorporated government's response to the Munro Report.</li> <li>2. Implications for T&amp;W identified.</li> <li>3. Interim Director of Children and Families has established an interagency strategic group to look at the implementation of the Munro Report within Telford &amp; Wrekin.</li> </ol>
13	Structure and Membership	<ol style="list-style-type: none"> <li>1. Induction of Community Board Members.</li> <li>2. Organisational change has become a standard agenda item at both LSCB and Executive Group Meetings.</li> <li>3. Membership of LSCB and the Executive Group is being monitored and maintained through organisational change.</li> </ol>
<b>Professional Practice Themes</b>		
14	Cultural Competence	Theme incorporated into the LSCB Performance Management Framework.
15	'Invisible Men' The role of men in children's lives	Theme incorporated into the LSCB Performance Management Framework.

**Appendix C: LSCB Involvement of children and young people**

	<b>Sub-Group/Work Stream</b>	<b>LSCB Involvement of children and young people</b>
	<b>Priority Areas</b>	
1	Children Abused Through Exploitation (CATE) Priority	1. Bid made to Home Office by Axis for young persons advocate for victims of sexual violence and exploitation.
2	Getting The Right Help At The Right Time Priority	1. Children and young people involved in the development of the Family Connect Service through consultations. 2. Planned involvement with C&YP during the 90 day consultation of phase 2 of the restructure. 3. Representative from the Parents Forum now sits on the sub-group.
3	Missing Children Priority	1. Jigsaw have discussed service provision with children and young people, as part of this process ways of encouraging children and young people to accept a contract from an independent person have been identified.
4	Children & Young People Feeling Safe Priority	1. Anti-bullying consultations with the Care Council, Youth Play & Activity Groups, Disabled Children’s Groups, Youth Project. 2. Chatterbox Consultation: 4 Primaries & 1 Infants School. 3. Borough Primary and Secondary Schools. 4. C&YP consultations regarding the new LSCB website. 5. Police cadets ‘positive role model ‘mentoring scheme with Years 4-6. 6. Holmer Lake School delivered an anti-bullying workshop to the January LSCB.
	<b>Functions with Sub-groups</b>	
5	Training Sub- Group	Discussions held with a view: 1. To delivering child protection awareness sessions suitable for young people. 2. To include young people in the development of the training pack.
	<b>Work Streams</b>	
6	Communication Strategy	1. Communications Tool consultation with primary and secondary schools within the borough. 2. C&YP consultations regarding the new LSCB website. 3. Beacon Radio broadcast – enabled the views, thoughts and feelings of children to be heard, created into a cohesive radio broadcast which will be transmitted 62 times during the last 2 weeks of November to coincide with anti-bullying week commencing 14.11.11.

**Appendix D: What difference are we making to children, young people, parents and carers?**

	<b>Sub-Group/Work Stream</b>	<b>LSCB What difference have we made to children, young people, parents and carers?</b>
	<b>Priority Areas</b>	
1	Children Abused Through Exploitation (CATE) Priority	<ol style="list-style-type: none"> <li>1. Development of draft 5 steps model for identifying potential CATE issues in an area. Identification of potential sexual exploitation activity: intelligence about related crime and risk factors, where &amp; how much. Range of data key sources; education &amp; police which enables targeting of resources</li> <li>2. Implementation of Independent Sexual Violence Advisory (ISVA) Service. Service available throughout Shropshire, T&amp;W. First 7 months of operation, the service supported 30 clients, 2 full time ISVAs and 2 Sexual Violence Support Workers.</li> <li>3. Support for Chalice victims and their families. Anecdotal evidence: parents report victims feel safer &amp; parents appreciate support. Difficult to reach young people are engaging and accepting of support. Reduction in level of risk from sexual exploitation for individual young people.</li> <li>4. Raised awareness of problems within the community. Regular meetings with the Muslim forum to tailor services and address local Pakistani Muslim needs. The process enables us to challenge behaviours and cultural issues.</li> </ol>
2	Getting The Right Help At The Right Time Priority	<ol style="list-style-type: none"> <li>1. Information sharing between Early Intervention Teams and Social Care Team. Improving informed decisions to ensure that children and families are receiving appropriate and proportionate support at the earliest opportunity.</li> <li>2. Developing CAF Performance Framework to capture outcomes measures for early intervention teams</li> <li>3. Pre-Birth Pathway ensures vulnerable children are identified and supported at the earliest opportunity</li> <li>4. Family Connect consultation events with all stakeholders to ensure practice knowledge and opinions are captured to inform design of the service.</li> </ol>
3	Missing Children Priority	<ol style="list-style-type: none"> <li>1. Missing Children data analysis of what is working well and what is not</li> <li>2. Joint Regional Protocol launch - Robust mechanism for information sharing across children in care providers: private and public and link into Family Connect</li> <li>3. Developing robust process for C&amp;YP missing from care. Improved processes for Safeguarding C&amp;YP. Return interviews will provide a forum for C&amp;YP to express feelings</li> <li>4. Involvement of Early Intervention and Cohesion services. Early identification of issues for C&amp;YP and their families to provide relevant services/interventions early at the right time</li> </ol>
4	Children & Young People Feeling Safe Priority	<ol style="list-style-type: none"> <li>1. Anti-Bullying consultations with young people: Care Council, Youth Projects &amp; Play Groups, Disabled Children's Groups. Needs &amp; gap analysis to inform communications &amp; anti-bullying strategy</li> <li>2. Parents Protect (sexual abuse) Events. Raising parents awareness of sexual abuse</li> <li>3. Primary School mentoring by West Mercia Police Cadets. Positive role models for Years 4 – 6</li> <li>4. Launch of refreshed LSCB website – I Stay Safe during anti-bullying week supported by media coverage and Radio Beacon jingles created and performed by Holmer Lake School. Promotion of anti-bullying week &amp; LSCB website to an audience of 250,000 listeners. In first week of launch 600 hits on new website</li> <li>5. Consultation, Creation and delivery of anti-bullying chatterboxes by children for children. 10,500 KS1 &amp; 2 Chatterboxes plus enrichment curriculum sponsored by LSCB. Key messages: what it is, what to do, where to seek help. Raising awareness of the multi</li> </ol>

		facets of bullying amongst children, parents , careers and schools. Recognised by the Children’s commissioner as primary school safeguarding best practice. 6. LSCB Anti-bullying strategy - Raising awareness, long term reduction in bullying
	<b>Functions with Sub-groups</b>	
5	Child Death Overview Panel (CDOP)	1. Child deaths have reduced since 2008. 2. Bereavement midwife post developed by SaTH – to commence September 2011. 3. Lead Nurse for CDOP panel due to workload of panel members.
6	Policies & Procedures	1.The refresh of the Schools Safeguarding and Child Protection Policies have been agreed by the LSCB
7	Serious Case Review	1.The role of significant men in children’s lives and the impact on their lives is better taken into account in assessment and care planning 2.Hospital paediatric staff better able to identify potential safeguarding issues within Apparent Life Threatening Events 3.Reduction in multiple episodes of missing YPs from single establishments
8	Training Sub- Group	1. Raised awareness of Child Protection issues and informed via the use of Child Protection procedures across the Telford & Wrekin area with practitioners in statutory organisations and the voluntary sector.
	<b>Work Streams</b>	
9	Communication Strategy	1. Raised awareness of safeguarding issues and the role of the LSCB. 2. Demonstrated the LSCBs desire to listen to the views of children.

# Safeguarding Children Board

## Executive Group

Outcomes  
Priorities With  
Sub-Groups

Children Abused  
Through  
Exploitation

Missing Children

Children &  
Young People  
Feeling Safe

Functions With  
Sub-Groups

Child Death  
Overview Panel  
- Joint

Performance  
Management  
Inc Section 11 Audit

Policies &  
Procedures

Serious  
Case  
Review

Training

Health  
Governance

Work Streams

Communications  
Strategy

Funding

Munro Report  
Response

Structure &  
Membership

Professional  
Practice  
Themes –  
embedded in all  
we do

'Invisible Men' The Role Of Men In Children's Lives

Cultural Competence

**TELFORD & WREKIN COUNCIL**

**HEALTH & WELLBEING BOARD 14<sup>TH</sup> NOVEMBER 2012**

**Annual Report of the Vulnerable Adult Safeguarding Board  
(2011-12)**

**PRESENTED BY KAREN KALINOWSKI, ASSISTANT DIRECTOR FOR  
ADULT CARE & SUPPORT**

**PART A) – SUMMARY REPORT**

**1. SUMMARY OF MAIN PROPOSALS**

The purpose of this report is to present the Annual Report of the Shropshire and Telford and Wrekin Vulnerable Adults Safeguarding Board for 2011-12, and thereby to raise awareness of the Board's role in promoting the safety and welfare of vulnerable adults in our area

**2. RECOMMENDATIONS**

It is recommended that

The Board notes the content of the report

The Board makes suggestions as to future presentations

This Board acknowledges the role played by the Vulnerable Adults Safeguarding Board in overseeing the safeguarding of vulnerable adults in our area.

### 3. SUMMARY IMPACT ASSESSMENT

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to specific Priority Plan objective(s)?	
	Yes	Co-operative Council Priority  <b>'Protect and support our vulnerable children and adults'</b>
	Will the proposals impact on specific groups of people?	
	Yes	The report is especially relevant in regard to vulnerable adults, ie those who may be eligible for community care services by virtue of disability, age or illness, and who are or may be unable to protect themselves from significant harm or exploitation
<b>TARGET COMPLETION/DELIVERY DATE</b>	The report covers the period from April 2011 until March 2012	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	Yes	During the year in question ( and beyond) the Board had no financial identity and no budget. It has operated on the basis of goodwill and commitment of its constituent members
<b>LEGAL ISSUES</b>	No	The Board and its predecessors developed following the publication of the 'No Secrets' guidance (DoH 2000) with its emphasis on cross-agency work. In May 2011, the government published its <i>Statement of Government Policy on Adult Safeguarding</i> , which announced that the protection of vulnerable adults would be strengthened by making the existence of Safeguarding Adults Boards, as recommended by the Law Commission, legally mandatory for all local authorities. Precise details of what this implies are still awaited.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	Yes	Apart from the direct impact on the safety and welfare of vulnerable people, the activities carried out within the remit of the Vulnerable Adults Safeguarding Board also affect family

		members, carers and in some cases the community at large.
<b>IMPACT ON SPECIFIC WARDS</b>	No	Impacts equally across the Telford & Wrekin district

## **PART B) – ADDITIONAL INFORMATION**

### **4. INFORMATION**

#### Background

Because the Vulnerable Adults Safeguarding Board does not operate to a specified statutory remit, there has been no clarity or consensus on where to report its activity. We therefore welcome this opportunity to present the Board's annual report for 2011-12 to the Health & Wellbeing Partnership Board, as a means of raising awareness of the range of endeavours in our area, which address the safeguarding vulnerable adults.

In the absence of a statutory remit, the guidance provided in 2000 by 'No Secrets' continues inform the organisation and practice of adult protection and safeguarding. The arrival of the 2005 Mental Capacity Act with its inherent safeguards has had a transforming influence on the way in which work in this area is carried out.

For historical reasons which continue to have relevance, the Board covers the areas of both Telford & Wrekin and Shropshire. It comprises senior representatives from each of statutory agencies whose work impacts on vulnerable adults, as well as from the private-provider and voluntary sectors. It is chaired in annual rotation by a local authority Assistant Director – reflecting that the local authority is deemed to have the lead role in adult safeguarding.

An annual report focussing on the manner in which the key partner agencies have collaborated in adult safeguarding has been produced for many years. The three most recent can be accessed on the Council's website. Reflected in this annual report is the fact that this has been a period of great change in a number of respects, especially regarding restructure and reorganisation with the social care and health sectors, the continuing challenge of personalisation and the preparation for new policy and procedural arrangements based upon a pan-West Midlands model.

#### Activity and achievements

One of the report's principle purposes is to highlight the notable trends and achievements over the year, and particular reference is made to

- The development of a new multi-agency policy and procedure for adult safeguarding, which will be shared with 11 other local authorities in the region

- The prevalence and significance of wide-ranging and complex investigations of providers within the institutional abuse process
- The development of the local Dignity Network and its formal affiliation with the Board

Activity and performance over the year is charted in a number of charts and diagrams, which provide a global picture across the two authority area within the Board's remit. (Individual figures in respect of the individual authorities are included as an appendix to the report.

### Training

Staff training at all levels remains a cornerstone of all the efforts made in the adult safeguarding field, and the Board's training subgroup holds the remit to focus on the availability, provision and take-up across the local health and care sector of staff development opportunities in safeguarding. Accordingly the annual report refers in some detail to the training which has been undertaken and to the particular role of Shropshire Partners in Care in delivering a range of programmes across the two local authority areas.

### Public awareness and prevention

Raising the profile of safeguarding issues is seen as a central priority and the report highlights some of the initiatives which were taken over year to promote awareness of issues which are all too easy for the community at large to forget.

### Deprivation of Liberty Safeguards (DoLS)

A report on DoLS activities over the year across the two local authority areas is incorporated in the annual report. The protection of vulnerable individuals from arbitrary detention is obviously an important aspect of the adult safeguarding drive, and the report focuses on the achievement of progress in the field, while acknowledging that the two local authorities have adopted different approaches in managing DoLS activity. The report also includes comparative data for other West Midlands authority areas on the implementation of DoLS.

### Action plan and priorities for the current year

A detailed action plan for the Vulnerable Adults Safeguarding Board is included, which incorporates the developing priorities which were first set for both local authorities in their respective safeguarding inspections in 2009-10, as well as reflecting the features of the shared safeguarding strategy which the Board adopted following the inspections.

The priorities adopted for the current year are set out, and the development of new policy and procedure, in reflection of a pan-regional approach to adult safeguarding, is foremost among these.

### Statistical appendices

A statistical digest of safeguarding data is appended to the annual report. This is largely relective of the areas in which both local authorities have to report annually to the Department of Health (the 'AVA' data return). The Department is presently consulting on new approaches to the collection of adult safeguarding data, and in due course this will require changes to the data which is collected. Meanwhile the Board's performance sub-group is in the process of identifying areas where data collection could be more closely indicative of positive outcomes for vulnerable people, rather than, at present, where the data tends to measure activity.

### Looking ahead

During the current year, the Board will consider whether it should adopt a new approach to production of its annual report, to make it more accessible and readable. The existing format has served us for several years and it may well be time to consider change, for example by adopting a different format and including more personal accounts and reflections. The observations and comments of the Health & Wellbeing Partnership Board would be valued in this regard.

**Report prepared by Dave Robson, Service Delivery Specialist (Adult Safeguarding) Telephone: 01952 381101**

SHROPSHIRE AND TELFORD & WREKIN  
VULNERABLE ADULT SAFEGUARDING BOARD  
ANNUAL REPORT 2011/12



No

More

Secrets

*'Keeping vulnerable adults safe from harm'*



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# **1. Forewords**

## **Shropshire Council**

The safeguarding of Vulnerable Adults within Shropshire during 2011/12 has continued to be a high priority for Shropshire Council.

During 2011/12 there has been a renewed emphasis on robust performance monitoring and management as well as contributing to an overall strengthening of governance. A new auditing procedure has been introduced, and regular safeguarding updates have been given to staff at team meetings throughout the County.

To ensure appropriate engagement and ownership of safeguarding from all key strategic partners, in depth liaison continues to occur with other agencies on a regular basis. This includes the Care Quality Commission, with whom we regularly meet to exchange information, and on a more local level individual Inspectors speak regularly to the Safeguarding team direct when concerns are raised.

The role of engaging our partners in the Adult Safeguarding agenda has never been more important, and increased training of both Council and non-Council staff either within the voluntary sector or the NHS has continued.

During 2011/12 Shropshire Council has continued to build upon the strong adult safeguarding foundations developed during the preceding years. The safeguarding training package that was developed in previous years has been updated, and now placed on the Council's website is available for members of the public to use to promote safeguarding within their communities and own social organisations.

In Shropshire, the Police have worked closely with the Adult Protection coordinator and the social work teams, resulting in a series of convictions under the Mental Capacity Act of carers and carer managers, who have failed to look after the vulnerable people in their care.

From January 2012, I have had the pleasure of being the Chair of the Vulnerable Adults Safeguarding Board. The Board is in a key stage of development given the national and regional developments and is very committed indeed to the further strides it can make given its important role.

Kathryn Edwards  
Group Manager – Safeguarding  
Shropshire Council

## **Telford & Wrekin Council**

The year 2011/12 has seen significant change across all public sector organisations through the impact of Government funding cuts and the implementation of new legislation and new models of service delivery. Throughout this period Telford & Wrekin has continued to demonstrate its on-going commitment to Safeguarding whilst completing the second phase of the service restructure. Resources allocated to adult safeguarding were maintained whilst delivering an overall saving of 20% of staffing budgets in Care and Support.

There has been a decrease on the previous year of referrals into the process from 489 to 439. We continue to closely monitor the trend in referrals but do not consider the decrease to be a matter of concern at this stage. As described later in the main body of the report, changes in policies and practises and implementation of new tools has led to lower level concerns being more appropriately addressed outside of the main process and reflects one of the recommendations of the 2010 Safeguarding Inspection. There has been an increase in institutional investigations which have in turn been responded to by focussed interventions from the Commissioning team.

During the year the Lead Professional for Adult Safeguarding was part of the regional working group which drafted the West Midlands pan regional policy and procedures. This was a significant piece of work and adoption of the principles will ensure a consistent approach across the region which will bring many benefits and particularly in operational terms for those agencies which work across local authority boundaries – a long acknowledged benefit we achieved on a more local level through the joint board with Shropshire. Work now commences on the local guidance to enable the implementation of the policy and procedure by April 2013.

