



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & WELLBEING BOARD

Date	Thursday 6 December 2018	Time	2:00pm
Venue	Meeting Rooms G3- G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT		

Enquiries Regarding this Agenda:

Democratic Services	Stacey Worthington	01952 382061
Media Enquiries	Corporate Communications	01952 382403
Lead Officer	Jessica Tangye	01952 382186

<u>Committee Membership:</u>	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	Sustainability & Transformation Plan Representative, NHS
	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

Page

1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes**

To confirm the minutes of the meeting of the Health and Wellbeing Board held on 12 September 2018.

Appendix A

Continued ...

... Continued

4. **Public Speaking**

Performance

5. **HWB Priority Work-Stream Update: Toxic Trio and the Domestic Abuse Strategy** Appendix **B**
To receive the report and recommendation for approval of the Domestic Abuse Strategy and Action Plan: Helen Onions, Public Health Consultant, TWC
6. **Emotional Health & Wellbeing Service 0-25 Year** Appendix **C**
To receive the update from Frances Sutherland, Head of Commissioning Mental Health and Learning Disabilities Telford And Wrekin Clinical Commissioning Group

Commissioning Strategy updates

7. **Telford & Wrekin Clinical Commissioning Group (CCG) Strategic Priorities** Appendix **D**
To receive the report from Dr Jo Leahy, Chair CCG Board; and David Evans, Chief Officer T&W CCG
To Follow
8. **Transforming Care Partnership (TCP) Update** Appendix **E**
To receive the report from Di Beasley, Head of Transforming Care Partnership, T&W CCG and Jonathan Eatough, Assistant Director, Governance Procurement and Commissioning, TWC
9. **SEND Joint Commissioning Report** Appendix **F**
To receive the report from Simon Wellman, Service Delivery Manager, Education & Corporate Parenting; and Sarah Bass, Commissioning, Procurement & Brokerage Service Delivery Manager, TWC
Deferred
- 10 **Social Isolation Conference Evaluation and Feedback** Appendix **G**
To receive an update from Louise Mills, Service Delivery Manager Health Improvement, Health and Wellbeing; and Rachel Jones, Community Participation Service Delivery Manager, TWC

Delivery Group update

- 11 **Sexual Health Service Update** Appendix **H**
To receive the report Stacey Norwood, Public Health and Marion Hough, Sexual Health Service Lead

... Continued

Service updates

- | | | |
|-----|--|-------------------------|
| 12. | Sustainability and Transformation Programme Update
To receive the report from Phil Evans, STP Director,
Shropshire and Telford & Wrekin STP | Appendix I
To Follow |
| 13. | Safer Telford Partnership Update
To receive the report of Superintendent Tom Harding, Chair of
the Community Safety Partnership | Appendix J |

HEALTH & WELLBEING BOARD



Minutes of a meeting of the Health & Wellbeing Board held on Wednesday 12 September 2018 at 2.00pm in G3 & G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present:

Cllr A R H England (Chair) Cabinet Member – Communities, Health & Wellbeing, TWC
Dr J Leahy (Vice Chair) Chair, Telford & Wrekin CCG
P Evans Sustainability & Transformation Plan Representative
S Dillon Assistant Director, Adult Social Care, TWC
C Jones Director of Children's & Adult Services, TWC
L Noakes Director of Public Health, TWC
Cllr J M Seymour Conservative Group, TWC
Cllr P R Watling Cabinet Member – Children's & Adult's Early Help & Support, TWC
Cllr K L Tomlinson Liberal Democrat / Independent Group, TWC
D Brown Telford & Wrekin Healthwatch
W Condlyffe, Chief Officer Group Representative
D Evans, Chief Operating Officer, Telford & Wrekin CCG

Also Present:

Jonathan Eatough, Assistant Director: Governance, Procurement & Commissioning; Ruth Emery, Telford & Wrekin CCG, Louise Mills, Manager Prevention & Health Improvement, TWC; Julie Smith, Service Delivery Manager Community Early Help, TWC; Sarah Bass, Service Delivery Manager Commissioning, Procurement & Brokerage Jessica Tangye Partnerships Manager; Stacey Worthington, Democratic Services Officer,

HWB-11 Apologies for Absence

Cllr S A W Reynolds -Cabinet Member – Education & Skills; Superintendent T Harding; Cllr J C Minor Cabinet Member – Leisure, Green Spaces & Parks, TWC

HWB-12 Declarations of Interest

None

HWB-13 Minutes of the meeting held on 6 June 2018

Councillor Tomlinson noted that her apologies had not been recorded. The Minutes of the meeting were approved as an accurate record, with the addition of apologies from Councillor Tomlinson.

HWB-14 Public Speaking

There were no requests to speak.

HWB-15 Terms of Reference Report

The Board noted the requirement to agree the Terms of Reference as authority had been delegated by Full Council at the Annual Meeting on 24 May 2017. The Terms of Reference formed part of the Constitution approved by Full Council on 14 July 2016 and was unchanged from previous years.

It was noted that there was an error in the report, which would be corrected to ensure that confidential information would not be published.

RESOLVED to review and agree the Terms of Reference with the amendment that confidential information would not be published

HWB-16 Annual Public Health Report 2018: Excess Weight and Obesity in Telford & Wrekin

The report was received from the Assistant Director: Public Health regarding excess weight and obesity in the Borough. The report was interactive in style and included videos and infographic links. Members of the public had shared their experiences which had been included in the report. The report highlighted the impact of excess weight personally and on family, the community and public services.

It was noted that being overweight was considered normal and the report looked at what needed to be done to address this issue. A whole system approach was required, and a number of key messages and actions had been included.

Members praised the work being done in schools, for example the daily mile and stated it was encouraging to see real life stories included. It was noted this was a complex issue, and there was not just one solution. Members discussed the prevalence of obesity in children and the impact this would have on their future health and wellbeing. Many of the services available were free for families to use, such as school walking buses and encouraged use of parks and green spaces.

A discussion was held regarding education for families for healthy cooking and meal preparation. It was noted that the communities are often best placed to offer support and this was encouraged through the strategy.

The Board noted the updates.

HWB-17 Building Community Resilience and Neighbourhood Working

The report summarised the approach of the Council and the CCG in respect of neighbourhood working, which developed community centred approaches to improve health and wellbeing across the Borough. A number of projects were being implemented across the Borough.

A care home team had been implemented, who were targeting the homes within the Borough who had the highest number of residents being admitted to hospital. An 'emergency passport' had been established, which had been well received. The 'Red Bag Scheme' was in the process of being introduced, this was a nationally recognised scheme and was used to clearly identify care home residents during their time in hospital. The bag

would contain information about the resident from the care home, it would stay with them during their time in hospital and would return with them to the care home on discharge. In response to a question, it was confirmed that the care home team would support homes to look after themselves, for example, by upskilling the staff and then slowly withdrawing the support until the learning was embedded.

Volunteer projects had been implemented, such as 'feed the birds', appropriate training and DBS checks were undertaken with volunteers, and there was ongoing support, including supervision and networking opportunities available. It was noted that Health Champions had a formal qualification for their role.

Members praised the school holidays meal programme which had taken place, and recommended this project should be widened. The importance of community led projects was discussed and the importance of this in the sustainability of projects.

The Board noted the updates.

HWB-18 Better Care Fund Annual Update

A report from Sarah Bass, Service Delivery Manager, Commissioning, Procurement & Brokerage, TWC and Julie Smith, Service Delivery Manager Community Early Help, TWC outlined the progress made in the last twelve months.

The report highlighted key successes over the last twelve month period, as well as challenges. Delayed Transfer of Care performance had been in the top third nationally, however, August had been a difficult month. Various supportive schemes had been put in place to prevent people going into hospital unnecessarily, getting out of hospital earlier and rehabilitation programmes. Community Matrons had been introduced, working closely with the team of Social workers.

It was noted that domiciliary care was a particular challenge locally and nationally. The Local Authority worked with three providers closely. The school holidays were difficult, due to staff availability. It was suggested that the student workforce, when they had been appropriately trained and vetted, would be a possible source of workers during the holiday periods.

Members noted upcoming projects, including Care Rooms and the Red Bag scheme.

The Board noted the content of the report.

HWB-19 SEND Joint Commissioning Update

This report had been deferred.

HWB-20 Adult Social Care Local Account 2016 / 17 – 2017 / 18 and Telford & Wrekin's Making It Real Board

The Board welcomed the report from the Assistant Director: Adult Social Care. The Council was required to publish the Local Account at least every two years, which was used as a measure of self-assessment, noting areas for improvement, as well as progress.

