a co-operative council

Telford & Wrekin COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date	**Wednesday 6 December 2017**	Time	**2:00pm**
Venue	**The Wakes, Theatre Square, Oakengates, TF2 6EP**		

Enquiries Regarding this Agenda:		
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Committee Membership:		
	Cllr A R H England (Chair)	Cabinet Member – Communities, Health & Wellbeing, TWC
	Dr J Leahy (Vice Chair)	Chair, Telford & Wrekin CCG
	W Condlyffe	Chief Officer Group Representative
	D Evans	Chief Operating Officer, Telford & Wrekin CCG
	P Evans	STP Programme Director, Telford & Wrekin CCG
	S Dillon	Assistant Director, Adult Social Care, TWC
	Superintendent Tom Harding	Community Safety Partnership
	C Jones	Director of Children's & Adult Services, TWC
	L Noakes	Director of Public Health, TWC
	Cllr J C Minor	Cabinet Member – Leisure, Green Spaces & Parks, TWC
	Cllr S A W Reynolds	Cabinet Member – Education & Skills
	B Parnaby	Telford & Wrekin Healthwatch
	Cllr J M Seymour	Conservative Group, TWC
	Cllr K L Tomlinson	Liberal Democrat/Independent Group , TWC
	R Woods	NHS England (North Midlands-Shropshire & Staffordshire)
	Cllr P R Watling	Cabinet Member – Children's & Adult's Early Help & Support, TWC

AGENDA

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1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes** Appendix **A** 3
   To confirm the minutes of the meeting of the Health and Wellbeing Board held on 6 September 2017.

4. **Public Speaking**

Continued ...

... Continued

A

HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 6 September 2017, at 2pm, The Wakes, Theatre Square, Oakengates, Telford TF2 6EP

Present:
Cllr A R H England (Chair) Cabinet Member – Communities, Health & Wellbeing, TWC D Evans - Chief Operating Officer, Telford & Wrekin CCG, C Jones -Director of Children's & Adult Services, TWC, L Noakes -Director of Public Health, TWC, Mr B Parnaby, Healthwatch, Cllr J M Seymour -Conservative Group, TWC, Cllr P R Watling -Cabinet Member – Children's & Adult's Early Help & Support, TWC

Also Present:
M Bennett – Head of Commissioning, Better Care Fund, TWC CCG; J Eatough, Assistant Director: Governance Procurement & Commissioning; S Constable – Partnership Manager TWC; A Cooke - Service Delivery Manager SEND and Inclusion, TWC; T Guest – Housing, Nuplace and Commercial Service Delivery Manager; TWC; and J Clarke – Democratic Services Officer.

HWB-46 Apologies for Absence

Cllr J C Minor -Cabinet Member – Leisure, Green Spaces & Parks, TWC,
Cllr S A W Reynolds -Cabinet Member – Education & Skills, Cllr K L Tomlinson - Liberal Democrat/Independent Group, TWC, Dr J Leahy (Vice Chair) - Chair, Telford & Wrekin CCG and Superintendent Tom Harding -Community Safety Partnership.

HWB-47 Declarations of Interest

None declared

HWB-48 Minutes

Resolved – that the minutes of the meeting of the Health and Wellbeing Board held on 14 June 2017 be confirmed and signed by the Chair.

HWB-49 Public Speaking
None

HWB-50 Healthwatch Annual Report and School Survey Results

Mr B Parnaby presented the Healthwatch Annual Report to the Board and paid tribute to the hard work of volunteers. This had been a year of change within the organisation which was now fit for the future to drive things forward efficiently and effectively. He highlighted the key projects during the year which included engagement with young people, a review of the Princess Royal Hospital Children's Ward, Healthwatch Champions and gaining the views and experiences of the public. The Healthwatch mission going forward was to be an independent body who were not afraid to challenge. The results from the relationship survey were currently delayed following receipt of 4776 responses. With regard to the discharge from hospital survey, Healthwatch were in consultation with the CCG and the

NHS regarding the content of the questionnaire and it was envisaged that the first phase of this work would be undertaken in October 2017. The Youth Group had had a successful year and it was intended to create health hubs within junior and secondary schools. Priorities for the year ahead were the STP and Future Fit.

The Board thanked Kate Ballinger and Jane Chaplin for their work on the HWBB and noted the changes to Healthwatch personnel. The relationship survey was an important piece of work giving an understanding of impacts and outcomes and how to develop services.

RESOLVED to note the Healthwatch Telford and Wrekin Annual Report 2016/17

HWB- 51 Safer Telford & Wrekin Strategy 2017 – 2019

S Constable presented the Safer Telford & Wrekin Strategy on behalf of Superintendent T Harding who was unable to attend at the meeting. The Community Safety Partnership within the Borough was known as the Safer Telford and Wrekin Partnership and the strategy had been regularly reviewed and refreshed to reflect the changing needs of the community whilst retaining the partnership's statutory purpose and ensuring joined up working strategies and plans. The three priorities of the partnership were:

- Tackling Child sexual exploitation (CSE) and its impact on victims
- Addressing Domestic Abuse and its impact on victims
- Reducing the impact of crime, including fear of, on community wellbeing.

The toxic trio, domestic abuse, mental health and substance misuse, was a priority of the HWWB and as such updates would be brought to the HWWB annually.

The Board hoped that, once received, the HealthWatch relationship survey results would help to progress work which was being undertaken within schools to tackle CSE.

It noted the statistics on CSE offences of children against other children and the need for understanding on healthy relationships. Statistics regarding domestic violence were also discussed and noted that nationally 83% of victims sought help an average 5 times, but it was also noted that victims often return to abusive relationships. Education on coercive control was also being introduced. It was positive to see that CSE was a continued priority for the Partnership and this work had been acknowledged by the Home Office and Ofsted although there was more work to be done. Other areas of work to improve community life were disrupting criminal activity, preventing flytipping and preventing drug abuse and to limit the impact on families. It was asked if there were any measures on the effectiveness of Willowdene and to promote and support the work being done.

RESOLVED – that the draft Safer Telford and Wrekin Strategy be noted.

HWB- 52 Sustainability and Transformation Plan Update

The Board received the report of the Telford and Wrekin CCG presented by D Evans, which gave an update on Future Fit and the significant progress made on the models. Scoping work was being undertaken within the neighbourhood and it was hoped that this work would become more ambitious. Mr Evans reported to HWBB that the first stage of the assurance process had been completed with the NHS England. The next stage would be for the pre-

consultation business case to go before the Regional Panel. It was expected that the public consultation would take place from mid October with the consultation period being extended to approximately 14 weeks due to the Christmas holidays. Results would be reported back to the CCG Board in February/March 2018.

The Board requested they be kept informed of the results and that consultation papers be provided with an update at the next HWBB meeting. With regard to the STP some members of the Board raised whether this had been fully accepted. Mr Evans confirmed that there was still another stage for the STP to go through but this had been critically appraised and although there were improvements to make significant progress had been made and this was generally the position nationally.

Resolved – that the report be noted.

HWB-53 Better Care Fund – Annual update

M Bennett presented the joint report on the Better Care Fund (BCF) which summarised the performance and progress during 2016/17 and summarised the draft Plan for 2017-2019. The full Draft Narrative Plan and associated documents were included as part of the submission. The BCF had been extended for two years (2017-2019) and had been changed to include:

- Planning towards explicit integration of health and social care services was now to be measured
- There were a reduced number of metrics, national conditions and KLOEs to provide assurance
- The Council had received additional monies through the Social Care Grant although there were specific requirements on how the funds should be used

The BCF continued to have three integrated programmes which included:

- Building Community Resilience
- Developing Telford Neighbourhood Care Teams
- Implementing Robust Intermediate Care Services

The Narrative Plan needed to be submitted by 12th September 2017 although this would be subject to an Assurance process before receiving approval.

Cllr P Watling commented that reducing the delay in transfers and ensuring the delivery of an efficient service was key, together with monitoring how things were done and reducing emergency omissions of over 65s into hospital.

M Bennett informed the Board that delayed transfer of care was a high priority nationally and would be focused on locally. The Working Group had made changes to their structure which was already having a positive impact primarily around mental health and intensive care units within hospitals. Further work was ongoing to address more local issues and it was envisaged that a monitoring system would be in place by November.

During the ensuing debate some of the Board welcomed the progress of some areas but felt unable to sign off the plan which was not before them at the meeting.

M Bennett explained that the Working Group had 22 work streams to complete but the plan was making good progress although the report was still being worked on by the Neighbourhood Delivery Group and the Facility Board. Ideally it would have been brought to this meeting and looked at in much more detail but the guidance had only been received a week before the summer holidays.

J Eatough advised the Board that the final guidance had been submitted late and timescales were tight. The Board could resolve to convene an urgent meeting of the HWBB to look at the final plan or delegate final approval to the relevant officers in conjunction with the Chair of the HWBB on the basis that the narratives were a standard document.

Some of the Board felt that a summary of the document was contained within the report and that it was just the narrative of the template that had to be filled in and suggested that the HWBB note the report and that the final report be delegated to the accountable officer of the CCG and the Managing Director of the Council to finalise in conjunction with the Chair of HWBB.

RESOLVED - that

a) the outcomes of the Better Care Fund programme for 2016/17 be noted;
b) the BCF draft submission for 2017-19 be noted with finalisation of the submission being delegated to the relevant officer of the CCG and the Managing Director of the Council in conjunction with the Chair of the Health and Wellbeing Board;
c) the use of BCF and iBCF monies as details in this report be put forward to Cabinet for support and approval.

HWB-54 Strategy for Children and Young People 0-25yrs with Special Educational Needs and Disabilities

A Cooke presented a report on the Strategy for Children and Young People 0-25yrs with Special Educations Needs and Disabilities (SEND) which highlighted recent changes to legislation of the SEND Strategy and the support the Local Authority could give to children and young people with special educational needs and disabilities. An inspection took place every five years and an early round inspection of the Local Authority had taken place in July 2017. The strategy, which was now in place, had been extended with new duties to delivery services for young people aged 19-25 years and progress had been made in area such as education and health and social care needs and the vision for the future was for young people to achieve the best possible outcomes, open doors for their own future and become active citizens within their community. The principles of the strategy were set out in the report and included collective responsibility, early support, intervention and inclusion, localisation and partnership. All of the principles, together with partnership working, were key in achieving the 4 key priorities:

- Priority 1 – to ensure that every child and young person with SEND makes excellent progress, through access to high quality provision.
    - A self-education tool was currently being developed within schools together with a quality mark to ensure standards

- Priority 2 – to engage with children, young people and their families to promote early identification and support that meets needs.
    - Involve all families/carers and professionals at an early stage to discuss/agree the key needs of the child/young person

- Priority 3 – to develop smooth progression to adulthood for all young people with SEND
    - to help with the transition upon leaving school at the age of 16 and support beyond education at 18/19 years to become independent with their decision making

- Priority 4 – to create robust governance structures and effective partnership across key agencies that ensure services meet the needs of children, young people and their families
    - The governance board for SEND were aiming high with their goals

C Jones reported to the Board that there was still a lot of work to be done but they were on a good platform to build on and an improvement/action plan was in place and it was hoped to reduce the number of children/young people placed out of County which in turn would improve their links with health care and the community.

During the debate some of the Board welcomed the report and were encouraged by the early intervention and partnership working. Personalisation and a clear agenda was the way forward which would bring positive results. It was considered that Queensway had made a big difference to the community and that this would continue in the future. The relationship between Queensway and HLC continued to be good and a lot of work was being undertaken in the background which was producing results with more young people being placed within the local community. Other Board Members raised concerns regarding the local SEND figures which were higher than the national figure and the need to ensure strong joint commissioning arrangements.

RESOLVED

HWB-55 Homelessness Strategy

T Guest presented a report which set out the housing authorities statutory duties to review and update their Homelessness Strategy. The current strategy was developed in 2013 and due to recent changes within the management of housing services it was considered a good opportunity to undertake a review. Although locally homelessness was on a downward trend, concern remained regarding particular groups which included those suffering domestic violence, substance misuse and young people. Going forward, a number of changes would impact on the homelessness figures which included welfare reform, the introduction of the new Homelessness Reduction Bill and the timescale to assist those threatened with homeless being increased from 28 days to 56 days. Four key priorities had been identified which were:

- Priority 1 – to ensure that high quality housing advice is accessible and well promoted to all and to ensure that those households or other support services that are able to identify their own housing solutions are able to do so.

- Priority 2 – Join up Council and external services to prevent homelessness arising wherever possible particularly targeting young people and those affected by domestic abuse.

- Priority 3 – ensure that temporary accommodation is well managed and meets the needs of the service, ensuring people move onto sustainable housing as soon as possible and minimise the use of bed and breakfast accommodation.

- Priority 4 – work with partners to support vulnerable groups and to prevent rough sleeping in the Borough.

Partnership working, channel shift and signposting would be improved to help guide and assist people with issues such as substance misuse, release from prison, disabled facilities grants and social landlords.

During the ensuing debate some Members of the Board commended the work being undertaken in a difficult area although there were still some areas of concern regarding private landlords, the effect of selective licensing, the effect of the changes in legislation on buy to let properties and the condition of some housing. Other Board Members felt that there was a need to strengthen the links with partners on issues such as mental health, substance misuse, domestic violence and patients returning home from hospital.

RESOLVED that the links between the Homelessness Strategy for the period 2017-2022 and the Health and Wellbeing Board Strategy be acknowledged.

The meeting ended at 3.39pm

Chairman: .....

Date: .....

healthwatch
Telford and Wrekin

Report from the Healthy Relationships YOUTH Survey 2016/17

Contents

1 Acknowledgements

Healthwatch Telford and Wrekin would like to thank the following people and organisations, without whom this survey would not have been possible.

Firstly, the YOUTH group members were invaluable for their insight into the priorities of young people in Telford and Wrekin. They helped to co-produce the survey questions and played an important role in the design and dissemination of the surveys.

The Healthwatch Telford and Wrekin volunteers who dedicated hours of their time to entering surveys online.

Public health at Telford and Wrekin Council for their analysis of the data and guidance in identifying healthy relationships as an area of concern. We also appreciate their scrutiny of and contributions to the final survey questions.

To all the schools, particularly the staff and pupils, without whose cooperation this survey would have been impossible:

Abraham Darby Academy

Adam's Grammar School

Burton Borough School

Charlton Secondary School

Ercall Wood Technology College

Hadley Learning Community

Holy Trinity Academy

Southall School

Newport Girl's High School

New College

The Telford Langley School

The Telford Park School

Wrekin College

TCAT

The following: Telford Priory School, Queensway HLC, Madeley Academy, Thomas Telford did not take part in the survey, although social media links were used by some students to provide survey responses. We look forward to working with them in the future.

2 Background

In 2015/16 Healthwatch Telford & Wrekin (HWTW) co-produced a survey with the YOUTH (Your Own Unique Telford Healthwatch) group to explore what young people knew about Children and Adolescent Mental Health Services (CAMHS) (Healthwatch Telford & Wrekin, 2016) and their experiences of mental health and wellbeing.

This was initiated through a conversational event known as a World Café in which the priority of emotional and mental health for young people was made clear. This followed on from the previous year's Sexual Health Survey and encouraged HWTW to continue engaging with the YOUTH group to continue co-producing survey-based research.

A 2015 survey conducted by Telford & Wrekin Council sought to identify the main priorities of local secondary schools and colleges (Telford and Wrekin Council, 2015). Mental health and wellbeing was a key issue for the majority of schools whilst another highlighted as being of importance was that of relationships and sexual health, and in particular the inequity of Personal, Social, and Health Education (PSHE) teaching and pastoral support. This is pertinent as the Education Secretary's announcement on March 1st 2017 and subsequent amendments to the Children and Social Work Bill mean that from 2019 all secondary schools in England must teach 'relationships and sex education' (PSHE Association, 2017). At the moment it is only within the independent sector that the delivery of the subject is a core expectation. Once statutory, best practice will be for trained teachers to deliver PSHE regularly in all schools and to all pupils. Until then, gaining a better understanding of how it is currently delivered and its value is a priority of Public Health in Telford and Wrekin.

Healthy Relationship Education (HRE) is one module of the PSHE programme but it has implications in children and young people's health and wellbeing. Building healthy relationships with significant others in childhood and in teenage years is important for young people's health as positive relationships can increase their sense of wellbeing and self-esteem (Currie et al., 2009). Social networks and close relationships are a significant component of wellbeing, acting as a buffer against mental ill health (Aked, Marks, Cordon, & Thompson, 2009). Schools arguably play a very important role in supporting young people to build healthy relationships and are important environments in which they can establish valuable social connections (Mental Health Foundation, 2016). They are places of learning and, as such, an appropriate setting for children and young people to learn how to establish these strong social ties.

The aim of this study was to collect young people's responses to questions surrounding PSHE, and more specifically HRE, delivery in Telford & Wrekin and their understanding of related issues and concepts, as well as their confidence and experience of healthy relationships. This can help schools as they transition to statutory programmes as well as Telford & Wrekin Public Health in understanding areas that will need further support prior to implementation.

3 Executive Summary

The Healthy Relationships survey aimed to explore the young people of Telford and Wrekin's understanding of healthy relationships. A total of 4,776 young people responded, of which 49.0% identified themselves as female, 47.5% as male, 1.1% as transgender and 2.4% preferred not to say. Participants came from schools across the Telford and Wrekin catchment area and included students from Years 7-13 meaning that ages were from approximately 10.5 years to 18 years old.

Questions were asked surrounding the delivery and content of Personal, Social, and Health Education (PSHE) in the Telford & Wrekin area. Responses were also sought as to how young people defined healthy and abusive relationships, as well as their confidence in identifying and understanding related concepts.

This survey identified some interesting trends in healthy relationship education (HRE) and some possible concerns with regards to gender minority among young people in Telford and Wrekin. This survey attempted to capture the breadth of issues related to healthy and abusive relationships, including sexual consent, as well as identifying levels of education and awareness in areas of concern such as Female Genital Mutilation (FGM). It demonstrated an inconsistency in teaching, where older year groups reported lower levels of education, and a link between HRE and an improved confidence in recognising both healthy and abusive relationships. Parents and carers were identified as important sources of support, and respondents reported their relationships as healthy with them as well as their friends and partners. However, those who identified as transgender did not indicate particularly healthy relationships with any of these significant others, a concern when they designated friends as the most likely place for them to look for help if they thought they were in an unhealthy relationship.

It is recommended that improving delivery of HRE to students who identify as gender minorities may help to support them in developing healthy relationships. It is also recommended that parents are provided with advice and information about healthy relationships as they are an important source of information for young people and can help supplement delivery of PSHE in schools. Finally, in this survey HRE has a direct impact on the understanding of issues such as sexual consent demonstrating its value within schools.

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4 Recommendations

The importance of HRE, as delivered through PSHE, is of profound importance to the ongoing health and wellbeing of young people. Clarity around what constitutes healthy relationships will impact positively, enabling young people to remain safe and make the right life choices.

It is recommended that the inclusion of HRE in PSHE is viewed more holistically. Relationships are complex and involve understanding human connections made on multiple levels, as evidenced by the questions exploring relationships with significant others. PSHE and HRE must be viewed as practical lessons that can help support people in their real life interactions with others. Identification of unhealthy relationships appears to be subjective and so the tools to make choices are imperative to children and young people's ongoing health and wellbeing.

It is proposed that when reviewing the Joint Strategic Needs Assessment that HRE is considered, particularly with regards the services available that provide support to children and young people as well as their families. There is a need for health and social care services to be better joined up in this regard.

This survey has demonstrated the links between HRE (Healthy Relationships Education) and improving the confidence of young people in identifying healthy and unhealthy relationships and understanding important issues such as sexual consent and Female Genital Mutilation (FGM). This supports the statutory provision of PSHE in schools and the need to ensure that when it is provided that it is supported throughout Telford & Wrekin schools, across all age ranges and in recognition of the individual needs of students as the progress.

A lack of consistency in the teaching of HRE in Telford & Wrekin schools was suggested within this survey, unsurprising considering it is not yet statutory. Whilst schools appear to recognise the importance of HRE there is a lack of embedding throughout the year groups, leading to lower levels of education being reported by those in higher year groups. It is recommended that provision is maintained across the entire school and throughout all year groups.

The importance of parents and carers as a source of relationship advice and support for students in Telford & Wrekin is clearly evidenced in this survey. The delivery model that is developed for the ongoing provision of PSHE, particularly once it becomes statutory, must recognise the importance of parents and carers in this respect. The Early Help Partnership, Health and Wellbeing Board, and Council Scrutiny should receive assurance that local PSHE programmes are inclusive of the role of parents and carers. It would be advisable to involve local organisations such as Parents Opening Doors (PODS).

Respondents who identified as transgender reported significantly lower than that of other respondents. This suggests that they do not feel that they have healthy relationships with their partners. It is recommended that HRE programmes are effectively geared towards a broad range of student needs, and specifically able to provide information and support for all students.

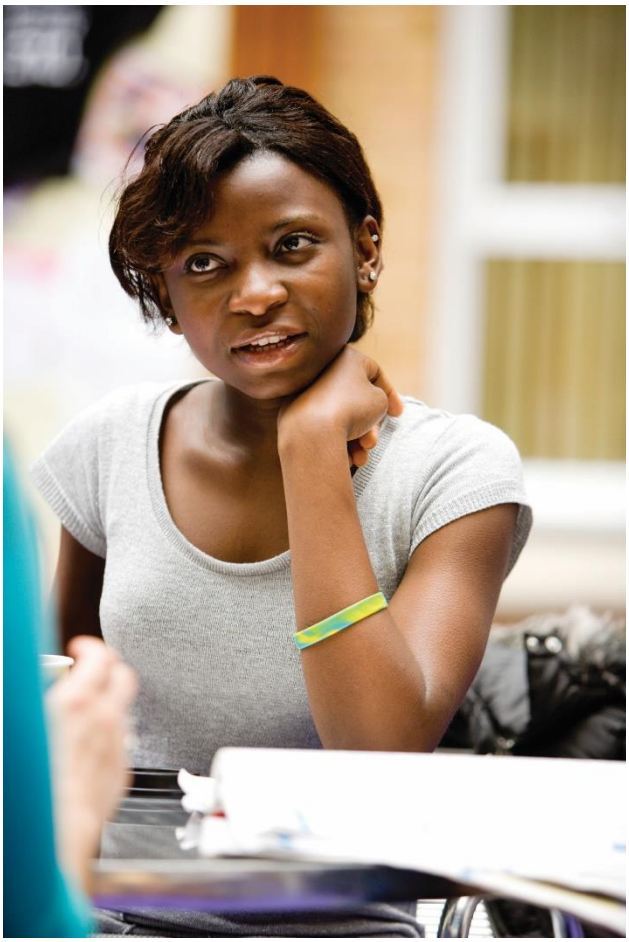
5 Methodology

The closed question survey questions were designed and developed by the Healthwatch Telford and Wrekin (HWTW) staff in conjunction with attendees of YOUTH meetings.

Questions were based on areas relevant to the PSHE (Personal, Social, and Health Education) curriculum as identified by young people in the YOUTH meetings. The aim was to explore whether current PSHE lessons provided sufficient information to the young people of Telford & Wrekin to understand concepts of healthy relationships such as consent. Questions were also asked to explore differences across a range of demographic characteristics.

Surveys were disseminated through schools in the Telford and Wrekin catchment areas. Schools were provided with approval of surveys and one school chose to remove Question 13 and alter the text on Question 9 to remove 'sexual pleasure'.

The majority of schools chose to disseminate the surveys in paper format. These were then entered into Survey Monkey by trained volunteers of HWTW. One school chose to use a web link and a further 36 surveys were collected via links shared through social media.



6 Sample make-up and analysis

There were a total of 4,776 responses received. A greater proportion of respondents were female (49.0%). Males accounted for 47.5% of respondents with 1.1% of respondents indicating that they were transgender and 2.4% preferring not to say.

The majority of respondents described their ethnicity as white (78.3%) with 19.6% indicating that they were from a BME or other background and 2.1% preferring not to say.

Respondents that participated reported being in Years 7 to 13 with the highest proportion (19.4%) in Year 10 and the lowest (6.9%) in Year 13.

Chapter 9 provides a more complete breakdown of the demographic characteristics of the participants.

Where applicable the survey responses have been broken down into the following categories for analysis:

- All respondents
- Female respondents
- Male respondents
- Transgendered respondents
- Respondents who had received “Healthy Relationship”
- School/college year groups

7 Key findings

7.1 Lessons

- 40.7% of all respondents indicated that they had received lessons about "Healthy Relationships" whilst at school or college.
- 49.2% of respondents said that they had not discussed FGM (Female Genital Mutilation) in PSHE (Personal, Social and Health Education) with 19.5% indicating that they had.
- 59.2% of all respondents indicated that their PSHE lesson was delivered by their form teacher compared with 32.8% who said subject teacher and 7.9% who said it was delivered in assembly.