Raising awareness has always been regarded as a key component of effective safeguarding and the council is pleased to have maintained the level of staff in direct contact with vulnerable people who have received awareness training at 92%. We also fully recognise that the majority of care is not provided by the council itself but by the independent and voluntary sector and it is therefore pleasing the note the productive outcomes of our partnership working with Shropshire Partners in Care in addressing this.

Indeed good partnership working is at the core of effective safeguarding and the Council appreciates the positive engagement it has with our partner agencies on a day to basis and at a strategic level at the Board.

The confirmation that safeguarding will finally be given a legal basis in the draft Care and Support Bill is obviously more than welcome albeit long overdue. Once the final legislation is passed we look forward to further taking forward safeguarding collectively with our partners.

Karen Kalinowski  
Assistant Director Care & Support  
Telford & Wrekin Council

### **Shrewsbury and Telford Hospital NHS Trust**

Shrewsbury and Telford Hospital NHS Trust (SaTH) provides services to a wide and diverse population with a range of health and social care needs. As such, the Trust has a clear need for all staff, whatever their role, to be aware of their responsibilities to safeguard vulnerable adults needs. The Trust is committed to ensuring that:

- Systems and services are in place that aim to promote adult safeguarding.
- Vulnerable adults who have been abused are protected.
- Staff work collaboratively with external agencies.

## WMQRS

The West Midlands Quality Review Service visited the Trust in October 2011 to review compliance with the WMQRS Quality Standards for care of Vulnerable Adults in Acute Hospitals. Prior to the visit, the Trust submitted a self assessment document to WMQRS. This assessment was the organisational positional statement which benchmarked our position against the standards provided by the WMQRS. Overall the assessment submitted by the Trust was in line with the findings of the Review Team. The Trust achieved compliance in fourteen out of twenty four standards (58%). Areas of good practice included the joint appointment of the Dignity in Care Professor with the Staffordshire University, which they felt illustrated the Trust's commitment to linking the educational needs of staff and the care of patients across the Trust. The reviewers also commended the establishment of the Dementia Strategy steering and implementation group. An action plan has been implemented ensuring the Trust is compliant in the remaining standards within the next six months.

## The High Risk Scrutiny Group

The aim of the group is to gather, share and learn from complaints, incidents and Adult Safeguarding concerns that have the potential to escalate to high risk cases. The group co-ordinates and provides a framework for the effective management of the issues and risks identified. The group are currently meeting on a weekly basis ensuring that safe standards of patient care are achieved and those standards are continuously improved in the light of best practice from within the organisation and with the use of guidance and standards from NICE, National Service Frameworks, Care Quality Commission, GMC, NMC and other professional bodies.

## Safeguarding Children and Adults Steering Group

The aim of this group is to ensure systems and services to safeguard children and vulnerable adults are in place and functioning effectively by the use of both internal and external monitoring processes e.g. self-assessments, clinical audits and statutory reviews.

The group is also responsible for interpreting national policy and guidelines for safeguarding children, young people and vulnerable adults and members of the group ensure links with the Shropshire and Telford & Wrekin Local Safeguarding Boards (LSCBs) and the Vulnerable Adults Safeguarding Board.

## Dignity in Care Network

Dignity in care remains in the forefront for ensuring high quality services for older people. The Dignity challenge lays out the national expectations of what constitutes a service that respects dignity. The Trust is involved in the Dignity in Care Network group, represented by the Professor in Dignity of Care for Older People and the Adult Protection Lead.

The work of this subgroup will report into the VASB. The group has developed a staff survey to determine at what steps organisations / organisations have taken to implement the ten point dignity challenge.

## Learning Disability Steering Group

A learning disability steering group was introduced within the Trust in 2010, membership of the group consisted of;

Shrewsbury and Telford Hospital NHS Trust; Telford and Wrekin PCT  
South Staffordshire and Shropshire Healthcare NHS Foundation Trust  
Joint Community Learning Disability Team Shropshire/Telford; Family /Paid Carers  
People with a Learning disability who are members of Taking Part (Shropshire /Telford)

The purpose of this group was to develop a strategic plan in implementing Valuing People and also to improve the care of people with a learning disability and their carers when in Shrewsbury and Telford Hospital NHS Trust. The action plan agreed by the group included:

- Re- launching of the hospital communication book – This is available on every ward and department throughout the Trust.
- Reviewing the Guidelines for the care of Adults with a learning Disability on admission to Shrewsbury and Telford Hospital NHS Trust. This has now been finalised and is available on the Trust Intranet.
- Hospital passports are available, these have also been finalised and will be launched in Learning Disability week.

Adult protection awareness training remains part of the statutory training for all patient handlers. Staff trained from April 2011- March 2012 was 1856.

Bond Solon a Health Care legal company has recently provided Mental Capacity Act training within the Trust for the Centre Chiefs and Executive team and this has now been extended to Consultants and Senior Nurses.

Shropshire Council and Telford and Wrekin PCT provided on site Mental Capacity Act and Deprivation of Liberty Safeguards training for Health Care Assistants and Registered Nurses within the Trust with further sessions planned.

Vicky Morris  
Director of Quality and Safety / Chief Nurse

### **Shropshire Clinical Commissioning Group**

During the 2011/2012 period, the NHS has continued to go through significant change, particularly in Primary Care Trusts which has seen the introduction of the National Commissioning Board, a West Mercia Cluster arrangement and an Authorisation process for Clinical Commissioning Groups from April 2013.

Moving forward, adult safeguarding has remained a priority, for local healthcare commissioners and there has been the appointment of two adult safeguarding nurses across the area. At Board level the Directors of Nursing, Quality, Patient Safety and Experience are accountable for safeguarding with all Board members having a shared responsibility for the adult safeguarding agenda. The successor organisations will formally engage with the Vulnerable Adult Safeguarding Board and the new multi-agency policy.

The Primary Care trust continues to work closely with local authorities and provider organisations to promote the health, wellbeing and safety of vulnerable adults.

Linda Collins-Izquierdo  
Director of Nursing, Quality and Patient Safety and Experience.

### **South Staffordshire and Shropshire Healthcare NHS Foundation Trust**

The Trust continues to be positively committed to working in partnership to ensure that the most vulnerable are safeguarded. We have valued the support and guidance provided through inter-agency arrangements and fully recognise the importance of working in an open and collaborative way to safeguard our service users.

- We are active partners in the Shropshire and Telford & Wrekin Safeguarding Vulnerable Adults Board. We have improved our representation at Board meetings through our Safeguarding Consultant Practitioner
- Adult Protection Awareness training remains mandatory and compliance is rigorously monitored. Last year we implemented our requirement that this training is refreshed every three years. This meant we had a backlog of staff needing refresher training. We shared this with our governor members who took a direct interest in our aspiration to improve our levels of staff training. The outcome of our approach and our governors' interest is that the proportion of staff now trained and up to date within three years is 71% - and increase of 12%. We aim to improve further in the coming year.
- The Inter-Agency Adult Protection Procedures are readily available to staff on the Trust intranet. We have also developed further information and guidance for staff and service users on the Safeguarding Team web pages. Feedback from staff has led to the outcome of developing a simple referral flowchart for staff to ensure clarity in the referral process and the links to our incident reporting procedure.
- The Safeguarding Group meets quarterly to monitor and improve safeguarding practice across the Trust. The group reports to the Quality, Effectiveness and Risk Committee.
- A thematic review of safeguarding was completed in 2011 and an action plan was put in place to address areas for improvement. The action plan is making progress and is monitored through the Safeguarding Group. Our commissioners and governors have also been involved in tracking progress. A further thematic review, focusing on safeguarding older people will be completed in 2012.
- We have utilised the Department of Health Safeguarding Adults self assessment tool to further review our performance, and areas for improvement have been added to the Safeguarding Action Plan.
- Safeguarding is now a standing agenda item in directorate management meetings to ensure it remains a priority area across all parts of the Trust.

Much progress has been made, however we acknowledge there are still many challenges, but we are fully committed to the continuous improvement of our practice in the area of safeguarding.

Therèsa Moyes  
Director of Quality and Clinical Performance

### **The Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust**

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust continues to be fully committed to encompassing the six key concepts in adult safeguarding; empowerment, protection, prevention, proportionate responses, partnership and accountability into our working practices at the organisation.

As an organisation we have continued to work with the Safeguarding Board contributing to effective interagency working, and joint working partnerships to provide the most effective means of safeguarding vulnerable adults. As an organisation we aim to ensure that the

dignity, safety and wellbeing of the individual is a priority.

“To be the provider of choice for patients through the provision of safe, effective, high quality orthopaedic and related care” has been identified as one of our main strategic aims.

To deliver this objective;

- The Trust has continued to provide safeguarding vulnerable adults training for all staff, and provides specific Mental Capacity training and Deprivation of Liberty safeguards (DOLs) training. These two training topics are provided as facilitated training sessions (face to face) which have proven to be extremely informative, enhancing staff learning and awareness. In addition to this all staff undertake an e-learning mandatory training package for adult protection which is completed on an annual basis.
- Staff awareness, and continued training has enabled them to understand their role and responsibilities in regard to policy and procedure. This enables staff to promote good practice for responding to concerns on a multiagency basis
- The Trust continues to strengthen links with outside agencies, and work in collaboration, to ensure service users are safe from harm, and maintain independence, well-being and choice.
- The Trust Safeguarding Group meet quarterly to provide a forum to discuss children and adult safeguarding issues. Chaired by the Director of Nursing, the committee has the appropriate accountability for safeguarding across the trust. The committee report to the Trust’s Quality and Safety committee a sub-committee of the Board of Directors
- The actions above support compliance with the Care Quality Commission Essential Standards for Quality and Safety Outcome 7.
- The Trust has adopted the Shropshire and Telford & Wrekin Multiagency Adult Protection Policy which is accessible through the Trust intranet.

The Clinical Psychologist has been part of the local DOLS Safeguarding Board and has completed the ‘Best Interest’ Assessor training. Having undertaken this additional training it has enabled staff to share best practice, and enhance their knowledge and skills within this specific area.

Jayne Downey  
Director of Nursing

### **Shropshire Partners in Care**

Shropshire Partners in Care (SPIC) is committed to safeguarding of vulnerable adults and raising awareness of safeguarding issues across the wider community in Shropshire and Telford & Wrekin. This is reflected in the core values of the organisation.

#### **SPIC Core Values**

- **Excellence** – SPIC promotes the best possible practice among care providers and also wishes to be seen as an exemplary employer

- **Ethical** – SPIC works in a way that safeguards the human rights of all those who may need or use care services and supports its members to deliver services that place service user rights at the centre of their decision making.
- **Partnership Working** –SPIC works in partnership with all stakeholders who share the same mission and values.

•  
SPIC's core activities include the provision of:

### Training

SPIC employs an Adult Protection Training and Development Worker in Shropshire and a Safeguarding Trainer in Telford and Wrekin (The Telford & Wrekin Safeguarding trainer will also be delivering Mental Capacity Act training and Deprivation of Liberty training).

These posts deliver a range of training and offer support and signposting to workers in both the independent, statutory and voluntary sector.

The organisation delivers a wide range of training, including:

- Adult Protection Awareness – this course has been reviewed and updated
- Adult Protection for Provider Managers
- Keeping Safe, Understanding and Reporting Abuse (for people with a learning disability in Shropshire)
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (Telford & Wrekin)
- Professional Boundaries in Social Care and Health
- A range of Moving and Handling courses
- Infection Control
- A range of First Aid courses
- Medication In Care for Support Workers and Nurses
- Dignity in Practice
- Dementia Awareness

### Information Sharing and Awareness Raising

One of the most important roles SPIC has is keeping the sector up to date with information and developments, legalisation, guidance and good practice. This is achieved by:

- Facilitating workshops, seminars and presentations with a safeguarding theme
- Providing information via the website
- Information Alerts
- Newsletters
- Organises events each year with Shropshire and Telford and Wrekin Council to mark World Elder Abuse Awareness Day (WEAAD)

Safeguarding is a recurrent theme in all SPIC seminars in order to keep the independent care sector up to date with information and to share best practice.

Information sharing is not a one way process and SPIC contributes to national and local consultations. It also channels views and concerns raised by the sector to other organisations, including; local authorities (T & W and SC), CQC, MP's and emerging GP consortia.

## Future Developments

SPIC is committed to developing its range of courses tackling safeguarding issues.

### Promotion of Best Practice

Staff employed by SPIC work with organisations to address specific issues and improve safeguarding practice. Managers who attend the APPM are supported by the trainers to develop action plans around risk reduction and Whistleblowing. This ensures the knowledge gained in training transfers into good practice in the workplace.

SPIC staff represents the independent sector on subgroups of the SAB including the Shropshire and Telford & Wrekin Dignity Network and the SAB Training sub group.

Through the SAB Training Sub Group, SPIC has developed a Competency Framework for Safeguarding Vulnerable Adults. This will be available as a hyperlink to the new Safeguarding Adults Policy in the next twelve months.

Following the completion of the national work relating to the CHUMS report, Prescription Training has been organised around Safe Handling of Medicines and Assessing Staff

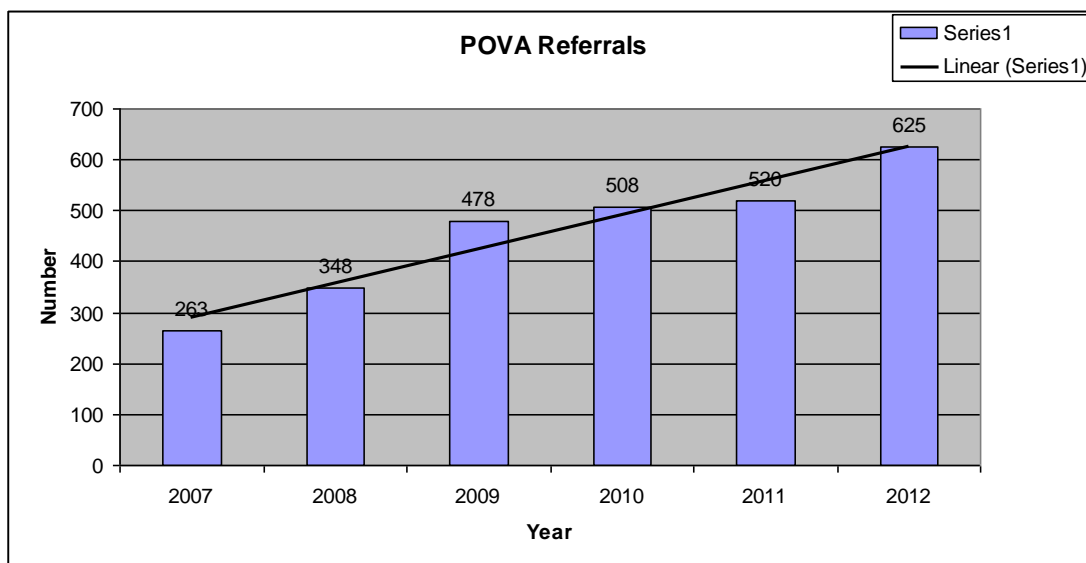
Competency; This course will be delivered four times per year to enable nurses and support workers to gain skills in assessing staff competency.

SPIC will continue to work to its core principles and remain committed to safeguarding vulnerable adults in all of the activities it undertakes.

Debbie Price, Chief Officer  
Karen Littleford, Adult Protection Training and Development Worker  
Marion Kelly, Safeguarding Trainer

## West Mercia Police

### Shropshire Division



The above shows the increase in the level of VA referrals being made which in part are as a result in the raising of awareness and improved recording practices.

A new Police improved recording process was adopted in 2011 and the vast majority of all referrals to Police are now recorded as incidents on West Mercia's Crime Recording system (CRIMES). This has meant all Police staff in the Force are in a better position to view incidents and investigations of note where previously a separate stand-alone system was partially employed.

There is now a dedicated phone line at Shrewsbury Police Station (9am-5pm) which is staffed by the VA investigator and an Administration assistant. The feedback regarding this has been very positive.

There were around 75 Single agency investigations in 2011/12, 25 joint investigations, and 5 investigations which were led by the Police.

Around 10% of all referrals involved recordable criminal offences. An emerging theme involves referrals of financial abuse by relatives.

#### Investigations of Note.

This has been an extremely busy period for the VA investigator and their supervisor.

The VA investigator currently has 6 on-going investigations including:

A care home manager in the County has been charged with ill -treatment, neglect and fraud. She is due to appear at Shrewsbury Crown Court on August 13<sup>th</sup>.

A nursing assistant from a care home in the county has been charged with 10 offences of neglect involving withholding prescribed medication.

The case is to be heard at Shrewsbury Magistrates on the 17<sup>th</sup> July 2012

An enquiry at a care home in Shropshire involving the alleged neglect of residents lacking mental capacity who have suffered substantial weight loss. The home has failed to comply with an improvement report that was issued by the regulator in October 2011.

There was a jointly lead investigation with the Health & Safety Executive over the death of a lady who would fell from a wheel chair in a care home for the elderly. This case has been committed to Crown Court.

2 care staff at a care home in north Shropshire been dismissed following receiving Police Cautions for neglect of residents involving the withholding of food and failing to perform basic personal hygiene care.

A registered care home manager and 3 nurses from a care home in Shropshire received Police Cautions for Neglect and ill- treatment of residents. They have all been dismissed.

#### Training

The VA investigator has undertaken training on:

Mental Capacity Act

Dols

Pressure Sores

Dementia Awareness  
Asperger's  
Effective Manual Handling (Care Homes)

### Telford Division

The situation with regard to dedicated Police resources, to investigate crimes committed against vulnerable adults (VA) in Telford, is different to that in Shropshire. The Vulnerable Adults Officer at Telford currently has no administration support, and relies on a general 'Public Service Desk' system of recording referrals, and allocating those referrals as appropriate. Those not dealt with by the VA officer are dealt with when possible by a non-dedicated officer making an appointment for joint visits with social services.