The Making It Real Board was a national scheme, and showed commitment to the personalisation principals. The Board was chaired by Councillor Watling and the group was developing an action plan. The group had lived experiences of adult social care and were experts by their experience.

The account was a work in progress and described the performance and customer's experience of the service. The account included a breakdown of the budget and included the results of the annual survey of service users. Case studies from service users were included in the account, including people who have used assistive technology.

Members welcomed the report and noted the challenges that were faced in adult social care. In response to a question, the Assistant Director: Adult Social Care advised that nearly 300 people across the Borough were in receipt of direct payments. Direct payments enable service users to organise care around their individual needs, although it was noted that some users were scared about the responsibility of being an employer. Support was available to anyone considering changing to direct payments for example with HR and recruitment support.

Members noted that significant improvements had been made over the last two years.

The Board noted the updates.

HWB-21 Healthwatch Telford & Wrekin Annual Report 2017 / 18

The Board welcomed the annual report of Healthwatch. The report highlighted activities and services undertaken by Healthwatch in the past year. A number of projects had been undertaken, such as a car park survey at the Princess Royal Hospital and a CAMHS Youth survey. A number of GP roadshows had taken place, which provided a significant level of feedback from local GP practices. One engagement officer had worked closely with local black and ethnic minority groups throughout the year and a wellbeing stakeholder group had been established as part of the support to the Telford Mental Health forum.

Members welcomed the report and noted the excellent work of Healthwatch.

HWB-20 Sustainability and Transformation Partnership Update Report to include an Update on Future Fit Consultation and Progress

The Board welcomed the verbal report of the Sustainability & Transformation Plan Representative. The Future Fit consultation had closed on the 11th September and had received over 16,000 responses. Work was ongoing in respect of the Travel and Transport Plan and this would be feedback at the Board meeting the following week. In respect of the STP, the interview process for the independent Chair was underway, with 4 candidates shortlisted for the position.

The meeting ended: 3.54pm.

Chairman:

Date:

Telford & Wrekin Domestic Abuse Strategy 2019 - 2021

Working together to break the cycle of abuse

Draft for:
HWB 6/12/18
Cabinet 13/12/2018



Contents

Contents

Foreword

1.	Acknowledgements	1
2.	Mission Statement	1
3.	What this aims plan to deliver	1
4.	What is Domestic Abuse?	2
5.	Background	2
6.	National Picture	4
7.	Introduction	5
8.	Local Picture	6
9.	Our Objectives	9
10.	Governance and Accountability	11
11.	Further Information	12
	References	13

Foreword

Domestic abuse impacts upon women and men, children and young people, families and communities and it is not always easy to identify. It is often referred to as the 'hidden' crime as different forms of abuse can mean some victims suffer for far too long before getting help.

More victims in Telford and Wrekin are coming forward to report abuse and the demand on services for victims and perpetrators is increasing. Our services and support need to be responsive at the earliest opportunity, and balanced with prevention activities designed to stop abuse from happening in the first place.

We want everyone in Telford and Wrekin to be kept safe from domestic abuse and have the opportunity to lead healthy and happy lives. We can achieve this by:

- Preventing domestic abuse from happening in the first place, by challenging the attitudes and behaviours which foster it, and intervening early to prevent it from continuing, reoccurring or escalating.
- Reducing the risk to victims and their families ensuring that perpetrators are held to account and supporting them to change their behaviour.
- Working in partnership to provide the right specialist services and support to women, children and young people and also men affected.

The aims of the strategy are to raise awareness, prevent, identify, investigate, prosecute and appropriately support victims of domestic abuse. The effects and impact of domestic abuse cut across a number of service areas across organisations and is therefore supported by the following partnerships:

- Telford & Wrekin Safeguarding Children Board (TWSCB)
- Telford & Wrekin Safeguarding Adults Board (TWSAB)
- Safer Telford & Wrekin Partnership (STWP)
- Health & Wellbeing Board (HWBB)

The strategy aims to support the partnerships through a joined up response for those affected by domestic abuse, underpinned by a clear recognition and understanding that no single agency can address this complex issue in isolation. Together we will break the cycle of abuse.



Andrew Mason
Independent Chair
Telford & Wrekin Safeguarding
Children and Adults Boards



Superintendent Tom Harding,
West Mercia Police and Chair of the
Safer Telford & Wrekin Partnership

1. Acknowledgements

The Telford & Wrekin Domestic Abuse Group have developed this strategy on behalf of the partnerships. The group includes representatives from multiple Council teams, Police and NHS colleagues, and providers of domestic abuse services. There has been wide engagement across the partnerships and with a variety of groups, teams and colleagues.

2. Mission Statement

The Telford & Wrekin [Community Safety Partnership Strategy¹](#), the vision is that:

“The community are able to identify domestic abuse, know where to turn to for help, victims and their families are supported and perpetrators are dealt with effectively (from prosecution to reducing future harm and offending).”

Together we can make a difference.

3. What this plan aims to deliver

- ✓ **Improved recording of domestic abuse, and fewer repeat victim incidents, but ultimately a reduction in the numbers of incidents and victims**
- ✓ **Victims and families reporting improved health and wellbeing and resilience**
- ✓ A better understanding of the local picture of domestic abuse, to direct prevention work and shape services and support based on our local need
- ✓ A greater awareness across the community of what domestic abuse is and how to respond
- ✓ Training to a wide range of professionals, across organisations and teams
- ✓ Early identification of victims and their children to prompt support to break the cycle of domestic abuse in families
- ✓ More coordinated, responsive specialist services and support offer to victims and children affected, with clear accessible pathways to support recovery and reduce future risks
- ✓ Timely and appropriate referral and support for children and young people at risk of harm from domestic abuse
- ✓ Support for perpetrators to enable them to change their behaviour
- ✓ Better justice for victims, holding perpetrators to account through policing and the criminal justice system
- ✓ Learning from domestic homicide reviews is embedded across the system
- ✓ Women and girls are better protected from the risks of honour based violence, female genital mutilation and forced marriage.

4. What is domestic abuse?

The cross-government definition of domestic violence and abuse, 2018² is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional”

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic abuse can involve a range of behaviours, which are abusive and which would not always be classed as violent. In Telford & Wrekin the definition has also been widened to include 16-17 year olds and reflect coercive control, ‘honour’ based violence (HBV), female genital mutilation (FGM) and forced marriage (FM).

Female Genital Mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

Honor Based Violence (HBV) is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community.

Forced Marriage (FM) is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is recognised as a form of violence against women and men, domestic/child abuse and an abuse of human rights.

5. Background

Domestic abuse can affect anybody, regardless of their gender or sexual orientation, and it occurs across all of society, regardless of age, race, religion, wealth or geography. However, certain people are disproportionately affected, such as women, young people under 25, those with disabilities or mental health problems.

Occurring in the main in the home, domestic abuse is often without witnesses. It has tremendous costs for the victim, their children, family and friends, and upon the community as a whole. Although domestic abuse is predominately a gender-based crime against women and girls, men are also subjected to abuse at home and in relationships.

The impact of domestic abuse on victims, children and young people and families can have a lasting significance. Its results are not only physical, but impact on emotional wellbeing, health, work and can affect housing, income, and relationships.

The Adoption and Children Act 2002³ recognises the fact that witnessing domestic violence can have serious implications for children. National learning^{4,5} from Serious Case Reviews identifies domestic violence, mental ill-health and drug and alcohol misuse as the most common issues relating to children's families.

The Care Act 2014⁶ also acknowledges domestic abuse as a category of abuse that particularly affects adults with care and support needs, including older people.

Domestic abuse rarely takes place in a vacuum and substance misuse and poor mental health can be both contributory factors and can amplify the consequences. It impacts all aspects of communities including health and crime rates, and the ability to participate in the workforce, child development and family dynamics. For example:

- Children and young people who are exposed to violence in the home may suffer from emotional trauma, poor health and trouble learning at school.
- Children and young people raised in violent situations are more likely to use violence to solve problems as they grow older than if those not exposed to it.
- Adult victims suffer from a host of long-term health problems like heart disease, chronic pain, stress disorders, and arthritis, increasing health care costs for everyone.
- It can impact on organisations effectiveness, which is why organisations have started addressing domestic abuse within their policies. An employee who knows they are supported, will be more loyal and will maintain productivity.