7.2 Confidence

- 77.9% of all respondents indicated that they were somewhat or very confident that they would recognise a healthy relationship.
- 83.1% of all respondents indicated that they were somewhat or very confident that they would recognise an abusive relationship.
- 79.0% of all respondents indicated that they were somewhat or very confident about their understanding of sexual consent, with 46.2% very confident.
- There was a greater level of confidence amongst respondents who had received "Healthy Relationship" lessons compared to all survey respondents. The lowest levels of confidence were amongst transgendered respondents.
- Year 7 had the lowest levels of confidence for recognising healthy or abusive relationships of all school/college year groups.
- Responses indicate that the level of confidence in understanding sexual consent increases as respondent age increases.
- 67.8% of all respondents indicated that if they thought they were in an abusive relationship they would look for help from parents/carers. 37.9% said that they would look for help from friends and 16.1% from school or college.
- Trust (58.8%), honesty (52.7%) and respect (52.0%) were the top three behaviours that all respondents indicated that they would expect to see in a healthy relationship.
- Physical (68.0%), controlling (57.7%) and abusive words and/or language (48.3%) were the top three behaviours that all respondents indicated that they might see in an abusive relationship.

7.3 Healthy relationships

- 89.5% of all respondents considered their relationship with their parents/carers to be somewhat or very healthy, with 64.0% saying that the relationship was very healthy.
- 90.2% or all respondents indicated that they considered their relationships with their friends to be somewhat or very healthy.

- Where applicable, 81.4% of all respondents described their relationship with their partner as somewhat or very healthy, with 60% indicating that they considered the relationship to be very healthy.
- Transgendered respondents were the least likely to describe their relationships with parents/carers, friends or partners as somewhat or very healthy.

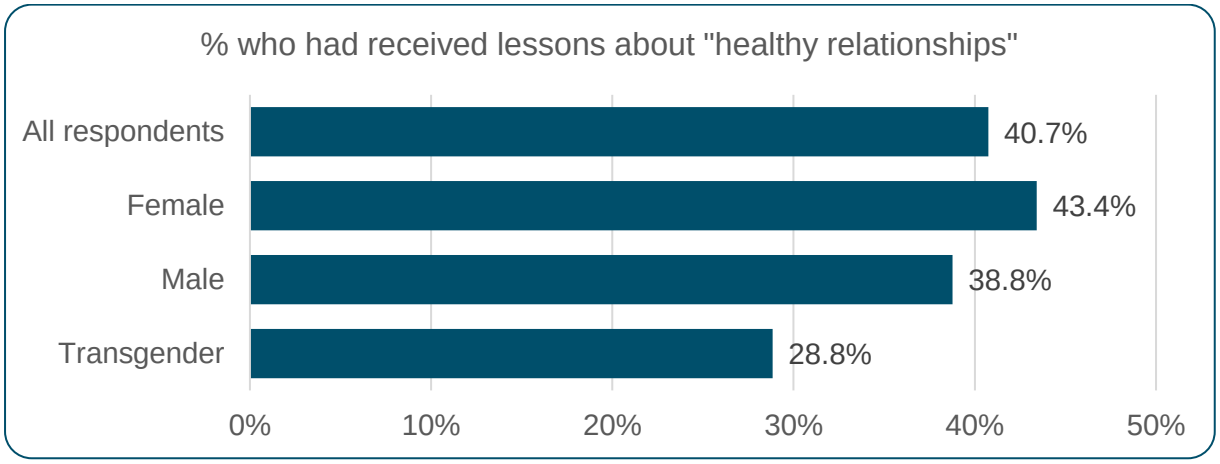
8 Results

Q1. Have you received any lessons about "Healthy Relationships" at school/college?

40.7% of all respondents indicated that they had received lessons about "Healthy Relationships" whilst at school or college.

Female respondents (43.4%) were the most likely to say that they had received these lessons compared with 38.8% of male respondents and 28.8% of transgendered respondents.

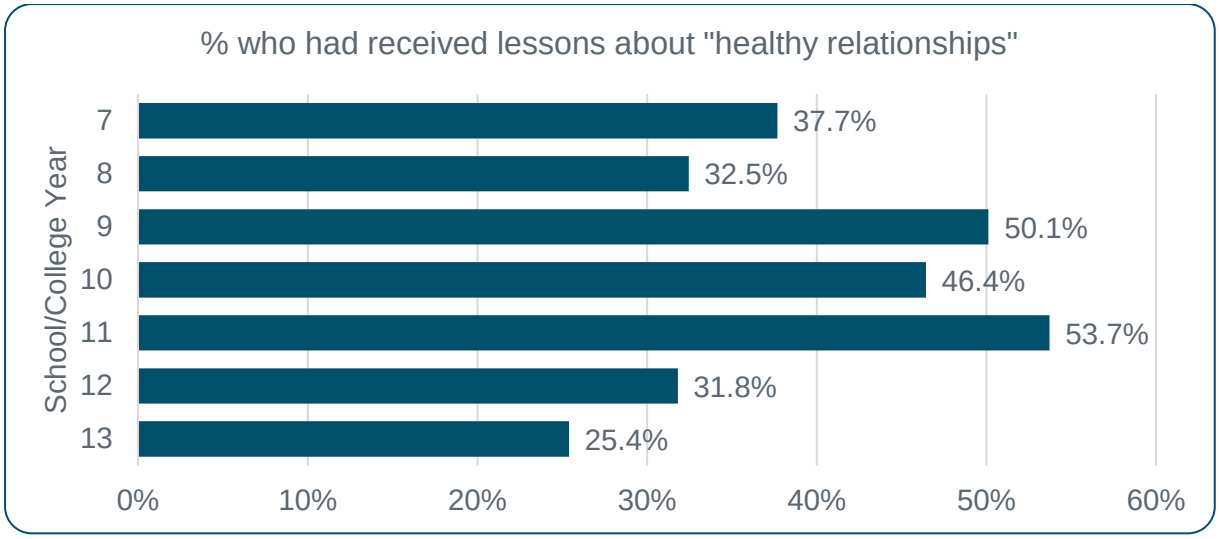
22.0% of respondents said that they did not know whether they had received a "Healthy Relationships" lesson and 37.3% indicated that they had not received these lessons.



Response	All respondents	Female	Male	Transgender
Yes	40.7%	43.4%	38.8%	28.8%
No	37.3%	35.0%	38.9%	53.8%
Don't know	22.0%	21.6%	22.3%	17.3%
Total respondents	**4,742**	**2,278**	**2,210**	**52**

The proportion of respondents who indicated that they had received a "Healthy Relationships" lesson was highest amongst those from Year 11 where greater than half (53.7%) said that they had received these lessons.

The proportion was fewest amongst year groups 12 (31.8%) and 13 (25.4%).



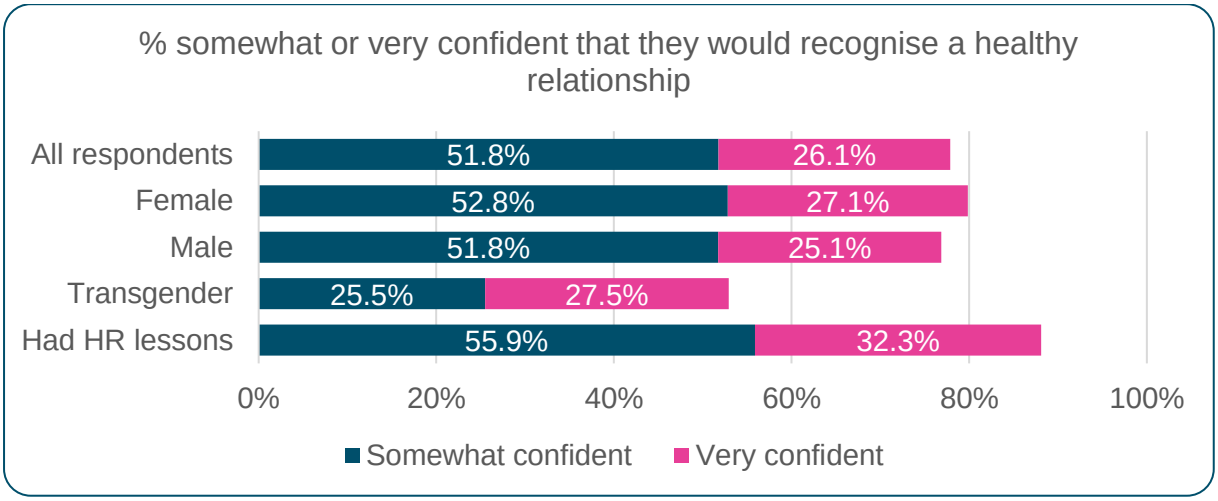
Almost one third of respondents from Year 7 (32.8%) did not know whether they had received a "Healthy Relationships" lesson at school.

Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Yes	37.7%	32.5%	50.1%	46.4%	53.7%	31.8%	25.4%
No	29.6%	40.1%	29.3%	33.1%	29.6%	55.8%	60.3%
Don't know	32.8%	27.4%	20.6%	20.5%	16.7%	12.4%	14.3%
Total respondents	**751**	**758**	**816**	**883**	**510**	**525**	**315**

Q2. How confident are you that you would recognise a healthy relationship?

In total 77.9% of all respondents indicated that they were somewhat or very confident that they would recognise a healthy relationship.

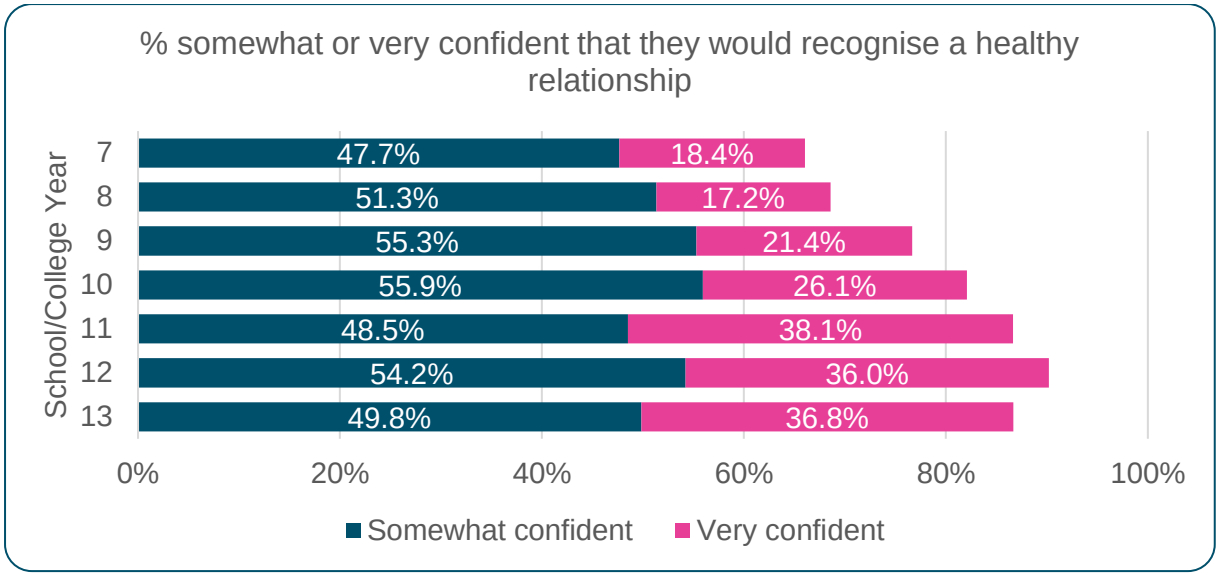
The proportion was greatest amongst those respondents who had received healthy relationship lessons (88.1%) and smallest amongst transgendered respondents (52.9%)



Transgendered respondents were the most likely to indicate that they were unsure (23.5%), not very confident (7.8%) or not at all confident (15.7%) in recognising a healthy relationship.

Response	All respondents	Female	Male	Transgender	Had HR lessons
Very confident	26.1%	27.1%	25.1%	27.5%	32.3%
Somewhat confident	51.8%	52.8%	51.8%	25.5%	55.9%
Not very confident	3.4%	3.5%	3.2%	7.8%	1.7%
Not at all confident	1.4%	0.7%	1.3%	15.7%	0.6%
Unsure	17.3%	15.9%	18.6%	23.5%	9.6%
Total respondents	**4,716**	**2,269**	**2,199**	**51**	**1,910**

The proportion of respondents who said that they were somewhat or very confident that they would recognise a healthy relationship increases across the school/college year groups from 66.0% in Year 7 to peak at 90.2% in Year 12 before falling to 86.7% in Year 13.



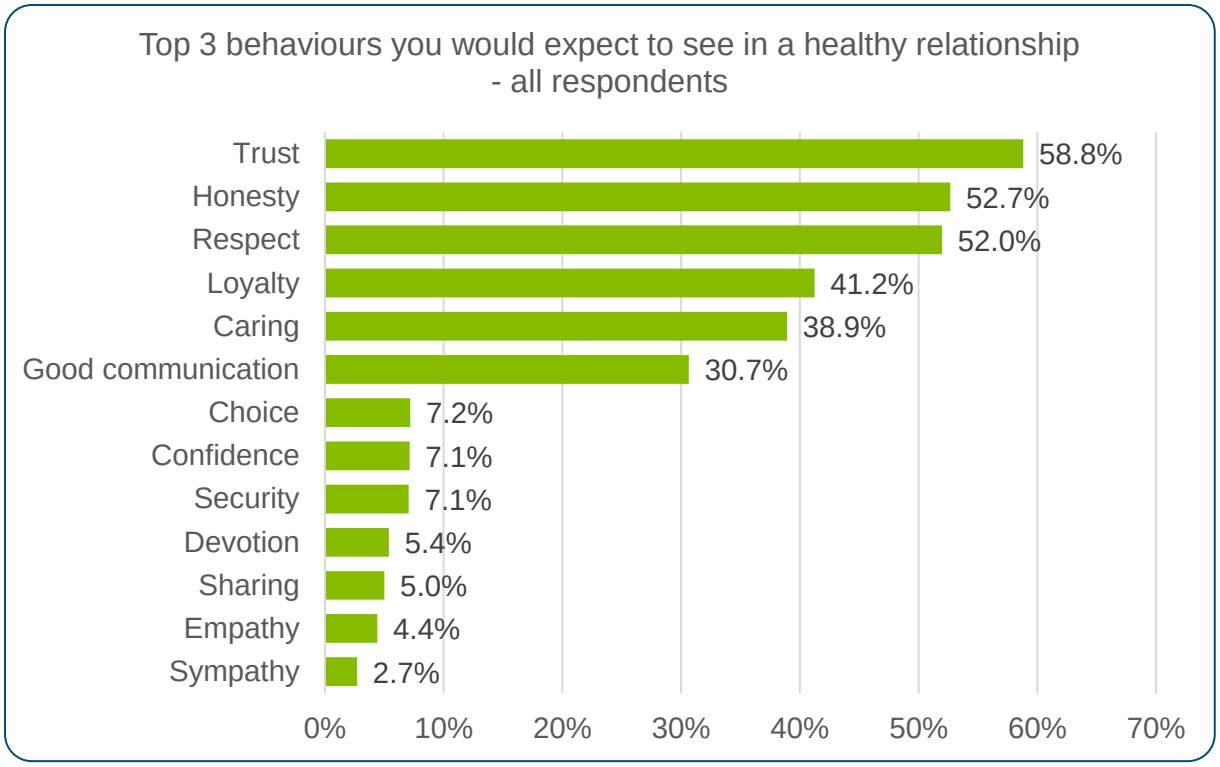
Year 7 had the greatest proportion of respondents who were not very confident (5.4%), not at all confident (2.0%) or unsure (26.6%).

Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Very confident	18.4%	17.2%	21.4%	26.1%	38.1%	36.0%	36.8%
Somewhat confident	47.7%	51.3%	55.3%	55.9%	48.5%	54.2%	49.8%
Not very confident	5.4%	5.0%	3.8%	2.5%	1.2%	1.3%	2.2%
Not at all confident	2.0%	1.3%	1.2%	1.1%	1.0%	0.8%	1.3%
Unsure	26.6%	25.1%	18.3%	14.3%	11.2%	7.7%	9.8%
Total respondents	**745**	**754**	**814**	**876**	**509**	**520**	**315**

Q3. Please select the 3 top behaviours that you would expect to see in a healthy relationship:

Trust (58.8%), honesty (52.7%) and respect (52.0%) were the top three behaviours that all respondents indicated that they would expect to see in a healthy relationship.

This was the same for female, male and transgendered respondents and those respondents who had received healthy relationship lessons.



Response	All respondents	Female	Male	Transgender	Had HR lessons
Trust	58.8%	60.2%	58.1%	51.8%	57.3%
Honesty	52.7%	51.7%	54.3%	50.0%	51.3%
Respect	52.0%	59.3%	44.9%	47.3%	54.1%
Loyalty	41.2%	43.0%	39.6%	39.1%	40.7%
Caring	38.9%	34.5%	43.7%	36.4%	39.2%
Good communication	30.7%	33.8%	27.5%	30.0%	30.8%
Choice	7.2%	7.7%	6.1%	12.7%	7.5%
Confidence	7.1%	6.3%	7.6%	10.0%	6.8%
Security	7.1%	6.8%	7.0%	10.9%	6.6%
Devotion	5.4%	4.3%	6.0%	10.0%	5.6%
Sharing	5.0%	3.4%	6.5%	5.5%	4.7%
Empathy	4.4%	2.5%	5.9%	9.1%	3.6%
Sympathy	2.7%	1.7%	3.4%	6.3%	2.5%
Total respondents	**4,744**	**2,290**	**2,209**	**48**	**1,929**

Trust, respect and honesty were also the top 3 behaviours for all school and college year groups with the exception of Year 7 who highlighted honesty, trust and caring as their top 3 behaviours and Year 11 who had respect, trust and loyalty as their top 3 behaviours.

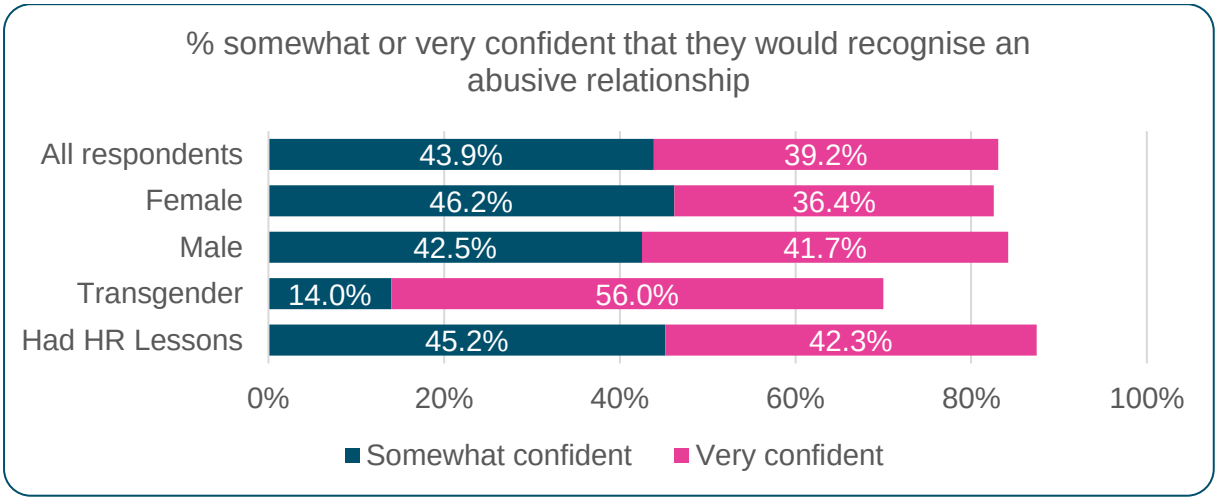
Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Trust	61.5%	59.3%	56.1%	54.2%	54.0%	64.6%	67.9%
Honesty	61.9%	54.9%	58.8%	48.8%	47.2%	45.6%	43.1%
Respect	43.8%	47.8%	51.2%	50.8%	56.0%	59.7%	64.8%
Loyalty	31.0%	37.2%	46.6%	46.6%	48.9%	37.5%	39.9%
Caring	46.6%	44.9%	37.1%	38.6%	32.1%	30.2%	31.4%
Good communication	24.8%	24.1%	26.2%	31.0%	33.7%	43.7%	42.8%
Choice	5.5%	6.6%	6.9%	7.2%	6.3%	11.2%	8.2%
Confidence	8.3%	6.7%	6.6%	7.4%	5.3%	6.5%	7.5%
Security	4.5%	7.5%	6.9%	6.7%	6.7%	8.2%	9.7%
Devotion	4.8%	4.3%	6.0%	5.6%	4.7%	5.1%	4.4%
Sharing	6.0%	5.3%	5.0%	3.5%	4.3%	4.4%	5.7%
Empathy	3.5%	3.0%	3.8%	3.8%	5.1%	8.4%	3.8%
Sympathy	2.7%	3.2%	2.1%	2.1%	1.6%	3.2%	4.1%
Total respondents	**751**	**760**	**816**	**891**	**511**	**526**	**318**

The free text responses listed under “other” for this question are summarised in the word cloud below.

Q4. How confident are you that you would recognise an abusive relationship?

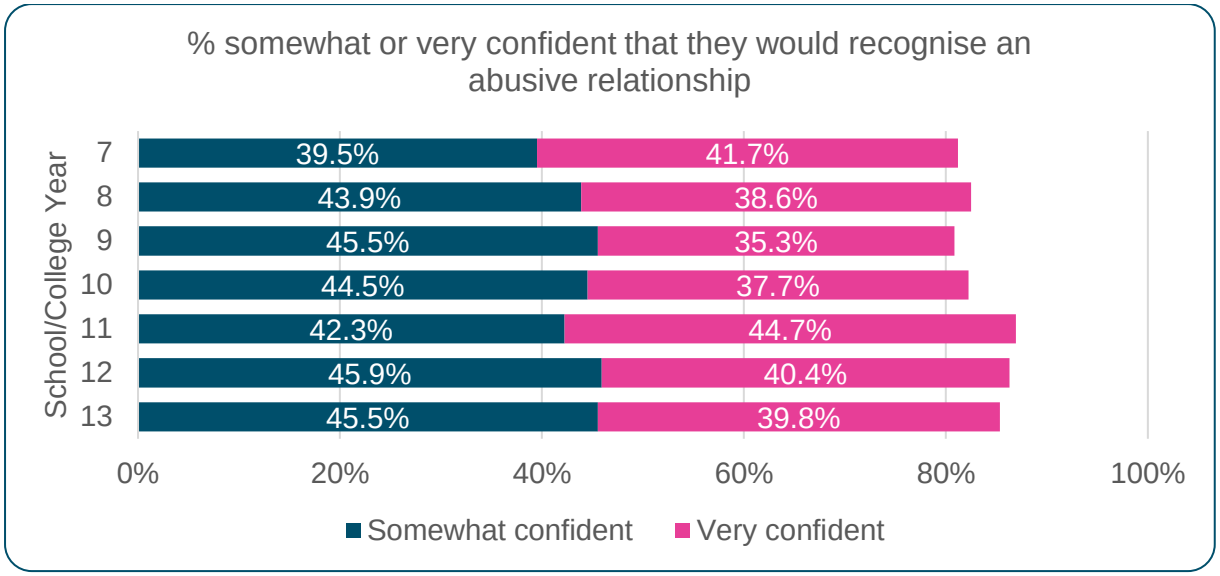
83.1% of all respondents indicated that they were somewhat or very confident that they would recognise an abusive relationship.

The proportion was greatest amongst respondents who had received healthy relationship lessons (87.5%) and smallest amongst transgendered respondents (70.0%).



Transgendered respondents were the most likely to indicate that they were not very confident (8.0%) or not at all confident (16.0%). Female respondents had the greatest proportion of respondents who were unsure (13.6%).