With the formation of the alliance between West Mercia Police and Warwickshire Police, business management templates have been submitted for all areas of service delivery, including dealing with vulnerable adult investigations.

This hopefully will mean the resources for vulnerable adult safeguarding in Telford and Shropshire increasing, with dedicated investigators and administration staff being available across the whole area. This has been agreed in principle; however we are unable to give numbers and implementation dates for the time being.

Since 1st January 2012, there have been 252 vulnerable adult incidents in Telford. Of those, 37 involved crimes being committed against vulnerable adults. Figures provided by the Adult Protection team at Telford & Wrekin reveal they had 489 referrals in 2010/2011, compared to 439 in 2011/2012.

So far this year, the types of crimes that have been dealt with in Telford involving vulnerable people have included;

Assault on a lady with a learning disability. The theft from an elderly disabled lady, when money was grabbed from her hand in a shop car park, and a sexual assault on a vulnerable lady with mental health issues by a care worker.

There has been an emerging theme where victims have suffered from dementia/Alzheimer's or lack capacity, and several incidents where the family have steadfastly refused to engage with us, notably one family who even denied they had called Police!

Philip Shakesheff  
Detective Inspector  
Headquarters,  
Public Protection Department.

## **2. SUMMARY OF ACHIEVEMENTS AND TRENDS FOR THE YEAR 2011 – 2012**

### **Progress towards a West Midlands Multi-Agency Adult Safeguarding Policy/Procedure**

At the time when the last annual report was presented to the Board, it was noted that the London Boroughs had resolved to agree a common approach to adult safeguarding and to adopt a policy and procedural framework which would be applied across the Metropolitan area. It was noted furthermore that West Midlands' Authorities were giving a cautious welcome to this approach.

Accordingly, the year has seen great, albeit not unanimous, support for the development of a similar approach within the West Midlands. Over the last year, an enormous amount of work has been undertaken, including by members of the Board, in constructing a high-level policy instrument having the capability of being applied across all the signatory local authority areas. Given the differing organisational features of the authorities, it was anticipated that they would each require a local implementation protocol or procedure, consistent with the regional policy but reflective of local circumstances. This would be particularly relevant for the two authorities covered by this Board, which would both need to develop their respective modes of implementation.

Since 'No Secrets' from 2000 continues to provide the underpinning basis in guidance for adult safeguarding, the pan West Midlands policy is entirely consistent with its precepts, whilst incorporating the contribution of subsequent legislation, especially the Mental Capacity Act 2005.

The new policy was due to be formally launched in July 2012, with 1<sup>st</sup> April 2013 being set as the date by which the arrangements would be fully implemented by signatory authorities across the region.

### **Referrals**

For the second consecutive year, a reduction in the total number of safeguarding referrals received is being reported to the Board across the two local authorities. The final figure was 851 for 2011-12, compared with 930 in 2011-11, a reduction of 8.5% for the year. This follows on from the reduction of 10.6% reported in the last Annual Report, after the peak figure of 1040 reported for 2009-10.

It is not possible to identify a single reason for the reduction in the number of referrals. A number of possible contributory factors were highlighted in the last Annual Report which will continue to have an impact on the number of referrals, notably;

- The tools approved in 2010-11 for rating Pressure Ulcers and Medication Errors for their safeguarding significance
- The continuing role of local safeguarding training in raising awareness and care standards

This reduction in the number of referrals is not necessarily a cause for concern. There is for example no evidence of any local trend towards systematic departure from the Multi-Agency procedure or nonchalance about its implementation, even though individual instances are encountered.

It is notable however that some 48.2% of referrals are received from social care sources and that the reporting level from some other sectors appears to be very low.

### **Serious Case Reviews**

During the year in question, no case has required the Board to consider the commissioning of a Serious Case Review. The fact that only a single such review has been carried out within our area, since the inception of the Board and its predecessor, is a matter not of concern but of interest. For the future, the Board may wish to consider specifying the circumstances which would lead it to order a Serious Case Review in a particular case.

### **Investigations of Institutional abuse**

During the year, both local authorities engaged in a number of complex and wide-ranging investigations into institutional abuse. A range of settings was involved, including larger care/nursing homes for older people, smaller units for people with mental health problems, domiciliary care agencies and a hospital ward. In consequence of two such investigations, two providers ceased to operate.

The number of institutional abuse investigations undertaken over the years was

Shropshire	13 cases
Telford & Wrekin	7 cases

The common features of all institutional investigations are typically the need to respond to a high level of risk to groups of vulnerable people, the need for prompt and active collaboration between different professional groups and clear thinking on all sides about the nature the outcomes which will be considered safe and acceptable for and by the individuals involved.

Among the issues which led to these investigations were inadequate care planning, systematic failures to provide personalised care, poorly organised administration of medication, extensive neglect of basic individual care needs, ineffective management and supervision of staff and insufficient investment in provider infrastructure.

Early identification of and intervention into these cases is recognised as the key to effective resolution. Needless to add that each of these investigations which are extremely costly of time and staff effort across the professional sector reveals a range of learning points for future reference.

## Telford and Shropshire Dignity Network

A national campaign to promote Dignity in Care was inaugurated by the Department of Health in 2006. Awareness was to be raised by focussing on a 10-point Dignity Challenge which set out the features of high quality care, which should:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Locally, the Dignity Network was established in early 2011 with the aim of sustaining the momentum of the original campaign and of seeking to keep dignity-related issues in high profile and highlighting examples of good practice. The Network agreed terms of reference and became affiliated with the Safeguarding Adults Board as a subgroup later that year, Regular reports are submitted to the Board.

Over the year the Dignity Network has met bi-monthly and has provided an open forum for the discussion and promotion of Dignity in care. It has been active in two principal areas.

Firstly it resolved to undertake a scoping exercise across the organisations represented within the Network, based directly on the ten elements of the Dignity Challenge. This involved a high-level, yet critical self-audit by each organisation of each of the ten elements, and proved to be a constructive and profitable exercise, in part because it clarified problematic areas and highlighted some approaches which we should not be taking, as well as those which were seen as useful.

The end of the business year saw preparations for a Dignity Questionnaire, addressed to all sections of the local care and health economy, with the aid of Survey Monkey technology, to be undertaken in May/June 2012. The results will be reported to the Board and reflected upon in the next Annual Report.

There is an undeniable linkage between the assurance of dignity and the safeguarding of vulnerable people. The Dignity Network will continue to strive hard to ensure that the focus is maintained on keeping dignity to forefront of health and social care.

### **3. ACTIVITY AND PERFORMANCE**

#### **Vulnerable Adults Safeguarding Board combined (both Authorities) statistics**

1. Total referrals received to date by each Authority; (by year for previous 4 years)

<b>Period</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Number of Referrals	643	774	1040	930	851

2. Combined referral data 2011/12

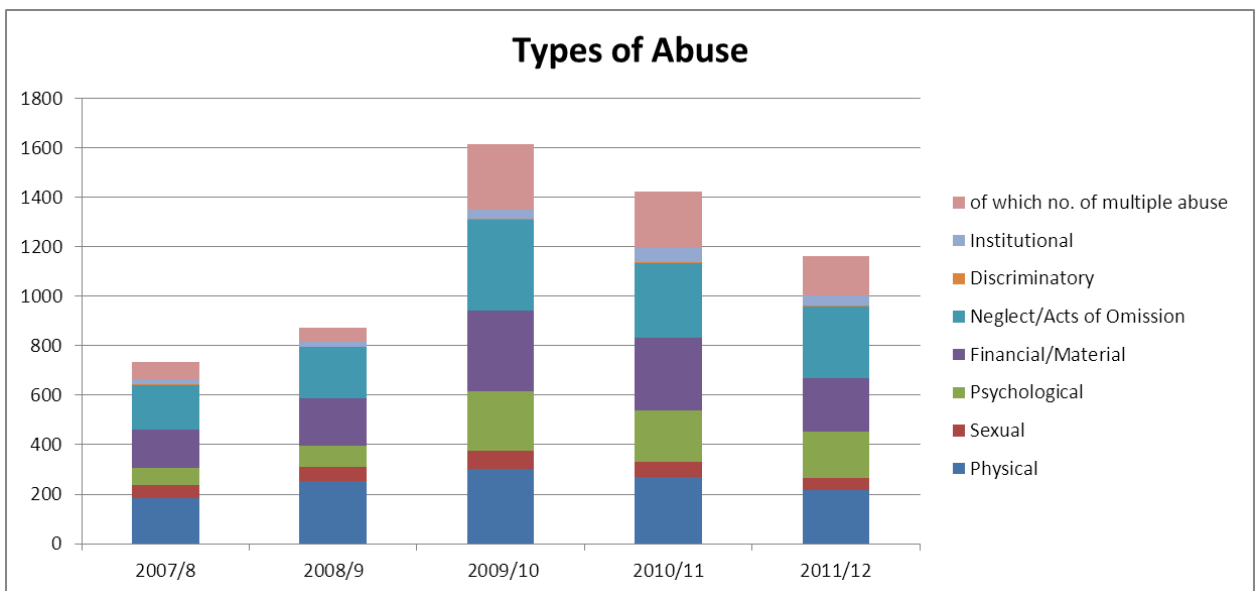
<b>Source Of Referral</b>	<b>Total</b>
Social Care - Self Directed Care Staff	1
Other Service User	1
Education/ Training/ Workplace	2
Friend/ Neighbour	5
Housing	13
NHS - Mental Health Staff	17
Police	19
Social Care - Day Care Staff	20
Vulnerable Adult	20
Care Quality Commission	29
NHS - Primary/ Community Health Staff	66
Social Care - Domiciliary Staff	73
NHS - Secondary Health Staff	76
Other	79
Social Care - Other	86
Vulnerable Adults Family	88
Social Care - Social Worker/ Care Manager	92
Social Care - Residential Care Staff	139

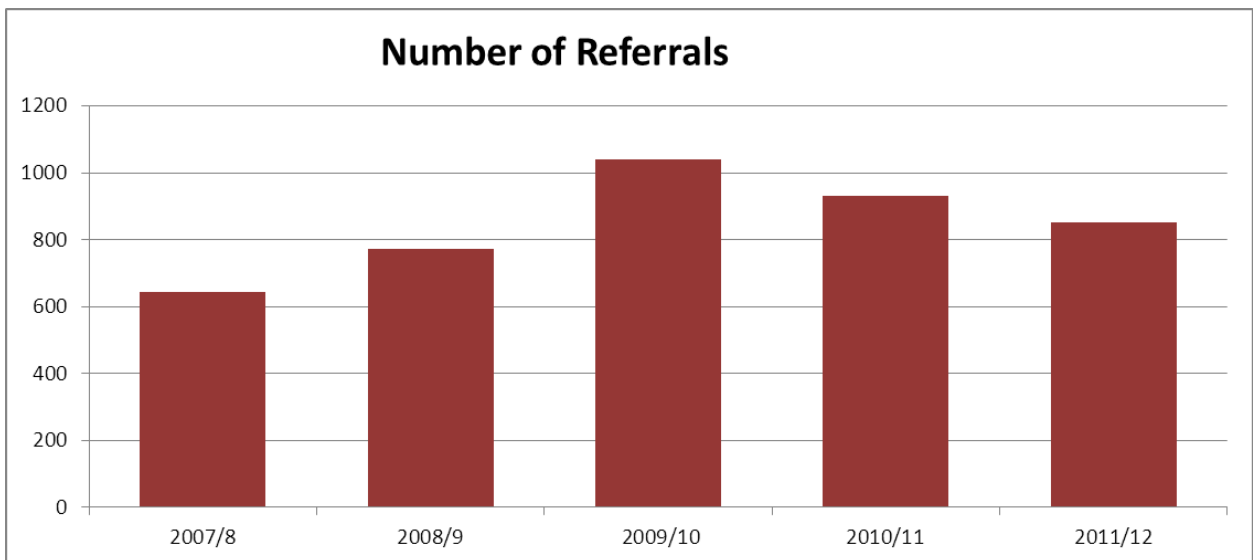
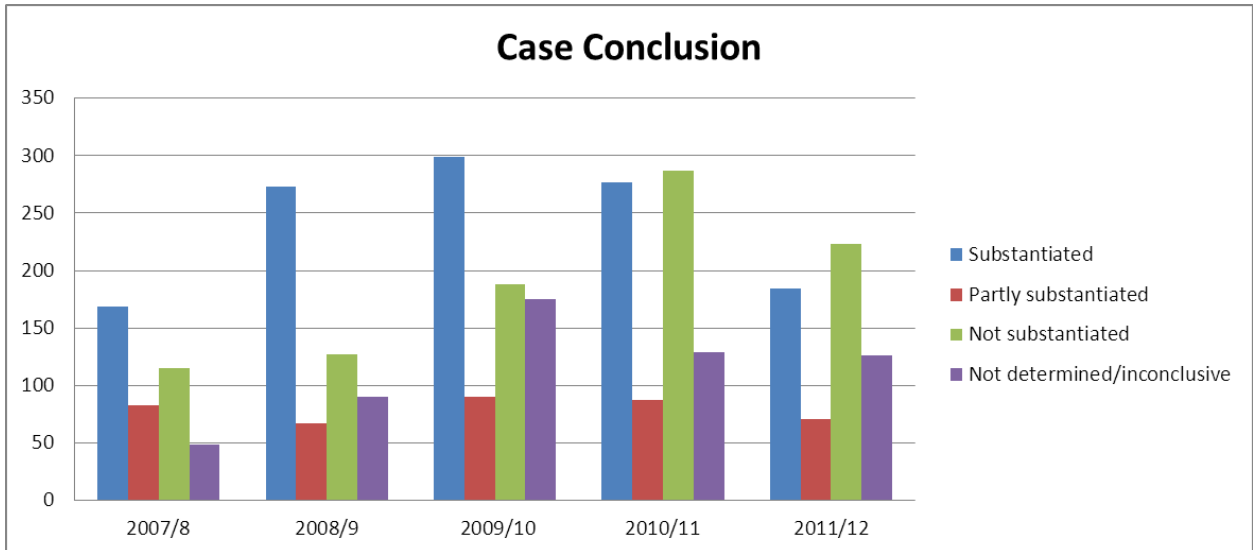
3. Type of abuse

Type of abuse	Total
Physical	216
Sexual	48
Psychological	188
Financial/Material	218
Neglect/Acts of Omission	289
Discriminatory	2
Institutional	44
of which no. of multiple abuse	159
Not stated	0

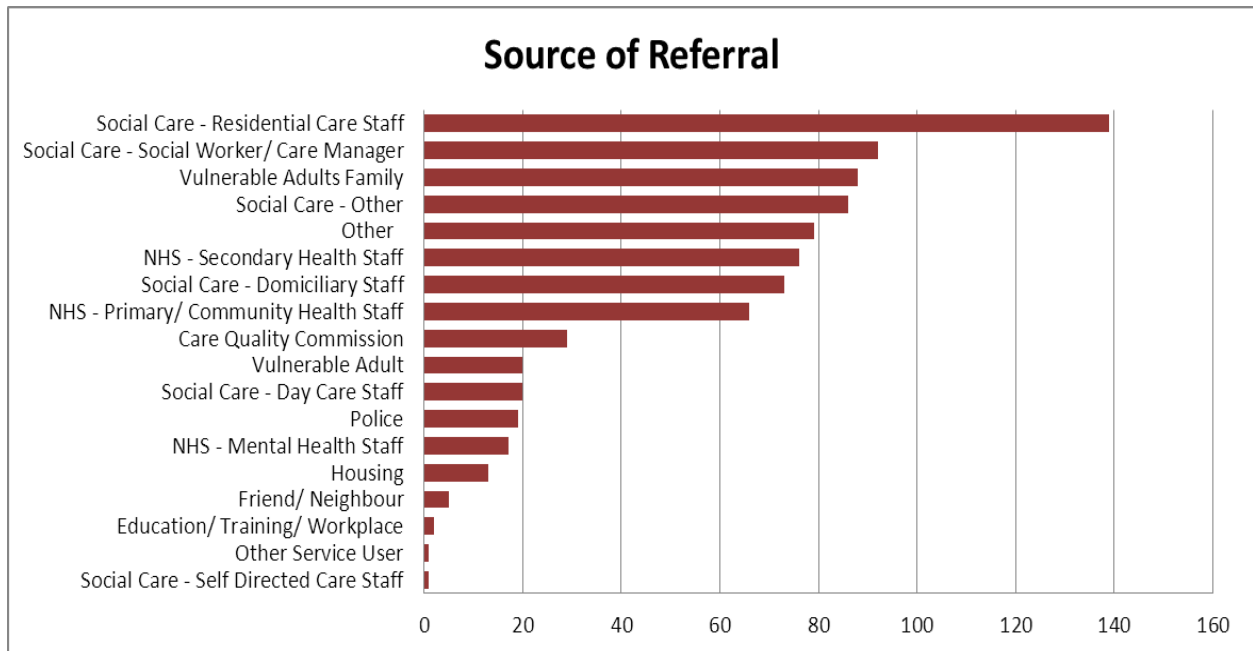
4. Case conclusion;

Case Conclusion	Total
Substantiated	184
Partly substantiated	71
Not substantiated	223
Not determined/inconclusive	126





## 2011/12 only



### Telford & Wrekin Council 2011-12

The authority's figures for 2011-12 chart a continuation of the reduction of safeguarding referrals which was reported for the previous year. 439 referrals were registered against 489 for 2010-11, a reduction of 10.2%. As stated elsewhere in this report, changes in policies and practice over recent years have militated for the exclusion of some concerns, especially those at a low level from formal consideration within the Multi-agency safeguarding arrangements, so the reduction is not of itself necessarily a matter for concern.

