HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 22nd January 2014 at 2.00pm at the Business Development Centre, Stafford Park 4, Telford TF3 3BA.

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), D Evans (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), Cllr P Watling (Telford and Wrekin Council), D Harrison (Clinical Commissioning Group)

Also Present: K Ballenger (Healthwatch Telford and Wrekin, on behalf of D Saunders), H Onions, (Consultant in Public Health), L Mills (Head of Health Inequalities and Lifestyle), C Harland (Health Improvement Commissioner) and K Roberts (Interim Service Delivery Manager, Commissioning)

Officers: M Cumberbatch (Legal Services) J Power (Delivery and Planning Manager) and J Clarke (Democratic Services Officer).

HWB-39 MINUTES

RESOLVED – that the Minutes of the meeting of the Health and Wellbeing Board held on 11th December 2013 be confirmed and signed by the Chair.

HWB-40 APOLOGIES FOR ABSENCE

D Wickham (NHS England Shropshire and Staffordshire Area Team), D Saunders (Healthwatch Telford and Wrekin)

HWB-41 DECLARATIONS OF INTEREST

D Harrison declared a personal interest in Agenda Item 7 – Support People with Autism.

HWB-42 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-43 6 MONTH PERFORMANCE REPORT: HEALTH AND WELLBEING STRATEGY OUTCOME MEASURES

J Power presented a joint report which set out the latest available performance against the Health and Wellbeing Strategy priority outcome measures.

The priorities were identified by areas of greatest challenge to the Borough and as a consequence of this the outcomes for the priorities were typically worse that the national comparators. The challenge was to show year on year improvements and out of the 31 measures that had been identified, 12 had improved, 10 had got worse and 9 awaited data. There had been changes to some of the measures and it had been difficult to track progress or compare data.

The report gave stock of the where things stood at mid-point through the year and full details of the outcome measures could be found at Appendix 1 to the Report.

Areas of discussion regarding the outcome measures included:

- Teenage Pregnancy
- Excess Weight in Children

A question was raised regarding what action was being taken to monitor the targets that had worsened and what could be done to improve the figures, whilst giving value for money. Each priority had a strategy and plan in place or being put in place which would give an understanding of what needed to be delivered and how this would be addressed. It was recognised by the Board that some indicators would not show a large amount of change and change would be a slow process ie obesity, whereas the teenage pregnancy rates had change much more rapidly.

With regard to the proportion of older people who were still at home after 91 days of being offered intermediate care, this was now much slower due to the enablement process. This was being reviewed through the Better Care Fund.

It was suggested that the targets needed to be looked at in the round and it was important to receive an update every 6 months. It was also important to work with all partners across the Borough and use all resources and links where possible.

RESOLVED – that:

a) **the latest performance data against the Health and Wellbeing Strategy outcome measures were considered;**

b) **the outcomes were improving at a satisfactory rate;**

c) **the strategy's basket of outcome measures was complete.**

HWB-44 LOCAL AUTHORITY TOBACCO CONTROL DECLARATION

H Onions presented a report which asked the HWB to sign up to the Local Authority Tobacco Control Declaration.

The Declaration had been initially developed by Newcastle City Council in May 2013 and was an agreement that demonstrated a Council's commitment to reducing smoking prevalence and the impact of smoking on communities.

A tobacco control strategy for Telford and Wrekin was being developed which was based on the ASH CLeaR self assessment. The strategy would be completed in March 2014.
This fit with the Council's agenda and new responsibilities on tobacco control. The declaration had been taken to the Council's Policy Review Meeting who had given their full support.

A discussion took place including:

- The signing up of the CCG to the declaration
- Long term health strategy
- Quit rates

- Smoke free homes/cars
- Passive smoking
- E-cigarettes
- Mortality/Morbidity rates

Telford and Wrekin Council had a long-term aspiration of preventing children taking up smoking and would work with schools/education/school nurses, together with key partners in order to get the message across.

It was suggested that ward level data on morbidity and mortality was made available to members of the Board and this was available through the JSNA. A link would be forwarded to members of the Board.

A further report would be brought back to the Board.

RESOLVED – that:

a) **the Board endorse and sign up to the principles set out in the Local Authority Tobacco Control Declaration;**

b) **the Board recommend to Telford and Wrekin Council that they endorse and support the principles.**

HWB-45 FOCUS ON HWB PRIORITIES

Reduce Excess weight in adults/children

C Harland presented a report on the HWB priority of excess weight. The report summarised the work undertaken to date and provided an update on the latest information from the National Child Measurement Programme for 2012/13.

The implementation of the Excess Weight delivery plan would enable children, young people and adults to achieve and maintain a healthy weight by making healthy choices in their daily lives. This would be achieved by:

- population based programmes to reduce health inequalities
- local activities in order to encourage healthy eating and physical activity
- create environments that encourage healthy eating and being more active
- identify those people who are overweight/obese and give them support

Almost 1 in 4 children aged 4-5 were overweight or obese. In 10-11 year olds this figure was 1 in 3. The figure in adults was 2 in 3 who were overweight or obese. It was considered that due to the adult rates, obesity was being normalised within the Telford and Wrekin area, although the Borough had closed the gap on the national excess weight averages which had remained constant.

The excess weight review process included the following:

- HWB consultation on priorities
- Public consultation
- Asset mapping
- Review of the evidence and reference documents

- Individual meetings and workshops with stakeholders

The outcomes of the review process included a vision and identified target groups which were:

- Pregnant women
- Children born to obese parents
- Those with mental health problems
- Those with disabilities
- Those living in deprived areas

Eight work streams were being developed to support partners and embed healthy eating and getting active into their services which included:

- Branding
- Building intelligence
- Workforce development
- Maximising the contribution of key partners and stakeholders
- Providing information and toolkits
- Badging and Accreditation Schemes
- Community Asset Mapping and Building Capacity
- Evaluation and Review

There would be some small pilot projects around the Change 4 Life branding and badging schemes which would help individuals to make healthy food choices and become more active within the places they live, work, play and go to school. Individuals would be given the opportunity to talk about being overweight and be given information, advice and support. Further information could be accessed at the Healthy Lifestyles Hub, Family Connect and My Life.

A discussion took place including:

- Body image
- Smart Swap - national campaign
- Population approach
- Rising costs of treating adults who are overweight
- Fast Food Chain advertising
- Pro-active support of families
- Whole Council approach to campaign
- Sugar consumption – contribution to obesity

RESOLVED – that:

a) **the Board endorse the proposed partnership approach to reducing excess weight in adults and children;**

b) **the Board support the vision and population groups to be targeted for increased activity to reduce health inequalities;**

c) **the Board recognise the eight key work streams to be co-ordinated across the partners, including the Council, CCG and the voluntary sector;**

d) the Board note the updated national child measurement programme information for Telford & Wrekin including the further reduction to obesity in children aged 4-5 years.

Support People with Autism

D Harrison declared a personal interest. It was agreed that D Harrison would take part in the discussion but not vote.

K Roberts presented the report on the Autism Strategy and the Autism Self Assessment Submission.

Since preparing the report there had been some changes to strengthen the alignment between Children and Young People/Adult Commissioning with both Commissioning areas now located under the Assistant Director: Family, Cohesion & Commissioning. The Council had also recognised the need to review the number of partnerships boards that were in operation and the need for officer support. There was a recognition that the work outlined in the Action Plan (Appendix 1 to the report) may be better served through a Task and Finish Group. It was suggested that recommendation 2.2 of the report be modified to incorporate this change.

It was a requirement of the Department of Health that the Autism Self-Assessment be signed off by the Health and Wellbeing Board and this could be found at Appendix 2 to the report.

The low level hub was working well and highly regarded which, together with support from other agencies ie housing, employment and the voluntary sector, was making a real difference. "Listen not Label" were currently championing the hub.

There were currently conversations taking place with SSSFT with regard to diagnosis pathways. There was an increasing recognition that many people with mental health issues had a link to autism and steps were in hand to quantify the level of support provided. It was critical to establish a clear and consistent level of governance and leadership which would ensure a consistent approach to support and diagnosis. The re-design would be undertaken in partnership with, for example CCG/CAMHS. This would require a small level of investment per annum that would gradually decrease over time. The overall intention was to extend support within the community to reduce or prevent acute admissions.

The decision had been taken to make the Autism Strategy an all-age strategy. Whilst this created challenges it also provided opportunities to achieve real and sustainable change and improvement over time. If intervention took place which was matched to the individual's needs there would be less likelihood of increases in mental health and challenging behaviour, which would ultimately increase costs of supporting people in the long term as they move into adulthood. It was important to understand the needs of individuals and learn from mistakes in order to achieve the best for the individuals and their families. It was suggested that a strategic paper was brought back to the board in the summer/autumn period.

The next steps were to:

- convene a meeting of all parties to confirm roles and responsibilities for taking the Action Plan forward, which would be chaired by Clive Jones
- establish a Task and Finish Group meeting quarterly with the first meeting to be held in March
- named leads to develop a project plan to ensure engagement with individuals and family carers

The Board were in agreement and welcomed an all-age autism strategy as a positive move forward. Engagement, together with joined up working was important in smooth transitions into adulthood.

A discussion took place including:

- links with the criminal justice system
- early assessment together with early intervention and action
- the need for a seamless streamlined approach
- support to deliver enablement and re-ablement
- smooth transitions from 0-25 to adult services
- low level hub and the funding of the hub

It was suggested that an amendment to recommendation 2.2 be made in order to reflect the governance being passed to a Task and Finish Group.

Recommendation 2.2 would now read:

"2.2 To confirm that overall governance for the Autism Strategy will be with the Autism Task and Finish Group and the Health and Wellbeing Board to receive an annual report on progress."

This amended recommendation was proposed by Laura Johnston and seconded by Paul Taylor and agreed by the Board.

RESOLVED: that

a) **the Autism Strategy 2014-2017 and the accompanying Autism Action Plan be approved;**

b) **the overall governance for the Autism Strategy would be with the Autism Task and Finish Group and the Health and Wellbeing Board would receive an annual report on progress;**

c) **a further detailed paper outlining the overlapping strategic issues between a range of inter-dependent areas (autism, learning disability, the confidential inquiry into premature deaths of people with learning disabilities) which would propose actions to ensure the needs are met locally and with the objective of increased efficiency be brought to the Board;**

d) **the submission of the Autism Self Assessment in September 2013 be noted.**

The meeting ended at 3.33pm

Chairman:

Date:

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 12th February 2014 at 3.30pm at the Business Development Centre, Stafford Park 4, Telford TF3 3BA.

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), D Evans (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council), Cllr G Green (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), Cllr P Watling (Telford and Wrekin Council),

Also Present: J Chaplin (Healthwatch Telford and Wrekin, on behalf of D Saunders), K Clarke (Assistant Director: Finance, Audit & Information Governance), T Smart (Finance Manager).

Officers: M Cumberbatch (Legal Services) J Power (Delivery and Planning Manager) and J Clarke (Democratic Services Officer).

HWB-46 APOLOGIES FOR ABSENCE

L Johnston (Telford and Wrekin Council), D Harrison (Clinical Commissioning Group), D Wickham (NHS England Shropshire and Staffordshire Area Team), D Saunders (Healthwatch Telford and Wrekin)

HWB-47 DECLARATIONS OF INTEREST

None

HWB-48 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-49 BETTER CARE FUND

D Evans and P Taylor presented a joint report on the Better Care Fund which set out the requirements placed upon the Council and the CCG to move towards the integration of health and social care services and the need to have a Better Care Fund (BCF) agreed and in place by April 2015.

The report also set out the proposals for funding and principles that needed to be developed and agreed.

An update to the report was tabled which included changes in the figures which supported the transformation of the healthcare and the Council's Community Care functions. These changes were also reflected in the Draft Finance summary.

The CCG and the Council had worked hard to find some commonality and common ground and thanks was given to everyone that had been involved in reaching agreement on the Better Care Fund.

There were some conditions around the Better Care Fund which included:

- Social Care Activity
- Impact Assessments
- Acute Sector

The money to be transferred to the BCF would be £11.5m across Telford and Wrekin.
It was hoped that in the future that the service would change radically and be more ambitious with the pooled budget arrangements.

A task and finish group been set up and had agreed a set of proposals. It was envisaged that next year £13m overall would be transferred across to Telford and Wrekin with a further £14.5m the following year.

This would be a challenging time and the CCG, together with the Council, would need to move forward and work together to deliver services differently with reduced resources.

The agreed principles would underpin the initial integration and help to develop enablement services. There was also a need to reduce the number of people who required hospitalisation and facilitate timely discharges with a view to patients accessing community based services.

A discussion took place including:

- Acute services
- Adult Social Care
- Re-distribution of funds
- Whole community partnership
- Voluntary Sector
- Accountability for BCF
- Holistic approach
- End Service Users
- Future relationship with Healthwatch
- Future Fit Programme

The Chair thanked the officers of both the CCG and Telford and Wrekin Council for uniting together to produce the report.

It was agreed by the Board that a report would be brought back to the March meeting relating to governance arrangements for HWB.

RESOLVED – that:

a) **the requirement to put in place a Better Care Fund be noted;**

b) **that a report regarding the governance arrangements for the HWB be brought to the March meeting of the HWB; and**

c) **The Health and Wellbeing Board approve the draft BCF plan for submission to NHS England on 14th February, delegate power to the Chair of the Health & Wellbeing Board to sign the draft BCF plan document and delegate power to the Chair of the Heath & Wellbeing Board, in consultation with The Chief Operating Officer (CCG), to approve the final BCF plan.**

The meeting ended at 4.12pm

Chairman:

Date:

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 12TH MARCH 2014

TELFORD AND WREKIN DRUG AND ALCOHOL STRATEGY 2014/15 – 2016/17

REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH

LEAD CABINET MEMBER – CLLR RICHARD OVERTON

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides an overview of the drug and alcohol strategy for Telford and Wrekin 2014/16 – 2016/17. The strategy sets out our intentions to work with our partners to reduce the harm cause by alcohol and/or drug misuse in our communities. The strategy contributes to the Cooperative Council's priority to improve health and wellbeing and reduce inequalities and the Health & Wellbeing Board's specific priority to reduce the number of people who misuse drugs and alcohol. There are clear links to other wider partnership and local strategies and our developing Early Help Offer.

A series of aims and objectives are proposed across the strategy framework to: reduce demand and risk, restrict supply and build recovery and reduce harm. Governance and monitoring arrangements for the implementation of the strategy are described.

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY eg CCG, Council)

The Health & Wellbeing Board is asked to endorse and approve the Telford and Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17, noting the governance which is place to manage the implementation and monitor the impact on outcomes and performance.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

- The vision, aims and objectives set out in the strategy and the associated action plan form the comprehensive plan to reduce the harm caused by drug and alcohol misuse in Telford and Wrekin as part of our Health and Wellbeing Strategy.
- The strategy includes a detailed outcomes and performance framework, which will track the impact of the plan.

- The most significant areas for improvement and change which will be delivered through the strategy include the following:
  - Transformation of our treatment and recovery services through improvement in the treatment pathways
  - Expansion of the provision and embedding of both mutual aid and service user-led programmes within our treatment system
  - Development of a comprehensive programme for brief interventions, which is systematically delivered to raise awareness and reduce the risk of harm from drug and alcohol misuse
  - Consistently ensuring we take an intelligence-led approach, which uses locally rich qualitative and quantitative data to guarantee a person-centred, community-based approach.

4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="4">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to specific Co-operative Council priorities?</td></tr>
<tr><td>Yes</td><td>Improve the health and wellbeing of our communities and address health inequalities.

There are also wider links to other priorities.</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>The strategy has population-level objectives to reduce the risk and demand and restrict the supply of alcohol and drugs in our communities. The objectives to improve treatment, build recovery and reduce harm are aimed at more specific groups of people i.e. those with addiction and dependency problems and also harm caused drug and alcohol misuse which is hidden in families.</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">Strategy approval process:
Health and Wellbeing Board 12th March 2014
Cabinet 27th March 2014
Community Safety Partnership 27th March 2014

The Drug and Alcohol Action Team (DAAT) Board will monitor the implementation of the action plan and the impact of the strategy through the performance and outcomes measures.</td></tr>
</table>

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Council's budget available in 2014/15 to support the drug and alcohol strategy is £2.710m. This accounts for 25% of the Public Health grant. Whilst savings of £277k have been reflected in this figure for 2014/15 this has been offset by a number of pressures which have arisen due to poor information available at transfer from the PCT. The net saving in this area for 2014/15 is £95k.
LEGAL ISSUES	Yes	The strategy attached to this report contributes towards the Council meeting its duties to the improvement of public health as set out in the National Health Service Act 2006 (as amended). However, when the strategy is implemented it also needs to be compliant with the relevant statutory provisions and regulations. For example: The Statement of Licensing Policy is subject to the provisions, regulations and guidance from the Licensing Act 2003 (see page 18 of the attached strategy). The Misuse of Drugs Act 1971 (as amended) is the main legislation used to control and classify drugs that are 'dangerous or otherwise harmful' when misused. The Misuse of Drugs Regulations 2001 (as amended) allow for the lawful possession and supply of controlled (illegal) drugs for legitimate purposes. The Government published its Alcohol Strategy on 23 March 2012 (Home Office) and its Reducing Harmful Drinking Policy (Department of Health) on 25 March 2013. The Reducing Drugs Misuse and Dependence Policy (DH and HO) was updated on 26 March 2013. The Public Health Outcomes Framework 2013-16 was published under section 73B(1) of the NHS Act 2006 (inserted by section 31 of the Health and Social Care Act 2012) as a document that local authorities must have regard to in the exercise of the

		public health functions for which they became responsible on 1 April 2013 under the 2012 Act. Domain 2 Health Improvement includes outcomes for drugs and alcohol. The reviewed Adult Social Care Outcomes Framework 2014 / 2015 was published on 11 November 2013 and is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. With the NHS Outcomes Framework, the frameworks provide shared priorities and the basis for integrated working locally and are due to become more aligned in due course.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Improved partnership working at an operational and strategic level with the Police, Shropshire Fire and Rescue Service, the Police and Crime Commissioner, the Probation Services, as part of the Community Safety Partnership is a key opportunity of this strategy.
IMPACT ON SPECIFIC WARDS	No	However, drug and alcohol misuse are most prevalent in our most deprived communities.

PART B) – ADDITIONAL INFORMATION

See Telford & Wrekin Drug and Alcohol Strategy 2014/15 – 2016/17 attached Appendix I.

1. INFORMATION

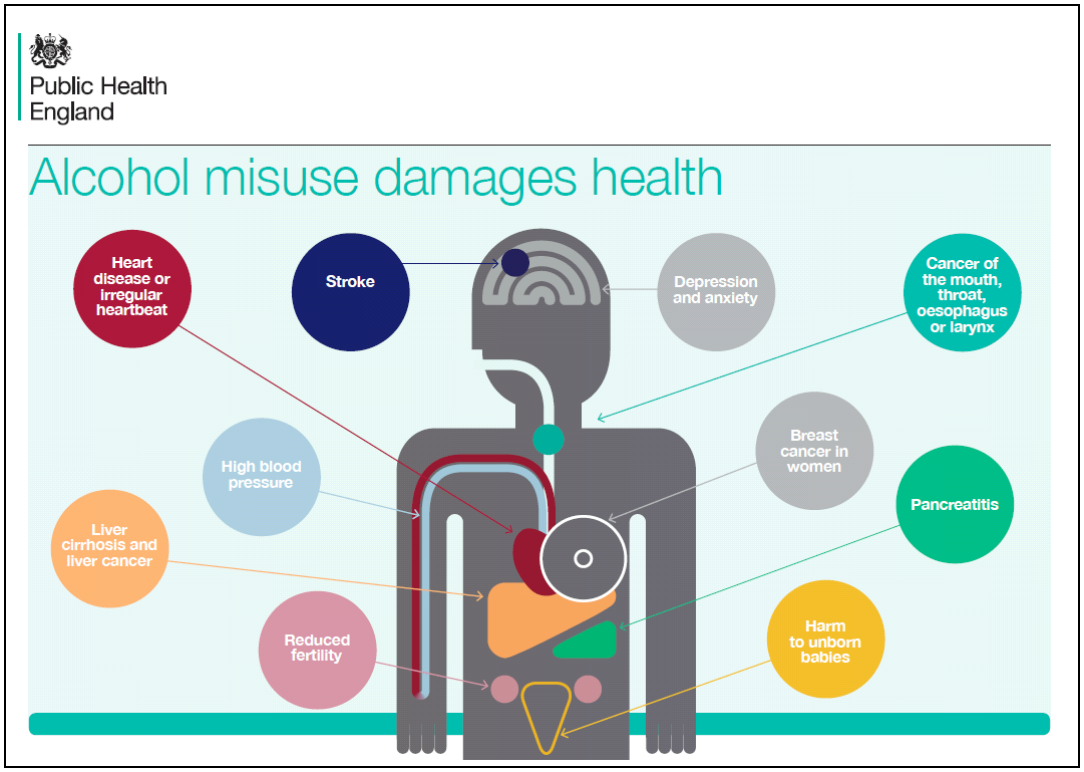
1.1. Background

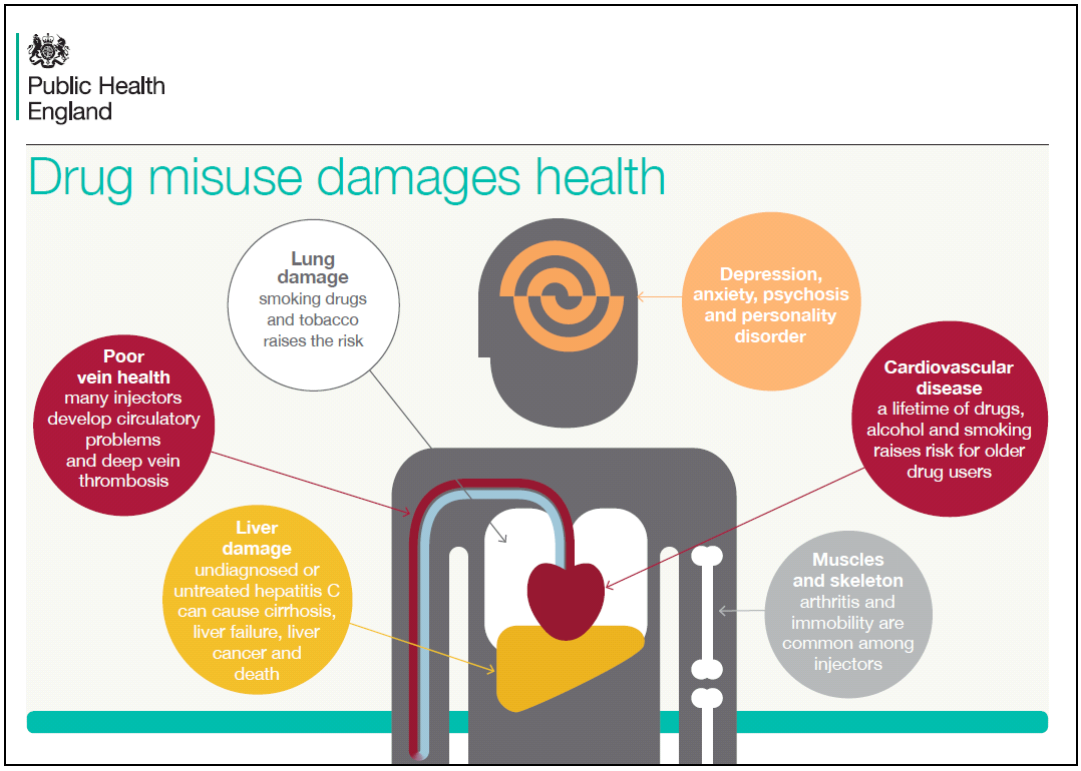
Key national headlines for the burden of alcohol and drug misuse:

- Alcohol problems are widespread, nationally consumption per head more than doubled between the mid-1950s and the late 1990s.
- Deaths from alcohol-related liver disease have doubled since 1980, whereas deaths from most other causes are reducing.
- A quarter of all deaths among 16-24 year old men are related to alcohol.
- Drug abuse is widespread but addiction, is concentrated in the most deprived communities, 40% of prisoners have used heroin.
- Almost half of violent assaults involve alcohol.

- Serious case reviews - 27% mention alcohol misuse and 20% mention drug misuse.
- Road traffic fatalities - 16% of are associated with alcohol.
- A typical heroin user spends around 2.5 times the average mortgage repayment per month on drugs.
- The total cost to society of alcohol-related harm is an estimated £21bn per year, the drug misuse cost burden is estimated at £15.4bn, including the cost of crime, NHS and treatment costs, children in care etc.

1.2. Health impacts of drug and alcohol misuse





1.3. Why we need to invest and what needs to be done

Nationally, the evidence is clear that prevention and early intervention works and saves money. It is estimated that for every £1 spent on young people's drug and alcohol interventions brings a benefit of £5-£8.

Investing interventions for young people:

- Reduces local authority and NHS treatment costs
- Reduces the cost of crime in our communities
- Offers lifetime benefits in terms of education, employment and training
- Improves health outcomes in terms of: reduced hospital admissions and early deaths from heart disease, liver disease and cancer

Public Health England recommends the following key things which need to be done to reduce alcohol-related harm:

- Improve awareness of alcohol harms in young people and delay first use
- Make lower risk drinking for adults the norm and an easy choice to make
- Target those most at risk
- Respond to and reduce the harm to those who have developed problems

Public Health England recommends the following key things which need to be done to reduce drug-related harm:

- Encourage protective factors that support young people's resilience
- Provide packages of support – treatment, housing, employment, positive social networks – to help people recover and rebuild families and communities
- Treat the growing numbers of older drug users, many of whom have serious addiction and health problems
- Develop effective interventions for the harms of emerging drugs such as new psychoactive substances or so-called "legal highs"
- Help people who are addicted to medicines (i.e. prescription only and over the counter medicines).

1.4. Local context

- The Telford & Wrekin Drug and Alcohol strategy makes a key contribution to the Council's priority to *Improve the health and wellbeing of our communities and address health inequalities*. Reducing harm caused by drug and alcohol misuse is one of the ten priorities of the Health & Wellbeing Board.

- Strong partnership working is crucial to the success of the strategy and the Telford & Wrekin Drug and Alcohol Action Team (DAAT) Board, which is coordinated by the Council, is well supported by the Police, the Police and Crime Commissioner, the Probation Service and other partners.

- There are key links with wider partner strategies, for example the Warwickshire and West Mercia Police Drug and Alcohol Strategy and Central England Trading Standards Authorities (CEnTSA) Control Strategy.

- The strategy also has important links to other Council priorities and local partnership strategies, for example: the Community Safety Plan, and Homelessness Strategy.

1.5. Overview of the local picture

1.5.1. Liver disease

- There are circa 30 early deaths (under 75 years) from liver disease every year. Over 90% are classified as preventable, for example those due alcoholic liver disease/cirrhosis, liver cancer and hepatitis infection.
- During the past five years rates of early death from liver disease which is considered preventable were significantly higher than the England average.
- Chronic liver disease accounts for 11% of the male inequalities gap in early death rates between our most affluent and most deprived communities and 6% of the inequalities gap for females.

1.5.2. Problematic drug misuse

- There are an estimated 1,020 people are opiate or crack cocaine users or problematic drug users, currently circa 580 people are in treatment or known to local service or the Police and Probation services.
- The most typical profile of clients in drug treatment client are white British men, aged over 35 years receiving treatment for opiate abuse.
- Cannabis misuse is the most common reason young people seek treatment, and there is increasing trend of methedrone (MCAT) use locally.

1.5.3. Alcohol consumption

- In terms of alcohol consumption it is estimated that:
  - 24,265 people (18.7% of adults) are binge drinkers (i.e. consume more than 8 units in one session for males and 6 units for females).
  - 33,997 people (26% of adults) are higher or increasing risk drinkers i.e. regularly drink more than 4 units daily (men) and 3 units daily (women).
  - 4,151 are dependent drinkers (i.e. those with sustained alcohol consumption above the weekly recommended guidelines means they will be experiencing some form of dependency).

1.5.4. Alcohol-related hospital admissions

- Approximately 440 people admitted to hospital each year with alcohol-specific conditions, which are as direct result of alcohol consumption, 68% of male and circa 56 are children and young people under 18 years.
- The alcohol specific-hospital admission rates for both men and women are significantly better than the England average and rates are decreasing.
- There are circa 3,370 hospital admissions due to alcohol-related conditions every year, these are conditions where alcohol is the cause in some, but not all cases e.g. heart diseases and various cancers.
- The rate of alcohol-related hospital admissions is better (lower) than the England average in but rates are increasing.

1.5.5. Alcohol treatment

- In 2012/13 497 adults received local alcohol treatment services, key features include:
  - 46% of clients were unemployed and 10% of clients had a housing issue at the start of treatment
  - 19% clients also received drug treatment services
  - 13% of clients had an unrelated mental health issue

1.5.6. Alcohol-related crime

- In terms of alcohol attributable crime in 2011/12:
  - 1,072 recorded crimes attributable to alcohol
  - 760 violent crimes attributable to alcohol
  - 34 sexual crimes attributable to alcohol
  - The rate of sexual crime attributable to alcohol was significantly worse than the national average rate

1.6. Strategy development process

- The Telford & Wrekin Drug and Alcohol Strategy and action plan has been developed by a small core team of officers within from the Council's public health, adult commissioning and community safety teams.
- Extensive engagement with stakeholders, as part of the strategy development, has shaped the process, including engagement with key partners from the DAAT Board, service providers, clinical leads and service users and supporters.
- The strategy uses the three pillars of Government's National Drug Strategy 2010[iii] - reducing demand, restricting supply and building recovery as a framework.
- The strategy has a series of aims and objectives across the three strategic pillars. The associated action plan includes detailed actions with key performance and outcome indicators and professional leads specified.
- The action plan covers: population-level prevention activities, targeted prevention work and harm reduction, transformation of specialist treatment and support for sustained recovery, including through mutual aid.

1.7. Governance and next steps

- Telford & Wrekin Drug and Alcohol Action Team (DAAT) will be responsible for coordinating implementation of the strategy and action plan and monitoring the impact on outcomes.
- In governance terms the DAAT reports to Telford & Wrekin Community Safety Partnership. Progress on the plan, performance and outcomes will also be reported to the Health & Wellbeing Board as required.

- In terms of Council approval the strategy is scheduled for the Policy Review Group on 13th March 2013 and Cabinet on 27th March 2014.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

3. PREVIOUS MINUTES

Substance Misuse Briefing report 2013

4. BACKGROUND PAPERS

Public Health Transition progress update – report presented to the Health adn Wellbeing Board on 13 March 2013.

Report prepared by: Helen Onions, Consultant in Public Health, Telephone: 01952 381028

[i] https://www.gov.uk/government/publications/drug-strategy-2010--2

[ii] The National Drug Strategy 2010 *Reducing demand, restricting supply, building recovery: supporting people to live a drug free life* https://www.gov.uk/government/publications/annual-review-of-the-drug-strategy-2010

APPENDIX I

Telford and Wrekin Drug and Alcohol Strategy

2014/15 – 2016/17

VERSION: DRAFT FOR HEALTH & WELLBEING BOARD 12.03.2014

Acknowledgements

Thank you to all the stakeholders, partners, service users and volunteers who have contributed to the development of this strategy and action plan.

Foreword

The Telford and Wrekin Drug and Alcohol Strategy sets out the vision, aims and objectives to deliver against the Cooperative Council's priority to improve health and reduce inequalities and Health & Wellbeing Board's specific priority to reduce the number of people who misuse drugs and alcohol. The strategy identifies what we need to do to;

- **reduce the demand** for drugs and alcohol and **reduce the risk** amongst young people and adults by raising awareness and changing behaviour
- **restrict the supply** of drugs and alcohol and the effect on crime and community safety, through the criminal justice system, night time economy work, enforcement, trading standards and licensing
- **build recovery** through high-quality treatment and recovery services, with a crucial focus on support for recovery and aftercare and by **reducing harm** from blood-borne viruses and harm which can be hidden in families

It is clear we need to transform our services so they are responsive and based on sound evidence of local need. We recognise that we need to improve our understanding and use of data to ensure we have a flexible, intelligence-led response to our local challenges and to have a person-centred approach.

Ensuring value for money going forward is essential and we will review investment in the local programmes to demonstrate cost-effectiveness and also look at the wider investment made by partners who contribute to the agenda.

Our partners are critical to us in realising our vision, they are wide ranging and include core Community Safety partners such as the Police, the Probation Service, the Police and Crime Commissioner, service providers and numerous voluntary and third sector organisations. We need to collaborate with a broader range of partners too for example statutory and non statutory education providers. Efficient and effective strategic leadership and governance across the partnership will ensure joined-up planning, implementation and monitoring of the strategy. We recognise that monitoring our progress and improvement in outcomes will be key. Listening to our service users is fundamental to our success and the aftercare service is pivotal in ensuring ongoing meaningful engagement with people.

Telford and Wrekin Council is committed to working with partners to make a real difference by reducing risk and highlighting the harm that substance and alcohol misuse causes to young people, vulnerable adults and families who live with dependency problems in our communities. We need to make sure the right help is available to people when, where and if they need it and enable and empower people to seek the help they need and support them, through mutual aid wherever possible.

Our Vision

"Our vision is to reduce the harms caused by drug and/or alcohol misuse and make Telford and Wrekin a safer and healthier place where less substances (drugs and alcohol) are consumed and where our service providers and partners are confident and well-equipped to handle challenging patterns of behaviour supporting recovery and change."

1. Background

The misuse of drugs and/or alcohol in our society undermines family and community life. Alcohol problems are widespread but drug addiction is concentrated. Problematic drug users have a dependency on a substance which negatively affects their lives and those around them. People dependent on drugs and/or alcohol can experience a range of emotional and physical health issues as well as social, financial, and legal problems as a result of their drug and/or alcohol misuse.

Substance misuse has a devastating and often a disproportionate effect on the most vulnerable in our society. There can be wide negative social impacts as drug and alcohol misuse contributes dramatically to the volume of anti-social behaviour, acquisitive and violent crime, domestic abuse, road traffic accidents, unemployment, and homelessness.

For the children of families where substance misuse is prevalent, there maybe some degree of associated child neglect and emotional abuse. As drug misuse often involves complex situations, it requires integrated, joined-up solutions across a wide range of partner organisations including: the NHS, council services, police, probation, voluntary and community services.

Key national headlines on the burden of drug misuse:

- An estimated 1.2 million people are affected by drug addiction in their families, with 299,000 heroin and crack users in England and 40% of prisoners having used heroin.
- There are 1,600 drug-related deaths in England every year and deaths involving prescription medicines and 'club drugs' are rising
- 1 in 3 adults have taken drugs at some point during their lives, 1 in 20 adults use drugs frequently and 1 in 10 adults have used drugs recently
- The parents of between 250,000 - 350,000 UK children are problem drug users
- Parental drug use is a risk factor in 29% of all serious case reviews.
- Overall costs of drug misuse to society is £15.4 billion every year, including costs of crime, healthcare and looking after children who have been taken into care
- Cost of deaths related to drugs in 2011 equated to £2.4 billion
- A person addicted to drugs and not in treatments costs £26,074 per year in crime, drug misuse costs the NHS £488 million per year
-
- The annual cost of looking after the children of drug misusing parents is £42.5 million
- Every £1 spent on drug treatment saves £2.50 in costs to the NHS and Police

Source: Public Health England

2. National Strategy Context

2.1. The Government's National Drug Strategy

The Government's National Drug Strategy 2010[1] aims to reduce illicit and other harmful drug use, such as over the counter medicines or 'legal highs'. A key theme is a greater emphasis on recovery from dependence. The vision will be achieved through:

- **Reducing demand** by creating an environment where people who have never taken drugs continue to resist any pressures to do so. Helping divert them away from risky behaviours such as drug use, drug dependent adults committing crimes and breaking inter-generational cycles of dependence.
- **Restricting supply** through tackling drug trafficking and drug dealing. The police and other agencies disrupt the drugs trade by targeting activity along the entire supply chain, from organised crime groups that import drugs from source to the dealers that sell drugs in our communities. The emergence of new psychoactive substances (NPS), or so-called "legal highs"
- **Building recovery** in communities to support people who wish to tackle their dependency on drugs and/or alcohol and achieve lives free from drug and/or alcohol dependence. This requires a step change in drug treatment which promotes recovery through quick access to high quality, effective recovery-orientated treatment services including mutual aid.

2.2. The Government's Alcohol Strategy

The Government's Alcohol Strategy[2] sets out proposals to tackle binge drinking, reduce alcohol-related violence and reduce the numbers drinking to harmful levels. This is proposed via a combination of national and local actions. It was proposed that national action would focus on reducing the availability of cheap alcohol to reduce consumption through use of taxation, imposing a minimum unit price for alcohol and banning the sale of multi-buy alcohol discounting. However, this has not yet been implemented by the Government. Local action is expected through: support for population-based campaigns, the provision of dedicated funding for alcohol services and through greater power in the administering of licensed premises.

2.3. The Role of Public Health England (PHE)

From April 2013 the National Treatment Agency for Substance Misuse, formerly in place to improve the availability, capacity and effectiveness of drug treatment, became part of Public Health England (PHE). PHE continue to ensure that drug and alcohol services in England deliver on both the public health and criminal justice agendas, reflecting the interests of the Department of Health, the NHS, public health, and the Home Office. PHE Centres provide support to local areas, through high quality information and intelligence, professional expertise, bespoke support and sharing evidence of best practice.

Public Health England recommends the following key things which need to be done to reduce alcohol-related harm:

- Improve awareness of alcohol harms in young people and delay first use
- Make lower risk drinking for adults the norm and an easy choice to make
- Target those most at risk
- Respond to and reduce the harm to those who have developed problems

Public Health England recommends the following key things which need to be done to reduce drug-related harm:

- Encourage protective factors that support young people's resilience
- Provide packages of support – treatment, housing, employment, positive social networks, to help people recover and rebuild families and communities
- Treat the growing numbers of older drug users, many of whom have serious addiction and health problems
- Provide information and advice on safer injecting practices and interventions to reduce injecting, testing for blood-borne viruses and vaccinations and care pathways for those infected
- Develop effective interventions for the harms of emerging drugs such as new psychoactive substances or so-called "legal highs"
- Help people who are addicted to medicines (i.e. prescription only and over the counter medicines)

2.4. Local Authority Public Health Responsibilities

From April 2013 local authorities received a ring-fenced Public Health Grant to undertake local public health activities, including alcohol and drug prevention and treatment services. Nationally, the substance misuse contribution of the overall Public Health Grant represents a third of the total budget.

3. Local strategy context

3.1. Strategy and partnership overview

This strategy has clear, strong links across the Telford & Wrekin Council priorities[3]. The Telford & Wrekin Health & Wellbeing Board, formally established in April 2013, aims to drive improvement in and closer working across health and care services. The Health & Wellbeing Strategy[4] is in place to improve the health and wellbeing of our community and reduce inequalities. Reducing the numbers of people who misuse drugs and alcohol is one of the Board's ten priorities. This strategy will embed the Health & Wellbeing Board principles as follows:

- **Equity**: by reducing inequalities through targeting the hard to reach and by tackling hidden harm in families
- **Accessibility:** by increasing the numbers receiving treatment and support and improving communication and awareness of services across all stakeholders
- **Integration:** by joining up pathways across service providers and settings and strengthening our partnership work across the Community Safety Partnership with local registered social landlords and third sector organisations

- **Quality:** by reviewing our pathways to ensure they are evidence-based and in line with NICE and Public Health England guidance
- **Engagement:** by continuing to routinely involve service users through the Telford Aftercare Team, strengthening clinical engagement with our GPs and hospital services and a wider range of professionals
- **Financial sustainability**: by reviewing and benchmarking our investment and demonstrate cost effectiveness ensuring value for money
- **User satisfaction**: by involving and listening to our clients and users and their families through after care following treatment
- **Early intervention and prevention:** by comprehensively delivering the objectives and actions associated with the reducing risk and demand
- **Safeguarding**: by reviewing our policies and procedures in line with national guidelines and investigating and responding to hidden harm in families

3.2. Links with wider partnership and local strategies

Our strategy has key links with wider partnership and local strategies including:

- Warwickshire and West Mercia Police Drug and Alcohol Strategies
- Central England Trading Standards Authorities (CEnTSA) Control Strategy
- Community Safety Plan
- Integrated Offender Management (IOM) Plan
- Early Help Offer
- Homelessness Strategy
- Domestic Abuse Strategy
- Corporate Parenting Strategy
- Prevent and through care strategy

3.3. Telford and Wrekin Drugs and Alcohol Action Team (DAAT) Board

A cohesive partnership approach is essential to the successful delivery of our strategy. The Telford and Wrekin DAAT Board provides a platform for key stakeholders to discuss local issues and agree actions. Members of the Board comprise of various agencies and partners including: Public Health England, West Mercia Police, Shropshire Fire and Rescue Service, Police and Crime Commissioner, the Probation Service, the Clinical Commissioning Group and various service delivery areas within the local authority including: Family and Cohesion services, Safeguarding, Adult Care and Support, Public Health and Public Protection. There are key links with the leads and organisations who provide our local services, including: the Council's in-house Drug and Alcohol Service (DARs), Impact, Nacro and TACT - Telford Aftercare Team

4. The local picture of alcohol and drug misuse and harm

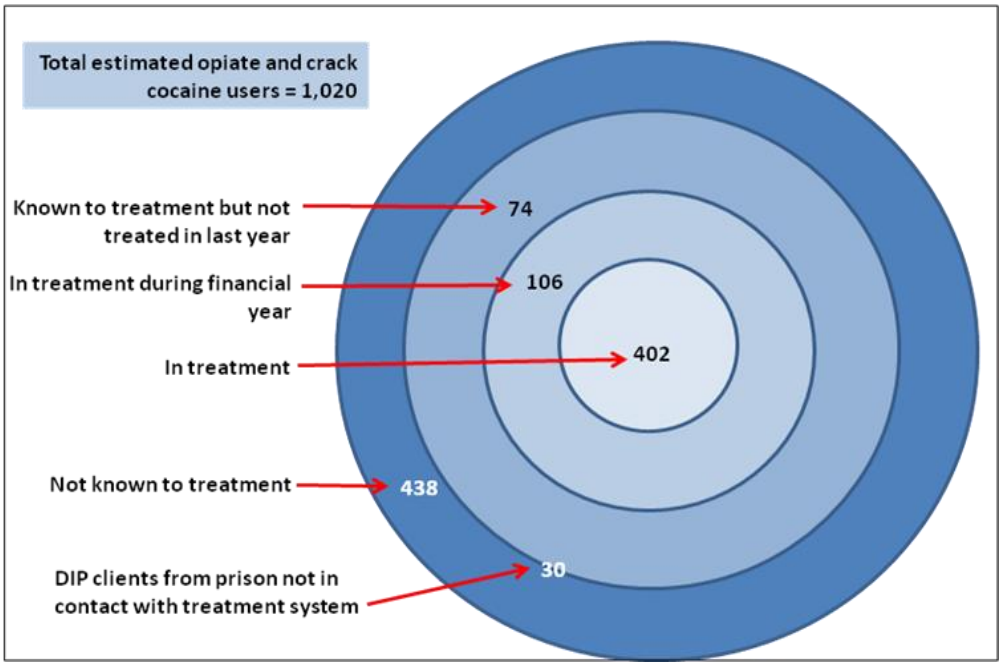
4.1. Opiate and Crack Cocaine use

Opiate and crack cocaine users are classified as problematic drug users given: the high dependency associated with these substances, the wider social and health impact of this type of dependency and the challenges linked with ensuring effective recovery in comparison with other substances.

The key headlines for opiate and crack cocaine use in Telford and Wrekin are as follows:

- National estimates[5] suggest Telford and Wrekin has circa 1,020 opiate and crack cocaine users, the modelling includes a range estimating 911 users at the lower end with up to 1,080 users at the higher end
- Trends indicate that the numbers of opiate and crack cocaine users estimated in Telford and Wrekin increased from 943 in 2008/09 and 1,012 in 2009/10
- The estimated prevalence rate of opiate and crack cocaine use in Telford and Wrekin was 9.52 per 1,000 population which is not significantly different to the England average (8.67 per 1,000)
- Estimates of levels of engagement with the treatment system are shown Figure 1. At the end of March 2013 there were 402 opiate and crack cocaine users in treatment and a further 106 users had been treated[6] during the year, 74 users were known to treatment services but did not engage in treatment.
- Almost half 49.8% (508) of the total heroin and crack using population locally were in effective treatment during 2012/13. Therefore an estimated 438 opiate and crack cocaine users (43%) were not known to local treatment services. NB This engagement level is in line with national treatment penetration figures.
- Thirty opiate and crack cocaine users who were in contact with the criminal justice drugs intervention programme (DIP) were not known to the treatment services
- In 2012/13 white men aged between 35-64 years with an opiate dependency and a history of injecting were the largest group of drug users accessing treatment
- A third (33%) of our opiate users have been in treatment for over 6 years in comparison to a national rate of 22%. In contrast 75% of non opiate users have been in treatment for under 1 year
- The main factors associated with preventing recovery include: mental health issues, unemployment (which is a dominating factor) and housing issues

Figure 1 Opiate and Crack Cocaine Drug Users in Telford and Wrekin (20012/13)



Source: National Drug Treatment Management System (NDTMS) Annual Report Bulls Eye Data report (2012/13)

4.2. Misuse of non-opiate drugs

- The highest rates of treatment for young people are for cannabis misuse (47% of all treatments for people under 25 years)
- There is an increasing trend of mephedrone (M-CAT) use with 97% of new clients over 18 years in 2012/13 who regularly use club drugs citing use
- In our local treatment system there has been a marked improvement in non-opiate completions
- In 2012/13 99 people with non-opiate drug misuse issues successfully completed treatment, 37% of clients abstained from cannabis, 60% clients abstained from crack and 89% clients abstained from amphetamines. Our abstinence rates for non-opiate use are better than the national averages

4.3. A picture of alcohol consumption and harm

- In Telford and Wrekin it is estimated that:
  - 24,265 people (18.7% of adults) are binge drinkers (i.e. consume more than 8 units per session for males and 6 units for females), this is similar to the national average of 19.8%
  - 33,997 people (26% of adults) are higher or increasing risk drinkers (i.e. regularly drinking more than 4 units per day for men and 3 units per day for women), this is similar to the national average of 27%
  - 4,151 are dependent drinkers (i.e. those with sustained alcohol consumption above the weekly recommended guidelines means they will be experiencing some form of dependency)
- In terms of hospital admissions:
  - Approximately 440 people admitted to hospital each year with alcohol-specific conditions, i.e. is their admission a direct result of alcohol consumption, 68% of these are males and circa 56 are children and young people under 18 years
  - In 2010/11 the alcohol specific-hospital admission rates for both men and women were significantly better than the national average for England
  - Trends for the five year period 2006/07 to 2010/11 indicate that admission rates for alcohol-specific conditions in both men and women decreased
  - There were circa 3,370 hospital admissions due to alcohol-related conditions in 2011/12. The rate of alcohol-related hospital admissions was better (lower) than the national average in 2010/11 and 2011/12
  - There was however a year-on-year increase in alcohol-related admissions between 2009/10 and 2011/12 increasing from 2,460 in 2009/10 to 3,370 in 2011/12

Key headlines for those receiving alcohol treatment services are:

- In 2012/13 497 adults received local alcohol treatment services, just over half (58%) were new treatment starters:
  - 40% were classed as high risk drinkers (i.e. consuming over 600 units per month), compared to 36% of alcohol treatment clients nationally

- 46% of clients were unemployed at the start of treatment (compared to 39% nationally)
- 19% clients also received drug treatment services (compared to 21% nationally)
- 10% of clients had a housing issue at the start of their treatment
- 13% of clients had an unrelated mental health issue (which is lower than the national average proportion of 21%)

4.4. The picture of hidden harm

Problem drug and/or alcohol misuse by parents and within families can cause serious harm to children and adults. Hidden harm usually refers to a group of drug or alcohol users who have parental responsibility where their problem drug use has potential effects on their children. In Telford and Wrekin it is widely acknowledged that parental problem drug and alcohol causes serious harm to children at every age from conception through to adulthood. This strategy also recognises that hidden harm relates to wider hidden populations within families such as older people, BME groups, carers, friends.

In 2007 an extensive piece of work was undertaken on hidden harm locally. Since then improvements have been made through collaboration between children's services and those statutory and voluntary agencies working with the parents. Assessments are done jointly and support plans for children and families, plans monitored and delivered through the use of Team Around the Child or Child Protection processes. During 2011/12 278 (42%) drug treatment service clients were recorded as living with children. Further work is needed to understand the current scope and scale of hidden harm in order to review how well we are meeting the needs of our most vulnerable and complex families.

4.5. A wider picture of risk and harm

Infections amongst People Who Inject Drugs

People who inject drugs (PWID) are vulnerable to a wide range of bacterial and viral infections that can result in illness and death. The key messages nationally[7] are:

- Needle and syringe sharing is lower than a decade ago however one in seven of people who inject psychoactive drugs continue to share needles and syringes.
- Infections remain common: 49% of people who inject psychoactive drugs have been infected with Hepatitis C; around one in every 100 has HIV; and almost one-third report having a recent symptom of an injecting site bacterial infection. Hepatitis B infection among people who inject psychoactive drugs has declined, probably reflecting the increase in the uptake of the hepatitis B vaccine.
- People who inject image and performance enhancing drugs anabolic steroids and melanotan are at greater risk of HIV, hepatitis B and hepatitis C infection than previously thought.
- There has been a recent increase in the injection of amphetamines and amphetamine-type drugs, such as, mephedrone. Although these are much less commonly injected than opiates, crack-cocaine, or image and performance enhancing drugs, there is evidence that there is a higher level of infection risk.

To minimise the harm from injecting drug use, changes in the patterns of use that increase infection risk need to be detected and responded to promptly. The continued monitoring of injecting drug use is therefore important. Key facts and figures for injecting drug use in Telford and Wrekin are:

- An estimated 361 people inject drugs (the lower estimate is 257 and the upper estimate is 454 people)
- In 2012/13 376 treatment service clients were recorded as current injectors, which equates to 21% of the total drug treatment population and a further 604 clients (34%) reported previous injecting.
- It is estimated that 41% of people who currently inject drugs and 24% or those who have injected in the past are infected with the Hepatitis C Virus
- The proportion of drug users in treatment who are injecting in Telford and Wrekin is 41%, which is higher than the national (34%) average
- Approximately 60% of those accessing treatment service in Telford & Wrekin have a hepatitis C test
- Further work is needed to increase the number of clients taking up screening and vaccinations for blood borne viruses and treatment where required

Addiction to prescription only and over the counter medicine

Education is required at a population-level about the potential of becoming addicted to drugs that can be bought over the counter or provided on prescription. The most commonly abused medications are stimulants, prescription analgesics, cough/cold medications and tranquillisers. All of these drugs can lead to addiction and particularly leave adolescents vulnerable due to the alcohol content in them. Other prescription drugs, which are commonly misused are laxatives and pain relievers such as ibuprofen and co-codamol.

Abuse of over-the-counter or prescription drugs can lead to physical and mental dependence. While most people use prescription drugs properly, doctors, pharmacists and manufacturers have stated that a significant number of people will still misuse over-the-counter and prescription drugs. There is also a need to educate people about the issues around the use of drugs in sport, which are often used to enhance performance and it is widely accepted as unethical practice.