Response	All respondents	Female	Male	Transgender	Had HR lessons
Very confident	39.2%	36.4%	41.7%	56.0%	42.3%
Somewhat confident	43.9%	46.2%	42.5%	14.0%	45.2%
Not very confident	2.8%	2.6%	2.7%	8.0%	1.8%
Not at all confident	1.3%	1.1%	1.1%	16.0%	0.7%
Unsure	12.8%	13.6%	12.0%	6.0%	10.1%
Total respondents	**4,697**	**2,268**	**2,184**	**50**	**1,897**



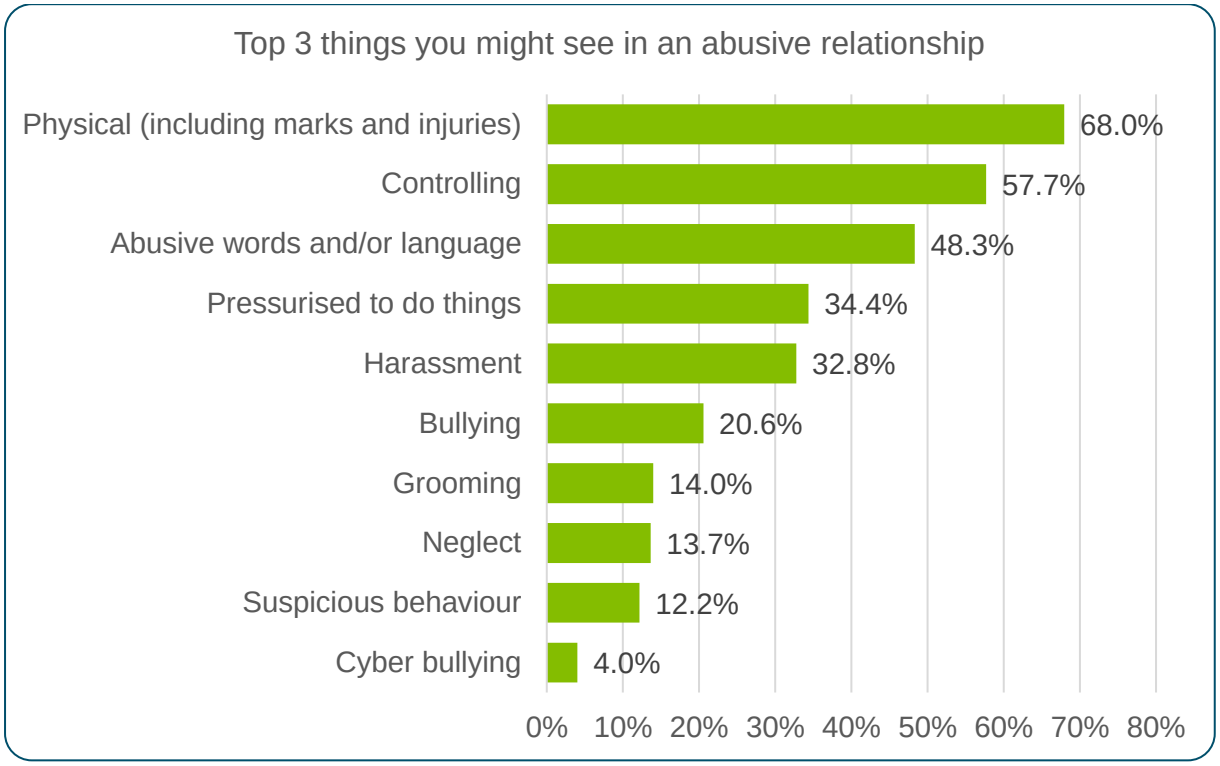
In all school or college year groups the proportion who were somewhat or very confident that they would recognise an abusive relationship was greater than 80%.

Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Very confident	41.7%	38.6%	35.3%	37.7%	44.7%	40.4%	39.8%
Somewhat confident	39.5%	43.9%	45.5%	44.5%	42.3%	45.9%	45.5%
Not very confident	3.2%	3.3%	3.9%	1.8%	1.2%	2.5%	3.5%
Not at all confident	1.7%	1.5%	0.9%	1.4%	1.4%	1.0%	0.6%
Unsure	13.8%	12.7%	14.4%	14.6%	10.5%	10.3%	10.5%
Total respondents	**744**	**754**	**804**	**878**	**497**	**525**	**314**

Q5. Please tick the top 3 behaviours you might see in an abusive relationship:

Physical (68.0%), controlling (57.7%) and abusive words and/or language (48.3%) were the top three behaviours that all respondents indicated that they might see in an abusive relationship.

This was the same for female, male and transgendered respondents and also those who had received healthy relationships lessons.



Response	All respondents	Female	Male	Transgender	Had HR Lessons
Physical (including marks and injuries)	68.0%	70.0%	66.2%	62.4%	66.9%
Controlling	57.7%	65.0%	50.3%	56.0%	56.9%
Abusive words and/or language	48.3%	47.9%	48.2%	45.9%	49.2%
Pressurised to do things	34.4%	39.7%	28.6%	31.2%	37.4%
Harassment	32.8%	27.5%	38.1%	25.7%	32.1%
Bullying	20.6%	15.1%	26.2%	17.4%	19.5%
Grooming	14.0%	14.8%	12.5%	19.3%	13.5%
Neglect	13.7%	10.4%	16.5%	15.6%	14.6%
Suspicious behaviour	12.2%	12.6%	11.3%	13.8%	11.5%
Cyber bullying	4.0%	3.3%	4.1%	11.5%	4.0%
Total respondents	**4,710**	**2,277**	**2,204**	**52**	**1,909**

Physical, controlling and abusive words and/or language were also the top three behaviours highlighted by year groups 8 to 13. However from Year 9 upwards controlling was the behaviour selected by the greatest proportion of respondents in each year group.

Amongst respondents from Year 7 the top three behaviours were physical, abusive words and/or language and harassment.

Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Physical (including marks and injuries)	67.0%	70.4%	67.5%	63.4%	64.1%	73.0%	75.0%
Controlling	32.9%	44.5%	54.7%	65.0%	71.4%	78.1%	78.5%
Abusive words and/or language	59.1%	52.9%	46.4%	42.2%	44.2%	42.2%	44.9%
Pressurised to do things	23.1%	27.7%	34.7%	39.6%	41.5%	40.3%	35.4%
Harassment	42.8%	41.7%	36.3%	28.4%	28.6%	17.7%	22.5%
Bullying	29.4%	19.9%	19.0%	19.1%	17.3%	17.3%	18.4%
Grooming	12.6%	15.3%	15.1%	15.4%	12.5%	10.1%	13.6%
Neglect	17.6%	14.4%	13.2%	11.8%	10.3%	12.9%	12.7%
Suspicious behaviour	10.6%	10.6%	11.9%	12.5%	8.5%	14.3%	15.2%
Cyber bullying	5.6%	2.0%	3.9%	3.3%	3.8%	3.6%	4.4%
Total respondents	**748**	**758**	**812**	**883**	**504**	**526**	**316**

The free text responses listed under “other” for this question are summarised in the word cloud below.

The free text response allowed a number of participants to expand on their answers:

*"You can never be 100% sure so this makes no sense. For example, if someone had a bruise on them and they was with their partner you can't just instantly assume it's an abusive relationship. Same goes for half of these to be honest, **you can almost never tell unless it's something blatantly obvious**"*

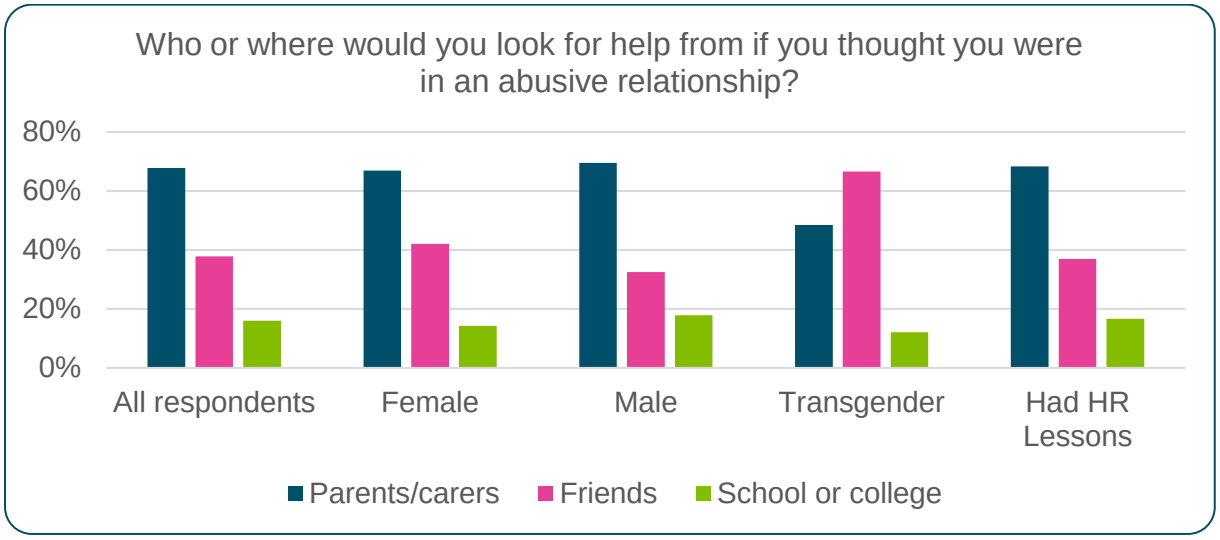
*"**Abuse comes in different forms**, it can either be physical or mental so practically all of these again are things that you can spot to make an unhealthy relationship/abusive relationship"*

*"I've personally experienced this and **any sign is a sign to get out**"*

These demonstrate the complexity of defining an abusive relationship. All three have described important lessons in understanding the behaviours present in an abusive relationship, from the way that it can remain hidden to the different forms of abuse to the conclusion that the presence of a sign "is a sign to get out".

Q6. Who or where would you look for help from if you thought you were in an abusive relationship?

67.8% of all respondents indicated that if they thought they were in an abusive relationship they would look for help from parents/carers. 37.9% said that they would look for help from friends and 16.1% from school or college.

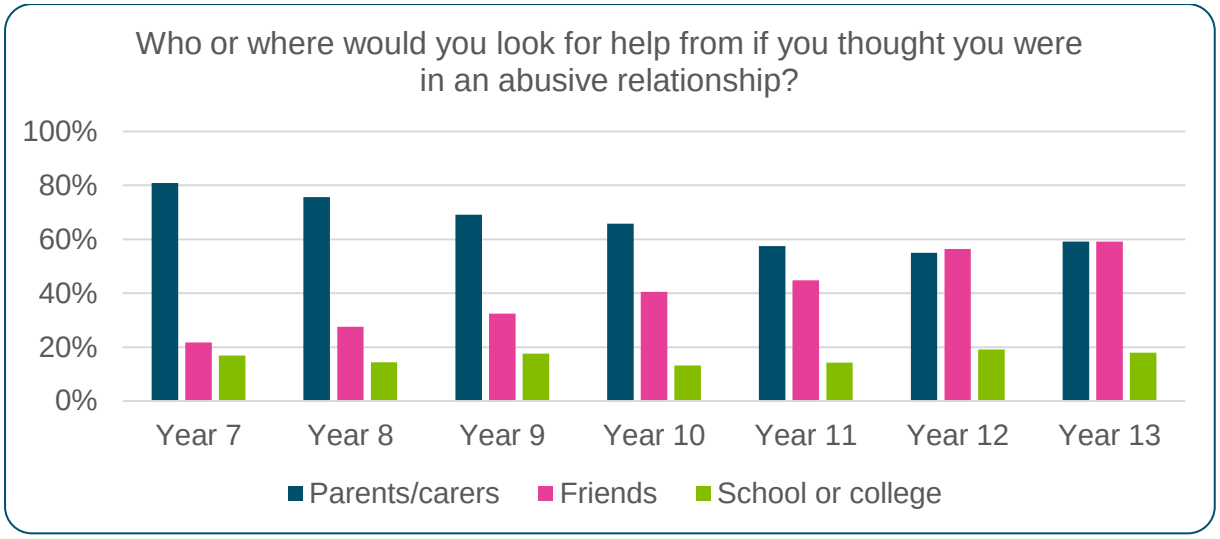


Parents/carers were the principal source of help selected by all respondent types with the exception of transgendered respondents were 66.7% indicated that they would look for help from friends compared with 48.5% who said parents/carers.

Response	All respondents	Female	Male	Transgender	Had HR Lessons
Parents/carers	67.8%	66.9%	69.5%	48.5%	68.3%
Friends	37.9%	42.0%	32.6%	66.7%	37.0%
School or college	16.1%	14.3%	17.9%	12.1%	16.6%
Total respondents	**4,354**	**2,160**	**2,000**	**33**	**1,788**

For year groups 7 to 11 parents/carers were the principal source of help selected.

The proportion indicating that they would look for help from friends increased from each year group to the next so that in year groups 12 and 13, friends were selected as the source of help by a greater number than in lower year groups.



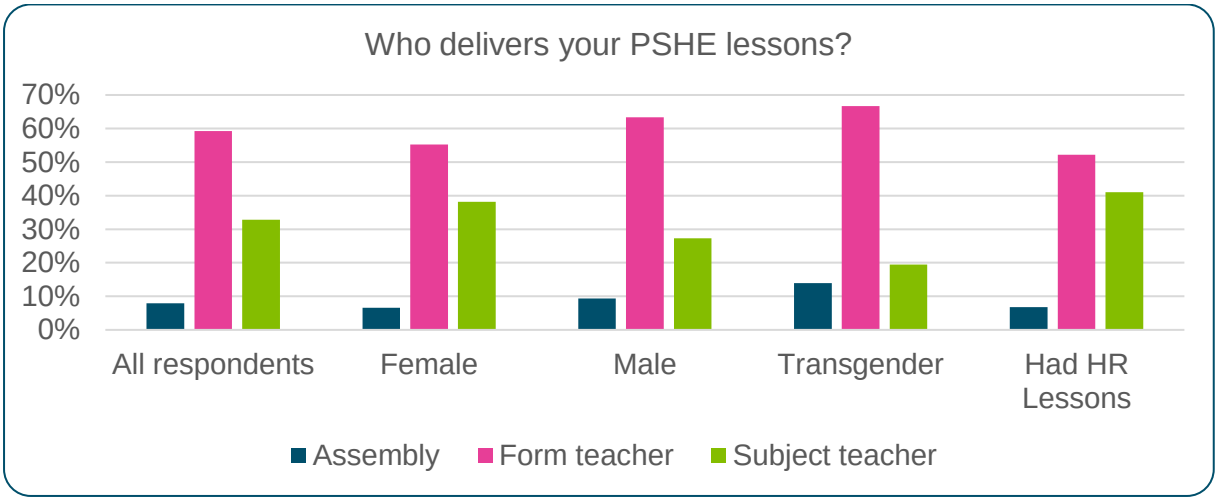
Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Parents/carers	80.9%	75.6%	69.1%	65.8%	57.5%	55.0%	59.1%
Friends	21.7%	27.6%	32.4%	40.5%	44.8%	56.4%	59.1%
School or college	16.9%	14.4%	17.6%	13.2%	14.2%	19.1%	17.9%
Total respondents	**700**	**689**	**729**	**808**	**478**	**493**	**301**

Police and Childline were the most frequently listed source of help listed in the “other” responses to this question.

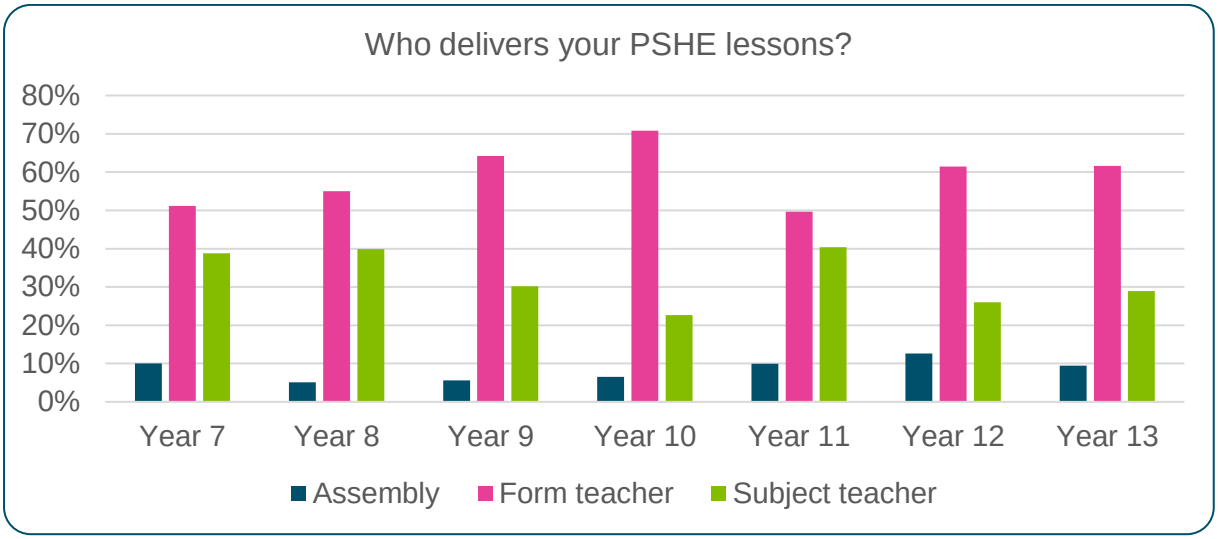
Q7. Who delivers your PSHE lessons?

59.2% of all respondents indicated that their PSHE lesson was delivered by their form teacher compared with 32.8% who said subject teacher and 7.9% who said it was delivered in assembly.

This ordering was the same across all respondent types and year groups.



Response	All respondents	Female	Male	Transgender	Had HR Lessons
Assembly	7.9%	6.6%	9.3%	13.9%	6.8%
Form teacher	59.2%	55.3%	63.4%	66.7%	52.2%
Subject teacher	32.8%	38.2%	27.3%	19.4%	41.0%
Total respondents	**3736**	**1798**	**1761**	**36**	**1,675**



Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Assembly	10.0%	5.1%	5.6%	6.5%	10.0%	12.6%	9.5%
Form teacher	51.2%	55.0%	64.2%	70.8%	49.7%	61.4%	61.6%
Subject teacher	38.8%	39.8%	30.2%	22.7%	40.4%	26.0%	28.9%
Total respondents	**608**	**625**	**640**	**705**	**441**	**381**	**211**

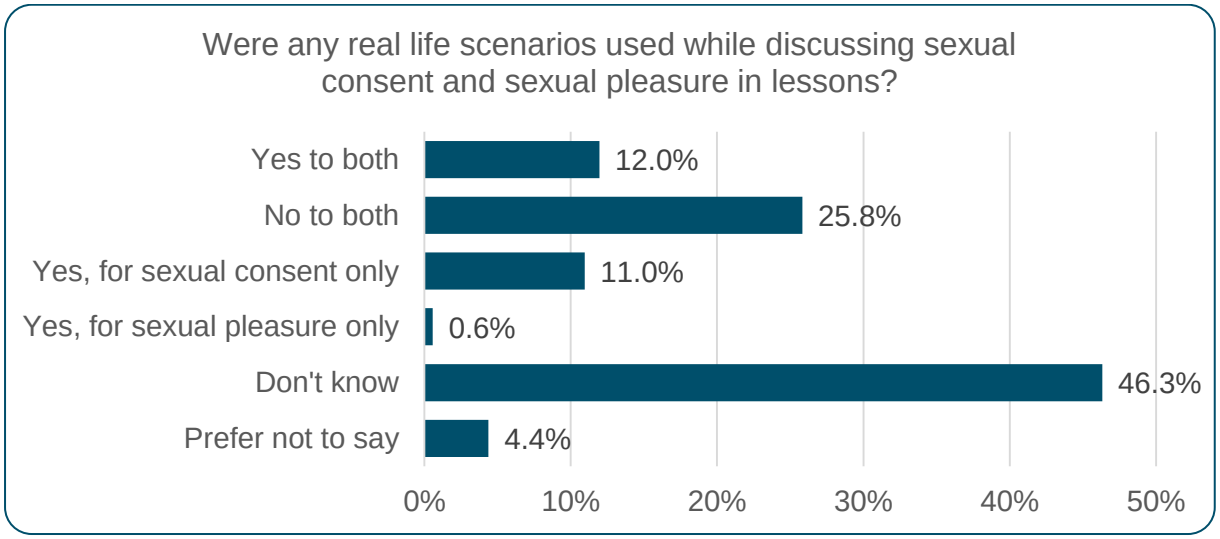
Q8. Were any real life scenarios used while discussing sexual consent and sexual pleasure in lessons?

The greatest proportion of respondents (46.3%) indicated that they did not know if any real life scenarios were used while discussing sexual consent and sexual pleasure in lessons.

25.8% indicated that no scenarios were used while discussing either subject whilst 12.0% said that they were used in both.

11.0% said that real life scenarios were used when discussing sexual consent only, with fewer than 1% saying that they were used when discussing sexual pleasure.

Respondents who had received healthy relationship lessons were the most likely to indicate that real life scenarios had been used while discussing both in lessons (19.1%).



Response	All respondents	Female	Male	Transgender	Had HR lessons
Yes to both	12.0%	10.8%	13.0%	9.8%	19.1%
No to both	25.8%	25.7%	26.5%	23.5%	18.7%
Yes, sexual consent only	11.0%	11.0%	11.2%	13.7%	19.1%
Yes, sexual pleasure only	0.6%	0.3%	0.5%	11.8%	0.5%
Don't know	46.3%	48.9%	43.7%	33.3%	41.2%
Prefer not to say	4.4%	3.4%	5.1%	7.8%	3.9%
Total respondents	**4,600**	**2216**	**2155**	**51**	**1,879**

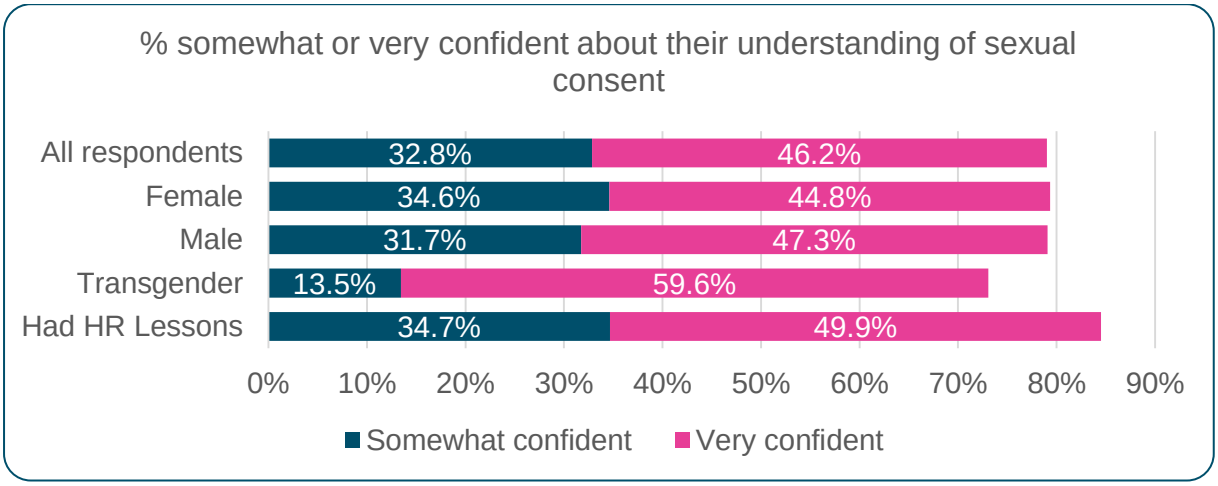
Year 11 had the greatest proportion of respondents who said that real life scenarios had been used when discussing both sexual consent and pleasure (16.9%) and sexual consent only (24.5%).

Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Yes to both	9.0%	8.6%	11.7%	13.9%	16.9%	11.0%	13.9%
No to both	24.6%	25.7%	29.3%	25.7%	18.9%	29.3%	25.5%
Yes, sexual consent only	4.9%	4.8%	10.5%	13.8%	24.5%	13.9%	7.7%
Yes, sexual pleasure only	0.4%	0.5%	0.6%	0.5%	0.4%	0.2%	1.3%
Don't know	55.0%	54.5%	44.5%	42.1%	38.2%	41.5%	46.8%
Prefer not to say	6.1%	5.9%	3.4%	4.1%	1.2%	4.1%	4.8%
Total respondents	**736**	**729**	**793**	**863**	**503**	**509**	**310**

Q9. How confident do you feel about your understanding of sexual consent?

79.0% of all respondents indicated that they were somewhat or very confident about their understanding of sexual consent, with 46.2% very confident.

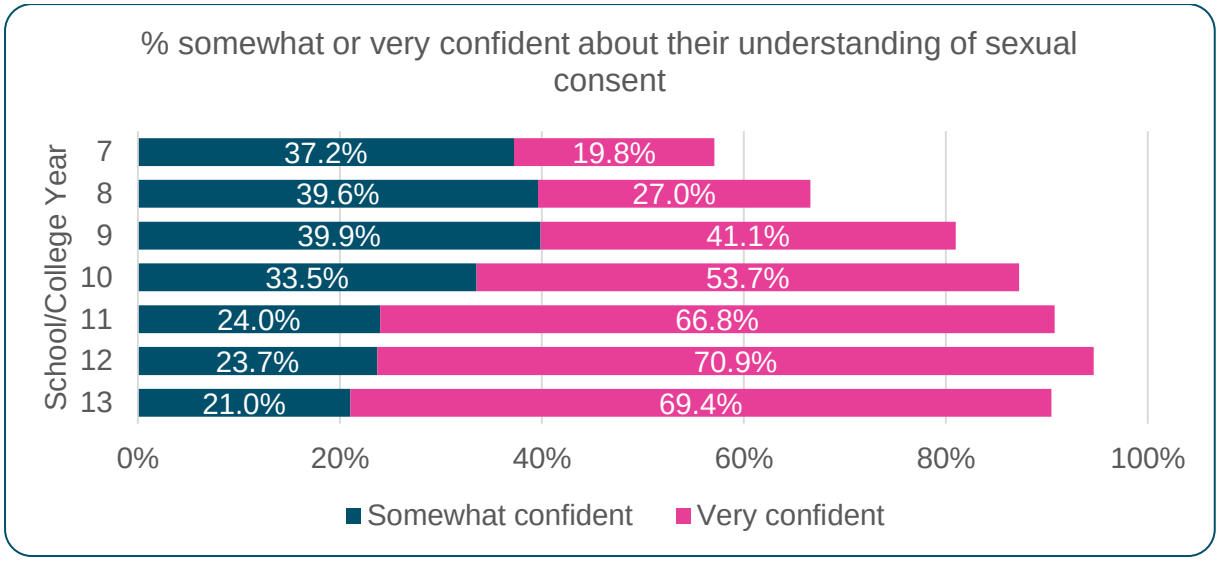
Respondents who had received healthy relationships lessons had the greatest proportion who were somewhat or very confident (84.5%).