However the figures also indicate that some 235 referrals or 53.5% of the total were received from sources within the social care sector, while 52 or 11.8% came from NHS sources. Although it is not possible to draw sound conclusions from this comparison, the contrast which is similar to that of the previous year is remarkable.

Neglect was by far the most prevalent form of abuse reported for the year, and this is further reflected in the characteristics of the referrals of institutional abuse over the year, which are the subject of comment elsewhere in the report.

### Shropshire Council 2011-12

Shropshire has also experienced a slight reduction in recorded investigation this year at 412, compared to 423 last year. As with Telford and Wrekin, a positive shift in emphasis to encourage care providers, where appropriate, to deal with minor and very low risk incidents by way of management sanctions and training will have had influence on this reduction.

For the second year running it is noted that there are more 'not substantiated' results than 'substantiated'. This is to the credit of the members of the public and professionals who have made those referrals, because it indicates people feel able to raise a concern when they consider something does not appear right, even if after an investigation the concern is not validated.

Physical abuse, financial abuse and neglect are almost equal in numbers within Shropshire, a good number of the referrals emanating from NHS staff, the care providers, a vulnerable adults family and an increase from the Police.

## 4. Training

### Training Sub Group

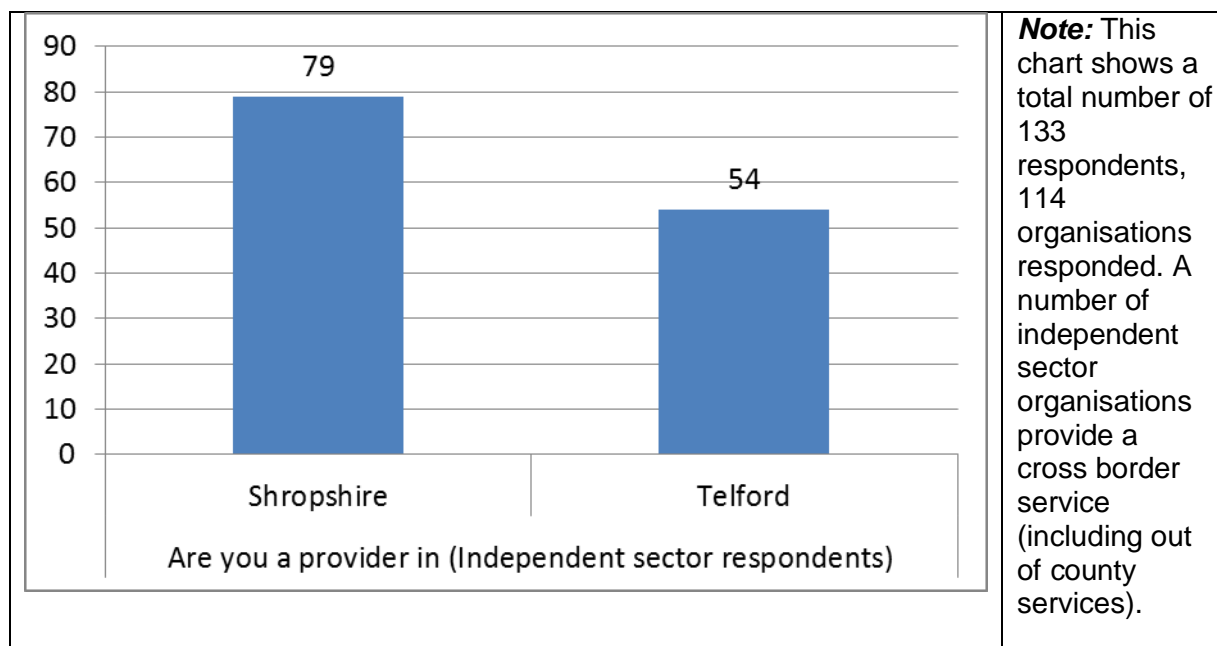
Across Shropshire and Telford & Wrekin a range of training opportunities exist (19 different courses covering areas and levels of safeguarding knowledge requirements), to ensure that staff are fully able to understand their responsibilities regarding Safeguarding Adults including:-

- Adult Protection Awareness
- Adult Protection for Provider Managers
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards
- Professional Boundaries
- Personal relationships and sexuality

There are in addition more specialised courses such as Adult Protection Interviewing and Investigating, Minute Taking for Adults Protection Meetings, Learning from Adult Protection Case Studies and Adult Protection and the Law.

Training figures are collated annually by Shropshire Council and Telford & Wrekin Council for courses delivered via their organisations and partners. This year the Safeguarding Adults Board did not wish to focus on the numbers of staff trained via their training departments. Instead, the Safeguarding Adults Board was interested in receiving some assurance that organisations are able to identify, not only staff that have received training but also those requiring training. In order to gather this information the training sub group (Via CWDP and SPIC) requested information from the independent and statutory sector. (A survey was sent out to 242 Independent sector and 7 statutory sector providers).

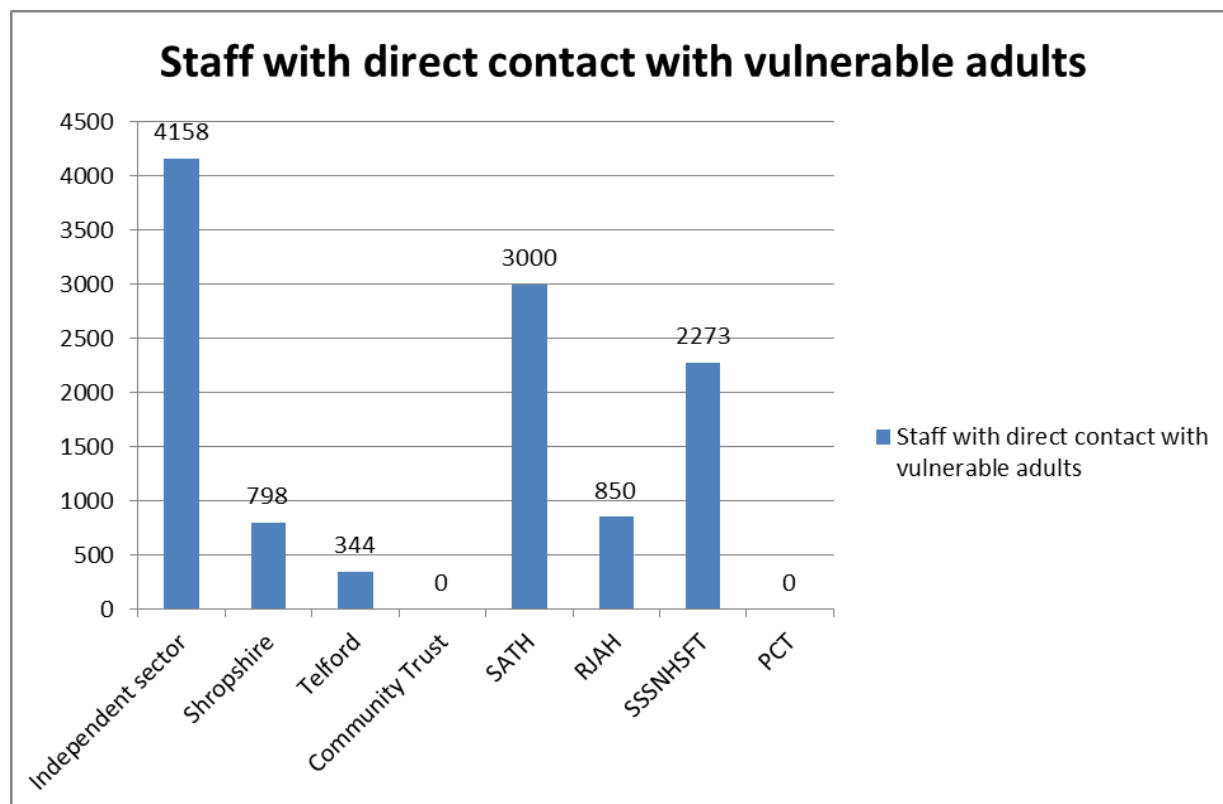
### Chart 1 – Independent Sector Provider Respondents



Statutory sector providers include Shrewsbury and Telford Hospital (SaTH), Shropshire Community Health NHS Trust, Shropshire County PCT/NHS Telford and Wrekin (PCT),

South Staffordshire and Shropshire NHS Foundation Trust (SSSNHSFT), Robert Jones and Agnes Hunt (RJAH), Telford and Wrekin Council and Shropshire Council.

**Chart 2: Numbers of Staff with Direct Contact with Vulnerable Adults**



**Note:** There are currently 1874 staff within Shropshire Community Health NHS Trust, those in a direct contact role cannot be identified due to a transition of recording and implementation of a new training matrix. Shropshire County PCT were unable to provide figures as they were in the process of being collated.

**Table 1: Number of Staff with Direct Contact with Vulnerable Adults who received Training in 2011/2012**

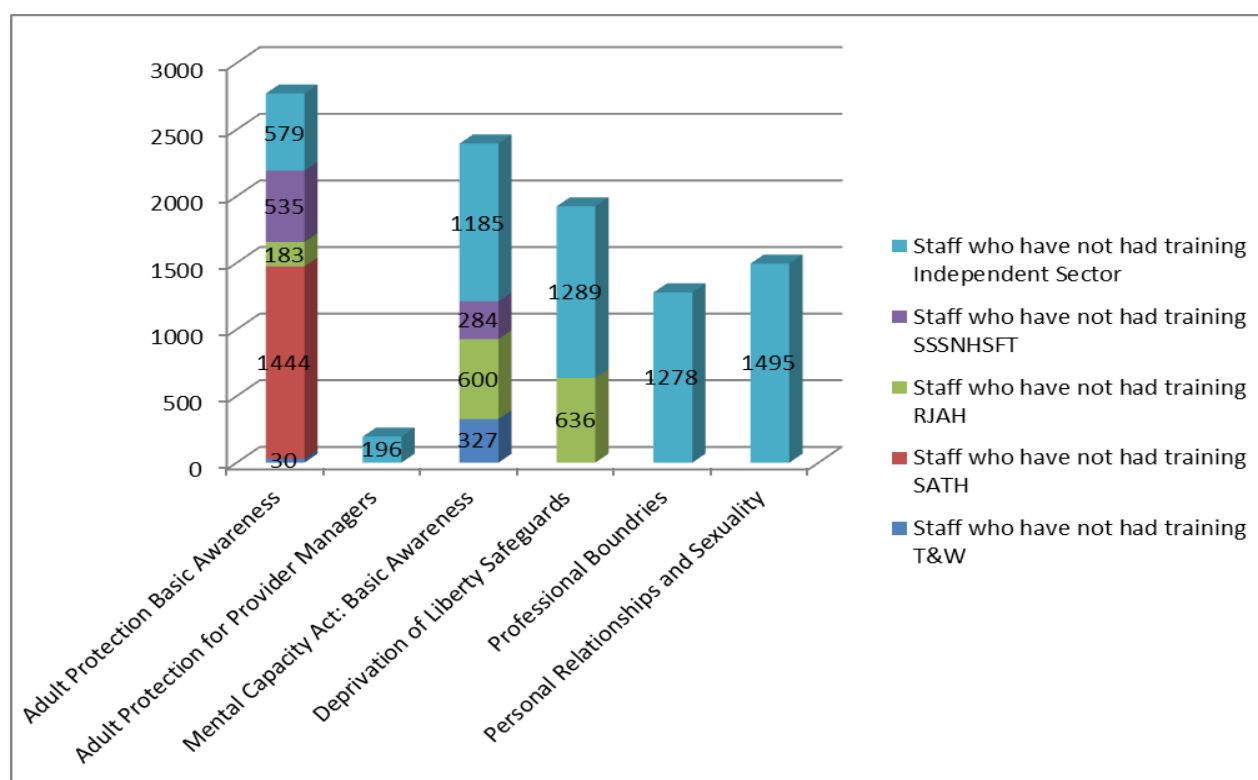
	T & W	SC	SaTH	SSS NHSFT	RJAH	CT	Indep. Sector	Totals
Adult Protection Basic Awareness	30	83	1856	944	483	83	2485	<b>5964</b>
Adult Protection for Provider Managers	0	9	0	0	0	0	218	<b>227</b>
MCA/DOLS: Basic Awareness	16	81	431	216	90	98	1767	<b>2699</b>
Deprivation of Liberty Safeguards	0	91	0	54	75	35	1582	<b>1837</b>
Professional Boundaries	2	25	0	0	0	0	933	<b>960</b>
Personal Relationships and Sexuality	0	18	0	0	0	0	492	<b>510</b>
<b>Totals</b>	<b>48</b>	<b>307</b>	<b>2287</b>	<b>1214</b>	<b>648</b>	<b>216</b>	<b>7477</b>	<b>12197</b>

**Table 1** - The training identified is accessed by organisations via a number of different training methods and learners have access to courses of different lengths; including:

- eLearning
- discussion in staff meetings
- during 1:1 supervision time
- in house training
- training courses delivered in partnership with Joint Training, Shropshire Council and Workforce Development, Telford & Wrekin Council.

Courses described as Adult Protection for Provider Managers may include varying learning opportunities as opposed to the specific course delivered in Shropshire and Telford & Wrekin.

**Chart 3 - The number of staff who have direct contact with vulnerable adults and have not received training yet.**



**Chart 3** – Does not identify organisational requirements for the frequency of training. No figures were identified for the number of staff requiring MCA or DoLS training at SaTH, as there is no annual requirement. Staff from Telford and Wrekin Council have previously undertaken advanced MCA training but it has been identified that more staff will be supported to attend MCA/DoLS Awareness in this financial year. Telford were only able to provide figures for Adult Protection Awareness and MCA training. Due to restructuring within Shropshire Council, it has not been possible to identify the numbers of staff requiring training at this time.

**Note:** Not all organisations access Professional Boundaries, Personal Relationships, Sexuality, and Adult Protection for Provider Managers training.

## **Safeguarding Adults Competency Framework**

The SAB Training Sub Group has been leading on the development and piloting of the Safeguarding Adults Competency Framework. During 2011/2012 the assessment tools were developed and the framework and assessment tools were piloted in the Independent Sector. The Statutory Sector Pilot will conclude in July 2012 and the final document will be an appendix of the Safeguarding Adults Policy for all organisations to utilise as a good practice document. The Framework will offer some guidance to managers regarding the level of training staff or volunteers in various roles require. The Training Sub Group will support the launch of the Framework in 2012/13 once the feedback from the Pilot is finalised.

### **Summary**

1. There are difficulties in comparing data on a like for like basis; this has been exacerbated by restructuring and the accompanying changes to recording systems within some statutory agencies.
2. In general, organisations are able to identify staff who have accessed training which indicates there are opportunities to target staff who require training.
3. Access to Mental Capacity Act and Deprivation of Liberty Safeguards Training could be improved in some organisations.
4. Future exercises to gather training data need to reflect the differing nature of organisations and training needs.
5. Personal Relationships and Sexuality training is currently aimed at those supporting Adults with Learning Disability, this survey has raised a query regarding the need for similar training for older peoples services.

### **Recommendations**

1. Explore training on personal relationships and sexuality for older people's services (specifically within the independent sector), further liaison with the sector is required to ascertain if there is a genuine need for this.
2. Organisations need to ensure staff are given the opportunity to access MCA/DoLS and any specialist training they need.

## **5. Public Awareness & Prevention**

### **Public Awareness & Prevention**

There continues to be a recognised need for Adult Protection Training with a variety of agencies accessing training at basic awareness level. There are numerous safeguarding learning opportunities across Shropshire and Telford & Wrekin and safeguarding is a key element of all training delivered. The partnership between Care Workforce Development Partnership, Shropshire Partners in Care, Shropshire Council and Telford & Wrekin Council deliver a range of courses, information sessions, all of which have a strong safeguarding element to them.

As a way of increasing general safeguarding awareness, both the Safeguarding Training and Development Workers employed by SPIC and the Shropshire Service Specialist (Adult Safeguarding) have delivered training and information sessions to a diverse range of community and voluntary groups:

- Westbury Women's Institute
- Fire Service
- Dentists
- Voluntary groups
  - Age UK
  - Listen not Label
  - Telford Link
  - Carers groups

The number of people attending Professional Boundaries Training across Shropshire increased during 2011/12, and this course has now been successfully delivered several times in Telford & Wrekin.

In order to support the work of the Shropshire Telford & Wrekin Dignity Network and raise awareness of the dignity agenda, a 'Dignity in Practice' course was developed and successfully delivered by SPIC and Joint Training in Shropshire. It is planned to run further courses throughout 2012/13.

Publicity materials such as adult protection leaflets, bookmarks and mental capacity postcards and posters are available in Shropshire and Telford & Wrekin and these are distributed for display in public facilities such as hospitals, medical practices, dentists, domiciliary care agencies, leisure centres and care homes.

Shropshire Council and Telford & Wrekin Council have information about Safeguarding Adults on their respective websites; this can be accessed by anyone and links to information and the current policy.

The Care Workforce Development Partnership Project Officers, regularly give promotional talks or information sessions to people who are interested in working in the care sector.

During these sessions, a brief overview of the care sector is given and safeguarding issues are always highlighted as an important part of the care role.

The annual World Elder Abuse Awareness Day (WEAAD) (June 15<sup>th</sup>) events continue to raise awareness of safeguarding issues. In 2011/12 Shropshire Partners in Care worked with local

authorities and other organisations to coordinate a competition to celebrate and acknowledge events that celebrated WEAAD. Events, which incorporated service user's involvement, were shortlisted by an independent panel. All six of the shortlisted events were visited by SPIC staff and the Shropshire Service Specialist (Adult Safeguarding). After the events, a winner was chosen by the panel and awarded a £50.00 cheque to use for the benefit of service users.