Dual Diagnosis

Dual diagnosis is used to describe people have co-existing mental health and substance misuse problems, which can be due to: a primary mental health problem precipitating and leading to an episode of substance misuse and/or an increase in the use of illicit substances which has an effect on the service user's mental health. It is well recognised that these individuals have significantly poorer treatment outcomes and are most likely to experience: poor compliance with medication regimes and disengagement from services, increased rates of inpatient admission, homelessness, social exclusion, offending behaviour and an increased rate of suicide.

Key facts and figures nationally for dual diagnosis include the following:

- Substance misuse affects around one third to a half of people with severe mental health problems, with alcohol misuse being the most common form of misuse
- Where drug misuse occurs it often co-exists with alcohol misuse

- Community Mental Health Teams typically report that 8-15% of clients have dual diagnosis problems
- Prisons have a high prevalence of drug dependency and dual diagnosis.

5. Our local programmes and services

5.1. Population-level prevention programmes

NHS Health Check alcohol screening and brief interventions

NHS Health Check is a risk assessment and management programme for people aged 40-74 years. It aims prevent or delay the onset of diabetes, heart and kidney disease and stroke. Local Authorities now have responsibility for the programme as part of their public health duties. The checks now include an assessment which specifically looks at the level of risk associated with alcohol consumption, through the Alcohol Use Disorder Identification Test (AUDIT). Where appropriate individuals are given brief advice to reduce their risk of alcohol-related harm. Referrals to alcohol services are offered to those individuals where necessary.

The Health Check provides a unique opportunity to discuss alcohol consumption in the context of general energy intake highlighting the links with risks of obesity, diabetes and liver disease and provide tailored meaningful advice. The programme is a one stop shop to address all lifestyle risk factors in a holistic way. Therefore it is ideally placed to address the risks of alcohol consumption in a structured format to support the prevention agenda and this strategy.

Since April 1st 2013 2,971 people in Telford and Wrekin have received a health check at their GP surgery which included an assessment using an appropriate AUDIT tool. Access to data is being improved to determine numbers of people falling into at risk groups, those receiving brief interventions and onward referrals.

5.2. Targeted prevention and treatment services

In Telford and Wrekin drug and alcohol services are based on the national Models of Care for Drug Users[8] best practice commissioning framework. The framework is designed to ensure that all treatment and interventions are combined to form a local system which meets the needs of the population, including the following key elements: a four-tiered model of commissioning, local screening and assessment drug and alcohol services systems, care planning and coordination of care at the heart of structured drug treatment, development of integrated care pathways. (See Figure 2 for local service mapping and overview).

Currently a third of our service users accessing structured treatment are seen within GP shared care practices. This goes some way to accommodate the geographically disparate access need in Telford and Wrekin and somewhat fulfils requirements to provide care in the community but this needs to be extended.

There is also a wider range of targeted support available within the Borough for vulnerable people and those at risk, such as: teenage parents, those with emerging mental health problems, families with an existing alcohol problem, children in care and those on the brink of care. All these services and assets, which include: the Family Intervention Team, Youth Offending Service and Children & Families Locality

Services, are being drawn together to form a comprehensive Early Help Offer which will contribute significantly to delivery of this strategy.

5.3. Service user engagement and Mutual Aid

The new national emphasis on recovery recognises that good quality aftercare and support is fundamental in making any recovery journey a success. This needs to include a wide range of support including: access to housing, education, training, employment and the learning of life skills all help people in recovery to establish and maintain independence and abstinence.

Service user consultation and engagement is critical to gain an understanding of the experience of service user's within the treatment and recovery system. Enhancing the involvement of family and carers, including in the shaping and delivery of treatment and support will ensure we meet local need.

The Telford Aftercare Team has been instrumental in setting up the service user forum, running service user group and facilitating SMART Recovery Groups. In addition to this other mutual aid groups such as Alcoholics Anonymous and Narcotics Anonymous are accessible locally. This group is represented by a lead at a number of forums and meetings, including the DAAT Board and the Treatment Group meetings. Service user, carer, family and friends involvement should form an integral part to strategic planning and service design. TACT have supported and influenced the development of this strategy throughout the process. Client feedback indicate the positive effect TACT has on clients.....

"I wish there had been services like TACT before"

"Services in Telford are second to none"

"It's excellent because it worked for me"

"I enjoy the fact that we get to have our say in the service user group"

Client feedback indicate the positive effect services have had on local carers and family members.....

"It has helped me understand why alcohol has such an effect and helped family member realise they have a problem."

"The session was very helpful with the advice I was given on how to help the addict."

"This is a fantastic service. I wish I had heard about it sooner."

"This service has made me more confident and resilient. It has made me feel less alone and helped me to not blame myself for my husband's alcohol addiction."

"Thank you so much for all the help you have given me. Seeing you has helped me see I am worth it"

"Thankful I've been given the opportunity to see how I can help myself."

5.4. Criminal Justice and Youth Justice Systems: Drug Intervention Programme, Integrated Offender Management and Liaison and Diversion

Effective partnership working with criminal justice stakeholders is fundamental given the shared goals and incentives to reduce reoffending and make our communities safer. There is strong evidence within offender groups of co-morbidity, chaotic lifestyles and complex needs, with high rates of substance misuse and mental ill-health. Unemployment, poor housing, family breakdown and substance misuse are common determinants of reoffending. Joint innovative initiatives, with a holistic approach to improving the health and wellbeing of people within the criminal justice system, has the potential to bring about health improvements among offenders and their families.

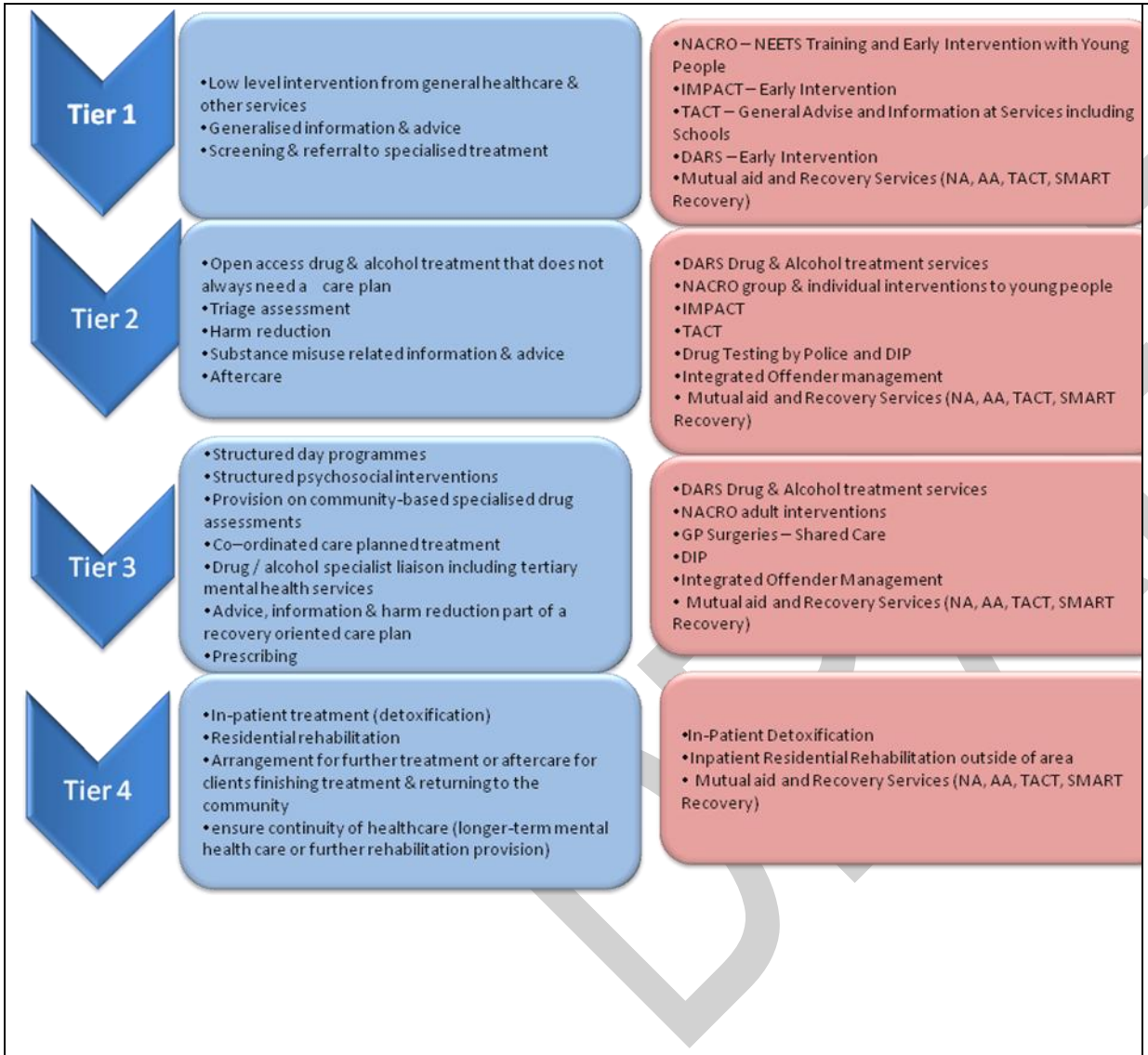
Within the new rehabilitation structure many will be managed through community rehabilitation, however some will be high risk and managed by the National Probation Service through MAPPA (Multi Agency Public Protection Arrangements). There is a need to focus on integrated offender management and ensure a robust Drug Intervention Programme (DIP) pathway for all drug using offenders in the criminal justice system. Close local working already takes place between probation and Police services and drug and alcohol treatment services, through joint contract reviews. This enhances criminal justice initiatives such as Drug Rehabilitation Requirement Orders.

The national operating model for Liaison and Diversion aims to ensure people of all ages in contact with the youth justice and criminal justice systems are screened and where appropriate assessed or referred for assessment, so that those with mental health problems, substance misuse problems and other vulnerabilities are identified as soon as possible in the justice pathway. Information gained from assessments will then be shared with relevant justice agencies to enable key decision makers to make more informed decisions on diversion, charging, case management, reasonable adjustments and sentencing. Where individuals are referred to services outside the justice system, relevant information should be shared with those service providers.

5.5. Wider support: Housing, employment and training

Housing, employment and training are all integral components within the recovery journey of service users. Clients are more likely to relapse if they become homeless or are not accommodated in safe accommodation. Considerable work has been undertaken with housing providers to overcome some of the difficulties that can occur with this potentially difficult to accommodate client group. Through both service providers partners and voluntary and third sector groups meaningful and relevant pathways are in development to enable the client journey into all of these imperative elements to be as accessible and successful as possible.

Figure 2 Telford & Wrekin drug and alcohol service mapping



Telford Aftercare Team (TACT)

- Recovery and asset-based service providing an aftercare support for clients at various stages of their recovery programme
- User groups, peer mentoring and activities to help mainstream exiting service users' lives
- SMART Recovery Groups
- Use of motivational techniques
- Provide activities to remove a sense of boredom from the users

IMPACT

- First point of contact and assessment for all alcohol referrals
- Tier 2 services for adults with alcohol problems or referral into DARS if drug use is greater than drink problem or detoxification is required
- Base in Madeley, with sessions in Newport, Wellington and Donnington
- Carers support service for families and friends of people with drink and drug problems
- Counselling for drinker, their partner and their family as well as one to one support

NACRO (National Association for the Care and Resettlement of Offenders)

- Tier 2: group/individual interventions (brief interventions and extended brief interventions) for young people.
- Tier 3 interventions (structured and care planned) for young people and adult interventions working with individuals in recovery
- Access to training and education to develop individual interests and skills moving service users towards employment

Drug and Alcohol Recovery Service (DARS)[9]

- Drug and alcohol treatment services (tier 2 and 3) provided by Telford and Wrekin Council at Portico House, Wellington.
- Drug Intervention Programme (DIP) including a Drug Rehabilitation Requirement programme.
- Integrated Offender Management
- Test on Arrest
- Tier 4 services inpatient detoxification in a variety of settings, basis

6. Our strategy framework

6.1. Introduction to our approach

The Telford & Wrekin Drug and Alcohol strategy and action plan has been developed by a core group working to the DAAT Board through extensive engagement with stakeholders, including service providers and clinical leads, service users and supporters, through:

- a PHE-facilitated professional stakeholder event in October 2013
- a workshop with key partners to undertake the national PHE stocktake self assessment for alcohol in February 2014
- close working with TACT – the Telford After Care Team throughout

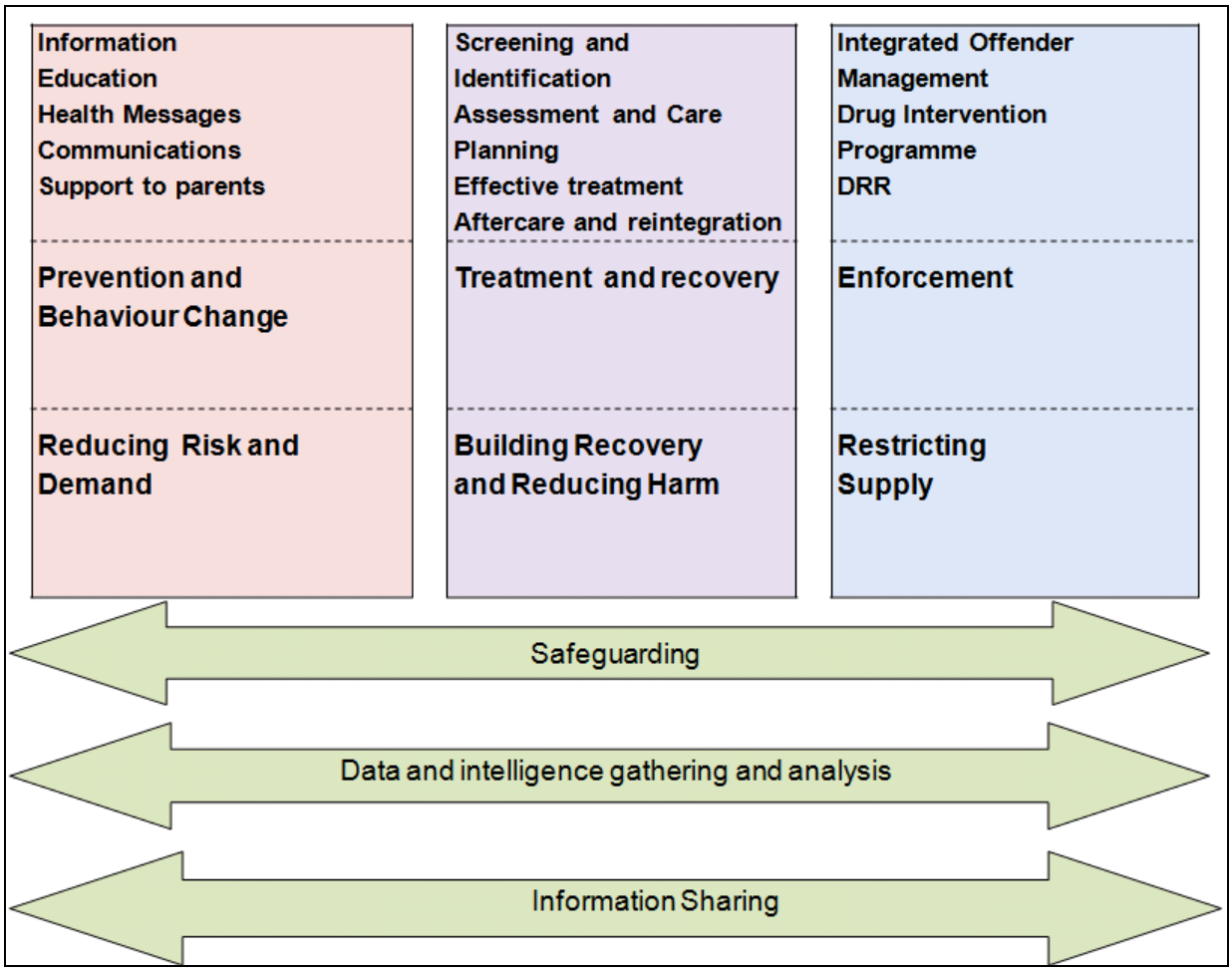
6.2. What our stakeholders have told us

We have ensured that the views of our stakeholders have informed the development of the strategy and action plan and we will continue to review and reflect stakeholder feedback. A summary of what we have heard so far and how we are responding....

- More detailed data was asked for, we have incorporated the latest JSNA intelligence into this strategy and in the action plan we will work with services to more consistently record data
- Better information sharing was a recurring theme and we have ensured this as underpins the strategy
- Linking and communicating with other strategies was requested we have tried through the wider partnership working to reflect this
- A an easy to read meaningful strategy was another recurring theme
- Clearer less confusing pathways needed , this is included in the action plan
- Better communication across borders with the possibility of joint commissioning was mentioned this is also reflected within actions
- Both improvement of triage services and exit strategies were mentioned , this is part of the action plan with appropriate responsibility and measurable outcomes
- People asked how will we know we have made a difference , the action plan will include measurable and accountable outcomes
- The possibility of client journey mapping was raised, consideration of the effectiveness of this and the best process to take it forward will be considered within the action plan
- Drug Intervention Programme, power to test and reoffending were both themes and will be reflected in the plan

6.3. Strategy framework

The strategy uses the three pillars of Government's National Drug Strategy 2010[1] - reducing demand, restricting supply and building recovery as a framework. A series of aims and objectives across the three strategic pillars have been agreed. The aims and objectives of the Warwickshire and West Mercia Police Drug and Alcohol Strategy have been adopted and directly incorporated into the strategy. The associated action plan includes detailed actions with specific key performance and outcome indicators and professional leads.



6.4. Governance and monitoring

Telford & Wrekin Drug and Alcohol Action Team (DAAT) Board will be responsible for coordinating implementation of the strategy and action plan and tracking the impact on outcomes. Operationally, the plan will be monitored and refreshed by the Community Safety Team,

The DAAT Board reports to Telford & Wrekin Community Safety Partnership. Progress on the plan, performance and outcomes will also be reported to the Health & Wellbeing Board as required. The actions from the Warwickshire and West Mercia Drug Strategy are monitored through the tactical plan which is reported into the DAAT Board.

Overarching Strategic and Commissioning: Aims and Objectives

Strategic and Commissioning
Aims *We will work with partners to ensure our approach to drug and alcohol misuse is intelligence-led and demonstrates value for money* *We will ensure the workforce across partners and professional groups are well trained to deliver the right support, interventions and treatment*
Objectives: ➢ To improve our data collection, analyses and use of intelligence, making sure it is well publicised and shared with partners and directly used to shape services ➢ To review and benchmark the investment in drug and alcohol programmes and determine the return on our investment ➢ To further develop commissioning arrangements ➢ To develop a workforce training programme for stakeholders
Key strategy outcome indicators ➢ Self reported measures of user satisfaction with services ➢ Early death rates from liver disease ➢ Hospital admission rates from alcohol-specific and alcohol-related conditions ➢ Reduced perceptions of drug and or drug misuse or drug dealing as a problem

Reducing Risk and Demand: Aims and Objectives

Reducing Risk and Demand
Aims *We will reduce the demand for drugs and alcohol and the harm caused by these substances through effective awareness raising, prevention and education across all age groups*
Objectives: Population-wide and targeted prevention ➢ To produce publicity, social media campaigns to raise awareness of risk taking behaviour ➢ To develop evidence-based education and prevention programmes for schools and colleges to: • delay their first use of alcohol and reduce consumption • raise awareness of the harm caused by the misuse of drugs and other substances i.e. solvents ➢ To use of the alcohol health check, as part of the wider health check programme for eligible 40-74 year olds to identify and manage risk ➢ To ensure we Make Every Contact Count by systematically delivering messages about the risk of drug and alcohol consumption across all our services including for example: children's centres, early years providers, Family Connect, school nursing, health visiting, midwifery community and voluntary sector providers ➢ To develop and deliver an evidence-based programme of brief interventions across and wide a range of settings, including alcohol treatment services, the NHS health check programme, in hospital, the Health Trainer and other services and settings ➢ To make effective use of hospital-based alcohol services ➢ To enhance skills, knowledge and information amongst the wider workforce through local training programmes ➢ To embed partnership working systematically across wider treatment system through the criminal justice system and Integrated Offender Management ➢ To ensure the Early Help offer includes embedded targeted support for young people and families most at risk of misuse of drugs and alcohol ➢ To effectively use the Drugs Intervention Programme (DIP) and Arrest Referral Workers for those who come into custody ➢ To shape services in response to emerging local trends, e.g. Legal Highs, Prescription Only Medicines and Over the Counter Medications
Key performance and outcome measures ➢ Prevalence rates for binge drinkers, higher or increasing risk drinkers and dependent drinkers ➢ Number of eligible people offered and receiving NHS Health Checks ➢ Number of people assessed as at risk and requiring alcohol brief interventions through NHS Health Checks ➢ Number of brief interventions delivered across all settings

Restricting Supply: Aims and Objectives

Restricting Supply
Aims *We will relentlessly pursue those who produce, supply and distribute drugs* *We will use the Council's licensing and trading standards duties and powers to ensure that alcohol is sold responsibly*
Objectives: Population-wide prevention and intelligence-led enforcement ➢ To make effective use the Council's licensing powers ➢ To use intelligence effectively and systematically across the partnership (for example A&E data) to reduce the availability of alcohol to children, tackle persistent sellers and to inform licensing decisions ➢ To identify and dismantle trafficking and dealer networks ➢ To identify and close drug manufacturing sites ➢ To identify and combat local drugs' markets ➢ To further develop the work of the night time economy partnership ➢ To undertake a review of the Council's Statement of licensing policy ➢ To work with housing providers to ensure corrective action is taken on the misuse of tenancies ➢ To effectively use intelligence Integrated Offender Management data ➢ To effectively use the Drugs Intervention Programme (DIP) and Arrest Referral Workers for those who come into custody
Key performance and outcome measures • *Achieve a decrease in the serious acquisitive crime rate. Analysis indicates that this is strongly associated with drug related offending. (Source: Police performance figures) Number of arrests for production, supply and possession,* • *Number and value of drug seizures* • *Asset recovery - taking money away from criminals* • *Number of convictions for drug offences or the number of years imprisonment given* • *Number of drug warrants executed* • *Number of referrals to drug workers* • *Number of arrests that lead to diversionary activity such as rehabilitation or treatment* • *Number of offenders under Integrated Offender Management (IOM) tested for drugs on arrest* • *Reduction of the number of IOMs that test positive on repeat testing*

Building Recovery, Reducing Harm: Aims and Objectives

Building Recovery, Reducing Harm

Aims

"We will in partnership reduce the harm to those at risk and empower people who are addicted or dependant to recover, progressing them along a journey of sustainable improvement to their health, wellbeing and independence"

Objectives:

Transforming specialist treatment

- To review and enhance specialist treatment pathways, ensuring that they are evidence-based and in line with national guidance and best practice in order to:
  - Maintain and improve access to treatment and recovery
  - Deliver recovery services that support individuals on their treatment journey, recovery and progress within treatment
  - Achieve outcomes and successful completions
- To more fully understand and effectively respond to those people with dual diagnosis of substance misuse and mental health issues
- To ensure that all clients have a mutually-agreed care plan, setting out their treatment goals, including talking therapies to support behaviour change
- To reshape specialist treatment provision to work towards a primary care-based shared care model
- To ensure appropriate use of prescribed medicines (e.g. substitute prescribing, relapse prevention, detoxification)
- To review and define tier 4 treatment for detoxification and rehabilitation, residential and community rehabilitation provision

Supporting sustained recovery through Mutual Aid

- To improve access to mutual aid groups (e.g. TACT, AA, NA, SMART Recovery) and other positive social networks
- To further strengthen and develop service user engagement, aftercare and recovery services to strengthen and develop the mutual aid offer
- To ensure services comprehensively reflect stakeholder views (Service Users, Community, Partners, Service Providers)
- To ensure people in recovery are in stable accommodation
- To ensure networks and support is in place to support people into education, training or employment

Targeted prevention and harm reduction

- To improve access to the needle exchange programme, ensuring systematic advice and information is given to prevent infection and spread of blood-borne viruses
- To prevent avoidable overdose deaths
- To set a up a process to review drug-related deaths to provide key local intelligence to shape services
- To work with Telford & Wrekin CCG, GPs and local pharmacists to tackle misuse of over the counter and prescription only medicines

Building Recovery, Reducing Harm: Aims and Objectives (cont.)

Building Recovery, Reducing Harm (cont.)
Targeted prevention and harm reduction ➢ To improving testing, vaccination for blood-borne viruses ensuring subsequent engagement with treatment ➢ To establish the scope and scale of Hidden Harm and review how well we are meeting the needs of our most vulnerable and complex families
Key performance and outcome measures • Achieve an increase in the number of adult drug users in effective treatment (a planned exit or at least 12 weeks retention in treatment) (NDTMS) • Reduced perceptions of drug misuse or drug dealing as a problem (Source: Annual Residents' Survey) • Increase the proportion of successful exits from the drug treatment system (NDTMS) • Improve outcomes and reduce representation levels to treatment services by treatment matching, good care planning and support (Source: NDTMS/TOP/NTA) • Improve the numbers of recovering drug users in stable accommodation and education, training and employment (TOP) • Improve uptake by drug users of BBV testing, vaccinations and treatment for viral hepatitis (NDTMS & local data) • Improve coverage of needle exchange services (local data) • Ensure our substance misuse services deliver an open accessible and equitable service demonstrated by an equity audit cycle against the protected characteristics • Increase the number of children and young people affected by parental substance misuse identified, assessed and receiving support • Increase the referrals from criminal justice system into treatment and sustain for 12 weeks and more.

References

[1] The National Drug Strategy 2010 *Reducing demand, restricting supply, building recovery: supporting people to live a drug free life* https://www.gov.uk/government/publications/drug-strategy-2010--2 https://www.gov.uk/government/publications/annual-review-of-the-drug-strategy-2010

[2] HM Government. The Government's Alcohol Strategy 2012 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

[3] Telford & Wrekin Council Plan and Priorities http://www.telford.gov.uk/info/200009/performance/842/council_plan

[4] Telford and Wrekin Health and Wellbeing Strategy 2013/14 – 2015/16 http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb

[5] University of Glasgow modelling tool (NDTMS 2013).

[6] Clients been retained in treatment for 12 weeks from their start date

[7] Public Health England Shooting Up 11th annual report on infections amongst injecting drug users in November 2013 (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140236856)

[8] National Treatment Agency. Models of care for treatment of adult drug misusers. http://www.nta.nhs.uk/uploads/nta_modelsofcare_update_2006_moc3.pdf

[9] http://telford.mylifeportal.co.uk/drugs_and_alcohol.aspx

TELFORD & WREKIN COUNCIL HEALTH AND WELLBEING BOARD

DATE OF BOARD: 12 MARCH 2014

HEALTH AND WELLBEING BOARD: SUPPORT/DELIVERY ARRANGEMENT UPDATE

REPORT BY:
CLIVE JONES, ASSISTANT DIRECTOR: FAMILY, COHESION & COMMISSIONING, FRAN BECK, EXECUTIVE LEAD FOR COMMISSIONING, TELFORD & WREKIN CLINICAL COMMISSIONING GROUP AND LIZ NOAKES, ASSISTANT DIRECTOR: HEALTH, WELLBEING AND PUBLIC PROTECTION, TELFORD & WREKIN COUNCIL

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1. This report outlines proposed changes in the groups that support the Health and Wellbeing Board to ensure that its strategic priorities are delivered. This includes the creation of a Strategic Commissioning Group that will drive partnership working through better integration between NHS England, Clinical Commissioning Group and Telford & Wrekin Council.

1.2. Please refer to Appendix 1 for the draft terms of reference for the Health and Wellbeing Strategic Commissioning Group.

2. RECOMMENDATIONS

That the Health and Wellbeing Board agrees:

a) the changes in support/delivery arrangements outlined in this report; and

b) the proposal for a quarterly report to the Health and Wellbeing Board from the Strategic Commissioning Group.

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

By establishing the Strategic Commissioning Group of the Health and Wellbeing Board it will ensure that commissioning by the key partners is integrated and evidence based to ensure efficiency and effectiveness in the delivery of the Health and Wellbeing priorities.

4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="6">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>No</td><td>They cover all priorities.</td></tr>
<tr><td colspan="2">Do these proposals contribute to specific Co-Operative Council priority objective(s)?</td></tr>
<tr><td>Yes</td><td>Improve the health and wellbeing of our communities and address health inequalities.

Protect and support our vulnerable children and adults.</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>No</td><td></td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">An update of the performance will be provided at the May 2014 meeting and will include the year end (2013/14) figures.</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>No</td><td></td></tr>
<tr><td>LEGAL ISSUES</td><td>Yes</td><td>The roles of the groups outlined in this report will assist the Health and Wellbeing Board in meeting some of its key responsibilities that are set out in the Council’s constitution (Part 4 Health and Wellbeing Board Terms of Reference):-

“The HWB is responsible for guiding and overseeing: ……
The establishment of sound joint commissioning arrangements”

The Health and Wellbeing Board Advisory Group, Health and Wellbeing Board Strategic Commissioning Group and the Better Care Fund Project Management Group are proposed as working groups to support the Health and</td></tr>
</table>

		Wellbeing Board. The groups will have no delegated powers and their responsibilities will be to advise, recommend and inform. The operational process for commissioning/procurement of services will still need to comply with the Council's procurement rules and will be subject to obtaining the appropriate approvals and delegated powers from Cabinet/Council as appropriate.
EQUALITY & DIVERSITY	No	
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	No	
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

This report outlines proposed changes to the groups which support the Health and Wellbeing Board.

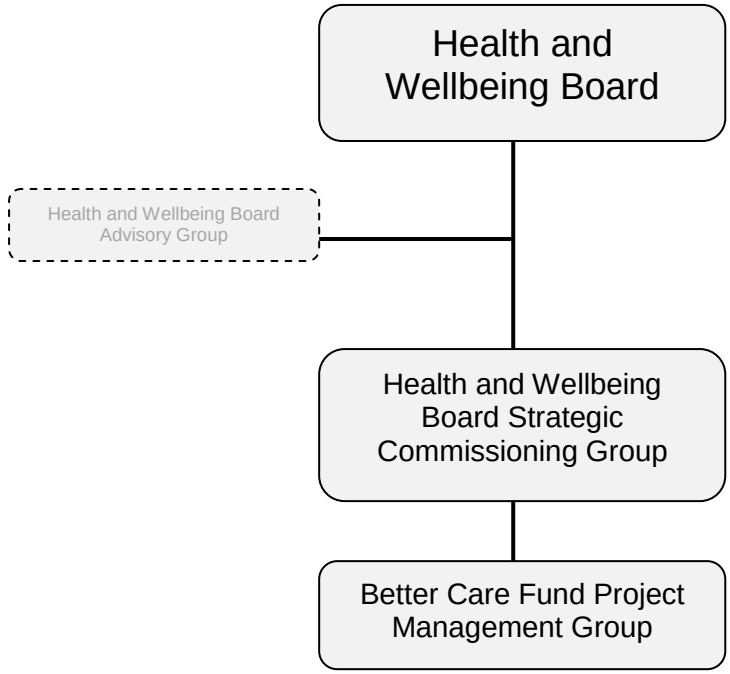


Diagram 1: The proposed support and delivery arrangements of the Health and Wellbeing Board

Health and Wellbeing Board Strategic Commissioning Group

5.1. In November 2013 members of Telford & Wrekin Council, the Clinical Commissioning Group and NHS England acknowledged that the Better Care Fund, previously known as the Integrated Transformation Fund, was the initial step in integrating the commissioning of health and social care services.

5.2. In the context of the expected sign off of the Better Care Fund on 12th February 2014 they have reviewed the groups that support the Health and Wellbeing Board; this included the proposed creation of the Strategic Commissioning Group to ensure that robust joint commissioning arrangements are in place and are based upon intelligence from the joint strategic needs assessment.

5.3. The aim of this group is to ensure that the commissioning process delivers the council and partner's priorities, including improving health and wellbeing and reducing inequalities. This group will support the development of the JSNA to systematically inform partner's commissioning intentions; i.e. intelligence based commissioning.

5.4. The group will include officers of each of the statutory partners (Telford & Wrekin Council, Clinical Commissioning Group and NHS England) that have a lead for commissioning within their organisation and will provide quarterly commissioning reports to the Health and Wellbeing Board, as well as other relevant governing bodies. Please refer to Appendix 1 for a list of the membership and terms of reference.

5.5. The Strategic Commissioning Group will establish operational groups to look at specific areas of commissioning; the first group is the Better Care Project Management Group. This group will support the Strategic Commissioning Group to oversee the implementation of specific projects and developing commissioning as a strategic function; to enable a better understanding of the relationship between need, demand and outcomes for service users within the Borough.

Health and Wellbeing Board Advisory Group

5.6. The aim of this group is to support the Health and Wellbeing Board in its role in guiding and overseeing:

- driving integrated working between partners; and
- supporting the operation of the Board.

B) BACKGROUND PAPERS

- Health and Wellbeing Board as a Statutory Committee of the Council – report to the 23 January 2013 meeting by Paul Taylor and Claire Hall-Salter.

Report prepared by Sarah Constable, Partnership and Planning Officer, telephone: 01952 380599.

Appendix 1

Health and Wellbeing Board Strategic Commissioning Group

TERMS OF REFERENCE

Aim:

To ensure that commissioning processes delivers the Health and Wellbeing Strategy's priorities.

Purpose of Strategic Commissioning Group:

- To support the Health and Wellbeing Board (HWB) in its duty to encourage integrated working between local health, social care and health related commissioners.
- To use the Joint Strategic Needs Assessment (JSNA) to inform partners commissioning intentions.
- To develop commissioning as a strategic function that uses system thinking, using agreed commissioning models to understand the relationship between need, demand and outcomes for service users.
- To recommend the scope of collaborative commissioning 'projects' prioritised by the Governing bodies and the Health and Wellbeing Board including proposals for the implementation of The Better Care Fund.
- To ensure that the Health and Wellbeing Board is supported in its performance management role.
- To steer the programme management to deliver the Health and Wellbeing Board priorities.
- To produce quarterly commissioning reports to relevant governing bodies and the Health and Wellbeing Board.

Membership

Members of the Health and Wellbeing Board Strategic Commissioning Group (HWBSCG) will comprise officer representatives from the Clinical Commissioning Group, NHS England and Telford & Wrekin Council. The members are:

Title	Agency
Commissioning Executive Lead (Joint Chair)	CCG

Assistant Director: Family, Cohesion & Commissioning (Joint Chair)	TW
GP CCG Board Member	CCG
Director of Children and Family Services	TW
Director of Commissioning	NHS England
Assistant Director: Health, Wellbeing and Public Protection	TW
Delivery and Planning Manager	TW
Interim Director of Care, Health and Wellbeing	TW

Other members may be invited to assist in certain areas when required.

Meetings

- Meetings will be held bi-monthly - dates and times of meetings will be agreed and set in advance in line with the HWB meetings. Additional meetings can be held if circumstances require it.
- The meeting will only be quorate if three people are present and at least one is from Telford & Wrekin CCG and one from Telford & Wrekin Council.
- Agendas and supporting papers will be issued in advance of each meeting by the Partnership and Planning Officer. This should be no later than three working days before the meeting.
- Action notes will be produced and distributed to members.

Reporting Mechanisms/Accountability

- The HWBSCG will provide a report to the HWB on a quarterly basis.
- The HWBSCG will review its structure, membership and activities in response to any further guidance and in any event as appropriate.

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD: 12TH MARCH 2014

HEALTH & WELLBEING PRIORITY UPDATE: LIFE EXPECTANCY – FOCUS ON CANCER

REPORT OF:
HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL;
MICHAEL BENNETT, HEAD OF COMMISSIONING FOR INTEGRATED CARE, NHS TELFORD AND WREKIN CCG;
CHRIS MORRIS, EXECUTIVE NURSE, NHS TELFORD AND WREKIN CCG;
LIZ ROCHELLE, SCREENING AND IMMUNISATION MANAGER, NHS ENGLAND, AREA TEAM

HEALTH & WELLBEING BOARD PRIORITY SPONSOR:
RICHARD OVERTON, DEPUTY LEADER TELFORD & WREKIN COUNCIL, HEALTH & WELLBEING BOARD CHAIR

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Board requested a life expectancy priority update report, with a particular focus on cancer in November 2013. Cancer is a significant contributor to reduced life expectancy and health inequalities in Telford and Wrekin. This report provides an:

- overview of the local picture of the burden of cancer and focus on bowel cancer
- update on work the CCG is leading with Shrewsbury and Telford Hospitals NHS Trust to improve the services provided for cancer patients throughout their care and treatment, in terms of reducing waiting and treatment times and improving the quality of patient experience

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY e.g. CCG, Council)

The Board is requested to:

- Note the continued contribution early cancer deaths make to reduced life expectancy in Telford and Wrekin.
- Recognise the importance of the bowel cancer screening programme developments in early detection and treatment.
- Acknowledge the progress being made to improve cancer treatment and the experience of cancer care at Shrewsbury & Telford NHS Hospitals Trust .

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	Improving life expectancy and reducing health inequalities.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	

	Yes	To improve the health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	See equality and diversity section below.
TARGET COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	Yes	The JSNA clearly demonstrates inequalities relating to life expectancy in Telford and Wrekin, including: • Geographical hot spots where early death rates are significantly worse than average. • Variations in the uptake of bowel cancer screening across GP practices.
IMPACT ON SPECIFIC WARDS	Yes	See equality and diversity section above. • Male life expectancy is 7.0 years lower for men in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. • Female life expectancy is 2.8 years lower for women in the most deprived areas of Telford and Wrekin compared to the in the least deprived areas. In terms of our life expectancy inequalities gap <u>within</u> Telford and Wrekin between the most deprived fifth of communities and the least deprived fifth of communities: • for men 21% of the inequalities life expectancy gap is due to cancer. • for women 27% of the inequalities life expectancy gap is due to cancer.
PATIENTS & PUBLIC ENGAGEMENT	Yes	Issues regarding the results of the cancer patient experience survey have been identified by the CCG and are specifically covered in this report (see page 7).
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	There are key interdependencies with the improving life expectancy and reducing health inequalities priority and several other HWB strategy priorities. Smoking, alcohol consumption and excess weight are well acknowledged and significant lifestyle risk factors for a wide range of cancers, including: lung cancer, bowel cancer and breast cancer.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Overview of the local picture of cancer

1.1.1 Life expectancy figures update

The Board received updated life expectancy figures in November 2013, during 2010-12:

- Male life expectancy in Telford & Wrekin remained significantly worse than the England average, 77.9 years compared to 79.2 years (1.3 years below the national average)
- Females life expectancy in Telford & Wrekin deteriorated and was significantly worse than the England average, 81.6 years compared to 83.0 years (1.4 years below the national average)

1.1.2 Early deaths from cancers in Telford and Wrekin

- There are on average 222 people who die before age 75 from cancers every year (115 males and 107 females)
- Just over half (56%) of early cancer deaths (124 per year) are considered preventable[i] (this includes: oral cancers, lung cancers, colorectal cancers, skin cancers, breast cancers and cervical cancer)
- In terms of those early cancer deaths which are considered preventable:
  - A third (33%) are due to lung cancers (circa 40 per year)
  - A fifth (20%) are due to bowel cancers (circa 25 per year)
  - 13% are due to breast cancers (circa 17 per year)
- Approximately 28% of early cancer deaths can be classified as amenable to healthcare, so could have been potentially avoidable through good quality healthcare, the top three in Telford & Wrekin are:
  - Bowel cancers, 40% of amenable early cancer deaths
  - Breast cancers, 28% of amenable early cancer deaths
  - Bladder cancer, 9% amenable early cancer deaths (circa 6 per year)
- The rate of early death from all cancers during 2010-12 was significantly worse than the England average for persons and females (the rate for men was similar to the national average)

1.1.3 The contribution of cancer to reduced life expectancy

- In terms of our life expectancy gap between Telford and Wrekin and England as a whole[ii], for men 25% of the gap is due to cancer and for women the gap is 31%
- Considering our life expectancy inequalities gap <u>within</u> Telford and Wrekin between the most deprived fifth of communities and the least deprived fifth of communities:
  - for men 21% of the inequalities life expectancy gap is due to cancer
  - for women 27% of the inequalities life expectancy gap is due to cancer
- The contribution of years of life lost before age 75:
  - for men cancer accounts for 30% of all the total years of life lost, lung cancer accounts for 6%, colorectal cancer 5% and prostate cancer 1%

- for women cancer accounts for 48% of all the total years of life lost, breast cancer accounts for 10% of the total, lung cancer 6% and colorectal cancers account for 5%

1.2 Focus on bowel cancer

Analyses of incidence, survival and mortality rates for the main three tumour sites indicate that Telford and Wrekin is an outlier in terms of premature deaths for bowel cancer (also known as colorectal cancers). During the period 2010-12 the early death rate for bowel cancer was significantly worse than the England average (circa 25 deaths per year before age 75).

1.2.1 Awareness raising and early detection

Bowel cancers are the second most common cancers in men after lung cancer and third most common in women after breast and lung cancer. Some risk factors for bowel cancer which are fixed include: history of bowel disorders, genetic predisposition (there is a family history associated with 25% of bowel cancers). There are key lifestyle risk factors associated with bowel cancer, for example long-term smokers are more likely than non-smokers to develop bowel cancer and bowel cancer has also been linked to a heavy intake of alcohol.

Bowel cancer can be present for a long time before any symptoms appear. However if detected before symptoms appear, bowel cancer is easier to treat and there is a better chance of surviving the disease. The Department of Health 'Be Clear on Bowel Cancer' campaign ran in early 2012. The campaign aimed to raise awareness of the early signs and symptoms of bowel cancer.

1.2.2 Bowel Cancer Screening update

Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent[iii]. The Shropshire Bowel Screening Programme, which covers Telford and Wrekin, age extended in October 2013. So men and women between 60 – 75 years are now invited to take part in screening every two years. The National Screening Office required Shrewsbury and Telford Hospitals NHS Trust, who deliver the programme, to undertake intensive work to reduce waiting times and assure the quality of the endoscopy services as part of the screening expansion. The facilities at Princess Royal Hospital are also being upgraded to enable single sex accommodation, which is a quality requirement.

The current uptake of bowel screening is 56% in Telford and Wrekin, ranging from 45% to 67% across general practices. Further joint work is being planned by NHS England, the Council and the CCG to improve the local uptake of bowel screening.

The national bowel screening programme is being expanded further to include bowel scope screening for men and women aged 55 years. Bowel scope screening uses an examination called 'flexible sigmoidoscopy' to look inside the lower bowel. The aim is to find any small growths, called 'polyps', which may develop into bowel cancer if left untreated. Bowel scope screening is an addition to the existing NHS Bowel Cancer Screening Programme described above and is a one off screen at age 55.

Shropshire Bowel Screening Programme have started the process of securing funding and approval to commence Bowel Scope, this has been given the go-ahead and plans are now being put in place to call the first 55 year olds from 2015.

1.3 Cancer waiting and treatment times

Cancer target performance has been an area of significant concern. Last year (2012/13) the targets were to be achieved by Month 12. While all targets were under-performing at different times throughout the year at Month 12 all targets were achieved.

2013/14 targets must be met on a quarterly basis rather than only by Month 12. This means that providers need to be more consistent in their performance. Quarter 1 performance was not achieved in some areas and commissioning actions were taken to address this. Additional under-performance was highlighted on Quarter 3 performance.

1.3.1 Performance during 2013/14

Specific cancer performance targets were not achieved at the end of Quarter 1:

- 31 day for subsequent treatment – surgery
- 31 day for subsequent treatment - drugs
- 62 days urgent referral to treatment

These remain below target at the end of Quarter 3.

Specific cancer performance targets were not achieved at the end of Quarter 3:

- 2 Week Wait Breast Symptomatic
- 62 day cancer screening

1.3.2 Issues related to under-performance

There were a number of clearly identifiable areas that contributed to the under-performance. These are identified within Exception reports relating to each patient who was not seen within target timescales.

Tracking of patients through the cancer pathway was identified as a challenge. This was due to internal processes and complex pathways for Lower and Upper GI cancers where SaTH refer to other hospitals for specific parts of the treatment journey ie diagnostics and surgery at University Hospital of North Staffordshire. These pathways were complex and challenged the mandated timescales.

Access to diagnostics and clinical capacity were highlighted as significant issues. This related to increased 2 Week Wait referrals in some areas, Urology clinical vacancies and internal configuration.

All areas potentially contributing to under-performance where identified as part of the Joint Investigation meetings and included within the Remedial Action Plan (RAP).

1.3.3 Contractual levers implemented

An initial Contract Query Notice was issued in August 2013 for the Quarter 1 under-performance. Working with contractual timescales:

- A Joint Investigation (a process where the issues relating to the failure in achieving target is analysed by commissioners and the Provider) was completed

- Lung, Upper GI. Colorectal and Urology were considered bringing together clinicians, managers and diagnostics to identify issues and potential solutions in a number of areas:
  - Capacity and Demand
  - The administrative processes within SaTH
  - Clinical input to process
  - Completeness of Referrals and Tertiary Referrals
  - Diagnostic capacity.

- A Remedial Action Plan was agreed in January 2014. This included monitoring and measurement of success or failure of expectations that could be easily measured. It must include milestones, thresholds, target dates and (financial) consequences for any breach or failure to achieve all identified milestones.

An additional Contract Query was issued in February 2014 due to under-performance in the Quarter 3 for two areas: 2 Week Wait Breast symptomatic and 62 day screening. A Joint Investigation meeting is being organised for Two week waits and the action plan will be developed in line with the process set out above. The Remedial Action plan will be included within the already-agreed plan.

There was agreement between commissioners and the Provider that SaTH will complete detailed analysis of the three patients who missed 62 day cancer screening and reporting to commissioners.

1.3.4 Monitoring arrangements

Monitoring of performance is through a number of meetings and structures:

Monthly Planned Care Working Group
Commissioners and SaTH meet to review the performance of a number of areas including Cancer. This strategic group receives reports and seeks to ensure effective outcomes are maintained and address any issues that may prevent this.

Monthly Remedial Action Plan meeting
This group comprising commissioners, the Commissioning Support Unit and SaTH, carries out detailed analysis of progress against the RAP plan to ensure improvements take place, or clarify reasons for non-improvement.

Monthly Cancer Performance meeting
Commissioners, SaTH clinicians and managers meet to review monthly performance. This identifies monthly improvements, pressures and trends. It also considers future pressures such as future cancer campaigns and the potential impact of SaTH. An Overhang list of those individuals who had been waiting more than 62 days with an explanation of the delay.

1.3.5 Progress and Improvements

Tracking of patients on the clinical pathway has been reviewed and revised. This is being closely monitored with SaTH to ensure progress is achieved and maintained.

SaTH clinicians are developing ‘straight to test’ pathways. Instead of the first appointment being a consultant, a diagnostic test would be the initial appointment. This would rule out other conditions and those would be referred back to primary care with advice. Evidence from other areas indicates this process would speed up

first appointments (intended to be within 7 days of referral); remove the need for as many first Out patient appointments and give additional capacity for 31 and 62 day cancer referrals and non-cancer urgent referrals. These are being developed in Lower GI and Urology. The proposals are intended to be presented to GPs in April

SaTH have appointed additional Urology capacity for 12 months.

Initial contact with other local providers was made to ascertain their ability to accept local referrals related to Urology. No other area identified additional capacity available.

1.4 Cancer Patient Experience

Shrewsbury & Telford Hospitals NHS Trust was one of 155 hospital trusts in England which participated in the National Cancer Patient Experience Survey in 2012. A total of 1,200 eligible patients who attended the trust during the period September to November 2012 were surveyed. The trust response rate was 69%, compared to national average response rate of 65%.

Patients were asked 70 questions and in eight of the areas questioned the SaTH fell within the bottom 20% nationally, specifically in the following areas:

- Patients finding it easy to contact their Clinical Nurse Specialist (CNS)
- CNS definitely listened carefully the last time spoken to by the patient
- Patient got understandable answers to important questions all/most of the time from their CNS
- At the time of operation, staff gave a complete explanation of what would be done
- Patient had confidence and trust in all doctors treating them
- Always given enough privacy when discussing condition/treatment
- Always treated with respect and dignity by staff
- Patient offered written assessment and care plan

In two areas the trust had improved its score since 2011 and had come out of the bottom 20% nationally:

- Patient felt they were told sensitively that they had cancer
- Doctor had the right notes and other documentation with them

The Trust is coordinating the formulation of care group multidisciplinary responses and action plans from the various tumour specific clinical teams. There is particular concern from Telford & Wrekin CCG regarding the lung cancer and urological tumour specific teams. Telford & Wrekin CCG have formally requested the 2012 survey action plans through the contractual process as part of its assurance processes due to the overall decline in the patient satisfaction rate of the Trusts cancer services.

The Executive Nurse from the CCG and a GP Board member visited the SaTH cancer service on 4th March 2014 in order to: follow up on the patient experience report, meet the relevant clinical teams and talk to patients. A strong commitment to improvement was acknowledged and CCG leads reported further areas where the trust could look to make changes. The CCG Board are due to receive an update report on progress at their meeting in May.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See summary impact assessment section on pages 2-3 for details.

3. PREVIOUS MINUTES

- Health & Wellbeing Priority Update Report: Life expectancy and health inequalities, November 2013

- Health & Wellbeing strategy priority position statement: improve life expectancy and reduce health inequalities, May 2013

4. BACKGROUND PAPERS

Report prepared by Helen Onions, Consultant in Public Health
helen.onions@telford.gov.uk

[i] **Definitions of avoidable mortality** www.ons.gov.uk

Amenable mortality: A death is amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare.

Preventable mortality: A death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.

Avoidable mortality: Avoidable deaths are all those defined as preventable, amenable, or both, where each death is counted only once. Where a cause of death falls within both the preventable and amenable definition, all deaths from that cause are counted in both categories when they are presented separately.

[ii] http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

[iii] http://www.cancerscreening.nhs.uk/bowel/

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

NHS TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP CALL TO ACTION

REPORT OF THE CHIEF OFFICER, NHS TELFORD AND WREKIN CLINICAL COMMISSIONING GROUP

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1This report updates the Health and wellbeing Board on Call To Action consultation and sets out the engagement activity undertaken, the summary results of the public survey, and the summary clinical survey.

1.2 A full report, produced as an easy read newsletter, compiled from the discussions at the Call To Action event and patient and clinician survey feedback results is attached for information, and will be published on both CCG websites and circulated hard copy to organisations for distribution.

2. RECOMMENDATIONS

The Health and Wellbeing Board note the content of the report and the newsletter summarising the discussions and feedback received from the Call To Action consultation.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Call To Action was a consultation process asking all parts of the population of Telford and Wrekin to feedback their views on the challenges the NHS is facing and what solutions could be used to address them. Consequently, the Call To Action process contributes to all the priorities of the Health and Wellbeing Board.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	

	Yes	We will improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	No	
TARGET COMPLETION/DELIVERY DATE	Already completed.	
FINANCIAL/VALUE FOR MONEY IMPACT	No	
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	No	
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	The Call To Action consultation was undertaken jointly with Shropshire Clinical Commissioning Group and sought the views of patients and the public across the whole of Shropshire. The report outlines the consultation process used and the feedback received.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 Introduction

In July 2013, NHS England called on the public, NHS staff and politicians to engage in "an "open and honest debate on the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients."