Transgendered respondents had the greatest proportion who were very confident (59.6%) and also the greatest proportion who were not at all confident (13.5%).

Response	All respondents	Female	Male	Transgender	Had HR lessons
Very confident	46.2%	44.8%	47.3%	59.6%	49.9%
Somewhat confident	32.8%	34.6%	31.7%	13.5%	34.7%
Not very confident	3.1%	3.4%	2.9%	3.8%	2.7%
Not at all confident	2.6%	2.3%	2.6%	13.5%	1.2%
Unsure	15.2%	14.9%	15.4%	9.6%	11.6%
Total respondents	**4,708**	**2,272**	**2,199**	**52**	**1,907**

Responses indicate that the level of confidence in understanding sexual consent increases as respondent age increases.



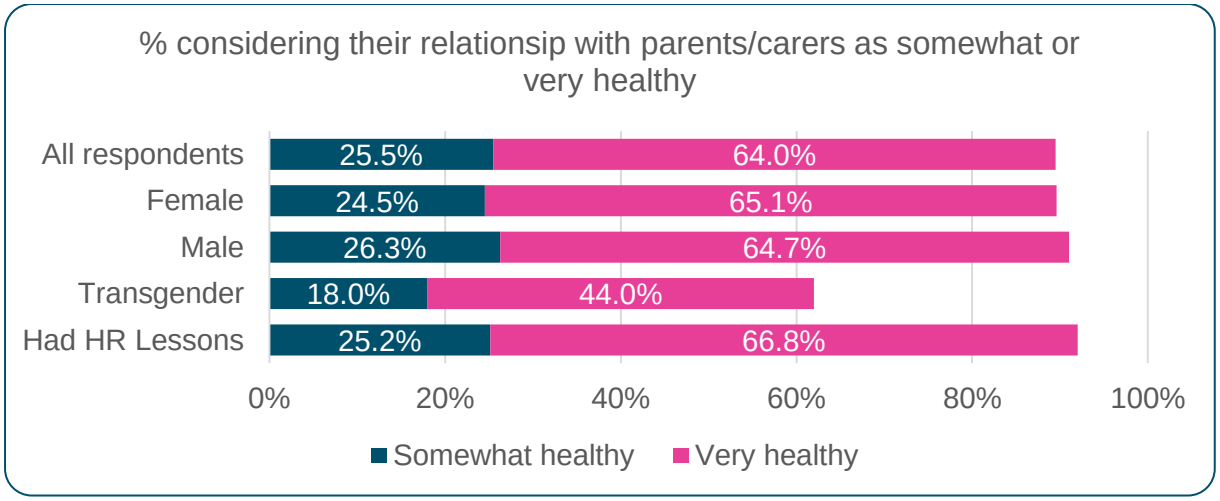
The proportion of respondents who were somewhat or very confident about their understanding of sexual consent increased from 57.1% in Year 7 to 94.6% in Year 12.

Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Very confident	19.8%	27.0%	41.1%	53.7%	66.8%	70.9%	69.4%
Somewhat confident	37.2%	39.6%	39.9%	33.5%	24.0%	23.7%	21.0%
Not very confident	7.7%	4.6%	3.0%	1.4%	1.8%	1.3%	0.3%
Not at all confident	6.7%	4.2%	1.0%	1.1%	1.6%	0.6%	1.3%
Unsure	28.5%	24.6%	15.1%	10.3%	5.9%	3.4%	8.0%
Total respondents	**736**	**760**	**810**	**886**	**509**	**523**	**314**

Q10. How healthy do you consider your relationship with your parents/carers?

89.5% of all respondents considered their relationship with their parents/carers to be somewhat or very healthy, with 64.0% saying that the relationship was very healthy.

Transgendered respondents were the least likely to describe their relationship with parents/carers as somewhat or very healthy (62.0%).

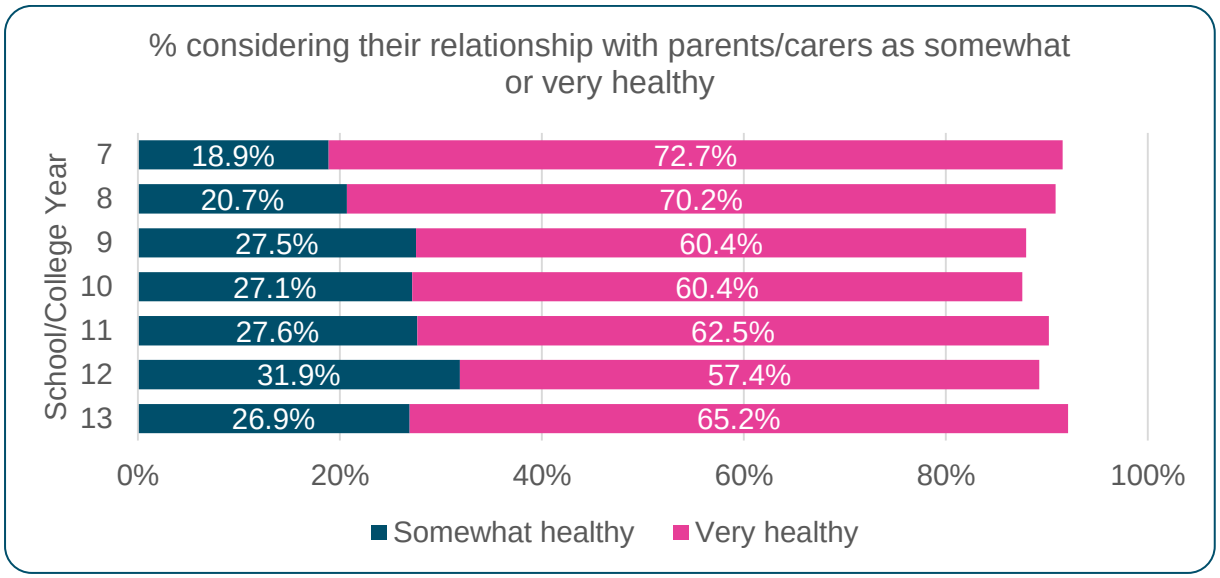


Response	All respondents	Female	Male	Transgender	Had HR lessons
Very healthy	64.0%	65.1%	64.7%	44.0%	66.8%
Somewhat healthy	25.5%	24.5%	26.3%	18.0%	25.2%
Not very healthy	2.6%	2.9%	2.0%	14.0%	1.9%
Not at all healthy	1.2%	1.0%	0.9%	8.0%	0.5%
Unsure	6.7%	6.5%	6.1%	16.0%	5.6%
Total respondents	**4,709**	**2,278**	**2,203**	**50**	**1,912**

The proportion of respondents considering their relationship with their parents/carers to be somewhat or very healthy was similar across all school/college year groups, ranging from 88.0% in Year 9 to 92.1% in Year 13.

Respondents in Year 7 (72.7%) and Year 8 (70.2%) were the most likely to describe their relationship with parents/carers as very healthy.

Respondents in Year 12 were the most likely to describe the relationship as not very healthy or not at all healthy (6.1%).

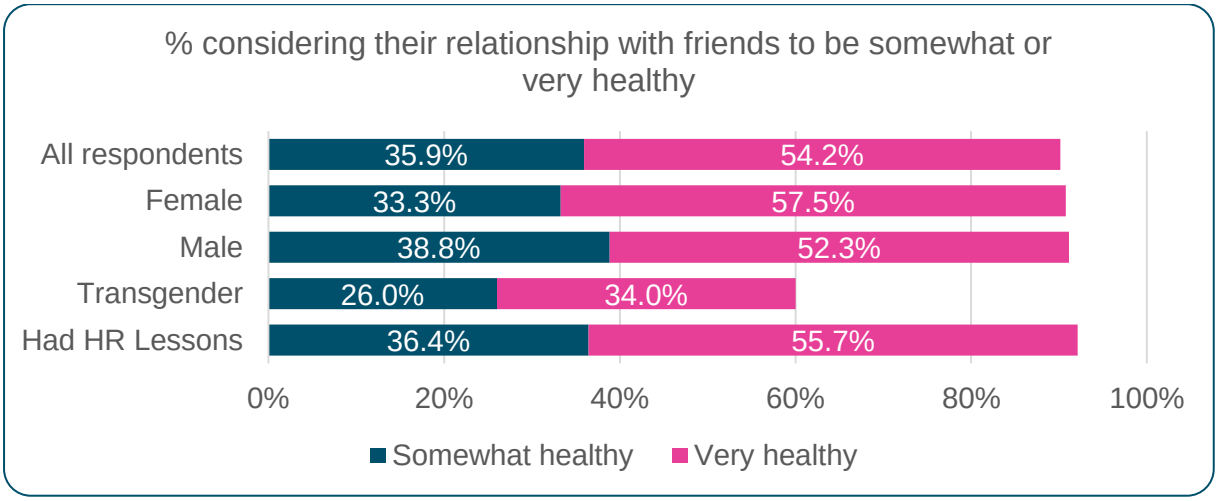


Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Very healthy	72.7%	70.2%	60.4%	60.4%	62.5%	57.4%	65.2%
Somewhat healthy	18.9%	20.7%	27.5%	27.1%	27.6%	31.9%	26.9%
Not very healthy	1.2%	2.4%	2.8%	2.9%	2.9%	4.0%	1.6%
Not at all healthy	1.2%	0.9%	1.1%	0.9%	1.0%	2.1%	0.3%
Unsure	6.0%	5.8%	8.1%	8.6%	5.9%	4.6%	6.0%
Total respondents	**747**	**754**	**814**	**884**	**510**	**521**	**316**

Q11. How healthy do you consider your relationship with your friends?

90.2% of all respondents indicated that they considered their relationships with their friends to be somewhat or very healthy.

Transgendered respondents were the least likely to describe the relationship as somewhat or very healthy (60.0%).

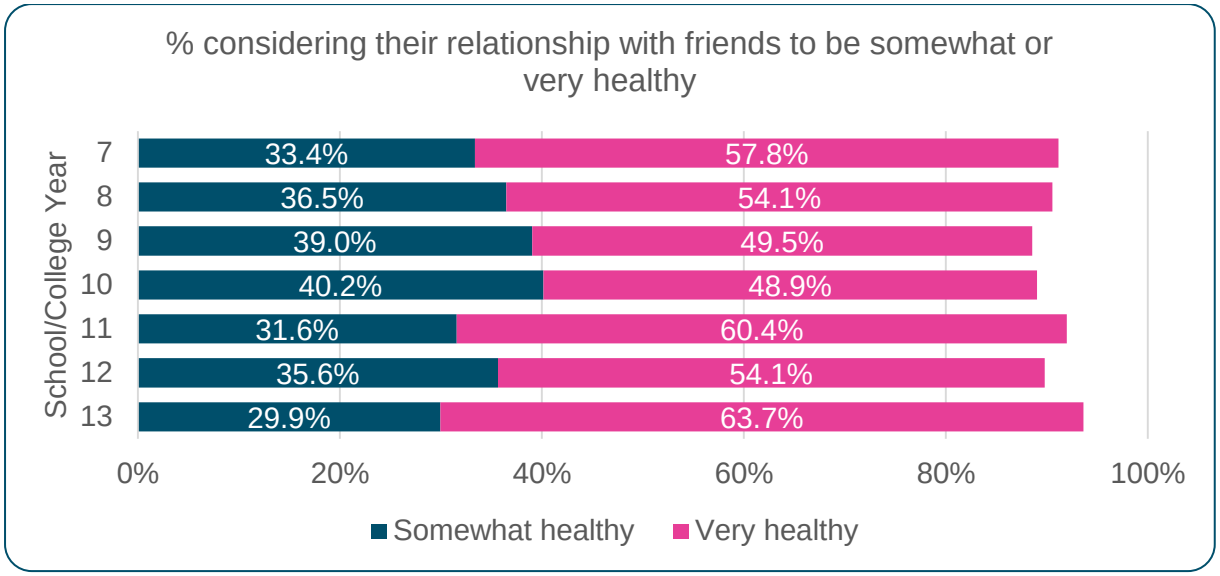


Response	All respondents	Female	Male	Transgender	Had HR lessons
Very healthy	54.2%	57.5%	52.3%	34.0%	55.7%
Somewhat healthy	35.9%	33.3%	38.8%	26.0%	36.4%
Not very healthy	1.5%	1.5%	1.3%	8.0%	1.2%
Not at all healthy	1.2%	0.6%	1.0%	20.0%	0.8%
Unsure	7.2%	7.1%	6.6%	12.0%	5.8%
Total respondents	**4,678**	**2,273**	**2,196**	**50**	**1,894**

The proportion of respondents considering their relationship with their friends to be somewhat or very healthy was similar across all school/college year groups, ranging from 88.5% in Year 9 to 93.6% in Year 13.

Respondents in Year 13 were the most likely to describe their relationship with friends as very healthy (63.7%).

Respondents in Year 10 were the most likely to describe the relationship as not very healthy or not at all healthy (3.8%).



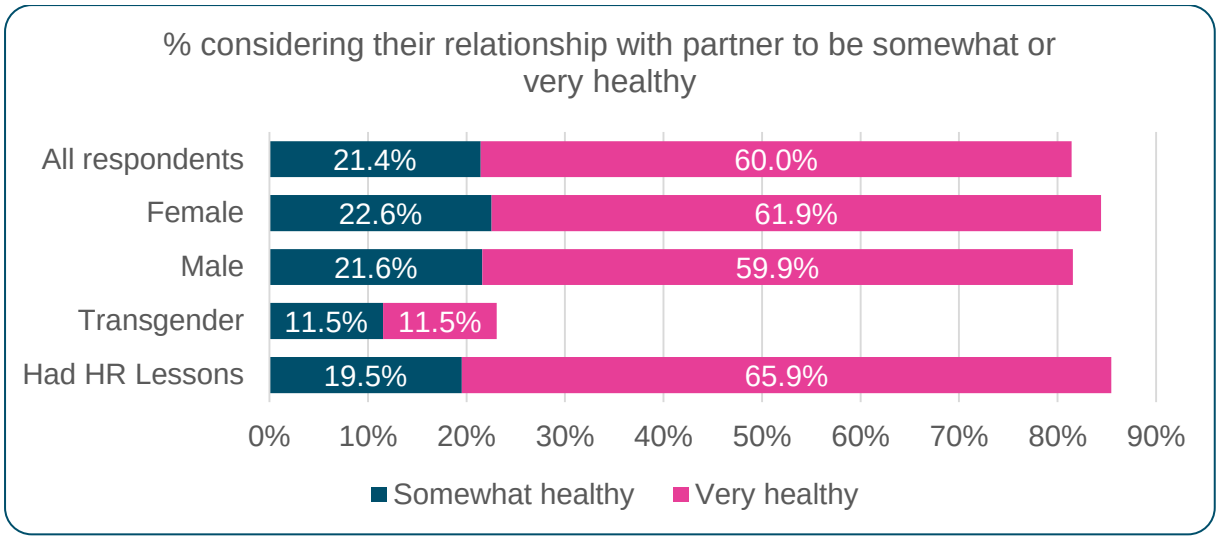
Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Very healthy	57.8%	54.1%	49.5%	48.9%	60.4%	54.1%	63.7%
Somewhat healthy	33.4%	36.5%	39.0%	40.2%	31.6%	35.6%	29.9%
Not very healthy	1.1%	0.9%	2.2%	2.3%	0.8%	1.0%	1.6%
Not at all healthy	1.5%	0.9%	0.7%	1.6%	1.6%	0.8%	0.3%
Unsure	6.3%	7.6%	8.5%	7.1%	5.7%	8.5%	4.5%
Total respondents	**746**	**751**	**812**	**884**	**510**	**519**	**314**

Q12. How healthy do you consider your relationship with your partner?

81.4% of all respondents described their relationship with their partner as somewhat or very healthy, with 60% indicating that they considered the relationship to be very healthy.

Respondents who had received healthy relationships lessons were the most likely to describe the relationship as somewhat or very healthy (85.5%).

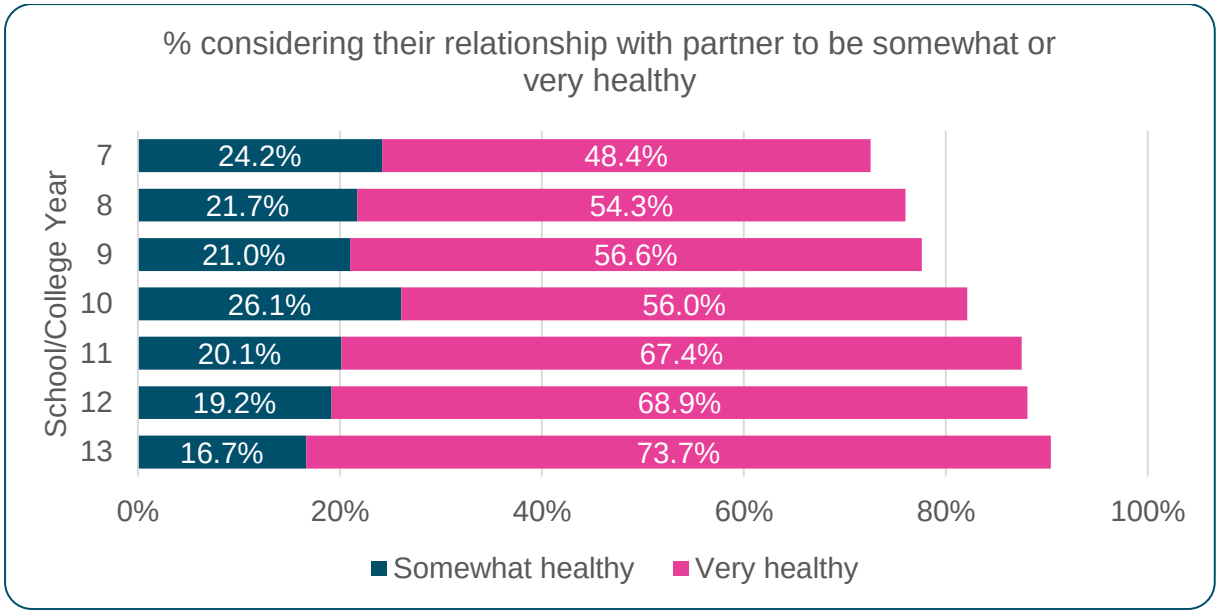
At 23.1%, transgendered respondents were the least likely to say that the relationship was somewhat or very healthy.



Transgendered respondents had the greatest proportion indicating that their relationship was not at all healthy (42.3%).

Response	All respondents	Female	Male	Transgender	Had HR lessons
Very healthy	60.0%	61.9%	59.9%	11.5%	65.9%
Somewhat healthy	21.4%	22.6%	21.6%	11.5%	19.5%
Not very healthy	1.9%	2.1%	1.7%	3.8%	1.8%
Not at all healthy	4.5%	3.7%	3.3%	42.3%	4.0%
Unsure	12.2%	9.8%	13.4%	30.8%	8.8%
Total respondents	**1,390**	**674**	**634**	**26**	**502**

The proportion of respondents considering their relationship with their partner to be somewhat or very healthy increased with the age of the respondent. By Year 13, 90.4% of respondents in a relationship considered the relationship to be somewhat or very healthy with almost three quarters describing the relationship to be very healthy (73.7%).

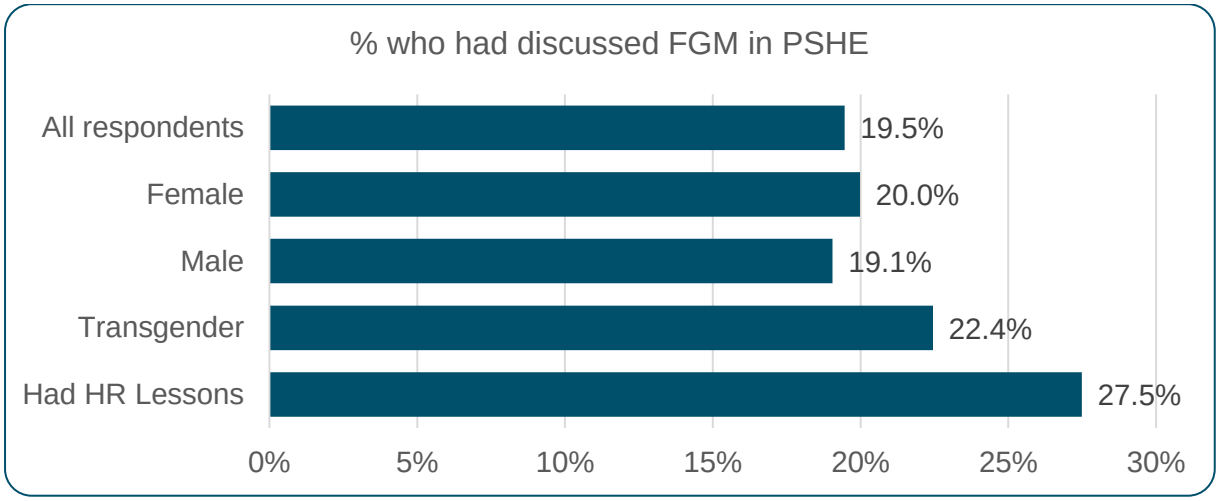


Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Very healthy	48.4%	54.3%	56.6%	56.0%	67.4%	68.9%	73.7%
Somewhat healthy	24.2%	21.7%	21.0%	26.1%	20.1%	19.2%	16.7%
Not very healthy	2.2%	1.1%	4.6%	2.3%	0.7%	1.0%	1.3%
Not at all healthy	8.2%	3.4%	4.6%	3.5%	3.5%	3.6%	2.6%
Unsure	17.0%	19.4%	13.2%	12.1%	8.3%	7.3%	5.8%
Total respondents	**182**	**175**	**219**	**257**	**144**	**193**	**156**

Q13. Have you discussed Female Genital Mutilation (FGM) in PSHE?

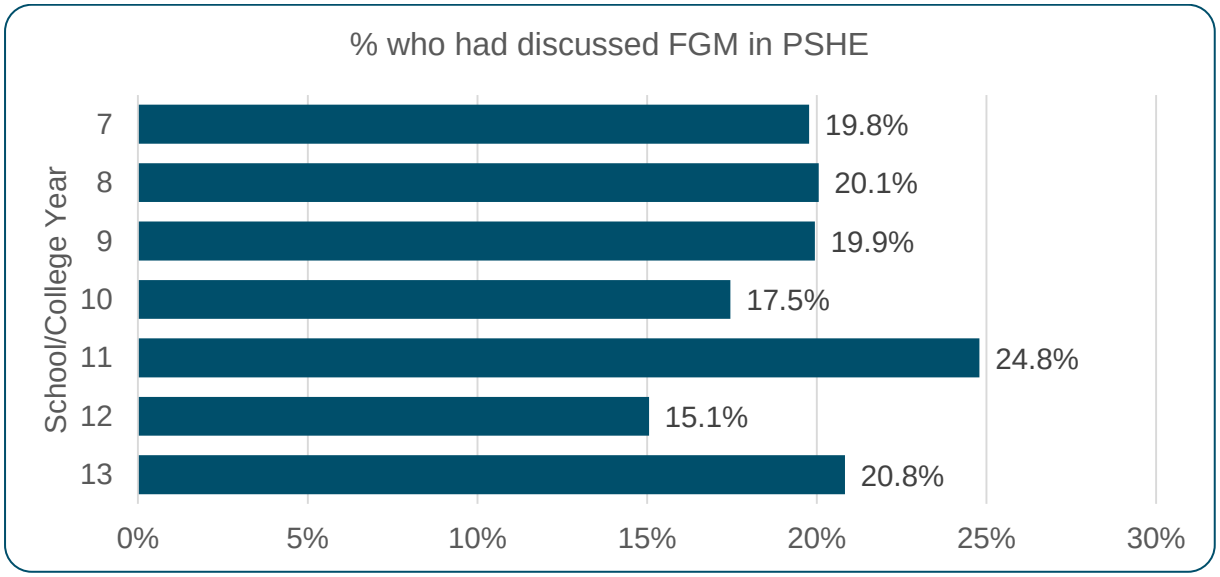
49.2% of respondents said that they had not discussed FGM in PSHE with 19.5% indicating that they had.