Several articles in the local media highlighted WEAAD events in 2011, identifying safeguarding as an important issue. Information about local WEAAD events was published on the websites of The International Network for the Prevention of Elder Abuse (INPEA) and Action on Elder Abuse (AEA).

## 6. Deprivation of Liberty Safeguards

### 2011/12 Annual report of Shropshire Council & Shropshire County PCT, Telford and Wrekin Council & NHS Telford and Wrekin Joint Deprivation of Liberty Safeguards Team

#### **Background**

The Mental Capacity Act deprivation of liberty safeguards (DoLS) were introduced in April 2009. The central theme is to protect individuals from arbitrary detention. They focus on some of the most vulnerable people in our society; those who need to be accommodated under care and treatment regimes that may have the effect of depriving them of their liberty, but who lack the capacity to consent. These safeguards ensure that any decision to deprive someone of their liberty is made following defined processes. The system applies in hospitals and care homes; deprivation of liberty is unlawful in any other setting unless authorised by the Court of Protection.

#### **Current operational models**

Shropshire and Telford & Wrekin areas have a different approach to their DoLS provision however practice is becoming more standardised across the region. Both areas

- operate a joint approach in terms of policy, procedure and guidance between the LA and the PCT
- operate the same model for re-approval of Best Interest Assessors (BIAs) and provide monthly support sessions for BIAs
- hold panel meetings for sign off of authorisations as opposed to telephone or brief one to one sessions

There is evidence of best practice through joint scrutiny of DoLS applications which allows a robust monitoring of Safeguarding issues within the DoLS process.

#### ***a) Shropshire***

In Shropshire there is a jointly funded DoLS Team and a post of Staff Development Officer supported by a training assistant. The lead role provided by the Team Manager carries out all policy and developmental work across the health and care sectors in Shropshire, delivers high level training courses and in addition chairs the West Midland Regional DoLS Leads Group.

#### ***b) Telford and Wrekin***

In Telford and Wrekin the Supervisory Body role and commissioning function for DoLS, remains with the PCT and the LA respectively. Both employ BIAs to undertake assessments

on their behalf. The Telford and Wrekin LA and PCT DoLS authorisation model operates within the remit of a joint panel.

### **Staffing levels**

Both areas place a high value on the role of BIAs. Both areas seek to annually recruit and support new BIAs but both areas have experienced reorganisation and internal changes which have affected provision.

### **Level of Activity**

Both areas now have a similar percentage of authorisations granted in line with other authorities across the West Midlands. Initial figures from 2009 supported a polarised disparity across the West Midlands with greater variance in the number of authorisations granted. This suggested a lack of consistency in interpretation and/or implementation of the Safeguards; a consistency that the Regional DoLS Lead Group have been addressing with vigour. The data below now indicates that there is less disparity and variance in the number of authorisations granted across the West Midlands. This would indicate that decisions regarding authorisations are gradually reaching a consensus with other West Midlands authorities.

### **The spread of authorisations granted across the West Midlands**

In both areas PCT authorisation figures are higher than the DoH originally predicted to be (20%) and represent 26% of requests in Shropshire and 29% in Telford.

### **Training and promotion**

Both areas have a joint approach to the training and development of BIAs and Section 12 Doctors in line with the West Midland Regional Development Standards. During this year the Shropshire MCA/DoLS Manager developed the MCA Staff Competency Framework. A great deal of work has been carried out this year to update the training in line with this. A mapping exercise has been carried out with all MCA/DoLS training providers to ensure consistency of approach. New courses were written to achieve the level 2 and 3 requirements and these have started to be delivered in Shropshire and are available to be delivered in Telford and Wrekin.

### **Shropshire, Telford & Wrekin's involvement in Regional work**

Regional work has been greatly strengthened this year. The West Midlands Regional DoLS Leads group has made itself more formal with the selection of a Chair and began work on Terms of Reference during this period.

The group increased the frequency and length of its meetings and has sought to feed into Regional and National ADASS meetings, which is currently being taken forward.

In the absence of regional or national support for DoLS from the DH this work would appear to be quite innovative and unique and there are plans to write it up and publish it in

appropriate journals. Browne Jacobson Solicitors have supported the regional meetings with case law updates and provided sessions on training courses.

### **Court of Protection/Ombudsman**

Shropshire has had 4 challenges taken to the Court of Protection and 1 to the ombudsman, all of which have been opened and closed at some point over the last year. Telford has had no DoLS challenges to date either to the Court of Protection or to the Ombudsman. The DH originally estimated 1 in 40 would challenge and this is reflected in the Shropshire figures

**DEPRIVATION OF LIBERTY - WEST MIDLANDS REPORT FOR LA's AND PCT's**  
**1 April 2011 - 31 March 2012**

AREA	Adult Population		Total Number of standard authorisation applications from 1st April 2011	Total Number of standard authorisation applications from 1st April 2011 per 100,000 Adult Population	Proportion of applications authorised
Birmingham	782,400	LA	62	7.9	40%
Birmingham East and North	782,400	PCT	45	5.8	60%
Heart of Birmingham Teaching	782,400	PCT	7	0.9	71%
South Birmingham	782,400	PCT	8	1.0	75%
<b>Birmingham Total</b>				<b>15.6</b>	
Coventry	247,500	LA	51	20.6	55%
Coventry Teaching	247,500	PCT	20	8.1	45%
<b>Coventry Total</b>				<b>28.7</b>	
Dudley	241,800	LA	60	24.8	63%
Dudley	241,800	PCT	37	15.3	68%
<b>Dudley Total</b>				<b>40.1</b>	
Herefordshire	144,100	LA	24	16.7	54%
Herefordshire	144,100	PCT	12	8.3	50%
<b>Herefordshire Total</b>				<b>25.0</b>	
Sandwell	223,300	LA	50	22.4	76%
Sandwell	223,300	PCT	36	16.1	53%
<b>Sandwell Total</b>				<b>38.5</b>	
Shropshire	233,500	LA	89	38.1	57%
Shropshire County	233,500	PCT	32	13.7	56%
<b>Shropshire Total</b>				<b>51.8</b>	
Solihull	161,200	LA	33	20.5	61%
Solihull Care	161,200	PCT	21	13.0	43%
<b>Solihull Total</b>				<b>33.5</b>	
Staffordshire	663,200	LA	146	22.0	55%
North Staffordshire	663,200	PCT	8	1.2	38%
South Staffordshire	663,200	PCT	14	2.1	50%
<b>Staffordshire Total</b>				<b>25.3</b>	
Stoke	188,400	LA	90	47.8	59%
Stoke on Trent	188,400	PCT	24	12.7	54%
<b>Stoke Total</b>				<b>60.5</b>	
Telford & Wrekin	125,000	LA	27	21.6	59%
Telford & Wrekin	125,000	PCT	11	8.8	73%
<b>Telford &amp; Wrekin Total</b>				<b>30.4</b>	
Walsall	196,300	LA	13	6.6	38%
Walsall Teaching	196,300	PCT	8	4.1	25%
<b>Walsall Total</b>				<b>10.7</b>	
Warwickshire	424,800	LA	44	10.4	43%
Warwickshire	424,800	PCT	40	9.4	18%
<b>Warwickshire Total</b>				<b>19.8</b>	
Wolverhampton	186,600	LA	57	30.5	46%
Wolverhampton City	186,600	PCT	28	15.0	43%
<b>Wolverhampton Total</b>				<b>45.6</b>	
Worcestershire	442,500	LA	92	20.8	36%
Worcestershire	442,500	PCT	22	5.0	41%
<b>Worcestershire Total</b>				<b>25.8</b>	
<b>WEST MIDLANDS TOTAL</b>	<b>4,260,600</b>		<b>1211</b>	<b>28.4</b>	<b>52%</b>
	West Midlands				
	Above West Midlands Average per 100,000 adult population				
	Below West Midlands Average per 100,000 adult population				

## 7. Action plan

### B Strategy Action Plan – April 2012

	Action/Priority	Agencies	Lead	Target date	Updates	RAG
1	To undertake whatever revision and relaunch of the Multi-Agency Adult Protection Policy and procedures as are appropriate legislative or regulatory changes and any other developments which are relevant		P Clarke/J McGillivray	31.03.13	On-going and in progress  Moves towards the adoption of a regional policy and procedure on adult safeguarding are underway. This will additionally require a local implementation protocol which corresponds with respective local authority area arrangements	
2	To develop and implement systems which ensure that all information regarding potential risks to the safety and welfare of vulnerable adults is promptly and appropriately shared. This is especially relevant in the context of repeated expressions of concern		D Robson/P Clarke	31.03.13	Being addressed within the revision of the MAAPP. Updated CareFirst and Care Assess programmes will assist this.  Information sharing protocol between CQC, PCT (CCG), and local authorities agreed and has been signed off.	
3	To ensure that safeguarding requirements are embedded in all contracts let by agencies within the		Contracts sections in both LAs and	31.12.10	In place	

	safeguarding partnership. Compliance with this measure should be monitored, and appropriate corrective action taken in the case of any breach.		other agencies			
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4	To develop within each of the agencies within the local safeguarding partnership a safeguarding performance framework which relates to the agencies' performance in the areas of <ul style="list-style-type: none"> <li>• Reduction of harm</li> <li>• Training and competence</li> <li>• Achievement of successful outcomes for vulnerable people</li> </ul>		All agency representatives, but the Performance Subgroup in particular	31.03.13	Performance framework now being worked up by the newly formed Performance Subgroup and this would in due course be linked with the new policy and procedure. The subgroup will address the identification of appropriate performance measures and values as its first priority.	
5	Within the review of the Multi-Agency Adult Protection Policy & Procedures, to insert reference to the availability and arrangement of advocacy at an early stage, ie within the APF1 form. Any identified need which cannot be met should be recorded and reported to the Board.		P Clarke/J McGillivray	31.10.13	(Telford) Advocacy Forum is producing broad spectrum easy-read leaflet on advocacy provision which will be applicable to vulnerable people in the AP process.  New forms required to implement regional wide policy and procedure will record whether advocacy provision has been offered.	
6	To identify groups and communities who currently have little contact with mainstream safeguarding and support frameworks eg Temples, Mosques,		D Robson/P Clarke	31.3.13	Meeting scheduled for 3.5.12 involving T&W's safeguarding, PR and community consultation managers. Council's Communication & Engagement Framework is seen as the most useful vehicle through	

	Parish Councils etc, and to work with them towards a better awareness of safeguarding and its potential benefits. Also to develop within the professional system a commitment to removing such barriers as exist to involvement with these groups and communities, and to develop innovative means of awareness raising and publicity				which the wider dissemination of safeguarding information could be progressed. Other initiatives in this area are being taken forward by SPIC.	
7	To develop a consistent approach to supporting vulnerable adults in accessing services which address the reduction of harm from domestic abuse		All agency representatives	31.3.13	Regular communication and engagement is in place between Adult Protection and the MARAC process. Further specification in this area may be considered within the new procedural arrangements	
8	To continue to promote and support World Elder Abuse Day,.		J McGillivray/P Clarke	31.12.13	World Elder Abuse Day 2012 takes place on Friday 15 <sup>th</sup> June) with events coordinated by SPIC.	
9	To seek details of the experiences of vulnerable adults with the adult protection process, and to ensure that lessons are learnt. This may include <ul style="list-style-type: none"> <li>• Development of the existing</li> </ul>		All agency representatives	31.3.13	Some work undertaken, but needs to be more systematic and sustainable. This will be strengthened by specific references and requirements within the revised MAAPP.	

	<p>closure form to make it more interactive and customer focussed</p> <ul style="list-style-type: none"> <li>• Development of instant feedback mechanisms, postcards etc</li> <li>• More formal feedback surveys</li> </ul>					
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10	To introduce competency-based training across the safeguarding partnership		Training subgroup	31.12.13	<p>Cross-agency competency framework approved at VASB meetings in Oct 11 and Jan 12.</p> <p>Pilot implementation of competency framework is on-going at present with initial report back set for 13<sup>th</sup> July</p>	
11	To develop both the range of training and the training resources available to partner agencies		Training subgroup	ongoing	The Training Subgroup will support its members to fill gaps in training, to deliver the full spectrum of training in the competency framework. This is on-going and likely to form the continuing remit of the group along with monitoring training activity.	
12	Development of Safeguarding Strategy and development and implementation of an action plan which sets out clear priorities for work to be undertaken.	All agencies	Dave Robson & Pete Clarke		Final version of strategy, with action plan, was adopted at the VASB meeting in October 2010. From the VASB meeting in January 2011 partner agencies were to have the strategy/plan approved within their own governance arrangements, by April 2011 meeting. This has been completed by some.	

					Suggest Board requires outstanding approvals to be notified to Board with timescale for achievement	
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13	Review of NHS Related Issues and awareness raising	Health partners	Kevin Moore/Helen Hampson/Denise Williamson/Gill Foster/Vicky Morris		<p>Update on Clinical Governance Guidance at April Board</p> <p><b>SATH</b> This is an on-going process where any issues /incidents are reported through our Clinical Governance team and also our Datix reporting system, which is then also relayed to the Adult Protection Lead. Adult Protection remains as part of the statutory training for all staff caring/handling patients</p> <p><b>SSSFT</b> We continue to monitor any issues regarding safeguarding through our Clinical Governance groups and monitor any referrals to adult protection. Through incident reporting and managerial supervision. We have appointed a Consultant Practitioner for Safeguarding, Mandy Lee, who holds Safeguarding meetings for SSSFT. Vulnerable Adult Awareness Training remains mandatory.</p>	
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14	Review of implementation of Medication and Pressure Ulcer Tools pilot	Health partners, SPIC	Karen George		Date for report to Board to be agreed	
15	Service User Engagement Processes (including advocacy services)	Shropshire Council & Telford & Wrekin Council	Dave Robson & Pete Clarke	31.12.12	Telford Advocacy Forum preparing easy-read leaflet about availability of advocacy services for wide distribution. Will be relevant for use in safeguarding situations. Also contact card for instant feedback being drafted.	
16	Continued development of data driven analysis and development		Stephen Chandler & Karen Kalinowski		Paper to April 2012 Board to agree common data set across whole area. This is now being taken forward by the Board's Performance Subgroup.	
17	On-going monitoring of DoLS implementation		Adrian Everton (T & W) Lorraine Curry (SC)	ongoing	Report due to July 2012 Board	

## 8. Priorities for 2012/13

Priority Actions – to be added to action plan at 7.

	Action/Priority	Agencies	Leads	Target date	Update	RAG rating
1	To develop a performance monitoring framework for the Board	All	Performance subgroup			
2	To develop implementation protocols for both local authority areas, in line with the pan-regional MAASPP	Local authorities	P Clarke J McGillivray D Robson	By April 2013		

# Appendix 1

## 1. Data from Telford & Wrekin

### Vulnerable Adults Safeguarding Board Quarterly Statistics

1. Total referrals received to date by each Authority; (by quarter for this year, by year for previous 4 years)

Period	2007/8	2008/9	2009/10	2010/11	2011/12
Number	284	375	509	489	439

2. Total referrals received by source for current year;

	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	Total
Vulnerable Adult	9	0	1	5	15
Vulnerable Adults Family	18	12	13	14	57
Friend/ Neighbour	1	2	0	1	4
Other Service User	0	0	0	0	0
Social Care - Domiciliary Staff	13	11	20	9	53
Social Care - Residential Care Staff	18	30	15	9	72
Social Care - Day Care Staff	0	4	1	1	6
Social Care - Social Worker/ Care Manager	27	16	15	13	71
Social Care - Self Directed Care Staff	0	0	0	0	0
Social Care - Other	2	11	8	12	33
NHS - Primary/ Community Health Staff	2	2	6	8	18
NHS - Secondary Health Staff	3	11	6	5	25
NHS - Mental Health Staff	0	6	1	2	9
Care Quality Commission	2	5	15	4	26
Housing	2	1	3	0	6
Education/ Training/ Workplace	0	0	0	1	1
Police	1	2	1	3	7
Other	3	10	8	15	36

3. Type of abuse by quarter for current year;

Type of abuse	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	Total
Physical	21	38	26	22	107
Sexual	3	12	2	3	20

Psychological	26	34	30	28	118
Financial/Material	27	27	32	24	110
Neglect/Acts of Omission	43	50	43	44	180
Discriminatory					
Institutional	13	4	8	6	31
of which no. of multiple abuse	30	38	27	26	113
Not stated	0	0	0	0	0

4. Case conclusion;

	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	Total
Substantiated	11	36	11	27	85
Partly substantiated	5	10	10	16	41
Not substantiated	10	30	19	29	88
Not determined/inconclusive	11	15	9	17	52

## 2. Data from Shropshire

### Vulnerable Adults Safeguarding Board Quarterly Statistics

1. Total referrals received to date by each Authority; (by quarter for this year, by year for previous 4 years)

Period	2007/8	2008/9	2009/10	2010/11	2011/12
Number	359	399	531	423	412

2. Total referrals received by source for current year;

	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	Total
Vulnerable Adult	0	3	1	1	5
Vulnerable Adults Family	4	15	6	6	31
Friend/ Neighbour	0	0	1	0	1
Other Service User	1	0	0	0	1
Social Care - Domiciliary Staff	2	6	7	5	20
Social Care - Residential Care Staff	15	19	15	18	67
Social Care - Day Care Staff	3	6	4	1	14
Social Care - Social Worker/ Care Manager	7	5	3	6	21
Social Care - Self Directed Care Staff	1	0	0	0	1
Social Care - Other	20	15	10	8	53
NHS - Primary/ Community Health Staff	10	12	13	13	48
NHS - Secondary Health Staff	12	11	11	17	51
NHS - Mental Health Staff	1	2	3	2	8
Care Quality Commission	1	0	0	2	3
Housing	3	2	0	2	7
Education/ Training/ Workplace	1	0	0	0	1
Police	8	3	0	1	12
Other	11	13	12	7	43

3. Type of abuse by quarter for current year;

Type of abuse	2011/12 Q1	2011/12 Q2	2011/12 Q3	2011/12 Q4	Total
Physical	25	37	21	24	109
Sexual	8	8	5	7	28
Psychological	26	20	15	9	70
Financial/Material	42	19	25	22	108

Neglect/Acts of Omission	29	38	21	21	109
Discriminatory	0	1	0	1	2
Institutional	1	0	8	4	13
of which no. of multiple abuse	18	10	8	10	46
Not stated	0	0	0	0	0

4. Case conclusion;

	20010/11 Q1	20010/11 Q2	20010/11 Q3	20010/11 Q4	Total
Substantiated	38	25	16	11	99
Partly substantiated	7	8	10	5	30
Not substantiated	34	48	33	20	135
Not determined/inconclusive	18	16	19	21	74

**BOROUGH OF TELFORD & WREKIN**

**HEALTH & WELLBEING BOARD 14<sup>th</sup> November 2012**

**ADULT SOCIAL CARE LOCAL ACCOUNT 2011-2012**

**REPORT OF ASSISTANT DIRECTOR: CARE AND SUPPORT**

**1. PURPOSE**

- 1.1 To present the adult social care Local Account 2011-2012: 'What Adult Care and Support are doing to improve people's lives in Telford and Wrekin'.