In response to this national initiative, Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCGs) agreed to undertake a joint Call To Action engagement process with the residents in their areas, recognising the number of shared provider of services with the local health economy, and the level of shared experience of NHS services by their respective local populations.

The Call To Action timeline was as follows:

Call To Action Engagement	5th September – 4th November
Call To Action Surveys	4th October – 4th November
Call To Action Event	25th November

1.2 Call To Action Engagement

The CCGs recognised that there was an immediate need to introduce the Call To Action initiative to both local populations, which needed to explain the challenges the NHS is facing, to stimulate interest and debate, and to then signpost local people to how and where they could feed their views into the process.

In order to do this most effectively within the timescale, an engagement pack (which is available to view on the CCG websites: http://www.telfordccg.nhs.uk/call-to-action and http://www.shropshireccg.nhs.uk/call-to-action) was developed that was used by CCG senior clinicians and officers to undertake a series of face to face presentations to key strategic local groups and stakeholders across the county. The pack included a presentation outlining the key challenges, a leaflet and booklet providing an explanation to Call To Action and a hard copy survey form for members of the public to complete and send back to us. This feedback form was also provided online.

In addition the CCGs also sent out the engagement pack to other local groups within the health and social care field to help spread the word, which was followed up with face to face meetings where possible by the CCG engagement leads. The list of the engagement activity is attached as appendix 1.

We recognised that it may be helpful to the public to have a more interactive illustration of the challenges facing the NHS, other than simply written materials and so we also created a You Tube video of both CCG Accountable Officers presenting the key challenges facing the NHS nationally and locally, and signposting the audience to how they could feed their views into the process. (This is also available to view on the CCG websites – see above).

The CCG senior clinicians and officers also undertook a series of interviews with local media to help spread the word on Call To Action, and we also used twitter to begin the debate by hosting a number of “tweet ups” in coffee shops around the county. This entailed participants being invited to tweet their thoughts on the issues being raised in Call To Action debate.

We also enlisted the support of the CCG GP Practice Patient Groups and a marketing company to carry out road-shows, to hand out leaflets and encourage members of the public to complete the forms and send them back. The road-shows were centred around town centres or supermarkets across Shropshire and Telford and Wrekin.

The CCGs also wanted to include the views of NHS staff as part of the call to action debate, and asked NHS provider services in the county to engage with their staff, using the engagement pack to feed back their views.

1.3 Call To Action Survey

The feedback mechanism employed for the Call To Action for the public and NHS staff was an online survey, that could also be completed in hard copy format and sent back to a freepost address. The survey was open from 4th October when the Call To Action was launched and closed on 4th November 2013. The survey contained four open questions, to which members of the public were invited to respond:

- In terms of healthcare, what is most important to you and your family and why?
- What might be some options for change?
- What do you think are the main difficulties and opportunities for the NHS over the next 5 years?
- Do you have any other comments you would like to make?

The questions asked were those suggested as part of the national Call To Action. Although responses were anonymous, respondents were asked to indicate the area in which they lived, the type of area (rural or urban), their age group, employment status, whether they had a long term condition and whether they were a carer. The total number of surveys received was 2906, and the summary report of the public survey is attached as appendix 2.

In addition we also asked clinicians across primary, secondary and tertiary care to complete a similar on line survey asking the same four questions. A total of 250 clinicians completed the survey and the summary report is attached as appendix 3.

The Committee is asked to note the correlation between issues raised in both surveys:

Negatives: resources feel tight, concerns about attracting and retaining staff, rising tide of demand, previous management and political interference and unsatisfactory change and poor morale

Positives: common ground on putting quality at the fore and the importance of delivering accessible services.

Opportunities: managing demand better, new models to deliver, more care in the community, joint working and better co-ordination, better use of technology, emphasise education for patients and support self-care, reorganise services to achieve resilient high quality and clinical leadership to drive clinically sensible change.

1.4 Call To Action Event

In order to provide an opportunity for the survey feedback to be shared with the public and for further debate and discussion to take place, the CCGs arranged as part of Call To Action, a whole day event at the Telford International Centre on 25th November 2013. The total number of attendees who registered was 257 people, although a number of people turned up speculatively on the day to take part.

The day was a mixture of speakers and round table discussion, with an opportunity for a question and answer session to the panel led by our compere, BBC journalist Jim Hawkins. The event's keynote speaker was Sir David Nicholson Chief Executive NHS England who outlined the national challenges the NHS is facing. The Accountable Officers for Shropshire and Telford and Wrekin CCGs, Dr Caron Morton and David Evans outlined the local challenges, and a group of young health champions from across Shropshire outlined what the NHS meant to them. The Director of Strategy from Central Midlands CSU, Peter Spilsbury, who had conducted the analysis of the survey results, outlined in more detail the summary feedback from the public and clinical surveys.

This was followed by afternoon discussions facilitated by Martin Fischer, an Associate of the Centre for Innovation in Health Management at Leeds University.

Throughout the day, the audience were invited to tweet their thoughts as they heard each speaker and a graphic facilitator, Julia Hayes captured the key points of discussion in picture format which have been included as appendix 4. We also had a film crew on site during the day to film the proceedings and take voxpops from those participating.

Following discussion and debate the conclusion of the day was that there was agreement for the need of change within the local NHS, and that the CCG Accountable Officers committed to undertaking further work to look at how the need for change could be translated into safe and sustainable NHS services for the next 50 years.

Information captured from the afternoon discussions has been analysed and then collated with the survey results in order to produce a publicly available report in the form of an easy read newsletter which is attached as appendix 5 for information. The collation and analysis was undertaken by CCG officers, with oversight given by two patient representatives from Telford and Wrekin and Shropshire, to ensure all information had been included and that the themed feedback reflected the views put forward.

1.5 Next steps

In terms of Call to Action, the CCGs intend to publish a video of the day as well as the newsletter account of the event's discussions and themes mapped to the survey responses on our websites.

This information will then be used to help inform the CCGs commissioning plans for the next three to five years, and a separate report detailing the CCG's commissioning intentions for 2014/15 is presented to the Health and wellbeing Board on this agenda.

The Call To Action consultation feedback will also help to form the foundations for the NHS Future Fit work over the next six to nine months. NHS Future Fit is the name of the Clinical Services Review through which patients, communities and clinicians will set out the long term shape of acute and community hospital services serving patients in Shropshire, Telford and Wrekin and mid Wales. NHS Future Fit programme has been formally launched, and is being led by a Programme Board which will oversee plans and proposals for improving acute and community hospital services in Shropshire, Telford and Wrekin.

To start this journey we are analysing in detail how services are currently used and comparing that with the best clinical practice, as identified by clinical colleagues working with patient representatives. This work is being undertaken by the Activity and Capacity workstream which is jointly chaired by Dr James Hudson and Mr Mark Cheetham. The group also has representation from the Chief Finance Officers of the local Clinical Commissioning Groups (CCGs), Donna McGrath and Andrew Nash as well as a clinical lead from the Clinical Design workstream.

The clinical features of the service are central to any health system. Working with patient representatives, a group of clinicians who make up the Clinical Design workstream have been tasked with describing the features of hospital services that will deliver excellence for the future. The group of senior clinicians is led by Dr Mike Innes and Dr Bill Gowans on behalf of the two CCGs. So far a group of over 50 clinicians from all areas of healthcare has described some general principles of excellent future healthcare. This includes identifying three distinct patterns of care:

- Long term conditions/frail elderly
- Acute (irregular) health care needs
- Planned care needs
-

The next phase of work will involve sub groups to consider the essential features of each of these patterns of care putting the patient at the centre. consideration will be given to physical, mental and social needs, as well as elements such as; support in the community; information technology as a facilitator; diagnosing patients; planning the workforce; and, transportation.

The features described for each of these patterns of care will be used to develop a model that can then explore how services might be arranged to ensure the best delivery of hospital services for the future.

Throughout the programme there will be engagement opportunities for all to help shape the options. This task falls under the Engagement and Communications workstream. As well as patient representatives from

Shropshire, Telford and Wrekin and mid Wales, we also have representation from Young Health Champions and both Healthwatch bodies.

There are also two more important workstreams that make up the NH Future Fit programme; Finance and Assurance. The Finance workstream do all the number crunching to forecast any financial impacts in changes and make sure systems are in place to do this effectively. The Assurance workstream is key and includes representation form Montgomeryshire Community Health Council and the NHS Trust Development Authority. Their role is to ensure that any recommendations and decisions from the NHS Future Fit review are the best ones possible, and are made in accordance with national guidance.

At the moment we are proposing the following timetable for this review during the year ahead:

Now:

- Establish the NHS Future Fit Programme
- Work with clinicians and patient representatives to set out the high level clinical vision
- Identify and review the levels of activity within services

From April to September:

- Identify possible options for improving services
- Continue to work with clinicians, patients and the public to review these options and make recommendations for the future

From September to January:

- Set out clear options and recommendations for improvement
- Consult with patients, the public, staff and partners on these options
- Make decisions on the way forward
- Set out the high level plan for putting these decisions into practice (the ”Outline Business Case”)

This means that we expect to put together more detailed plans (the Full Business case) and begin to put these decisions into practice in 2015.

More information on NHS Future Fit from the local CCG website: www.telfordccg.nhs/nhsfuturefit. If you would like to sign up to receiving a regular update bulletin on NHS Future Fit please contact nhsfuturefit@nhs.net.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Not applicable

3. PREVIOUS MINUTES

None

4. BACKGROUND PAPERS

None

Appendix 1

Spreading the word activity:

Date	Group	Attending
Commenced 13 June 2013	Shropshire CCG Focus groups	Mrs Karen Higgins/ Ms Penny Bason
05.09.13	Shropshire CCG Staff Briefing	Mr Paul Tulley
10.09.13	Briefing to Shropshire Healthwatch	Dr Caron Morton
10.09.13	Presentation at Telford and Wrekin CCG Board – meeting held in public	Dr Mike Innes
11.09.13	Presentation at Shropshire CCG Board – meeting held in public	Dr Caron Morton
11.09.13	Presentation to Shropshire Patients Group	Dr Caron Morton
12.09.13	Shropshire CCG North Locality Committee – GPs and Practice Managers	Dr Caron Morton
13.09.13	MP Briefing	Dr Caron Morton
14.09.13	Shropshire Patient and Public Engagement Committee	Dr Caron Morton
16.09.13	Shrewsbury Town Council	Dr Caron Morton
17.09.13	Shropshire CCG COPE session – GPs and Practice Managers (North Locality)	Dr Julian Povey
18.09.13	COPE Session – GP and Practice Managers (S & A Locality)	Dr Julian Povey
19.09.13	COPE Session – GP and Practice Managers (South Locality)	Dr Bill Gowans
19.09.13	Shropshire Partners in Care	Dr Caron Morton
19.09.13	Shropshire CCG Shrewsbury and Atcham Locality Committee	Dr Caron Morton
19.09.13	Telford and Wrekin Health and Wellbeing Board	Dr Mike Innes
19.09.13	Telford and Wrekin Council Cabinet	Mrs Christine Morris
23.09.13	Joint Health Overview and Scrutiny Committee	Dr Caron Morton
24.09.13	GP Practice Nurse Group	Mrs Christine Morris
26.09.13	Shropshire young People via MYP	Dr Caron Morton
30.09.13	Telford and Wrekin CCG Health Roundtable	Mr David Evans
01.10.13	Telford & Wrekin Healthwatch Board	Mrs Christine Morris
03.10.13	Telford and Wrekin PPG Network	Mr Stephen Mayo & Mrs Sharon Smith
04.10.13	Launch of call to action. Letters to stakeholders. Sent packs to councils and providers encouraging them to promote in their areas.	CSU
07.10.13	Healthwatch event in Telford Town Centre. Healthwatch kindly distributed leaflets about call to action.	Healthwatch Telford and Wrekin

08.10.13	Shrewsbury Coffeehouse meet up	Mrs Karen Higgins
10.10.13	Press release launched to media promoting call to action	CSU
10.10.13	Bishops Castle LJC	Mr Paul Tulley
10.10.13	Telford and Wrekin CCG Staff Briefing	Mr David Evans & Dr Mike Innes
10.10.13	Shropshire Community and Voluntary Sector Assembly	Dr Julian Povey
10.10.13	Shropshire Mental Health Forum	Mrs Karen Higgins
10.10.13	Leegomery Carer's Group	Mrs Christine Morris/ Mr Stephen Mayo
11.10.13	Radio Interview on Radio Shropshire	Dr Caron Morton, Dr Mike Innes
12.10.13	Stirchley Flu Clinic	Stirchley PPG
14.10.13	Distribution of leaflets to all stakeholders	CSU
15.10.13	Mental Health Forum	Mrs Karen Higgins
15.10.13	Telford and Wrekin CCG Practice Managers & GP Forum	Dr Mike Innes
16.10.13	Shropshire CCG Patient Participation Group Network	Dr Caron Morton
16.10.13-04.11.13	Patient Groups promoting call to action in their areas.	Patient Groups
17.10.13	Protected Learning Time Event	Mr Stephen Mayo & Mrs Sharon Smith
17.10.13	Loton and Tern LJC	Mrs Bharti Patel-Smith
18.10.13	Forms sent to the Shropshire Aphasic Society via PPG Rep	Mrs Sharon Smith
21.10.13	Local press releases to promote roadshows taking place on call to action	CSU
21.10.13	Roadshow	Marketing Company
24.10.13	Stand at Telford and Wrekin Healthwatch launch event	Mr Stephen Mayo
24.10.13	Market Drayton PPG AGM	Dr Julian Povey and Mrs Karen Higgins
25.10.13	Roadshow	Patient Group / Marketing Company
26.10.13	Roadshow	Marketing Company

28.10.13	Stakeholder letter reminding about close of survey and advertising the registration process for the conference.	
28.10.13	Press release to promote call to action conference and key note speaker also reminder on close of survey	CSU
26.10.13	Roadshow	Patient Group / Marketing Company
28.10.13	Taking Part (Adults with learning disabilities)	Dr Caron Morton and Mrs Karen Higgins
29.10.13	Shropshire Association of League of Friends	Mr Paul Tulley
29.10.13	Roadshow	Patient Group or Marketing Company
30.10.13	T42 Carer's Group	Mrs Sharon Smith
30.10.13	Roadshow	Marketing Company
TBC	Roadshows	Marketing Company and Patient Groups
1.11.13	Polish Church	Mrs Sharon Smith/Mr Bart Janac
2.11.13	Shropshire Association of Local Councils (SALC) AGM	Dr Caron Morton and Mr David Evans
04.11.13	Reminder press release to book on the call to action conference	CSU
04.11.13	Telford and Wrekin Senior Citizens Forum	Mr David Evans
04.11.13	Parent/Carer Meeting (Parent's Opening Doors)	Mr Stephen Mayo/Mrs Sharon Smith
14.11.13	Parent/Carers Meeting (Parent's Opening Doors)	Mrs Sharon Smith

NHS

Central Midlands
Commissioning Support Unit

Call to Action Public Survey
Summary of Responses – Key Themes

Introduction

In July 2013, NHS England called on the public, NHS staff and politicians to engage in an

"*open and honest debate about the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients*."[1]

This document provides a summary of a survey of public opinion that was conducted in Shropshire and Telford and Wrekin in response to this 'call to action'.

Experience Counts

1 The NHS belongs to the people: a call to action *NHS England, July 2013*

Background

The survey contained four open questions, to which members of the public were invited to respond. The questions asked were those suggested as part of the national 'Call to Action'. Although responses were anonymous, respondents were asked to indicate the area in which they lived, the type of area (rural or urban), their age group, employment status, whether they had a long term condition and whether they were a carer.

The survey was made available via a webpage and paper copies were distributed and collected by patient representatives.

The survey closed on 5th November 2013, although responses are still being received.

A similar survey was conducted of clinicians' opinions. The results of the clinician survey will be analysed and reported separately.

Experience Counts

The Survey Questions

1. In terms of healthcare, what is most important to you and your family and why?

2. What might be some options for change?

3. What do you think are the main difficulties and opportunities for the NHS over the next 5 years?

4. Do you have any other comments you would like to make?

Experience Counts

How were the survey results summarised?

Respondents to the survey gave answers to the four key questions in a free text format.

In order to identify the key themes from these free text responses, a framework for categorising the issues raised in the responses was required. A framework was developed by reviewing the first 100 responses to each of the four questions in detail. All responses were then assigned codes according to this framework. Responses often contained more than one theme. In these cases, multiple codes were assigned to a response. The framework was regularly updated as more responses were reviewed.

It should be noted that the design of the coding framework and the assignment of codes to responses are fundamentally subjective processes.

Any subsequent analysis may identify and highlight subtly different themes.

Whilst this analysis therefore cannot be seen as objective, the methods used are transparent. The coding framework and the codes assigned to each response are available for review.

Survey Design and Response Rates

The open nature of the questions asked in the survey were designed to give members of the public an opportunity to share their thoughts about their priorities for the NHS and the future of the NHS without constraint. This summary provides insight into key themes that emerged from the survey.

The survey responses however should not be seen as representative of the views of the population as a whole.

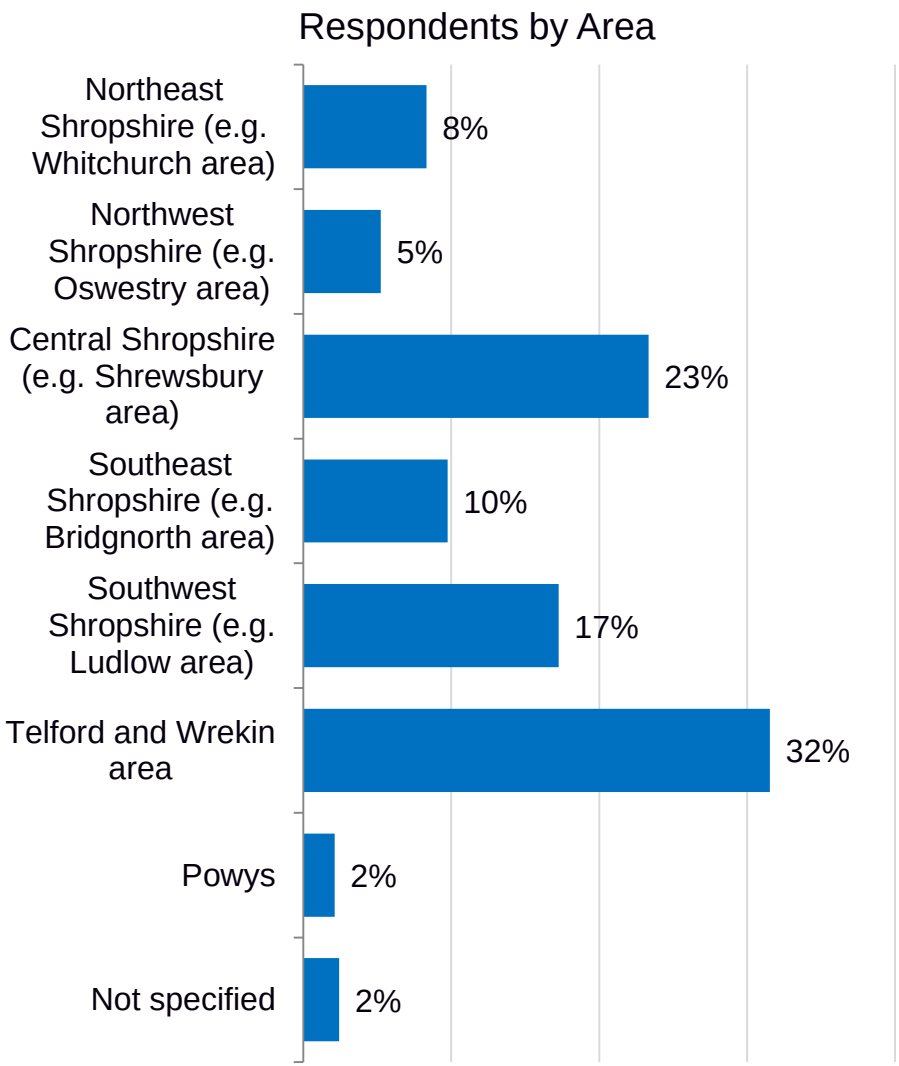
Hand-written responses to the survey first need to be transcribed before they can be analysed. This transcription process is not yet complete, but it is estimated that approximately 2,900 responses have been received in total.

Of the responses that have been transcribed 2,596 had been coded at the point this analysis was carried out.

Central Midlands
Commissioning Support Unit

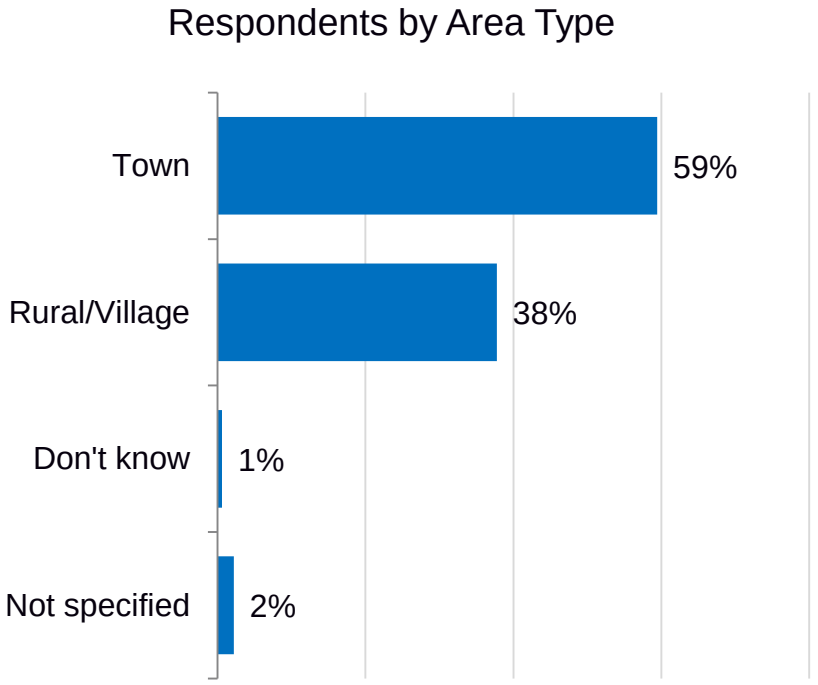
Profile of Respondents

Profile of Respondents by Place of Residence



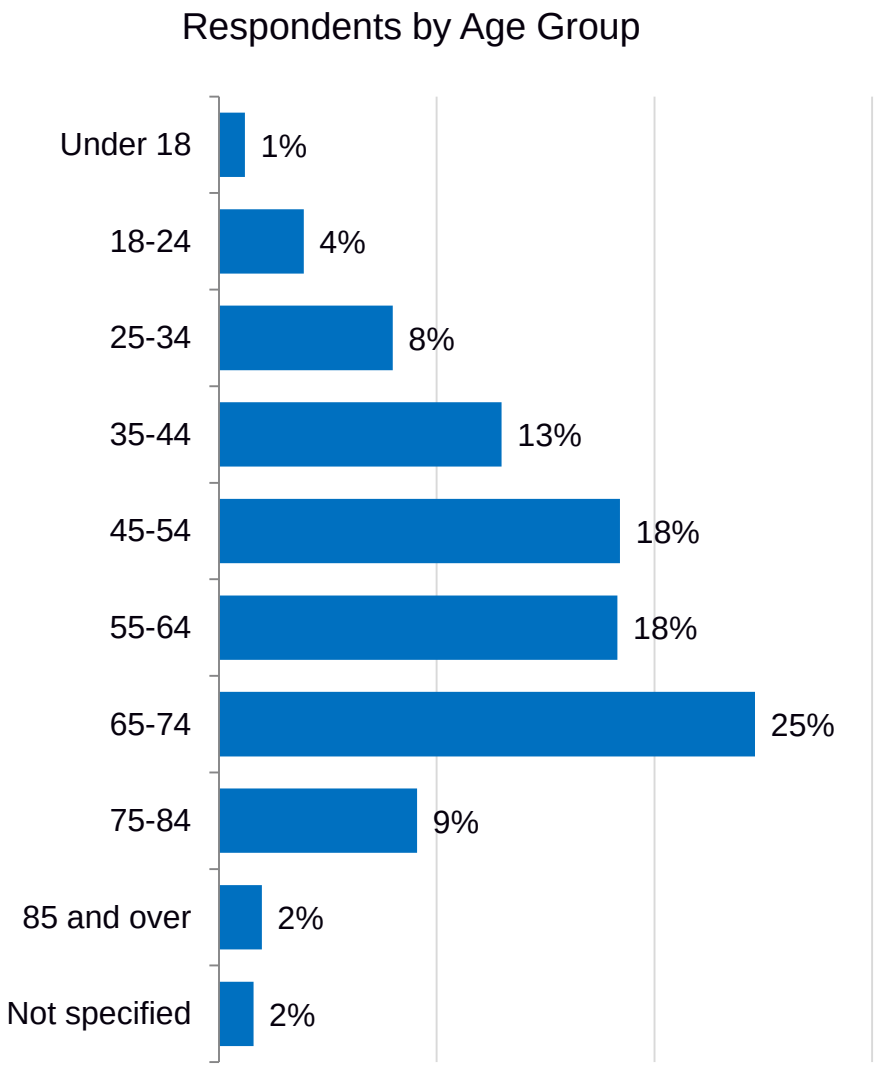
64% of the respondents were from Shropshire, 32% from Telford and Wrekin and 2% from Powys.

59% lived in an urban areas and 38% in a rural setting or a village.



Experience Counts

Profile of Respondents by Age Group

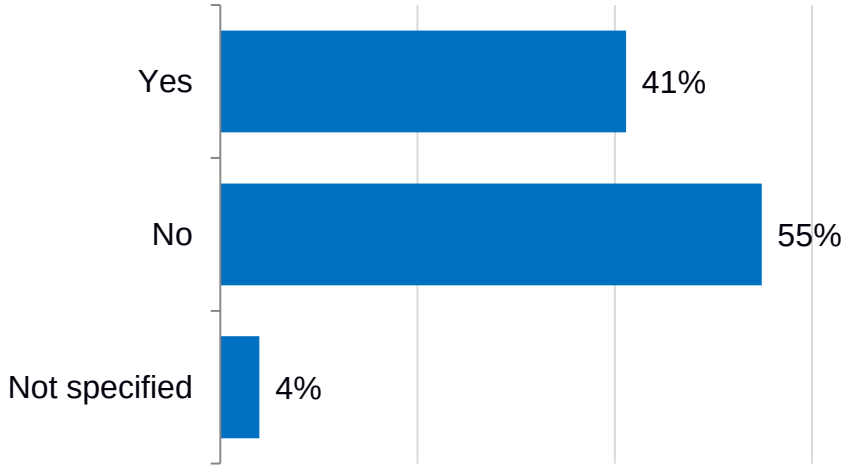


50% of the respondents were aged between 35 and 64, with 36% aged over 65.

Experience Counts

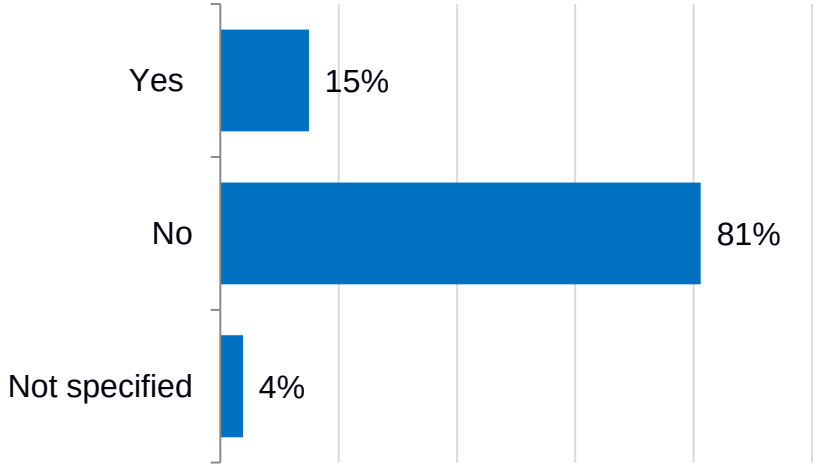
Profile of Respondents by Long Term Condition and Carer Status

Respondents by Long Term Condition Status



% 41 of the respondents had a long term health condition and 15% were carers.

Respondents by Carer Status

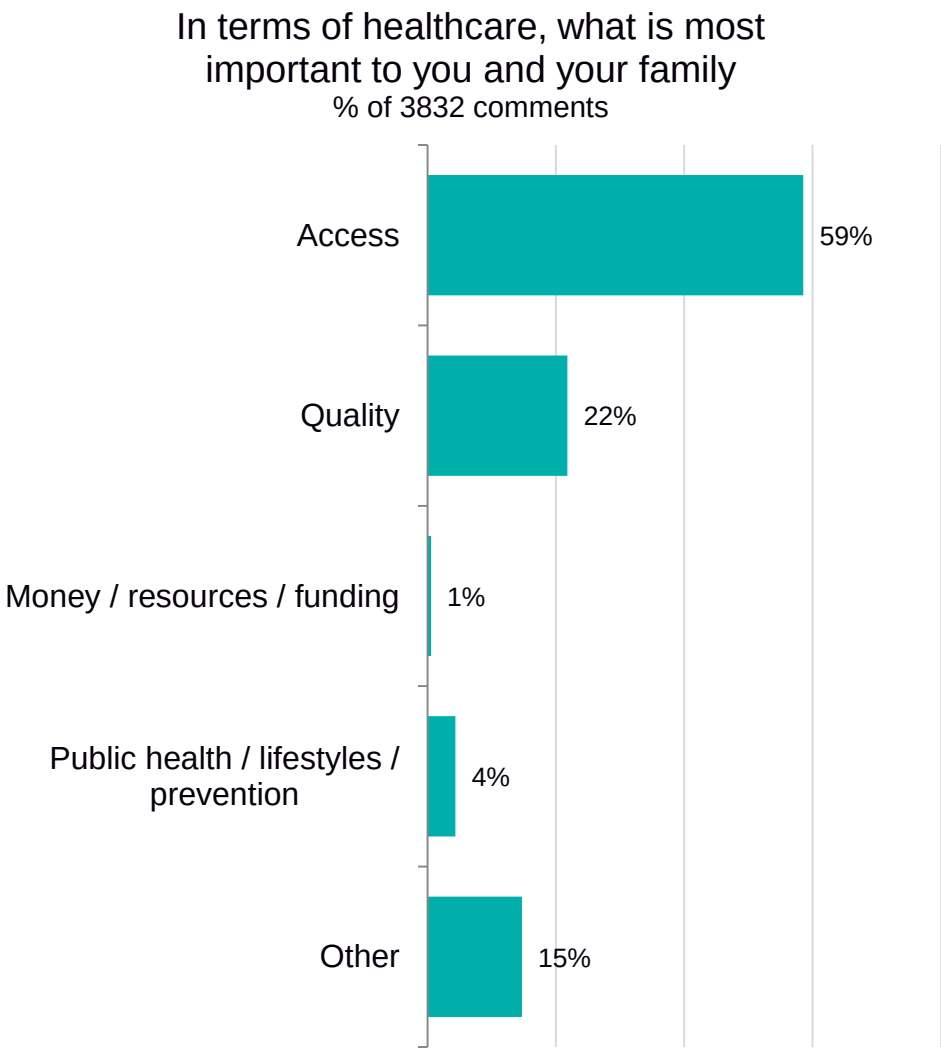


Experience Counts

Central Midlands
Commissioning Support Unit

Q1 - In terms of healthcare, what is most important to you and your family and why?

Priorities for the Public – Key Themes



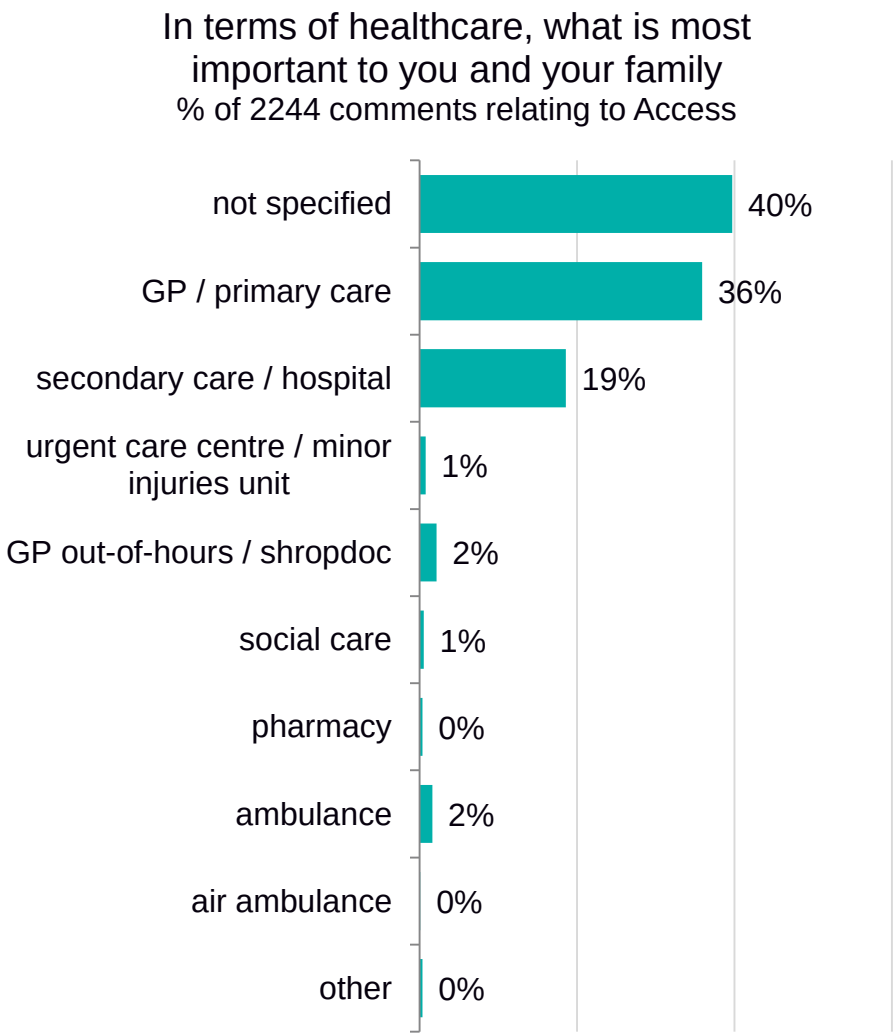
59% of the comments received from the respondents addressed the issue of access to healthcare services.

A further 22% of the comments spoke about the importance of high quality of healthcare services.

Respondents from Northeast and Northwest Shropshire were more likely to comment on issues relating to access whereas respondents from Central Shropshire were more likely to comment on service quality.

Experience Counts

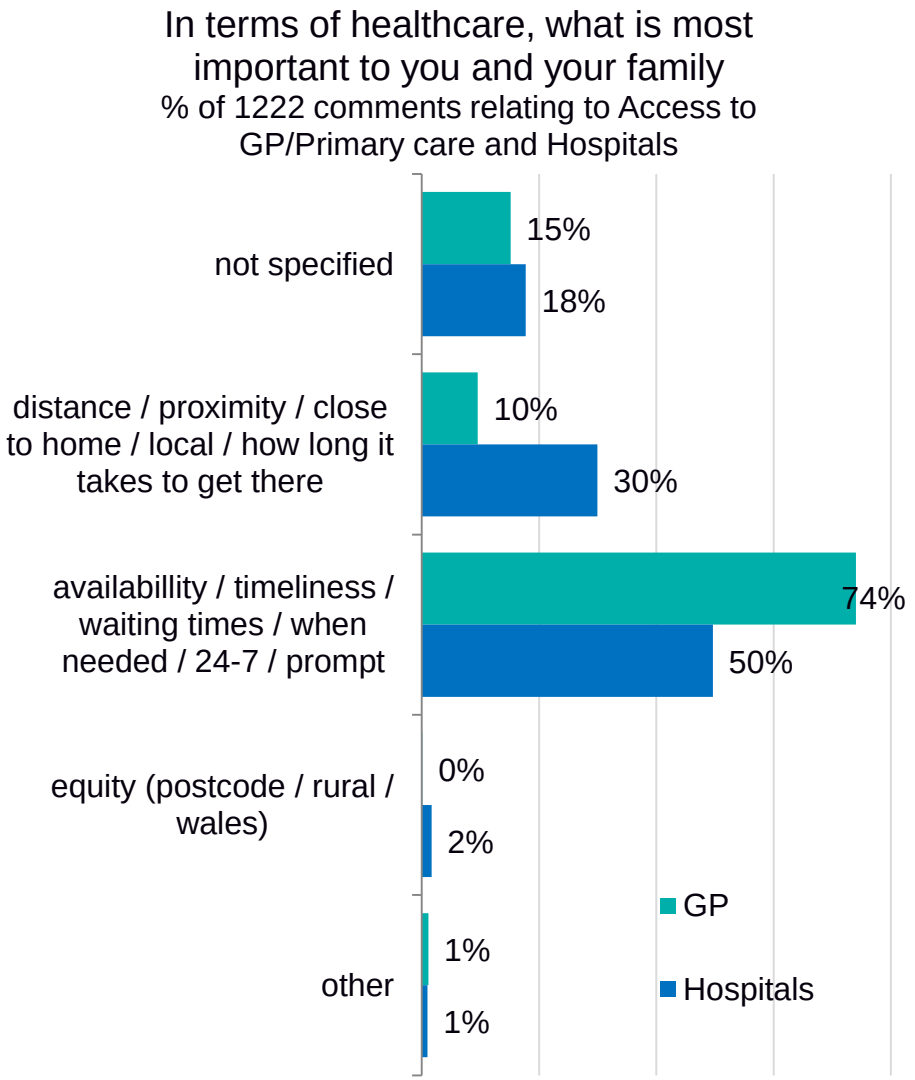
Priorities for the Public - Access



When speaking of issues relating to access, 36% of the comments specifically mentioned General Practice or Primary Care and 19% mentioned hospital services.

Experience Counts

Priorities for the Public - Access



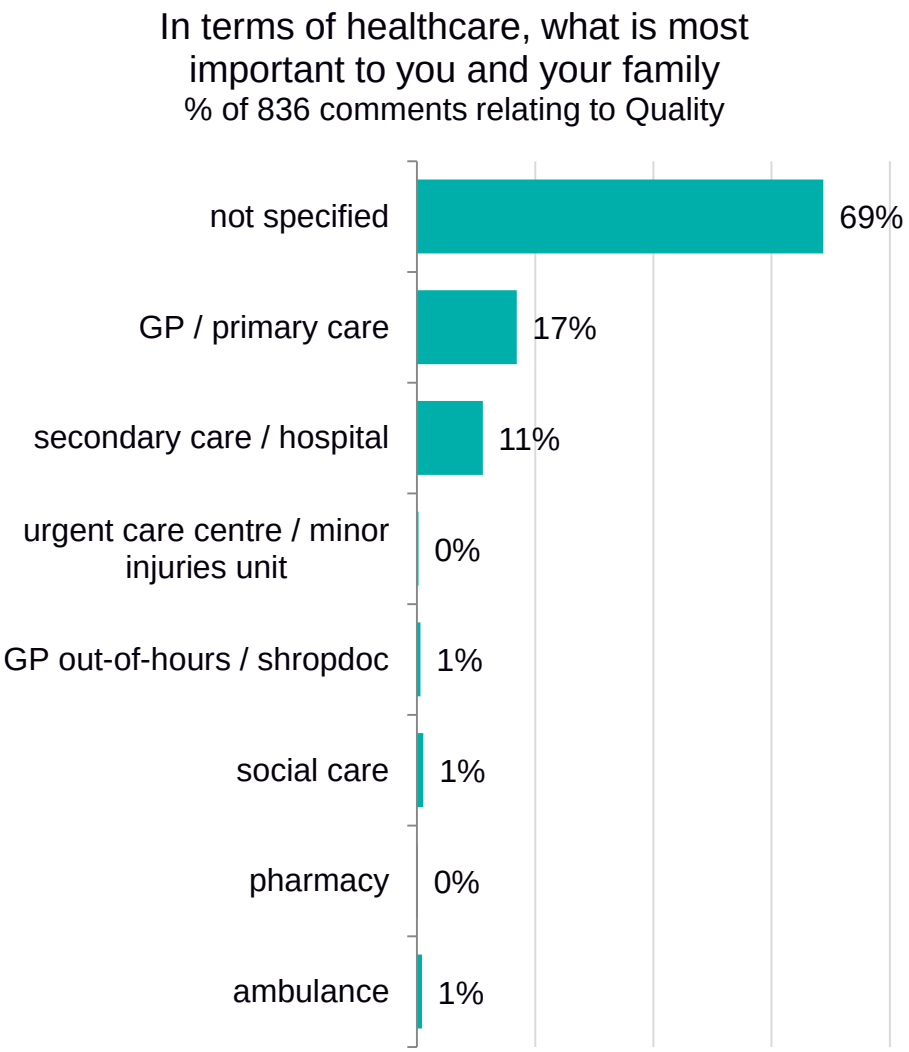
Respondents highlighted three different aspects of the issue of access to primary and hospital healthcare services; proximity or travel time, availability of the service when required and equity of access for people living in different areas.

Respondents were more likely to refer to the issue of proximity when mentioning access to hospitals than when speaking of access to GPs.

The opposite was true when respondents mentioned issues of service availability.

Experience Counts

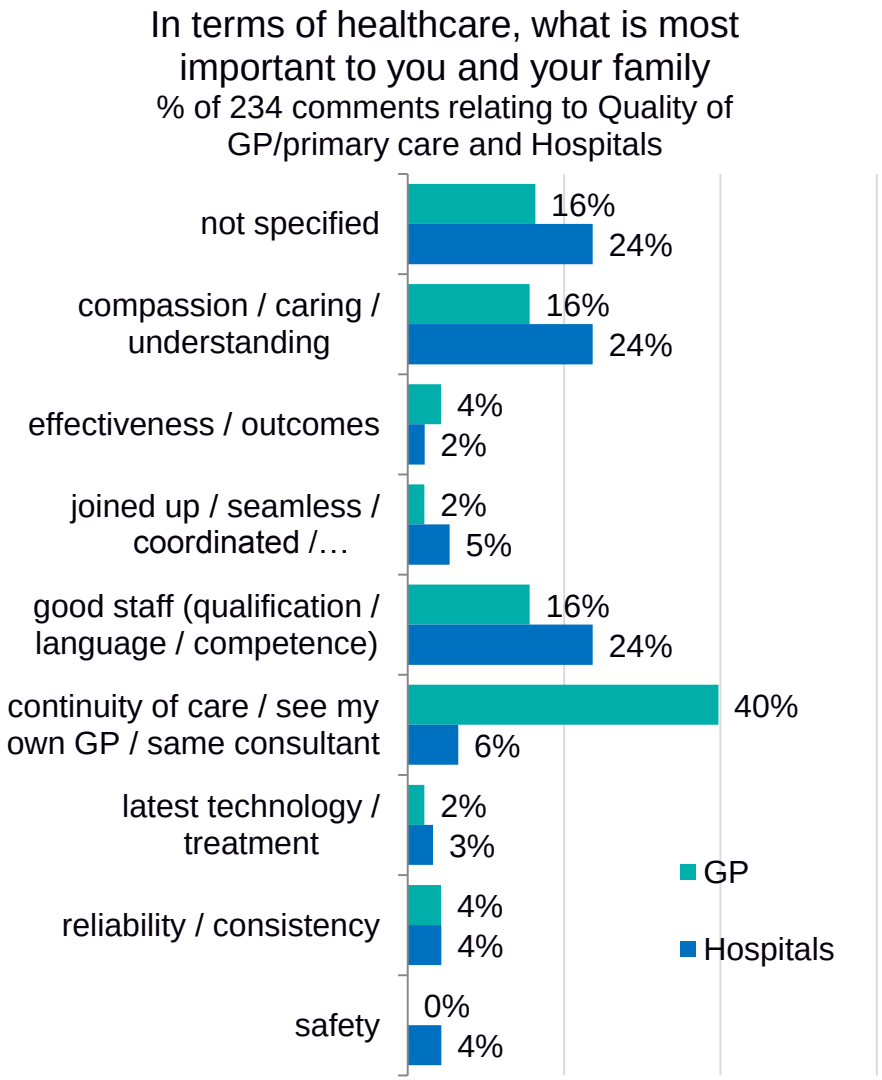
Priorities for the Public - Quality



When mentioning the importance of service quality, most respondents did not do so with regard to a particular service. 17% spoke specifically of the importance of high quality General Practice and 11% of high quality hospitals.

Experience Counts

Priorities for the Public - Quality

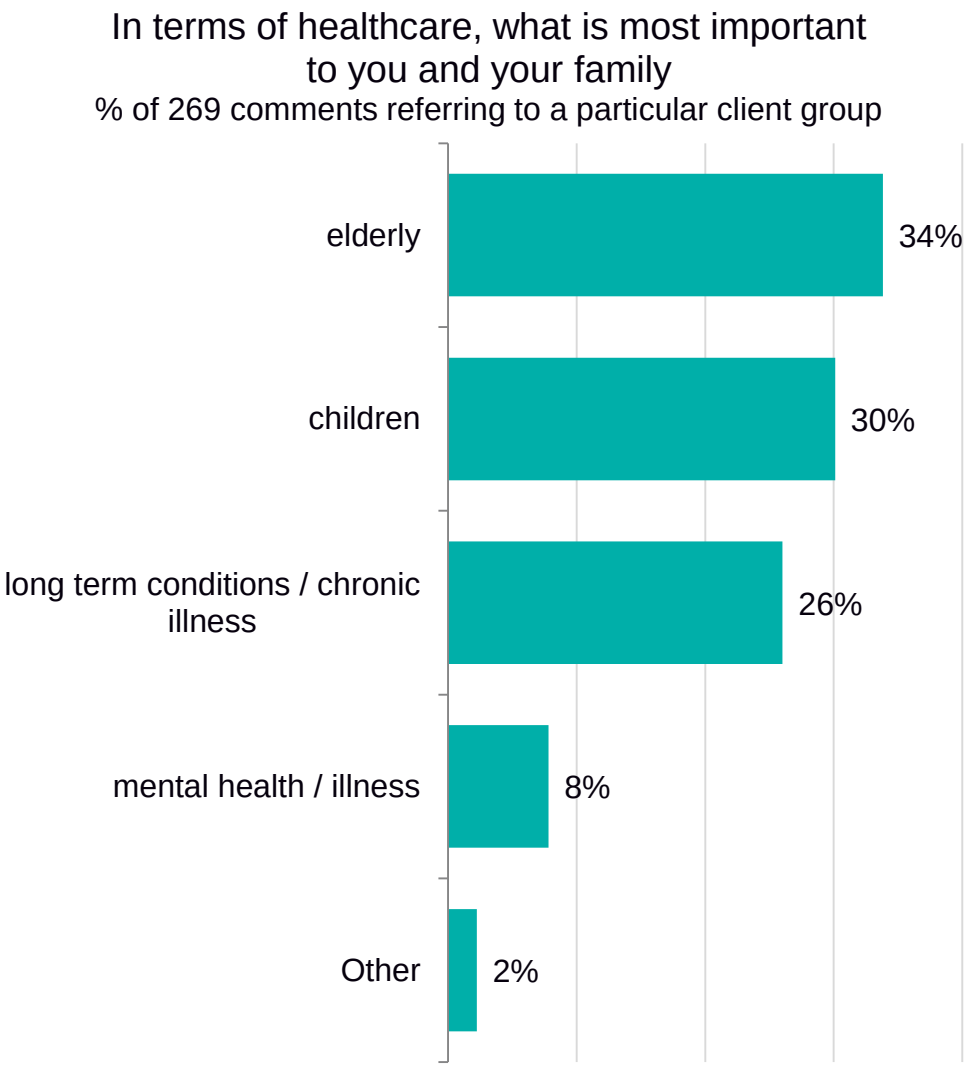


Respondents mentioning the importance of quality in general practice commonly spoke of the issue of continuity of care or the ability to see their own GP.

When writing of the importance of quality in secondary care, respondents were more likely to write of the need for compassionate and competent staff.

Experience Counts

Priorities for the Public – Care for Specific Client Groups



When writing of their priorities, most respondents did not mention specific client groups. Of the 269 responses that did, roughly equal numbers referred to care for children, older people and people with long term conditions. A smaller number spoke about services for people with mental health problems.