Respondents who had received healthy relationship lessons were the most likely to say that they had discussed FGM in PSHE (27.5%).



Response	All respondents	Female	Male	Transgender	Had HR lessons
Yes	19.5%	20.0%	19.1%	22.4%	27.5%
No	49.2%	50.4%	48.4%	42.9%	44.0%
Don't know	27.2%	26.5%	28.1%	18.4%	24.3%
Prefer not to say	4.2%	3.1%	4.4%	16.3%	4.2%
Total respondents	**4,383**	**2,122**	**2,073**	**49**	**1,855**

Respondents from Year 11 had the greatest proportion who had discussed FGM in PSHE (24.8%) whilst respondents from Year 12 had the greatest proportion who said that they had not (61.8%).

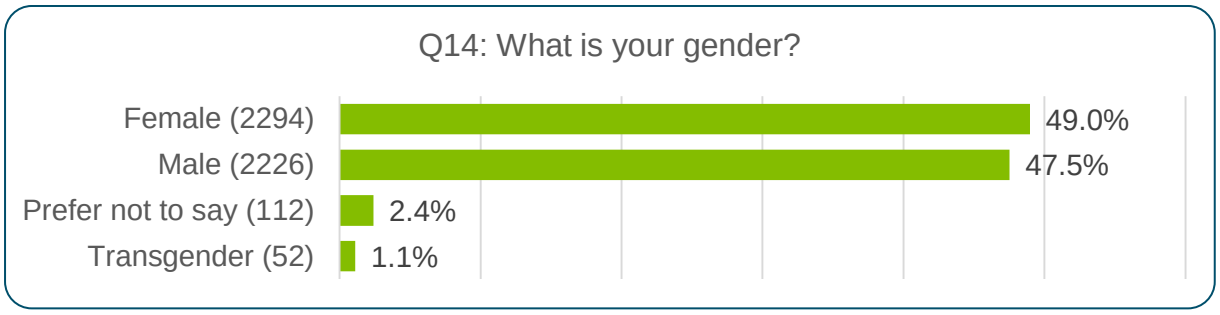


Response	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Yes	19.8%	20.1%	19.9%	17.5%	24.8%	15.1%	20.8%
No	43.0%	41.0%	50.2%	51.7%	48.8%	61.8%	55.1%
Don't know	31.6%	33.1%	25.4%	28.6%	24.2%	20.5%	19.6%
Prefer not to say	5.5%	5.8%	4.4%	2.3%	2.2%	2.7%	4.5%
Total respondents	**632**	**703**	**747**	**842**	**500**	**518**	**312**

9 Demographics

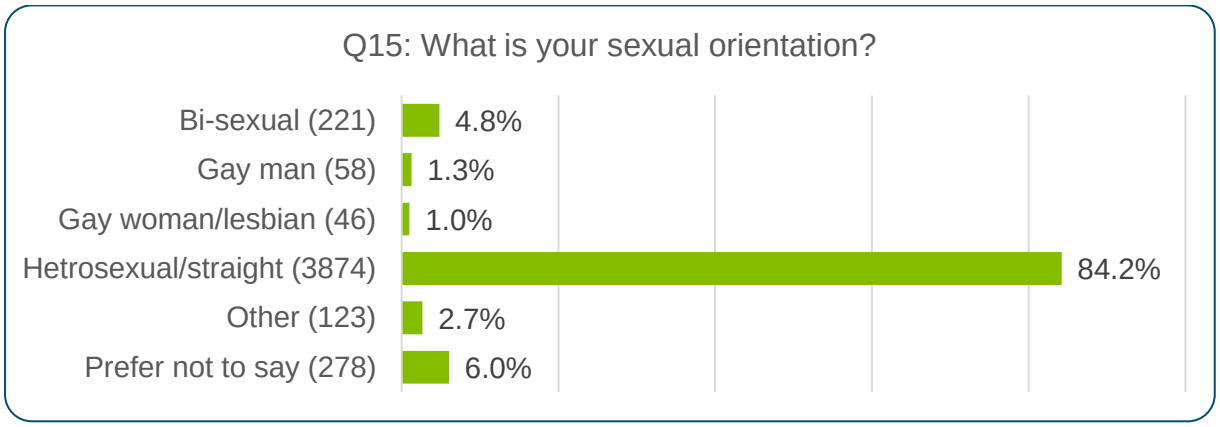
Gender

Participants who identified as female (49.0%) made up the greatest proportion of respondents whilst 47.5% were male, 2.4% preferred not to say and 1.1% identified as transgender.



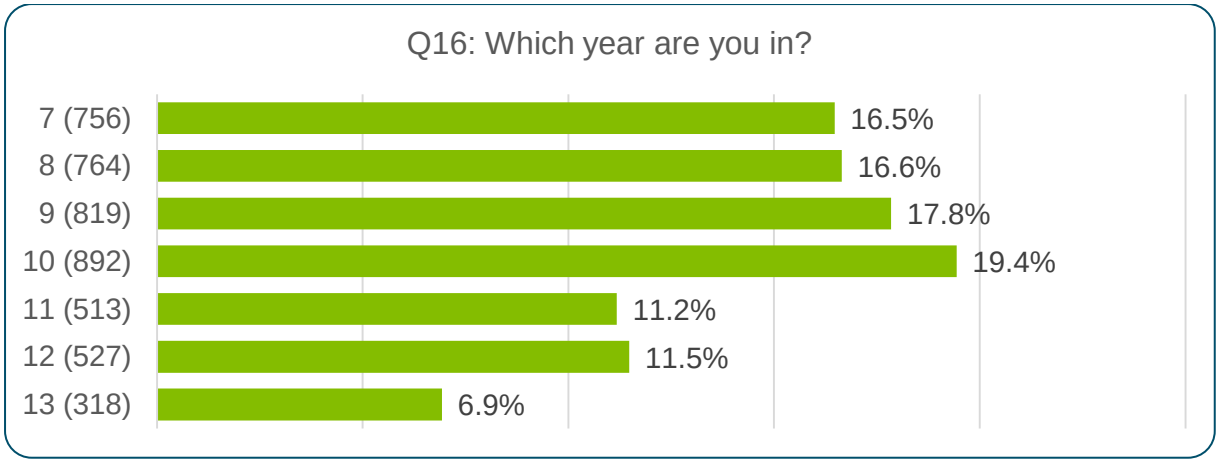
Sexual Orientation

The majority of respondents (84.2%) identified as heterosexual/straight. 6.0% preferred not to say whilst 4.8% identified as bi-sexual, 2.7% as other, 1.3% as gay man and 1.0% as gay woman/lesbian.



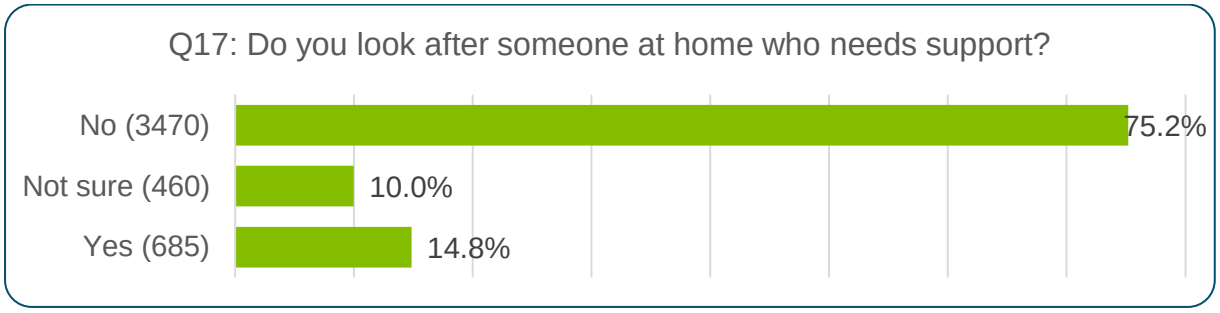
Year Groups

The greatest proportion of respondents were in Year 10 (19.4%) followed by Year 9 (17.8%), Year 8 (16.6%), Year 7 (16.5%), Year 12 (11.5%), Year 11 (11.2%) and Year 13 (6.9%).



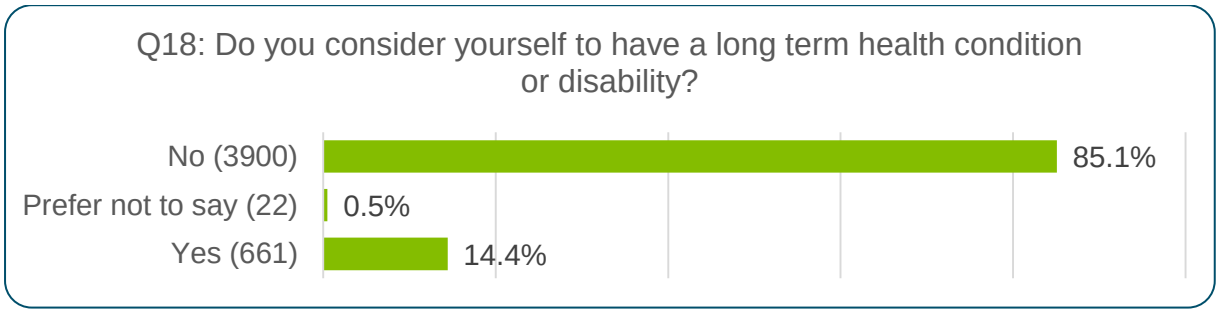
Caring Responsibilities

Only 14.8% reported that they looked after someone at home who needed support, although 10.0% indicated that they were not sure.



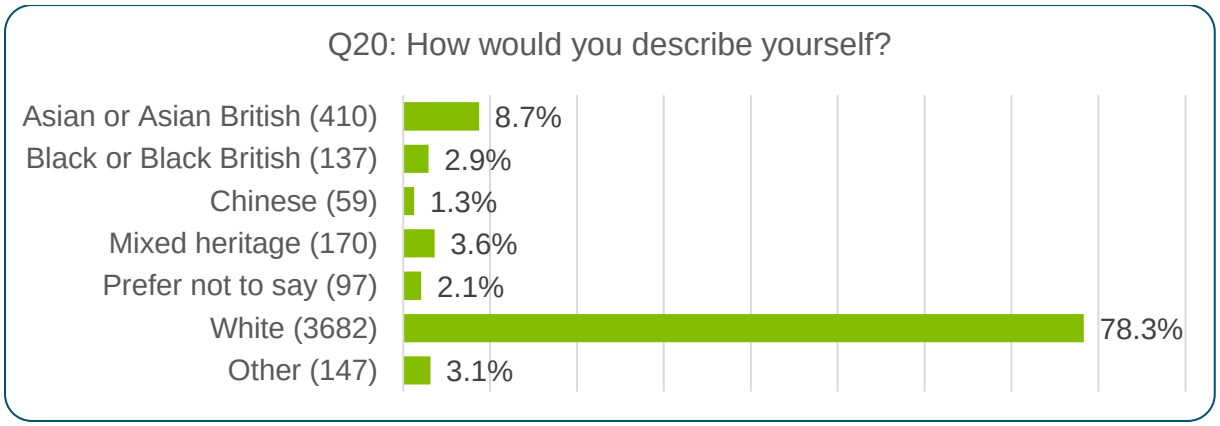
Long Term Health Conditions or Disabilities

A total of 85.1% did not identify themselves as having a long-term health condition or disability. 14.4% identified that they did.



Ethnicity

The majority of respondents identified as white (78.3%) followed by Asian or Asian British (8.7%).



10 Limitations

This report has a number of limitations. Although the number of participants is high not all questions were answered by all respondents and not all schools in Telford and Wrekin participated. The use of 'respect', 'trust' and 'honesty' in the definition of healthy relationships on the survey itself may have compromised the answers given in Question 3. However, it was necessary to provide a definition of a healthy relationship. In future it may be advisable to instead ask an open-ended question for behaviours associated with the subject under study.

One school also chose to exclude Question 13 and change Question 5 by removing mention of 'sexual pleasure'. In future it may be advisable to seek to provide questions that are approved by all schools so as to ensure consistency of answers within the survey.

The exclusion of those who preferred not to include their gender, a total of 112 participants, and the separating out of those who identified as transgender when there were only 52 may also have limited the analysis of the data based on gender. Considering such important issues appeared to be identified it requires deeper consideration in future as to how to sensitively include gender minorities within the analysis.

11 Discussion

A similar report was conducted by the Sex Education Forum in 2015, suggesting how the results from the young people in Telford and Wrekin might compare nationally. However, it is important to note that the *Heads or Tails?* report was conducted exclusively online, with 2,326 respondents across a broader age range of 11-25 years old. The HWTW survey included responses from 4,776 participants – considerably more and with more equality across male and female respondents (Sex Education Forum, 2015). As with similar reports it demonstrated that young people are not receiving lessons in healthy relationships at schools or colleges, with 46% reporting not having learned how to tell when a relationship is healthy (Sex Education Forum, 2015). However, it is interesting to note that 19.5% of respondents in this survey reported discussing FGM in PSHE whilst 24% in the national survey reported learning about it. This suggests that some areas of healthy relationship education in Telford and Wrekin may not be matching what is taught nationally.

As demonstrated within the current study and that named above (Sex Education Forum, 2015), educating young people about healthy relationships can improve their confidence in recognising both healthy relationships (88.1% in those taught HRE and 77.9% amongst all) and abusive relationships (87.5% in those taught HRE and 83.1% amongst all). For those without healthy relationship training their understanding may not be as well-rounded or complete as those who have been educated. For instance, those who had lessons in healthy relationships were more likely to be confident in their understanding of sexual consent (84.5% in those taught HRE and 79.0% amongst all) and to have discussed FGM (27.5% in those taught HRE and 19.5% amongst all). Confidence in identifying healthy and abusive relationships also increased amongst older students even though they are less likely to be taught HRE, suggesting that experience may also play a role in the understanding of these subjects.

However, HRE should translate to healthier relationships for young people with the people around them. Whilst there were increases across parents/carers, friends and partners these were not large (2.2%, 2%, and 4.1% respectively).

Participants identifying as transgender only accounted for 1.1% of the survey respondents but are noteworthy in that their confidence recognising healthy relationships (53%) was particularly low and that they considered their relationship with their partner considerably less healthy than other respondents (23% v 81.4%). It is also important to recognise that although they are more likely to look for help from friends over parents/carers (66.7% v 48.5%) their relationships with friends were only considered healthy by 60% of participants.

Lessons in healthy relationships were not consistent across age groups. Instead there appeared to be a peak in Years 9, 10 and 11 which then dropped for Years 12 and 13. This may suggest that healthy relationship education has become more common in recent years, leading to those in higher years missing out. This peak also suggests that it is more likely to be taught to students from Year 9 onwards despite it being a core theme of the PSHE Education Programme of Study.

There are links to previous research conducted by Healthwatch Telford & Wrekin. Within the CAMHS study parents/carers were chosen as the most likely place to look for help for mental health – 66.7% - but was less likely among the small number of transgender students surveyed (Healthwatch Telford & Wrekin, 2016). It is significant that for young people in Telford & Wrekin parents/carers appear to be important sources of information. This contrasts with the findings of the Sexual Health report which found that young people were most likely to seek information online (78%).

12 References

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Mental Health Foundation. (2016). *Relationships in the 21st Century*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf

PSHE Association. (2017). A Curriculum for Life. Retrieved from https://www.pshe-association.org.uk/sites/default/files/Curriculum for life May 2017.pdf

Sex Education Forum. (2015). Heads or tails? What young people are telling us about SRE.

Telford and Wrekin Council. (2015). Health Improvement in Schools Survey Findings.

13 Appendix: Copy of the Healthy Relationships Survey

healthwatch Telford and Wrekin

School: [NAME HERE]

YOUTH Healthy Relationships Survey 2017

All information in this survey will be treated in the strictest confidence and you will not be identified from your responses.

A healthy relationship can be defined as a relationship between two or more people, who develop a connection, which is based on mutual respect, trust and honesty. Healthwatch Telford and Wrekin are looking at young people's understanding of healthy relationships

1. Have you received any lessons about "Healthy Relationships" at school/college?

Yes		No		Don't know	

2. How confident are you that you would recognise a healthy relationship?

Not at all confident		Not very confident		Unsure		Somewhat confident		Very confident	

3. Please tick the top 3 behaviours that you would expect to see in a healthy relationship:

Caring		Choice		Communication		Confidence	
Devotion		Empathy		Honesty		Loyalty	
Respect		Security		Sharing		Sympathy	
Trust		Other:					

4. How confident are you that you would recognise an abusive relationship?

Not at all confident		Not very confident		Unsure		Somewhat confident		Very confident	

5. Please tick the top 3 behaviours you might see in an abusive relationship:

Abusive language		Bullying		Controlling		Cyber bullying	
Grooming		Harrassment		Neglect		Physical abuse	
Pressure		Suspicious behaviour		Other			

6. Who or where would you look for help from if you thought you were in an abusive relationship?

Parents/Carers		Friends		School/College		Other	

7. Who delivers your PSHE lessons?

Form teacher		Subject teacher		Assembly		Other	

8. Were any real-life scenarios used while discussing **sexual consent** and **sexual pleasure** in lessons?

Yes to both		Yes for sexual consent only		Don't know	
No to both		Yes, for sexual pleasure only		Prefer not to say	

9. How confident do you feel about your understanding of sexual consent?

Not at all confident		Not very confident		Unsure		Somewhat confident		Very confident	

10. How healthy do you consider your relationship with your parents/carers?

Not at all healthy		Not very healthy		Unsure		Somewhat healthy		Very healthy	

11. How healthy do you consider your relationship with your friends?

Not at all healthy		Not very healthy		Unsure		Somewhat healthy		Very healthy	

12. How healthy do you consider your relationship with your partner?

Not at all healthy		Not very healthy		Unsure		Somewhat healthy		Very healthy		N/A	

13. Have you discussed Female Genital Mutilation (FGM) in PSHE? This can also be known as "female circumcision" or "cutting", sunna, gudniin, halalays, tahur, megrez and khitan.

Yes		No		Don't know		Prefer not to say	

About You

14. What is your gender?

Mal+e		Female		Transgender		Prefer not to say	

15. What is your sexual orientation?

Bi sexual		Gay woman/lesbian		Gay man	
Heterosexual/Straight		Other		Prefer not to say	

16. Which year are you in?

7		8		9		10		11	
12		13		Other					

17. Do you look after someone at home who needs support?

Yes		No		Not sure	

18. Do you consider yourself to have a long term health condition or disability?

Yes		No	

19. Do you identify with a sub-culture eg. Goth, Emo, Roadman?

Yes, please specify		No	

20. How would you describe yourself?

White		Asian or Asian British		Black or Black British		Chinese		Mixed Heritage	
Other(please specify)						I prefer not to say			

21. What is your postcode?

TF1		TF2		TF3	
TF4		TF5		TF6	
TF7		TF8		TF10	
Other					

If this survey has raised anything that you would like to discuss further, please contact Kath Jones, Senior Counsellor.

Thank you for participating in this survey, your help is very much appreciated. The survey report will be published on www.healthwatchtelfordandwrekin.co.uk in the autumn.

C

Telford & Wrekin Health & Wellbeing Board 6 December 2017

Update on Future Fit Programme

NHS Shropshire and Telford CCGs are continuing to develop the consultation documents and survey in preparation for the launch of the Future Fit consultation. We enclose the following draft documents for the Telford & Wrekin Health & Wellbeing Board:

Main Consultation document	http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Download/MjA0MTU%3d
Summary Consultation document	http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Download/MjA0MTY%3d
Survey	http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Download/MjA0MTc%3d
Consultation plan	http://apps.telford.gov.uk/CouncilAndDemocracy/Meetings/Download/MjA0MTg%3d

In developing the consultation documents, we have worked closely with both the Consultation Institute and a patient reader group which has included representation from Shropshire, Telford & Wrekin and mid Wales. Over the past three months, we have taken on board many comments and suggestions from a wide range of stakeholders. This includes the CCG boards, SaTH Board, Joint HOSC and Telford & Wrekin Council. We have also incorporated comments and feedback from NHS England following a series of constructive meetings.

The draft Consultation Plan details our aims and objectives, the activity to date and legislation and guidance on consultation. It also sets out the process we will follow during consultation and how we plan to reach our stakeholders and includes a draft schedule of events and meetings.

The Programme continues to follow a robust assurance process and we are currently awaiting formal feedback from NHS England regarding next steps.

D

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 6 DECEMBER 2017

REPORT: TRANSFORMING CARE PARTNERSHIP (TCP) Update
(For people with a learning disability and/or autism with a learning disability and/or autism, with behaviours which may challenge).

REPORT OF: ASSISTANT DIRECTOR, GOVERANCE, PROCUREMENT & COMMISSIONING

LEAD CABINET MEMBER – CLLR P R WATLING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

Background – national context

1.1. In 2011, a Panorama programme highlighted the abuse and neglect of people with learning disabilities and/or autism with behaviours that challenge, who were living at an NHS funded service in Bristol - 'Winterbourne View'.

1.2. Following these events, the Government and leading organisations across the health and care system made a commitment to transform care for people with learning disabilities and/or autism. Over the next four years, many patients moved out of long stay hospitals and into the local community. However, as beds became vacant, other patients moved into the beds.

1.3. In 2015, The NHSE published a report called 'Building the Right Support' (BRS) (NHS, October 2015) proposing closure of between 35 – 50% of beds used to support this cohort of people. Base on statistical data, targets were set to support the overall reduction of commissioned beds based on a per million head of population. The deadline for completion of the reduction is April 2019.

1.4. To achieve the level of change, NHSE created 48 Transforming Care Partnerships (TCPs) across England consisting of CCGs, local authorities and NHS England specialised commissioning. The main area of focus for the TCP Boards were reduction in bed usage.

Local context

1.5. Locally, the Shropshire TCP Footprint consists of:

- Shropshire Council
- Shropshire CCG

- Telford & Wrekin Council
- Telford & Wrekin CCG

1.6. The trajectories for bed reductions across the footprint are:
- Specialist Commissioned Beds to reduce to 9 by April 2019
- CCG commissioned beds to reduce to 5 by 2019.

In reality, to create spaces for required and appropriate admissions, numbers need to fall below the trajectories.

1.7. This report informs the Health and Well-being Board on progress in meeting the targeted level of bed reduction by April 2019.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

2.1. Note the contents of this report,

2.2. Require notification of completion of the targeted bed reduction by March 2019, and

2.3. Confirm closure of the programme, post March 2019.

3. IMPACT OF ACTION

The TCP Board will continue to work with key partners and stakeholders to manage the process of planned resettlement between January 2018 and March 2019
.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	If yes please state relevant priority Young people and adults with a learning disability and/or autism including mental health, and their carers.
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	**Put our children and young people first:** This means we will work collaboratively with schools, special schools and colleges of FE. **Improve local people's prospects through education and skills training**: Building the Right Support states that councils should support individuals who are able and wish to enter into work.