There is evidence⁷ indicating that work with perpetrators, to address the underlying cause of the violence, is key to breaking the cycle and therefore reducing domestic abuse and its effect on people lives and crucially the impact on families.

6. The National Picture

Key Statistics

An estimated 1.9 million people in the UK suffer from some form of domestic abuse⁸ and each year more than 100,000 people in the UK are at high or imminent risk of being murdered or seriously injured as a result of domestic abuse⁹.

One in four women experience domestic abuse at some point in their lives and as reported by the Home Office¹⁰ accounts for almost a quarter of all crime.

Domestic abuse accounts for 1 in 5 of all violent crimes

Every minute, police in the UK receive a domestic assistance call – yet only 35% of domestic violence incidents are reported to the police¹¹

1 in 4 women and 1 in 6 men endure violence from a partner, ex-partner/family member during their adult life in England and Wales – equivalent to 1.2 million women and 784,000 men (16-59 years old) in 2012/13¹²

Between 6% and 10% of women suffer domestic violence in a given year¹³

1.2 million women and 700,000 men experience domestic abuse every year

High-risk victims live with domestic abuse for 2.3 years before getting help and 85% of victims sought help five times on average from professionals before they got effective help to stop the abuse⁹

Victims of domestic violence are more likely to experience repeat victimisation than victims of any other type of crime

Two women are killed every week in England and Wales by a current or former partner¹⁴

On average, victims experience 50 incidents of abuse before receiving effective support

Witnessing domestic abuse can be particularly traumatic for children and young people. A minimum of 750,000 British children and young people a year (around 6.5%) are witnesses to domestic abuse and around 30% of domestic abuse begins or escalates during pregnancy¹⁵

7. Introduction – our approach

This Domestic Abuse Strategy sets out the Telford & Wrekin Partnerships vision, aims and objectives for dealing with domestic abuse, and the outcomes we expect to see as a result. It is vital that our response is informed and developed by the local picture, intelligence on need, the voices of victims and what is important to them and also best practice guidance of what works. Our approach needs to also include a clear understanding of the issues that contribute to domestic abuse. The strategy's commitment will be delivered through an ambitious action plan. The key groups intended to benefit from this strategy are:

- Victims and survivors of domestic abuse
- Children and young people who have experienced or are living with domestic abuse
- Perpetrators of domestic abuse, who should be held to account, and supported to change their behaviour to reduce the risk to victims and their children
- Partner agencies involved in supporting adults, children and young people affected by domestic abuse.

We already have a number of local good practice initiatives, including:

- White Ribbon Town accreditation, awareness raising events and campaigns
- Operation Encompass, which ensures children and young people have support in schools following an incident, if needed
- West Mercia Women's Aid Independent Domestic Violence Advisors (IDVAs)
- The Sanctuary Project which provides additional security for victims
- Shropshire Domestic Abuse Advisory Service

Raising the awareness and understanding of domestic abuse across the community and working to prevent domestic abuse are key commitments of the strategy. Telford continues to be a White Ribbon Town, which means that the Council and partners proactively support people who campaign to step up and positively make a stand towards ending domestic abuse. This is the 5th year of Telford's commitment to be a White Ribbon Town, and partners reaffirmed the town's pledge to ending domestic abuse at the annual White Ribbon event on 23rd November 2018 at the Park Lane Centre. The evaluation of the White Ribbon awareness raising activities is used to assess the reach and impact of the campaign. Council Cabinet Members strongly support the White Ribbon campaign activities.

Engagement with partners has identified that a clear early priority for the strategy is the need to develop better support those already affected – victims and their children, through accelerating the development of our services, support and pathways. There is a recognition that working with the perpetrators is integral, to enable couples and families to achieve positive outcomes.

Domestic abuse impacts on all agencies work within the borough and through the programme of work a variety of organisations and teams (statutory and voluntary) will be involved, for example:

- Telford & Wrekin Council teams: Adult and Children Early Help, Social Care and Safeguarding, Housing Services, Community Safety and Public Health
- West Mercia Police
- Women's Aid
- Shropshire Domestic Abuse Service
- Victim Support
- NHS Clinical Commissioning Group and Provider Trusts

This joined up approach will ensure that we stimulate community-based action to challenge attitudes and develop local solutions that empower and support those affected by domestic abuse.

8. The Local Picture

The Telford & Wrekin picture of domestic abuse described below is based on police data. As there is no specific offence of 'domestic abuse', crime offence and incident records where a domestic setting has been identified at the time have been used. The local current picture represents only those records of domestic abuse reported to the police, and it is acknowledged that there will be further unreported offences occurring.

Key Headlines for Telford & Wrekinⁱ

- In 2016/17 a total of 4,832 domestic abuse offences were recorded in Telford and Wrekin, which was the highest rate of any Community Safety Partnership, within the Warwickshire Police and West Mercia Police Alliance. (Figure 1)
- The gender profile for offences consists of 73% female victims and 27% male victims. 74% of perpetrators are male and 26% female. (Figures 2 and 3)
- In terms of the relationship profile - 40% of total harm and 48% of offences are between ex partners, and 56% of harm is caused by partners (Figure 4)
- The main types of Domestic Abuse offences can be broken down into the following categories:
 - 45% Emotional Domestic Abuse Incident
 - 16% Common Assault By Beating
 - 13% Assault Occasioning Actual Bodily Harm

ⁱ Source: Warwickshire Police and West Mercia Police

Further work is needed to understand the profile of need and demand on local services, and this will be undertaken through the strategy objectives as part of the action plan.

Figure 1 Domestic Abuse Offences in Warwickshire and West Mercia

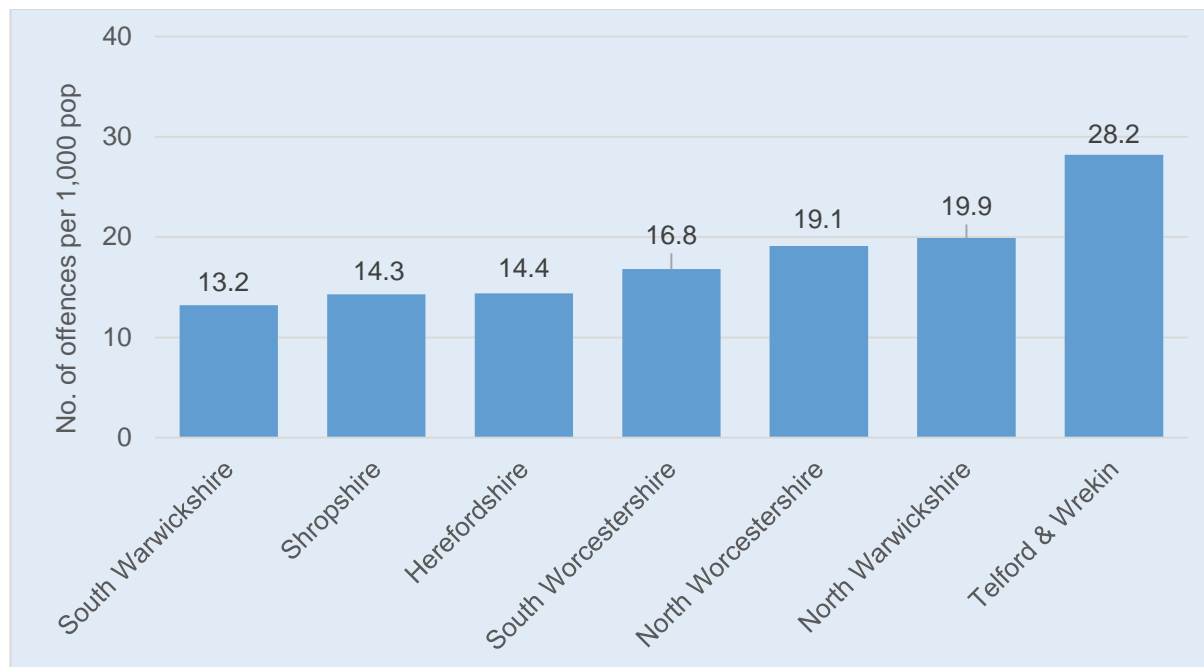
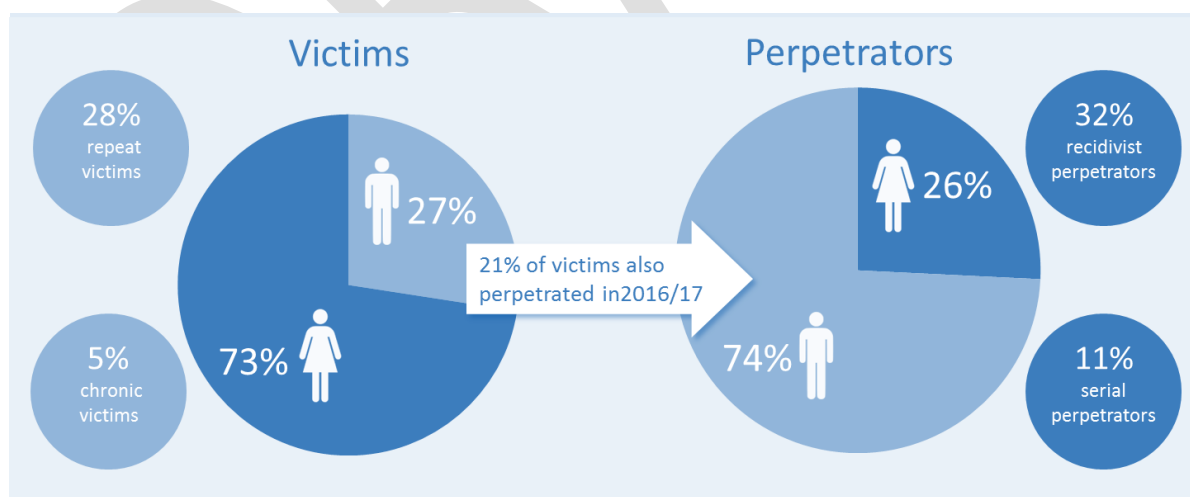