Experience Counts

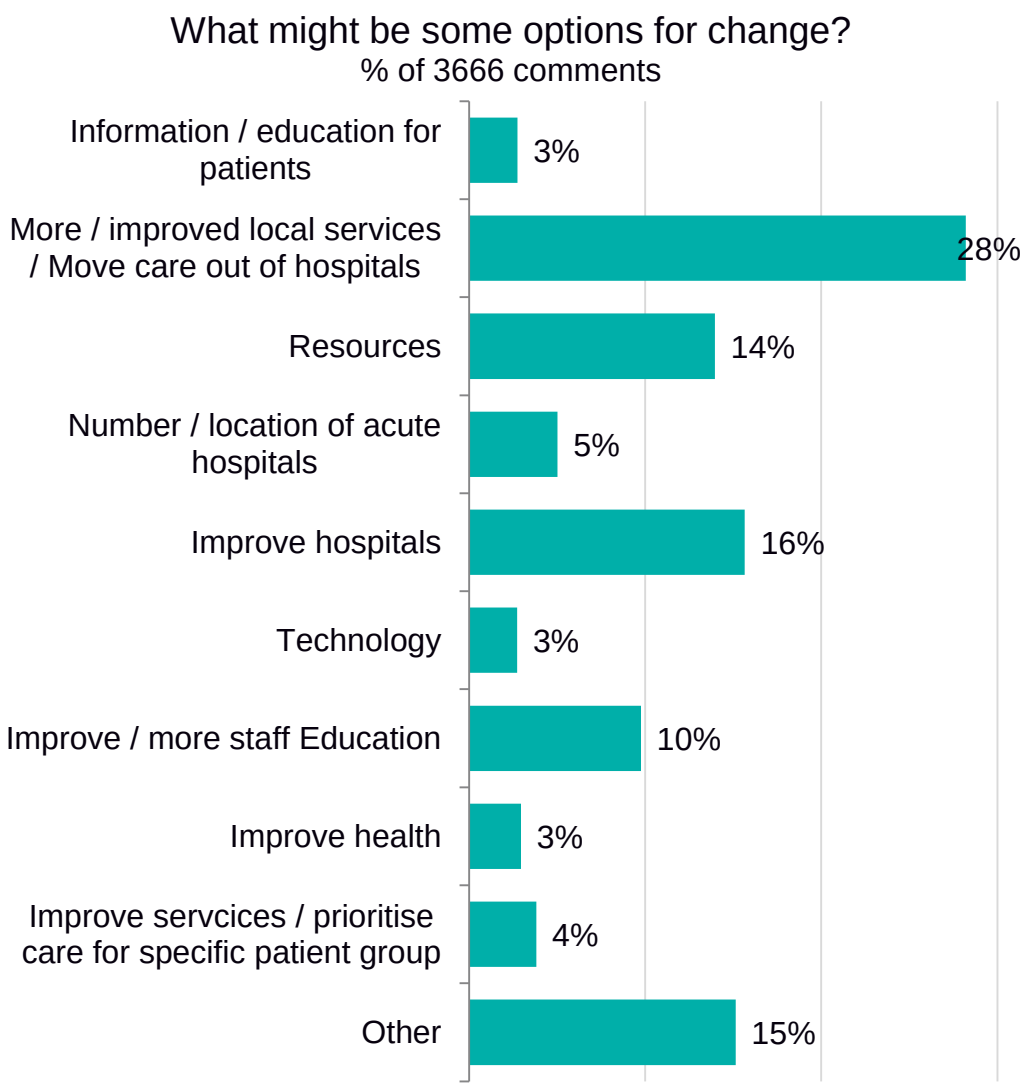
NHS

Central Midlands
Commissioning Support Unit

Q2 – What might be some options for change

21/11/2013

Options for Change – Key Themes

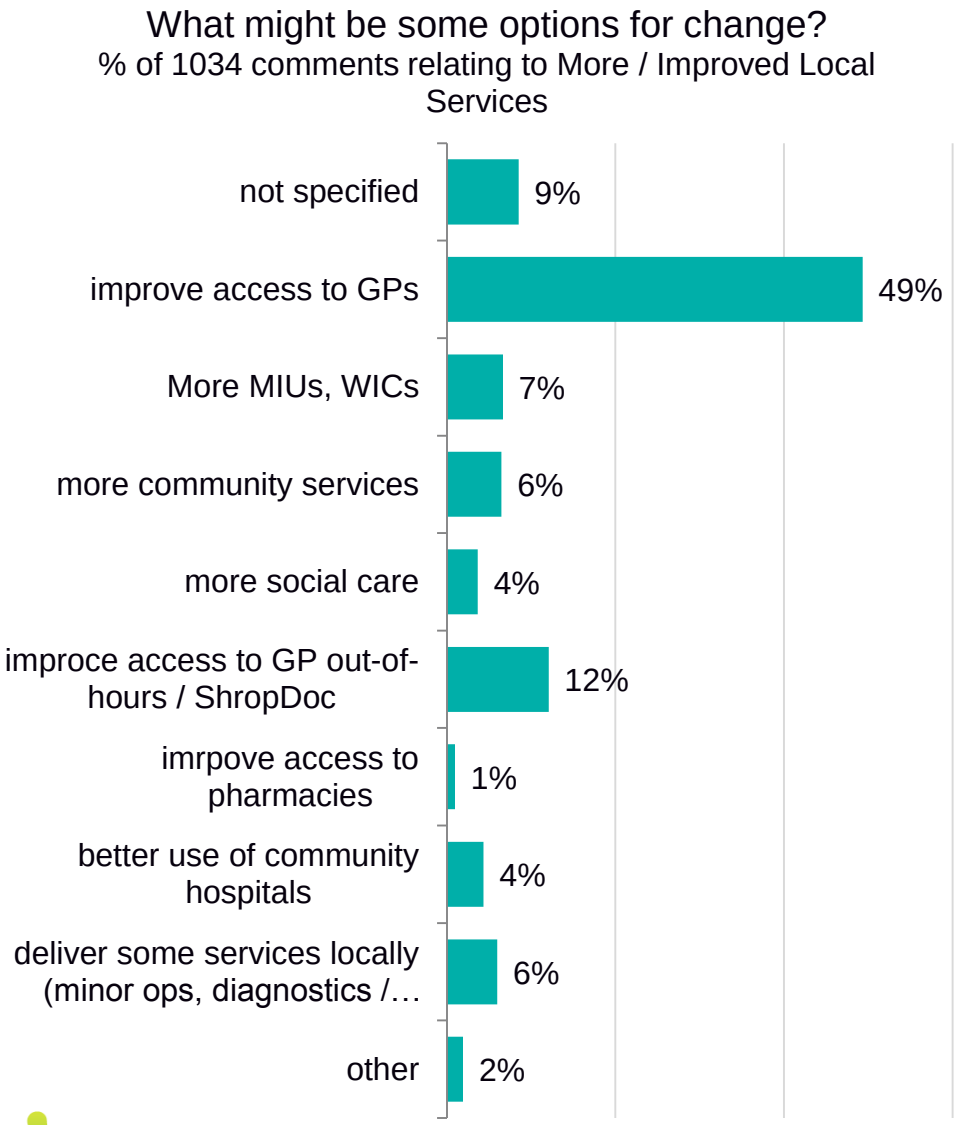


Of the 3,666 comments received in response to question 2, 28% focused on the opportunity to improve local services. This was often mentioned as a means of reducing reliance of hospital services.

Other comments related to the improved use of resources, improved staff education, the number, location and quality of hospitals, the need to prioritise care for certain patient groups, better information and education for patients, making best use of technology and improving population health.

Experience Counts

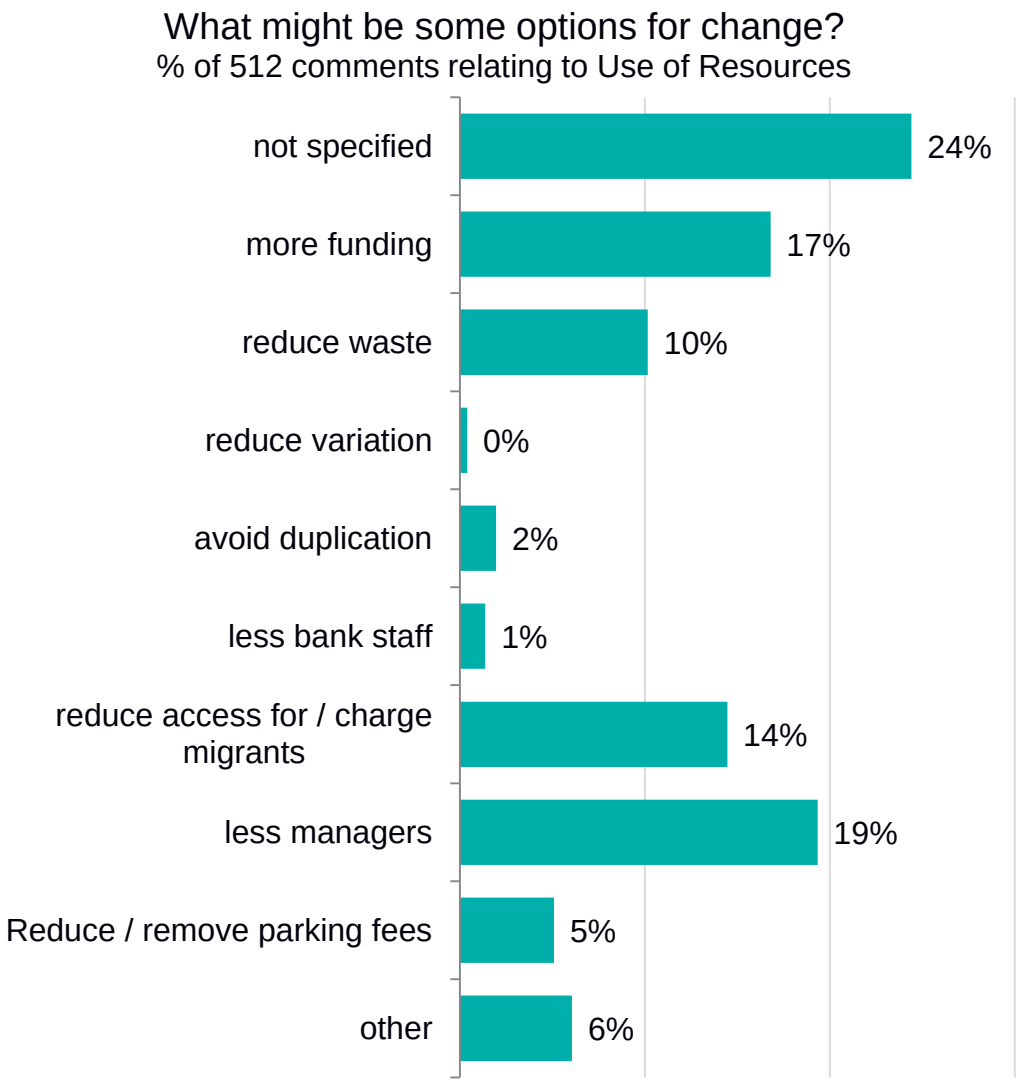
Options for Change – Improve Local Services



Of the 1,034 comments received about improving local services, 61% referred to improving access to GPs or GP out-of-hours services.

Experience Counts

Options for Change – Improved Use of Resources



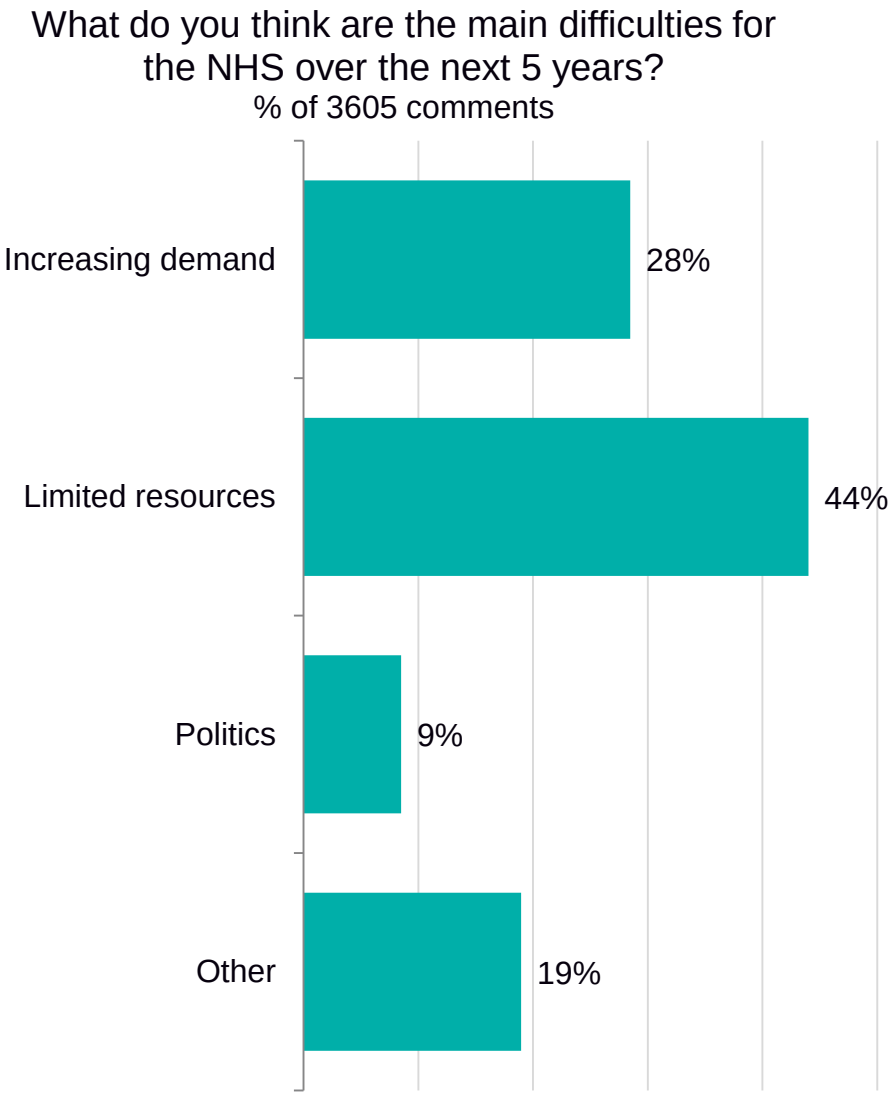
Of the 512 comments received about improving the use of resources, roughly equal numbers wrote of increasing healthcare funding and reducing the number of managers.

Experience Counts

Central Midlands
Commissioning Support Unit

Q3 – What do you think are the main difficulties and opportunities for the NHS over the next 5 years?

Difficulties – Key Themes



3,605 comments were received in response to question 3 which identified future difficulties for the NHS.

44% of these highlighted the shortage of resources, 28% focused on increasing demand for services and 9% on politics.

Respondents from Powys and Southwest Shropshire and those aged over 65 were more likely to comment on increasing demand.

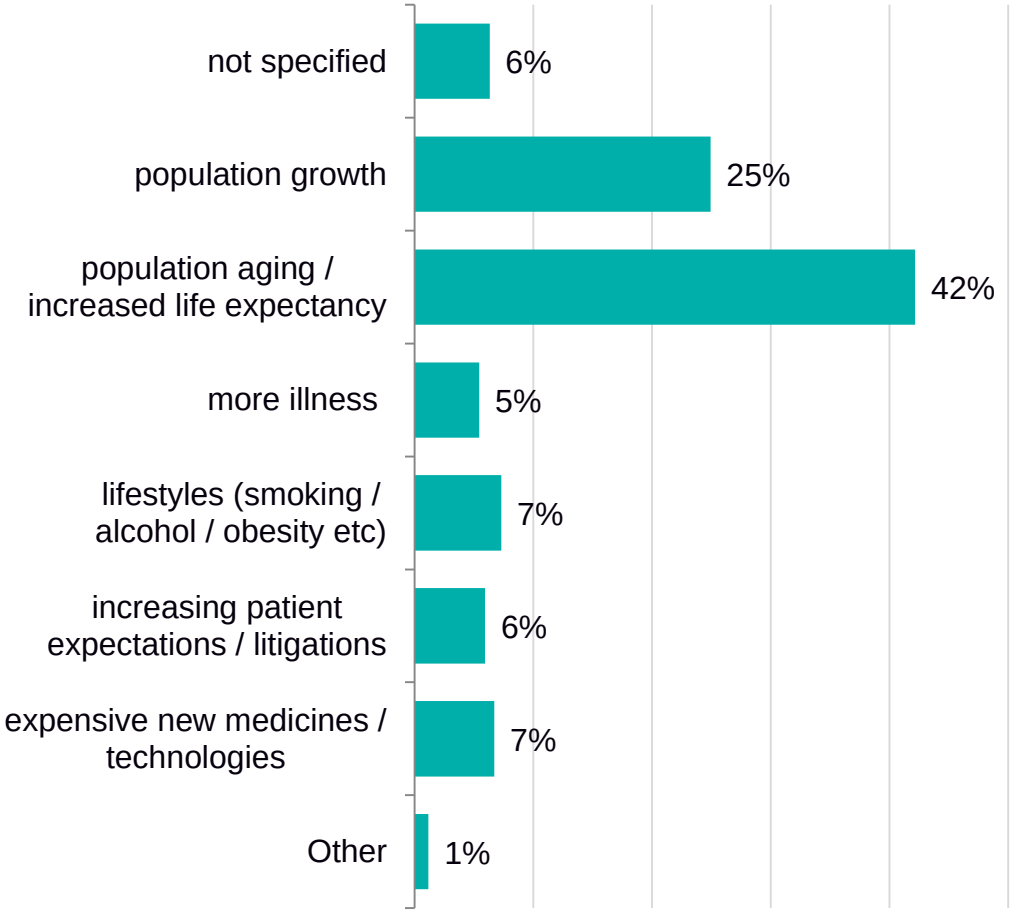
Respondents from Southeast and Southwest Shropshire and those aged 35-54 were more likely to mention a lack of resources.

Experience Counts

23

Difficulties – Increasing Demand

What do you think are the main difficulties for the NHS over the next 5 years?
% of 1027 comments relating to increased demand



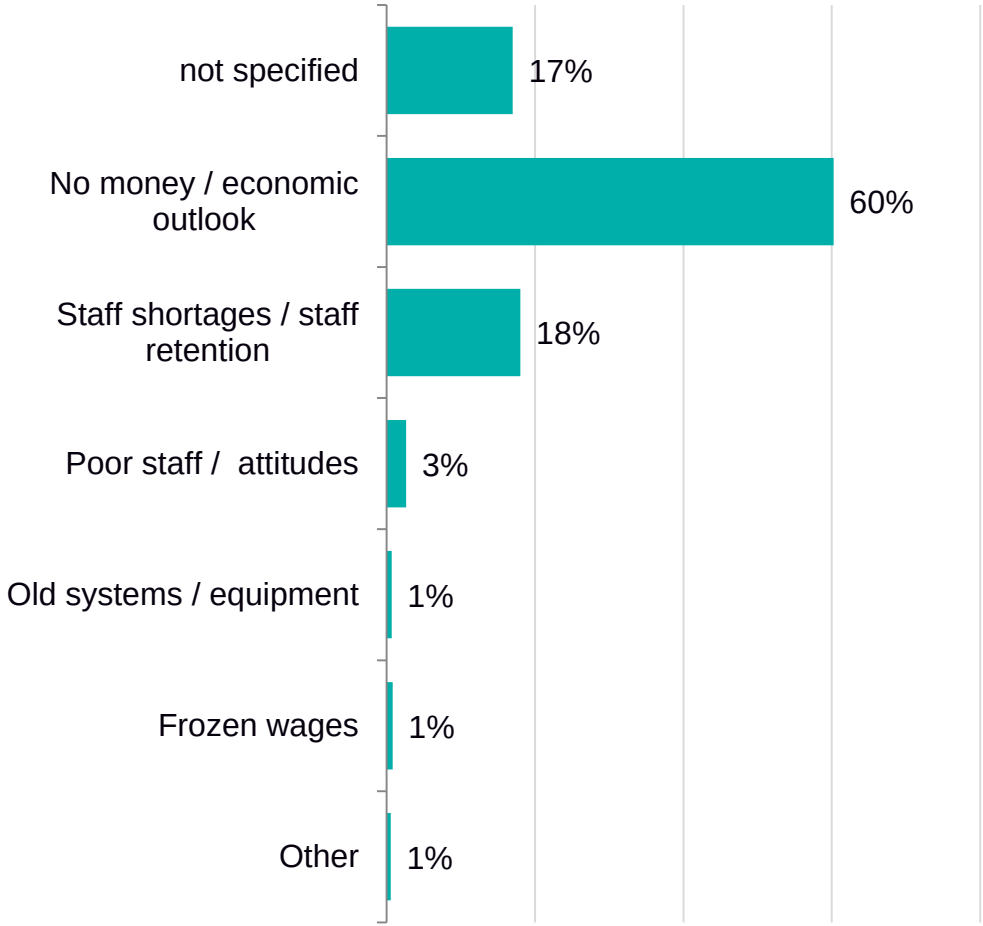
Of the 1,027 comments received about the difficulties caused by increasing demand, 42% focused on population aging and 25% on population growth.

Respondents also spoke of the problems caused by unhealthy lifestyles, the greater prevalence of ill health, the expense of new medical technologies, increases in patient expectations and the legal action that may follow when expectations are not met.

Experience Counts

Difficulties – Limited Resources

What do you think are the main difficulties for the NHS over the next 5 years?
% of 1587 comments relating to limited resources



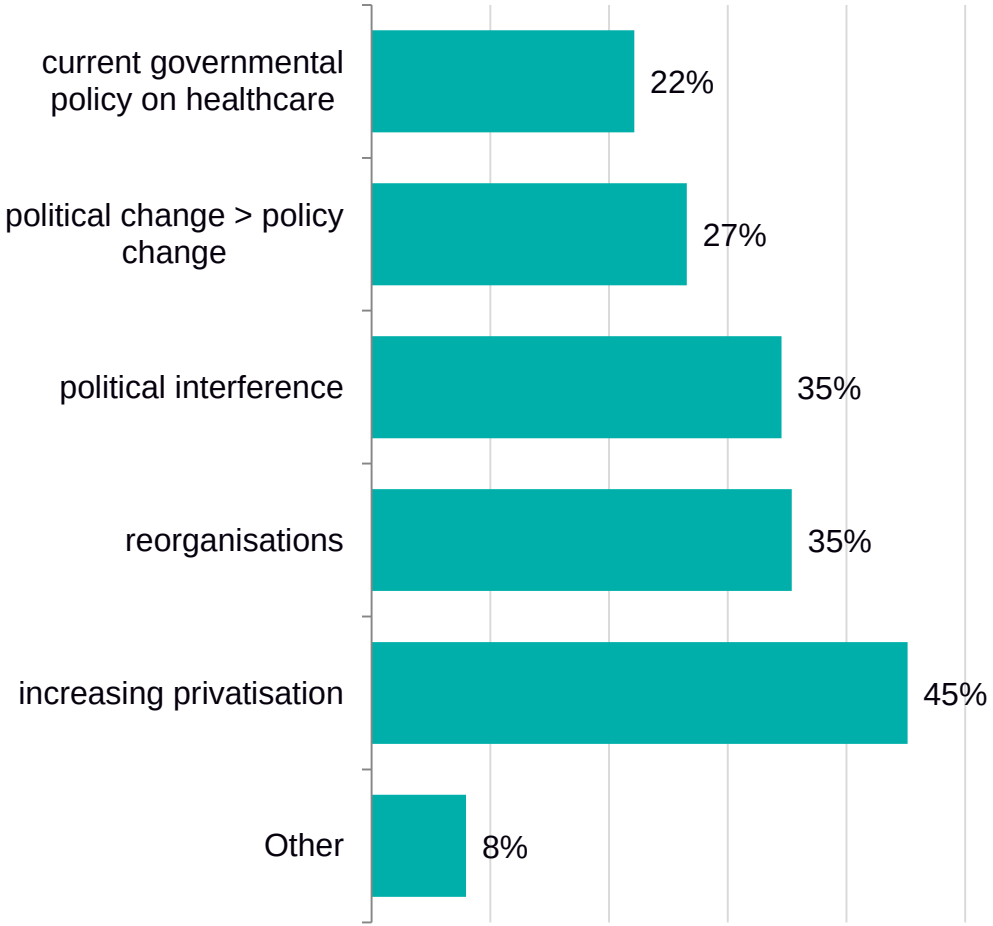
The majority of the comments received that focused on the problem of limited resources, referred to the wider economic climate.

Respondents also spoke about the difficulties of staff shortages and staff retention.

Experience Counts

Difficulties - Politics

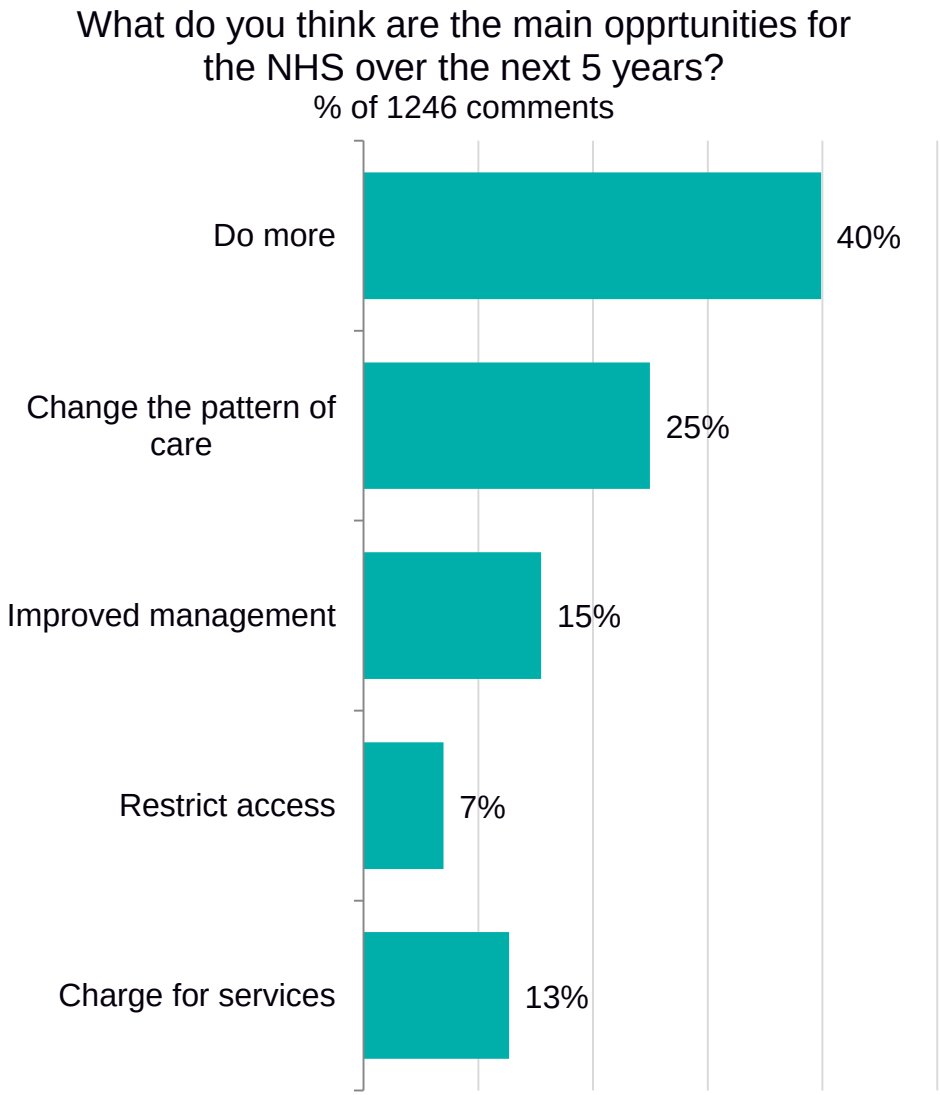
What do you think are the main difficulties for the NHS over the next 5 years?
% 307 of comments relating to politics



Of the 307 comments that addressed the difficulties that might arise through politics, 5 key themes emerged; the potential for political interference in the running of the health service, the negative consequences of politically driven reorganisations, the potential for unsettling policy change when new politicians are elected, the current government policy on healthcare and the risk of increased privatisation of the NHS.

Experience Counts

Opportunities – Key Themes

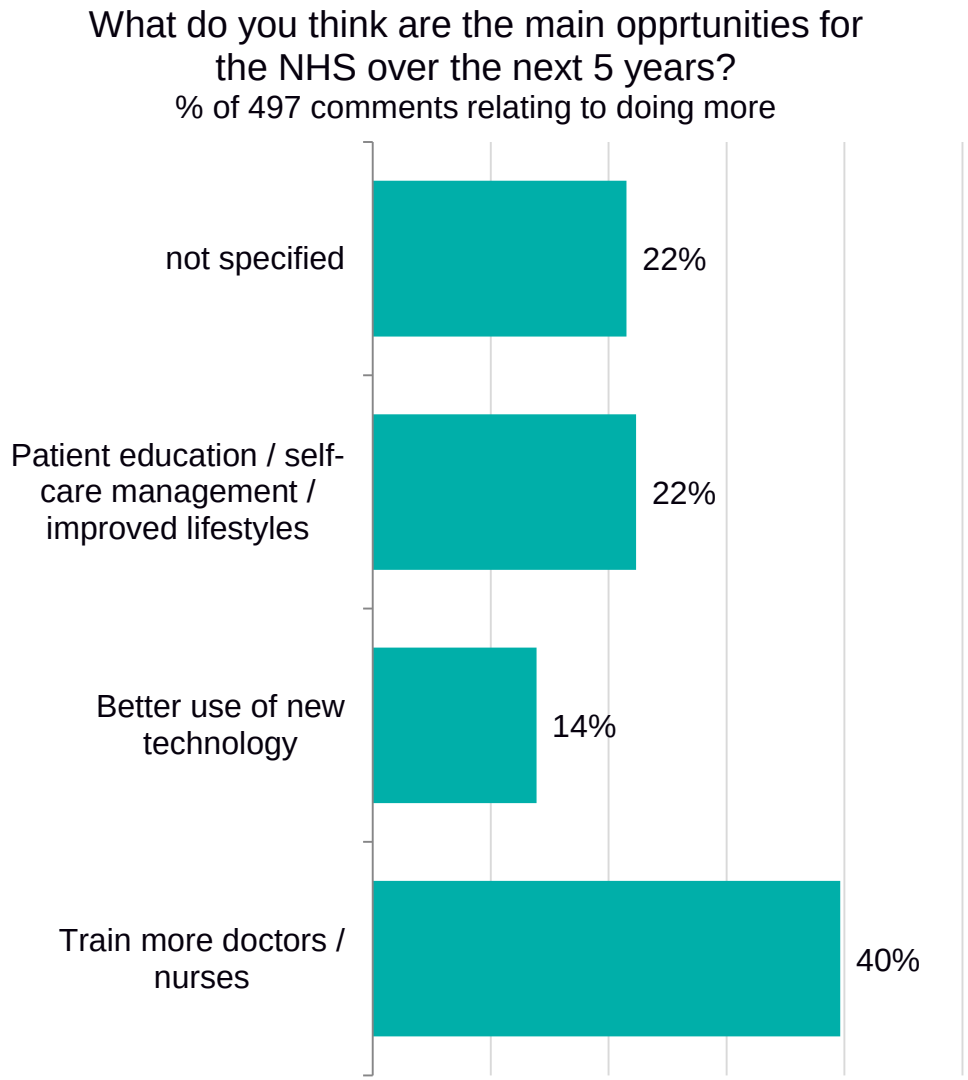


1,246 comments were received in response to question 3 that identified opportunities for the NHS over the next 5 years.

25% of these suggested that the NHS changes the patterns of care it delivers, 40% suggested that the NHS should 'do more' in certain areas, 15% suggested improving the management of services and 20% suggested either restricting access to NHS services or charging for NHS services.

Experience Counts

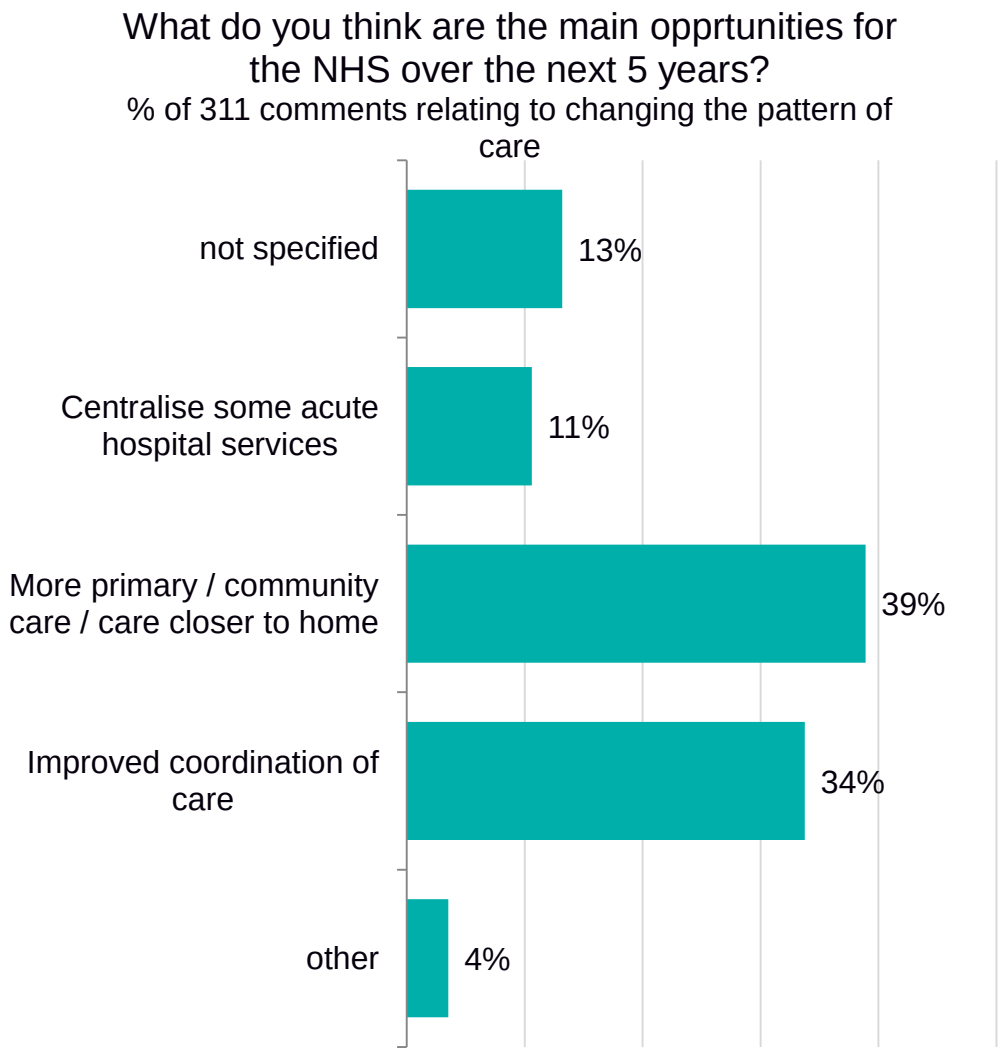
Opportunities – Doing More



Of the 497 comments that suggested that the NHS should do more, many wrote of training more doctors and nurses, with smaller numbers focusing on delivering more patient education programmes and making use of new and emerging technologies.

Experience Counts

Opportunities – Changing the Pattern of Care

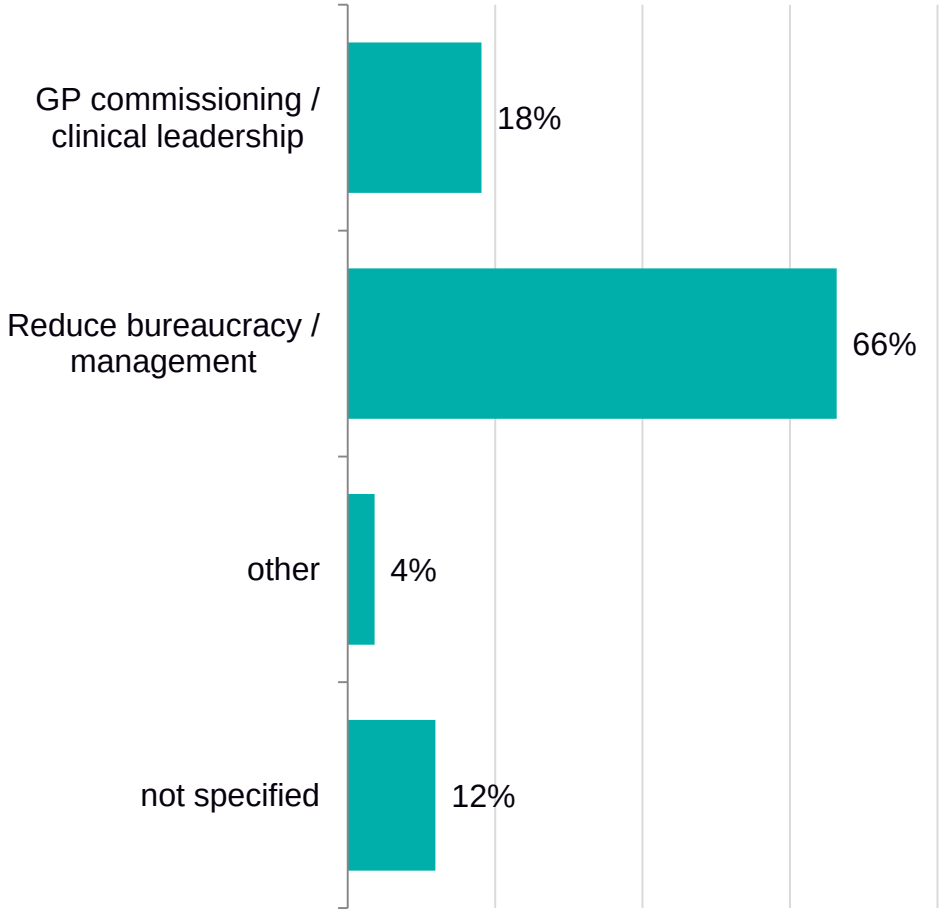


Of the 311 comments that related to changing the pattern of care, most focused either on increasing primary or community services and thereby moving care closer to home or on the improved coordination of care.

Experience Counts

Opportunities – Improved Management

What do you think are the main opprtunities for the NHS over the next 5 years?
% of 193 comments relating to improved management



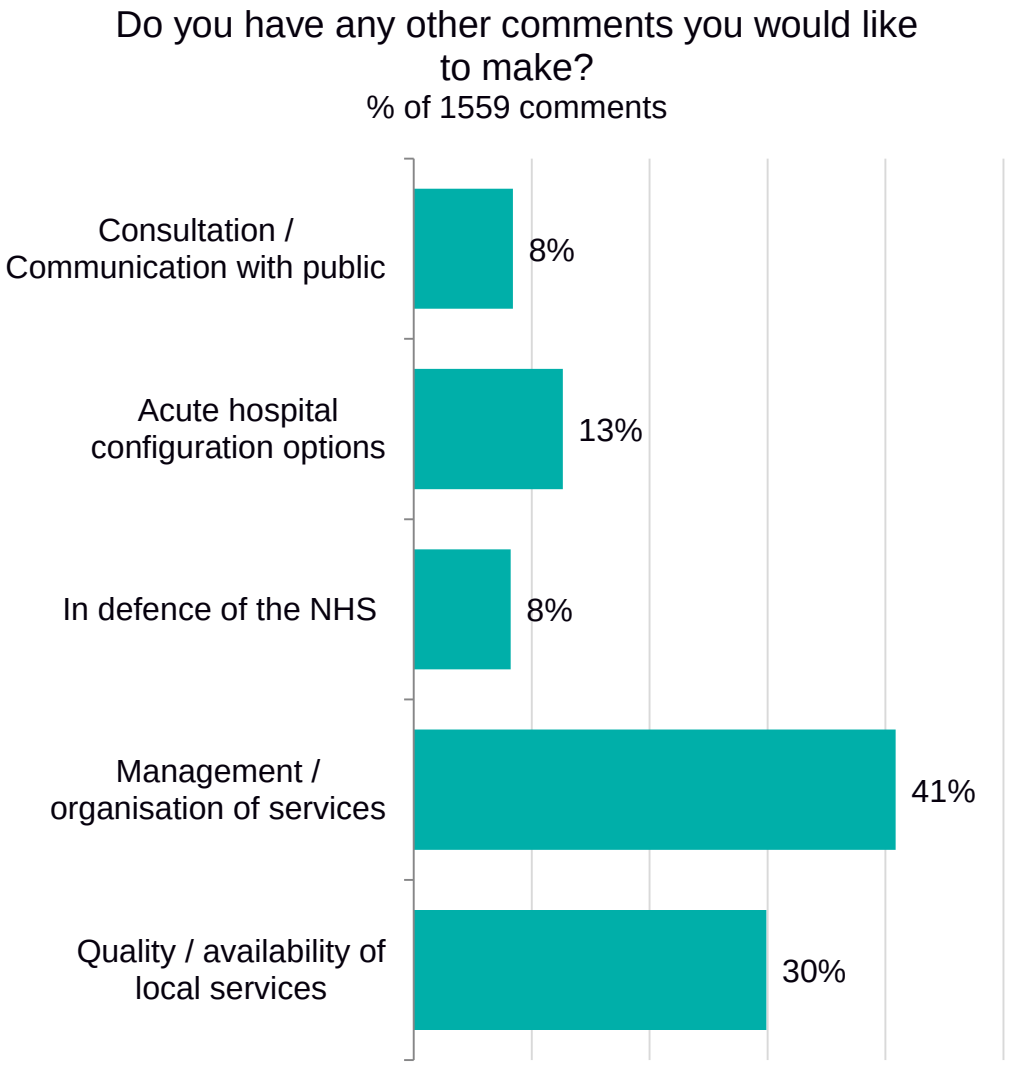
Respondents mentioning improved management spoke either of reducing bureaucracy or about the potential benefits of GP commissioning and clinical leadership.

Experience Counts

Central Midlands
Commissioning Support Unit

Q4 - Do you have any other comments you would like to make?

Other Comments – key Themes

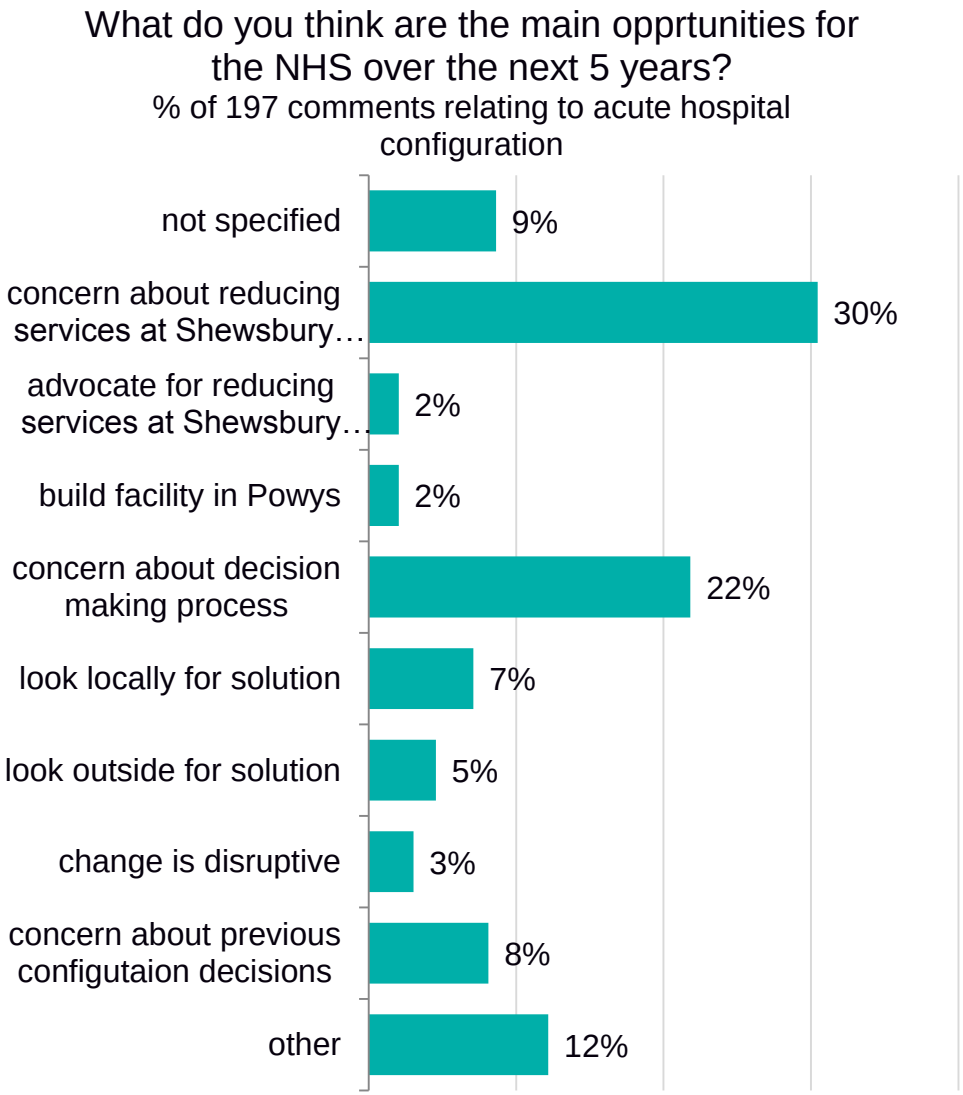


1,559 comments were received in response to question 4. Of these 30% referred to the availability or quality of local services, 13% to acute hospital configuration options and 41% to the management or organisation of healthcare services.

Smaller numbers wrote in defence of the NHS or about the process of consulting or communicating with the public.

Experience Counts

Other Comments – Acute Hospital Configuration

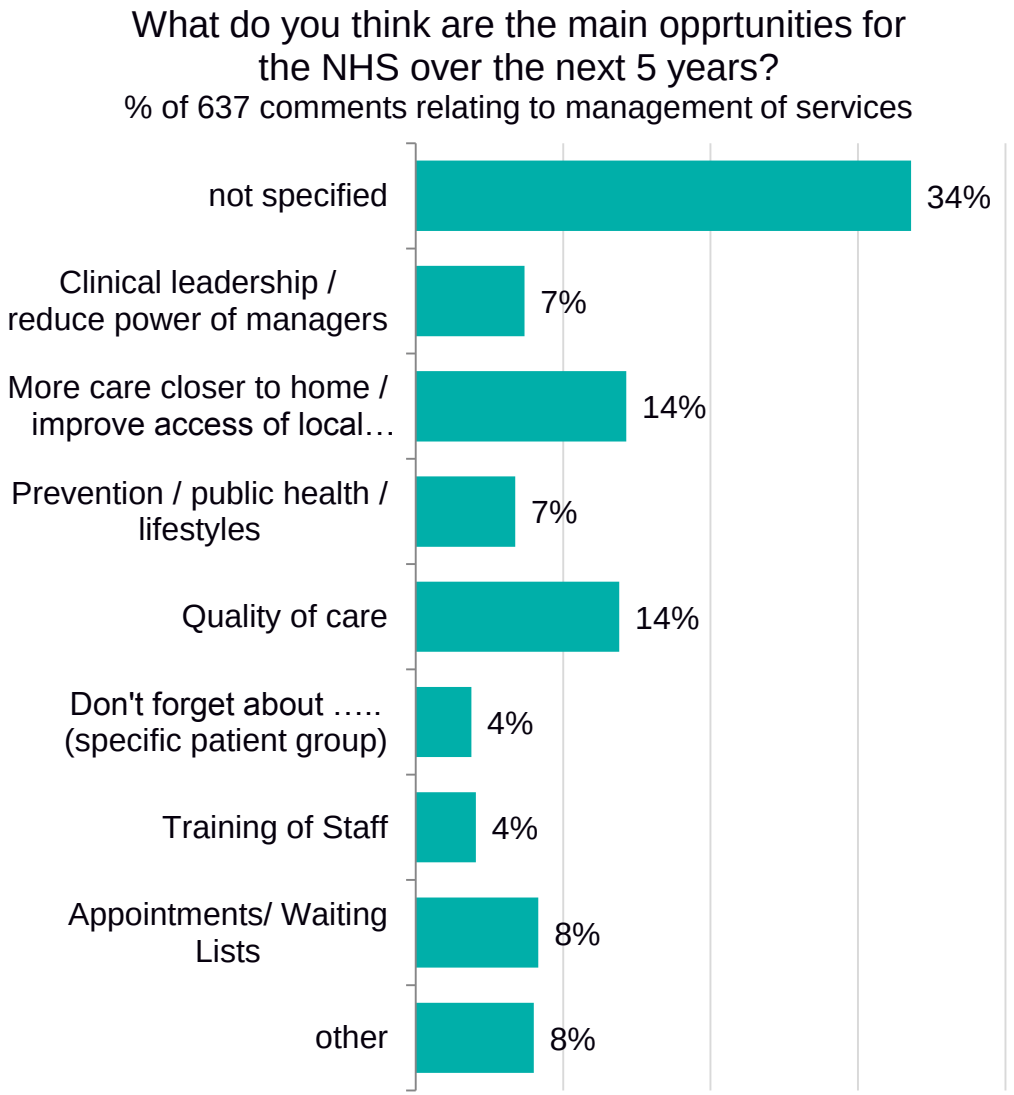


Of the 197 comments received about acute hospital configuration, 30% expressed concerns about loosing hospital services at either Shrewsbury or Telford.

22% expressed concerns about the decision making process for any future reconfiguration.

Experience Counts

Other Comments – Management of Services

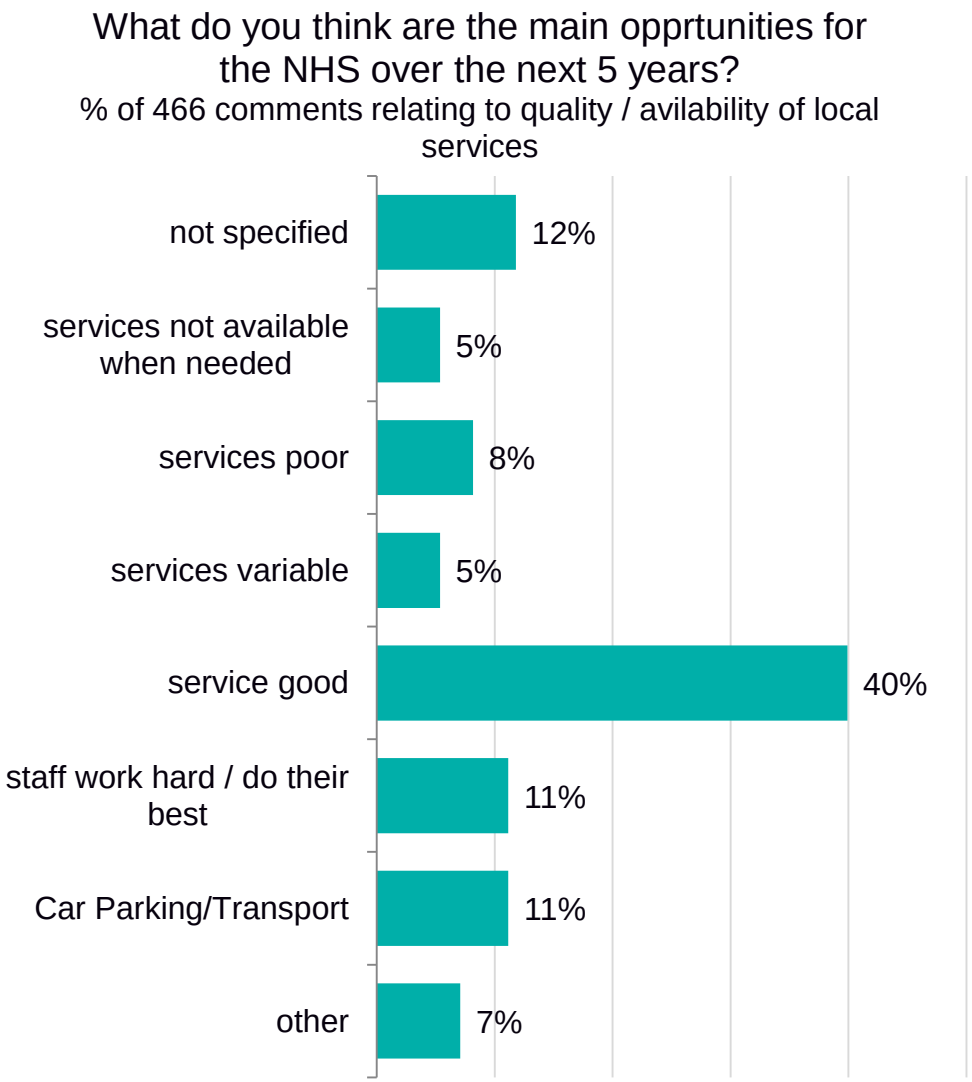


Several issues were raised about the management or organisation of services; moving care closer to home, quality of care, moving power away from managers and towards clinicians, the need for good public health and prevention and training for staff.

A small number of responses asked that the needs of certain groups (e.g. the elderly) were not forgotten.

Experience Counts

Other Comments – Availability / Quality of Local Services



466 of the comments received in response to question 4 raised specific issues about the availability or quality of local services.

A range of issues were raised, many in support of local services and staff, others expressing concerns.

Experience Counts

NHS

Central Midlands
Commissioning Support Unit

Call to Action Clinician Survey
Summary of Responses

20/11/2013

The negatives

Public *(first 500)*

- Resources feel tight ✓
- Concerns about attracting / retaining staff ✓
- Rising tide of demand (expectations/aging) ✓
- Previous management and political interference and unsatisfactory change ✓
- Poor morale

[Has there been too much or too little change?]

Experience Counts

1 The NHS belongs to the people: a call to action NHS England, July 2013

The positives

Public *(first 500)*

•Common ground in putting quality to the fore (compassion and safety especially)

✓

•Common ground on importance of delivering accessible services

✓

Public see accessibility as biggest issue (especially to GPs)

[Is there sometimes a trade off between quality and accessibility? How can the public be engaged in that debate?]