		Protect and support our vulnerable children and adults: Social Care and the Third sector including community support initiatives. **Ensure that neighbourhoods are <u>safe,</u> clean and well maintained:** Some people with behaviours which challenge, including those with a forensic history require additional steps to ensure their safety, the safety of family members and other members of the community. **Regenerate those neighbourhoods in need and work to ensure that local people gave access to <u>sustainable housing:</u>** named individuals will require accommodation which is bespoke to their individual needs. **Improve the health and wellbeing of our communities and address health inequalities: w**ork will continue to take place via the Integrated Clinical Care work stream to widening engagement and training to all NHS services.
	Will the proposals impact on specific groups of people?	
	Yes	Yes, those described in the TCP cohort – people with learning disabilities and/or autism with behaviour that may be challenging.
TARGET COMPLETION/ DELIVERY DATE	Programme Delivery formally commenced in July 2016 and ends on 31st March 2019 for resettlement. Work to prevent unwarranted admissions will extend beyond that date.	
FINANCIAL/VALUE FOR MONEY IMPACT	**Yes**	There are the potential for significant financial impacts to arise from the implementation of this programme to the partner organisations. This financial comment has been written by Telford & Wrekin Council, and considers the Local Authority implications of the bid focussing on pressures identified. This will not therefore identify all implications arising which may impact other partner organisations. The proposal in the submission currently considers the reduction of inpatient in beds commissioned by both NHSE Specialist Commissioning and CCG Commissioned beds. Since 2016, the numbers have already reduced. The current status is there are 17 patients in beds commissioned by NHSE Specialist Commissioning, by April 2019, this number must reduce to 9. There are 7 patients in beds commissioned by the two CCGs and by April 2019, this number must reduce to 5. The transfer of costs from current inpatient provision to Community based care should come with funding from NHS England which should result in no additional ongoing net costs to Telford & Wrekin Council or Shropshire Council. Recently updated plans have been

		submitted and these have been constructed on the basis that full funding will follow the clients to cover the cost of the ongoing care. NHS England have said that funds will follow when clients are transferred but have indicated this may not be the full funds currently expended on those clients. Therefore, as funding has yet to be agreed with NHS England, this is clearly a risk which would fall in whole or part to the "Footprint". This risk may be spread across the "Footprint" by means of a Pooled budget arrangement and locally such operating arrangements are being implemented with two Pooled budget arrangements, one for Shropshire organisations and one for the Telford & Wrekin being prepared. These will enable the footprint organisations to manage the flow of funds and to bring a framework for Governance to the funding for care going forward, and for the sharing and mitigation of risk. The template also identifies the additional costs of Commissioning and Community led specialist services for which a funding bid has been submitted but has yet to be confirmed. The partner organisations have contributed to a shared fund of £124k to pay for management and administration of the programme. Part of the scheme submission is the identification of costs of development of facilities for community accommodation for short term and longer term admission. A bid to NHSE for a grant of £985k has been made, to build six units of accommodation. This bid is expected to receive final approval in the near future. To conclude, financial risks to the Footprint organisations do arise from this programme, those stated above and those which will arise beyond the programme end when funding is no longer available. It will only be clear what risks remain once the current negotiations and clarifications currently ongoing with NHS England have been concluded, and then the financial impact of the residual risks can be evaluated with more certainty and reported to the Board.
LEGAL ISSUES	**Yes**/No	"Building the right support - A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition" was published on 30 October 2015 and

		required local authorities and NHS bodies to deliver against Transforming Care Partnership implementation plans from 1 April 2016 Local authorities and NHS Bodies are expected to align or pool their budgets, as appropriate and recognising the continued responsibility of Clinical Commissioning Groups for NHS Continuing Healthcare. Any pooled funding arrangements need to comply with the requirements of Sections 75 National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). In addition to clarity as to financial arrangements between local authorities and NHS Bodies, there will need to be clarity as to the governance and reporting arrangements arising from this whole service approach taking into account each agency's relevant statutory duties for adults and children and young people with a learning disability and /or autism who display behaviour that challenges [including behaviour that can lead to contact with the criminal justice system] under the following legislation [as amended /updated from time to time] and associated Regulations and Statutory Guidance published there under: • Local Authority Social Services Act 1970 Schedule 1[list of all local authority social services functions] • Mental Health Act 1983 • Children Act 1989 • Education Act 1996 • Crime and Disorder Act 1998 • Housing Act 2004 • Mental Capacity Act 2005 • National Health Service Act 2006 • Autism Act 2009 • Equality Act 2010 • Health and Social Care Act 2012 • Children and Families Act 2014 • Care Act 2014 *KF 23.11.2017*
EQUALITY & DIVERSITY	**Yes**	The impact will be positive. People with learning disabilities and/or autism who have behaviours that challenge including mental health will

		be supported to live ordinary lives in the local community, be valued and respected.
IMPACT ON SPECIFIC WARDS	**No**	This Programme has a borough wide impact in Telford and Wrekin and across Shropshire.
PATIENTS & PUBLIC ENGAGEMENT	**Yes**	TCP is based on a principle of co-production and this is in place with targeted discussions.
OTHER IMPACTS, RISKS & OPPORTUNITIES	**Yes**	Some of the patients due to resettle have a forensic history and plans must ensure that risk is mitigated, both for the individual and the community setting that the person moves to, after leaving hospital..

PART B) – ADDITIONAL INFORMATION

1. Commissioning beds

1.1. People are placed in long stay hospitals through two commissioning routes.

- NHSE has a commissioning arm known as Specialist Commissioning (Spec Comm). People who are placed in spec. comm. beds sometimes come through a forensic route.
- The two CCGs place people in beds.

1.2. The table below shows the trajectory for Q3 (2017-18) and current status.

Trajectories 2017

	Q1	Q2	Q3	Q4
Spec Comm commissioned beds	18	17	17	17
CCG commissioned beds	7	7	7	7
total	24	24	24	24
Current status (November 2017)				
Spec Comm	20*	19*	18	
CCG	6*	6*	7	
Total			25	

* = average over 3 month period

2. Accountability

2.1. Overall, the TCP Programme is accountable to the Strategic Partnership Board.

2.2. Locally, further accountability is provided via respective Health and Well-being Boards, Safeguarding Boards and within Shropshire the Learning Disability Partnership Board.

3. Governance

3.1. Governance is provided through a Strategic Management Group with senior officers from the four partner organisations including Jonathan Eatough, AD for Governance, Procurement and Commissioning, in Telford & Wrekin Council. The Group meet on a quarterly basis.

3.2. The TCP Board meets on a monthly basis. It includes the senior officers from each organisation and colleagues from other areas, including housing, health, finance and commissioning.

3.3. Several work streams meet on a regular basis and include: Finance, Integrated clinical Health, housing, Workforce Development, Children and Young People and Communication and Engagement (linked to 'Making it Real').

4. Operational management

4.1. The four partner organisations have all contributed to the cost of a small team, tasked with implementation of the programme until April 2019. The team is made up of 3 staff, who are located at the CCG office in Halesfield and work across the four organisations. The team includes:

- Head of TCP – F/T,
- Case Manager – F/T, and
- Administrator – P/T.

5. Reporting to NHS England (NHSE)

5.1. Detailed processes of reporting are in place to inform NHSE of progress. Currently, the status of Shropshire TCP is 'Green' and working relationships remain positive, overall.

6. Challenges

6.1. ***Finance*** **-** Discussions remain ongoing about the financial risk of implementing the TCP Programme. A Risk Register is in place and is reviewed by the Finance work-stream on a monthly basis.

6.2. ***Trajectories*** **-** Resettlement of patients from the in-patient beds within the timeline requires detailed planning and preparation. This work is closely monitored by the Head of TCP and the Case Manager is increasingly familiar with each individual case. The administrator has established detailed processes to monitor and record changes in month, and fortnightly conference phone calls take place with NHSE. We expect to meet the set trajectories within the defined timescale.

6.3. ***Housing*** **-** Provision of accommodation is critical to support resettlement. Detailed planning is taking place to ensure a match between each named individual and the accommodation required. A submission for a grant to NHSE for £995,000 is expected to receive final approval in the near future.

6.4. ***Workforce*** **-** Work is in hand to confirm the requirement for additional workforce to support resettlement and to support recruitment and training based on a Positive Behaviour Support model of care.

7. Post 2019

7.1. Further work to support longer term prevention of the need for admission into in-patient beds will be progressed under the guidance of the Strategic Transformation Partnership.

7.2. Work is in hand to establish a clear programme of work to support that longer term piece of work.

8. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

An Initial Impact Assessment (IIA) has been completed and a more detailed Equality Impact Assessment is not required.

9. PREVIOUS MINUTES

June 2016 H&WBB Board, agenda item C4.

10. BACKGROUND PAPERS

"*Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition – Service model for commissioners of health and social care services"*
https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf

"*Building the right support – A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition*"
https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf

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TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 6 DECEMBER 2017

REPORT TITLE: IMPROVING THE HEALTH AND WELLBEING OF CARERS

REPORT OF: ASSISTANT DIRECTOR; GOVERNANCE, PROCUREMENT & COMMISSIONING

LEAD CABINET MEMBERS – CLLRS A R H ENGLAND AND P R WATLING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1. This report is an update on the progress being made with the Health and Wellbeing Board's (HWBB) commitment to improving the lives of all age carers relating to health and wellbeing.

2. RECOMMENDATIONS:

Members of the Board to:

2.1. Note the update and acknowledge development and achievements since receipt of the last Board Report September 2016;

2.2. Support the strategic priorities and associated action plans while considering the changing landscape (economic and commissioning) facing health and social care;

2.3. Support and recognise the significant and financial contribution family carers bring to the social and health local economy;

2.4. Note the authorities continued progress in working towards raising carer awareness across the borough and local communities; and

2.5. Support the initiatives behind the Carers Voices initiative, whereby carer stories, influence the shape of commissioning and service delivery (Appendix 1).

3. IMPACT OF ACTION

The following principles are critical to the successful delivery of eight key outcomes set out in the Carers Strategy which is currently being revised. The Carers Partnership Board consider the outcomes continue to remain relevant in relation to the wellbeing and prevention agenda. In addition:

a. Engagement and working in co-production with family carers continues. Carers are best placed to inform and shape service provision and drive service improvement through effective and efficient utilisation of resources both people and financial. Our work through Carers Voices (Appendix 1) will contribute to and shape our focus.

b. Raising awareness to prevent, reduce and delay the need for acute, complex or more intensive support for carers. Carer Assessment completed with those who are providing regular and significant support assist to address prevention and resilience coping strategies alongside accessing the carers universal offer.

c. Constant reflection on how we extend our reach, hard to engage carers within our local community promoting greater awareness within a prevention agenda. In particular, we are keen to reach young people identified as contributing to a caring responsibility, those in transition 16-25 year olds, sandwich carers and those in diverse and hard to reach population and communities. In particular those who do not recognise they are providing a caring role and seek support as their caring role intensifies.

d. Continued ownership of the all age carer agenda by the Council and its partners whilst reflecting the Co-operative Council principles, Clinical Commissioning Group priorities and Health and Well Being priorities.

e. To understand the financial consequences on Early Help and Support to provide regular and substantial support as part of the cared for support plan, to enable carers to take an essential break from their caring role.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Encouraging healthy lifestyles Improving Mental Well Being Strengthen communities
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Put our children and young people first. Protect and support our vulnerable children and adults. Improve the health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	The proposals impact on carers of all ages. A carer is someone of any age who provides unpaid support to a family member or to a friend who could not manage without their help. This

		could be caring for a relative, partner or friend who is ill, frail, disabled, has mental health or substance misuse problems.
TARGET COMPLETION/DELIVERY DATE	Referenced with the Adults Carers Strategy 2013 – 2016 and associated plans Young Carers Strategy: 2012 – 2015 (to be combined with adult strategy as an all age's strategy. It is our intention to have an all age strategy developed by end of 2017 Market Position Statement: 2016.	
FINANCIAL/VALUE FOR MONEY IMPACT	**Yes**	The Adult carer's budget is contained within the Better Care Fund Section 75 Pooled budget arrangement, an agreement with Telford &Wrekin CCG. Funding for Young Carers sits outside of the Pool. The budget contained within the 2017/18 Pool is £530k, (Adult) and the budget for Young Carers is £91k which supports the delivery of young carer's services. Carers services are delivered through various contracts, the current forecast in 2017/18 is for expenditure to be within the 2017/18 budget. Any developments in the Carers service should be met from within existing budgeted resources. If this proves not to be possible then funding will have to be considered as part of the organisational governance process of financial planning and budget setting. Carers Individual Payments are awarded against unmet outcomes which are defined with Care Act 2014. We continue to utilise the locally developed outcomes pyramid which provides a mechanism for the distribution of funding to meet needs to Carers ensuring resources are appropriately and equitably distributed to meet those needs. *RP: 17.11.17.*

LEGAL ISSUES	Yes	The Care Act 2014 came into force on 1 April 2015. Adult carers have the right to assessment under Section 10 of the Care Act 2014 where they may have need for support. . Originally introduced by the Carers (Recognition and Services) Act 1995, until 1 April 2015 there was no duty upon local authorities to meet a carer's assessed needs, only to take them into consideration. Any carer who meets national eligibility criteria [The Care and Support (Eligibility Criteria) Regulations 2014] must have services provided to meet their needs for support now or in the future. The onus is on the authority to identify those in need of an assessment and to carry this out. Young carers have the right to an assessment under Section 96 of the Children and Families Act 2014. Unlike adult carers there are no national eligibility criteria and local authorities need only consider the assessment in deciding whether to provide support. Parent carers have the right to an assessment under Section 97 of the Children and Families Act 2014. As with young carers, the local authority must only consider whether to provide any services the parent carer is assessed to need. The Breaks for Carers of Disabled Children Regulations 2011 require the local authority, as far as is reasonably practical, to provide a range of services to assist parent carers to provide care. Local authorities must also publish a "short breaks services statement" setting out these services and their eligibility criteria for accessing them. Since the introduction of the Work and Families Act 2006 carers for adults have had the right to request flexible working from their employers. This was extended to all employees under the Children and Families Act 2014. Employers can only refuse a request to work flexibly on limited grounds identified by statute. In addition, employees have the right to reasonable time off if a dependent is ill, injured or their care arrangements are disrupted. Carers of disabled and elderly people are also protected from discrimination at work under the Equality

		Act 2010. There are changes to the benefits that carers are entitled to, including changes to the eligibility of the person they are caring for, and the spare room subsidy or bedroom tax. *KF 06.11.2017*
EQUALITY & DIVERSITY	Yes	Family carers and former carers come from a wide range of backgrounds, cultures, faiths and communities. The Care Act highlights the need to seek out those individuals that do not recognise themselves in this role, and the impact this has on their health and wellbeing. Within the Carers Strategy meeting diverse needs raises the challenges in identifying and raising awareness to this hidden and isolated group. A collaborative approach across health and social care economy ensuring that we utilise the principle of 'Making Every Contact Count (MACC)'. The Carers Partnership Board constantly reviews its approach to equality in relation to carer representation from cultures and local communities include gender representation, broader age representation, employment and specific conditions such as Dementia, Forensic Carers.
IMPACT ON SPECIFIC WARDS	No	Borough wide impact.
PATIENTS & PUBLIC ENGAGEMENT	Yes	Carers and former carers contribute in a variety of ways: • Carers Partnership Board: 7 carers provide active and critical contribution including undertaking Chair. • Community Engagement Panel: Carer representatives. • Regular Consultative Sessions with all age carers including young carers. • Commissioning, evaluation and moderation working as active contributors. • Contract and Monitoring evaluations. Contribution to commissioning arrangements and evaluation of tender submissions.

		• Participation with NHS England Carers Voices initiative • Contribution to national developments such as Dementia Alliance/Action Alliance • CCG: Membership of Health Round Table • Health Watch • NHS England: Carers Voice initiative (refer to Appendix 1 • Interview staff at CVS: Carer All Age Service • Carer Lead in the development of Carers Strategy outcome: A Life outside caring which focuses on Employment, Education and Housing. • (Mental Health): SSSFT working group. • Enterprising Communities initiative. • Members of SATH: Ward visiting teams. • Carer Membership: Local Health Economy: Dementia/ Admiral Nursing Advisory Group • Contribution to Transforming Care Partnerships (ALD) and review of Oak House, Shrewsbury.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<u>Risks:</u> <u>ASCOF 2016/2017</u> Summary of the measures shows a mixed picture with the Borough performing better on some issues and worse on others. For example: • Proportion of carers who find it easy to find information about services the Borough performed well at 66.2% in comparison to England average 64.2% and West Midlands 61%. Compared with 2014/15 we are down by 0 .8%. • With regard to Carers overall satisfaction with social services, the survey reported the Borough as 29.2% opposed to 37.6% for the West Midlands and 42.7% in England. We need to undertake a study to understand the reasoning behind this. Part of this is

		evidenced with the Carers Voices report which is highlighted in Appendix 1. Carers Pooled Budget arrangement. The budget finances a range of offers for carers including Individual payments which managed through the Carers Outcome Forum. Carers need to have one identified need to access financial resources. There is a reassurance that the allocation of financial resources is to those carers who would receive the greatest benefits are clearer and defined in line with the Right Time, Right Help prevention and Well Being agenda. Funding for Young Carers: The identification of young people who contribute to the family home caring regime for a sibling or parent needs to be reflected in any adjustment of target operating model and access to support. Young Carer activities are funded through public donations. Carers Voices: NHS England: This is a joint initiative with Shropshire County Council. The initiative aims to help enhance the visibility and needs of carers in communities through conversations and carer contributions. Funding for replacement support: To understand the financial impact to provide regular replacement support to carers allowing individuals to take an essential break from their caring role. Opportunities: • Working with Enterprising Communities CIC to identify locally rooted business, which trade for the benefit of the local community having accountability and broad community impact. • Further work around Carer Voice narratives to influence and shape commissioning arrangements, processes and pathways to improve carer experience.

PART B) – ADDITIONAL INFORMATION

5. BACKGROUND

5.1. National Context

5.1.1. This report provides a progress overview in relation to the Health and Wellbeing objectives to:

- Encouraging healthy lifestyles,
- Improving mental health and wellbeing, and
- Strengthening communities.

5.1.2. The National Carers Strategy states that by 2018 every Carer should be:

- Recognised and supported as an expert carer,
- Enjoy a life outside caring,
- Not financially disadvantaged,
- Mentally and physically well; treated with dignity, and
- Children will be thriving: protected from inappropriate caring roles.

In Telford and Wrekin the adult's carer's agenda is driven by the multi-agency Carers Strategy 2013-2016, the delivery of which is overseen by the Carers Partnership Board (CPB).

5.1.3. Other national initiatives compliment the Telford offers, including:

- ***Carer and Employers***: During 2016 NHS England has produced a tool kit for all employers to consider their response to supporting family carers who are in the work place. This is supported with two pamphlets for employer and employee to raise awareness of carers' employment rights. The Carers Partnership Board are seeking Council support to embed this document and its philosophy into workforce ethics before it is more widely distributed across the Borough;
- ***Completion of Prime Minister 2020 Challenge***: Telford & Wrekin contributed to a request for information update with regard to local dementia developments; and
- ***NHS England Carers Voice initiative***: A collaborative initiative between NHS England, Shropshire and Telford and Wrekin to listen to carers concerns and improve practice through these experiences.

5.2. Local Context

5.2.1. From information gained from the Office for National Statistics 2011, around 1,530 young people aged 0-24 years identified themselves in Telford and Wrekin as unpaid carers. They represent 2.8% of all 0-24 year old young people in the Borough. In actual terms 600 young people up to the age of 18 years provide unpaid support. Two thirds (1055) of these young carers are providing up to 19 years of care each week. A further 199 (13%) of these carers are providing 50 hours or more of unpaid care each week.

5.2.2. The Carers Centre are currently aware of 453 young carers up to 18 years and 45 young adults up to the age of 24years. Arleston has the highest proportion of young people providing unpaid carer (4%).

5.2.3. There are 12,744 adults aged 25-64 in Telford and Wrekin who identified themselves as unpaid carers. They represent 14.4% of all 25-64 year old adults in the Borough. (7,721) of these adult carers are providing 19 hours of care each week. A further (3,169 are providing 50 hours or more of care each week. Locally 2674 adults access information, advice and support.

5.2.4. With regard to adults over the age of 65 years, 3,670 adults identified themselves as unpaid carers which represents 15.2% of all adults aged 65 and over in the Borough. There are 1,537 (42%) of adults providing up to 19 hours of care each week. With a further 1,610 (44%) providing 50 hours or more of care each week.

5.2.5. In principle around 18,000 Young people and adults provide regular unpaid support to a family member, friend or neighbour across the Borough.

5.2.6. It is the identification and raising of awareness of carers of all ages across the Borough which requires particular focus with a continued emphasis on prevention, promoting self-help and accessing community based solutions. Which focus on the development of carer resilience. Through the Prevention and Well Being principles a collaborative approach requires everyone to be mindful of the impact of caring and to promote the range of community based solutions which enhances resilience and promotes well-being among our carer population enabling individuals and families to achieve outcomes which matter to them in life.

5.2.7. Our shared strategic ambitions for carers of all ages continues to be delivered through a pooled budget arrangement which includes the role of the Joint Carers Commissioner, central to driving forward the local carer agenda. From October 2015 the combining of young carer and adult commissioning responsibility has allowed the Carers Services to develop greater strength and focus in its provision of information, advice and support by creating a local offer which reflects a seamless pathway for all carers of any age, while promoting a whole family approach. Transition from young carer status to adult support is seamless.

5.2.8. Individual payments are awarded to carers to address unachieved needs which have been identified with the Care Act compliant Carers Assessment. During 2016/17 there were 120 financial awards ranging from £50 to £5K. From 1st April to 31st September 27 payments have been awarded.

5.2.9. Contribution to Dementia Action Alliance and Local Health Economy Dementia Steering Group, Community and Resilience and Enterprising Communities developments.

5.2.10. This report allows Board members to gain an appreciation of how these arrangements are working on the ground to improve adult and children's carer's health, wellbeing and development of resilience through the delivery of the following eight key outcomes:

6. PROGRESS AGAINST CARER STRATEGY OUTCOMES

6.1. Outcome: Information Advice and Support

6.1.1. All age carer service. The provision is provided by Telford Community Voluntary Service (CVS) and provides an accessible and generic service removing any transition barriers to accessing services. As part of the contract the following services are provided:

- Phone a Friend service where volunteers keep in contact with family carers
- Pamper Sessions held bi-weekly attract up to 20 carers each session. New carers are encouraged to attend with sessions being delivered in three communities.
- Manage the allocation of Iron Bridge Museum passes which are free for carers to access for family days.

6.1.2. GP Link Worker: During 2017 this initiative (Part time)) has established Carer Champions in 20 General Practices leaving 5 further practices to be engaged. Monthly Information sessions are held at Princes Royal Hospital raising carer awareness. Through this initiative alone has significantly raised carer referral rates. A Carer Champion fact sheet is available is available on My Life portal. The GP Link Worker is contributing to a Public Health (Health and Well Being)initiative in Newport focussing on Social Prescribing.

6.1.3. Hospital Discharge Worker: This is a new investment and will focus on identifying new and established carers during periods of inpatient admission. Early identification and provision of information and advice will assist to raise the profile of family carers and the role they play in supporting discharge arrangements. In the first instance support will focussing on Princess Royal Hospital working in conjunction with Early Help and Support (EHS) Operational Teams. Future engagement will be given to Royal Shrewsbury Hospital and Redwoods.

6.1.4. Carer assessment. Assessments are offered to those individuals providing regular and significant caring support. Take up of assessments has increased during 2017 and continues to increase. The assessment helps the carer to identify what is needed to manage their situation, such as accessing community options, carer universal offer (free to access). Where a financial award is required carers seek an individual one off payment. A further investment in additional support worker time has been made available for the coming year to address the demand and provide critical friend support to EHS staff in the completion of carer assessments.

6.1.5. Emergency Carers Response Service (ECRS): The numbers of carers registering for this service have increased by 105 in Quarter 1 with over 500 carers on the ECRS register. In particular there has been an increase in professionals activating the service: such as Emergency Duty Team, Early Help and Support Social Workers more often than Carers themselves.

6.1.6. Lead role in two national carer initiatives; Carer Week in June was hectic and a family fun day for carers of all ages enjoying a splendid day while enjoying glorious

weather. It has been agreed not to plan a Carers Rights Day in November but to have a social media approach and ensure that carer's rights are promoted throughout the year.

6.1.7. Young Carer Activities: A range activities including fortnightly youth club, healthy eating workshops are being accessed by 35 children weekly at youth club. Additional activities during school holidays are available which on average 60 children access over a two week period. These activities are support through public donations.

6.1.8. In-betweener: 18 years to 24 years: A social group which is self-directed and promotes peer support. . Over 20 young people access a range of activities. Some of the activities are jointly delivered by Carers Centre and Aquarius Action Project: Willowdene.

6.1.9. Care Act 2014:

- A carer's self-assessment documentation has been developed but due to the provisioning of IT the electronic 'roll out' of this has been significantly delayed.
- A series of Care Act Training for Social Workers, Support Staff, Organisations and Providers who comes in contact with family carers concluded in January 2017.

6.2. **Outcome: Planning for the Future**

6.2.1. Emergency Response Service: Provides replacement support to carers when a crisis/illness occurs. The support is available every day of the year, 24 hours a day for 48 hours Monday – Thursday and 72 hours Friday – Sunday and over Bank Holidays. During 2016/17, 78 carers accessed this service. The service will be re- commissioned in April 2018.

6.2.2. 'Time for Me' Opportunities: A range of creative, wellbeing and educational workshops have been purchased from the Preferred Providers Framework, relating to Dementia workshops, Life Planning and Management of stress, promotion of wellness, (Link to Outcome 3.4).

6.3. **Outcome: Promoting well being**

6.3.1. Pamper Sessions: Are held twice a month and facilitated by the Carers Centre. Fifteen minute sessions are available for up to 20 carers. Carers often stay and find the peer support therapeutic too. Continued work with Public Health will provide information and support on weight, smoking and personal health management. In additions cares can access Tai Chi sessions to aid wellbeing. During 2017 sessions are been delivered across the Borough in Newport, Wellington and Brookside.

6.3.2. Cookery Sessions: Carers can access workshops are being delivered by the Council's Lets Cook Team where menu planning, cooking skills and budgeting are included. The current focus is on young adult and male carers with family cookery sessions planned for this year.

6.3.3. Admiral Nursing: is a service for carers and family members who support someone with Dementia. This service is funded through the CCG (Dementia budget) and delivered within primary care and allows carers to self-refer. It is a very successful model with significant value placed on the use of carers as experts by experience allowing them to manage extremely challenging situations themselves with support of the Admiral Nursing Team. An additional part time nurse commenced 1st June 2017 funded from the Carers Budget to address the growing demand for carer support and those living with dementia.