Figure 2 Telford & Wrekin Victims and Perpetrators profile



Please note:

- Repeat victims: Victims of more than one crime
- Chronic victims: Victims in more than one relationship
- Recidivist perpetrators: Repeat perpetrators
- Serial perpetrators: Perpetrators in more than one relationship

Figure 3 Telford & Wrekin perpetrator and victim gender profile

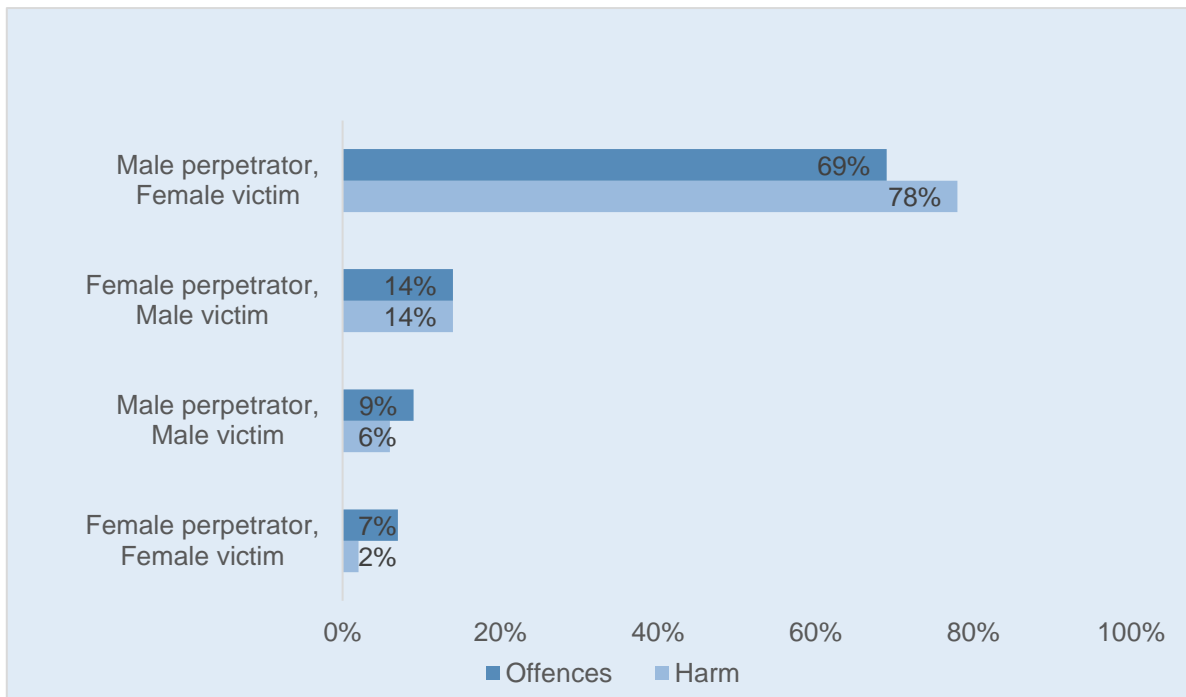


Figure 4 Telford & Wrekin perpetrator and victim relationship profile

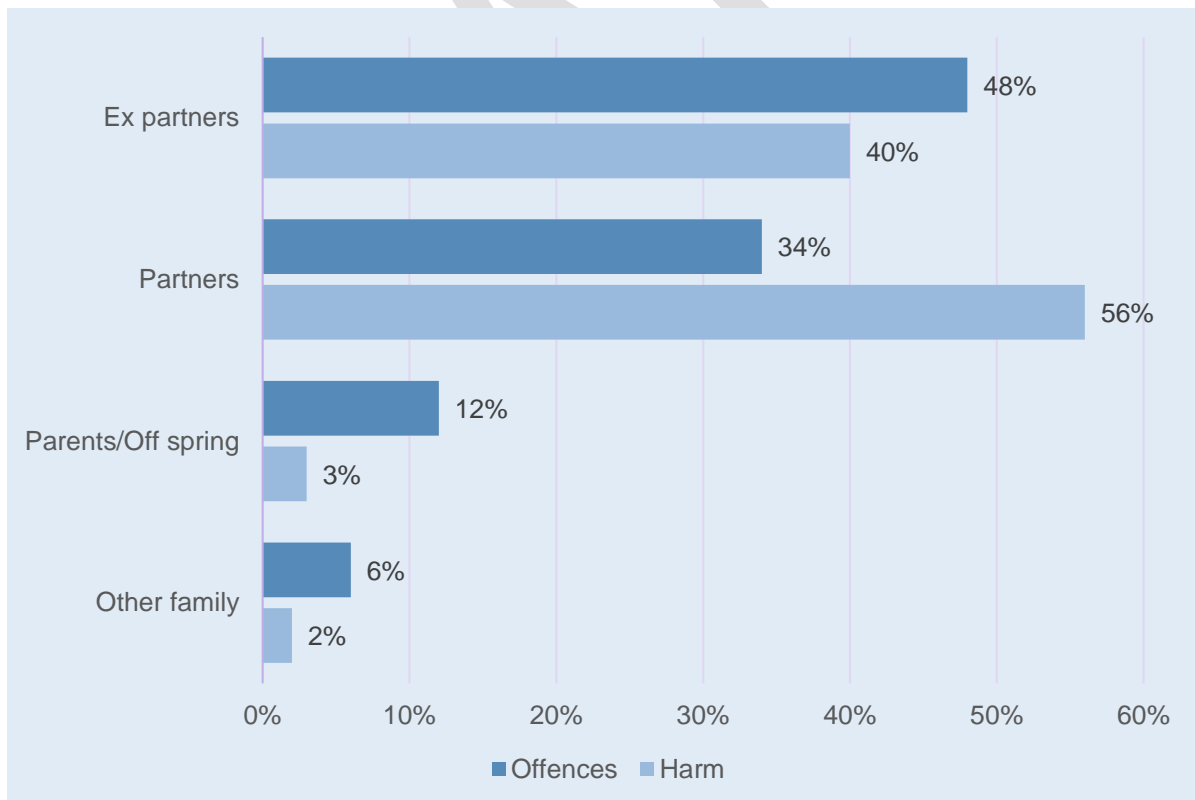
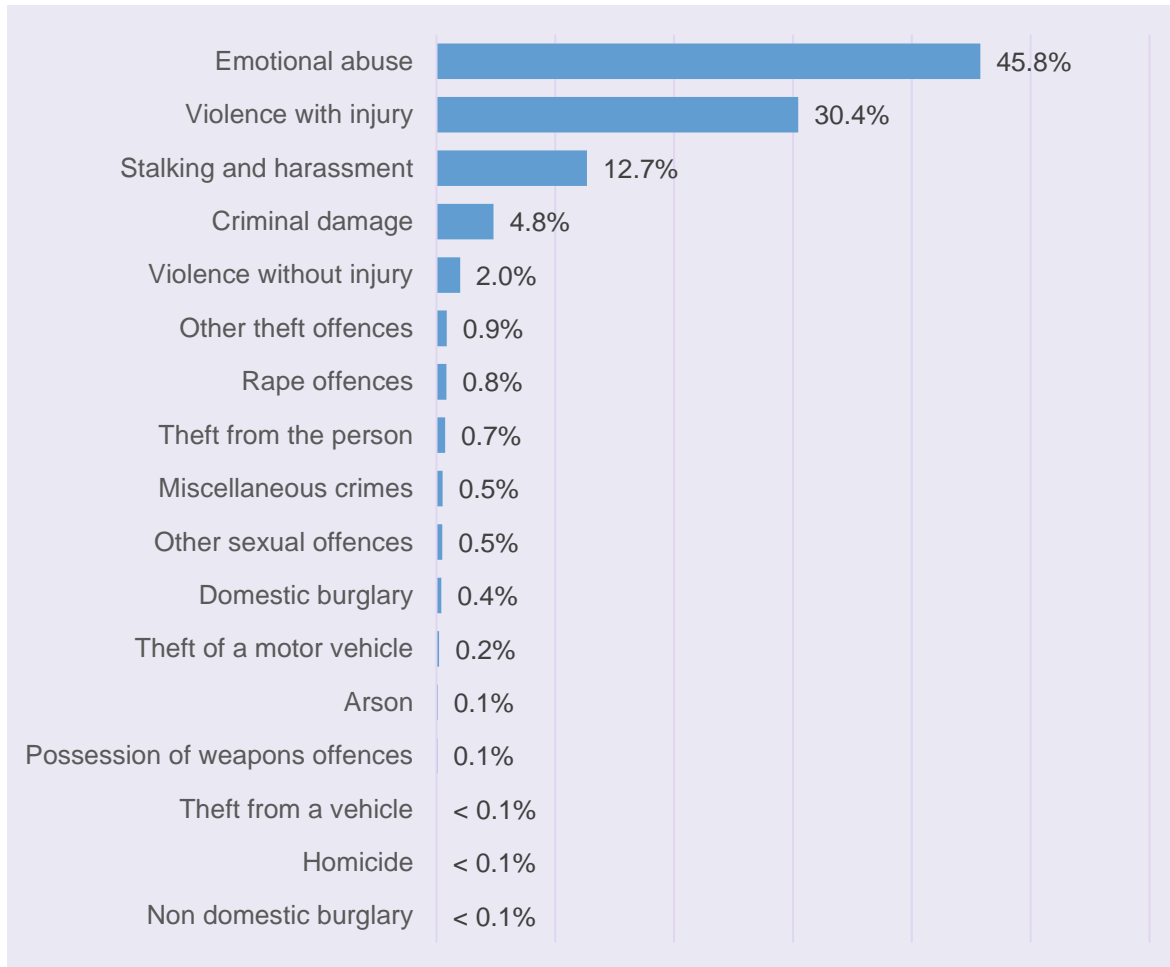