**2. RECOMMENDATIONS**

**2.1 That the 2011-2012 Local Account is endorsed**

**3. BACKGROUND**

- 3.1 The field of Adult Social Care has been heavily regulated and inspected in the past. The Care Quality Commission (CQC) relied on intensive annual self assessments, inspections, performance indicators and reviews to produce a rating for the service.
- 3.2 The Coalition government have in effect abolished these layers of inspection and assessment, replacing them with a new regime which is encapsulated within 'Transparency in Outcomes: A Framework for Quality in Adult Social Care'
- 3.3 This framework for Adult Social Care proposes a more transparent and locally accountable system, anchored by an approach which places outcomes at the heart. A key part of the transparency to citizens is the Local Account.
- 3.4 The Local Account is intended to be an annual statement on outcomes and priorities that :
- opens up information on adult social care,
  - fosters a conversation between service providers, commissioners and users/citizens
  - empowers citizens to challenge or commend local services.
- 3.5 The intention of the Government is that the Local Account will be an entirely local product, there is not and will not be statutory guidance on content or format.

#### **4. THE LOCAL ACCOUNT FOR 2011-2012**

This is the first year in which a Local Account is a statutory requirement, although we did produce a 2010-2011 document.

The principles we followed regarding the development of our Local Account were to:

- Broadly follow the format we used for 2010/11
- Keep it short
- Keep the public as the intended/primary audience
- Consult with people on a draft version before making it final
- Include information which gives the reader a picture of Telford & Wrekin and adult social care, and assumes they know little about the subjects.
- Use the current adult social care priorities as a structure, detailing 'what are we doing well' and 'what are our priorities for improvement'

#### **5. THE CONSULTATION PROCESS**

- 5.1 In preparing our 2011-2012 Local Account we included a period of consultation on a draft version and used the feedback to influence the design and content of the final document.
- 5.2 The consultation included requesting feedback from: all Health and Wellbeing Board Stakeholders; LINK; Telford & Wrekin Readers' Group; all Council staff; partnership boards occurring during the consultation period. The consultation document and an associated survey were also available on the Telford & Wrekin Council website.
- 5.3 The document 'Consultation Evaluation 2011-12' details the full process we followed in creating the Local Account, including detail of all the responses we received and the changes we have made to the final document as a result. All people who responded to the consultation have received individual responses to any issues they raised. This document will also be published on the website.

#### **6. THE WAY FORWARD**

- 6.1 The Local Account will be published following endorsement by the Health & Wellbeing Board. It will go to Policy Review and Cabinet for information.
- 6.2 It will be available on, and primarily publicised via, the Internet, with hard copies printed and available in Council buildings and circulated to Adult Social Care partner organisations.

#### **7. OTHER IMPLICATIONS**

Community Impact	Yes	The Local Account is intended to support transparency of Council services and help citizens feel empowered to challenge or commend local services
Financial & Value for Money Impact	Yes	There are no additional financial implications for the Council arising from the recommendations in this report. The costs of the production and printing of the document will be minimal and can be contained within the existing resources available.  The Local Account is a public, outward facing document which is intended to provide a picture of how we are performing. This includes financial and VfM performance as appropriate. TS 7.2.12
Legal Issues	Yes	
Other impacts, risks and opportunities		
Environmental	No	
Impact on specific wards	Yes	Borough-wide impact.

**Report prepared by Helen Potter, Delivery & Planning Tel: (01952) 381118.**



# What Adult Care and Support are doing to improve people's lives in Telford and Wrekin

**ADULT SOCIAL CARE**  
LOCAL ACCOUNT 2011 - 2012



a co-operative  
council



Telford & Wrekin  
COUNCIL

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Contact us about our Local Account

# Introduction

## Welcome to the 2011-12 Local Account.

Adult Care and Support services delivered by Telford & Wrekin Council continue to make significant improvements to the services we provide to support and help vulnerable people. We still have a lot to do to give people more choice and control over their lives and making sure everyone has access to services in order to live as independently as possible. All this is against a backdrop of severe financial pressures from both Government funding cuts affecting Councils and local NHS services plus the knock on effect of a 75% cut in continuing health care funding for local people by the Primary Care Trust which has added substantially to Council social care costs. We are also managing the local impact of huge changes taking place in the NHS nationally. Like all Councils we also have to manage the growing impact of the disappointingly slow progress by successive governments, to address the long standing problem of a national social care funding structure no longer fit for purpose with a rapidly ageing population structure.

**This local account is a way for us to let you know what we are doing to improve people's lives in Telford and Wrekin. We'd like to hear what you think about it and if you have any comments you will find details of how to contact us on [page 19](#).**

**If you would like any more information about how we created this Local Account, including the changes we have made as a result of comments made to us during consultation, these can be found on our website at [www.telford.gov.uk/localaccount](http://www.telford.gov.uk/localaccount) or you can request these by using the Local Account contact details on [page 19](#). We are also planning to create an easy read version of this document.**

The future will be both challenging and exciting as we develop closer working relationships with GP run Telford and Wrekin Clinical Commissioning Group (which takes over from the Primary Care Trust) and implement the changes introduced by the Health and Social Care Act in March including the development of our Health and Wellbeing Board.



**Cllr Liz Clare**  
Cabinet Member



**Paul Clifford**  
Director of Adult and  
Community Services

# Our Telford and Wrekin

POPULATION  
2010

**TOTAL**  
**170,300**

<b>18-64</b>	106,600
<b>65-74</b>	14,400
<b>75+</b>	10,400
<b>85+</b>	2,800

By **2026** the population as a whole is estimated to increase by 26,100 (**15%**) to **196,300**

**IN TELFORD AND WREKIN IT IS ESTIMATED THAT:**

**Around 30,600 people report having a long term, limiting illness**

By 2026 there will be 33,900 people aged 65 and over living in Telford & Wrekin, an increase of 9,200 people or 37%.

Around 24,800 people are aged 65 or over. It is estimated that 8,800 of these live alone

**Around 17,200 people are estimated to have a common mental health disorder**

Around 2,800 people aged 15 – 64 are estimated to have a learning disability

**Around 17,100 people aged over 18 provide unpaid care to a partner, family member or other person**

Around 8,300 people (aged 18-64) have a moderate physical disability, with a further 2,500 people having a severe physical disability

**HOWEVER,**

**many of these people live independently in the community without community care support.**

To find out more about the population of Telford and Wrekin, visit [www.telford.gov.uk/factsandfigures](http://www.telford.gov.uk/factsandfigures)

# What we do

Working with partners, Adult Social Care supports people over the age of 18 to remain as independent as possible when they need some care and support. We also support the family, friends or neighbours who help care for these people.

We support adults who have significant needs as a result of physical disabilities, sight or hearing problems, learning disabilities, mental illnesses, older people including those with dementia, people needing drug or alcohol recovery services. We also support young people aged 16+ who receive children's services in their transition to adulthood.

There are a number of ways that the support we give can be provided. This includes giving people the money to find their own care and support to meet their needs, or asking us to arrange and manage a package of care on their behalf.

For more information, visit [www.telford.gov.uk/healthandsocialcare](http://www.telford.gov.uk/healthandsocialcare) or for a full directory of our services visit [www.telford.gov.uk/directory/20/adult\\_care\\_and\\_support](http://www.telford.gov.uk/directory/20/adult_care_and_support)



## The numbers below show the number of adults receiving care and support from us in 2011/12

<b>4700</b>	A first point of contact Access Service for information, advice and referrals
<b>5500</b>	Social Worker Services including assessments and reviews
<b>450</b>	Safeguarding Adults Investigations
<b>700</b>	Preventative services
<b>2000</b>	Equipment or adaptations to homes to help people live independently
<b>1600</b>	Short-term enablement help to restore or maintain people's independence
<b>800</b>	Day Services and Short Breaks
<b>1600</b>	Care at Home, including ExtraCare Housing
<b>900</b>	Care in Residential or Nursing Homes
<b>700</b>	Drug and alcohol recovery services
<b>1900</b>	Carer's assessments and services
<b>2200</b>	Housing related care and support (Supporting People)
<b>300</b>	Transition services for young people aged 16+ who are leaving children's services

# The money we will spend in 2012/13

**£3M** Direct Payments

Residential & Nursing

**£25M**

**£10.8M** Home & Day Care

**£11.6M** Social Work Assessment & Support

**£1.3M** Transport

**£3.5M** Supporting People

**£0.5M** Equipment

**£0.4M** Premises

**£1M** Respite

**£4.5M** Support Services

**£7.2M** Other services including grants to voluntary organisations

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**TOTAL = £68.8M**

# Our performance

There are many ways to measure the impact we have on people and communities. Here are some examples of what our performance told us in 2011/12 and what we are doing about it:

- The overall satisfaction people report with our services was **ABOVE THE NATIONAL AVERAGE** last year and has increased further this year.
- The number of people who contacted us whose needs were dealt with at the point of contact went down. We wanted this number to go up, and **WE HAVE ALREADY ADDRESSED THIS** by making changes to the teams involved.
- It is taking us longer to assess people, however we believe this is because we are working to **MAXIMIZE PEOPLE'S INDEPENDENCE FIRST** and then when we do a full assessment, these are more complex and take longer.
- One of our priorities is to increase the number of people who have control over the care and support services they get, and a third of the people who receive a service from us choose how they want to receive this service, **AN INCREASE ON THE PREVIOUS YEAR.**
- By working hard to keep people independent and in their own homes as long as possible, we are seeing an increase in the number of people getting high levels of homecare.
- Supporting carers is one of our priorities and there was a large increase in the number of carers receiving a service.
- Users of social care services report a **HIGHER 'QUALITY OF LIFE' THAN LAST YEAR**, which is good news. However, we are predicting this will still be low compared to national rates, which is not so good. We will continue to do work to understand this.



# Our performance

- The number of people we supported to successfully complete drug treatments improved as we have worked hard to improve systems to see better outcomes for the people using the service.
- We have put extra resources into reablement and have seen an increase in the number of people who use our services who say they have **MORE CONTROL OVER THEIR DAILY LIVES**.
- The number of people admitted to residential or nursing care increased, which is due both to **INCREASES IN THE NUMBER OF ELDERLY PEOPLE IN THE BOROUGH** and because of changes in funding with the NHS (Continuing Health Care).
- We are working hard to ensure people are completely independent, and a third of people who had a reablement service from us required no support afterwards. However, the number of people who receive a reablement service after being in hospital and are at home 91 days later has dropped slightly.



- The proportion of people who say that they find it easy to find information about services has dropped. This may reflect the changes we have been making to how we organise ourselves in the last year, so **WE WILL MAKE THIS A PRIORITY FOR IMPROVEMENT**.
- We are pleased that the proportion of people who use services who say they feel safe has increased slightly, although is predicted to still be below the national average and will work with other teams in the council to address this.

# Our priorities

Our priorities for this year are:

# 1

## **Enhancing the quality of life for people with care and support needs**

- People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs.
- Carers can balance their caring roles and maintain their desired quality of life.
- People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

# 2

## **Delaying and reducing the need for care and support**

- People have the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

# 3

## **Ensuring that people have a positive experience of care and support**

- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

# 4

## **Safeguarding adults whose circumstances make them vulnerable and protecting them from harm**

- People enjoy physical safety and feel secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

# 5

## **Delivering transformation and managing resources**

# Priority 1 - Enhancing quality of life for people with care and support needs

## What did we achieve?

- We have worked to develop 15 more small local care and support service providers to help people have greater choice and diversity of services. These providers offer a range of traditional as well as more unusual services which respond to individual need.
- Carers can now access emergency respite 24 hours a day, seven days a week. To find out more visit [www.telford.gov.uk/carers](http://www.telford.gov.uk/carers) or see **page 19** for how to contact us.
- We have worked with the Hospital and Community-based Health teams to improve the process for people leaving hospital safely.
- Church Parade, a new four bed unit for people with learning disabilities and challenging behaviours, opened in October 2011. The Council and the NHS worked together to create this successful new service which gives people an opportunity to stay locally and for us to work with them to plan their next steps.
- Lightmoor Extracare housing opened in November 2011, enabling more people to live independently with support to match their needs. To find out more about our Extracare housing visit [www.telford.gov.uk/extracare](http://www.telford.gov.uk/extracare) or see **page 19** for how to contact us.
- We have seen an increase in the number of young people leaving care who go on to further education.
- We established a service for young people aged 16-25 which makes sure that the pathway from children's services to adult services is improved.
- We now have 'carers champions' within teams to ensure that the needs of carers are always considered.
- We have invested in Memory Services to ensure that people have an early diagnosis of dementia and have developed a range of community support services to help people with dementia and their family carers have a good quality of life.

## What do we still need to do?

- We will be increasing our understanding of carers' needs by undertaking a survey and are committed to using the results to inform planning for the future.
- We have started work on implementing the national autism strategy by working with colleagues, people on the autistic spectrum and their families. This will result in a full action plan by March 2013 detailing the changes we will be making.

- Detailed pilot work took place to look at how to help people with Learning Disabilities have healthy lives. This has been very successful and we will now be working with people with learning disabilities, their families and health and social care staff to make sure everyone is as healthy as possible.
- We will be reviewing what we have available to people who are not eligible to receive services during 2012, including community meals services.
- New Extracare facilities are being built in Ketley and Dawley.
- We will be reviewing in-house services to consider the best way to deliver personalised care for adults with learning disabilities and other people.
- We will continue to develop and grow the small local care and support services that are available, with a particular focus on the quality of these services.

## FACTS

Almost **2,500** community care assessments completed by social care during 2011/12.

**270** people received a direct payment during 2011/12.

**1,790** people received self-directed services.

**1,730** carers were assessed during 2010/11.

## CASE STUDY

**We have recently arranged a transfer of a care package for an older person who wanted to take a break in scotland.**

The social worker worked with the person, her family and the care agency to provide the same level of support he received at home to ensure he participated in the activities provided by the hotel such as personal care and medication prompts.

This enabled him to have a personalised care plan whilst on holiday.



## Priority 2 - Delaying and reducing the need for care and support

### What did we achieve?

- We saw an increase in the number of carers we make contact with while the person they are caring for is in hospital, enabling us to provide support to them earlier.
- The length of time people with mental health problems stay as an inpatient has reduced.
- We have increased the use of technology to help people stay independent and in their own homes. To find out more about staying independent [www.telford.gov.uk/stayingindependent](http://www.telford.gov.uk/stayingindependent) or see **page 19** for how to contact us.
- We have added investment to the Red Cross service to increase the support people get when they are going home following a hospital stay.
- We have invested in services that help ensure people are not waiting in a hospital bed when they are ready to go home.
- We held specialist training to work with people with personality disorders (emotional learning difficulties) which has reduced admissions to hospitals.

### What do we still need to do?

- We are working with providers of services and those people receiving help so we can redesign our low-level housing related support (Supporting People) services by April 2013.
- We want to increase the number of beds we have available for people to use whilst we work with them to ensure they can go home following a stay in hospital.
- We will be continuing to build our rehabilitation and reablement team, including developing additional health therapy posts.
- We will work together with health to further develop the technology available for people to stay independent and in their own homes.

### FACTS

Almost **1,400** people had access to a community alarm within their home during 2011/12.

**1,600** referrals received by Intermediate care in 2011/12 - 1130 completed a reablement program.

## Priority 3 - Ensuring that people have a positive experience of care

### What did we achieve?

- We enabled higher numbers of people to talk to us and receive information, advice or services. We are expecting our numbers to go up even further next year.
- The response times for our memory service and our dementia team have got better, meaning people get our help more quickly.
- We introduced a range of easy-read fact sheets to help ensure our information is clear and understandable to everyone. Find them and our directory of services at [www.telford.gov.uk/directoryofservices](http://www.telford.gov.uk/directoryofservices) or see **page 19** for how to contact us.
- We continue to ensure that carers are involved in the services we run through a carers partnership board and a carers forum.
- We developed a new website to improve the information available to people, which you can visit here [www.telford.gov.uk/healthandsocialcare](http://www.telford.gov.uk/healthandsocialcare) or see **page 19** for how to contact us.
- More people told us that they felt involved in the planning of their care.