6.3.4. Moving and Handling Family Adviser: This service is available 40 hours per month to family carers, focussing on techniques and safe moving and handling procedures. Impact is measured by taking comfort scores from the carer and cared for prior and after intervention with carers stating that such intervention has reduced the incidences of back and wrist strain. An additional post 21 hours is currently being recruited. This post will focus on supporting parent carers of children with disability.

6.3.5. Relationship Support: Delivered through IMPACT his one to one and family counselling options are available for family carers who are experiencing loss or finding change or relationships difficult to manage. In addition Grief and Loss, Life Planning sessions have been provided by a micro provider Severn Interventions Services supporting carers as change impacts on their lives.

6.3.6. Friends and Family Service: Delivered by Aquarius. It is often the friends and family that bear the brunt of someone alcohol and drug taking. This service provides one to one and peer support and coping strategies. Aquarius are working with Willowdene who provide carer and cared for activities in a country farm environment. This new initiative has proved popular with carers as it provides a safe setting where both can enjoy time together.

6.3.7. Working with Parent Carers: to ensure the transition to adults services is supportive and planned well. Conversations with PODS (Parents Opening Doors) and SEND Commissioner continue. Commissioners are supporting parent carers as they develop a local special needs activity centre.

6.3.8. Personalised Carer Support: For some carers accepting they need help and support can be difficult. The Personalised Carer Support provides 25 free hours of support based on a carer's assessment. The service is delivered through a local provider: We are the Care Company. The care provider has an introductory visit along with the carer assessor who works with the carer to develop a personal plan to achieve the best options to develop resilience and personal wellbeing. This is service is welcomed by carers and enables them to consider the impact of day to day caring has on their own well-being without taking a break. More recently consideration is being given to extending hours awarded to complex situations and where target support will reduce admission to hospital or residential care. To provide 50hrs support a year, equivalent to 2 hours per fortnight, would be in the region of £705 per carer.

6.4. **Outcome: Time for yourself**

6.4.1. Preferred Providers Framework' 'Time for me': This is a commissioning framework which invites providers of a range of community options/ local enterprises to present options for family carers within the following themes creative, educational and wellbeing. Carers are asking for workshops to include the person they care for extending the opportunity to access support in the community in a safe and carer friendly setting. We listened to feedback and Willowdene have created carer and cared for activity sessions which are being well received. In addition Arts, Crafts, Drawing, Painting, and Singing provided by the Creative Arts Team and Wyldwoods, Free access to Ironbridge Gorge Museum Animal Therapy at Exotic Zoo. All these sessions provide techniques for enhancing carers' personal resilience and general wellbeing.

6.5. **Outcome: Meeting diverse needs**

6.5.1. BME Carers: CPB have recently met with a local carer who is keen for BME carers to learn more about the local offer. Further discussions are being held with the Councils Social Inclusion lead and an invitation to attend the CPB has been made to hear further how engagement can be extended.

6.6. **Outcome: A life outside caring**

6.7. **Outcome: Feeling financially safe and secure**

6.7.1. A sub-group of the Carers Partnership Board focuses on Carers Employment, Educational and vocational opportunists. Recent work has focussed on Job Centre Plus staff receiving carer awareness sessions. In addition raising awareness with housing colleagues with regard to carer identification and support. This initiative has been very successful from a staff perspective.

6.7.2. Carers and Employment: The production two leaflets by the ADASS Carers Regional Group has enabled the profile of supporting carers in employment. The Local Authority and CCG are being asked to consider their employer options for support employees who are carers in the work place.

6.8. **Having your say**

6.8.1. Carers Partnership Board: The Board continues to thrive and contribute to the prevention agenda. The Board continues to be carer led by Barry Parnaby. The chair has been visited a range of community groups and formal meetings to listen to local needs and contribute to strategic decision making and is keen to see how the Council can promote greater employer awareness to carers who work for the Council, Sandwich carers (carers who care for several generations). The Board continues to focus on its sustainability and recently has welcomed two new carer representatives to the Board. The Board also considers contributions from young people are lacking. The public seating area continues to be popular with carers and providers alike. This is being undertaken in conjunction with Shropshire Council.

6.8.2. The Board delivered a workshop at the regional ADASS conference in November 2016 around Experts by Experience on the inclusion of carers in decision making.

6.8.3. Dementia and Carer Provider Forum: Professionals, agencies and local enterprises met in June 2017 to share information and network to improve awareness and work collaboratively. The discussion focussed on: Developing resilience and what family carers want from respite and time away from their caring role. A further workshop is planned for mid-November 2017.

7. NEXT STEPS

Looking forward we have identified the following areas of development over the forthcoming year:

7.1. Working to expand our community carer offer in the Preventative and Well Being agenda to ensure those people with caring responsibilities receive the information and advice at the right time and have accessible community support when appropriate.

7.2. The continued development of allocating Carers Indicative payments which are aligned to unidentified carers outcomes. The launch of the Self Supported Assessment Tool will assist to evidence this along with the promotion of financial payments to carers as direct payments/individual budgets as a preferred purchasing option for care and support to assist in the self-management of day to day care giving.

7.3. Broadening the range of respite/community opportunities for family carers. We will engage with operational staff, providers, carers and those who use services with in consultation event planned for November 2017 to enable the individuals, local people, organisations and business to develop cost effective, solutions enabling people to remain in their local community.

7.4. Continued working in co-production with carers to identify employment both vocational and paid opportunities. Carers are included in a 'Building Better Opportunities' bid being locally lead by Landau. The aim of the bid is to reach those furthest away from the employment marketplace. Volunteer placements are actively found and supported to enable carers' opportunity to gain new skills or build on existing skills in a safe environment. Some of the volunteer placements will lead to employment.

7.5. Work with local people and communities to seek contributions and action to energise and enable communities to have greater resilience and self-efficiency.

7.6. Revision of an all age Carers Strategy and associated plans are on hold until the National Carers Strategy is published.

7.7. Enterprising Communities: Work with local people and communities to seek contributions and action to energise and enable communities to have greater

resilience and self-efficiency in carers being supported as well as contributing to the shaping of local business or even become entrepreneur themselves.

8. IMPACT ASSESSMENT

Refer to page 2

9. PREVIOUS MINUTES

- Health and Well Being Report: September 2016

10. BACKGROUND PAPERS

- Carers Strategy 2013 – 2016 Making connections for Carers in Telford and Wrekin and associated implementation Plan (Under revision)
- Young Carers Strategy: 2012 – 2015
- Appendix 1 NHS England: Carers Voices

Report prepared by:

Jill Tiernan: Carers Commissioning Officer: 01952) 388918 Jill.tiernan@telford.gov.uk

Appendix 1: Commitment to Carers: Carers Voices Initiative with NHS England

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1. Summary

1.1 During 2016/17, a group of carers and health and social care professionals formed a Network across Shropshire and Telford and Wrekin in order to collect and analyse carers' experiences through their own stories.

1.2 Four carer categories were reviewed during the project, which were; dementia, young carers, parent carers and forensic carers. In May this year. A report was written and conference followed. The detailed report can be found on the NHS England's regional web site: https://www.england.nhs.uk/mids-east/our-work/commitment-to-carers-the-carers-voice/

1.3 Outcomes of the report and conference have been mapped against respective strategies and action plans. This has been reviewed and agreed by both Shropshire and Telford and Wrekin Family Carers Partnership Boards. Work has taken to place to align strategy and action plans with the outcomes

1.4 Measures are now in place for both Local Authorities to work collaboratively

2. Recommendations

That the Board supports this joint approach between Shropshire and Telford & Wrekin Local Authorities and Clinical Commissioning Group, SATH and SSSFT and commits to taking the Carers Voice project forward.

REPORT

3. The Carer Voice Project

3.1 During 2016/17, a group of carers and health and social care professionals formed a Network across Shropshire and Telford and Wrekin in order to collect and analyse carers' experiences through their own stories.

3.2 The aim was to identify if, through the stories received, improvements across the health and social care locally and nationally could be identified to support carer's needs.

3.3 This project was facilitated by NHS England as a pilot and the outcome of the project was presented at the Commitment to Carers: The Carers' Voice Conference held on 25th May 2017.

3.4 There were four carer categories that were reviewed during the project:

3.4.1 ***Dementia***: Signs and symptoms; Diagnosis and referral; Carer support; progression of condition; carer stress

3.4.2 ***Young Carers***: Accessing support; Awareness of young carers; Young carer identity; Young carers support

3.4.3 ***Parent Carers***: Communication; Transition between services; Assessment and treatment; Advanced planning

3.4.4 ***Forensic Carers***: Listen to forensic carers; Better training; Easily available help (Criminal Justice System); Addressing concerns

The stories received were analysed by Staffordshire University who produced a report detailing the findings. .

3.5 To identify recommendations, a workshop was held with members of the Network who discussed the report and agreed in co-production, the recommendations they considered were important to take forward on behalf of the Carers.

4. Next Steps

4.1 Network members wanted to share the work they had done and the recommendations identified with other Commissioners, Providers and Carers in order to help them understand the needs of their carers.

4.2 Members of the Network wanted to ensure that actions were identified and a commitment would be made to carers in order to progress this work.

4.3 Outcomes of the report and conference have been mapped against respective strategies and action plans. This has been reviewed and agreed by both Shropshire and Telford and Wrekin Family Carers Partnership Boards. Work has taken to place to align strategy and action plans with the outcomes.

4.4 Co-production will be facilitated via Carers Partnership Board (Telford & Wrekin) and Family Carer Partnership Boards (FCPB) Shropshire and other local mechanisms. For example Making it Real (MiR) Partnership Boards

4.5 Associated Carers Leads and Chair of T&W and Shropshire FCPB will meet on a quarterly basis.

4.6 Respective authorities will ask their Health and Wellbeing Boards to commit to taking the Carers Voice project forward. A proposal has been developed and shared with NHS England which includes:

4.6.1 Producing quarterly updates for T&W and Shropshire carers' newsletters/webpages. Through social media, including Twitter (accessing existing accounts e.g. @Shropshire Together, @Shropshire Choice and our respective Carer Centre etc. with Healthwatch leading and everyone else re-

tweeting, using the identifiable 'hashtag' #CarersVoice, which we agreed at the meeting would be a good communication mechanism.

4.6.2 Bringing together a collective voice of carer representatives

4.6.3 Co deliver a conference in 2018, with financial support from NHS England, both Local Authorities and other associates such as Carers Centres.

4.6.4 As part of the commitment to work collaboratively, we have produced a video sharing young carers experience https://youtu.be/AZ4nuJUJlv8

4.6.5 Produced a bookmark and poster (Please see Appendix 1) which aim to raise awareness of what being a carer means, particularly to those who may not recognise themselves as one, as they see this as part of being a partner/friend/neighbour etc. This contains signposting information to the respective Carer Centres.

4.6.6 The bookmarks were inserted into pharmacy prescription bags to coincide with Carers Week in June this year. These have also been distributed to local libraries, into the local community via The Carers Centre and Community Enablement Teams and through Royal Shrewsbury Hospital and Princess Royal Hospital pharmacies.

4.6.7 Other partners such as South Staffordshire and Shropshire NHS foundation Trust have asked to use the template and add their own logo, which has been agreed.

5 Conclusion

5.1 'Carer Voice' will enhance ongoing work for Shropshire and Telford & Wrekin Carers and inform local action planning and commissioning arrangements.

Key themes identified from Carers Voice Workshop.

Source: Commitment to Carers: The Carers' Voice, Conference Summary 2017.
The detailed report can be found on the NHS England's regional web site:
https://www.england.nhs.uk/mids-east/our-work/commitment-to-carers-the-carers-voice/

Image for poster and book marker

F

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 6 DECEMBER 2017

REPORT TITLE: LOCAL MATERNITY SYSTEM PLAN

REPORT OF: ASSISTANT DIRECTOR HEALTH & WELLBEING

LEAD CABINET MEMBER – CLLR A R H ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1. A Local Maternity System (LMS) has been established across the Shropshire, Telford and Wrekin health economy in response to the national review of maternity services - *Better Births*[1].

1.2. The role of the LMS is to co-produce and deliver a plan to transform local maternity services in order to:

- **Improve choice and personalisation of maternity services so that:**
  - All pregnant women have a personalised care plan;
  - All women are able to make choices about their maternity care, during pregnancy, birth and after their baby is born;
  - Most women receive continuity of the person caring for them during pregnancy, birth and after their baby is born; and
  - More women are able to give birth in midwifery settings (at home and in midwifery units)
- **Improving the safety of maternity care so that all services:**
  - Reduce the rates of still birth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030
  - Investigate and learn from incidents and sharing this learning through their local system and with others
  - Fully engage in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement Programme.

1.3. The Shropshire, Telford and Wrekin LMS Board is chaired by NHS Telford & Wrekin CCG's Executive Nurse & Deputy Chief Officer. The draft Shropshire, Telford and Wrekin LMS plan was submitted to NHS England for initial comment in September 2017 and then subsequently amended and resubmitted in October 2017.

[1] Better Births - Improving outcomes of maternity services in England, A Five Year Forward View for maternity care. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

1.4. The draft plan has cross cutting themes which include: workforce, the digital roadmap and maternity voices partnership. The three work streams in the plan are:

- Maternity and new-born services reconfiguration, specifically a community-based services model;
- Perinatal mental health; and
- Health and wellbeing (prevention) – which is being led by the Council's Assistant Director Health & Wellbeing.

1.5. Both Telford & Wrekin and Shropshire Council Public Health teams are working on the Health and Wellbeing work stream, which is chaired by Telford & Wrekin Assistant Director Health & Wellbeing. The following outcomes have been agreed as priorities:

- Women have a healthy lifestyle before getting pregnant;
- Women are healthy during pregnancy;
- Women understand how to keep themselves and their baby healthy in the longer term;
- Professionals work within a culture where improving health and wellbeing and reducing health inequalities is understood and acted upon; and
- Babies and infants are healthier and grow to be healthy children and adults.

1.6. The work stream includes action related to: pre-conception health checks, reducing obesity, smoking, hypertension and diabetes before, during and after pregnancy, increasing the uptake of immunisations and vaccination, strengthening the links and pathways between maternity and heath visitors and supporting the development of the midwifery community hubs.

1.7. NHS England North Midlands acknowledged that the first draft plan submitted was a good start and suggested improvements, specifically in relation to:

- Further detail about what is going to be different and new to improve the safety of maternity care;
- The culture of local services and the future ambition to support and building public confidence in them;
- Improving personalised care planning;
- Alignment with Future Fit and the contribution of the Midwife-Led Unit review;
- Understanding the needs of women and their families and evidencing a co-production approach;
- System ownership, capacity and capability;
- Clear implementation plans; and
- The financial case for change

1.8. The October iteration of the LMS plan incorporated further work and changes as advised by NHS England.

1.9. The LMS plan is not currently in the public domain as it is under NHS England review. It is expected that the LMS plan will be published early in 2018 once it has been signed off by the NHS.

2. RECOMMENDATIONS

The HWB is requested to note the LMS approach which is being taken to improve local maternity services as outlined in this report.

3. IMPACT OF ACTION

The LMS plan is based on the national expectations for improving maternity care and is designed to improve outcomes for women and children before, during and after pregnancy. Key performance and outcomes indicators are included in the various work stream project plans and are being monitored by the LMS board.

4. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="8">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to a specific HWB Priority</td></tr>
<tr><td>Yes</td><td>The LMS plan delivers clear action in the context of improving local maternity services across all three priorities:
• Encourage healthier lifestyles
• Improve mental wellbeing and mental health
• Strengthen our communities and community-based support</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>• Put our children and young people first
• Protect and support our vulnerable children and adults
• Improve the health and wellbeing of our communities and address health inequalities</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>• Women of child bearing age
• Pregnant women
• Children and young people</td></tr>
<tr><td>TARGET</td><td colspan="2">The LMS plan will be published in early 2018.</td></tr>
</table>

COMPLETION/DELIVERY DATE		
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The majority of the strategic maternity transformation will be delivered from within existing resources. Project Management and backfill arrangements will be funded from monies secured by the CCG following a successful bid to NHS England of £77k in 2017/18 and £150k in 2018/19. There will be continued pressure on the Council's Public Health budgets for 2018/19 and 2019/20 which may impact on the resources available to deliver the Health and Well Being work stream. *(ER 17/11/17)*
LEGAL ISSUES	Yes	In March 2015, NHS England announced a major review of maternity services as part of the NHS Five Year Forward View. Baroness Julia Cumberlege independently led the review, working with a panel of experts and representative bodies The scope of the review was to assess current maternity care provision and consider how services should be developed to meet the changing needs of women and babies and its findings were published in February 2016 " Better Births: Improving Outcomes of Maternity Services in England: A Five Year Forward View for Maternity Care" The Public Health Outcomes Framework for 2016-2019 [last updated 03.07.2017] includes indicators relating to maternity services under Domain 2: Health Improvement and Domain 4: Healthcare public health and preventing premature mortality, some of which indicators are shared with the NHS Outcomes Framework. *KF 08.11.2017*
EQUALITY & DIVERSITY	Yes	Equality and Inclusion considerations are a key factor in the development and implementation of the LMS Plan.

IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	The LMS Plan has been developed in in partnership with stakeholders to ensure the vision is realistic. However, there is an acknowledgement that the co-production approach needs further development so that co-production is embedded and in future is at the heart of all activity and becomes 'business as usual' by 2020/21. Co-production work to date has been undertaken through the review of midwife-led services. People who have used or have an interest in midwifery-led services and professionals working in or with midwifery-led services have worked together with commissioners to start the re-design a future model of midwifery led services.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Risks for each organisation in delivering the plan are recorded and monitored through a risk register for the LMS.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

No further information.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See Section 4

3. PREVIOUS MINUTES

4. BACKGROUND PAPERS

Report prepared by Vicki Pike, Public Health Commissioner, Telephone: 01952 381026.

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 6th December 2017

REPORT TITLE: Healthy Lifestyles Priority Update

REPORT OF : Liz Noakes, Assistant Director Health & Wellbeing

LEAD CABINET MEMBER – CLLR Arnold England

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

The Healthy Lifestyle Programme has been developed to enable local people to stay healthy and avoid preventable conditions, enabling them to live fulfilling lives. It uses asset based approaches that address identified protective factors to support health and wellbeing. It involves collaborative working with communities, third sector, private and public organisations to better support local people in their neighbourhoods. The Healthy Lifestyle Programme includes:

- Health and Wellbeing Making Every Contact Count (MECC) training
- Healthy Telford Network
- Health Champions
- Social Prescribing
- Healthy Lifestyle Service
- Specialist lifestyle services (smoking cessation)

The Telford & Wrekin Smoke Free network partners continue to work together on campaigns and polices in line with our priorities. The overall smoking prevalence has declined again and there has also been a decrease in numbers of people in routine and manual occupations smoking, which is a priority area. The numbers of smokers seeking support from our services increased in 2016/17, for the first time in several years. A new Public Health midwife role has been funded in maternity services and smoking in pregnancy rates appear to be declining.

The Sport England Active People survey results show a reduction in the number of inactive adults. The survey also reports an improved position for the number of adults eating 5 or more portions of fruit and veg a day. Levels of adult obesity are still at 71% which remains significantly worse than the England average.

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

That the content of this report is noted

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

The work programme aims to address multiple health and wellbeing priorities, across a number of settings. The aspiration is that a collective, systematic approach delivered collaboratively across partner organisations will have a significant impact in the Borough.

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>Yes</td><td>Encouraging Healthier Lifestyles priority

Strengthen our communities and community based support Priority</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>To improve the health and wellbeing of our communities and address health inequalities</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes/No</td><td>If yes, briefly summarise any impact(s) – see separate guidance note for groups to consider</td></tr>
<tr><td>TARGET COMPLETION/DELIVERY DATE</td><td colspan="2">Insert date and if more than 6 months after the date of the Cabinet report, list key milestones</td></tr>
<tr><td>FINANCIAL/VALUE FOR MONEY IMPACT</td><td>Yes/No</td><td>The Council holds specific budgets within Public Health in support of Social Prescribing, £150k (one off funding), Healthy Lifestyles Service, £172k, and Stop Smoking, £353k.

The Public Health grant allocation to the Council has been reduced by around 10% over the last 3 years (to 2017/18) with a reduction of £0.33m advised for 2018/19. Further reductions and changes in this grant and other Council funding is expected in future years. The Council will need to find a further £20m of savings by the end of 2019/20 and this may impact on the funding for this work stream.

It is anticipated any work associated with the recommendations in this report will be met from within existing resources but this will be kept under review as part of the programmed monitoring process.</td></tr>
</table>

		(ER – 28/11/17)
LEGAL ISSUES	Yes/No	The HWBB has a statutory obligation to encourage integrated working and to encourage commissioners of health-related services to work closely with the HWBB (section 195, Health and Social Care Act 2012). Accordingly, the proposals in this report will assist the HWBB in meeting its legal obligations. This continuing commitment to integrated working is also a requirement of the HWBB's terms of reference.
EQUALITY & DIVERSITY	Yes/No	None
IMPACT ON SPECIFIC WARDS	Yes/No	The programme of work impacts across the population of the Borough and includes targeted activity within those wards reporting higher levels of health and wellbeing need and inequalities.
PATIENTS & PUBLIC ENGAGEMENT	Yes/No	*If yes, briefly summarise event*
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	None

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 **Health and Wellbeing Making Every Contact Count (MECC) training**

The face to face Making Every contact count training programme continues to offer training on 'raising the issue' of healthy lifestyles for a wide range of staff and volunteers working with vulnerable residents across the Borough. To date 518 people have completed the training. Attendance has recently focussed on staff from Council Early Help & Support, social care providers and GP practices.

Active Signposting is one of the High Impact Changes for GPs identified in the NHS England 5 year forward view. As this compliments MECC a combined MECC/Active Signposting training has been developed for receptionists in consultation with Practice Mangers. The training focusses on 'having the conversation' and was delivered to 100 reception staff in October. The training will be repeated in January for the remaining staff.

The Safe and Well Visits delivered by Shropshire Fire and Rescue Service (SFRS) officers builds on the work of MECC. The officers are providing

targeted home visits for vulnerable residents to complete fire safety checks and advice. The recipients are identified using intelligence provided by Telford and Wrekin Council (via a Data Sharing Agreement). In addition to completing fire safety checks the officers have conversations with residents (where appropriate) about healthy lifestyles, social isolation, winter warmth and falls. They encourage people to seek further advice and support and refer to My Choice (with consent). My Choice offer advice and information and refer on to Healthy Lifestyles team and other services as necessary. During the first 3 months of the project 33 referrals were made to My Choice.

1.2 Healthy Telford Network

The Healthy Telford network is made up of staff, volunteers and individuals across Telford and Wrekin who are interested in improving the health and wellbeing of their clients, workplaces, families and communities. The network is supported with news, information and best practice shared through twitter, blog posts and a newsletter.

The new Healthy Telford Blog is now established providing a mechanism to share local stories, news, ideas and best practice. The blog has an average of 1000 visitors each month https://healthytelford.wordpress.com/ . Members are invited to attend training and other events, get involved with campaigns and write guest blog posts.

During January 2018 we will be launching locally the One You Healthy Lifestyles Campaign developed by Public Health England. Local implementation will be coordinated by the councils marketing and communications team. This campaign will provide further opportunities to raise public awareness of the key messages for healthy lifestyles and signposting to local support.

1.3 Health Champions

Health Champions are people who, with training and support, voluntarily bring their ability to relate to people and their own life experience to transform health and well-being in their communities. The programme has created a network of 36 trained Community Health Champions across Telford and Wrekin, working with each other and their wider communities to;

- Deliver health conversations to friends, family, neighbours and their local community
- Embed Health Champion's role into existing volunteering
- Engage with and support existing initiatives
- Start up small community projects e.g. walks, drop in sessions, social groups

1.4 Social Prescribing

Over recent months it has been a priority to work with GP Practices and local communities to develop models for social prescribing. This programme of work supports local delivery of our neighbourhood plans linked to the Sustainability and Transformation Plan (STP).

Social prescribing recognises that getting people involved in community life, keeping them active and improving social connections is good for both health and wellbeing. It uses a person centred approach to enable patients with social, emotional or practical needs to access a range of supportive non-clinical services and activities. To date social prescribing activity is underway in the Newport Locality and Central Telford Locality.