Figure 5 Telford & Wrekin domestic abuse type profile



9. Our Objectives

Our intelligence indicates that domestic abuse is a challenge within the borough, and the impact this type of abuse and crime has on the victim, their families and the community is well recognised. Addressing domestic abuse continues to be a priority for strategic partnerships including the Telford & Wrekin Safeguarding Adults and Children Boards. Telford & Wrekin Health and Wellbeing Board has prioritised a work stream on the so called “toxic trio” which aims to tackle the combined impacts of domestic abuse, substance misuse and mental health in families, relationships and our communities.

The National Institute for Health and Care Excellence (NICE) provides guidance on planning and delivering multi-agency services for domestic violence and abuse¹⁶. The guidance aims to help identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people. To deliver the aims of the strategy, in line with NICE guidance six key objectives have been agreed.

Objective 1

Review and develop specialist services and support and implement comprehensive multi-agency pathways, for both victims and perpetrators and children and young people affected by domestic abuse

To ensure local pathways are clear and fit for purpose to include monitoring of implementation, and inform professionals on how to support and signpost the victims and children and young people. Pathways for perpetrators will also be clear and fit for purpose.

Objective 2

Use intelligence and robust data to assess need, inform commissioning and service provision and raising awareness campaigns:

To ensure that the understanding of the scale of domestic abuse in the Borough, continues to evolve through ongoing profiling.

Objective 3

Develop practitioner's knowledge on the dynamics of domestic abuse on the whole family and provide them with the appropriate training and resources to support the family.

To ensure that professionals feel confident that they understand the characteristics of domestic abuse and what to do should a concern arise. Practitioners will have training and clear guidance about what happens when someone reports domestic abuse and what support is available, ensuring consistency and appropriate support.

Objective 4

Increase awareness and understanding in the community of the impact of domestic abuse, so we can challenge and prevent domestic abuse.

To stimulate the community to be aware of what domestic abuse is, the signs and what to do if it is happening.

Objective 5

Review current policies and procedures and raise awareness associated with Female Genital Mutilation (FGM), Honor Based Violence (HBV) and Forced Marriage (FM), within the community and across the professional workforce

To ensure that professionals feel confident that they understand the characteristics of FGM, HBV and FM, what to do should a concern arise and what support is available.

Objective 6

Embed the learning from Domestic Homicide Reviews to ensure recommendations are addressed and acted upon.

To ensure that all agencies have an important source of information to inform national and local policy and practice. It is important to draw out key findings of domestic homicide reviews and their implications for policy and practice.

10. Governance and Accountability

The Joint Domestic Abuse Thematic Sub-group to date has been accountable to the TWSCB and TWSAB. The sub-group is made up of multiagency, multi professional strategic and operational leads (see below). The group have developed and shaped the Strategy and the action plan, which will continue to evolve. Task and finish groups will be set up and engagement events held to support delivery of the action plan.

Ongoing monitoring of the progress of the Strategy will be through the governance structures of the TWSCB and TWSAB. However, the overall progress of this work stream will also be reported regularly to the Safer Telford & Wrekin Partnership and the Health and Wellbeing Board.

It is recognised that there are key links and interdependencies for this domestic abuse strategy across a range of local strategies, such as the Early Help Strategy, the Drug and Alcohol Strategy and the Mental Health Strategy. As these strategies are updated and refreshed it is envisaged that there will be shared commitments and actions across these plans, to ensure a systematic and comprehensive approach to preventing harm and supporting the most vulnerable people in our communities.

Telford & Wrekin Joint Domestic Abuse Thematic Sub-group Members

Helen Onions (Chair)	Consultant in Public Health, Telford & Wrekin Council
Graham Preece (Vice Chair)	West Mercia Police
Tina Knight	Strategic Safeguarding Lead Domestic Abuse, Telford & Wrekin Council.
Sarah Hall	Early Help & Support, Telford & Wrekin Council
Michelle Astbury	Service and Clinical Lead, Midlands Partnership NHS Foundation Trust
Vicky Worthington	Safeguarding and Case Management, Telford & Wrekin Council
Toni Guest	Housing, Nuplace & Commercial Projects, Telford & Wrekin Council
Jas Bedesha	Community Safety Team, Telford & Wrekin Council
Lyn Stepanian	Public Health Practitioner, Telford & Wrekin Council
Cathy Hobbs	Education and Corporate Parenting, Telford & Wrekin Council
Sue Coleman	West Mercia Women's Aid
Wendy Bulman	Shropshire Domestic Abuse Service
Damion Clayton	Research & Intelligence Officer
Kathy George	Telford & Wrekin Clinical Commissioning Group
Claire Hinstead	Midlands Partnership NHS Foundation Trust (MPFT)
Claire Hughes	Shropshire Community NHS Trust
Teresa Tanner	Shrewsbury & Telford Hospital NHS Trust (children)
Sharon Woodland	Shrewsbury & Telford Hospital NHS Trust (adults)
Adam Mathews	Shropshire Fire and Rescue
Louise Cotton	West Mercia Community Rehabilitation Company
Kerry Woodhouse	Partnership Development Officer, Telford & Wrekin Safeguarding Boards

11. Further Information

Telford & Wrekin Safeguarding Children Board

www.telfordsafeguardingboard.org.uk/

Telford & Wrekin Safeguarding Adults Board

www.telfordsafeguardingadultsboard.org/

Safe West Mercia Plan – West Mercia Police and Crime Commissioner

<http://www.apccs.police.uk/wp-content/uploads/2013/11/West-Mercia-Police-Crime-Plan.pdf>