### What do we still need to do?

- We will continue to listen to comments we get and work to improve the quality of the services we provide.
- We will be further developing the information and advice services we have, maximising the use of both paper and electronic ways of communicating.
- We experienced a number of challenges as we started using a new computer system, leading to problems in paying providers and invoicing people. We appreciated everyone's patience during this difficult time and are continuing to work on improving the system and service.
- We are planning to improve the information people have about dementia services by working with the Alzheimer's Society to publish a directory.
- We are working with advocacy service providers to develop a more coordinated approach to help increase the quality of these services within the funding available.
- We will be commissioning a new Healthwatch service which will provide health and social care advice, information and signposting.

## Priority 3 - Ensuring that people have a positive experience of care

“

All the members of the team have been an excellent source of help to my wife at this time, and it is my hope that in these times of cuts, your services are not affected, for that can only cause more suffering in the Borough.

”

“

Just to say thank you for all the help, advice, support and sympathy you have given us over the last very difficult weeks. All the additional equipment installed has been a tremendous help and it is all being well and truly used!

The service we have received has been top quality and has enabled me to stay at home, with my family, rather than being in hospital.

”

**FACTS**

Our Access service dealt with approximately

**4,700**

referrals during 2011/12.

Over **800** people receive advice and information from our access service or were sign posted to another agency.

## Priority 4 - Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

### What did we achieve?

- We provide an adult protection process, linked with a range of wider safeguarding measures, which has succeeded in keeping many vulnerable people safe from harm.
- We are working for a common approach to Adult Safeguarding covering the whole of the West Midlands, covering all local authorities and partner agencies, so that we all work in a similar way.
- Our involvement in Multi-Agency Public Protection Arrangements (MAPPA) contributes to the reduction in harm caused by dangerous offenders.
- Through our active participation in Multi-Agency Risk Assessment Conference (MARAC) partnerships, we assist in the reduction of risk and harm caused by domestic violence.
- We are leading the work on promoting Dignity in Care across the area.
- We work to increase people's awareness and make sure that abuse is not hidden, for example the World Action on Elder Abuse Day.
- We make sure safety, well-being and dignity are important in the services we buy from the independent and private sector.
- In a survey of people who have been assessed, 91% of people agreed they were treated with dignity and respect during the assessment process.

### What do we still need to do?

- Continue to make sure providers (internal and external) follow safe working practices and meet agreed quality and safety standards, by regular monitoring and holding services to account.
- Find ways of involving people in helping us to make our safeguarding service work even better.
- Look at Advocacy Services to provide improved support for vulnerable adults within the adult protection system.
- Improve the way we gather information about people's experiences.
- We will consider the 'Winterbourne' report on failure to safeguard people with learning disabilities, identifying actions required to prevent abuse locally.
- Some users of our services tell us that they don't feel safe, so we will continue to work with our partners such as the Police and Fire Service to help make people feel safe and secure.

# Priority 5 - Delivering Transformation and Managing Resources

## What did we achieve?

- We made savings by reviewing our accommodation, for example we moved the drug and alcohol services to one building and created one team from two. This delivered cost efficiencies whilst still improving the performance of the new team.
- We maintained our investment in the voluntary sector.
- We restructured the way our services are delivered in order to make savings because of government funding cuts. During this difficult time we maintained our assessment and review rate.
- We completed the Rehabilitation and Reablement strategy for Telford and Wrekin and started implementing it as part of our new ways of working and delivering services.

## What do we still need to do?

- We will be developing new processes and IT systems to meet the personalisation and transformation agenda. This will include:
  - A system that more clearly documents and helps collaborate the values of personal budgets.
  - A system to ensure we provide people with statements detailing what their personal budget has been spent on.
  - A system to ensure both staff and the public can see all the choices that are available to them to help meet their care and support needs (My Life Portal).
- We will be reviewing procurement as part of a council-wide efficiency programme, including reviewing procurement of contract fees, domiciliary care and Supporting People.
- As part of a council wide initiative we will be working with the voluntary sector to improve the commissioning and procurement process.

# Health and Wellbeing in **Telford and Wrekin**



The future will be both challenging and exciting as we develop closer working relationships with Telford and Wrekin Clinical Commissioning Group and implement the changes introduced by the Health and Social Care Act which became law on the 27 March 2012.

As well as supporting greater integration of health and social care services, the Act requires local authorities to have shadow arrangements in place in 2012/13 for a Health and Wellbeing Board to oversee the development of Health and Wellbeing priorities and strategy, new commissioning arrangements for health and social services, creation of a local Healthwatch organisation to support the local population to represent their views and the transfer of most public health responsibilities from the NHS to the local authority.



You can find out more by visiting the Telford and Wrekin Health and Wellbeing website [www.telford.gov.uk/hwb](http://www.telford.gov.uk/hwb)

# Care and Support

In addition to these changes, we are, as this local account is being developed, formulating a response to the publication of the Care and Support White Paper and Care and Support Bill. The vision set out in the White Paper is generally positive and reflects our priorities set out earlier in this account to promote wellbeing and independence at all stages to reduce the risk of people reaching a crisis point, and so improve their lives.

The Bill, assuming it becomes law will consolidate adult social care law into one statute, as recommended by the Law Commission, making it easier for all to understand what is currently a very complex and confusing legal position.

Telford & Wrekin Council welcomes these proposed changes but is concerned about the government's failure to address the funding situation. The level of national funding for adult care and support is already inadequate to meet the increasing demand for services and needs of an ageing population and the changes may increase expectations further.

Whilst supporting the overall recommendations set out by the Dilnot Commission's review of adult social care funding, the Bill does not address the funding position. The government did publish "Caring for our future" progress report on funding reform. This report accepts that there should be a cap on lifetime care costs that people face, the threshold at which people lose means tested support should be raised and there should be universal access to deferred payments for people in residential care. However they have made it clear that no decision will be made about changing the current threshold or introducing a cap before 2015.

## To contact us about Adult Social Care



Visit the council's website at [www.telford.gov.uk/healthandsocialcare](http://www.telford.gov.uk/healthandsocialcare)



Email us at [access.team@telford.gov.uk](mailto:access.team@telford.gov.uk)



Telephone **01952 381280**



Or write to **Adult and Social Care Access Team, Telford & Wrekin Council, Darby House, Lawn Central, Telford TF3 4JA**

## To contact us about our Local Account



Email us at [localaccount@telford.gov.uk](mailto:localaccount@telford.gov.uk)



Telephone **01952 381118**



Or write to **Delivery and Planning, Telford & Wrekin Council, Civic Offices, Coach Central, Telford TF3 4WZ**

**TELFORD & WREKIN SHADOW HEALTH & WELLBEING BOARD**

**14 NOVEMBER 2012**

**PUBLIC HEALTH TRANSITION PROJECT UPDATE**

**REPORT OF ASSISTANT DIRECTOR – SOCIAL CARE SPECIALIST**

**1. SUMMARY**

1.1 This report provides an update on the progress of the Public Health Transition Project, part of the health transformation agenda relating to the transfer of Public Health functions and responsibilities from NHS T&W to the Council.

1.2 The report explains what progress has been made over recent weeks and highlights the key areas of activity or concern over the next few weeks.

**2. RECOMMENDATIONS**

2.1 Shadow Health and Wellbeing Board note the progress with respect to the Public Health transition Project

**3. INFORMATION**

**Project Progress**

**Commissioned services**

3.1 In the September 2012, Members approved delegation of responsibility to the Director of Adult & Community Services, in consultation with the Director of Public Health, and Cabinet Lead/Shadow Health and Wellbeing Board Chair to progress the consideration of future commissioned services and the award of relevant contracts for public health services within the finances available once the Public Health ring fenced grant is announced.

3.2 Commissioners had already evaluated each existing contract let by the PCT against criteria which will give us an open and fair framework to use to make decisions about the future of each existing contract. The criteria include factors such as mandated and non-mandated public health services, performance against contract and value for money.

3.3 Since September Council officers have continued to work with Public Health colleagues to explore our best procurement options within the timescales, keeping risk of legal challenge to a minimum.

3.4 Further Department of Health guidance became available in September which outlined the recommended process for the smooth transition of Public Health contracts that expired on 31 March 2013. This is the case in all current contracts in T&W.

3.5 The new guidance provides a mechanism by which a range of agreed contracts would be extended by the PCT into 2013-14, legally transferring to the Council on 1 April 2013. Subject to available funding commissioners and Council officers favour this approach which will enable us to spread Council driven contract awards over a timeframe of 6 - 12 months, thus ensuring continuity of patient services and making the process of going to the market manageable within the available procurement workforce.

3.6 In line with this new guidance the Council and PCT have jointly written to the Strategic Health Authority to request permission to extend an agreed list of existing contracts for a limited period. We are awaiting a response which is needed urgently so that together with NHS T&W Public Health colleagues we can inform all current providers of our intentions.

### **Public Health funding allocation**

3.7 In respect of the exact ring-fenced Public Health allocation that each local authority will receive there is still uncertainty nationally, with confirmation expected no earlier than December 2012.

3.8 We do now have further detail from NHS T&W which will help us understand the current Public Health budget more fully. As previously explained we are working on the basis of ensuring that the funding responsibilities transferring to the Council from the 1<sup>st</sup> April will be manageable within the ring fenced allocation, with more freedom created in 2014/15 as commissioned service contracts are reviewed in 2013/14.

### **Emergency Preparedness, Response and Resilience**

3.9 At recent Project Board meetings, the need for further clarification regarding Emergency Planning processes, roles and responsibilities post April 2013 has been recognised and on 30 October 2012 a local Emergency Planning event was run in conjunction with Shropshire Council to help address this.

3.10 The workshop was well attended and provided reassurance that our local authorities' understand their roles in health related incidents in the new world, including the responsibilities that are inherited by the local authorities with the transfer of public health functions and the Director of Public Health

3.11 New national guidance has been issued and as the successor NHS organisations (Public Health England, National Commissioning Board and Clinical Commissioning Groups) take shape at a regional and local level, greater clarity now exists as to who will be the key contacts in these

organisations. Though we need to be clear who in T&W CCG holds the lead for emergency preparedness, response and resilience.

3.12 A report on the findings of our local workshop has been submitted to Dr Mohit Sharma at the Department of health.

3.13 As part of the workshop there was some discussion about what is being held up to be “best practice” nationally, around having a local Health Protection forum as a sub-committee of Health and Wellbeing Boards. Such a group would take a lead in a wide range of Health Protection matters including health related emergency preparedness, response and resilience and report to the Board. There was general agreement to explore this further in the context of a single sub-group reporting to both Shropshire’s and T&W’s Health and Wellbeing Boards, subject to seeking the views of our respective Boards first.

### **Workforce Planning**

3.14 Under the transition arrangements a number of NHS staff will be transferring to T&W Council. HR colleagues are working closely with their NHS colleagues to ensure that appropriate processes are followed as set out in national guidance

3.15 Proposals for assimilating Public Health and Health & Wellbeing responsibilities into the Council’s Senior Management structure will be published very shortly for consultation. Below SMT level it is proposed to transfer across the existing structure, including leaving the 2 Public Health related posts currently in Joint Commissioning still within that unit. After consultation then appointment to the senior structure, the existing structure will be reviewed to identify any changes to address knowledge/capacity shortfalls followed by further consultation on any proposals. Ensuring ongoing support for the Council’s Health & Wellbeing responsibilities will also form part of that review. It is intended that Public Health staff will have bases at both Darby /Addenbrook House and Halesfield to work from.

### **Other progress**

3.16 The five key PHT Project Work streams continue to scope, review and drive forward in detail the main tasks that will achieve a successful transfer by April 2013. They continue to highlight tasks, issues and concerns, interdependencies between work streams and any risks to be mitigated against on a monthly basis to the Project Board.

3.17 At the last meeting of the Transition Board on 6 November, it was recognised that the Board will now need to meet on a fortnightly basis to ensure that the transition project milestones are all completed on time to ensure a smooth transition by the 1 April 2013

3.18 During October 2012 the Local Government Association ran its own stock-take of progress. This denotes another phase in the transfer of

responsibilities as all previous external monitoring of our progress had been via the Department of Health. The Council has recently received some general feedback in respect of the progress being made which will be discussed at the next Transition Board.

3.19 During September work also began to start pulling together the handover Legacy Document – which will outline the detail around every aspect of Public Health function transferring to the Council and to the National Commissioning Board or Public Health England and help to flesh out the lines of interdependence.

3.20 This will include detailed information for each public health area such as the context for each service transfer arrangements; the transition lead; organisational systems; a full who's who for each service; details of governance arrangements; risk registers and quality profile; document control and details of key transfer meetings and links to a library of key documents being transferred across to T&W Council on 1 April 2013.

3.21 This completion of this document will be a significant piece of work over the next few months with a 'final' version being completed in January 2013. We will keep the Board updated on its progress and any issues that arise during its development.

#### **4 PREVIOUS MINUTES**

4.1 Cabinet Report – 22.12.2011 – NHS Transformation and Implications for the Council

4.2 SHWB Report – 22.2.2012 – Public Health Update

4.3 SHWB Report – 25.4.2012 – Public Health Transition Project Update

4.4 Health and Wellbeing Board – 13.6.2012 - Development of the Public Health Vision and building the team in Telford and Wrekin

4.5 Health and Wellbeing Board – 12.09.2012 – Public Health Transition Project Update

**Report prepared by:** Paul Taylor, Assistant Director, Social Care Specialist  
Email: [paul.taylor@telford.gov.uk](mailto:paul.taylor@telford.gov.uk)  
Telephone: 01952 381200

## Health and Wellbeing Board

### Telford and Wrekin QIPP Savings Programme 2012-13 Progress Report as at End August 2012

#### 1. Introduction

Within the context of the PCT's five year planning process it was identified at the beginning of the year that recurrent savings of £4.96 million would need to be achieved in 2012-13 if the PCT's financial targets were to be met.

The QIPP savings schemes listed in Appendix 1 were developed by our Lead Commissioners with extensive clinical engagement at the start of the financial year, co-ordinated through the Planning and Prioritisation Committee.

Lead Commissioners identified risks associated with the achievement of these schemes early in the financial year. As a result an away-day attended by Commissioners, Finance and GP representatives was held in July 2012 at which further plans were formulated. These were subsequently refined. The majority of these additional plans are likely to yield savings in 2013-14 rather than the current financial year.

#### 2. Progress to Date

As at the end of August 2012 actual savings were ahead of plan. It should be born in mind however that substantial lead-in times were required for these schemes to become fully operational and as a result savings targets were largely phased in the second half of the year. Much higher monthly savings will therefore be needed from October if the £4.96 million savings target is to be met by the end of 2012-13. This is illustrated graphically in Appendix 2.

In order to ensure that detailed monitoring of QIPP Savings progress takes place and is fully understood at CCG Board level, the QIPP Savings Sub-Committee has been established. It is chaired by the Local Support Member of the CCG Board and membership includes a GP CCG member, Chief Officers and Executive Leads. The Sub-Committee will meet monthly, receiving updates from the relevant Heads of Commissioning and Heads of Service. Issues will be reported to CCG Board via the Planning, Performance and Quality (PPQ) Committee. The Sub-Committee met for the first time in October 2012.

Verbal reports from the Commissioning and Service Heads at the October meeting confirm that there are still risks to the achievement of our QIPP savings targets.

### **3. Further Actions**

Additional QIPP savings plans for 2012-13 are to be further developed under the auspices of the QIPP Savings Sub-Committee alongside the development and refinement of the QIPP Savings Plan for 2013-14.