Key achievements include:

- Establishment of the Newport & District Community Patient Group to support co-production of the programme
- A Weekly link worker clinic at Newport Cottage Care. Referrals are slow and more work is required on partner engagement and developing pathways. Clients are presenting with low level mental health issues, anxiety, depression, loneliness & isolation (including carers)
- Development of a number of small community projects
- Local delivery of the Feed the Birds befriending project (partnering with Shropshire Wildlife Trust); 6 volunteers trained and matched with local clients. Second training course completed with new volunteers.
- Bench to bench; Initiated by Newport Rotary Lite and now linked with Walking for Health, adding to their range of low level supported walks.
- Nordic Walking group: local resident now qualified as Nordic Walk Leader and leading weekly walks
- Citizen's Advice clinics now established within Donnington and Charlton Medical Practices
- Music to movement sessions for the inactive at Donnington surgery. Patients are being signposted from Long Term Conditions reviews

1.5 Healthy Lifestyles

The Healthy Lifestyle Service includes a small number of Healthy Lifestyle Advisors. The main focus of the team is to help people with nutrition, weight management, emotional health, physical activity, alcohol consumption and smoking. The Healthy Lifestyle Advisor provides one to one support offering advice and behaviour change support to help people to move away from unhealthy behaviours to sustainable positive health behaviours. The key to the sustainability of these changes is to link people with other support services in their local area. The team have very close links with higher tier services when people need more targeted support, for example the stop smoking service Quit 51, the Primary Care and Well Being Service (IAPT), Aquarius, Be Active and many others.

A large number of referrals are from GP's where there have been significant positive outcomes in supporting people to change their lifestyle to reduce their medication, enable self-management of long term conditions and prevent

development of Diabetes for those that have been diagnosed as ‘pre-diabetic’ and subsequently a reduction in GP visits.

The service has increased its clinic coverage in GP services from 70% to 98% over this year. There are just 2 surgeries who do not have a dedicated HLA but discussions are in place to address this. In addition to this some GP clinics have increased from 1 half-day session to 2 full days due to the clinics being 100% booked and the GP’s being encouraged by the positive outcomes of patients resulting in more referrals. The service aims to see a referral within 2 weeks of referral as recommended by NICE guidance and Behaviour Change Models.

The team are also present at many of the borough’s community activities and events offering Health Checks and ongoing support again working closely with council, voluntary and other services.

Positive links with Speciality Consultants at Princess Royal Hospital have been developed – resulting in an increase in referrals of patients from their clinics where making positive changes to their lifestyle can significantly improve their health outcomes and management of their condition.
Since January there has also been a targeted approach to increase the offer of Health Checks in work places across Telford and Wrekin which has proved very successful.

The team maintains a flexible approach offering clinics Monday to Saturday including some evenings. Clinics are run in GP surgeries, Community Centres, Libraries, Pharmacies, Leisure Centres and Work Places.
The Healthy Lifestyle Advisors also have a presence regularly within Probation Services, the Sikh Temple, Branches in Wellington, Assisted Living homes, Residential Homes and Adult Mental Health Services.

Work has continued as part of the Be Active project to provide an accessible sport and physical activity offer in our most deprived communities with a regular weekly programme of activity reaching 250 plus residents. The Big Lottery funding for this programme ended in November 2017. Work is ongoing with local partners to sustain the programme and some activities continue to be delivered by local volunteers.

Building Better Opportunities (BBO) is a joint Big Lottery and ESF funded programme consisting of 20 delivery partners across Shropshire, Telford & Wrekin of which Telford and Wrekin Council is one delivery partner. Landau are the lead partner for the whole programme. Through this programme adults experiencing poor mental health, issues with physical disability and pain management and social isolation have had the opportunity to access a menu of courses including visual art, photography, dance, theatre, music, yoga and crafts.

1.6 Smoke Free Update

The local Smoke Free plan priorities, which mirror those in the new national tobacco control strategy, include: reducing smoking amongst routine and manual workers and people with mental health problems, smoking in pregnancy, smoke free hospitals.

Local partners have been working together to implement our smoke free plan, key recent achievements include:

- Collaboration on stop smoking campaigns such as Stoptober and January No Smoking Day campaigns.
- Smoke free homes and cars information disseminated to 130 NuPlace homes in 2017, with a further 400 planned in the next phase and awareness raising of smoke free legislation at the drive-in movie.
- Health Visitors and Midwives developed a resource pack for professionals on smoke free cars legislation and the risk of smoking in the home. To date 5,000 packs have been issued, providing information to help families designate a smoke free space as well as signposting to stop smoking services.
- The Council's Public Health and Health and Safety Teams have drafted a new evidence-based 'gold standard' smoke free policy, based on PHE guidance. This guidance, which includes advice on e-cigarettes, forms part of our Work Well package of support. SaTH have now made a formal commitment to go Smoke Free.
- Signage at all Telford and Wrekin Council owned play areas has been updated to state that these are smoke free areas specifically within the park boundaries.
- Smoking was included in the MECC training offered to pharmacies as part of the new Healthy Living Pharmacy (HLP) initiative. Our Stop Smoking service has good working relationships with local pharmacies, with many subcontracting or providing space for stop smoking clinics.
- The Council jointly commissioned a Public Health Midwife role from April 2017 with the CCG in local maternity services to tackle the key local issue of persistently high smoking in pregnancy rates. More midwives and Women's Services Assistants have been trained to give harm reduction messages and there has been an increase in number of referrals into services.

Performance Update

- In terms of the overall smoking prevalence in adults in Telford & Wrekin the rate continues to decline, with an estimated decrease to 15.6% of adults in 2016, from 21.9% in 2012, this equates to circa 8,300 fewer smokers during this period. The local benchmarking position has not been significantly different to the average for England since 2013.

- The estimated rate in smokers working in routine and manual occupations has also declined, particularly in the past year - to 26.1% in 2016 from 33.1% in 2015. This drop narrowed the gap between the national average and the local prevalence for this group by almost 5%.

- Despite the improvements, an estimated 21,600 adults in Telford & Wrekin are still tobacco smokers.

- In 2016/17 the maternal smoking rate - 21.1% of mothers smoking at delivery was still significantly higher than the average for England (426 women still smoking at delivery. There are indications that the numbers are falling slowly this year, the figure for April – September 2017 was 18.8%.

- The 2013-15 Sport England Active People survey results report that levels of excess weight in adults within Telford and Wrekin were 71.1%. This is worse than the 64.8% level for England.

- The Sport England Active People survey results show a reduction in the number of inactive adults in Telford and Wrekin from 30.5% in 2012 to 28.5% in 2015, a rate similar to that in England. This reduction is equivalent to 1,700 fewer inactive adults.

- The 2015 Sport England Active People survey results show 48.6% of adults within Telford and Wrekin were eating 5 or more portions of fruit and veg a day. This is an improvement on 2014 (46.4%) and is similar to the level of 52.3% in England.

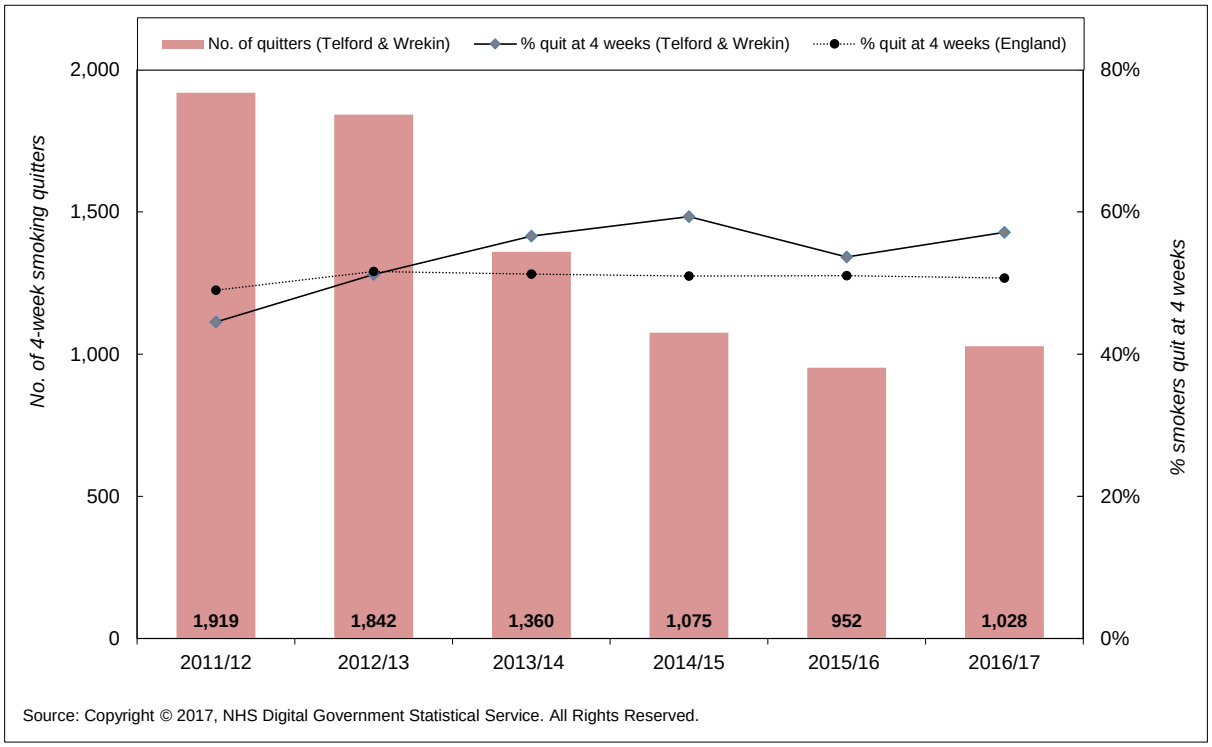
- Telford & Wrekin Stop Smoking Services continue to perform well:

  - In 2016/17 a total of 1,028 smokers quit with the support of local services. Encouragingly this was an increase in numbers from the previous year, contrary to the downward trends seen nationally and locally year-on-year since 2011/12, which is attributed to the growth in popularity of e-cigarettes (Figure 1). NB Our stop smoking services continue to support people who want to use e-cigarettes as a stop smoking aid.

  - The Telford & Wrekin smoking quitter rate per head of population remained significantly better than the England average in 2016/17 and the quit rate (57.1% of smokers quit at 4 weeks) also remained above the national average. (Figure 1)

  - The numbers of people from routine and manual occupations quitting smoking has increased to 58.1% quit at 4 weeks in 2016/17, from 52.6% in 2015/16 – this equates to an additional 100 quitters in this group.

Figure 1 Trends in Smoking Quitters



- The Healthy Lifestyle Service continues to perform well. From April 2016 – March 2017 the team provided lifestyle advice (brief interventions) to 19,263 people. Year to date totals from April 2017 – November 2017 show a significant increase in the reach of the service. The service has delivered brief interventions to 19,911 people; completed 2,082 Health Checks; worked with over 1000 adults to develop personalised healthy lifestyle plans and made 7,617 onward referrals to community based support. The team are now operating at full capacity.

- The Be Active community based physical activity programme has engaged 4,760 inactive people who have now built physical activity into their everyday life. The weekly programme of activity regularly engages 250 plus local residents in some of our most deprived communities

- During year one of the Building Better Opportunities programme, 100 adults have participated in creative arts programmes. A large number of participants experienced poor mental health, issues with physical disability and pain management, substance misuse and rehabilitation, or socially isolated

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

3. PREVIOUS MINUTES

- Health & Wellbeing Board – Living Well Update, 6th September 2016
- Health & Wellbeing Board - Priority Update: Reduce the number of people who smoke 9th September 2015
- Health & Wellbeing Board – Living Well Update, 11nd December 2014
- Health & Wellbeing Board – Living Well Update, 22nd January 2014
- Health & Wellbeing Board - Local Authority Tobacco Control Declaration, 22nd January 2014
- Health & Wellbeing Board - Priority Update: Reduce the number of people who smoke, 18th September 2013
- Health & Wellbeing Board - Priority Position Statement: Reduce the number of people who smoke, May 2013

4. BACKGROUND PAPERS

Report prepared by

Helen Onions, Consultant in Public Health, 01952 381028
Louise Mills, Service delivery Manager Prevention & Health Improvement, 01952 380505

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TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 6 DECEMBER 2017

REPORT TITLE: TOXIC TRIO PRIORITY WORKSTREAM UPDATE

REPORT OF: DIRECTOR, CHILDREN AND ADULT SERVICES

LEAD CABINET MEMBER – CLLR P R WATLING

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1. The "toxic trio" is defined as domestic abuse, substance misuse (alcohol and/or drugs) and poor mental health. These three factors are viewed as indicators of increased risk of harm to children and young people.

1.2. There is already strong collaborative work underway amongst HWB partners on individual strategies plans for these three factors. The specific aim of this priority work stream is to strengthen our partnership approach to addressing the toxic trio in a more integrated to reduce the risk and improve outcomes for those families who are most vulnerable.

1.3. The purpose of this report is to provide an update on the work that has been undertaken in the last 6 months and outline the next step in this work.

2. RECOMMENDATIONS

That the Board notes the:

a) Work of the Toxic Trio priority work stream outlined in Section B) 1.5; and

b) Highlights any further areas of partnership working to be considered.

3. IMPACT OF ACTION

Aligning individual strategies to address the three factors that make up the toxic trio will enable a strengthened approach to reducing the risk of the Borough's most vulnerable families.

The joining up process will ensure that actions and interventions are systematic, and comprehensive, across the partnership and organisations in the Borough.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	• Encouraging Healthier Lifestyles • Improve Mental Wellbeing and Mental Health • Strengthen our communities and community-based support
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	• put our children and young people first • improve local people's prospects through education and skills training • protect and support our vulnerable children and adults • improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	The toxic trio work stream will impact on the most vulnerable children and adults in the borough.
TARGET COMPLETION/DELIVERY DATE	• Further update on progress to HWB in June 2018.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Council holds a specific budget in support of Substance Misuse services which is funded from Public Health Grant. In 2017/18 this budget is £2.437m. The Public Health grant allocation to the Council has been reduced by around 10% over the last 3 years (to 2017/18) with a reduction of £0.33m advised for 2018/19. Further reductions and changes in this grant and other Council funding is expected in future years. The Council will need to find a further £20m of savings by the end of 2019/20 and this may impact on the funding for this work stream. It is anticipated any work associated with the recommendations in this report will be met from within existing resources but this will be kept under review as part of the programmed monitoring process. The focus for this work stream will be the

		connections between actions in the various plans to ensure systematic and comprehensive collaborative action and this approach should promote a more effective and efficient use of the resources available in order to deliver the desired outcomes. *TS 22.11.2017*
LEGAL ISSUES	Yes/No	Under Section 195 Health and Social Care Act 2012 the Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. The Public Health Outcomes Framework Indicators were last updated on 25th October 2017. Domestic abuse, substance abuse and mental health are included in a range of the listed indicators. In respect of the governance arrangements: • The Care Act 2014 Section 43 requires each local authority to establish a Safeguarding Adults Board ("SAB") for its area. The objective is to help and protect adults in its area in cases as described in Section 42. • The SAB must seek to achieve its objective by coordinating and ensuring the effectiveness of its member's activities and may do anything which appears to it to be necessary, or desirable, for the purpose of achieving its objective. The Children Act 2004 at Sections 13-16 sets out the statutory responsibilities of local authorities to establish Local Safeguarding Children Boards, the required membership

		and funding arrangements. The objective is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established; and to ensure the effectiveness of what is done by each such person or body for those purposes. The outcomes of the workstream are likely to inform the Joint Strategic Needs Assessment in due course. *KF 23.11.2017*
EQUALITY & DIVERSITY	No	N/A
IMPACT ON SPECIFIC WARDS	No	However, the prevalence and impact of the complex trio of substance misuse problems, mental health issues and domestic abuse are greater in our most disadvantaged communities.
PATIENTS & PUBLIC ENGAGEMENT	Yes	There is extensive public, patient and service user engagement work undertaken on an on-going basis for both the drug and alcohol and mental health strategies for Telford & Wrekin Further specific engagement work will be carried out to support the work stream development.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	This links to work across the Safeguarding Children and Adults Boards as well as the Safer Telford & Wrekin Partnership.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1. The “toxic trio” is defined as domestic abuse, substance misuse (alcohol and/or drugs) and poor mental health. These three factors are viewed as indicators of increased risk of harm to children and young people.

1.2. The main focus of this work-stream is domestic abuse as the other two factors are part of separate work-streams. The HWB received an update on the implementation of the Mental Health Strategy in June 2017 and will receive an update on Substance Misuse in March 2018.

Work Stream progress

1.3. Task and finish groups commenced the work in May 2017, following the agreement of the HWB in March, and the subsequent agreements by the Safeguarding Children and Adults Boards, and Safer Telford & Wrekin Partnership.

1.4. The domestic abuse work programme includes the following elements:

- Understanding the level of domestic abuse in the Borough,
- Reviewing the current domestic abuse safeguarding pathways to ensure that they are fit for purpose, evidence based and meet needs;
- Reviewing the current targeted support services for domestic abuse and ensuring they are sustainable and meet the needs as outlined in 1.5.2;
- Raising awareness, training and education of professionals; and
- Evaluation and monitoring of progress.

1.5. Since the work commenced the following areas have been progressed.

1.5.1. ***Understanding the level of domestic abuse in the Borough.*** A review of the data available has been undertaken. The data provided a population level context for domestic abuse which has informed the Safer Telford & Wrekin Strategy as well as the development of the strategic plan for Safeguarding Boards. The following extract from the Safer Telford & Wrekin Strategy 2017-2019 provides the information that has been used to inform these strategies:

- In 2016/17, there were 2,320 crimes[i] recorded that were marked as domestic abuse incidents. This correlates to a rate of 134.1 per 10,000 population. The rate of crimes recorded as domestic abuse in Telford and Wrekin is the highest in West Mercia and compares with an average across the force area of 83.5 per 10,000 population.
- There were 2,439 recorded offences[ii] of domestic abuse in Telford and Wrekin in 2016/17. 29% of these offences resulted in an arrest.

During the work it was established that in order to provide a more comprehensive view of domestic abuse to inform future service provision further data analysis by a Senior Research and Intelligence Officer (Telford & Wrekin Council) was required. This will be undertaken in the next few months and progressed through the Domestic Abuse Thematic Sub-group.

1.5.2. ***Domestic Abuse Safeguarding Pathways***. The safeguarding pathways for adults and children have been reviewed. The review highlighted some good practice across the partnership, as well as some areas for development, including the need for a voluntary perpetrator programme. The results are being presented to the sub-group in December for a decision around next steps.

1.5.3. ***Domestic Abuse Support available.*** During the safeguarding pathway review the support currently available was mapped and includes a variety of support programmes across the partnership, ranging from one to one support from Early Help and Support Practitioners, to the Freedom Programme, and the Independent Domestic Violence Advocates provided by West Mercia Women's Aid. The Sub-group's next stage is to identify areas where further support is needed for victims, their families and perpetrators. This work will also be linked in with the work being

undertaken to deliver the Mental Health Strategy around Emotional Trauma Support.

1.5.4. ***Raising awareness of Domestic Abuse.*** The content of the Family Connect website has been updated and refreshed. This now includes a specific page for domestic abuse which provides information about what domestic abuse is, what support is available for victims, and how to access it. Family Connect continues to be widely promoted across the partnership as a point of contact and information for safeguarding concerns, including domestic abuse.

1.5.5. Telford continues to be a White Ribbon Town which means that the Council and its partners support people who campaign to step up and positively make a stand towards ending domestic abuse. This is the 4th year of being a White Ribbon Town and every year a White Ribbon Event is held asking people to pledge their support towards ending domestic abuse. The event this year was on 24th November at the Park Lane Centre and was specifically raising awareness of the support available to victims of domestic abuse in the Borough. The evaluation of the event will be presented to the Sub-group to establish the event's reach and impact.

1.6. At the first meeting of the sub-group the actions for the next 12 months will be identified, including an update of the Domestic Abuse Strategy.

Oversight and governance

1.7. The Telford & Wrekin Safeguarding Children and Adults Boards are leading this work through a newly formed Domestic Abuse Thematic Sub-group. The first meeting of this sub-group is in December and is made up of strategic leads for domestic abuse, substance misuse and mental health across the partnership and third sector.

1.8. The ongoing monitoring of the progress will be through the already existing governance structures of the Safeguarding Children and Adults Boards. However, the overall progress of this work stream will be reported regularly to the Health and Wellbeing Board.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

Nothing further to add at this time.

3. PREVIOUS MINUTES

- Health & Wellbeing Board 6th December 2016: Proposed Priority Work Streams report
- Health & Wellbeing Board 8th March 2017: Priority Work-stream Toxic Trio Scope report
- Health & Wellbeing Board 14th June 2017: Mental Health Update report

4. BACKGROUND PAPERS

None.

Report prepared by:
Sarah Constable, Partnership Manager (01952 380599)

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[i] A crime is defined by the Home Office Counting Rules (HOCR). The HOCR require:

"*An incident will be recorded as a crime (notifiable offence)*

1. *For offences against an identified victim if, on the balance of probability:*
    a. *The circumstances as reported amount to a crime defined by law (the police will determine this, based on their knowledge of the law and counting rules), and*
    b. *There is no credible evidence to the contrary.*
2. *For offences against the state the points to prove to evidence the offence must clearly be made out, before a crime is recorded*."

[ii] The HORC state that "*Once the police have decided to record a crime, they then need to determine how many crimes to record and what offences have been committed. Consider, for example, a burglary where the car keys are taken from a house and the car has been stolen:*

- *This may involve two offences: a burglary; and theft of a motor vehicle.*
- *If there is only one victim and only one offender for all these offences then only one crime would be recorded, although the offender may be charged and convicted of all the offences.*
- *If there are two or more victims in the same incident, a crime should be recorded for each victim."*

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

DATE: 6 DECEMBER 2017

TITLE: PHARMACEUTICAL NEEDS ASSESSMENT REFRESH BRIEFING

REPORT OF: HELEN ONIONS, CONSULTANT IN PUBLIC HEALTH, TELFORD & WREKIN COUNCIL; HITESH PATEL, PHARMACEUTICAL ADVISER, NHS TELFORD AND WREKIN CCG

LEAD CABINET MEMBER – CLLR A R H ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

Health & Wellbeing Boards assumed a legal duty for publishing and keeping up-to-date local pharmacy needs assessments in April 2013. This briefing updates the HWB on the 2017/18 refresh process taking place for the Telford & Wrekin PNA. The current PNA was published in April 2015 and further additions were made in 2016 following the subsequent in-depth review of pharmacy dispensing provision in South Telford requested by the HWB.

During 2017 colleagues from the Council's public health team, CCG, the Local Pharmaceutical Committee and NHS England have been coordinating the refresh PNA process. Key elements included are:

- Mapping of local pharmacy services, such as dispensing medicine, health advice and medicines reviews and local public health services
- Summary of demographic factors and health and wellbeing needs
- Public survey on views of local community pharmacy services
- Equalities impact assessment
- Assessment of gaps in provision and recommendations regarding future provision and service developments

The draft PNA will be open for consultation between mid December 2017 and mid February 2018, meeting the 60 day consultation requirement. The proposed PNA and all consultation responses will be presented to the HWB in March 2018. Any changes and modifications will then be made to allow publication in April 2018.

2. RECOMMENDATIONS

The HWB is asked to note the PNA process and time scale and agree to review the PNA proposals and consultation responses in detail in March 2018.

3. IMPACT OF ACTION

The PNA, which is part of the wider Joint Strategy Needs Assessment process, is used: • to make decisions on which services, including public health services, need to be provided by local community pharmacies • by NHS England when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	The PNA process contributes to all three cross cutting priorities: • Encourage healthier lifestyles • Improve mental wellbeing and mental health • Strengthen our communities and community-based support
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Improving the health and wellbeing of our communities and addressing health inequalities
	Will the proposals impact on specific groups of people?	
	Yes	Community pharmacies play a key role in providing primary care services within our local communities.
TARGET COMPLETION/DELIVERY DATE	The refreshed PNA will be published in April 2018.	
FINANCIAL/VALUE FOR MONEY IMPACT	No	There are no financial implications arising from this report. Any financial implications arising post consultation will be considered as part of a future report. (ER – 20/11/17)
LEGAL ISSUES	Yes/No	From 1st April 2013, Health and Wellbeing Boards (HWB) in England assumed the responsibility[1] to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, through Pharmaceutical Needs Assessment (PNA). These requirements are set out in the The National Health Service (Pharmaceutical and Local Pharmaceutical

[1] Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012

		Services) Regulations 2013 sets out requirements.
EQUALITY & DIVERSITY	Yes	There is evidence that community pharmacy has a key role to play in reducing health inequalities as often pharmacies are the first point of call for those requiring support who may not have engaged with other health services.
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	Consultation and engagement is a specific requirement of the PNA process. As part of this a survey of community views was undertaken during September 2017.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	The PNA is part of the wider Joint Strategic Needs Assessment process. The PNA contributes understanding of local pharmacy services needs and provision which could inform the STP and Future Fit programmes in terms of the transformation of health and social care services.

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

Further information will be made available the PNA consultation web link during the consultation period.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

An equalities impact assessment process is current being undertaken and will be published as part of the PNA.

3. PREVIOUS MINUTES

Health and Wellbeing Board 16th September 2016
Health and Wellbeing Board 9th December 2015
Health and Wellbeing Board 11th March 2015
Health and Wellbeing Board 24th September 2014, Minute Number – HWB-12

4. BACKGROUND PAPERS

Report prepared by Helen Onions, Consultant in Public Health,
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