West Midlands Multi-Agency Policies and Procedures

westmidlands.procedures.org.uk/

NSPCC

www.nspcc.org.uk/services-and-resources

Shropshire Domestic Abuse Service

www.shropsdas.org.uk/

Refuge

www.refuge.org.uk/

West Mercia Women's Aid

www.westmerciawomensaid.org/

Men's Advice Line

www.mensadvice.org.uk

A Call to Men

www.acalltomen.org/

Victim Support

www.victimsupport.org.uk/help-and-support/get-help/support-near-you/west-midlands/west-mercia

National Centre for Domestic Violence

www.ncdv.org.uk

References

- ¹ Telford & Wrekin Community Safety Partnership Strategy
www.telford.gov.uk/downloads/file/6557/csp_strategy_2017
- ² HM Government, 2018. Domestic Violence and Abuse
www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition
- ³ HM Government, 2002. Adoption and Children Act 2002
<http://www.legislation.gov.uk/ukpga/2002/38/contents>
- ⁴ HM Government, 2010. Serious Safeguarding Case Reviews: Lessons Learnt
www.gov.uk/government/publications/ofsted-learning-lessons-from-serious-case-reviews-2009-2010
- ⁵ DfE, May 2016. Triennial Analysis of Serious Case Reviews 2011 to 2014
www.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection.pdf
- ⁶ HM Government, 2014. The Care Act 2014
<http://www.legislation.gov.uk/ukpga/2014/23/enacted>
- ⁷ Strang et al, July 2017. Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment
<https://link.springer.com/article/10.1007%2Fs41887-017-0007-x>
- ⁸ Office for National Statistics, 2016. Crime Survey for England and Wales (CSEW)
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yereadingmar2016>
- ⁹ SafeLives (2015), Getting it right first time: policy report.
<http://safelives.org.uk/policy-evidence/getting-it-right-first-time>
- ¹⁰ Home Office, 2003; DOH 2006
- ¹¹ Stanko, 2000 & Home Office, 2002
- ¹² Ranford et Al 2012
- ¹³ Council of Europe Parliamentary Assembly, 2002. Domestic violence against women
<http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=17055>
- ¹⁴ Homicide Statistics, 1998
- ¹⁵ Home Office 2010
- ¹⁶ The National Institute for Health and Care Excellence, February 2014. Domestic violence and abuse: multi agency working Public Health guideline (PH50)
www.nice.org.uk/Guidance/PH50

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

6 December 2018

BeeU- Children and Young people emotional health and wellbeing service

REPORT OF: Frances Sutherland, NHS Telford & Wrekin CCG

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

Following the Intensive support team from NHS Improvement ST visit and final report, an action plan has been developed which includes actions under six key areas:

- Existing caseload
- Evidence based pathways
- Service identity
- Workforce
- System wide governance (recommendation for commissioners to address)
- Data and business process

Health and care system leaders have held two meetings of a task and finish group to ratify a joint action plan to address the IST findings and recommendations.

Specific concerns related to an approach to care and treatment that was in the main medication led, with a lack of clarity regarding the status of physical health checks for the Children and Young People receiving medication. This has now been addressed with a significant reduction in caseload size by over 50%. Of the remaining 715 Children and Young People on the medical caseload all have had their medications assessed to ensure treatment is appropriate. There is no indication of any Children and Young People having experienced harm. For the 32% that have not received physical health checks these will be completed in the next few weeks and monitored via the Contract Quality Review monthly meetings.

Amendments have been made to the access criteria so that all children, including Out of Area Looked After Children, are seen with equitable access

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

To note the updates

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

All actions described within the report are intended to have a positive impact on those who have or who are at risk of having a poor emotional health, mental health problems, or at risk of suicide.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Improving Mental Health</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>Telford & Wrekin Council's Plan to: :</p> <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>
	Will the proposals impact on specific groups of people?	
	Yes	The service impacts on Children and young people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.
TARGET COMPLETION/DELIVERY DATE	Various targets / milestones contained within the plans.	
FINANCIAL/VALUE FOR MONEY IMPACT		
LEGAL ISSUES	Yes	The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983) and under the revised statutory Code of Practice under the MHA 1983, which came into force on 1 April 2015.
EQUALITY & DIVERSITY	Yes	The service supports the protected characteristic groups
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	Significant engagement was undertaken as part of the development of the new service. BeeU drop in (BEAM) brings children and young people together to discuss the service issues and feedback

OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	xxx
---	-----	-----

PART B) – ADDITIONAL INFORMATION

The remainder of the report will contain any additional information needed to inform decision-making and is likely to include the following headings:

1. INFORMATION

- 1.1 The CCGs and local authorities jointly procured the BeeU service following service redesign to develop a more holistic response to the medical model previously delivered by the Child and Adolescent Mental health service (CAMHS). The contract was awarded to a provider partnership led by the Midlands Partnership Foundation Trust (MPFT) and including The Children's Society, Helios and Kooth.
- 1.2 The service is known interchangeably as 0-25 or 'BeeU' – the latter being a name developed after engagement with users, but as yet not universally recognised. More work is planned on service identity and marketing.
- 1.3 Significant work has been undertaken over the last 19 months with the introduction of self referral early help schemes- on line (Kooth) and drop-ins (BEAM). .A recruitment campaign was undertaken and more therapists were recruited to move towards a reduction in medication and an increase in therapies. Work has also been undertaken to streamline the process to access the service and to reduce some very long waiting lists. Average waiting times have reduced from 151 days in January 2018 to 66 in October 2018. There are still some long waits for some pathways and work is in progress to reduce these waits
- 1.4 In June 2018 the Intensive Support Team (NHS Improvement) were invited to undertake a 'deep dive' to provide expert advice and support to enable the delivery of the improvements required at pace. The background to their visit was that both CCGs had missed the new 30% access target for 17/18, there had been concerns about waiting times and inappropriate treatment since taking over from the previous provider and, slow progress moving from a medical model to a more therapeutic model as required through the new 0-25 Service Specification.

2 Intensive Support Team (IST) Findings and Response

- 2.1 The IST highlighted areas of improvement in the following:
 - 2.1.1 Existing caseload - a major problem that is slowing down the development of the new model with concerns about lack of monitoring of the physical wellbeing of CYP on medication.
 - 2.1.2 Commissioner issues - need a coordinated plan across the whole of Shropshire and Telford and Wrekin area with strong governance framework to hold all partners and commissioners to account. This will report into the newly formed STP Mental Health Group.
 - 2.1.3 Provider issues - ensure data flows are in place to measure and report access and outcome.
 - 2.1.4 Pathway issues - the development of evidenced needs based pathways with outcomes measures.
- 2.2 In relation to 2.1.1 above a comprehensive clinical and medication audit of all current cases on medication was undertaken and reported to CCGs and other system leaders on 31st October. Of the original 1475 children to have come into the service at contract handover in May 2017

715 remain in the service, mostly supervised through outpatient appointments. Of this 715, 32% have not had, or have refused to have, full physical health care checks undertaken. Additional clinics will be held over the next few weeks to ensure all children have full physical health checks completed.

2.3 As a result of the concerns raised the issue has been placed on the risk register of the CCG and formally logged on the NHS Incident Reporting System. This will be reviewed following the additional assurance being carried out at 6) below.

2.4 At the meeting on 31st October assurance was given that:

- prescribers in the service have significantly reduced the use of medicines
- physical health testing occurs, and there is evidence that practice is improving
- prescribers are asking to test service users (e.g. bloods and ECG) but there are refusals documented

2.5 To provide additional assurance both CCG medication leads have access to the detailed medication review to provide independent assurance of progress made. This was completed by 16th November and reported to both of the CCG Chief Nurses. This reported assured commissioners that the review was robust.

2.6 An action plan to respond to all of the actions contained within the IST report with specific dates for expected improvements has been developed and presented to the group above. It will also be presented to the STP MH Group and overseen by a sub-group. Specific actions concerning provider contractual activity and developments will be overseen through the normal contractual route i.e. through CQRM. Additionally, the outstanding and ongoing actions within the Recovery Action Plan (already being overseen) by the Clinical Quality Reporting Meeting (CQRM) have been merged so that there is one plan.