Experience Counts

1 The NHS belongs to the people: a call to action NHS England, July 2013

The opportunities

	Public *(first 500)*
•Managing demand better	✓
•New models to deliver	✓
•More care in the community (and out of hospital)	✓
•Joint working and better coordination	*Reduce waste and duplication*
•Use technology better	✓
•Emphasise education for patients and supporting self-care	✓
•Reorganise services to achieve resilient high quality	-
•Clinical leadership to drive clinically sensible change	✓

- *An inclusive decision making process*

Experience Counts

1** [The NHS belongs to the people: a call to action](#) **NHS England, July 2013

Appendix 4


A CALL TO ACTION
TELFORD + WREKIN
SHROPSHIRE
INEQUALITY GAP
mortality
stroke
HARD TO MANAGE
CHALLENGE
URBAN
What's important to YOU?
ACUTE HOSPITALS
COMMUNITY SERVICES
DON'T TAKE IT AWAY!
RURAL
People living longer
How do we take the services forward?
GLOBAL
Keep focus on PURPOSE not just target
EMMERDALE
ZZZZZ
PERSON CENTRED
SAFE
FREE AT POINT OF DELIVERY
GOOD RELATIONSHIPS
TOGETHER
YOU ARE THE PEOPLE THAT WILL MAKE THE DIFFERENCE
NHS? YOUNG PEOPLE CARE!
Need realistic Targets
LISTEN TO US!
FRIENDLY STAFF
#1 EMOTIONAL HAPPINESS
WHAT IS IMPORTANT TO US...
FOOD BANK
charity box
we will live in the future with the consequences of your decisions
What's important to you and your family
SURVEY
x2596
Options for change?
ACCESS
Availability
Proximity
QUALITY
MY GP
CONTINUITY
Difficulties?
Demand
Resources
Population
Staff shortages
Poor morale
Opportunities?
Change way we deliver
More co-ordination
Clinicians take on the lead
NHS
Telford & Wrekin CCG
Shropshire CCG
inclusivecreation.com


Shropshire CCG
Tame Problem
VS.
Wicked Problem
France
RIGHT
WRONG
Spain
WAAAAAAH!!
NOW WHAT DO WE DO?
OPINION
Use Systems thinking
Learn from what is going well
Guide people through system
QUALITY OF CARE
NO-ONE FALLING THROUGH GAPS
I AM INVOLVED
MANAGE EXPECTATIONS
BE TRANSPARENT
A CALL TO ACTION
EVIDENCE
Facts alone don't give the whole picture
Leads to more questions
DATA
what people see in data is influenced by their own view
WE ALSO NEED...
EXPERIENCE
Think about the long-term, rather than just short-term
Made a difference!
Focus on outcomes
What makes decisions live-able?
Quality of life for the greatest number
Being Transparent
Telford & Wrekin CCG
Drawn by inclusioncreative.com


Shropshire CCG
NEXT STEPS...
Telford & Wrekin CCG
We will do the research
We want you to have your say
Telford & Wrekin
Shropshire
FEBRUARY 2014
Commissioning Plan 2 -5 YEARS
ROUND TABLE
PPEG
Clinical Services Review
Reviewing Services NOT Buildings
COMMUNITY HOSPITALS
ACUTE HOSPITALS
Patient Participation Groups
G.P. Practices
Drawn by inclusioncreativa.com

NHS
Shropshire
Clinical Commissioning Group

NHS
Telford and Wrekin
Clinical Commissioning Group

The NHS belongs to the people

A CALL TO ACTION

In July 2013, NHS England called on the public, NHS staff and politicians to engage in an 'open and honest debate on the future shape of the NHS in order to meet rising demand, introduce new technology and meet the expectations of its patients'. In response to this national initiative, Shropshire and Telford and Wrekin Clinical Commissioning Groups agreed to undertake a joint Call To Action engagement process with local populations.

But, What Next?

The Call To Action consultation run by Shropshire and Telford and Wrekin Clinical Commissioning Groups (SCCG and T&WCCG) closed on 25th November 2013 with a conference held at the Telford International Centre.

The conference was led by Accountable Officers Dr Caron Morton, from SCCG, and David Evans, from T&WCCG. The public, voluntary groups, NHS staff and stakeholders met to discuss the challenges the NHS is facing and to debate possible ways of addressing these vital issues.

Both CCGs were delighted with the level of survey responses from across the county, with related twitter debates and with attendance at the conference. The CCGs would like to thank everyone who participated. The Call To Action conference was also attended by Jim Hawkins, BBC Radio Journalist who compèred the event and by Sir David Nicholson, Chief Executive of NHS England who was the conference's keynote speaker.

In-depth survey responses have now been put together with summaries of the discussions at the conference, and the outcomes are summarised on the next page. This information will be used in two ways:

- First, to help inform plans for what services are commissioned in the next three to five years. The information will help to prioritise and design services that meet the needs of local populations in Shropshire and in Telford and Wrekin;
- Second, to help inform the NHS Future Fit work over the next six to nine months and agree the best model of care for acute and community hospital provision across Shropshire that best meets the needs of both urban and rural communities.

The Call To Action conference confirmed that there was agreement from those taking part in the consultation process on the need for radical change within the local NHS.

Our personal commitment to you:

On this basis the Accountable Officers of NHS Shropshire Clinical Commissioning Group, Dr Caron Morton and NHS Telford and Wrekin Clinical Commissioning Group, Mr David Evans committed to undertaking further work to look at how the need for change could be translated into local safe and sustainable NHS services for the next 50 years.

Call To Action Feedback

An online public and clinician survey ran from 4th October to 4th November 2013 and asked respondents which aspects of the NHS were important to them. A Call To Action conference took place on 25th November 2013 to provide an opportunity for those attending to hear the feedback from the survey and to have further discussion and debate. The results of the survey and the issues raised in the conference in response to the question 'What is important to you?' have been collated and a series of common themes have emerged which are set out over these two pages.

Our experience

Patients want a trustworthy NHS, centred around patient needs, taking account of physical, mental and environmental wellbeing and using a holistic approach. Different solutions for service delivery should be considered, but risks should be managed, particularly for marginalised groups. It is important that the overall experience of the NHS is consistent, not only for patients, but also for their relatives, visitors, friends and carers.

Real life feedback from patients' experiences should be encouraged and welcomed and, more importantly, acted upon. Sometimes patients may not feel confident or able to provide feedback and so it is important that there is an advocate who can speak for them in these situations.

Staff morale contributes to patients' experiences and it is important that poor or variable staff morale is addressed.

Working together

There must be trust between patients and doctors. This should be supported by improved co-ordination and integration between clinical staff, health professionals, health organisations, social care and informal care in our communities.

It is important that politics; national, local and that between public organisations, is not allowed to adversely influence healthcare design and decision-making.

Finance and resources

It is important that the NHS receives a sustainable level of resources, collaborates with social care and considers joint working with other 'over the border' services. Funding should follow the patient across organisational boundaries. The current economic climate means that reduced budgets will impact on services, staffing and retention – but this should not detract from a good patient experience.

The NHS needs to focus on value for money and improve the use of its resources by:

- Tackling waste/duplication
- Bringing together health and social care budgets
- Improving number/location and quality of hospitals
- Considering restricting access to some treatments
- Making better use of technology
- Prioritising some patient groups
- Improving population health
- Considering reducing or abolishing car parking charges.

Information

Patients need information on what health services exist so they can access them more readily. This information will help support self-care and decision-making for ongoing health issues.
It is important that information is in plain English.

Communication and engagement

Communication starts with the basics and, all too often, hospital layout and signage is confusing. Communication with patients must be open and honest – with less 'hoodwinking', and clarity about what is or is not possible.

The NHS should promote itself more and highlight all the good work it does.

It is important that the NHS listens to and involves the wider community in decision-making by engaging, consulting and communicating with the local population. It should ensure more involvement of marginalised groups (with potential cultural differences) and the 'silent majority '.

The NHS must undertake meaningful clinical engagement and foster better communication between NHS organisations and within each NHS organisation.

Personal Responsibility

Everyone must take more responsibility for the management of their own health, rather than over relying on the NHS to undertake this.
The NHS should support patients by providing peer education (e.g. health champions), access to self-management education using a variety of different mechanisms and focusing resources on prevention and lifestyle choices.

Quality

Services in different parts of the NHS are variable and addressing quality in one area may have unintended consequences in other areas.
Services should be seamless between different parts of the NHS and social care. There should be continuity of care from the GP with a consistent level of competency from all health professionals.

It is important to receive care, compassion and respect and be treated with dignity when in contact with the NHS.
Poor staff morale needs to be addressed as this impacts on quality of care.

People

Patients must be at the heart of everything the NHS does. The NHS is about people – and so relationships and mutual respect between patients and staff matter.

Access to services

Access needs to be right for the patient, but necessarily limited to the range and scope of potentially available services. It is important to have 24 hour A&E, 7-day access to primary care and GPs who are able to spend more time with patients and less on administrative tasks. High quality social care and acceptable access to secondary care services are also needed. There is a desire for more minor injuries units, walk in centres, community and acute services available locally.

There is also awareness that more specialist services could be located on one hospital site, but this must be considered alongside geographical access to services.

Accountability

NHS decision-makers must take responsibility for the outcomes of their decisions about NHS services and be held to account. The public want to make sure that where decisions are being made, they are shaped by clinicians, stakeholders and patients. They also want politics to be kept out of the decision-making process. There is concern about what the decision-making process will be for the review of acute and community hospitals.

Design of Services

It is important that the design of services is radical and sustainable and that the NHS avoids more tweaking of services. In the past, previous NHS management and political interference have introduced unsustainable change. Questions were raised about whether A&E is being used by the public in the way it was designed to be used. Also, should A&E provide different services and should it be located on both hospital sites or in one central facility?

Redesign should be based on a joined-up 5 - 10 year, long-term plan which is clinically sensible, driven by clinicians and based on a clear understanding of demand and capacity. This redesign must provide:

- Clinical safety and the movement /transfer of services to a GP/ community setting
- A design where 'form follows function' and integration is not compromised by current building stock or current working arrangements
- The wider use of technological solutions
- A simpler system of assessment to allow easier navigation by clinicians, NHS staff and patients.

All decisions must be based on the reality of an ageing population and different socio-economic groups.
It is important that the NHS addresses the dilemma of the location of services. Clinical quality might be improved by centralising more specialist/acute services, but patients will need more primary - and community-based care closer to their homes.
The NHS must also focus on the care of older people, children, those with long-term conditions and mental health problems and address concerns about reducing services at one or other of the hospital sites.

What makes a decision sustainable?

We are committed to using a set of principles, developed at the conference, which will make our decision making more robust:

- Patients are at the heart of everything we do
- All factors have been taken into account
- All decisions must be based on accurate or best-available information
- There is shared confidence that problems and issues will be addressed
- Decisions will be objective and rational, but also compassionate
- Processes will be transparent
- Decisions will be based on shared principles
- There must be two-way, honest and accurate communication with affected people
- Easily understandable language must be used
- Everyone affected by a decision must have an equitable opportunity to be involved in helping shape the decision
- A decision must attempt to address the problem for as many people as it can
- Any risks arising from the decision must be identified and mitigated as far as possible
- There must be access to specialist advice to help make the decision
- Ongoing monitoring must be in place to ensure the outcome of a decision is as expected.

Shropshire CCG and Telford and Wrekin CCG would like to note the invaluable input from patient representatives who took time and care to assist with the Call To Action feedback and in producing this document.

Thank you.

The NHS belongs to the people

A CALL TO ACTION

Shropshire and Telford and Wrekin CCGs recognised the need to introduce Call To Action to local populations, and to explain the challenges the NHS is facing in order to stimulate interest and debate.

To do this quickly, the CCGs produced an engagement pack comprising website links (see http://www.shropshireccg.nhs.uk/call-to-action and http://www.telfordccg.nhs.uk/call-to-action) which included a presentation (in hard copy and on YouTube), and a leaflet and poster that set out the key challenges for the NHS. The pack aimed to identify how people could feed their views into the process. A survey was made available online and printed. The survey asked four main questions:

"I really hope that this is not a 'cosmetic' attempt to make the public feel that they have been consulted..."

- *In terms of healthcare, what is most important to you and your family and why?*
- *What might be some options for change?*
- *What do you think are the main difficulties and opportunities for the NHS over the next 5 years?*
- *Do you have any other comments you would like to make?*

The survey was conducted between 4th October and 4th November 2013 and 2906 responses were received. A report on the findings from the public survey can be viewed online at http://www.shropshireccg.nhs.uk/call-to-action and at http://www.telfordccg.nhs.uk/call-to-action.

Some key findings included:

- 59% of respondents addressed the issue of access to healthcare services
- Of the 1,034 comments received about improving local services, 61% referred to improving access to GPs or GP out-of-hours services
- 67% lived in urban areas and 31% in a rural setting or village

Clinicians across Shropshire were asked to complete a similar survey online and 250 clinical staff responded – see the high level feedback here: http://www.shropshireccg.nhs.uk/call-to-action and http://www.telfordccg.nhs.uk/call-to-action.

The CCGs arranged a whole day conference at Telford International Centre on 25th November 2013 to provide an opportunity for the survey results to be shared and for further debate and discussion to take place. This Call To Action conference was attended by over 300 individuals. Martin Fischer, an Associate of the Centre for Innovation in Health Management at Leeds University, facilitated some of the discussion.

A short video of the conference is also available on the CCG websites or, available here: https://www.youtube.com/watch?v=0utT80zqPOU. Online presentations and social media were used to assist with engagement activities including live twitter feeds and interaction with the hash tag #CallToAction during the conference.

Comments from the conference included:

"...public sector partners work closely together..."

"Sustainable in the long-term..."

"We're all taxpayers..."

futurefit

Shaping healthcare together

Get involved, Stay involved!

There is a lot we can celebrate in the local NHS - but also much that can, and should improve. Future Fit builds on the work we have done so far for Call To Action, by reviewing acute and community hospital provision. Help us shape the future of your NHS by visiting: **http://www.shropshireccg.nhs.uk/nhsfuturefit** or, **http://www.telfordccg.nhs.uk/nhsfuturefit**

Published February 2014

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 12 MARCH 2014

LOCAL AUTHORITY COMMISSIONING INTENTIONS

REPORT OF CLIVE JONES, ASSISTANT DIRECTOR, CHILDREN AND FAMILIES AND COMMISSIONING AND LIZ NOAKES, ASSISTANT DIRECTOR, HEALTH AND WELLBEING AND PUBLIC PROTECTION

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides the Board with an update on the local authority commissioning intentions for public health, universal whole population and vulnerable children, young people and adults.

2. FOR INFORMATION OR DECISION

This report is for information for Board members.

3. RECOMMENDATIONS

The Board is requested to note and endorse the high level commissioning principles of the local authority and the detailed proposals outlined in Appendices 2, 3 and 4.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority?	
	Yes	The local authority commissioning intentions for public health, universal whole population and vulnerable children, young people and adults contribute to all of the Health and Wellbeing Priorities. The commissioning intentions will also contribute to the early intervention and prevention priorities of the

		Clinical Commissioning Group
	Will the proposals impact on specific groups of people?	
	Yes	The commissioning intentions for public health are focussed on reducing health inequalities and improving health and wellbeing at a population level. Commissioning intentions for universal, whole population and support for vulnerable children, young people and adults will improve outcomes for target populations and will include provision for: • Disabled children and adults • Children in Care • Offenders • Young and older carers, • Older People, including those with dementia • Children and adults with mental health problems • Children and adults with autism • Children and adults with learning disability • Children and families in need
TARGET COMPLETION/DELIVERY DATE	N/A	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The commissioning intentions are an essential indication of how the local authority proposes to spend the public health grant and wider council budget in order to ensure the best outcomes for our population. The funding related to these commissioning intentions is derived from a significant proportion of budgets in Health and Wellbeing, Adult Social Services and Children and Family Services. Effective commissioning will not only deliver better outcomes but also ensure value for money and contribute to the delivery of savings as identified in the Council's 2014-16 Service and

		Financial Planning strategy.
LEGAL ISSUES	Yes	The Health and Wellbeing Board's involvement with the Council's Commissioning intentions, in the work areas set out in this report, contribute to meeting the Board's duties as set out in the Council's Constitution such as; encouraging integrated working between local health, social care and health-related commissioners. Beyond these strategic plans, the procurement/commissioning procedure will be in accordance with the Council's agreed procedures and will follow existing delegation of powers to tender for and award the resulting contracts.
EQUALITY & DIVERSITY	Yes	Local Joint Strategic Needs Assessment (JSNA) intelligence has helped to inform the commissioning intentions to ensure resources are targeted proportionately to reduce inequalities.
IMPACT ON SPECIFIC WARDS	No	
PATIENTS &/OR PUBLIC ENGAGEMENT	Yes	Consultation and involvement with service users in the design and evaluation of services and contracts is a key feature of commissioning plans and service reviews and contractual arrangements.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

5. INFORMATION

Effective commissioning will ensure that services are designed around improving outcomes for the local population. Local authority commissioners use a commissioning framework. The framework (referenced in appendix 1) outlines the four elements of the commissioning cycle. The elements are

sequential and are of equal importance. The commissioning cycle (the outer circle in the diagram) drives the purchasing and contracting activities (the inner circle). The process is underpinned and informed by the priorities and strategic plans of the Council and its partner agencies as set by the Local Strategic Partnership, Health & Wellbeing Board, and the Children, Young People and Families Board.

In close co-operation with commissioning partners and colleagues, we will follow through the priorities of those Boards and help inform those priorities through our local intelligence. The process is equitable and transparent and open to influence through on-going dialogue with stakeholders, service users, patients, non-service users and providers.

Public Health is responsible for commissioning universal whole population health and wellbeing programmes, some tier 2 services offering early support and drugs and alcohol services; Children and Families are responsible for commissioning services to meet the outcomes for vulnerable children and their families, including those with complex needs working closely with Care and Support who lead the commissioning of adult services, focusing on targeted support for the most vulnerable. These commissioning intentions will be reviewed during the course of the next twelve months to reflect transformation required through the Better Care Fund.

At a strategic level, the local authority intends to collaborate with the Clinical Commissioning Group and Shropshire and Staffordshire Area team in it's commissioning responsibilities through the newly set up Strategic Commissioning Group. This approach will contribute to our overall aims and objectives.

5.1 Public Health Overview

The public health commissioning intentions set out to:

- Develop proportionate, universal health improvement services across the life course that contribute to the delivery of the Health and Wellbeing Board priorities and the early intervention and prevention priorities of key partners including the Clinical Commissioning Group. This means services are delivered equitably according to the level of need in different communities.
- Deliver improvement in health and wellbeing outcomes as set out in all four domains of the Public Health Outcomes Framework (Wider determinants, Health improvement, Health protection, Healthcare public health and preventing premature mortality).
- Build upon our community assets and strengthen their resilience and develop their ability to improve their own wellbeing.
- Adopt a cooperative commissioning approach; identifying opportunities to build capacity within the voluntary sector and strengthen the role of the

voluntary sector in improving population wellbeing and reducing health inequalities.

- Develop further the council as an in-house provider of evidence based services to promote mental wellbeing and healthy lifestyles where this offers quality service provision, value for money and greater flexibility to respond to emerging policies, priorities and innovation.
- Demonstrate our approach to improving population health and reducing health inequalities within the parameters of a challenging financial climate.
- Continue to work with clinical service providers to ensure high quality proportionate services, that meet best practice guidance and value for money criteria, are offered to the people of Telford & Wrekin.

The public health commissioning intentions take a life course approach – Starting Well, Developing Well, Living Well and Ageing Well. Public Health commissioners will lead the commissioning process against Starting Well and Developing Well, particularly through the work of the Early Help Partnership. Public health will also lead on Living Well and will support the Ageing Well work particularly through the use of some of the Public Health grant. The detailed public health commissioning intentions across the life course are set out in Appendix 2.

5.2 Children and Families Overview

Our commissioning intentions aim to improve outcomes for children and young people while closing the gap for those who are disadvantaged. We will work together with our partner agencies to ensure that:

- Children and young people who are vulnerable are helped to achieve more and are supported into adult life (Children in Care, Disabled Children and Young Carers).

- Families with complex needs receive the targeted support they need.

We consider the following through our process of commissioning to meet the individual needs of children and families:

i. What's the question? – for example what is important to young people in Telford & Wrekin, or how can we support young people to keep them safe from harm and promote good sexual health?
ii. Get to know and work with children and families and agencies involved with them – children and their families will be consulted and involved with the design, production and review of services.
iii. Define outcomes and priorities - the agreed outcomes and priorities must directly answer the question; continuous engagement and dialogue (co-production) will be used to test and refine.
iv. What will it look like? - What is needed to achieve the outcomes? How will we get there? - where are we now and what is needed to achieve the vision.

v. Measuring the impact - customer experience and feedback will be part of performance measures.

Individual commissioning strategies and position statements have been developed and implemented for identified areas of need including: the strategy for children in care and children on the edge of care; the teenage pregnancy strategy; children with disability; and the Autism Spectrum Disorder (ASD) strategy.

In relation to children with special education needs disabilities (SEND), this area is subject to reform through legislation which is due to come into effect in September 2014. This focuses on improving outcomes for children and families as a result of better integrated health, education and social care assessment; more integrated delivery for disabled children; and improved joint commissioning. This is therefore reflected in our commissioning intentions as presented in Appendix 3.

5.3 Adult Services Commissioning Intentions Overview

The adult commissioning intentions are outlined in Appendix 4. The context for work during 2014 – 2015 will be the new Social Care legislation and the Better Care Fund, leading to greater integration between health and social care as well as securing efficiencies by removal of duplication and alignment of vision.

Therefore, it is essential that commissioning supports the re-design of services and styles of delivery to reflect the changing legislative framework including: prevention; enablement; reduction and prevention of the need to access health and social care services; working in a personalised way and including the promotion of personal budgets with greater choice and control, and parity to the needs of carers with the individuals who are cared for.

The legislative changes will not only require changes in commissioning and delivery of services, but an even more fundamental shift in the cultural views and beliefs of staff (council and external), people who use services, family carers and key stakeholders/ organisations. Commissioners will play a pivotal role in supporting the council to communicate those changes.

In addition, adult commissioning will engage with and support the work of the adult social care Transformation Board.

To achieve the desired outcomes, there will also be more focus given to support the growth and engagement of the voluntary sector.

To support the council in achieving efficiencies substantial work will occur to ensure increased robustness of contracts and negotiation with providers over costs, when reasonable and feasible. This will include ongoing discussions with providers of services commissioned through both block and spot

contracts as well as maintaining ongoing discussions with organisations such as Shropshire Partners in Care.

6.0 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

N/A

7.0 PREVIOUS MINUTES

N/A

8.0 BACKGROUND PAPERS

N/A

Report prepared by:

Vivianne McKay	Interim Service Delivery Manager, Children and Families and Transport.
Louise Mills	Head of Health Inequalities and Lifestyles
Kit Roberts	Interim Service Delivery Manager, Adults Commissioning

Appendix 1	Commissioning Cycle
Appendix 2	Local authority public health commissioning intentions
Appendix 3	Local authority commissioning intentions for children and families (targeted support)
Appendix 4	Local authority commissioning intentions for adult services (targeted support)

<u>Appendix 1</u> – Commissioning Cycle

Appendix 2

Local authority public health commissioning intentions (population health and wellbeing)

Starting Well (Under 5's)

- We will continue to work with partners to develop our 'Early Help Offer', including a rebalancing of resources toward prevention and developing approaches and services to better meet the needs of children and families
- We will work collaboratively with the Shropshire and Staffordshire Area Team to commission a revised service specification for the breastfeeding service that is integrated within the Health Visiting Service
- We will work collaboratively with partners to develop a county-wide strategic approach to reducing the number of women smoking during pregnancy
- We will work with the existing provider of stop smoking services for pregnant women to ensure this service continues to deliver good outcomes and best value. The current contract expires September 2014 with flexibility to extend to March 2015.

Developing well (5-18 years)

- Children and young people will have access to health information and advice by developing our Healthy Lifestyles Hub and strengthening the links with Family Connect
- Further development of our local pathway for reducing excess weight and obesity in children. Developments will be underpinned by a whole council approach, stronger links with education and a strengthened role for the third sector and local communities
- A revised specification will be commissioned for School Children's Health Services in line with the Healthy Child Programme and as part of the wider development of our "Early Help Offer" for children and families. The specification will include local requirements for delivery of the National Child Measurement Programme
- Improving the emotional health and wellbeing of our population is a priority. The 'Five Ways to Wellbeing' will be our evidence based overarching public health campaign and our framework for increasing awareness amongst children and young people of the steps they can take to enjoy better physical and mental wellbeing. Our local offer will include existing tier 2 services for children and young people requiring additional support
- The Telford and Wrekin Tobacco Control Partnership will develop and deliver a local action plan to reduce the uptake of smoking by children and young people. The plan will also outline the actions we will take to support children who smoke to quit

- We will work with the existing provider of stop smoking services to ensure this service continues to deliver good outcomes and best value. The current contract includes service provision for children from the age of 14. The contract expires September 2014 with flexibility to extend to 31st March 2015
- The Teenage Pregnancy Partnership Board will develop and deliver a revised strategy and action plan to reduce under 18 conceptions
- We will work with the Young Peoples Substance Misuse Service to ensure this service continues to deliver good outcomes and best value. This service will provide services for tier 1, 2 and 3 for young people.

Living well (18-64 years)

- We will work collaboratively with the Telford and Wrekin Clinical Commissioning Group, GP Forum and Local Pharmaceutical Committee to develop our commissioning approach with General Practice and Pharmacy to implement changes to contracting for sexual health; substance misuse and NHS Health Check; strengthening the pathway to community based provision and lifestyle services and ensuring value for money
- Our early intervention and prevention approach will be developed further to include expansion of our Healthy Lifestyles Hub and development of the local Health Trainer Service. We will explore the feasibility of insourcing services where this will deliver quality service provision, value for money and greater flexibility to respond to emerging policies, priorities and innovation
- We will reinvest some identified efficiency savings into further developing our lifestyle approach by decommissioning some adult weight management services. Brief interventions that are effective will feature as part of the lifestyle pathway
- Improving the emotional health and wellbeing of our adult population is a priority. The 'Five Ways to Wellbeing' will be our evidence based overarching public health campaign and our framework for increasing awareness amongst our adult population of the steps they can take to enjoy better physical and mental wellbeing.
- We will develop an options appraisal for sustaining the existing Green Gym Project beyond March 2014 to ensure best use of resources. This will involve working with the Shropshire Community Health NHS Trust as the existing provider, service users and the third sector
- We will implement a revised service specification for the Forward Mission Peer Mentoring Project and work with the current provider to ensure this service continues to deliver good outcomes and best value. This will include collaboration with the councils Adult Care and Support Team to streamline our commissioning and contracting processes

- We will work with the existing provider of stop smoking services to ensure this service continues to deliver good outcomes and best value. The current contract expires September 2014 with flexibility to extend to 31st March 2015
- The Telford and Wrekin Tobacco Control Partnership will develop and deliver a local action plan to reduce the prevalence of smoking. The plan will outline the action we will take to support adults who smoke to quit
- We will implement a revised service specification for the Hospital Stop Smoking Service and work with the existing provider to ensure this service continues to deliver good outcomes and best value
- Work will continue to reduce incidences of STI's (Including Chlamydia) by ensuring our integrated service offer for sexual health services is easy to access by young people and adults
- Plans will be implemented to increase early diagnosis of HIV. This will include commissioning a revised service specification that includes point of care testing, accessible service provision to those most in need and HIV prevention programmes
- Plans will be implemented to increase the uptake of LARC methods of contraception across the life course and with a focus on young people. Plans will include the commissioning of trained doctors and nurses
- Sexual Health Services will be expanded into areas of highest need
- A new contract and revised service specification will be issued for IMPACT (Alcohol services for adults at tier 2); NACRO (Adult services at tiers 2 and 3); and DARs (Drug and Alcohol Service Delivery at Tier 1, 2 and 3). This will include reviewing arrangements for the provision of in-patient detox beds and psychological support, which may result in a reduction of beds contracted with the Mental Health Foundation Trust. Arrangements for clinical support are being reviewed and local requirements will be incorporated within the overall commissioning plan
- We will continue to promote the health and wellbeing of carers across the life course through implementation of the Carers Strategy. Areas of focus will include: befriending; preparing for work; healthy eating and cooking skills; supporting access to creative recreational respite; and additional support for carers affected by someone else's long term condition. This work will be strategically led by Adult Care and Support

Ageing well (over 65's)

- We will ensure our service offer for the Five ways to Wellbeing includes opportunities for the over 65's, Local action will also include initiatives and service developments to prevent isolation and promote keeping physically active.
- A revised service specification will be issued for the Health through Warmth Scheme and work will be ongoing with the existing provider to ensure this service continues to deliver good outcomes and best value.

- Further development of the prevention pathway for dementia to include: a public health campaign to raise awareness of dementia; exploring the evidence base between dance and dementia through delivery and evaluation of a small number of pilot projects; extending the existing falls prevention training programme; and delivery of Cognitive Stimulation Therapy to delay dementia decline

Appendix 3

Local authority commissioning intentions for children and families (targeted support)

1. Children and Families

Our commissioning intentions are based on the needs of specific cohorts of vulnerable children and young people and the priorities of the Children and Families Board.

1.1 Children on the Edge of Care, Children in Care, Children and Young People Leaving Care

Vision: *Keep children and young people on the edge of care, in care and transition to leaving care safe from harm and abuse and enable them to achieve their potential in life in stable and comfortable homes*

Key intentions:

- We are reviewing and refreshing our children in care commissioning (and sufficiency) strategy with the objectives of keeping children and young people close to home; reducing the numbers of children in care; keeping children and young people safe from harm; improving placement stability and the health and wellbeing of children in care
- We are considering the use of social impact bonds for multi systemic therapy to support families in need of intensive support to reduce the numbers of chldren in care.
- We are leading on the strategic commissioning of a proposed West Mercia model adoption service to improve sufficiency of adopters, throughput of children with an adoption plan and reduce costs.
- We will review arrangements for commissioning parenting services to provide a cost effective model of provision.
- We will continue to commission and procure supported accomodation services for young people leaving care through current contracting arrangements but also by exploring alternative models of supported accomodation provision where this will improve quality, costs and outcomes. This wil include links to the development of a young people's foyer in the Borough.
- We will commence procurement activity for non accommodation support services for Children in Care through a framework of individual service lots to increase capacity and manage costs.
- We will continue to commission and procure residential care and external fostering provision and through current framework contracting arrangements (regional and sub regional) and block and spot contracts.
- We will also review our procurement arrangements for residential and foster care provision for children in Care with in collaboration with our West Midlands colleagues to more effectively develop and manage the market and manage costs. IN doing this we will also consider methods

of improving the measurement and reporting of outcomes achieved by contacted providers

- We will collaborate with health colleagues to commission effective mental health services at tier 2 for children in care.
- We will implement “changing futures” pilot project (two year project) to break the cycle of mothers who have repeated incidents of chlldren being taken in care.

1.2 Children with Special Education Needs and Disabilities

Vision: *To enable children and young people with special educational needs and disabilities to maximise their potential and improve the quality of life for them and their families*

- We will meet the deadlines of the SEND reforms for September 2014 by: the development of personal budgets; developing and publishing the send local offer; jointly commissioning services for children with special educational needs and disabilities with Health; and work up commissioning plans to meet the requirements of the SEND reforms for mediation and advocacy services.
- We will recommission and procure community support and domicillary care provision for children with disabilities in conjunction with adults commissioning colleagues in order to increase sufficiency of cost effective provision.
- We will review and refresh the joint (with health) commissioning strategy for children with disabilities and special educational needs. This includes the commissioning arrangements for short breaks and residential provision (linked to the children in care strategy).
- We plan to continue to commission and procure short breaks provision for children with disabilities to meet the short breaks duty and supply a range of provision from preventative to intensive care and support.
- We are developing the national pilot project to implement an online market place (SEND pilot) to develop the market place, promote pesonalistion and give parents and young people more choice and control in their provision and their lives.

1.3 Strengthening Families

- Identify cost effective interventions for families who are part of the Strengthening Families Programme from existing contracts and provision to secure our Troubled Families turnaround target of 365 families.
- Analyse Strengthening Families cases which are stuck (our most complex families); work with professionals and across commissioners to identify and address gaps in provision.
- Use intelligence from teams working with families to identify common gaps in provision which would improve outcomes for all families with complex needs (not just those who meet the Department for Community and Local Government Troubled Families criteria); namely

Children and Families Locality Services, Targeted Youth Services, Family Intervention Team and Children's Social Work.

- Commission evidence based interventions / methodologies e.g. Family Group Conferencing and Multi-Systemic Therapy to support an identified cohort of families; strengthening families or those who are a high cost to the authority. Evaluate interventions including a cost benefit analysis.

1.4 Young Carers

Further develop systems locally so that young carers are able to live a full life and are protected from excessive or inappropriate caring responsibilities. Our focus will be:

- A more joined up approach with Adult Services in line with the principles which underpin the reforms to the Care Bill and the Children and Families Bill.
- Making young carers aware of their new rights to an assessment of their needs for support on request or on the appearance of need.
- Review the availability of services to respond to eligible needs identified.
- Development of improved support arrangements for young adult carers, in which young carers are fully involved in identifying and designing the support schemes.
- Development of support services to address the new Care Bill requirements to Review young carers strategy and align and integrate carers contracts with adults commissioning colleagues
- Support young carer's transition to adulthood.

1.5 Transport

We will consider alternative commissioning arrangements for transport solutions across the Borough (adults and children) following completion of the transport review in January 2014.

1.6 General

One of the duties of us as commissioners is to agree how to shape and manage the market of providers in order to improve outcomes for children, families and young people and achieve value for money. We will ensure that:

- All service providers to demonstrate compliance with national safeguarding legislation and any other regulatory requirements;
- We deliver sustainable procurement practice and where ever possible support the local economy and have a sufficient supply of provision to meet need;
- All providers will provide details of the outcomes they have improved, stakeholder feedback and user involvement and safeguarding arrangements and issues;

- All provider agencies to work towards transparency in costs and offer services that are value for money.

We will continue to collaborate with our voluntary sector colleagues, parents and carers and children and young people through our commissioning partnership arrangements to inform our commissioning plans.

Appendix 4

Local authority commissioning intentions for adult services (targeted support)

1.1. Context

Commissioners involved in commissioning services for older people, mental health, learning disability and autism do not have an allocated commissioning budget but have ongoing responsibilities linked to specific contracts. Work with key partners and stakeholders is often of a collaborative nature, seeking to influence and inform future commissioning of services as well as securing intended outcomes.

1.2. Mental Health

- Support the implement of the Health and Wellbeing Board's priority for Emotional Health, including supporting the review of modernisation which the Clinical Commissioning Group (CCG) is leading on, with the South Staffordshire NHS Foundation Trust (SSSFT). The outcome of the review will inform the refresh of the current mental health and well-being strategy in 2015.
- Review the individually commissioned placement/care packages. The intention is to ensure individuals are appropriately placed and the cost of placements is proportionate to need. This task includes individuals located in and out of area.
- Working with a local housing provider to develop a mental health supported housing service to support the work referenced above regarding mental health placements / care packages and secure efficiencies as individuals can be supported by existing local services.
- Review of the Emergency Duty Team (EDT) with key partners to determine a sustainable model for Telford & Wrekin including the Approved Mental Health Practitioner role.
- Review of the Telford Mind contract to further develop the move to a more personalised outcome focused service.
- Review the contracting arrangements between the SSSFT and CCG regarding mental health and learning disability services.
- Support the implementation of service providers and associated service changes, following successful tenders for Ellen Court and IMHA.

1.3. Older people, including dementia

- Better Care Fund: integration and specifically supporting the Enhanced Enablement Model.

- Developing an Integrated Community Falls Prevention Service in partnership with the CCG, (This will involve de-commissioning elements of the existing service in the Paul Brown Day Hospital, (SaTH) and including within the Enhanced Enablement Team).
- Support the CCG in securing sustainable funding for the Council's Art on Prescription Project.
- Implement the Health and Wellbeing Board's Priorities for Dementia, including:
  - Public and Professional Awareness of Dementia,
  - Information,
  - Early Identification and Diagnosis of Dementia and End of Life.
- Re-design of Alzheimer's Society Service in partnership with CCG, to amalgamate Dementia Advisor and Support Work Service to achieve more flexibility and therefore, value for money.
- Tender of Dementia Leadership Programme to support improvements in Workforce, in partnership with SPIC.
- Joint work with SSSFT, Shropshire and Telford Hospitals (SaTH), CCG, Home from Hospital Team in Hospital Discharge. Achieving improvements in safe transfers of care between Redwoods and SaTH into the community and demonstrating invest to save initiative for the future.
- Rolling out the model from Dementia Friendly Communities as per Prime Minister's Challenge on Dementia. (Next phase to work with Libraries in T&W).
- Re-design of Memory Service including connectivity with Enablement.
- Senior Citizens' Forum SLA – Seek Cabinet Support and agreement from CCG to reduce contribution and Grant against broad outcomes associated with Older Adult's Strategy.

1.4. Carers

- Development of workshops for carers including Creative, Wellness and Education which enhance the carer's role and their well-being as well as supporting co-production.
- Review the robustness of care direct payments and short term break grants.
- Development of carer breaks for those who support people with Long Term Conditions/Dementia/Chronic conditions.
- Identifying marginalised carers and those who do not recognise themselves as carers.
- Developing opportunities for cares to gain skills, knowledge and support to access paid and voluntary employment opportunities for all ages.

- Development of Carer Champion roles with local businesses and the community
- Commission a Carers Hub/contact centre.
- Implement the Health and Wellbeing Board's priorities for Carers well being and quality of life.
- Partnership working with SaTH/Shropshire Community Trust/CCG to improve identification of carers before they reach services as 'a crisis'.
- Promote Carers Call for Action: ensuring this approach is reflected in all aspects of work undertaken.
- Ensure carers continue to have a voice in the shaping and development of carer initiatives.
- Maximise cares income to increase life choices to include the use of Personal budgets.
- Work with housing providers to ensure carers feel safe and supported where they live.

1.5. Supporting People

- Continue work to ensure improved delivery of supporting People, whilst also achieving efficiencies. Specifically, continuing to implement Stages 2 and 3 of the Project Plan. A full report will be presented at a future meeting outlining the detail of this programme of work.

1.6. Generic commissioning and contract review work

- Establish and implement a Domiciliary Care Framework agreement to cover all client groups and different types of domiciliary care, including full Tender.
- Review of various domiciliary block contracts
- Review externally delivered Day Care including establishment of a framework for Day Care.
- Review Interim Care, including issues of under-performance and de-commissioning
- Residential and Nursing Care review, linked into establishment of a Market Position Statement

1.7. Adult Learning Disability

- Review the role and function of the current Learning Disability Partnership Board leading to identified areas of work, with a Task and Finish approach to achieve outcomes.
- Maintain dialogue with the CCG over specific areas of specialist work relating to services delivered by:

SSSFT:

- people with behaviour which can challenge, taking account of the Evaluation of services for people with learning disabilities and behaviour which can challenge (including links to mental health and/or autism)
- Green Light tool-kit and support to individuals with co-morbidity of learning disability and mental health issues admitted to Redwood
- Future commissioning of Church Parade
- Review of services delivered by Oak House (complex needs)
- Review of specialist Nurses as they transfer from the Community Trust into the SSSFT and ensure services remain in place which are Telford and Wrekin focussed

Community Trust

- Support the delivery of healthcare to individuals within the community including support of therapeutic interventions, for example physiotherapy

- Maintain the work undertaken by the Adult Safeguarding Programme Board – Winterbourne View, including three strands: Winterbourne View, Joint Health and Social Care self Assessment (including anticipating the 2014-15 Self Assessment) and the Confidential Inquiry into premature deaths of people with learning disabilities.
- To ensure improvement in Data collection, monitoring and review to identify patterns and trends, thereby informing future commissioning.
- Support the ongoing development of housing projects in different parts of the Borough specifically targeted for people with learning disabilities, including supporting the return of people who are located out of area, when and where appropriate.
- Support providers of services via Block contracts to initiate and deliver service re-design to deliver more personalised services to individuals and secure efficiencies.
- Develop commissioning intentions for services delivered via New Options.
- Engagement with other public sector services, for example, the Probation services.
- Work with other Providers to increase opportunities for employment (paid and voluntary).

1.8. Autism

- To take forward the work outlined in the Autism Strategy and action Plan (previously presented to the H&WB Board (January 2014). This includes the children's priorities for Autism).

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD: 12TH MARCH 2014

TELFORD & WREKIN CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS FOR 2014/15

REPORT OF: FRAN BECK, EXECUTIVE LEAD COMMISSIONING TELFORD & WREKIN CCG

HEALTH & WELLBEING BOARD PRIORITY SPONSOR: DAVID EVANS, CCG ACCOUNTABLE OFFICER

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report summarises the intentions of the Clinical Commissioning Group for 2014/15.

While these are particularly significant for the current contracting round with NHS and other providers, many of the intentions have longer term implications. For example, the intension to shift resources, currently committed to acute care into integrated health and social care in the community, represents a much longer strategic ambition, and one now enshrined in the Better Care Fund Plan proposals.

2. RECOMMENDATIONS

The Board is asked to:-

1. Note the information in this report
2. Highlight any areas for improved synergy between council/public health and CCG commissioning intentions.

3. IMPACT OF ACTION

The impact of the commissioning intentions will be to further improve:-

- Quality and safety of care
- Self-care, complementing the council's personalisation strategy;
- Access to appropriate services for all our population, but especially the most vulnerable
- Integrated care close to home
- Value for money
- Performance of NHS services so that the CCG can ensure deliver of NHS constitutional rights.
- Configuration of services

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	They will impact on the majority of priorities, but will specifically help 'Improve differences in life expectancy in the borough'. The table at *Appendix 1* illustrates the synergy between JSNA, Health and Well Being Board, Council and CCG priorities.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)	
	Yes	As shown in *Appendix 1*
	Will the proposals impact on specific groups of people?	
	Yes	They impact on all people in the Borough and are likely to improve access for more vulnerable groups.
TARGET COMPLETION/DELIVERY DATE	Ongoing	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The intentions are designed to ensure maximum benefit from service redesign and to ensure value for money for all aspects of healthcare delivered in Telford and Wrekin.
LEGAL ISSUES	Yes	The CCG has already shared commissioning intentions with provider organisations, particularly where there are contractual implications.
EQUALITY & DIVERSITY	Yes	One of the key objectives for Telford & Wrekin CCG is to reduce health inequalities, and improve life chances for all our population. The commissioning intentions will support this by, for example, integrating services to target resources more effectively.
IMPACT ON SPECIFIC WARDS	Yes	Borough-wide impact.
PATIENTS & PUBLIC ENGAGEMENT	Yes	The commissioning intentions have been accessible on the CCG website since October 2013. Engagement has been completed with Patient representative members of the Patient's Roundtable. Many of the concepts were explored through 'A Call to Action' - the major engagement exercise launched by NHS England in 2013, and robustly implemented by organisations within this Local Health Economy.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	There are key links to other strategic initiatives, particularly the Future Fit Strategic Clinical Review of Hospital Services, and the Better Care Fund.

PART B) – ADDITIONAL INFORMATION – Telford & Wrekin Clinical Commissioning Group Commissioning Intentions

1. INFORMATION

1.1 **Why is it important?**

The CCG produces an annual revised update on its commissioning intentions. These reflect how the organisation intends to translate its strategic objectives into commissioning services.

1.2 **The Process to Date**

This paper provides an update on the proposed commissioning intentions presented to the Telford & Wrekin Clinical Commissioning Groups Board meetings on 10th September 2013, and 14th January 2014.

1.3 Since September there has been:-

- Consultation with key stakeholders about our strategic direction, and implications for commissioning intentions for 14/15
- A number of related exercises, most notably, A Call to Action which have reinforced the intentions.
- New guidance published by NHS England which also reiterates the importance of our strategic aims, and now requires us to formulate these into long term and operational planning documents by February 2014.
- The announcement of the need to create the Better Care Fund, which is covered in a separate paper to the Health and Well Being Board.

1.4 The Clinical Commissioning Group's (CCG) commissioning intentions can be summarised under the six characteristics of a modern NHS as described in the NHS England Planning Guidance 'Everyone Counts', published at the end of December 2013. Page 10 of the guidance states:-

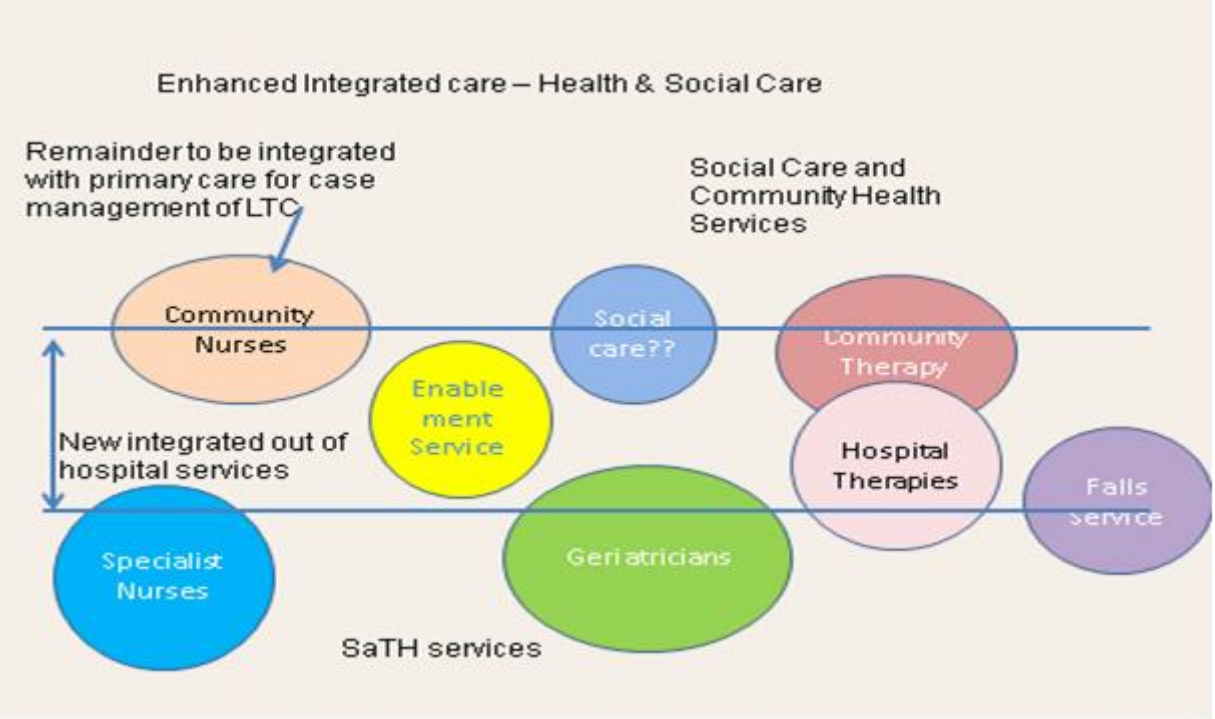
"*NHS England has identified that any high quality, sustainable health and care system in England will have the following six characteristics in five years:*

1. *A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.*
2. *Wider primary care, provided at scale.*
3. *A modern model of integrated care.*
4. *Access to the highest quality urgent and emergency care.*
5. *A step-change in the productivity of elective care.*
6. *Specialised services concentrated in centres of excellence*."

The diagram at Appendix 2 illustrates how the CCG intends to commissioning a whole system approach to delivering these ambitions, building on our existing strategic approach.

1.5 The commissioning intentions were originally drafted and presented to the CCG Board in September 2013. A detailed summary of proposals is included at Appendix 3. The board indicated initial support for the wide range of commissioning intentions to be shared with and

discussed with stakeholders. The Board also proposed a transfer of £3m in 14/15 from acute services to the development of integrated health and social care services – since renamed 'The Better Care Fund'. This shift is in line with the national requirements for the CCG to have identified circa £6m for integrated 'Out of Hospital Services' by 2015. The diagram below demonstrates the ambition to enhance the existing Enablement Service by integration of additional capacity currently in acute and community health services:-



1.6 The following stakeholders have been consulted on our intentions as planned:-

- GP Forum 15.10.13
- Chief Officers Group 08.10.13
- Shrewsbury and Telford Hospital Trust 03.12.13
- Shropshire Community Healthcare Trust 07.11.13
- Patient representatives on the Roundtable 16.12.13
- Member engagement session at GP Forum 17.09.13
- GP Forum 15.10.13

1.7 Feedback has been largely positive albeit with concerns about the scale of change required within a relatively short time scale. The high profile 'A Call to Action' running concurrently has helped validate the significance of the transformational aims above.

1.8 It is important to note that this exercise has not been operating in a vacuum and that several other key strategic developments have been underway simultaneously – all which interplay significantly with our proposals:-

- A Call to Action
- The Strategic Clinical Review (Future Fit) which will establish how best to configure acute and community hospital services/beds.
- Development of the Better Care Fund Plan with Telford & Wrekin Council.
- NHS England Everyone Counts: Planning for Patients 2014/15 TO 2018/19 guidance expectations – the CCG was required to submit the first draft of tw year operational plans to NHS England on 14th February along with the Better Care Fund Plans which were submitted on the same day and in parallel with council submission to the Local Government Association.
- Negotiation of 2015/16 NHS Contracts with all providers of NHS services.

2. Next steps

2.1 NHS Telford & Wrekin commissioners are working closely with Shropshire CCG and the Commissioning Support Unit (CSU) to develop the activity levels required for the 14/15 contracts. These calculations take into account the:-

- Commissioning intentions
- Demographic growth & provider efficiency requirements
- Emerging 14/15 Quality, Innovation, Productivity and Partnership (QIPP) plans
- CCG allocations and commitments against these
- Additional demands such as meeting the 18 week Referral to Treatment (RTT) target.

2.2 It is important to note that 2014/15 represents the third year of the Quality, Innovation, Productivity and Partnership (QIPP) programme and the CCG will continue to use innovative service redesign schemes to improve quality and value for money.

3. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

4. BACKGROUND PAPERS

- Update on the CCG Authorisation and NHS Commissioning Board Development - report to 14 November 2012 Shadow Health and Wellbeing Board by Fran Beck.
- Update on the Development of the Clinical Commissioning Group – report to 23 January 2013 by Dr Mike Innes
- CCG papers on 14/15 commissioning intentions can be found on the CCG website.
- A related paper on the Better Care Fund was presented at an extraordinary Health and Well Being Board meeting on 12.02.2014.