### **4. Conclusions and Recommendations**

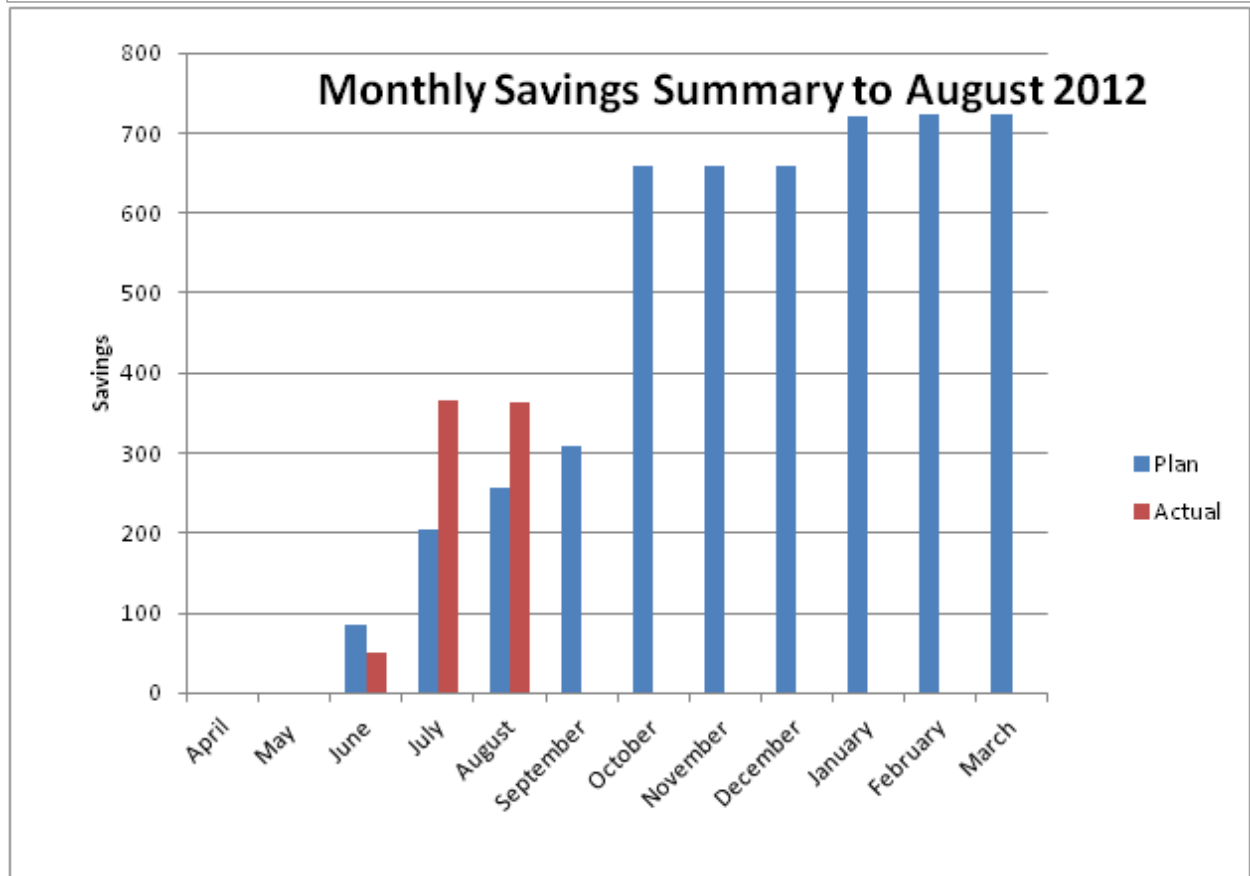
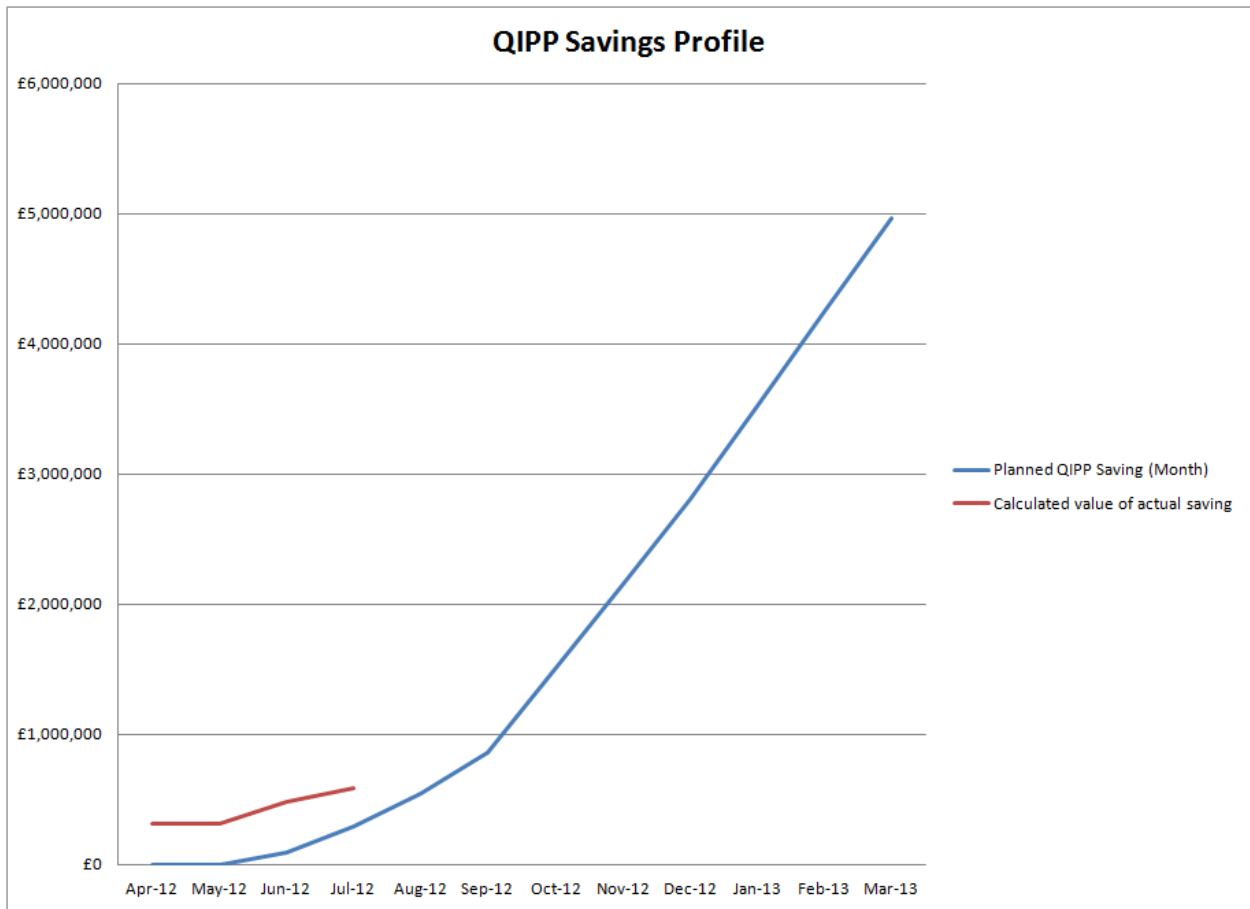
Although achievement of savings is currently slightly ahead of plan, concerted effort is required to prevent the current achievement tailing-off in the second half of the year. Additional plans are being developed to meet any shortfalls in 2012-13 and in preparation for 2013/14. These will be overseen by the QIPP Sub-Committee and reported to CCG Board members via the PPQ Committee.

## Appendix 1

### 2012-13 Savings Programmes Approved by Board

	£000
1 <u>Improved Quality in Planned Care.</u>	1,546
2 <u>Improved Quality of Urgent Care through reduction of A&amp;E attendances, fewer admissions and shorter length of stay</u>	1,566
3 <u>Improved Quality of Medicines Management</u>	500
4 <u>Improved Quality RAID - Reducing acute inpatient admissions and length of stay for Mental Health patients</u>	1,000
5 <u>Management Savings through NHS restructuring</u>	352
<b>Total 12/13 QIPP Savings</b>	<b><u><u>4,964</u></u></b>

## Appendix 2



## **TELFORD & WREKIN COUNCIL**

### **HEALTH & WELLBEING BOARD**

#### **ADULT SOCIAL CARE FINANCIAL POSITION**

#### **REPORT OF THE DIRECTOR OF ADULT & COMMUNITY SERVICES**

## **1. BACKGROUND**

The Government's 2010 Comprehensive Spending Review (CSR) programmed cuts of 27% in Local Government grant funding in cash terms over the 4 year period to March 2015– nearer 40% in real terms after inflation and growth in demand.

## **2. 2011/12 – 2014/15 STRATEGY**

The Council's strategy for this 4 year period already requires reductions of just under £9.5m for Adult Social Care on a controllable net budget of around £43m for 2011/12. The phasing of proposals is as follows:

	<b>2011/12 £000</b>	<b>2012/13 £000</b>	<b>2013/14 £000</b>	<b>2014/15 £000</b>	<b>Total £000</b>
Staff	-	2,251	-	-	2,251
Non Staff	1,670	2,546	1,901	1,102	7,219
<b>Total</b>	<b>1,670</b>	<b>4,797</b>	<b>1,901</b>	<b>1,102</b>	<b>9,470</b>

A schedule of current non staff savings proposals for the period 2012/13 through to 2014/15 is attached in the Appendix 1. This forms part of the above £9.47m programme which Adult Social Care must deliver – the balance comes from 20% staff cuts and non staff savings already delivered last year.

## **3. ADDITIONAL PRESSURES**

This position requiring £9.47m savings (22%) by 2015 is being exacerbated by:

- Anticipated further government funding cuts on top of those in the 2010 CSR, likely to add at least £2-3m for savings required from Adult Care
- The switch of over £8m in Continuing Health Care (CHC) costs from the PCT over the last 2 years as part of QIPP savings which has cut the PCT's CHC spend by 73% over that time. Previously the PCT had a much higher level of CHC funding support than average in 2009/10, hence the need for some adjustment but our PCT is now around 4<sup>th</sup> or 5<sup>th</sup> lowest CHC funder in the country (out of over 150 PCTs)

The Council has corporately funded £3m of these costs already out of its overall savings programme. The residual £5m + additional CHC costs falling on Adult Care are now being largely met with one off national and local NHS funding as a temporary holding position. This is not a sustainable position and will ultimately

require a further £5m + cuts in Adult Care budgets unless a permanent solution is found.

- The inability of the Council, because of pressure on its financial position to fund the growing demographic and inflationary pressures on the Adult Care budget, exacerbated by the recession and general government public spending cuts. This equates to around £1.3m a year.

Thus by 2015 Adult Social Care could face additional savings requirements of over £10m on top of the £9.5m already programmed – a cut of at least 45% from the 2011/12 net budget.

Appendix 1

**Summary of Care & Support Non Staffing Savings 2012-13 to 2014-15**

Saving Type	2012/13	2013/14	2014/15	Total
	£'s	£'s	£'s	£'s
Income	117,950	29,000	-	146,950
Reduced/Changed Service	825,000	1,207,000	1,000,000	3,032,000
Procurement	1,300,000	350,000	100,000	1,750,000
Operational Efficiencies	303,366	315,000	2,000	620,366
<b>TOTAL SAVINGS</b>	<b>2,546,316</b>	<b>1,901,000</b>	<b>1,102,000</b>	<b>5,549,316</b>

**NOTE: In addition to the Savings totals above, the service delivered £1.670m of non staff savings in 2011/12 and £2.251m of staffing savings following the implementation of the service restructure in 2012/13**

**Giving a total of £9.470 delivered and planned savings over the 4 year period**

Saving Type	Description of Saving	Additional Annual Ongoing Savings - £			Total
		2012/13	2013/14	2014/15	
		£'s	£'s	£'s	£'s
Income	Low Level Preventative Service-remove subsidy and increase hourly rate for this preventative service to cover the amount currently funded by the Council	87,950	29,000	-	116,950
Income	Review of charging policy including review of allowances for disability related costs and an increase in the maximum contribution	30,000			30,000
Reduced/Changed Service	Meals on Wheels-cease service or subsidy		57,000	-	57,000
Reduced/Changed Service	Implementation of Personalised Model of Service Delivery including: - Establishment of enablement and reablement for all service users prior to assessment of ongoing service eligibility and care planning. - Utilisation of assistive technology as preventative measure and as alternative to personal care. - Development of personal budgets and self directed support as alternative to council led service determination. Introduction of a Resource Allocation system to determine applicable levels of funding. - Development of transition service for 16-25 year olds to reduce residential costs	800,000	1,150,000	1,000,000	2,950,000
Reduced/Changed Service	Review of transport mobility arrangements to ensure council only meets costs which exceed individuals mobility allowance.	25,000			25,000
Procurement	Use of Care Funding Calculator to challenge residential costs	50,000			50,000
Procurement	Supporting People - Review of Existing Contracts	200,000	200,000		400,000
Procurement	Market & Community Development - in particular development of a homecare framework agreement and introduction of electronic monitoring of homecare	100,000	100,000	100,000	300,000
Procurement	Apply cap to costs of care packages, in particular apply a maximum on domiciliary care packages in line with standard costs for residential care.	50,000	50,000		100,000
Procurement	Holding contract prices at current levels overall (compared to budget plan assumption of 3%)	900,000			900,000
Operational Efficiencies	Mental Health Service Review - Review of partnership arrangements with South Staffordshire and Shropshire Foundation Trust (NHS). In addition to required staffing savings rationalisation and renegotiation of buildings and IT costs		50,000		50,000
Operational Efficiencies	Independent Travel Training - Savings to Care & Support	4,000	5,000		9,000
Operational Efficiencies	Various operational budgets across all service teams	49,366		2,000	51,366
	Alternative funding of Wrekin Housing Trust housing related support services through Housing Benefit (100% government reimbursement) instead of Council Supporting People (Care & Support) funding.	250,000	260,000		510,000
	<b>TOTAL SAVINGS TO BE ACHIEVED</b>	<b>2,546,316</b>	<b>1,901,000</b>	<b>1,102,000</b>	<b>5,549,316</b>

## Health and Well-being Board

14 November 2012

### Adult Learning Disability: Health and Social Care Self Validation Frameworks

#### 1. Purpose of paper

This paper provides information to the Health and Wellbeing Board about two self assessments undertaken by Telford and Wrekin Council (TWC) and NHS Telford and Wrekin (PCT) of services for adults with learning disabilities.

#### 2. Introduction

Telford and Wrekin Council (TWC) and NHS Telford and Wrekin (PCT) have a long history of collaborative working to support adults with learning disabilities living in the Borough and those living out of area.

#### 3. Background

In 2001 the Department of Health (DH) launched a Strategy called Valuing People. The Programme was refreshed in 2009 in Valuing People Now. Valuing People/ Valuing People Now established core principles to underpin work with people with learning disabilities which are: civil rights, independence, choice and inclusion..

Part of the outcome of Valuing People was the establishment of the Learning Disability Partnership Board which still meets on a regular basis and is supported by Councillor Clare.

#### 4. Policy Context: national reports

In 2007 Mencap wrote a report called '*Death by Indifference*' which highlighted neglect of people with learning disabilities accessing NHS services and '*Death by Indifference: 74 deaths and counting*' (Mencap, 2012). Whilst many changes have taken place during the last decade, evidence continues to demonstrate failure by NHS services to provide equal treatment to individuals because the healthcare need is subsumed ("dumbed down") under the presenting learning disability.

In 2007 the DH published a revised version of a report by Professor Jim Mansell '*Services for people with learning disability and challenging behaviour or mental health needs*', known as "Mansell 2". This report provided advice to local authorities and NHS services on commissioning services which meet the needs of people with learning disabilities who may also present with behaviour which can challenge.

In 2006 a major report called *'The Cornwall Report'* highlighted serious neglect and abuse of adults with learning disabilities living in Cornwall. More recently, the *'Winterbourne View'* investigation undertaken by Panorama (BBC, 2011 and October 2012) highlighted systemic abuse of individuals with learning disabilities, including those on the autistic spectrum in a service provided by an independent provider (Castlebeck). The services provided by Castlebeck are high cost and mainly commissioned by NHS commissioners.

The culmination of the reports referenced above and the new focus provided by Valuing People Now was the development of two self validation frameworks for social care services via the Learning Disability Partnership Board and NHS services to examine local provision. This approach began in 2009. During 2012-13 work has taken place to implement the self assessments.

Overall, the DH expects that Health and Well-being Boards and CCGs will be aware and informed of locally commissioned services for adults with learning disabilities and the outcomes of the self assessments. Over the years there is clear evidence of a move towards a more holistic approach to this area of service, bringing together health (commissioned and provision), housing, education, leisure, employment and taking account of the views of those who use services and family carers. From 2013, the two processes will merge into one which will reduce duplication and increase efficiency, as well as giving more focus to personalisation and outcomes.

## **5. Current situation**

### **5.1. Learning Disability Partnership Board Self Assessment**

The Learning Disability Partnership Board Self Assessment was submitted on 7 September. The three main areas covered in the Self Assessment were Health, Housing and Employment. Progress is good in areas of housing and health, but not so good in relation to employment. Telford and Wrekin has not provided information in sufficient depth to demonstrate that it's JSNA specifically reflects the needs of people with learning disabilities. A draft version has been prepared to achieve this task and further discussions will take place to finalise the section. It will include:

- reference to taking forward the outcomes of the Health self Assessment, including data collection;
- working collaboratively with the Criminal Justice System to improve healthcare for people with learning disabilities linked to services;
- engagement with people with learning disabilities (with advocacy support) to inform strategic planning and commissioning by the Health and Well Being Board and CCGs; Safeguarding, (particularly following on from 'Winterbourne View') and including hate crime;
- community based health services, housing, employment and engagement with family carers.

As part of the validation process, assurance has been given about engagement with the (Shadow) Health and Well-being Board and the CCG on this area of work.

## **5.2. Health Self Assessment**

The Health Self Assessment has been submitted. The framework covers the main areas of access – particularly to primary care, supporting individuals with complex needs and safeguarding. The standards identified are classified as:

- Red – further action required to meet the standard;
- Amber – the Standard is being achieved, and
- Green - the standard is being exceeded.

A formal Validation visit will take place on the 3 December 2012. The visit will include visits to services in the morning and more detailed discussions about Telford and Wrekin's submission and evidence in the afternoon. The visits will be undertaken by colleagues from the SHA, the lead validation colleagues, people with learning disabilities supported by advocates and family carers. Attendance at the afternoon meeting will include a range of named individuals from across the NHS services (commissioning and Providers) and other organisations including Telford and Wrekin Council and the 3<sup>rd</sup> sector. A draft action plan has been prepared in response to areas classified as 'Red', including:

- improved working with the Criminal Justice System;
- Safeguarding;
- engagement with family carers and users of NHS services including to support recruitment and delivery of training;
- that Health and Well-being Boards and CCGs are assured about the quality and safety of services, and
- that the two Boards can demonstrate that any of their plans specifically include people with learning disabilities.

## **6. Future Self Assessments**

From 2013 the two self assessment frameworks will merge into a single document. This will increase efficiency, improve collaborative partnership working and remove duplication. It will enable Telford and Wrekin to consider issues of Quality and Safeguarding across all areas of public services from the respective perspectives of commissioning and service delivery. It is important that the following steps are taken to support future work:

- Identify the lead(s) to progress the next Self Assessment prior to April 2013
- Ensure a clear statement about learning disability is included in the JSNA
- The Learning Disability Strategy is refreshed and updated to reflect the new ways of working across health and social care and local priorities
- Submit an annual report to the Health and Well Being Board and the CCG,

## **7. Recommendation**

1. The Health and Well Being Board note the contents of this paper and agree the future steps, including receiving an annual report on progress after completion of the annual Self Assessment.

Kit Roberts

Group Specialist Commissioner

November 2012