2.7 The Action Plan is organised under the following headings:

- Data and information quality (relates to data returns, outcomes, service utilisation)
- Existing caseload (relates to review of care and treatment of existing CYP in service)
- Evidence Based Pathways (transformation of existing service to the specification that was commissioned)
- Service identity (strengthening service 'brand' and partnership arrangements, and addressing system wide cultural changes required across primary care in understanding CYP mental health)
- Workforce (recruitment, training and skills or workforce)
- Data and business processes (arrangements to hold to account and escalate if improvements not seen at pace).

The management of the waiting list for 'core services' continues to be monitored through the CQRM.

2.8 New pathways are being developed for:

- Access – a new all-age front door will be launched from 3rd December offering one single point of access.
- Early intervention

- Core mental health
- Attention Deficit Hyperactive Disorder
- Autistic spectrum Disorders
- Eating Disorder
- Learning Difficulties
- Crisis (including A&E, Acute Hospitals and Tier 4 access)
- Looked After Children
- Out of County Looked After Children
- Youth Justice
- Transition

The above pathways will be co-produced between Children and Young People,, families and professionals from across organisations. including the voluntary organisations in the BeeU provider partnership with MPFT..

2.9 Within MPFT a new manager has undertaken the following improvements since coming into post in September: ratified all prescriptions; identified new staff for phlebotomies, ECG's and prescribing advice; identified new locations to run clinics from; sent letters to all CYP and families for physical health checks; introduced a new Looked After Children process to ensure all children including those placed from out of area ,receive an equitable service; developed a workforce plan to increase AHP's to deliver a more psycho-social model of care; established date in November for first team OD session focussing on needs, formulation and evidence based interventions; recruited psychologist and family therapist and improved administrative processes in the team.

2.10 Work has been underway to refresh the Shropshire Telford and Wrekin Children and Young People Local Transformation Plan (CYP LTP). Initial feedback from NHS England highlights further work to be undertaken in relation to workforce, financial sustainability and local place based delivery mechanisms. It is anticipated that this work will be completed for the end of November for submission to NHS England and publication on CCG website.

3 Summary

This paper has outlined the progress made following the IST visit in June 2018.

The CCGs will work closely with the BeeU service to support the further improvements set out in the action plan.

4 Recommendations

4.1 The Health and Wellbeing board is asked to note the contents of this update and note the progress that has been made to date.

4.3 The Health and Wellbeing Board is asked to review at its next meeting the refreshed CYP Local Transformation Plan which will bring a wider system focus to the developments planned for children and young people's services.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

*(Where you have answered ‘yes’ to any part of the impact assessment in Section 4, you can add additional information here if necessary. You should ensure that there is sufficient information for members to fully understand the impacts and risks of proposals before making decisions. **Information on financial and legal impacts must be completed by an officer from Finance or Legal).***

3. PREVIOUS MINUTES

4. BACKGROUND PAPERS

None

Report prepared by

Frances Sutherland

Head of Commissioning Mental Health and Learning Disabilities

Telford and Wrekin CCG

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**6 December 2018****TRANSFORMING CARE PARTNERSHIP (for people with a learning disability and/or autism with a learning disability and/or autism, with behaviours which may challenge)****REPORT OF: JONATHAN EATOUGH, ASSISTANT DIRECTOR, GOVERNANCE, PROCUREMENT AND COMMISSIONING****LEAD CABINET MEMBER – CLLR PAUL WATLING****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

The last update report was presented to Board in December 2017.

This report provides an update on the current position in respect to meeting the targeted level of bed reduction by April 2019.

Background

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. Based on statistical data, targets were set to support the overall reduction of commissioned beds. The deadline for completion of the reduction is April 2019.

The Shropshire TCP Partnership works to ensure that individuals with Learning Disabilities and/ or Autism are able to live within the community. This will be achieved through appropriate joint strategic planning to ensure that appropriate community services are in place to support individuals on a daily basis and at a time of crisis. LAs and CCGs are working together to ensure that admissions only take place for those who need them, and when all community options have been explored.

The programme is led by a Senior Responsible Officer who is accountable to ensure:

- alignment of the TCP work stream within the broader context of the Learning Disability Commissioning Strategies for the two separate areas (Shropshire and Telford & Wrekin),
- delivery of the TCP Programme, and that
- all partners, including LAs, CCGs and NHSE as well as people with a LD and/or Autism and carers are involved.

Recent changes to the TCP Leadership

The role of Senior Responsible Officer (SRO) has until recently been undertaken by the Director of Adult Services and Housing in Shropshire Council. Following initial agreement that the role of SRO would rotate between the Local Authorities, it was agreed that from September 2018 the role will be undertaken by the Telford & Wrekin Director of Children's and Adult Services.

Since May 2018, the role of Deputy Responsible Officer has been undertaken by the Director of Nursing and Quality at Shropshire CCG.

In-Patient Trajectories

To meet targets set by NHSE the TCP has a trajectory target to April 2019, the end of the project. Although the trajectory in respect to the number of patients in NHSE funded beds was met in 2017/18 and at Q2 2018/19, the number of patients in CCG funded beds was not met in 2017/18 but projections indicate that the target will be met in Q4 2018/19

At the end of Q2 2018/19 was that there were 22 patients occupying a NHS funded bed which is 4 over the trajectory of 18 as indicated below:

	End of Q1 2018/19 actual	Q1 18/19 Trajectory	+/-	End of Q2 18/19 actual	Q2 2018/19 Trajectory	+/-
CCG	9	5	+4	9	5	+4
NHSE	13	15	-2	13	13	0
Total	22	20	+2	22	18	+4

There is an NHSE escalation process which the Shropshire TCP is in.

To effectively manage this process and to provide assurance to NHSE the TCP has undertaken a Root Cause Analysis (RCA) which includes a Recovery Plan which was presented to and accepted by the TCP Board in July 2018.

As well as monitoring the Recovery Plan at the TCP Board, in order to ensure no delays in the discharge of individuals who are ready, the TCP have put into place processes to ensure robust and effective Admission Avoidance and timely discharges.

These include:

- Weekly calls with DRO and TCP Partners, including providers where appropriate, to discuss individuals and what steps are needed to ensure their discharge
- Fortnightly calls with TCP, NHSE, NHSE Specialised Commissioning and LA to discuss patient level details, early identification of barriers to individual discharges
- Weekly monitoring of patients in the Long Stay cohort and their individual discharge plans.
- Care Treatment Review/Care Education Treatment Review (CTR/CETR) process in place following National Guidance. (Currently 100% compliance has been achieved and maintained)

- Multi - Disciplinary Team Approach adopted earlier to reduce need for an urgent meeting under the Local Area Emergency Plan (LAEP) process.
- Ensuring there is a system in place to support early intervention by Intensive Support Team.
- Assuring robust monitoring of those at risk of admission is in place at the monthly Dynamic Risk Register meeting. Ensure that all relevant individuals are on the register.
- No admissions without agreement from Commissioner (CCG) and a completion of an RCA where admissions cannot be avoided.
- Working jointly with organisations from across Health and Social Care (including education)

Current Position

- **CCGs**

In Q3 there has been 1 new admission into a hospital bed funded by Shropshire CCG. This means that currently there are now a total of 10 individuals in a CCG funded bed when the trajectory indicates that there should only be 5 inpatients.

Expected Discharges- CCG

Before the end of March 2019 the indication at this stage is that 6 patients will be discharged and potential for a further 2 discharges. If these discharges do take place the TCP would meet the end of year trajectory of 5 patients in a CCG funded bed.

- **NHSE Specialised Commissioning**

In Q3 there has been 1 new admission into a bed funded by NHSE Specialist Commissioning, This means that there are now a total of 14 individuals in a NHSE funded bed.

Expected Discharges - NHSE

Before the end of March 2019 the indication at this stage is that 4 patients will be discharged. If this is the end of March position the TCP will be 1 off the year-end target of 9 patients in a NHSE funded bed.

Issues

- This is a challenging cohort of individuals who need high intensity care and support.
- It has been recognised that in order to create spaces for appropriate admissions in the future numbers need to fall below the target figures but to date the number of discharges has not kept up with the number of new admissions or end of quarter trajectories
- The Estimated Date of Discharge (EDD) of a number of current inpatients in a NHSE funded bed has been put back until after March 2019 due to a review of their current clinical presentation. This means that there are fewer people ready for a discharge before March 2019
- Processes are in place to support people in the community in order to reduce the risk of people being admitted into a hospital bed (Admission Avoidance Register etc). However, a number of people are admitted into hospital with a mental health illness and are

subsequently diagnosed with autism (generally the case for children and young people)
When this happens the person will become part of the TCP Cohort. People may come into the TCP cohort through the criminal justice route.