Report prepared by:
Fran Beck
Executive Lead Commissioning
Telford & Wrekin Clinical Commissioning group

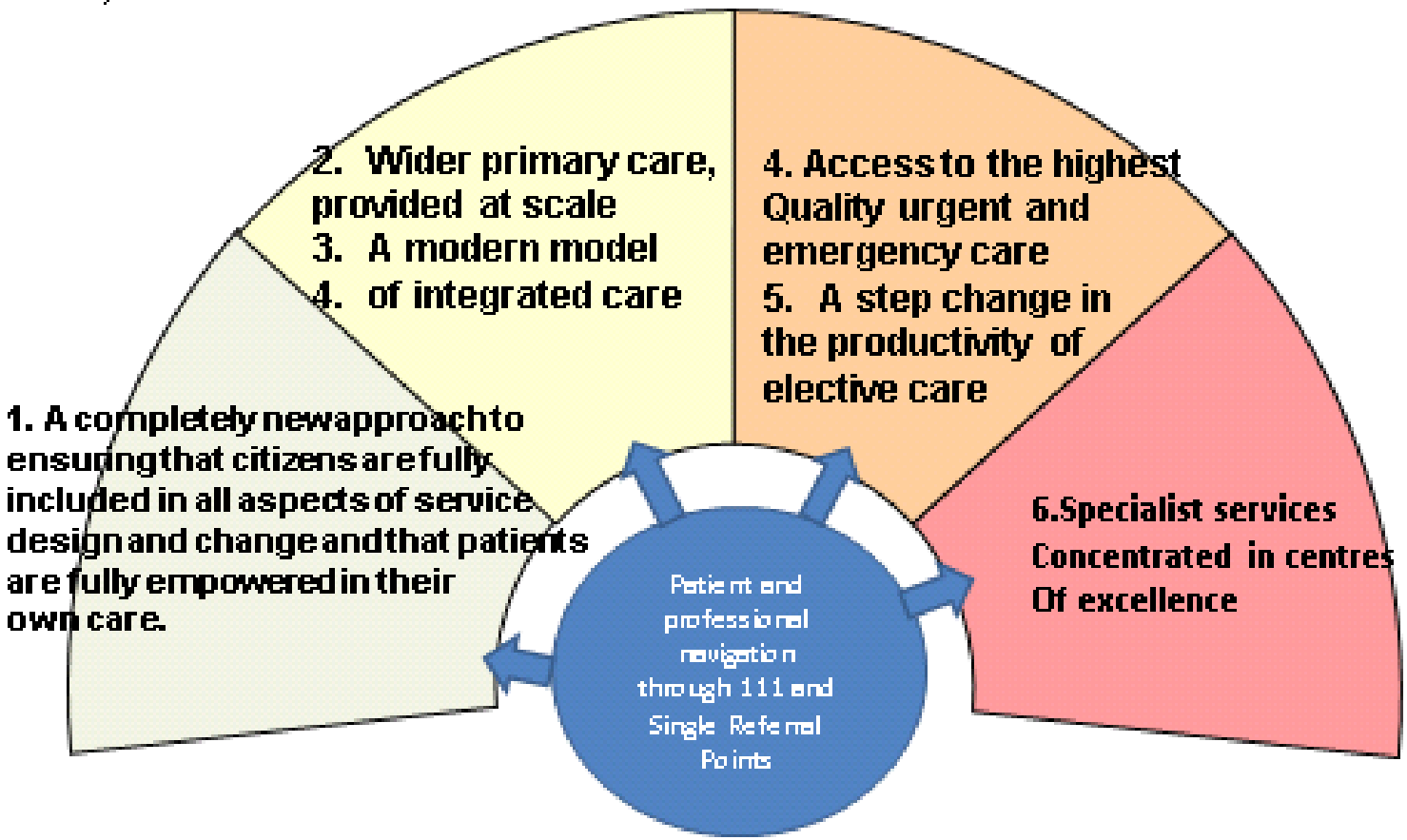
Fran.Beck@telfordccg.nhs.uk

APPENDIX 1

Links between needs and shared priorities in Telford & Wrekin

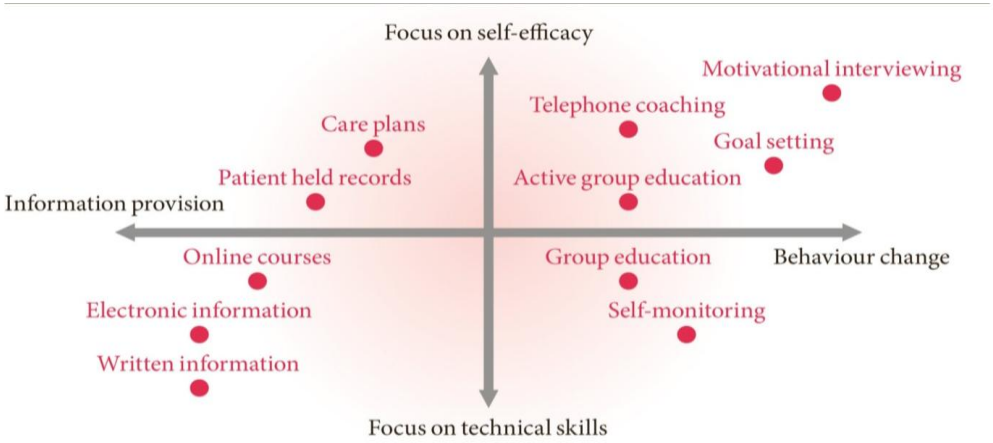
JSNA	H&WB priorities	Council priorities	CCG priorities	3 CCG Everyone counts priorities
7 years mortality difference between communities	Improve differences in life expectancy especially from deprived communities, BME groups, patients with CVD or Cancer and men	Improve the health and well-being of our communities and address health inequalities	Increasing life expectancy and reducing health inequalities	
High rates CVD and Cancer			Encouraging healthier lifestyles	
Growing children's population		Put our children and young people first And Protect and support our most vulnerable children and adults	Supporting vulnerable people	1. Improving life chances of new born 2. Reducing emergency admissions of children with Long Term Conditions
High TP Rate	Reduce TP			
Smoking at delivery	Reduce the number of smokers			
Low birth weight				
Rising obesity in children and older age groups	Reduce the number of overweight children and adults			
Growing older populations	Support people with specific health needs to live independently for as long as possible			3. Developing an integrated approach to reduce hospital admissions from Care Homes
Growing number of unpaid carers	Improve unpaid carers health and well being			
Increase in dementia and ASD	Support people with Dementia and Support people with autism			
Increase in alcohol related health problems	Reduce the number of people who mis-use alcohol or drugs			

Whole system transformation – adopting the 6 characteristics of a modern health and social care system



Appendix 3

Proposed commissioning intentions for 2014/15

1.0	Commissioning intentions for transformation	Progress to date
	1. A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.	
1.1	All new planned care pathways will include a self-care component and focus on how that can be promoted.	Emerging BCF proposals include facilitation of improved performance of voluntary sector contracts; a greater focus on self-management; and of targeting vulnerable individuals. Plus expansion of self-care schemes, perhaps using the following model from the Health Foundation as the starting point.  Including this as a key theme in the BCF will help ensure a consistent approach with the Local Authority, reduction of duplication and more rigorous performance management of contracts.
1.2	The CCG intends to support community and voluntary organisations who are able to demonstrate the ability to help prevent unnecessary admissions particularly of vulnerable patients, e.g. • Frail/Complex needs • Mental health problems • Alcohol related • Children	
1.3	Existing contracts with voluntary organisations will be reviewed to ensure that we have agreed the optimal service specifications.	
1.4	We will continue to roll out deployment of Health Trainers and Care Navigators in partnership with Age UK.	
1.5	We will monitor the outcomes of Tele-health projects with patients, clinicians and Keele University with a view to identifying 'what works' so we can increase deployment of effective electronic and technological equipment.	
2.0	**Wider primary care provided at scale**	
2.1	Community Nurse capacity will be more closely aligned with primary	Modelling demand and capacity is underway.

	care practices and the enhanced Integrated team. This will allow us to meet this objective and the need to provide modern integrated care through the Better Care Fund plan. The exact arrangements for this will be developed through 2013/14 ready for implementation in 14/15.	Proposals on how to move resources into a 'Team Around the Practice', model and how best to incentivise arrangements will be presented to the GP Forum in March.
2.2	To facilitate further shift of planned care out of a hospital setting, and to strengthen alternative provision the CCG intends to:- • Expand use of Advice and Guidance • Review procedures of limited clinical value • Review all Advanced Primary Care Services (APCS) to ensure service specifications are suitable for the new models. We will then commission new services where appropriate. • This will include decommissioning the current APCS Musculo-Skeletal Service (MSK)and Rheumatology, and Hospital based Pain services and tendering for a comprehensive Community MSK model. • Similarly the CCG may decide to tender for a Community Ophthalmology Service. • Continue planned changes already in progress to move elements of specialities that can be done in primary/community care out of hospital settings e.g. Dermatology, Gynaecology, Respiratory, Pain, Cardiology, Ophthalmology etc. • Agree the next tranche of specialities, e.g. Follow up appointments for Breast Surgery to be provided in primary care. • Review current Diagnostic Services to ensure prompt access by primary care, e.g. prompt access to CT scan for Community Respiratory Service. • Redesign front end of all pathways challenged by 'Referral to Treatment' 18 week target (RTT) to make better use of capacity, e.g. use Optometrists for ophthalmology.	Planned care service redesign is underway for all specialities and Business Cases for related procurement e.g. Musculo-skeletal Services (MSK) being developed and progressed. The Telford Referral And Quality Service TRAQs has been reviewed and a series of proposals to improve function, quality and productivity, while reducing cost are being proactively considered by the CCG Board. TRAQS has supported the improved quality of GP referrals the CCG is now focusing on schemes to help reduce variation in primary care.
2.3	During 14/15 further work will be completed with Telford Referral And	

	Quality Service (TRAQs) developing the following pathways:- ○ Gastroenterology ○ Headache ○ Endoscopy ○ Male urology/prostrate ○ Haematuria ○ Improved ENT/Audiology ○ Kidney disease ○ Neurology ○ Liver disease – Hep B ○ Liver disease – Hep C ○ Diabetes – extend expert and X-pert patient programmes ○ Community based blood transfusion service ○ Varicose veins	
2.4	The CCG will also develop a timetable to complete Service Reviews on:- ○ General Surgery ○ Vascular Surgery ○ General Medicine ○ APCS services ○ Chiropody Service ○ Termination of pregnancy ○ Enhanced Services Specifications for Minor injuries, Near Patient Testing, Anti-coagulation, Arterial Fibrillation, ○ Heart Assessment Team ○ Rapid Assessment Interface and Discharge (RAID) service	
3.0	**A modern model of integrated care**	
3.1	The CCG intends to redesign the following specific services to support patients more effectively in the community, and reallocate resources accordingly:- • Acute services providing an element of rehabilitation, e.g. The Falls Unit at the Paul Brown Unit	The detailed plans for this are included in the Better Care Fund plans. Discussions with health providers, particularly Shrewsbury and Telford Hospital Trust and Shropshire Community Healthcare Trust are underway to achieve agreement on what capacity will be located in the expanded integrated service.

	• The Community Nursing service • Shropshire Enablement Service • Hospital and Community Therapy services	The aim is to provide a 24/7 alternative to inpatient care for patients whose needs can be met in the community by an expanded integrated 'Rehabilitation and Enablement' Team with a Multi-Disciplinary Team (MDT), clinically led by a Geriatrician or GP, and potentially managed (as now) by the Local Authority.
3.2	The Better Care Fund plan provides fuller details of work in progress to develop this model	The steering group is developing an implementation plan which may require an element of 'double running' during the first 6 months of 14/15 with the aim of reducing bed capacity in SaTH by September 2014. The CCG is making good progress towards designing an alternative model for Urgent and Emergency Care. There will be an iterative process developing the local model with the Service Redesign included in the FutureFit programme. This will inform the future specifications for local 111, Out of Hours and Walk in Centre arrangements.
4.0	**Access to the highest quality urgent and emergency care**	
	The future emergency care arrangements will be a key theme in the Future Fit Service Configuration Review, and recommendations for a Local Health Economy wide system will be recommended. Current contractual arrangements for the following services come to an end during 2015:- • NHS 111 • Out of Hours services • Walk in Centres There is potentially synergy between these and we will be working in collaboration with Shropshire CCG during the remainder of 2013/14, to design new service models with the aim of procuring new contracts during 2014/15 for start dates of 1.4.15.	The CCG is currently focused, along with partners on the delivery of the 4 hour target for patients to be discharged within 4 hours of arriving at the Emergency Department. The FutureFit programme will steer the production of an effective Urgent Care model that will be fit for purpose, sustainable and safe. Engagement on potential models will be thorough and recommendations made later in 2014. In the meantime the CCG has introduced primary care nurses into the Emergency Department to help reduce the number of inappropriate attendances, i.e. patients with primary care needs whose care can be provided in other ways. This is being seen as a test of concept but will hopefully lead to a more integrated model during the next 12 months.
5.0	**A step change in the productivity of planned care**	

5.1	The CCG intends to ensure all patients have constitutional rights to treatment within 18 weeks of referral met. We intend to continue to use contractual levers to ensure delivery of RTT (and other performance indicators.	Meeting the RTT target continues to be a significant challenge for SaTH but plans are on schedule to meet the target by 1st October 2014. A Remedial Action Plan has been agreed, and the hospital trust is implementing detailed Demand and Capacity plans for every speciality. The CCG continues to monitor progress closely, but is also proactively offering patients the choice of other providers where they can be seen more quickly. The pathway redesign above will support improvements in productivity.
5.2	The detailed proposals included in 2 above related to improving planned care, and envisage a different role for secondary clinicians in future whereby more advice and guidance to GPs, and more shared care for patients with Long Term Conditions and/or complex presentations will be encouraged.	
6.0	**Specialised services concentrated in centres of excellence**	
6.1	While this ambition addresses the national need to rationalise specialist tertiary centres, the need to complete the local reconfiguration of acute services remains a major priority for local partners.	The local response to 'A Call to Action' was extremely informative, and a major Clinical Services Review 'FutureFit'is now underway. This will conclude in September 14. There will be no immediate additional impact of this on commissioning intentions for 14/15, although the CCG will clearly be maintaining a stance of zero tolerance for poor quality and safety.
6.2	While the CCG will clearly be engaged in the strategic review under 'A Call to Action', we will also be reviewing viability of every clinical pathway where performance is not achieving NHS constitution targets, and where necessary commissioning alternative provision.	
6.3	Challenged specialities including ophthalmology and orthopaedics will be prioritised. We are already implementing planned changes to ophthalmology pathways which will involve community Optometrists delivering primary care aspects – this will be further embedded during 14/15.	
7.0	**Mental health and Children's Services**	
	The CCG intends to review how well mental health services are improving outcomes, and how well mental health needs are addressed alongside physical health problems. The QIPP programme started in 13/14 will continue as we seek to achieve more efficiencies from Mental Health Services.	The CCG is proactively leading a review into the effectiveness of the Mental Health Modernisation programme concluded in 12/13. This will also review the potential need for and role of Castle Lodge and will report in June 2014. The review is being completed in partnership with both local authorities, both CCGs the Foundation Trust, patients and GPs. Engagement with the Joint HOSC has

		commenced and there will be a formal presentation of early findings and proposals as part of the formal engagement process to the HOSC in March 2014. The final report will be shared with the Health and Well Being Board, HOSC and CCG Boards.
7.1	The CCG, working with partners has revised the service specification for the Child and Adolescent Mental Health Service. During 14/15 implementation of this will continue, including the integration of referral arrangements through Family Connects and development of tier 2 services.	Progress implementing Family Connects as a single referral point for children and family referrals has progressed well, albeit with more work to do. This is an important element of ensuring partners deliver access to the range of options within a 'Comprehensive CAMHS model'. The new service specification for CAMHS has been completed and work is underway to ensure effective implementation. This includes some radical requirements around integrated working, out of hours advice and guidance and transition with adult services.
7.2	The CCG is considering procurement options for the 'Improving Access to Psychological Therapies' Service during 2014/15, given slow progress to date improving access targets.	
7.3	The CCG is concerned at high rates of smoking at time of delivery. Commissioners will be monitoring closely how well the midwifery service supports and signposts pregnant women to appropriate H2Q services and if performance does not improve will seek to extend the market for midwifery providers.	
7.4	The CCG will work closely with the council to clarify how best to support complex families; and to develop and then implement the Health and Well Being priority for people with Autism. Similarly the CCG has a shared commitment with the council for services to Carers and will continue to strengthen support services.	
8.0	**Support services**	
8.1	The CCG intends to review the CSU contract during 2013/14 and will make further decisions about how best to procure support services by the end of September 2014.	Elements of the contract with the CSU are being proactively reviewed and revised arrangements will be in place from April 2014.
8.2	It is possible this may lead to a re-procurement exercise for some or all of the services.	

Telford & Wrekin Local Safeguarding Children Board

Annual Report April 2012 - March 2013

Telford & Wrekin Safeguarding Children Board

Telford & Wrekin Local Safeguarding Children Board

Contents

Appendix

Introduction and report summary from the Independent Chair

I am pleased to present the Telford & Wrekin Safeguarding Children Board (SCB) Annual Report for 2012-2013. This report covers the period April 2012 to April 2013. The SCB is the key statutory mechanism for coordinating the work in Telford and Wrekin to safeguard and promote the welfare of children and ensure the effectiveness of that work. It is intended to be read by both professionals and members of the public. The purpose of the report is to provide an assessment of the performance and effectiveness of local safeguarding services, identify areas requiring improvement and set out the actions and plans to be taken in the following year to improve performance and the effectiveness of the Board.

It starts by explaining how the board works, describing the organisations and individuals involved and the way the Board is financed before describing the context in which the Board operates. Telford and Wrekin is a place of socio-economic contrasts with parts amongst the most deprived, comparable with inner cities, and other areas the least deprived nationally. Headline performance is then analysed. At the end of the reporting period there were 320 looked after children and 142 children subject to a child protection plan, a fall from 221 at the same point in 2012. The Board was assured that this fall resulted from improvements in practice and did not reflect any changes in threshold criteria. More than half the plans resulted from neglect.

The next sections assess the effectiveness of the SCB with particular emphasis on the three priorities: Children at Risk of Sexual Exploitation, Missing Children and Children and Young People Feeling Safe. Considerable progress has been made in all these areas to the extent that new working practices are well embedded and the Board is therefore able to start preparing to deal with new emerging priorities. During the year Ofsted undertook an Inspection of Safeguarding and Looked After Children Services and Telford & Wrekin received an adequate judgment. A Children's Services Improvement Plan was developed in response to the inspection recommendations and the majority of actions have now been successfully implemented.

The work that has been undertaken to develop the Safeguarding Partnership is then examined, including a description of Family Connect, a new multiagency partnership service which provides a single point of contact for all enquiries relating to children and families and delivers a proportionate, timely and coordinated approach to meeting their needs through an innovative process of partnership working that ensures the child is at the centre of everything we do. Its work has been facilitated by the introduction of new a threshold document that assists in identifying consistent criteria for referrals to appropriate Children's Services. The Board recognises that the quality of services can only be assured through accurate and timely data on both performance and outcomes and so the Quality Assurance Sub-group has developed a multi-agency data set that will assist the Board in monitoring and further understanding the effectiveness and impact of the partnership.

The final sections of the report detail areas for improvement and describe the new priorities, Neglect, Domestic Abuse and Improving Professional Practice that will take over form the existing priorities once the Board is satisfied that effective new approaches are fully established across the partnership. An outline of the planned work programme for 2013-2014 completes the report.

I am confident that the Board and partners will continue to work together to improve the quality of services and learn from their own experience and the practice of other organisations and I would like to record my appreciation for their hard work during a time of organisational transition

on budgetary pressures. But, as always, the Board will need to rely on the dedication and skills of all the staff engaged in working with children, families and communities. I would like to conclude by thanking them for what they have achieved in safeguarding and promoting the welfare of children in Telford and Wrekin.

Andrew Mason
Independent Chair

Governance and accountability arrangements

The structure and reporting relationships of the Telford and Wrekin Safeguarding Children Board during the reporting period are set out in the following diagram.

Current Telford and Wrekin LSCB structure

National

- Association of Directors of Childrens Services
- National College for Schools and Childrens Services
- Child Exploitation On Line Protection Agency (CEOP)

Telford & Wrekin Partnership

- Children, Young People and Families Board
- Health and Wellbeing Board
- Local Strategic Partnership Board
- Community Safety Partnership Board
- Adult Safeguarding Board

Regional

- West Midlands Regional Safeguarding Network
- Association of Chief Police Officers
- Multi Agency Public Protection Arrangements (MAPPA) Strategic Management Board
- Education
- West Midlands LADO Network
- West Midlands Runaways
- Sexually Exploited and Trafficked Children Network
- Midlands Area Safeguarding in Education
- Policies and Procedures TRI-X West Midlands Consortium Child Protection Procedures

Telford & Wrekin Safeguarding Children Board

Executive Group

Subgroups

- Child Abused Through Exploitation (CATE)
- Children & Young People Feeling Site
- Missing Children

Work streams

- Communications Strategy
- Funding
- Munro Report Response
- Structure & Membership
- Training

Functions with Subgroups

- Serious Case Review Group
- Child Death Overview Panel - Joint
- Performance Management
- Health Governance

Professional Practice Themes

- 'Invisible Men' The Role of Men in Children's Lives
- Cultural Competence

While the Board's performance was recognised as good by Ofsted, it was acknowledged that with the increasing demands placed on it and the organisational and resource pressures felt by all partners, a review of Board structure and governance arrangements would be appropriate. A Board Development Day facilitated by Professor Jan Horwath of Sheffield University was therefore held in February 2013 and focussed on a number of questions about what makes an effective board:

- What is the most appropriate structure for the Board and its sub-groups?
- How should the roles and responsibilities of the members of the Board and sub-groups be defined?
- How best can the Board challenge and support the Telford and Wrekin Safeguarding Children Partnership?
- With increasing pressures on funding and members time, how can we best make use of these valuable resources to improve outcomes for children and young people?

Following the Development Day a Governance Working Group was established to develop proposals for a streamlined Board structure and a whole systems approach to Board governance including the publication of an annual timetable covering the timing and content of Board and sub-group meetings.

Membership of the Telford and Wrekin Safeguarding Children Board

The membership of the Board and the details of the organisations represented and the positions of members are set out in the table on the opposite page.

Team: Safeguarding Voice

Picture left: Sharing our work at the Anti-Bullying Alliance Conference in London

Picture above: Parents and children making Chatterboxes together 2012

	Organisation/Representing/Job Role	Board Member
	Independent Chair	Andrew Mason
Council	Director of Children and Family Services	Laura Johnston
	Assistant Director Safeguarding	Karen Perry
	Assistant Director School Achievement	Jim Collins
	Assistant Director Family & Community	Clive Jones
	Safer Cohesive Communities	Jas Bedasha
	Adult Social Services Representative	Dave Robson
	Children's Services Legal Advisor	Kirsty Fisher
	Lead Member	Paul Watling
Health	Strategic Health Authority	Helen Hipkiss
	Shropshire Community Health NHS Trust	Maggie Bayley
	NHS Acute (Shropshire and Telford Hospitals)	Vicky Morris
	NHS Foundation Trusts (Staffs & Shropshire)	Mandy Lee
	T&W Clinical Commissioning Group	Christine Morris
	Named GP	Dr Innes
	Designated Doctor	Dr Ganesh
	Designated Nurse	Audrey Scott-Ryan
Police	Police (Public Protection Unit)	DS Amanda Blakeman
	Local Police	DCI Jason Wells
Education	Governing body of a maintained school	Sian Deane & Dr Gill Eatough
	Non-maintained special school	Gill Knox
	Further Education institution	Beverly Jackson
Probation	Probation	George Branch
YOS	Youth Offending Service	Keith Barham
CAFCASS	Children & Family Court Advisory and Support Service	Vera Boyes
Lay Members	Community Board Member	Kate Hancocks
	Community Board Member	Sue North
Board Officers	Safeguarding Advisory Service Service Delivery Manager	Jo Britton
	Safefuarding Children Partnership Development Officer	Kris Woodcock
	Support Services Officer - SCB	Emma Boddison
	Training Coordinator	Claire Hughes
	Conference & Review TL & Local Authority Designated Officer	Tina Knight
	CP Schools & Early Years & Local Authority Designated Officer	Mark Turner

Annual Report April 2012 - March 2013

Budget and Financial Summary 2012 - 2013 and 2013 - 2014

	2012 - 2013				2013 - 2014		
	Original Budget	Budget Adjust-ments	Revised Budgets	Actual Outturn	Original Budget	Budget Adjust-ments	Revised Budget
		(including partners payment holiday)				(including partners payment holiday)	
	£	£	£	£	£	£	£
Expenditure							
Salaries	155,996	-5,000	150,996	138,156	114,372	-31,814	145,761
Non Salaries	44,420	5,000	49,420	43,530	86,044	31,814	89,800
CEC/DEC's	24,580		24,580	24,581	14,296	0	14,296
	224,996	0	224,996	206,267	214,712	0	249,857
Income							
Shropshire & Telford Hospital	-5,000		-5,000	-3,750	-5,000		-5,000
Telford & Wrekin PCT	-38,000		-38,000	-28,500	-38,000		-38,000
West Mercia Constabulary	-14,000		-14,000	-10,500	-14,000		-14,000
West Mercia Probation	-4,340		-4,340	-3,255	-4,340		-4,340
CAFCASS	-550		-550	-413	-550		-550
YOS	-500		-500	-375	-500		-500
Education	-24,106		-24,106	-29,606	-24,106		-29,606
T&W Base Budget	-99,740		-99,740	-66,404	-89,456		-89,456
Schools	-25,000		-25,000	-25,000	-25,000		-25,000
Training Fees	-4,560		-4,560	-4,791	-4,560		-5,000
Non Attendance Fees	-1,200		-1,200	0	-1,200		0
Daphne	-8,000		-8,000	0	-8,000		0
Funded from reserve	0		0	-33,673	0		-38,405
	-224,996	0	-224,996	-206,267	-214,712	0	-249,857

Reserves		
2012 - 2013		
Opening Reserves 12/13 (as at 01/04/2012)		-87,493
Actual Reserves used 12/13		33,673
Closing reserves 12/13 (as at 31/03/2013)		-53,820
2013 - 2014		
Opening reserves 13/14 (as at 01/04/2013)	-53,820	-53,820
Planned use of reserves 13/14		38,405
Current Serious Case Review		
Planned closing reserves 12/13 (as at 31/03/2014)		-15,415

Local background and context

Our Population

Telford and Wrekin is a place of contrasts, a distinctive blend of urban and rural areas, with green open spaces alongside contemporary housing developments. With the development of Telford New Town from the 1960s, the area's population grew rapidly - in the 1990s it was one of the fastest growing areas in England. The borough is a regional focus for growth and our population of 170,300 people is forecast to grow to over 200,000 by 2031.

There are around 43,600 children aged 0-19 living in Telford and Wrekin, around a quarter (25.6%) of the population. The borough's population is 'younger' than the national position, although with the fastest growth being in the 65+ age group the age profile of the borough is now much closer to the national age profile. The 0-4 population, however, has grown by 8% from 2001 to 2011, faster than the overall population growth, reflecting the borough's increasing fertility rate.

Telford and Wrekin is a place of socio-economic contrasts with parts amongst the most deprived, comparable with inner cities, and other areas the least deprived nationally. Poverty and deprivation has a known impact on people's wellbeing and their ability to fulfil their potential. Between 2007 and 2010 income deprivation affecting children in Telford and Wrekin increased comparative to the national position.

In total, 10,200 children (aged 0-15) in Telford and Wrekin are living in areas ranked in the 20% most deprived nationally for income deprivation affecting children, almost a third (31%) of the Borough's 0-15 population. Around 4,800 people aged 0-15 in Telford and Wrekin live in areas ranked in the 20% least deprived nationally for income deprivation affecting children, around 15% of the 0-15 population.

The 2011 Census confirmed that our population continues to change. It is estimated that our black and minority ethnic (BME) population is 17,545 people (10.5%).

As well as new migrants, a key driver of this change has been the younger age structure of BME groups, leading to a greater likelihood of them having children. A quarter of the BME population is estimated to be aged 0-15. Following White British the largest ethnic groups are Other White, Indian and Pakistani.

More information on our population can be found at **www.telford.gov.uk/factsandfigures**

Child Protection and Children in Care Headline Performance

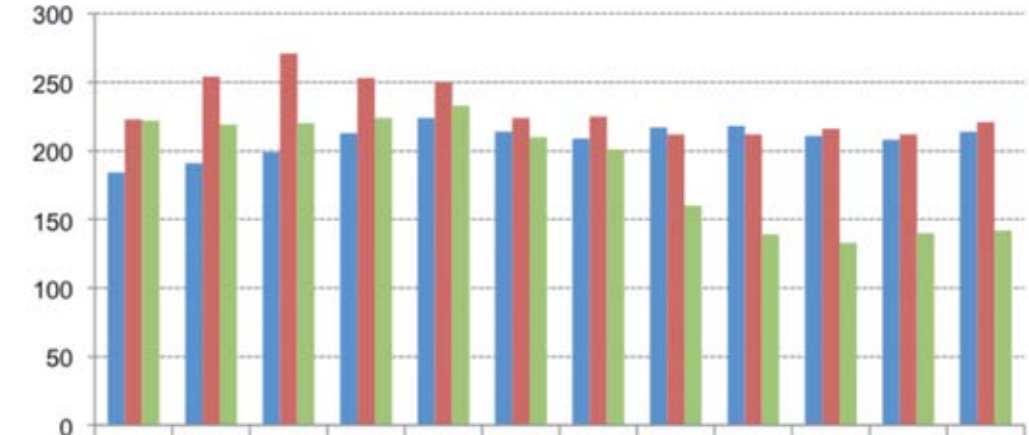
At the end of March 2013 there were 142 children subject to a child protection plan, a fall from 221 at the same point in 2012. The Board was assured that this fall resulted from improvements in practice and did not reflect any changes in the application of threshold criteria.

In line with the national picture, over half of child protection plans (57%) are categorised as being subject to neglect The percentage of children subject to a child protection plan for the second or subsequent time is high at 16.8%, however in year the actual numbers of children have dropped from 47 to 33, the percentage having been impacted by the drop in overall registrations.

5.4% of child protection plans lasted for two or more years.

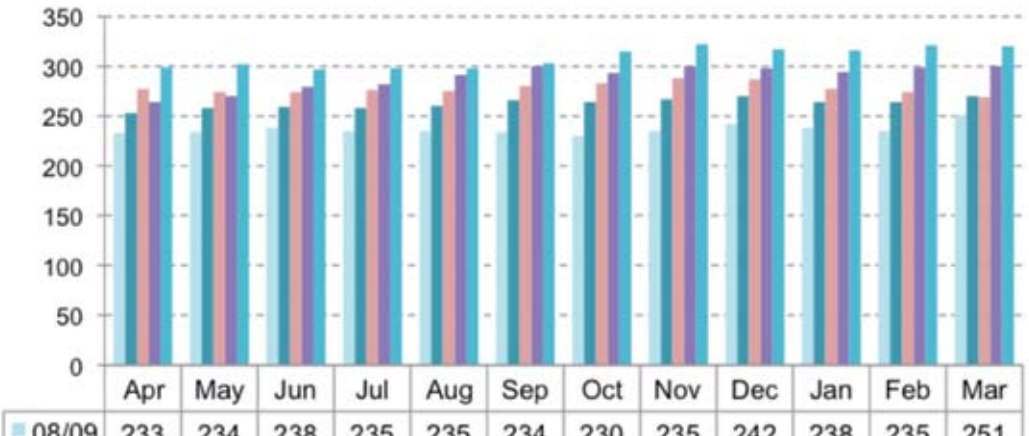
The numbers of looked after children in Telford & Wrekin remains high at 320 (March 2013). While the numbers of new admissions have fallen, more children with complex needs have remained in care for longer periods.

Number of Children Subject to a Child Protection Plan at month end 01/04/2010 - 31/03/2013



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
10/11	184	191	199	213	224	214	209	217	218	211	208	214
11/12	223	254	271	253	250	224	225	212	212	216	212	221
12/13	222	219	220	224	233	210	201	160	139	133	140	142

Number of Children in Care at month end



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
08/09	233	234	238	235	235	234	230	235	242	238	235	251
09/10	253	258	259	258	260	266	264	267	270	264	264	270
10/11	277	274	274	276	275	280	283	288	287	277	274	269
11/12	264	270	279	282	291	300	293	300	298	294	299	300
12/13	299	302	297	298	298	303	315	322	317	316	321	320

Assessment of LSCB Effectiveness

Progress on key priorities for 2012 - 2013

Children at Risk of Exploitation

Activity Report

The partnership has continued to work strategically and has directly assisted in the successful outcome of the criminal trial of 9 perpetrators of Child Sexual Exploitation (CSE).

The Children at Risk of Sexual Exploitation (CATE) pathway has been successfully mainstreamed as part of the Council restructure resulting in a tiered and increased capacity to respond to children and young people who are at risk from CSE. There is now an extended range of services available to respond to the needs of children and young people exposed to CSE, along with their families, including services from across partner organisations, voluntary organisations and organisations with charity status. Telford & Wrekin procedures for Child Sexual Exploitation have been completed, agreed and are being implemented. A tiered training programme for professionals across the partnership is in place.

Partnership working has been established with voluntary groups and local businesses focusing on raising awareness of CSE and the development of proactive preventative measures to assist children and young people to be kept safe. Coordinated data collection systems have been developed within the police force.

Impact on Front Line Practice

Professionals across the partnership are now better equipped to offer a professional service to children and young people who may be affected by CSE. Within the Council restructure the CATE Service has been successfully mainstreamed, CSE policies and procedures are in place and the local SCB partnership has successfully supported victims and staff through the first criminal trial.

Children and Young People

The involvement of children and young people in the CATE development work has been significantly restricted due to the on-going 2012/13 criminal trial, during which time a number of young people were called to give evidence. However, young people have been directly involved in operational CATE Care Pathway Strategy Meetings where alongside professionals from across the partnership, plans and actions to reduce the risk of CSE for young people have been agreed and put in place.

With the completion of the criminal trial young people (affected by CSE) have been involved in assisting in the assessment of the quality of the support offered to them and their families and in examining whether the support offered is accessible, available, timely and of the right kind.

The introduction of a clear professional pathway, training programmes and procedures enable children and young people to be safeguarded and supported when affected or at risk of being affected by CSE. Children and young people are safer due to the imprisonment of multiple significant perpetrators of CSE.

Future Plans

CSE will always be considered a high level safeguarding concern both strategically and operationally within T&W. Following the successful mainstreaming of the Child Sexual Exploitation operational response the same approach will

need to be put in place for the on-going strategic development which will replace the work undertaken by the CATE sub-group.

An external independent organisation has been commissioned to assist us with our learning from the experience to date, with the intention of supporting plans for learning and developing further services related to child sexual exploitation.

Missing Children

Activity Report

During the year the sub-group was restructured to include partners from other agencies and a Police Inspector was appointed as the new Chair to ensure joint ownership of the priority beyond the local authority,

During the reporting period, local operating procedures for Missing Children were completed and briefings delivered on their application to all children's services team meetings. A consistent data collection process was also developed and the sub-group has regularly monitored, reviewed and analysed the data set in order to identify service improvements.

Completed return interview templates are now received by the Council's Cohesion Services where they are collated and analysed for presentation to each sub-group meeting. Individual case studies are also discussed for those young people who are causing significant problems and increasing their vulnerability due to persistent missing episodes.

Impact on Front Line Practice

A Missing Children workshop was organised to develop the pathway that interfaces with Family Connect and there is now a clear process for Missing Children in the Authority. Telford & Wrekin Children Services have also been trained to undertake the process and in particular the return interviews for Missing Children.

Children and Young People

Processes are being developed with the Rights and Representation Service to ensure that children in care are involved in the development of Missing Children services and a number of forums have been arranged to discuss this issue with the young people in order to ensure that mainstream services are made accessible and that they recognise the issues raised in the return interviews.

Currently available real-time information has been used to inform the risk management of vulnerable children in a multi-agency setting. The pilot has demonstrated that the return interviews have offered better outcomes for children who have gone missing and identified complex issues that will need to be addressed in further developing prevention services.

Future Plans

The sub-group will closely monitor the progress of the Missing Children procedures and ensure that all teams and individuals comply with the process as documented. The quality of return interview templates will also be analysed so that any requirements for additional safeguarding processes are identified.

With changes in the definition of missing scheduled for next year it is recognised that further work will be required to keep procedures and practices up-to-date and quarterly briefings are planned to inform relevant teams of these changes.

The possibility of commissioning external agencies to undertake the return interviews will also be considered as a possible value-for-money initiative.

Children and Young People Feeling Safe

Activity Report

Team: Safeguarding Voice was formed during the year to work on behalf of the Board and involved nine children from Holmer Lake Primary School. Its prime focus was listening to the voice of the child in order to increase the numbers of children in Telford and Wrekin who feel safe. Their Annual Report appears at Appendix A. Key features of the initiative were:

- an anti-bullying campaign which involved creating a chatterbox and supporting the school curriculum for other schools. This work was recognised by the Children's Commissioner as being best practice. It was also referred to in a Cyber-bullying and E-Safety book by Adrienne Katz. Team Safeguarding Voice presented their anti-bullying work to the National Anti-bullying Alliance Conference in London, LSCB, Ofsted, a whole school assembly and to parents during anti-bullying week

- a commission from the LSCB to produce a logo, create a Stay Safe poster and contribute to the Neglect Tool Project

Ofsted said Team Safeguarding Voice was ***'the best safeguarding children practice we have ever seen'*** **Holmer Lake Ofsted Report February 2013**

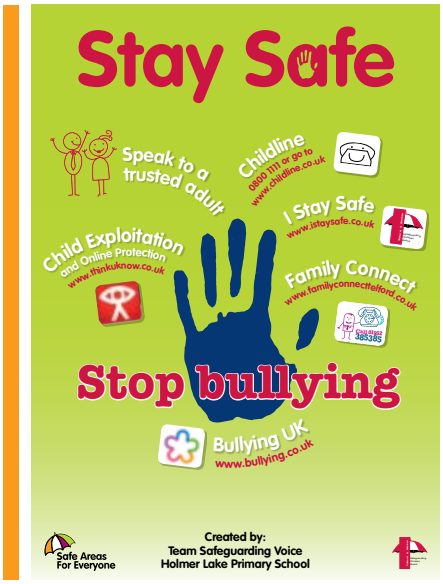
Other work initiated by the Children and Young People Feeling Safe Subgroup included:

- increased E-Technology Awareness – specifically in schools and with foster carers
- the formation of a Youth Participation Steering Group which has produced a draft action plan
- six Police Community Support Officers are now working intensively with vulnerable young people in six schools and this work has been highly commended
- organising Crucial Crew – a universal offer to 2000 Year 6 pupils which culminates in a three week event, enabling young people to have confidence in how to report or access services they may require
- CRUSH, a programme for young people who are at risk of domestic abuse, who will be able to opt into an experiential resource that aims to support them to avoid abusive relationships, exit an abusive relationship safely or better manage their exposure to domestic abuse in the home
- Fire Service Educational Package to make sure that young people understand the dangers of fire and know what to do if they are involved in a fire incident
- Unintentional Injury Prevention which will be based around a consultation exercise with young people in the Borough

Impact on Front Line Practice

Feedback evaluations from foster carers indicated that after training they were more aware and better able to notice early signs of concern. Anecdotal and verbal evidence suggests that safeguarding training, both professionally and personally has made colleagues more alert and aware and better able to challenge behaviour previously thought not to be of concern

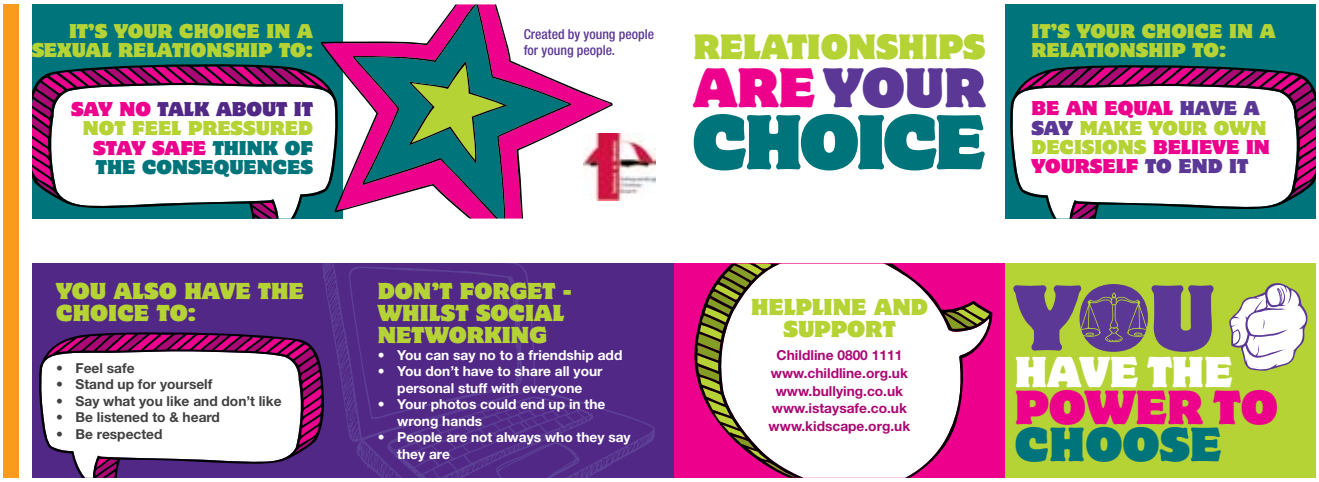
In order to promote its work to a wider audience, Team: Safeguarding Voice created of anti-bullying poster and bookmark.



Children and Young People

During the year children and young people have been increasingly involved in safeguarding activities including:

- the nine children who make up Team: Safeguarding Voice created a self-governing group which has advised the Board on safeguarding children matters
- 12,000 Relationships Concertina Cards were distributed to Years 9, 10, 11 and young people in post 16 education **(pictured below)**



- a safeguarding ICT Project was established at St Peters School, Edgmond
- 2,800 children have undergone fire safety training
- six Community Support Officers are now working with vulnerable children in six targeted schools

This work has made a difference to children and young people by:

- focussing on anti-bullying, low level sexual abuse and domestic abuse through the Concertina Card, which helps children understand bullying better and where to go for further help
- made Brookside a safer community from fires
- raising the profile of domestic abuse through working directly in schools
- providing Team: Safeguarding Voice children ambassadors to the Board

Future Plans

Plans for next year will build on the successes of 2012-13 and will include:

- cascading of the successful Team: Safeguarding Voice methodology to schools throughout the borough
- continuing to cascade e-technology awareness to the Telford and Wrekin population
- the Youth Participation Steering Group organising a conference
- continuing the work of the Police Community Support Officers
- holding the Crucial Crew Event at Buildwas Abbey over three weeks in June and July 2013
- rolling out CRUSH to two secondary schools
- continuing to run the Fire Service Educational Package Programme
- using the results of the consultation on Unintentional Injury Prevention to influence future work

Children and Young People Feeling Safe - e-Safety

Activity Report

E-safety was a particular priority during the year:

- practical educational work with children continued through Child Exploitation and Online Protection Centre 'Think You Know' (CEOP TUK) initiative

which was extended to include parents evenings, thereby communicating with a previously hard to reach group
- e-safety is now explicitly part of the Ofsted criteria and training has been extended to teachers
- the NSPCC in conjunction with the Board have delivered "ChildLine" sessions where e-safety was a key element to 27 Primary Schools and e-safety training (3x) has now been delivered to 12 foster carers
- the e-safety website domain remains a core element of a "one stop shop" for e-safety, reflecting the work done across all 4 West Mercia SCBs
- delivery of a specific case study to around 50 Designated Teachers in two briefing sessions. Some schools and colleges have adapted this presentation to form part of their own bespoke training
- Facebook guidance from the Safer Internet Organisation has been sent out to all schools for all to use
- Crucial Crew workshops on e-safety have continued in 2012-13
- the Principal Officer continues with link lead for CEOP referrals to make children safe

Impact on Front Line Practice

During 2012-13, TUK delivered e-safety sessions to over 7,000 children to every Primary (Year 6) and Secondary (Year 9) school and the Windmill School have formed an e-safety committee.

E-safety sessions were delivered at parents evenings where average attendance was between 40-60 and 27 Primary Schools received "ChildLine" Sessions.

Feedback evaluations from Foster Carers indicated that after training they are more able to notice early signs of concerning on-line behaviour and anecdotal and verbal evidence suggests that training, both professionally and personally, has made colleagues more alert and aware and able to challenge behaviour previously thought not to be of concern.

Children and Young People

During the year children and young people have been increasingly involved in e-safeguarding activities:
- by definition the targeted school work in TUK and Childine involves children's constant feedback and age appropriate discussion in an engaging process
- Windmill School's proactive approach cascades responsibility to the children via a committee to shape the e-safety agenda

This work has made a difference to children and young people by:
- reducing referrals to the Local Authority Designated Officer (LADO) in relation to e-safety allegations towards children from 11 in 2011-12 to five in 2012-13
- one direct referral from CEOP resulting in arrest and charges of a teacher within a school
- obtaining two convictions and prison terms as a result of LADO e-safety and child contact cases outstanding from 2011-12
- in 2012-13 one conviction has already been secured and two more are in the court process
- using an e-safety case study in some schools and colleges to cascade the inherent dangers of the e world

Future Plans

The 'Think You Know' project aims to continue to make children as safe as is possible within the e-technology world.

The next steps for the action leads will be to continue to assist and continue to manage the "bite size" approach to e-safety within the current challenges of capacity and resources, but also reflect and take stock of the ever changing e-agenda.

Priority will now be given to cascading messages down to children and professionals in a way that can be managed without overburdening resources, duplication and time management. Future activity will now include the newly formed Youth Person's Advisory Group (YPAG) led by the Police.

Telford & Wrekin Local Safeguarding Children Board

Progress and Achievements during 2012 - 2013

Social Work Redesign

Following on from the 2011 Review of Services for Adult Social Care and Children, Families and Schools and the subsequent Phases 1 and 2 of service redesign, a process was initiated to review and redesign the way in which child and family social work is delivered across the whole of children and family services.

This medium term project is driven by recent inspection recommendations, the Munro report and a determination to achieve better quality services to keep children safe and promote their welfare while achieving cost savings in the placement budget. The project will result in whole system changes which involve:

- further development and embedding of the Family Connect service, freeing up Child Support Workers to spend most of their time supporting other Lead Professionals in helping families strengthen edge of care arrangements
- remodelling child protection and case management functions and implementing an evidence-based model of systemic practice across the whole of children and family services

Initially, a number of briefings were organised to share the vision with the Council's children's services staff to begin their engagement in shaping the future of the service. Subsequently a consultation exercise was held with partners to gain their views on service redesign.

Training

Activity Report

During 2012 - 2013:

- 38 interagency training sessions were provided with 600 learning opportunities for practitioners
- the training programme was expanded in line with Working Together 2010 requirements to include Safeguarding Children with Disabilities
- three conference style events were organised for more than 200 learners
- despite the organisational restructures in the statutory organisations, the Interagency Training Pool has been maintained and developed to ensure the continued provision of the training programme
- Child Protection training was provided for 10 private and voluntary organisations in addition to the standard programme
- the statutory agencies have continued to work towards developing their own single agency Safeguarding Training Plan which will complement the Interagency Training provision of the Board
- the Neglect Steering Group developed a tool to assist interagency understanding of a child's daily lived experience, in partnership with two other LSCB's and Sheffield University

Impact on Front Line Practice

This work has impacted in front line practice by enabling practitioners to transfer the knowledge and skills gained into their front line practice and contributed to the research and development of a Neglect Tool. This has led to a new way of undertaking Child Protection Conferences where neglect is identified in a child's life and all learners are informed about the new processes involved in Family

Connect through the delivery of the Basic Child Protection training.

Opportunities have also been provided for front line practitioners to network in structured and informal situations, engage in forums to learn about the restructured provision of children's services across agencies and for practitioners to provide research-based care.

Children and Young People

Children and young people have been involved through the delivery of Child Protection training to a limited number of groups of children, through TCAT extending their Child Protection training programme to include sessions directly delivered to students and by enabling ChildlLine to deliver sessions to Year 6 pupils in Telford & Wrekin schools to raise awareness of sexual abuse.

The Interagency Training Coordinator has also delivered a scenario at the Crucial Crew event identifying situations where children should discuss a worry with a trusted adult. School children were provided with an opportunity to develop an understanding of who a trusted adult could be and when they should talk to them about their worries.

This work has made a difference to children and young people by raising the awareness of the workforce to child abuse and by maintaining a focus on the vulnerability of specific groups of children such as those:

- living with a family member in prison
- living with domestic abuse
- living with a parent who misuses substances or who have a parent of carer with an unmet mental health disorder
- being sexually exploited
- privately fostered
- being marginalised and bullied because of their sexuality

Future Plans

In future the objective will be to maintain the current training provision of the Board whilst continuing to support the voluntary sector to meet their safeguarding training requirements, working with partner organisations to further develop their single agency training plans, further developing the multi-agency training pool, responding to the new Working Together 2013 requirements and contributing to the development and implementation of the Neglect Tool in partnership with Sheffield University and partner LSCBs.

Health Governance

Activity Report

The Healthcare Governance Safeguarding Children Group (HGSCG) is a joint sub-committee with Shropshire SCB and aims to safeguard children and young people by effective, formal communication and partnership working across the local health economy in order to achieve of best local outcomes for children and young people.

In response to a marked increase during the summer of 2012 in children and young people being admitted via A&E with substance and alcohol misuse increased, all children and young people are now followed up by a dedicated substance misuse worker prior and through liaison with the school nurses. A holistic assessment tool was also introduced via the Community Substance Misuse Team and a screening tool was developed specifically for young people.

A paediatric Liaison Health Visitor has been employed within Shrewsbury and Telford Hospitals (SaTH) to improve information sharing between secondary and primary care providers and to ensure that robust procedures are in place to pick up any potential safeguarding issues and act on them in a timely manner.

Safeguarding children training takes place, within the Clinical Commissioning Groups (CCG), the Shropshire Community Health Trust (SCHT) and SaTH, and all

have improved their participation over the last 12 months and are monitored by the HGSCG, internal quality meetings and by the training sub-group of the Board.

During the year there has been a high level of joint working between the two CCGs, supported by the CCG's Safeguarding Accountable Officer. The designated professionals for Telford & Wrekin sit within Shropshire CCG and their services are commissioned by Telford & Wrekin CCG. Level 2 training was delivered to all CCG Board members in December 2012.

A Substantive Named Midwife was appointed in October 2012 and this has led to an increase in safeguarding and child protection issues being reported. This increase is attributable to improved awareness by maternity staff of the vulnerabilities of the unborn and new-born children, particularly with reference to parental risk factors.

Domestic abuse training has been delivered to independent contractors including dentists, optometrists and GP practice staff in an attempt to improve their recognition of abuse within their client groups.

Commissioning safeguarding children policy was developed and ratified following CCG authorisation. SCHT have recently updated their policy and both are now available to staff via the intranet. Managing allegations against Staff, Safeguarding Supervision and Paediatric DNA policies have also been completed and ratified by the SCHT.

Single agency Common Assessment Framework (CAF) and Team Around the Child (TAC) training commenced in October 2012 to give midwives and maternity staff a better understanding of the process which integrates into the pre-birth pathway for vulnerable women.

Provider staff are being included in multi-agency case note audits via the SCB. Providers are also conducting record keeping audits in order to ensure that all records pertaining to vulnerable children and children at risk are contemporaneous and comprehensive. This determines whether records contain all relevant information from involved agencies and follow the child's journey in a chronological manner.

The Designated and Named professionals have received SCIE systems thinking learning together with case review training, in line with Munro Recommendations (2013).

CCG and Provider Partners have completed their annual safeguarding children reports which have been presented to the appropriate boards and SCB via the Health Governance Shropshire County Council and Quality Assurance Groups.

Designated staff attended a training event hosted by T&W SCB which included a presentation by Professor Jan Howarth (Sheffield University) who has been working with a multi-agency team to develop a different model of working within the Child Protection Conference arena involving an understanding of the child's lived experience.

Designated and Named staff have offered guidance and support for those members of frontline staff involved in the Operation Chalice court case. The Named Nurse is currently spending a proportion of her time within the multi-agency hub of Family Connect and it is expected that an evaluation of the effectiveness of this current health involvement will be held after six months.

Terms of Reference for the HGSCC have been updated. Feedback has been received from the independent chair of the LSCB and minor amendments have been made.

There is now a newly opened Sexual Assault Referral Centre (SARC) at West Road now renamed "The Glade". It is a purpose designed facility for both adults and children. Dr Lucy Lowe is the newly appointed Director.

Staff can arrange to visit the facility but as the room has to be forensically cleaned, visits cannot be on an ad hoc basis and need to be pre-arranged with the staff. There are two dedicated crisis workers for children.

The Named Midwife for safeguarding children has developed a protocol to ensure that all unborn child protection conferences are attended by midwives and this will be audited after six months. All invitations to conference will be sent to the Named Midwife as well as the Community Midwife in order to audit attendance.

Impact on Front Line Practice

Staff now have a better understanding of parental risk factors (including domestic abuse) which can impact on the health and wellbeing of children and there has been a marked improvement in safeguarding training levels across community and acute Trust providers leading to a better understanding of safeguarding issues and risks to children

Safeguarding training for GP's within the Telford and Wrekin area is above National Care Quality Commission (CQC) standards and subsequently there has been an increase in requests for advice from the designated staff and staff receive legislative changes, strategic guidance and LSCB information and action plans in a timely manner via dissemination from the HGSCC.

Children and Young People

The Designated Looked After Children (LAC) Nurse is involved in the Care Council and feeds back any health related concerns to HGSCC and the Children's Panel is present at certain health staff appointments, for instance in the case of the LAC Designated Nurse.

The Children in Care Team works closely with vulnerable children and monitors the effectiveness of help by way of audit and evaluation processes and staff are involved in multi-agency work with children and are encouraged to consider the voice of the child at all stages of the process.

Future Plans

Further development of a competent and confident workforce, able to recognise children at risk and respond appropriately to the safeguarding needs of children and young people will be achieved by improving the recognition of staff of the need for early help to ensure that children attain their full potential and achieve good outcomes. We will also ensure that there is increased staff awareness of the signs of sexual exploitation in an attempt to ensure that children and young people receive appropriate support in a timely manner.

A Safer Workforce

Activity Report

The Local Authority Designated Officer's (LADO) Annual Report for 2012-2013 noted that:

- 118 Referrals were made
- 56 initial Strategy Meetings were held
- 16 follow up Resolution Meetings took place
- 40 people were trained in "Safer Recruitment"
- 85% of referrals were addressed within a 1 month timescale (in line with suggested targets of 80% Working Together 2010)
- 95% of referrals were addressed within three months (in line with suggested targets of 90% Working Together 2010)
- anecdotal feedback suggests that participants of the LADO process find it supportive and transparent
- trend over time shows referrals decreased by 24 from 2010-11 with strategy meetings falling to 49% from 52% as the process has become embedded and smarter
- evaluation reports expressed 70% "excellent" and 29% "good" satisfaction rating, in content, quality, delivery and outcome objectives of "Safer Recruitment" training (40 attendees 2011-12)
- a case was referred of mismanagement by a complainant to the Local Ombudsman and then escalated to the Local Government Ombudsman for judgement. The judgement found that the case had been handled appropriately with no right of appeal

Impact on Front Line Practice

- Anecdotal verbal evidence suggests that training has made colleagues more alert and aware to challenge behaviour previously thought not to be of concern
- 85% of staff having had an allegation/disclosure made against them had a resolution within a month
- 95% of staff having had an allegation/disclosure made against them had a resolution within a 1 month-3 months

Children and Young People

During 2012-2013:

- seven Dismissals were made
- three Convictions were achieved
- five ISA Referrals were made
- two cases are still within the Court and Police process
- 13 Foster Panels were convened to discuss issues of disclosures on CRB's in a further safeguard to protect children as best we can

Although there can never be a guarantee that those who caused harm to children will not work within the children's workforce again, it should be noted that the figures above are actions taken within the LADO process to make it less likely.

Ofsted Social Care and Health Improvement Plan

Following the Ofsted Inspection of Safeguarding and Looked After Children Services in June-July 2012, a Children's Services Improvement Plan was developed in response to the inspection recommendations.

The plan was produced in partnership by Telford and Wrekin Children and Family Services, the Co-operative Council Planning and Delivery Team and colleagues from health services. The Plan focuses on 8 shared priorities, which will be monitored quarterly by the Board and reviewed annually:

- Priority 1: there is a timely and effective response to social care enquiries
- Priority 2: redesigned social work services to better support the child's journey from needing to receiving help
- Priority 3: the quality of social work practice and early help is consistently good
- Priority 4: the provision to support children and young people's mental health and emotional wellbeing is improved
- Priority 5: children and young people and their families are involved in shaping and improving the services they receive
- Priority 6: practitioners across agencies learn from each other so that we have the knowledge skills and capacity to keep children safe
- Priority 7: children and young people in care are kept healthy
- Priority 8: young people are helped to make the transition from being in care to independent living

The plan currently interconnects with the Corporate Parenting and Fostering Service Action Plans and will also interconnect with the Reconfiguring Children's Services Action Plan as it is develops. Progress reports will be provided quarterly to allow the Board to monitor the implementation of the plan which will also be subject to a comprehensive annual review.

Fostering – Ofsted Report

The recent Ofsted fostering inspected rated the fostering service as adequately effective and noted that the fostering service provides an adequate quality of care and outcomes for children and that young people who are performing strongly in health and education.

The other key findings were that children and young people's views are well captured through the Children's Council's review meetings. Foster carers and children and young people's assessments cover all required areas and contribute to keeping children and young people safe. Children and young people form positive relationships with their foster carers. Children and young people say they lead busy and active lives and they enjoy a range of recreational activities that promote their confidence and self-esteem.

Leadership and management of the fostering services was rated adequate. The management team are honest and transparent in their approach. Much of their work is on-going and in the early stages of development. Development plans are in place to begin the tracking of children and young people's progress, development and outcomes.

Ten recommendations were made relating to foster carer recruitment: increasing opportunities to engage views further, improving the delegated authority arrangements, improving supervision record keeping, improving the uptake of foster carers training, organising unannounced visits to foster carer's homes, providing more information about the role of Children's Right Director and to continue to monitor the performance of the fostering service achieving good outcomes for children and young people. These recommendations have been implemented and are being regularly monitored by the Board

Community Board Member Participation

Activity Report

The two Community Board Members have continued to be involved with the Board Meetings, the Children and Young People Staying Safe Sub-group and the Executive Group.

They have attended these meetings regularly and have offered independent scrutiny and challenge in relation to the work being undertaken to try and ensure that the needs of the community are clearly reflected. At the end of each meeting, the Community members are asked to reflect back on how the work of the Board has had an impact on safeguarding children and young people in Telford and Wrekin and these observations are then recorded in the formal minutes.

Impact on Front Line Practice

The Community Board Members have supported the development of a range of practice that safeguards disabled children and young people and in particular have contributed to the direct work with young people through the Children and Young People Staying Safe Sub-Group.

Children and Young People

It is not within the Community Board members' remit to work directly with children and young people .The Community Board Members contributions have enabled those who deliver services to, on occasion reflect and review delivery arrangements from a community based perspective to ensure the needs of diverse groups are always considered.

Future Plans

The current Community Board Members will remain in place for the next year and they believe that their contributions as Independent Board Members will enable them to continue to offer a "critical friend" role to the partner agencies who are also required to be members of the Board.

Challenges from the Children, Young People and Families Board

The Children, Young People and Family Board is focused on improving universal outcomes for all children and young people in the borough, structured around the Marmot themes of start well, develop well, live well and work well.

As well as these universal outcomes, the Board has a series of 'targeted outcomes'. A Board workshop in June 2013 plans to review these outcomes and agree a new focus on 'early help'. This is a critical area for improving outcomes by ensuring that the 'right help' at the 'right time' is available when support is needed to avoid problems escalating and the need for more intensive and expensive later intervention. 'Early help' is delivered through universal services, such as schools, and through settings which provide more targeted support such as Children Centres. To ensure this offer is co-coordinated across all Council and partner services, an Early Help Partnership has been established which will report to the Board. For families

with more complex needs, the Strengthening Families Operation Group reports to the Board.

The two other 'targeted outcomes' which the Board focusses on are 'corporate parenting' and 'aiming high for disabled children' – both aimed at ensuring that these children and young people have the support which they require to fulfil their potential.

The Board has strong-linkages with the Health and Wellbeing Board whose strategy is structured around the same Marmot themes as the Children Young People and Families Board. This strategy identifies a series of priorities for improving the health and wellbeing of the Borough. Key outcomes in relation to children and young people include: excess weight, teenage pregnancy, young carers, emotional health and wellbeing, and supporting people with autism.

The lead Member for Children and Families and the Director of Children and Family Services attend the the Children, Young People and Family Board, the Health and Wellbeing Board and the Safeguarding Children Board to ensure effective joint working across all three Boards.

The Council's Delivery and Planning team work closely with Public Health to develop the Joint Strategic Needs Assessment (JSNA) process. In reviewing the work programme for future development of the JSNA process, a commitment has been made to ensure that safeguarding issues are explicitly addressed. Significant work has been undertaken to take this forward in 2013 with the development of Children and Family Service Locality Profiles which set out key evidence around children in care and a number of important risk factors which impact on the 'outcomes' of the Borough's children and young people.

Telford & Wrekin Local Safeguarding Children Board

Serious Case Reviews

During 2012 - 2013 the Serious Case Reviews Sub-group Group meet on a bi-monthly basis and:

- reviewed the groups action plan for 2012-15
- reviewed the draft Learning and Improvement Guidance before its final publication in March 2013 and considered updates to the SCB Policy and Procedures
- co-ordinated the production of several discretionary reviews and identified relevant learning
- received and considered reports of serious incidents from the Youth Offending Service
- considered a report analysing partnership working between mental health services for children (CAMHS), children's social care and private hospitals and made recommendations for progressing the issues identified through a task and finish group
- considered relevant information from the Child Death Overview Panel (CDOP)
- contributed to learning events arising from 'Operation Chalice' and monitored the progress of the criminal trials
- considered reports published by LSCBs nationally including the Rochdale LSCB report upon child sexual exploitation published in September 2012
- examined, and will continue to examine future arrangements for the Serious Case Review [SCR] Process and the Groups terms of reference and membership in response to:
  - the publication of Working Together in March 2013 and the more flexible Learning and Improvement Framework set out in Chapter 4 which came into force on 15 April 2013
  - the interface with the National Panel of Independent Experts for serious case reviews (SCR) which will became operational on 1 July 2013. The Group will respond to these changes by identifying a menu of models and resources, including reciprocal arrangement to support different types of reviews
- attended foundation training provided by the Social Care Institute for Excellence (SCIE) in December 2012 and January 2013 upon SCIE's systems approach learning tool. A pilot using SCIE is proposed for later in 2013 and Lead Reviewers have been identified
- commissioned a discretionary review to take place in July 2013 using the Significant Incident Learning Process (SILP) systems approach methodology.
- contributed to the development of the West Mercia Multi Agency Review Process with West Mercia and Warwickshire Police and with SCB colleagues in Herefordshire ,Shropshire and Warwickshire ,to share learning and expertise. This will be published in August 2013
- planned to undertake a Peer Review Case Mapping Exercise in April 2013 to look at 40 cases selected at random
- convened specific Panel meetings to progress and address the recommendations from the individual SCR (Child B) which commenced in November 2012
- progressed the learning from the individual SCRs for Child A and Child B, although due to on-going criminal court processes although it has not yet been possible to publish the final reports due to delays in the legal process although three key learning points were identified and disseminated:
  - the importance of assessing fathers and partners in assessments of families
  - recognition of the vulnerability of pregnant teenagers and the need to offer all of them a CAF assessment of needs and an integrated support plan
  - the requirement that all professionals working with children should be aware of the research regarding bruising in infants who are not independently mobile and all professionals should consistently consider injuries in children alongside the child's developmental stage

Annual Report April 2012 - March 2013

Child Death Overview Panel

Activity Report

The joint Shropshire/Telford & Wrekin Child Death Overview Panel (CDOP) continues to review all child deaths, ensuring that bereaved families are supported and that lessons are learnt to help reduce the number of preventable child deaths in the future.

Data from local child deaths is submitted regionally and nationally to enable trends to be identified and to share good practice developed from lessons learnt.

During the year 6 CDOP Panels were held and 39 cases were reviewed.

Impact on Front Line Practice

Front line practice has been improved as a result of:

- increased multi-agency working and support following a sudden and unexpected death of a child
- increased awareness of the CDOP process through training.
- sharing key messages of lessons learnt from CDOPs across England.

Children and Young People

Young people and children were involved in the reviewing and updating of the CDOP Information Leaflet for Families.

A key focus during the year has been on ensuring that bereaved families, including children and young people, have adequate support

Future Plans

CDOP professionals will continue to input into preventative work such as Unintentional Injury in Childhood and Smoking in Pregnancy, a recognised risk factor in early labour.

Following a number of ‘cot deaths’ a workshop is scheduled for April 2013 to review how safer sleeping practices in babies and infants can be better supported.

Telford & Wrekin Local Safeguarding Children Board

Partnership development

Theshold document

The threshold document has been developed to outline the partnership working model for agencies in Telford & Wrekin working with children, young people and their families. It includes the Telford & Wrekin windscreen continuum of need and the threshold descriptors that assist in identifying criteria for referrals to appropriate children's services.

This guidance will help everyone in Telford & Wrekin to work together to provide the most effective support and clearer pathways for children and their families. This guidance is a tool for professionals to help ensure that all the needs of children, young people and their families are met from those who need very low levels of support to those who are at risk of significant harm. It will assist practitioners in identifying a child's level of need and what type of services and resources may meet those needs.

The partnership model to support children and families in Telford & Wrekin has been developed:

- to establish use of the Common Assessment Framework in Telford & Wrekin to more effectively meet the needs of children and young people
- to provide early intervention and preventative services to children with additional needs
- because of increasing volumes of contacts and referrals to Children's Social Care, many of which are not meeting the threshold

The Working Together to Safeguard Children (2013) guidance emphasises that protecting children from harm and promoting their welfare depends on a shared responsibility and effective joint working between different agencies, and it is these principles on which the partnership model is based.

The development of this document has included partnership members from the SCB and the Executive Group. There has also been opportunities for comments from the Children and Family Services Service Delivery Manager Group and the Family Connect Implementation and Review Partnership. The people involved at the stated groups comprise of strategic leads and practitioners from Community Health, Clinical Commissioning Group, Police, Education, Vulnerable Adult services, Schools, Probation, Telford Commissioning Service and Parent Partnership.

Family Connect

Family Connect was established at the end of 2012 to provide a single point of contact for all enquiries relating to children and family services in the borough of Telford & Wrekin. It consists of a multiagency partnership which, by working together, provides a proportionate, timely and coordinated approach to meeting the needs of children and their families through an innovative process of partnership working that ensures the child is at the centre of everything we do.

Family Connect aims to ensure that early intervention and preventative services respond to families in need of support at the earliest opportunity in order to avoid escalation into more acute services. However, it is recognised that there will be times when a safeguarding response is required. The service offers a more consistent, timely and unified multi-agency response to individual safeguarding concerns, rather than children's social care services making unilateral decisions in response to referrals. Family Connect' s process of information sharing between agencies means that decisions can be both quicker and more informed in that they are based on a more complete understanding of an individual case.

Working together to safeguard children 2013

The Department of Education published the 2013 edition of the statutory guidance document "Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children" in March 2013.The guidance is aimed at making systematic and operational improvements to support how the Local Authority and its partners help individual children and their families. The guidance will come into effect on 15th April 2013.

Working Together (WT) 2013 replaces the following existing documents; Working Together to Safeguard Children 2010, the Framework for the Assessment of Children in Need and their Families 2000 and the statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004.

In June 2010 the then Secretary of State for Education, Michael Gove, commissioned Professor Eileen Munro to conduct an independent review of child protection in England. In the final report of her review "A Child Centred System" Professor Munro concluded that the focus on need and experience of individual children had been lost within a child protection system that was overly concentrated on compliance and procedures. The Government agreed with Professor Munro's analysis and published a formal response to her 15 recommendations in July 2011.

The revision of this document forms part of a wider programme of radical reforms recommended by Professor Munro as a result of her review of child protection. The Government has accepted Munro's recommendations and introduced three underlying principles for bringing about long term change:

- building a child-focused system
- reducing unnecessary Government prescription
- placing greater responsibility on the professional skills and judgement of frontline practitioners.

The new WT 2013 guidance states that this can be achieved through:

- being clear about our legal responsibilities as single agencies and collective inter-agency responsibilities
- providing the right help at the right time
- improving our local assessment processes
- improving how we coordinate our working together arrangements to support children in need and those in need of protection
- promoting a culture of continuous learning and development

Over the next 12 months the Telford & Wrekin LSCB will continue to coordinate work to safeguard children locally and ensure that changes brought about from the implementation of the WT 2013 are monitored in terms of effectiveness and appropriate challenge.

Policy and procedures sub-group

The Policy and Procedure Sub group has continued to review, amend and update policy and procedures to ensure that multi-agency procedure s comply with Working Together 2013 and has reviewed procedures in light of the changes. The group has also developed policy and procedures from learning from Serious Case Reviews.

LSCB stakeholders events

SCIE Training: In preparation for the requirement to use a systems approach for undertaking serious case review, a three day leaning event was held during December 2012 and January 2013 to familiarise partners with this new approach. The event was facilitated by the Social Care Institute for Excellence and was attended by representatives from Social Services, Education, the Police, Health, Probation, CAFCASS and the Independent Chair.

Following the event the West Mercia Mercia Police took the lead in a project to examine the potential for creating a common approach to Serious Case Reviews across West Mercia and Warwickshire.

MACIE: On 24th and 25th January 2013, the Board organised a Multi-Agency Critical Incident Experience (MACIE) which was run at the College of Policing Hydra suite at Ryton-on-Dunsmore. This course was part of the national rollout programme for MACIE by the NPIA, as identified as good practice by Munroe.

27 people attended the 2 day Hydra immersive learning event lead by the NPI. Police, Social Care, Health Economy, Education were represented within the group along with senior advisory roles from the T&WSCB.

Through participation in a live time scenario, learners moved between syndicate discussions and interagency plenaries, resulting in an evolving practical learning opportunity.

The experience provided an opportunity to witness in real time multi-agency decision making and consider the impact of process on effective information sharing.

Telford & Wrekin Local Safeguarding Children Board

Monitoring and evaluation - quality assurance activity

Quality assurance sub-group

During the year the Quality Assurance Sub-group developed a multi-agency data set that will assist the Board in monitoring and further understanding the effectiveness and impact of the partnership and assist in informing the SCB Business Plan. The data set includes performance indicators that are being regionally developed and will be adopted across West Mercia.

The group has also overseen the Section 11 Audit of SCB partners and has continued to review the learning from this activity with partners continuing to report on progress.

The SCB led a case mapping exercise which involved partners auditing a number of children's cases. The findings from this activity concluded that there was positive evidence of inter-agency working, and effective co-ordination and planning. The exercise also highlighted areas for development such as: further attention being paid to the needs of children living in circumstances where there is domestic abuse and the impact and effectiveness of multiagency working for children and their families. The learning from these activities has informed the development of SCB priorities and quality assurance data set.

In the next year the group will continue to develop the SCB data set and aims to overcome some of the challenges that have been identified in terms of data collection, so that the SCB can identify issues relating to child safeguarding and better understand the impact of the SCB's Threshold Guidance.

The Framework for Learning and Improvement as required by Working Together 2013, will incorporate a thematic programme of multi-agency activity which will assist in developing learning across all partners around safeguarding practice. This programme will be moving forward over the next year.

The methodology of the Section 11 audits is also being reviewed by the group with the aim of establishing a smarter process and reporting mechanism.

Areas of strength and areas requiring improvement

During the course of the year the Board undertook a number of self-assessment exercises and identified the strengths and areas requiring improvement. The key strengths identified were:

- Partnership Working: the work undertaken by the CATE Sub-group to successfully mainstream the care pathway demonstrated effective partnership working, had a significant impact on a vulnerable group of children, raised awareness of CSE across the borough, resulted in the conviction of 8 perpetrators of CSE and directly involved children and young people

- A Willingness to Learn and Improve: the Board commissioned an external independent organisation to assist with learning, initiated a Peer Review and embarked on a programme to streamline the operation of the Board and increase the participation of the wider partnership in the management of Board sub-groups

- An Effective Approach to Priorities: all three priorities identified in the business plan have reached a point at

which the new approaches developed are being fully embedded, allowing the priority start and finish groups to be stood down and replaced by groups focussing on new priorities. For example, new operating procedures to deal with missing children have been completed, there is now consistent data collected so we can better understand improvement gaps and themes and this information has been used to inform the risk management of these vulnerable children in order to further develop preventative services. Children in care have been involved via the rights and reps project to develop Missing Children Services.

- Listening to the Voice of the Child. The child's voice is increasingly being heard in all the business of the SCB, Team Safeguarding Voice has gone from strength to strength by informing the business and the agenda of the SCB, focussing on anti-bullying, raising profile of domestic abuse and organising practical ChildLine sessions where e-safety is a key element

- Comprehensive and Responsive Training. Despite the organisational restructures in the statutory organisations the Interagency Training Pool has been developed and the scope and scale of training activity has improved.

The key areas requiring improvement identified were:

- Quality Assurance. While progress has been made in developing a multi-agency data set, there is still insufficient information on outcomes and how the work of the Board is making a difference to the lives of children.

- Communications. The formal procedures for communicating the work of the Board and its sub-groups have failed to transmit essential messages to all front line staff and there is a recognition of the need for a more direct approach to establish clear links between aspiration and front line practice.

- The Pace of Change. Current board structures and governance arrangements are not well suited to responding quickly to increased demands, performance shortfalls and changes in the external environment.

- Engaging with the Wider Partnership. The work and management of the Board and sub-groups tends to be dominated by representatives from the Local Authority and there needs to be a more equitable sharing of roles and responsibilities.

- Risk Management. The Board's approach to risk management is unstructured and underdeveloped. A formal approach to risk management is required based on a risk register developed and updated through regular inputs from all partners.

Priorities for 2013 - 2014

Following a review at the Board Development Day of existing priorities it was agreed that considerable progress had been made in all three areas and that improved approaches were close to being fully embedded across the partnership. It was agree that in each case outstanding work could be completed before the end of 2013 and that new priorities would therefore need to be identified.

A working group was set up to develop recommendations and its initial thoughts were to build on work that was already underway in three areas:

- neglect
- domestic abuse
- improving professional practice

The progress made to date in these areas is summarised below.

Neglect

Telford & Wrekin SCB are one of three Local Safeguarding Children's Boards including Cheshire West and Chester and Halton who are attempting to address the challenges that practitioners encounter in maintaining a focus on the child when planning and intervening to meet the needs of the child where there are issues of chronic neglect. In attempting to improve outcomes for children the "Childs Daily Lived Experience Model" has been developed in collaboration with Professor Horwath. This model has three components and has been designed to ensure at Child Protection Case Conferences and reviews information is gathered that centres on the daily lived experience of the child which informs decision making and the Child Protection Plan.

It is anticipated that the pilot of the model will commence in May of this year with the evaluation undertaken by Sheffield University beginning in October. The purpose of the study is to establish whether the implementation of the Childs Daily Lived Experience Model is likely to promote better outcomes for children. More specifically this study seeks to establish:

- whether child protection plans and interventions are focusing on improving the daily lived experience of neglected children
- if outcomes and measures of progress are more child focused
- ways in which operational staff make decisions about outcomes for children who are suffering or likely to suffer significant harm as a result of neglect using the Model
- aspects of the model that are felt to contribute to improving child focused practice and those which do not
- factors that promote and inhibit the use of the Model
- suggested revisions to the model in light of the piloting experience

Domestic abuse

The new Domestic Abuse Sub-group will be based on a current steering group which has focused on the developments in legislation and how the partnership could meet the requirements in line with the vision of the Council and the evidence of need within the borough. The Domestic Abuse steering group currently reports directly to the Community Safety Partnership Board.

Progress is being made with a view that Telford and Wrekin become a White Ribbon Town, a classification which encompasses a proactive approach to raising the profile of Domestic Abuse as a priority concern and highlights its impact upon children, adults and communities.

The Domestic Abuse Strategy is in the process of being developed and will incorporate the changes of definition from the legislation, and in particular embrace the needs of 16 and 17 year olds who are in relationships where domestic abuse is a feature. This age group are frequently accessing safe accommodation.

Free CRUSH training has been provided across a range of agencies including schools. Group work and work with individual children is taking place to raise awareness and strategies are being developed to create a comprehensive an coordinated approach to dealing with this issue. Telford & Wrekin Council is also developing its own programme for supporting victims and survivors of Domestic Abuse building upon the Freedom Programme.

Free training is available to statutory and non-statutory agencies and the voluntary sector for raising the awareness of domestic abuse and strategies for responding to it. This is facilitated through the Council but facilitated by a multi-agency approach.

In terms of updates, the Mullti-Agency Risk assessment Conference (MARAC) has recently been assessed by Coordinated Action against Domestic Abuse (CAADA) and was found to be good practice with all recommendations being followed. New orders available to the Police for taking a perpetrator out of the situation are now being implemented following a successful pilot. These orders are intended to keep victims and children safe for a fixed period of time. The Council has almost completed its first Domestic Homicide review and the recommendations have been incorporated into the Domestic Abuse strategy.

Training, protocols and communication are a key feature for ensuring that awareness is raised, that Domestic Abuse is identified and that information is shared in a timely manner to ensure the victims, children and the community is kept safe.

Improving professional practice

During the year two themes were identified as priorities, Invisible Men and Cultural Competence. Towards the end of the year it became clear that whilst much effort had been expended in these areas, it was difficult to identify where this work had had a significant impact on improving professional practice. It was therefore decided to focus on the methods by which professional practice is improved rather than concentrating on specific themes as it was felt that once workable universal models were identified for achieving steps changes in performance, it would be easier to tackle individual themes.

Work Programme for 2013 - 2014

In addition to the work already identified on new priorities that following work programme has been agreed:

Children's Safeguarding Peer Review:
The decision was taken in March 2013 to undertake a Children's Safeguarding Peer Review which was scheduled to take place in June. Peer Reviews are offered by the Local Government Association (LGA) to local authorities to support them in improving services. On request, teams of peer reviewers, which include Directors, Members and specialist practitioners from other local authorities, examine evidence from a wide range of sources in order to challenge the council and help them to recognise their strengths and identify areas for improvement.

The key purpose of peer reviews is to act as a 'critical friend' and stimulate local discussion about how the safeguarding partnership can improve safeguarding outcomes for children and young people. The Peer Review covers a variety of activities involving the council and partner agencies including; focus groups, interviews, an assessment of the Quality Assurance file audit process, a review of case records and a multi-agency case mapping exercise.

Learning and Development Framework:
The Board will embed the Learning and Development Framework and strengthen governance arrangements, particularly regarding SCB influence upon other key partnerships in terms of informing priority actions and commissioning. The terms of reference of the Serious Case Review Sub-group will be extended and it will become a Learning and Development Sub-group, providing a focus on the outcomes of all review, in addition to its continuing work on SCRs.

Quality Assurance Framework:
The Board will strengthen the Quality Assurance Framework through regular interrogation and consideration of the multi-agency data set, themed audits and Section 11 audit activity.

Responding to Working Together 2013:
The Board will continue with development of changes identified in Working Together 2013 particular in understanding the impact of the Threshold Document and developments in undertaking Serious Case Reviews

Team Safeguarding Voice:
The Board has approved plans to cascade the Team Safeguarding Voice model across schools in Telford and Wrekin.

Streamlined Board and Improved Governance:
Membership of the Board will be reorganised to reduce duplication, reallocate resources to sub-groups and increase Board membership and management of sub-groups from non-Local Authority partners. The number of sub-groups reporting directly to the Board will be reduced and all statutory functions and objectives will be distributed amongst the sub-groups to ensure all activities are fully covered. An annual Board and sub-group timetable will also be produced. All sub-group chairs will sit on the Board and all sub-groups will be required to formally report to the Board on the principle of exception reporting.

Accelerated and Improved Communications:
Plans are being developed to accelerate the dissemination of learning to front line staff throughout the partnership by encouraging the Board and its sub-groups to distribute accessible briefing documents across the whenever issues are raised which require urgent attention.

Ensuring the Child's Voice is Heard:

All agenda items at the Board and its sub-groups will be reviewed to determine how the voice of the child is heard and reflected in its decision making.

Glossary of Abbreviations

CAMHS	Child and Adolescent Mental Health Services
CAF	Common Assessment Framework
CATE	Child At Risk of Sexual Exploitation
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CEOP TUK	Child Exploitation and Online Protection Centre Think You Know
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
HGSCG	Healthcare Governance Safeguarding Children Group
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Children
LADO	Local Authority Designated Officer
LGA	Local Government Association
LSCB	Local Safeguarding Children Board
MACIE	Multi-Agency Critical Incident Experience
SARC	Sexual Assault Referral Centre
SaTH	Shrewsbury and Telford Hospitals
SCB	Safeguarding Children Board
SCHT	Shropshire Community Health Trust
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
SILP	Significant Incident Learning Process
TAC	Team Around the Child
YPAG	Young Persons Advisory Group

Appendix

Team Safeguarding Voice – Annual Report

A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services (Working Together 2013)

What's gone well

Designing new logos and a poster to catch people's eye help everyone everywhere in T&W STAY SAFE!

Speaking at the Anti-Bullying Alliance Conference in London with Adrienne Katz

Teaching Mr Partington how to make a Chatterbox

We got an award from T&W Council for our safeguarding work. We met the Mayor in his parlour for cakes, biscuits and squash. He made a Chatterbox too!

Getting the High Sherriff of Shropshire Award for our work

Working with Jan Howarth on the neglect tool to help Social Workers find out about our day

We travelled on the Golden Bus!

The impact our work has had on us and our school.....

We all understand what bullying looks like and feels like, including domestic abuse and homophobia. We have reduced bullying in school especially homophobia

The impact our work has had across Telford and Wrekin.....

The Chatterbox went to every school

All our work is shared with the Safeguarding Board and then it's shared with other schools.

New child friendly keeping SAFE poster and logo

Safe Areas For Evervone

What we would like to do next.....

Organise a conference for all the Team Safeguarding Voice groups in Telford, with workshops and us as speakers

To have our new logo on a badge, so that everyone recognises every member of Team Safeguarding Voice across Telford and Wrekin

Have a Team Safeguarding Voice T Shirt to wear at meetings

Try and get Loudmouth Theatre into every school in Telford and Wrekin to tackle cyber, physical, sexual and emotional abuse. Also homophobia, racism and domestic abuse

Safe Areas For Everyone

Telford & Wrekin Safeguarding Children Board

Who and what we need to help us.....

We need Kris and Shirley, Mrs Deane and Mrs Mitchell

We need each other to make Safeguarding Voice work

What we found out about the Safeguarding Children's Board!

"They can't follow instructions, can they Dr. Ganesh?"

"They are very competitive, aren't they M Johnson?"

"When we came to visit and when we went to London, we found out that adults haven't got very good listening skills!"

"They think we can be bribed with chocolate biscuits to choose their chatterbox as the best, don't they Mr Partington?"

"Kris is good at getting sweets!"

But most of all, thank you for listening to us and helping us to make a real difference to keeping all our friends SAFE, we couldn't have done it without you!

Aaron, Vicky, Keiran, Lewis, Bethany, Craig, Sophie, Emily and Callum

Shropshire and Telford & Wrekin
Safeguarding Adults Board
Annual Report 2012-13

No more secrets.

‘Keeping people safe from harm’

Index

FOREWORD

Welcome to the Shropshire and Telford & Wrekin Safeguarding Adults Board, Annual Report 2012/13.

The Board is a voluntary arrangement of statutory and non-statutory agencies that work together with the shared vision of making Shropshire and Telford & Wrekin a place where adults at risk are protected from abuse, and the rights of people who are unable to make decisions for themselves are promoted and safeguarded.

This Annual Report provides an overview of the Board, its member organisations, its work-streams and achievements over the last 12 months.

I am pleased to be able to highlight achievements across our areas of responsibility:

- the adoption of the pan-West Midlands Policy and Procedure

- the level of training available and delivered

- the signing of the information sharing protocol

The Annual Report provides more detail about the range of achievements of the Board collectively and also of individual agencies. Whilst recognising what we have achieved as a Board, we are very aware of the need to ensure that we continue to progress. There is more to be achieved and we continue to be committed to working collectively to take forward and deliver our responsibilities to vulnerable adults.

Karen Kalinowski
Joint Chair

SUMMARY OF ACHIEVEMENTS AND TRENDS FOR THE YEAR 2012-13

New Adult Safeguarding Policy and Procedure

The most important development for the Board over the last year was the resolution to replace our existing adult safeguarding arrangements, based on the Multi-Agency Adult Protection Policy and Procedure, which had served the Board area well for more than a decade with an entirely new approach, based on a pan-West Midlands model. Based in turn on an approach which has enabled all the London Boroughs to share the same adult safeguarding procedural arrangements, the proposed policy and procedure will be implemented across 11 of the 12 Board areas in our region.

The policy document is hosted on the Social Care Institute of Excellence website at:

http://www.scie.org.uk/publications/reports/report60/files/report60.pdf

The new process is based upon 7 key stages, each of which are subject to defined timescales

1 Alert
2 Referral
3 Strategy discussion
4 Investigation
5 Case conference
6 Review
7 Closure

The beneficial features of the new arrangements include

- A renewed focus on the sound assessment of risk and the planning of actions in response
- Means by which matters can leave the process in an accountable way at any stage in appropriate circumstances
- More proportionate safeguarding responses to concerns raised.
- The facilitation of more straightforward regional benchmarking for the future

The new arrangements were ready for implementation in Shropshire at the year end, though local technical difficulties resulted in a delay until June 2013.

Referrals for the year – a summary

During the year, both local authorities reported a substantial increase in the number of referrals received. In Telford & Wrekin the increase was from 439 to 503, a rise of 14.6%, while in Shropshire the total went up from 412 to 547, representing an increase of 32.8 % over 2011-12. (See Appendix 1 for further details)

It is no easier to interpret this increase than it was to account for the decreases which were reported in previous years. A tentative suggestion is that the increases for both local authority areas point to a high level awareness of safeguarding and of how to respond to concerns. Given the high level of referrals from the social care sector, this in turn suggests that the safeguarding awareness training which is delivered by Shropshire Partners in Care across the independent care sector is effective and beneficial.

The institutional abuse investigations that have taken place over the year may well provide a further reason why the number of referrals has increased so sharply.

Under the heading of abuse in institutional settings, it was recognised that there had been a rise in the number of referrals from both the Royal Shrewsbury Hospital and the Princess Royal Hospital. A rise in the overall number of referrals is to be welcomed but in this case the concerns indicated a pattern of similar concerns which needed addressing. Senior representatives from both authorities and both hospitals were able to meet and subsequently complete an action plan to minimise the repeat concerns that had been raised.

There has also been a sustained focus by both authorities on their responsibilities following the findings of the Winterbourne View enquiry. To this end, a series of multi-agency meetings have taken place, to ensure that the risks to service users placed by Shropshire and Telford and Wrekin with providers out of the county borders are minimised, and that suitable and regular reviews of that placement take place by our own staff.

New sub-committee structure for the Board

In order to make its work manageable and efficient, the Board has delegated certain functions to subgroups, some of which operate in respect of specific issues on a task-and-finish basis, while others will have an ongoing and continuing role.

- Performance subgroup

  The group has met for single sessions in between full Board meetings. Meetings during the year have focussed on agreeing terms of reference, developing useful additional values for reporting by each local authority on a quarterly basis, themed audits of case records where a concern about financial abuse had been raised and identification of other sources of safeguarding intelligence, notably Trading Standards (who later made a presentation to the Board).

  The Performance subgroup plays a central role in providing the Board with evidenced assurance that safeguarding systems across the partnership are sound and effective, or in highlighting areas which require attention if the Board is to meet its objectives. For this aspiration to be realised going forward, commitment and consistent contributions will be require, as well as clear steerage from the Board in regard to priorities.

- Dignity Network

  The Dignity Network met bi-monthly throughout the year. The group aims to raise the profile of Dignity, as a key concept which underpins both safeguarding and personalisation.

  The network's achievements during the year included the completion of a Dignity Survey of the local health and social care sector, in order to gauge the extent awareness of dignity issues and how they are promoted. A drive to recruit more Dignity Champions has continued through the year, but the most prominent achievement was a 10 mile Dignity Walk from Haughmond Hill to the Wrekin by network members, which achieved publicity for the cause in the local press and radio.

- Training subgroup

  Although the training of staff in a range of safeguarding areas has continued across the sector throughout the year (see figures presented by both Shropshire Partners in Care and the respective training leads from the two local authorities, elsewhere in this report) the Training subgroup, as a formal body reporting to the Board, has not met consistently. This will need to be addressed for the year to come in order to ensure that the Board is able to be accurately informed both of what training and development opportunities are made available, but also to create a means by which any gaps or deficits are tracked and responded to.

- Procedure and Protocol group

  Over the year the Procedure and Protocol Group's principal task was to oversee and preparations for the implementation of the new regional Adult Safeguarding Policy and Procedure. As described elsewhere this radical overhaul of our safeguarding arrangements is based on a regional model of adult safeguarding, which will be shared with 11 other Safeguarding Board areas in the West Midlands.

  The Lead Professional in Telford was a member of the regional editorial panel. In addition to the completion of the high-level procedure document, the new arrangements have the required the group to work on a range of implementation guides which create the fit between the procedure and the local organisational landscape within the Board's area. The task of training and briefing staff across the sector on the changes, as well designing new forms, both electronic and manual, had been largely completed by the end of the year.

Further work will be necessary in the year to come to develop and seek approval for terms of reference and work programmes for each subgroup

In the year(s) to come, with the adoption of a new adult safeguarding policy and procedure and a new approach to the process, there are likely to be difficulties in making direct statistical comparisons between data gathered up to now and from 2013-14 onwards. In particular the introduction of an initial 'alert' stage, is likely to reduce the number of cases which enter the process as full referrals.

Institutional abuse investigations / large scale enquiries

Within the Multi-Agency Adult Protection Procedure, the Institutional Abuse process has been invoked in circumstances where serious safeguarding concerns arising from a provider indicated that something was fundamentally wrong with the service and that a radical response was called for. The process is extremely expensive of staffing resources, which have to be devoted to detailed investigation and reviews, and is not entered lightly. Exit from the institutional abuse is on the basis of a multi-agency judgement that the level of risk to vulnerable people in the setting has been reduced to an acceptable level.

In Telford & Wrekin, 7 institutional investigations were carried out over the year, in the following settings

- 4 large residential/nursing homes
- 1 small residential home
- 2 domiciliary care agencies

In Shropshire there have been 5 investigations that have been recorded as being institutional investigations.

They were all in large residential/nursing homes.

Over the last 12 months it has become the policy of Shropshire Council to be more robust with providers who consistently refuse, or who are very slow to raise standards or to implement changes when requested to do so. The suspension of new referrals and ultimately the complete withdrawal of contracting with that particular business has been necessary in order to ensure the safety of the residents.

Serious Case Reviews

A single request was made for a Serious Case Review during the year, and this will be the subject of investigation during 2013-14. This is only the second such request for review since the adult safeguarding process was inaugurated in 2001.

The guidance on Serious Case Reviews originates from the Association of Directors of Adult Social Services and specifies the following circumstances which a Serious Case Review should be established

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the Board should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

PUBLIC AWARENESS AND PREVENTION

A six month project was started in 2012 to see if there was a better way of delivering the 'Safeguarding' message to a wide variety of community groups throughout the County.

The aim was to raise the profile of safeguarding as a whole across Shropshire and to promote safeguarding within community groups. To this aim a presenter from Shropshire's Joint Training team was employed to deliver briefings to the wider community; the areas targeted were community organisations, volunteer groups, church and faith groups, women's institute's, farming organisations etc. and on to as many areas of the community as possible in order to ensure that the widest available audience receives this basic knowledge of safeguarding and can recognise abuse and know what to do about it.

The areas of safeguarding that will be covered are;

- Adults at risk
- Children
- Domestic Violence and Hate Crime.

The presenter was also to liaise with the new GP's, surgery staff, patient advisory groups, and Shropshire CINCH to promote safeguarding in the areas where the most at risk people are being cared for.

Initially the take-up of the offers for the briefing was slow, but with the persistence of the trainer and 'word of mouth' recommendations after the first briefings have been delivered, a steady flow of requests was beginning to be received several months into the project.

The Safeguarding Briefing has been delivered to 71 health staff as a refresher / update with signposting to more in depth training for identified roles. Delivery of this Safeguarding training for the above church groups commences in early June 2013

End of Initial Project observations:
We are only now beginning to see a take up in this training offer due to the long term planning that these groups appear to have in place, coupled with fairly infrequent meetings.

Additional resources to accommodate this training would ensure the longevity of the provision of this valuable learning option which will support community capacity building alongside promoting the Safeguarding Agenda and protection of adults at risk.

Talks are currently on-gong to explore ways of continuing this project and expanding it over a wider area.

During 2012/13 a website for the Safeguarding Adults Board has been inaugurated and it can be accessed at;

http://www.stw-sab.org.uk/

Information for access by members of the public and professionals is available on this site. From this modest beginning, it is hoped that the website will develop into a valuable local tool for the widespread dissemination of news and information about adult safeguarding for practitioners, managers and anyone else with an interest in safeguarding.

ACTIVITY AND PERFORMANCE

Vulnerable Adults Safeguarding Board combined (both Authorities) statistics

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

Period	2008/9	2009/10	2010/11	2011/12	2012/13
Number of Referrals	774	1040	948	851	1062

2. Combined referral data 2012/13

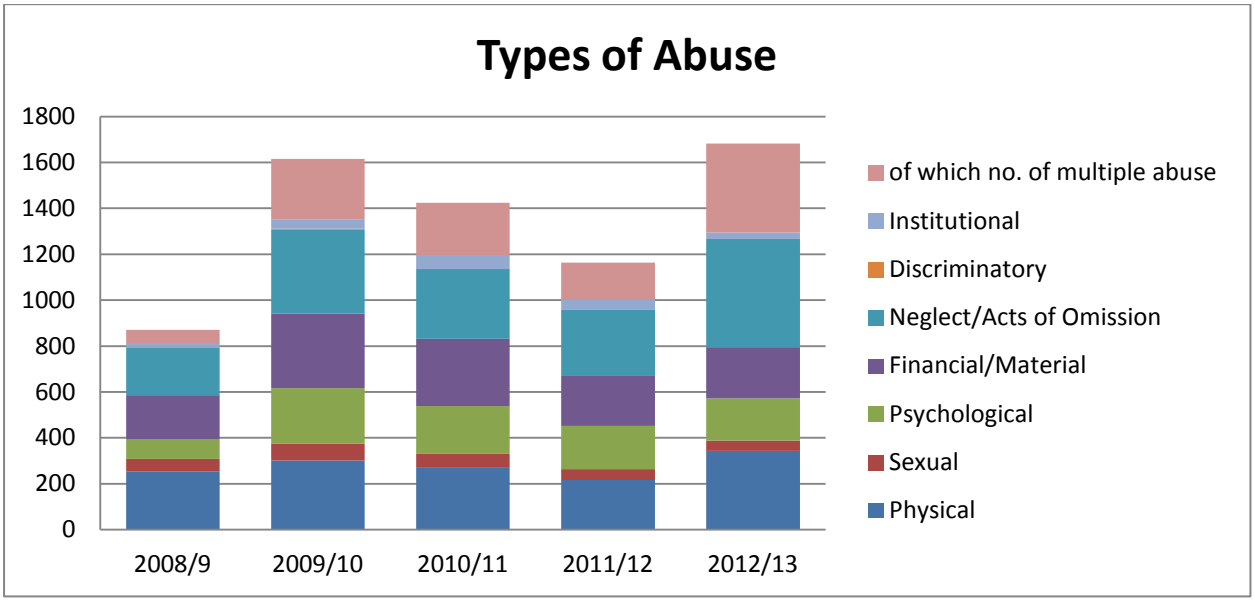
Source Of Referral	Total
Vulnerable Adult	19
Vulnerable Adults Family	98
Friend/ Neighbour	14
Other Service User	0
Social Care - Domiciliary Staff	90
Social Care - Residential Care Staff	234
Social Care - Day Care Staff	24
Social Care - Social Worker/ Care Manager	107
Social Care - Self Directed Care Staff	4
Social Care - Other	119
NHS - Primary/ Community Health Staff	98
NHS - Secondary Health Staff	97
NHS - Mental Health Staff	15
Care Quality Commission	38
Housing	17
Education/ Training/ Workplace	9
Police	14
Other	67

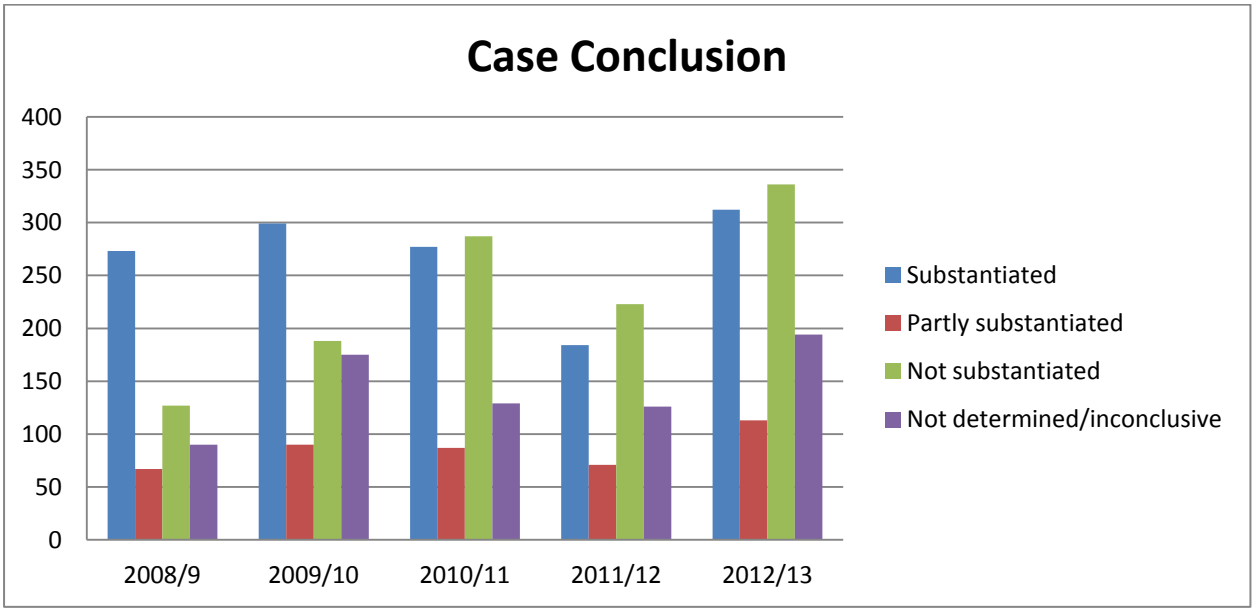
3. Type of abuse

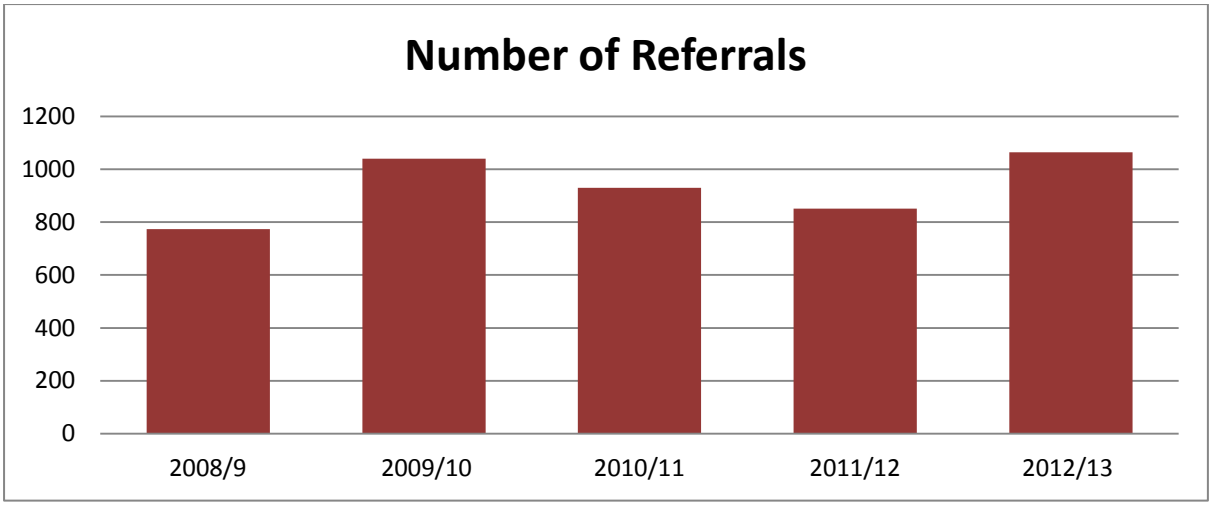
Type of abuse	Total
Physical	343
Sexual	45
Psychological	184
Financial/Material	223
Neglect/Acts of Omission	472
Discriminatory	0
Institutional	27
of which no. of multiple abuse	388
Not stated	0

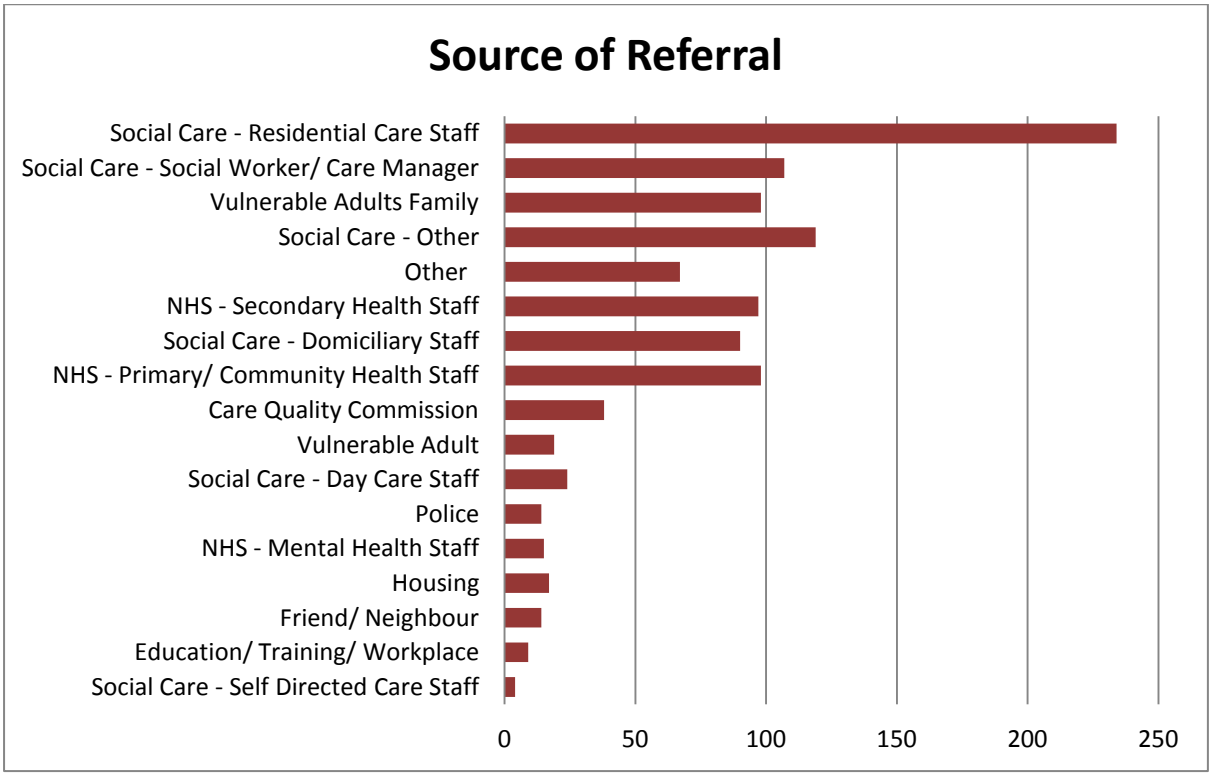
4. Case conclusion;

Case Conclusion	Total
Substantiated	312
Partly substantiated	113
Not substantiated	336
Not determined/inconclusive	194






Number of Referrals
1200
1000
800
600
400
200
0
2008/9
2009/10
2010/11
2011/12
2012/13


Source of Referral
Social Care - Residential Care Staff
Social Care - Social Worker/ Care Manager
Vulnerable Adults Family
Social Care - Other
Other
NHS - Secondary Health Staff
Social Care - Domiciliary Staff
NHS - Primary/ Community Health Staff
Care Quality Commission
Vulnerable Adult
Social Care - Day Care Staff
Police
NHS - Mental Health Staff
Housing
Friend/ Neighbour
Education/ Training/ Workplace
Social Care - Self Directed Care Staff
0
50
100
150
200
250

TRAINING

The following sections demonstrate the extensive training provision available and delivered by Board member agencies.

Safeguarding Training of Council Workforce (Shropshire & Telford and Wrekin)

This year it has not been possible to collect information about the training status of all statutory and independent sector workforces. This will be addressed in next year's report.

A range of training opportunities exist to meet the learning and development needs of different staff in a variety of settings who have different roles and levels of responsibility. Each agency takes a slightly different approach to meeting those needs, always appropriate to achieve the competencies set out in the framework approved by the board.

This ensures that all staff know what actions they need to take in order to safeguard an Adult at Risk.

Training is available at different levels of complexity to meet different learners' needs in the format of short courses, problem solving workshops and longer courses up to 5 days. Training is targeted to the relevant audiences, for example 'awareness' level for all staff with direct access to adults at risk and Minute Taking for administrative staff undertaking this task.

A range of training is also provided for non-Council staff from the care and health sector and community groups in Shropshire e.g. Safeguarding Briefing for Community Groups.

The following table sets out the range of courses available across the two Councils (not all courses are provided in both) and the number of Council staff who have attend each in the year 2012-13.

Number of Council workers who attended training during 2012-13

Subject	Shropshire	Telford & Wrekin
Safeguarding Adults Awareness	200	34
Safeguarding Adults for Provider Managers	11	1
Interviewing and Investigating	15	Not applicable
Chairing Adult Safeguarding Meetings	3	Not applicable, done previous year.
Minute Taking in Safeguarding Adults	4	Not applicable, done previous year.

New Safeguarding Adults Policy – Implications for Investigating Workers	75	Undertaken through briefings
New Safeguarding Adults Policy – Managing Officers	43	Undertaken through briefings
Safeguarding Briefing Train the Trainer	6	Not applicable
Mental Capacity Act 2005 (different levels)	109	Not applicable
Mental Capacity Act and Deprivation of Liberties Safeguards	Not applicable	22
Deprivation of Liberty Safeguards, including Authorisers training (different levels)	203	Not applicable
Best Interests Assessment (different levels)	35	Not applicable
Court of Protection and Decision Making under MCA	17	Not applicable
Police and Criminal Evidence Act (PACE)	27	Not applicable
Dignity in Practice	11	Not applicable
Professional Boundaries	23	0
Personal relationships and sexuality (different levels)	43	0
Domestic Abuse	21	Not applicable
Managing Actual and Potential Aggression MAPA® (this figure is the number of complete courses attended, which range in duration from one to four days)	139	78

The training numbers are relatively small in Telford due to very low levels of staff recruitment during extensive restructuring activities. There is currently no mandatory requirement to attend refresher training so long-term workers have not needed to attend a second time. The development of e-learning to cover some of these subjects will make training easier to access and update knowledge.

In Telford Council 399 workers have direct contact with vulnerable adults and therefore need a minimum of the 'awareness' level training. Of those, 42 have yet to undertake the training. This is approximately 10% of the workforce. In Shropshire accurate data is not currently available due to recent reorganisation of services and movement of staff.

<u>Shropshire Partners in Care</u> (Independent & Private Sector)

Training is made more widely available to the sector through Shropshire Partners in Care and is offered directly though SPIC and in partnership with Joint Training for Adult Community and Health Services, Shropshire Council and Workforce Development, Telford & Wrekin Council. In 2012-2013 the safeguarding trainers were invited to present workshops on safeguarding and Mental Capacity Act during the COPE training sessions for GP practices.

Training delivered or coordinated by SPIC:

- Safeguarding Adults Awareness

- Safeguarding Adults for Provider Managers
- Keeping Safe, Understanding and Reporting Abuse (Shropshire)
- Common Induction Standards Training (Standards 5 & 6) (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
- A range of First Aid courses
- Medication in Care for Support Workers and Nurses
- Dignity in Practice (Shropshire)
- Dementia Awareness (Telford & Wrekin)
- Management programmes and workshops

In 2012-2013 the number of learners trained has again risen, 1515 learners accessed safeguarding related courses delivered by the training and development worker in Shropshire and 1254 in Telford & Wrekin. (These figures may show duplication with Joint Training and T&W Workforce Development as SPIC trainers deliver the courses).

Robert Jones & Agnes Hunt NHS Foundation Trust

The Trust currently provides mandatory training for clinical staff with direct patient contact which needs to be completed every 3 years by staff identified within the Trust Training Needs Analysis. The Trust aims for all clinical staff to have completed the training by the end of 2013/14.

The table below shows the number and percentage of staff that are compliant with the training listed above:

Year	***Name of Training***		
	Safeguarding Vulnerable Adults	**DOLS**	**MCA**
2010 – 2011 % in 2010-11 *(based on 751 staff to complete)*	292 38.9%	43 5.7%	45 5.9%
2011 – 2012 % in 2011-12 *(based on 751 staff to complete)*	628 83.6%	69 9.2%	68 9.1%
2012-2013 % in 2012/13 *n.b. The Trust Training Needs Analysis was reviewed in November 2012.*	582 86.9% *(based on 670 staff to complete)*	178 30.9% *(based on 575 staff to complete)*	145 23.4% *(based on 620 staff to complete)*

The Trust aim is for at least 90% of relevant staff to have received Adult Safeguarding Training by 31st March 2014.

The Trust also provides further training in the following specific areas:

• ***Mental Capacity Act 2005 Awareness***
This is provided as a facilitated session delivered by an external training company.

• ***Deprivation of Liberty Safeguarding Awareness (DOLS) Training***
This is provided as a facilitated session delivered by an external training company.

• ***Learning Disabilities Awareness Training***
This is provided as both an e-learning module and a facilitated session delivered by Shropshire County Training and a service user. In 2012-13, the number of staff who are compliant with the training is 445 staff, giving a percentage of 68.0% (based upon 654 staff to complete following review of TNA in November 2012).

133 staff have completed a variety of Dementia awareness workshops and 73 staff have completed mental health awareness training and mental health first aid training.

West Midlands Ambulance Service

The Safeguarding Team (together with the Education and Training Department) have delivered extensive education (Educare, Clinical Notices, VLE, Clinical Times and Weekly Briefing articles, direct training, mandatory workbook and University engagement). This has led to a the quality of referrals being substantially increased and can be evidenced by a reduction in the amount of concerns from partner organisation's in regard to our referrals

Shropshire Fire and Rescue Service

We recognise that sharing data with other agencies can greatly improve our effectiveness and we have a long history of sharing information and data with partners to assist in achieving mutual goals. Our involvement in safeguarding adult's programmes is part of that commitment. A number of our staff have been trained and deliver the programme in house. We have now trained the majority of our front line staff in recognising and acting upon safeguarding issues, a total of 300 staff in all. From this training we have had a number of referrals to the safeguarding teams in the first year that the training has gone live. This has allowed the relevant agencies to assess and assist where necessary, and also allowed vulnerable adults access to help and assistance

Training in SaTH

Training remains a key focus within the organisation regarding safeguarding of children and adults at risk. Across the Trust there are 5,500 members of staff to train. Adult protection Awareness training remains part of the statutory training programme for all patient handlers and at present we have achieved 70% attendance with a target of 80%; which is a significant increase to last year. Adult safeguarding training has now been included in the induction training of new members of staff within the Trust.

Shropshire Council has continued to provide MCA and DoLS training sessions on site with further sessions to be provided. This has proven to be very effective in raising awareness within the Trust with the outcome of increasing referrals for DoLS over the year.

West Mercia Police

The investigator has undertaken training as listed below.

- Aspergers.
- Personality Disorder
- Mental Health
- Huntingdon's Disease
- Whistle blowing Conference

DEPRIVATION OF LIBERTY SAFEGUARDS

Shropshire

Deprivation of Liberty Safeguards annual report 2012/13

Level of DoLS activity 2012/13 for Hospitals in Shropshire

There were 17 requests from Shrewsbury and Telford Hospitals which related to 13 different people.

There were 4 requests from Robert Jones and Agnes Hunt all granted, one request from Chirk Community Hospital which was granted, one request from Queen Elizabeth Hospital, Birmingham not granted as the patient had absconded and one from St Georges Hospital Stafford (there is a specialist ALD unit there) which was granted. In the case of the absconding patient an Adult Safeguarding referral was made to Birmingham.

SOURCES OF HOSPITAL DOLS REFERRALS 2012/13	**NUMBER**	**GRANTED**	**NOT GRANTED**
SATH	17	8	9
RJAH	4	4	
BISHOPS CASTLE CH	0	0	
BRIDGNORTH CH	0	0	
LUDLOW CH	0	0	
WHITCHURCH CH	0	0	
ST GEORGES	1	1	
QE BIRMINGHAM	1	0	1
CHIRK CH	1	1	

Level of activity 2012/13 Care Homes

There were 81 requests of which 51 were granted and 30 not granted.

Combined level of activity 2012/13

Numbers of assessments completed April 2012 to March 2013 compared to previous years

Assessments month by month	2009/10	2010/11	2011/12	2012/13
Total	**62**	**107**	**121**	**105**

Case Law and Court of Protection

Best Interest assessments have become more complex, time consuming and challenging as case law develops. Assessors are grappling with concepts as they are interpreted by Judges and have to always be alert to potential challenges to their decision making.

We do not currently have any DoLS cases at the Court of Protection to challenge DoLS decisions. However, we are involved with a care management case at the Court of Protection where the Court have found a deprivation of liberty is occurring and required the care home to apply for a DoLS authorisation. It is linked to the Cheshire West appeal which is to be heard by the Supreme Court in October this year. Once this case it heard it may provide more direction about what does and what doesn't constitute a deprivation of liberty.

Areas of developing practice

The Shropshire DoLS Manager is currently summarising a number of case studies where DoLS has produced a successful outcome for the service users with a view to these being published. Community Care is interested in this. Some have also been shared with the DH and with SCIE for inclusion in a Good Practice Guide.

Regional representation

The Shropshire MCA/DoLS Manager is Chair of the Regional Leads Group. The group has produced some significant work over the last year. Training was arranged in 2012 by Shropshire in conjunction with Keele University. This was for all BIA's across the region. The group developed regional training standards for BIA's and for the s12 approved DoLS assessors. In 2013, the annual BIA and S12 DoLS assessor training was arranged by Shropshire and provided in Shrewsbury and Birmingham for approximately 220 people. In addition, regional Transition training for Authorisers was held in Shropshire and well attended.

Extensive work has been carried out across the region to review the DoLS Forms. The DH is aware of this work and has had copies. Checklists of best practice were developed for BIA's and for Authorisers. The new Best Interest Assessment form was piloted across the region from January to March and a final West Midlands wide version is now in use across the region.

This regional support and benchmarking is extremely valuable to the DoLS Leads, working in partnership ensures greater consistency of practice. The Leads group has recently reviewed the original ADASS DoLS protocol and this has been submitted to the Chair of the national ADASS Mental Health Network to take forward.

The group has also produced a protocol for situations where people are assessed as ineligible for DoLS and also for the MHA. This causes operational problems and may leave us open to challenge as the supervisory body for hospital DoLS.

The safeguarding systems coordinator for Shropshire is now part of the national DoLS Development Group which is chaired by the Section Head, Adult Social Care Statistics (HSCIC). The key aim of this group is to operationally manage and develop the DoLS collection from 2013/14 to reflect the requirements of users and policy.

Telford & Wrekin

The table below shows the numbers of assessments completed across Telford & Wrekin Council (T&WC) and NHS Telford and Wrekin (NHS T&W) between April 2012 and March 2013 in response to requests for Standard Authorisations.

Source of Hospital Referrals	Total Number	Number Granted	Number Not Granted
St. Andrews Hospital, Northampton	2	2	0
St. David's Independent Hospital, Corwen	1	0	1
Whorlton Hall Independent Hospital, County Durham	1	0	1
SaTH	6	1	5
University Hospital, North Staffs	1	1	0
Total	**11**	**4**	**7**

- There was a total of 43 referrals from care homes of which 31 were granted. This has shown an increase of 16 (59%) on the previous year.

- The number of referrals received from hospitals totalled 11, which related to 9 individuals. This figure remains the same as the previous year. This is a fairly low number, but following transfer of responsibility for hospital DoLS to the Local Authority, a new quarterly meeting has been set up with Health colleagues, which will include focus upon hospital DoLS.

Total Standard Authorisations per 100,000 population (see Appendix 2)

The total number of standard authorisations received per 100,000 population shows Telford & Wrekin at 42.4, which is higher than the West Midlands average of 29.6. The number of standard authorisations granted compared to not granted, has increased over the year and may be attributed to the quality of training being provided to the care homes.

For the year 2012/13, SPIC trained approximately 450 staff in the combined MCA and DoLS training courses. Staff came from the independent sector, voluntary organisations and groups of doctors and dentists based in Telford. Basic Awareness Training of the MCA and DoLS is now included in the Corporate induction process for both CCG and Local Authority staff within Telford & Wrekin.

There have continued to be complex and challenging issues to consider this year, with the Local Authority experiencing its first DoLS challenge through the Court of Protection. Although this highlighted a small number of care planning issues, the DoLs Authorisation itself was deemed to be appropriate and the assessments were commended by the judge.

The Joint DoLS panel with staff from Local Authority and PCT continued to meet to discuss every individual case and made an important contribution in the development, consistency and governance of the assessment process. Support to BIA's also continued with monthly BIA forums which provided ongoing supervision, peer support and inclusion in the West Midlands regionally agreed 5 year comprehensive mandatory refresher training programme.

Up to the transfer of responsibility of hospital DoLS to the Local Authority, there were 8 Best Interest Assessors (BIAs) working across the service, 4 from NHS T&W and 4 from Local Authority - 2 in Learning Disability/Mental Health, 1 in Older People and 1 in Physical Disability.

Comparison with West Midlands (Appendix 2)

West Midlands data is attached including per head of population. From this table it can be seen that the numbers of referrals from Shropshire and Telford & Wrekin are consistently above the West Midlands average. In terms of per head of population applications Shropshire is 3rd highest and Telford & Wrekin the 4th highest.

In terms of hospital requests Shropshire is about halfway down the list of authorities. Hospital DoLS make up approximately 30% of all referrals but the lack of referrals from Community Hospitals last year is of concern.

Priorities for 2013/14

Priority Actions

	Action/Priority	Agencies	Leads	Target date
1	To develop a performance monitoring framework for the Board	All	Performance subgroup	30/11/13
2	Explore ways of obtaining income streams to allow further development of SAB including the appointment of an independent chair	All	Chair	30/11/13
3	Increase the availability and use of independent advocacy services by adults at risk in appropriate cases	All	All	31/03/14

AGENCY STATEMENTS

Telford & Wrekin Council

Keeping vulnerable people safe from harm has continued to be one the Council's most pressing priorities during 2012-13. Despite the 20% savings which had to be made from Adult Care & Support staffing budget during the restructure during the previous year, the maintenance of the existing resources for safeguarding resulted over the year in the consolidation and continuity of the service offered.

This has meant that the Council was relatively well-placed to meet the challenge posed by the preparation for the new policy and procedural arrangements which were to be shared across most local authority areas in the West Midlands. Particular mention should be made of the Council's Professional Lead for Safeguarding who, as one of the regional editorial group, brought the new process into existence, and contributed considerably to the development of local practice guidance.

In the wake of the events at Winterbourne View the need to look critically at the safety, welfare and life chances of some of the most vulnerable members of our community has been thrown into sharp focus. The events have demanded an effective multi-agency response in producing new approaches to case management, safeguarding, reviewing and commissioning, starting with a strong presumption against placements outside the Telford and Shropshire locality. The Council has played a leading role in bringing about the necessary changes.

Bucking the trend of recent years, we have experienced a sharp increase in the number of safeguarding referrals recorded during the year from 428 to 503, an increase of 17.5%. Much of this increase can be attributed to the number of referrals linked with a number of large-scale institutional investigations over the year, conducted with some major local providers.

As a Council we value our local safeguarding partnership very highly and see our colleague agencies as sources of strength, support and positive challenge in the uncertainties which lie ahead, across the public sector.

Karen Kalinowski
Assistant Director, Care & Support

Shropshire Council

The safeguarding of Vulnerable Adults within Shropshire during 2012/13 has remains a high priority for Shropshire Council.

The Adult Safeguarding Board has responded to the Winterbourne View Joint Improvement programme through a task and finish group and now more latterly through a Learning Disability Programme Board which has also addressed the

confidential inquiry into premature deaths and contributing to the joint health and social care self-assessment process.

Training in the Adult Safeguarding agenda has continued across all partner agencies across the wider social care and health economy, building on previous years training offer. The uptake of training continues to grow; 1328 people have been trained in an adult safeguarding related subject during 2012/13, and it remains a high priority for the adult safeguarding board.

Shropshire has continued to work with local partners including the independent sector, Telford and Wrekin Council, West Mercia Police and Health providers to promote safeguarding. Shropshire has also contributed to the development of a West Midlands Policy and a new recording process which went live in April 2013.

Stephen Chandler
Director of Adult Services

Telford and Wrekin Clinical Commissioning Group

In 2012/13 the NHS reforms led to the establishment of Clinical Commissioning Groups (CCG) across England. These new clinically led organisations are to become statutory bodies for local health care commissioning from April 2013. In Telford and Wrekin during 2012/13, the Shadow CCG was formed and statutory roles and responsibilities of the new organisation became clear.

The safeguarding of adults in Telford and Wrekin is one of the key responsibilities of the CCG Board and to this end an accountability structure within the organisation was quickly established, ensuring the highest priority for safeguarding vulnerable adults, working in partnership with all other agencies in both Telford and Wrekin and Shropshire. The CCG Executive Nurse Lead for Quality and Safety is the delegated responsible officer with the Clinical Chair as Lead GP; the Secondary Care Board Nurse also provides scrutiny and support to the CCG internal safeguarding processes. The Chief Officer will have the overarching accountability from April 13.

The CCG has in place a Lead and Associate Nurse for adult safeguarding under a "hosting arrangement" with Shropshire CCG. This arrangement ensures appropriate resources and joint working across common providers. Throughout the CCG authorisation process in 2012/13 safeguarding process and infrastructure where externally reviewed and the CCG was fully authorised to operate across all areas. The CCG works with all healthcare providers to ensure that commissioned care is safe and effective, meeting national guidance in relation to safeguarding adults. This work is shared as appropriate with the Safeguarding Adults Board, in which the CCG plays an active role.

Christine Morris
Executive Nurse Lead for Quality & Safety

Shrewsbury and Telford Hospital NHS Trust

Shrewsbury and Telford Hospital NHS Trust is committed to developing processes and systems that ensure that people using the service, staff and others who visit the hospital are as safe as they can be.

Over recent months there has been an increase of adult protection referrals against the Trust where the care that we provided could have been better. Over half of these referrals were not substantiated. The initiation of each referral is based on a concern and as such the Trust is committed to working with other agencies and with staff within the Trust to make improvements and safeguard all adults at risk. The increase of referrals coincides with an increase in dementia/frail and complex patients admitted to the Trust during March 2013 and an overall increasing demand for beds in the hospitals. As a result the Trust is working extensively with external agencies to ensure that patient's are discharged appropriately with the correct support and care required. A group has been established and endorsed by the Safeguarding Adults Board which will examine all areas of concern. SaTH is proactively addressing the concerns raised and includes a letter issued by myself in the role of Chief Nurse to all senior nurses, matrons and ward managers to ensure that patients are safely managed and discharged home.

Safeguarding Steering Group

This internal group meets bimonthly to develop hospital policies and procedures in line with national and local guidance ensuring hospital practice safeguards both children and adults at risk. Representation of this group includes the newly appointed Associate Director of Patient Safety and also named medical and nursing staff for both children and adults. The Clinical Commissioning Group for Telford and Wrekin and Shropshire also attend and receive reports from internal governance meetings and safeguarding board.

High Risk Scrutiny Group

This group continues to develop best practice and is represented by all area across the organisation. The group currently meet bimonthly to discuss formal complaints, adult protection referrals and serious incidents. Further information regarding patient's deaths which have been reported to the Coroner has now also been added to this group.

Vicky Morris
Director of Quality and Safety / Chief Nurse

Shropshire Community Health NHS Trust

Shropshire Community Health NHS Trust is committed to doing all that it can to protect vulnerable adults. Preventing neglect, harm and abuse is a primary objective. At Board level the Director of Nursing, AHPs, Quality, HR, Workforce/OD, Deputy CEO is the Executive Lead Director for Safeguarding of children and adults and is actively supported at Board by a Non-Executive Director. The Trust is formally engaged with the work of the Safeguarding Adults Board (SAB) and the Executive Director is represented on the Board by the Deputy Director of Nursing & Quality.

The 'Safeguarding adults: multi-agency policy and procedures for the West Midlands' developed with our partners across the West Midlands has been adopted and approved by the Trust.

The Trust is actively engaged in related work programmes for example Dignity Network, MCA DoLS Operational Group and Winterbourne View Programme Board and systems are in place to review and update in line with local and national developments.

The Trust Quality & Safety Committee continues to monitor all aspects of the Trust's services to ensure standards are met via the Operational Group.

We have established and embedded an on-going process where any safeguarding concern/issues/incidents are reported through our Datix Risk Management information system and all information is reviewed by the Trust Safeguarding Adult Lead and reported on a monthly basis to the Safeguarding Group chaired by the Executive Lead and communication systems are set up with partners to identify potential vulnerability and abuse.

The Trust has developed a 'Protocol to support the health care needs of people with a Learning Disability' to promote high standards of practice for this vulnerable group of people within our community and we have adopted joint policies with the two Local Authorities on Mental Capacity Act and Deprivation of Liberty Safeguards. We have also adopted the Competency Framework for Safeguarding Vulnerable Adults and MCA training competencies. We encourage and support access to a wide range of safeguarding training opportunities and we monitor and report on the number of staff that have accessed training each month.

We communicate our safeguarding key messages to staff on a regular basis and these are:

- All staff need to be aware of and recognise signs of abuse, harm and neglect;
- All staff need to be able to identify possible safeguarding concerns and take any immediate safety action

- All staff need to be confident of their role in the prevention and response to abuse, harm or neglect.

Our values 'We Care' reflect our commitment to respecting dignity and achieving tailored outcomes for individuals. We view the assurance and promotion of dignity as key in the prevention of abuse and thus we have adopted the DH 10 Point Dignity Challenge and we encourage all staff to become dignity champions. We continue to work with our local health economy partners to ensure there is zero tolerance to all forms of abuse.

Maggie Bayley, Director of Nursing, AHPs, Quality, HR, Workforce/OD & Deputy CEO
Martine Tune, Deputy Director of Nursing and Quality

The Robert Jones & Agnes Hunt NHS Foundation Trust

Throughout 2012/13 the Robert Jones & Agnes Hunt NHS Foundation Trust has continued to be engaged in the promotion of the well-being, security and safety of vulnerable adults (adults at risk) which is consistent with the individuals rights, capacity and personal choices. As an organisation we have continued to be committed in providing good partnership working with outside agencies, and other NHS organisations providing high quality care and appropriate support for patients.

The Robert Jones & Agnes Hunt NHS Foundation Trust continue to work with Shropshire and Telford and Wrekin Safeguarding Adults Board and attend quarterly meetings to ensure there is effective communication and interagency team working. Good partnership working provides effective means of safeguarding vulnerable adults, and as an organisation, we are dedicated to provide and ensure that the dignity, safety and wellbeing of each individual in our care always remains a priority, and is at the heart of what we do.

Actions undertaken during 2012/13

• A review of the named professionals has been undertaken, and there is a designated named nurse who is the adult safeguarding lead for the organisation, and a named doctor. The named roles have been developed in line with Working Together 2010.

• The Trust has provided safeguarding vulnerable adults training for all staff, and has continued to provide specific Mental Capacity training and Deprivation of Liberty safeguards (DOLs) training.

• Dementia training for clinical staff and mental health training for specific cohorts of staff who are regularly exposed to patients with mental health issues.

• Learning disabilities training which is delivered via e-learning or as face to face facilitated training in collaboration with Shropshire County training

• Training provision has raised staff awareness and has enabled them to understand their role and responsibilities with regard to policy and procedures. This has enabled staff to promote good practice in response to concerns on a multiagency basis.

• Dissemination of clear adult safeguarding policies so that processes are embedded within the organisation. This has been undertaken through the development of the Safeguarding web page on the Trust intranet site.

• Work continues in collaboration with outside agencies to ensure service users are safe from harm, and maintain independence, well-being and choice.

• Quarterly Safeguarding Committee meetings within the RJAH have continued which is a forum to discuss children and adult safeguarding issues. The committee has the appropriate accountability for safeguarding across the trust and reports to the Trusts Quality and Safety committee.

• A review of compliance with the Care Quality Commission Essential Standards Outcome 7 has been undertaken with the appropriate supporting evidence showing how the trust continues to work in partnership towards meeting the standards.

• The Trust has continued to work in partnership with the local authorities and have adopted the Safeguarding adults: multi-agency policy and procedures for the West Midlands and Shropshire and Telford & Wrekin Multiagency Adult Protection Policy which is accessible through the Trust intranet.

• Reporting mechanisms through the Trust Datix incident reporting system have been strengthened. All adult safeguarding incidents are reported through the reporting system, and the adult safeguarding lead is involved when investigations are being undertaken to provide the necessary support for managers.

Actions for 2013/14

Setting up adult safeguarding links within ward areas, and specific clinical areas to raise awareness of the importance of adult safeguarding, and the contribution of the Trust to the care of vulnerable adults (‘Adults at risk’).

Development of staff information leaflet about adult safeguarding which will be distributed to all staff working within the organisation.

Development of face to face adult protection training which links in with the West Midlands multiagency policy, and local Shropshire, Telford and Wrekin Policy. Safeguarding links will be identified to attend this training as well as Ward/departmental managers, and deputies. To consider further face to face training with other frontline staff who care for patients and support their carers/relatives.

Developing an evidence-based portfolio within the ward areas for staff to refer to, that demonstrates compliance against the CQC Essential Standard Outcome 7.

Delivery of the Dementia Strategy and its implementation working in conjunction with the local health economy is on-going. The purpose of this work is to implement best practice across organisations and to ensure that the vision for dementia, as set out in the National Dementia Strategy (2009), Prime Minister's Challenge (2011) and the NICE (National Institute for Health & Clinical Excellence) guidance and quality standards are adopted and delivered for the benefit of patients and their carers.

Reviewing the process for identifying people with learning difficulties/disabilities and ensuring that the organisation reasonably adjusts its services to provide person centred care for this patient group.

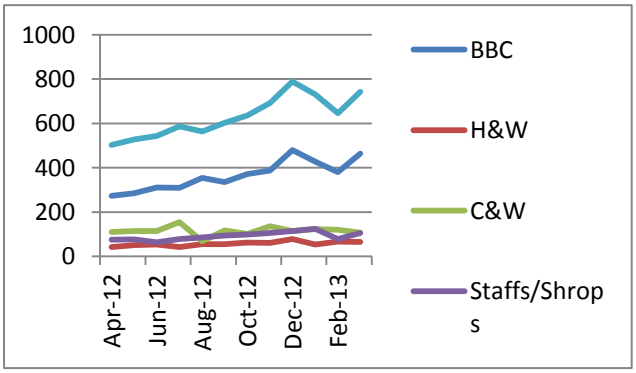
Developing further training materials about patients with Autism including the production of an in-house video about the "Autistic patient experience" in association with Shropshire County Training and the Shropshire Autonomy Self-help Group.

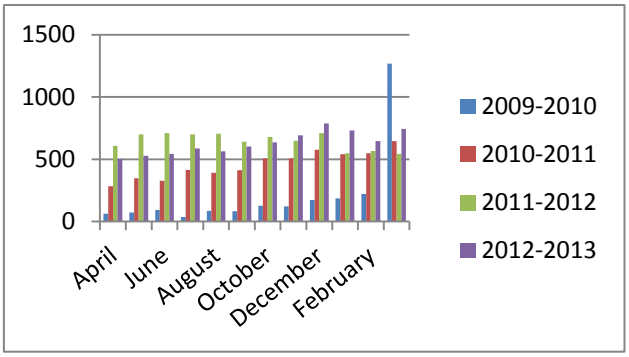
Continuing to embed these principles of openness and transparency to ensure a continued commitment to safeguarding through the collaboration with the local Safeguarding Board and the dissemination of information to prevent and protect adults at risk.

The provision of staff awareness and training enables the Trust to empower and support adults at risk and provide a comprehensive service to them. Reviews of practice have enabled the Trust to develop a robust action plan which will continue into 2013/14 to further enhance safeguarding adults' practices within the organisation.

Jayne Downey, Director of Nursing
A M Worrall, Matron Quality & Safety Adult Safeguarding Lead

West Midlands Ambulance Service Summary of Annual Report (Adults) 2012/13





West Midlands Ambulance Service NHS Foundation Trust (WMASFT) has continued to ensure the safeguarding of vulnerable persons remains a focal point within the organisation and the Trust is committed to ensuring **ALL** persons within the region are protected at **ALL** times.

West Midlands Ambulance Service NHS Foundation Trust serves a population of 5.36 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull and Black Country

For the year 2012/2013, 7562 safeguarding adult referrals were made. This has decreased from 7754 referrals in 2011/2012.

1. The primary justification for the reduction in the numbers of adult referrals is attributed to the situation regarding Care Concern calls. A Care Concern call surrounds an individual whom is not subject to harm being caused by a another individual/organisation (safeguarding) but more commonly as a result of one's own inability to cope with their current situation e.g. an elderly male self-neglecting. WMASFT until the start of 2012 always accepted Care Concern calls being passed via the safeguarding referral route. The Trust received an immense amount of pressure to cease this practice from partner agencies.. WMASFT did cease this practice, however, following and advice from the experts both within and external to the organisation the practice of receiving Care Concerns recommenced in September 2012. Clinical Notice was issued to inform the staff of the change. If the patient does not have capacity then a referral will be made under best interests. This is being constantly reviewed to ensure WMASFT are acting in accordance with the law.

2. The introduction of the Directory of Services has seen an improvement in the amount of direct referrals to partner agencies (Care Concern) and these are now as a result not being required to be passed via the Safeguarding line.

3. The success of the High Volume Service User scheme has resulted in many patients whom would have previously been subject to multiple referrals (often several a week) now being successfully managed by the safeguarding team and the operational leads resulting in a reduced number of referrals as there no longer is a need to make a call.

4. The safeguarding Team have conducted an in-depth call audit and have established that over a one month period the call abandonment rate for the safeguarding line was 29%. We are unable to establish what percentages of these calls were never re-presented. The assumption is that it would be very low however we are unable to evidence that. We will be introducing a final question into the question set to establish the number of attempts to pass the call as a further level of assurance in the next audit.

West Mercia Police

West Mercia is being restructured as part of an Alliance with Warwickshire Police. This will allow for common and enhanced working practices across the two Forces.

For note, resources to Adult Safeguarding will be increased across Shropshire and Telford and there will be one Detective Sergeant supervising 3 Detective Constables. This is a welcomed increase of 1 Detective Constable Post.

The interagency Detective Inspector has been engaged with supporting two key priorities in working with partners to reduce the numbers of vulnerable missing hospital patients & the numbers of Mental Health patients being taken to Custody instead of the recognised Section 136 Suite – Redwood Centre, Shelton, Shrewsbury.

Missing Hospital Patients

The numbers of missing hospital patients has significantly decreased across Shropshire (from 60 in 2011/12 to 49 in 2012/13)

Section 136 Mental Health detentions in Police Custody

New working protocols have been introduced and there is still much work to do. In 2012 there were 120 such detainee's and there were 53 from Jan to May 2013.

Police are continuing to work with hospital managers to understand how improvements can be made so that vulnerable people can be given speedy access to treatment and not routinely taken to Police cells.

Shropshire

This last year has continued to be busy, during the period April 2012 – March 2013 717 adult referrals were recorded. This is around an 18% increase on the previous year. From Jan – June 2013 Police recorded 271 referrals.

Police investigated several cases of financial abuse in domiciliary care, residential and family settings which have resulted in members of staff receiving official Police cautions, and being dismissed from employment.

Cases of Note

- A registered care home manager in Shropshire is awaiting a Crown Court appearance for offences of neglect where they have allegedly misled doctors as to the extent of pressure sores suffered by a number of residents.
- A Nurse has been charged with neglect and is awaiting a Crown Court appearance for allegations of withholding prescribed medication to residents.
- A residential care home manager is being investigated for allegations of neglect and for not having a number of care plans in place.

Partnership working

The Vulnerable Adult Investigator has delivered presentations to staff at Shrewsbury and Telford Hospitals on their role and provided staff insight as to how safeguarding can be enhanced through effective practice.

Trainee Carers at Radbrook College, Shrewsbury have received similar presentations and found them valuable.

Telford

Between Jan – 31st May 2013 there have been 262 Adult Social Care referrals to Police. 50 referrals have been recorded by Police officers.

There has been a significant decrease in the number of referrals since the beginning of June due to new referral mechanisms which have allowed Police staff to focus on completing more investigative work.

The emerging theme is that there is a growing level of financial abuse

Cases of Note

- Following information from a whistleblower the manager of a residential care home in Newport has been dismissed for neglecting elderly residents. There were no judicial outcome but it is reassuring that members of staff have the confidence to come forward to alert the appropriate authorities.

- A nurse from a residential care home in the Telford Area is currently on bail following the deaths of two elderly residents. A number of the residents lacked capacity and prescribed medication was allegedly not given to them.

The Vulnerable Adult investigator has recently been appointed to sit on the local Learning Disability Partnership Board and has undertaken training as below.

- Elder Abuse
- Epilepsy
- Pressure Sore Prevention
- Diabetes

Both the VA Investigator and her supervisor have been forging closer links with residential care homes and have given a number of presentations on their role and the themes of their investigation. This has been well received by staff and care home managers.

Philip Shakesheff
Detective Inspector
Public Protection Department

Shropshire Partners in Care

Shropshire Partners in Care (SPIC) is committed to safeguarding adults at risk, and raising awareness of connected issues across the wider community in Shropshire and Telford & Wrekin.

2012 -2013 has been a year of change preparing for the launch and implementation of the Safeguarding adults: multi-agency policy and procedure for the West Midlands. Prior to which Shropshire Partners in Care organised several workshops for Provider Managers to work with local authority safeguarding leads to develop Provider Managers Guidance (available on the Shropshire and Telford & Wrekin Safeguarding Adults Board website). During the same period there have also been significant changes to vetting and barring (Disclosure and Barring Service), SPIC has worked hard to keep its members and partners up to date with these changes. This has involved delivering support to small groups of SPIC members concerning vetting changes and organising a large cross sector event delivered by the Disclosure and Barring Service focusing on barring responsibilities.

Training

SPIC employs a Safeguarding Adults Training and Development Worker in Shropshire and a Safeguarding Trainer in Telford and Wrekin delivering a range of training sessions and supporting and signposting to the independent, statutory and voluntary sectors.

Training is offered directly though SPIC and in partnership with Joint Training for Adult Community and Health Services, Shropshire Council and Workforce Development, Telford & Wrekin Council. In 2012-2013 the safeguarding trainers were invited to present workshops on safeguarding and Mental Capacity Act during the COPE training sessions for GP practices.

Information Sharing and Raising Awareness

A crucial element of SPIC's work stream is keeping the sector up to date with information and developments, legislation, guidance and good practice.

2012-13 has seen seminars and information days addressing safeguarding, including input from trading standards highlighting rogue trading and issues for adults at risk. Each June SPIC organises events with partners including Shropshire Council and Telford and Wrekin Council to mark World Elder Abuse Awareness Day (WEAAD). In addition to events SPIC utilises its monthly e-newsletter and the website to update the membership. SPIC contributes to national and local consultations and channels views and concerns from the sector to other organisations, including; local authorities (T & W and SC), CQC, MP's and the Clinical Commissioning Group (CCG).

Future Developments and Promotion of Best Practice

SPIC continues to develop its range of courses tackling safeguarding issues and other services to support the sector.

In 2013 this will include training on Hate and Mate Crime to service users with input from the Vulnerable Adults Police Officer (Shropshire). Additionally, an event was delivered at The Lord Hill Hotel (Zero Tolerance) addressing whistleblowing. Speakers included Care Quality Commission, Shropshire Council, Telford & Wrekin Council, Healthwatch and Condover College with attendees from the independent social care sector, specialist safeguarding police officers, statutory agencies and housing. In 2013/14 further work on whistleblowing will be developed and delivered by SPIC.

Staff employed by SPIC continue to work with organisations to address specific issues and improve safeguarding practice, including bespoke projects when required. Managers who attend the Safeguarding for Provider Managers course are supported by the trainers to develop action plans around risk reduction and develop Whistleblowing practice, ensuring knowledge gained in training transfers into good practice in the workplace.

SPIC staff represent the independent sector on various subgroups of the Safeguarding Adults Board (SAB) including the Shropshire and Telford & Wrekin Dignity Network, the Training Sub Group and the Performance Sub Group. Through the SAB Training Sub Group, SPIC has developed a Competency Framework for Safeguarding Adults at Risk (available on the SPIC and Safeguarding Adults Board websites). In addition a Mental Capacity Act Competency Framework Level 1 has been developed for Telford & Wrekin. SPIC is also represented on other groups and Boards including the 'Winterbourne View Review Group' (Shropshire and Telford & Wrekin) and 'Safe Aging and No Discrimination' (SAND) LGBT working group.

SPIC has been instrumental (on behalf of Telford & Wrekin Council) in developing a service specification for the Dementia Leadership Training, having managed the tendering process and organised the delivery of the course in Telford & Wrekin and Shropshire. SPIC has also been involved in supporting learners to update organisational action plans to improve service provision for people with dementia.

SPIC is asked to attend working groups to support meeting health priorities' these include: Health Economy Dementia Group, promoting the Gold Standard Framework, Liverpool Care Pathway, Clinical Input into Care Homes and the Medicine Management Steering Group.

We work very closely with Karen George the Clinical Lead for the Independent Sector and a number of courses have been organised to support workforce development in clinical skills and understanding conditions. Courses attended in 2012/2013 include: Assessing Staff Competence to Administer Medication, Bowel Management, Can You Feel It (Pulse check), Care Plan Training, Continence & Catheter Training for HCA's, Diabetes Training for Nurses, Ear Care, Falls Awareness Training, Falls Champions Update, Training, Foot Care, Hydration, Pressure Area Care, Pressure Ulcer Management, Respiratory Disease, Venepuncture and Waterlow Risk Assessment Training .

SPIC will continue to work to its core principles including working in partnership with stakeholders and remains committed to safeguarding adults at risk in all of the activities it undertakes.

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

Shropshire Fire and Rescue Service

Shropshire Fire and Rescue Service is a keen participant in many multi agency community programmes focussed on making Shropshire, Telford and Wrekin Safer. Through joint working with partners, we work with many groups identified as being vulnerable in society, not only to the effects of fire but other risks that put people in danger. A primary feature of our work is our ability to access all parts of the community. Fire does not discriminate and this means that we find ourselves accessing most areas of society which allows us to identify and highlight concerns if they arise. .

Our involvement with the safeguarding adults programmes has been an extremely positive experience for Shropshire Fire and Rescue Service. It has given our staff the knowledge and confidence to identify and address potentially difficult situations that they encounter during their work and we are keen to continue to support the programme in future.

John Redmond
Chief Fire Officer

West Mercia Probation Trust

West Mercia Probation Trust is committed to safeguarding adults. The Trust is committed to safeguarding adults who have been the victim or are assessed as vulnerable to abusive behaviour. We refer any concerns to Adult Social services, working with partner agencies to protect the individual from harm.

Staff from Telford Local Delivery unit have completed safeguarding adults training. The commitment for all Probation staff attending safeguarding adults training will continue and will be part of the continuous development and learning programme for existing and new staff.

Safeguarding adults is considered in all aspects of Probation work. There are plans to undertake an audit of safeguarding adults work in a Probation setting and it is a work stream for the designated Public protection lead. There has been an increase in awareness of safeguarding adults amongst Probation staff and a number have referred vulnerable adults in to safeguarding adults or been part of the safeguarding process. Probation have a statutory seat at all Multi Agency Public protection Arrangement Panels where the risks to vulnerable adults are identified and risk management strategies agreed. There is also a representative from Telford LDU at the Multi Agency Risk Assessment Conference.

There are challenging times for the Probation Trust as the Government aim to ***'transform the way we manage offenders in the community to achieve a reduction in the rate of re-offending whilst continuing to protect the public'***

This means that by 2015 the majority of offender services will be delivered by a range of contracted private and voluntary organisations, rather than, as now, being delivered through local Probation Trusts. Trusts will be abolished and a new public sector National Probation Service created. This new national service will manage the most difficult and high -risk offender and provide services to courts.

It is not known whether the contracted private or voluntary organisations will have a statutory duty to contribute to or sit on Safeguarding Boards.

In the mean time it is business as usual and the commitment to playing a pivotal role in safeguarding Adults in Telford and Wrekin will continue working on a multi-agency basis with other organisations in the borough.

George Branch
ACO/Head of Service

South Staffordshire & 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. Over the past year we have continued to strive to improve our service to vulnerable people.

- We have continued to be an active partner in the Shropshire and Telford & Wrekin Safeguarding Adults Board.

- Adult Protection Awareness training remains mandatory and compliance is rigorously monitored. Staff are trained in adult protection at induction and must update every three years. We have increased our compliance by 11% to 82% in April 2013.

- We have been working to improve our processes to meet the physical health care of our service users. We have implemented a monthly Safety Thermometer which measures key aspects of physical health care for inpatients (such as pressure ulcers, falls etc). In April we were able to demonstrate 100% harm free care.

- We have been working to improve our processes to meet the needs of frail patients who are at risk of harm through falling. We have been effective at reducing the harm to service users from falls.

- We have developed Care Planning Standards to improve the quality of care plans. Our audits have shown that 75% of service users are satisfied with the way we involve them in care planning. We have also improved our involvement of carers in care planning during the last 12 months.

- We have improved our discharge planning to ensure that the transition between inpatient and community services is so there is effective continuity of care.

  Each year our Quality Accounts are available on the Trust's web site at:

  www.southstaffsandshropshealthcareft.nhs.uk

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

Therèsa Moyes Director of Quality and Clinical Performance

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	2008/9	2009/10	2010/11	2011/12	2012/13
Number	375	509	489	439	501

2. Total referrals received by source for current year;

	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Total
Vulnerable Adult	2	2	3	3	10
Vulnerable Adults Family	15	9	12	18	54
Friend/ Neighbour	4	1	0	2	7
Other Service User	0	0	0	0	0
Social Care - Domiciliary Staff	17	10	18	15	60
Social Care - Residential Care Staff	20	37	33	36	126
Social Care - Day Care Staff	1	4	7	5	17
Social Care - Social Worker/ Care Manager	14	7	11	21	53
Social Care - Self Directed Care Staff	1	0	0	0	1
Social Care - Other	4	11	7	6	28
NHS - Primary/ Community Health Staff	8	7	10	8	33
NHS - Secondary Health Staff	7	9	13	12	41
NHS - Mental Health Staff	0	3	1	0	4
Care Quality Commission	7	2	2	12	23
Housing	3	4	2	1	10
Education/ Training/ Workplace	0	0	0	6	6
Police	2	3	2	1	8
Other	7	6	5	1	19

3. Type of abuse by quarter for current year;

Type of abuse	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Total
Physical	39	39	39	41	158
Sexual	6	3	5	3	17
Psychological	34	16	30	42	122
Financial/Material	40	31	27	15	113
Neglect/Acts of Omission	35	54	68	89	246
Discriminatory	0	0	0	0	0
Institutional	2	4	5	11	22
of which no. of multiple abuse	38	28	40	47	153
Not stated	0	0	0	0	0

4. Case conclusion;

	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Total
Substantiated	31	33	38	23	96
Partly substantiated	10	14	18	16	41
Not substantiated	39	44	29	24	108
Not determined/inconclusive	29	16	27	17	70

2. Data from Shropshire

Vulnerable Adults Safeguarding Board Quarterly Statistics

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

Period	2008/9	2009/10	2010/11	2011/12	2012/13
Number	399	437	459	412	561

6. Total referrals received
(For Shropshire – investigations undertaken) by source for current year;

	Q1	Q2	Q3	Q4	Total
Social care staff - TOTAL	**90**	**70**	**66**	**57**	**283**
Of which; Domiciliary staff	8	6	6	9	**29**
Residential staff	36	23	25	20	**104**
Day care staff	2	1	2	1	**6**
Social Worker/Care Manager	15	15	14	8	**52**
Self directed care staff	1	0	1	1	**3**
Other	28	25	18	18	**89**
NHS Staff - TOTAL	**27**	**40**	**38**	**25**	**130**
Of which; Primary/Com health	11	21	17	15	**64**
Secondary Health Staff	13	15	18	9	**55**
Mental Health staff	3	4	3	1	**11**
Self referral	2	2	3	2	**9**
Family Member	17	11	8	6	**42**
Friend/neighbour	0	4	1	2	**7**
Other Service User	0	0	0	0	**0**
Care Quality Commission	4	1	9	1	**15**
Housing	1	1	3	1	**6**
Education/training/workplace	0	0	3	0	**3**
Police	0	1	1	4	**6**
Other	13	11	13	9	**46**
Overall TOTAL	**154**	**141**	**145**	**107**	**547**

7. Type of abuse by quarter for current year;

Type of abuse	Q1	Q2	Q3	Q4	Total
Physical	50	38	52	37	**177**
Sexual	9	6	7	4	**26**
Psychological	17	12	17	8	**54**
Financial/Material	26	30	30	23	**109**
Neglect/Acts of Omission	60	61	53	37	**211**
Discriminatory					
Institutional	3	2	0	0	**5**
of which no. of multiple abuse	8	7	9	4	**28**
Not stated					

8. Case conclusion;

	Q1	Q2	Q3	Q4	Total + % of total closed
Substantiated	65	42	47	18	**172 = 34.05%**
Partly substantiated	12	10	17	7	**46 = 9.10%**
Not substantiated	53	65	50	25	**193 = 38.21%**
Not determined/inconclusive	22	22	23	27	**94 = 18.61%**

Appendix 2 : Comparator data for the West Midlands region

DEPRIVATION OF LIBERTY - WEST MIDLANDS REPORT FOR LA's AND PCT's 1 April 2012 - 31 March 2013				
AREA	Adult Population		Total Number of standard authorisation applications from 1st April 2012	Total Number of standard authorisation applications from 1st April 2012 per 100,000 Adult Population
Birmingham	782,400	LA	48	6.1
Birmingham East and North	782,400	PCT	17	2.2
Heart of Birmingham Teaching	782,400	PCT	14	1.8
South Birmingham	782,400	PCT	19	2.4
Birmingham Total				12.5
Coventry	247,500	LA	97	39.2
Coventry Teaching	247,500	PCT	24	9.7
Coventry Total				48.9
Dudley	241,800	LA	59	24.4
Dudley	241,800	PCT	33	13.6
Dudley Total				38.0
Herefordshire	144,100	LA	60	41.6
Herefordshire	144,100	PCT	10	6.9
Herefordshire Total				48.6
Sandwell	223,300	LA	53	23.7
Sandwell	223,300	PCT	28	12.5
Sandwell Total				36.3
Shropshire	233,500	LA	81	34.7
Shropshire County	233,500	PCT	24	10.3
Shropshire Total				45.0

Solihull	161,200	LA	35	21.7
Solihull Care	161,200	PCT	11	6.8
Solihull Total				28.5
Staffordshire	663,200	LA	172	25.9
North Staffordshire	663,200	PCT	10	1.5
South Staffordshire	663,200	PCT	26	3.9
Staffordshire Total				31.4
Stoke	188,400	LA	66	35.0
Stoke on Trent	188,400	PCT	14	7.4
Stoke Total				42.5
Telford & Wrekin	125,000	LA	43	34.4
Telford & Wrekin	125,000	PCT	10	8.0
Telford & Wrekin Total				42.4
Walsall	196,300	LA	17	8.7
Walsall Teaching	196,300	PCT	18	9.2
Walsall Total				17.8
Warwickshire	424,800	LA	29	6.8
Warwickshire	424,800	PCT	37	8.7
Warwickshire Total				15.5
Wolverhampton *	186,600	LA	55	29.5
Wolverhampton City	186,600	PCT	19	10.2
Wolverhampton Total				39.7
Worcestershire	442,500	LA	90	20.3
Worcestershire	442,500	PCT	41	9.3
Worcestershire Total				29.6
WEST MIDLANDS TOTAL	**4,260,600**		**1260**	**29.6**

	West Midlands
	Above West Midlands Average per 100,000 adult population
	Below West Midlands Average per 100,000 adult population

The West Midlands average of 29.6 per 100,000 adult population is skewed because of Birmingham, with the highest population, having the lowest rate of referrals.