Recent changes and Developments

A number of changes and developments have been implemented and have had a positive effect on the delivery of the TCP Programme. These include:

- A Care Co-ordinator was recruited to work in the TCP Team in April 2018 and this has improved efficient working across agencies.
- Improved communications between all partners has helped to better understand patient needs and improve discharge planning
- CCGs are required to hold a register of people who have been identified as being at high risk of admission into hospital. Consent must be obtained by the referrer before people are added to the register. (Care and Treatment Reviews (CTR): Policy and Guidance including policy and guidance on Care, Education and Treatment Reviews (CETRS) for children and young people) (March 2017) A recent review of the Risk Register has improved communications by the relevant agencies and professionals and more effective working is in place to avoid admissions and support transition work including identifying future care/accommodation needs
- There is improved understanding and application of the legal frameworks under which patients are to be discharged and this will also support timely discharges.
- Initiatives to improve health inequalities put into place including:
 - Participating in National Audit in respect to Stop over Medication of people with a learning disability or both (STOMP) across the TCP area
 - Introduction of a Steering Group with the aim of supporting The Learning Disabilities Mortality Review (LeDeR) Programme (LeDeR programme was established as a result of one of the key recommendations of the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). CIPOLD highlighted that some people with learning disabilities were dying sooner than they should. Some of the reasons for this were related to the standard of health and social care that they received. On this basis, the fundamental principle of the LeDeR Programme is to identify the learning in order to make improvements to the quality of health and social care for people with learning disabilities. The University of Bristol runs the LeDeR Programme. The Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England commissions it
 - A Local Area Contact role is in place (Local Area Contacts are the link between the regional and national LeDeR Programme team, the local Steering Group and local reviewers)
 - Local Reviewer training has taken place and development of a register is progressing to ensure timely completion of reviews into premature deaths (Local reviewers are responsible for undertaking reviews of the deaths)
 - The TCP has also been successful in an application to NHSE for monies under 'Doing Things Differently'. These monies have been made available in order to support the delivery of the Transforming Care Programme.

In total Shropshire TCP has been allocated a total of £120,000 and will be used to support the following:

- Additional support for the CTR process, including raising awareness of the process to social care staff
- Consultant support to review C&YP pathways
- Provision of training in respect of Personal Behaviour Support (PBS is a framework for providing long term support for people including, but not exclusively, those with a learning disability, autism, mental health conditions and head injury. The overall aim of PBS is to improve the quality of the person's life and the quality of life for those around the person. It is especially important for people who have, or may be at risk of developing, behaviours of concern
- Provision of additional community support where required to support admission avoidance for example: short term additional support in the home.

Contractual Arrangements in place to ensure quality of care

The TCP team work very closely with NHSE Specialised Commissioning, Local Authority Social Care and Housing and independent providers in order to ensure patients are supported in their discharge from hospital safely and effectively.

In terms of contracting for care services CCGs commission jointly funded services with the Local Authority who take on the role of Lead Commissioner when contracting with providers. The exception to this is when patients are 'stepped down' to a Locked Rehabilitation bed and are therefore fully funded by the CCG. However although all patients have complex care needs, early indications based on information to date are that those who are currently in the discharge planning stage have needs that can be met by community teams including Community Team Learning Disabilities (CTLTD) and services provided through Local Authorities but this is kept under review.

The Local Authority has a framework of care and support providers and due diligence is carried out on every provider to ensure they are financially stable, have experience of delivering services to individuals with learning disabilities and / or autism. This pre-qualifies providers on to a framework. Once they are on the framework they have the opportunity to bid for opportunities to deliver care and support. At this point additional quality questions are asked of providers which are evaluated against predetermined criteria.

Any contract will also stipulate the terms by which the service must operate and any Key Performance Indicators to be met. A contract management system exists which is based on risk and for this client group regular check-ins by the commissioner, contracts officers, Social Workers and other key staff ensures any issues are picked up quickly. The commissioning team incorporates an assurance function that can be deployed to complete un-announced in-depth inspection of a contracted service, providing yet another stage of rigour to the contract management process.

Conclusions

There is no defined cohort and new admissions are added to the calculation of trajectories which adds to the challenge of finding suitable accommodation in the community and meeting the targets set by NHSE.

This is a challenging cohort of people and it takes time to assess carefully support needs and make sure that individuals have sufficient care and support to enable them to live well and safely in the community

Individuals should be able to live within the community with appropriate strategic planning and early intervention to avoid crisis and to reduce hospital admission.

Due to above there is be a possibility that the TCP will not be able to achieve the end of programme target of no more than a total of 14 in-patients on 31st March 2019

All partners continue to work together in order to ensure safe and timely discharges for all patients in the TCP cohort

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

The Health and Wellbeing Board is asked to:

- 2.1. Note the progress set out in this report and request a further update report at the end of the project after April 2019
- 2.2. Note the changes to roles in particular that of Senior Responsible Officer and Deputy Responsible Officer

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

The TCP Board will continue to work with key partners and stakeholders to:
manage the process of planned resettlement between December 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.

		<p>Protect and support our vulnerable children and adults: Social Care and the Third sector including community support initiatives.</p> <p>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.</p> <p>Regenerate those neighbourhoods in need and work to ensure that local people have access to <u>sustainable housing</u>: named individuals will require accommodation which is bespoke to their individual needs.</p> <p>Improve the health and wellbeing of our communities and address health inequalities: work will continue to take place via the Integrated Clinical Care work stream to widening engagement and training to all NHS services.</p>
	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	<p>Programme Delivery formally commenced in July 2016 and ends on 31st March 2019 for resettlement.</p> <p>Work to prevent unwarranted admissions will extend beyond that date.</p>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>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 14 patients in beds commissioned by NHSE Specialist Commissioning, by April 2019, this number must reduce to 9. There are 10 patients in beds commissioned by the two CCGs and by April 2019, this number must reduce to 5.</p> <p>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.</p> <p>NHS England has transferred £990k to the Shropshire TCP for 2018/19 in relation to the transfer of patients previously commissioned by NHS England. This funding was initially allocated to Shropshire CCG but monies for patients who are the responsibility of Telford and Wrekin CCG have since been transferred to Telford and Wrekin CCG. NHSE has not indicated at this stage that this allocation transfer will be recurrent.</p> <p>The TCP Partnership Board has already taken the decision to have two Section 75 pooled budget agreements in place for 2018/19 – one for Shropshire and one for Telford and Wrekin. This ‘Payment Mechanism’ will provide a way of transferring monies from Health to Local Authorities. Work on finalising these agreements is taking place led by the Finance Leads in each organisation.</p>

		<p>The partner organisations have contributed to a shared fund of £124k to pay for management and administration of the programme.</p> <p>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.</p>
<p>LEGAL ISSUES</p>	<p>Yes/No</p>	<p>“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</p> <p>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.</p> <p>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).</p> <p>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:</p> <ul style="list-style-type: none"> • 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

		<ul style="list-style-type: none"> • 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 • Human Rights Act 1998
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	Yes/No	This Programme has a borough wide impact in Telford and Wrekin and across Shropshire.
PATIENTS & PUBLIC ENGAGEMENT	Yes/No	TCP is based on a principle of co-production and this is in place with targeted discussions.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	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. There is also an impact on carers, depending upon how the care and support is provided.

PART B) – ADDITIONAL INFORMATION

Post 2019

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

1. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

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

2. PREVIOUS MINUTES

December 2017 H&WBB Board

3. 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>

Report prepared by:

Jonathan Eatough,
Assistant Director, Governance, Procurement and Commissioning
01952 381500
Jonathan.eatough@telford.gov.uk

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**6th December 2018****Social Isolation Conference Evaluation and Feedback****REPORT OF: Louise Mills Service Delivery Manager Prevention & Health Improvement (TWC) & Rachael Jones Service Delivery Manager Community Participation (TWC)****LEAD CABINET MEMBER – Cllr Arnold England****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

There is growing recognition that loneliness is a serious problem. It has implications for individuals and communities and can affect a person's mental and physical health. Loneliness and social isolation has strong links with all three Health and Wellbeing Board priorities. Recent reports suggest the issue carries costs that are comparable with the health impacts of smoking and obesity. The terms loneliness and social isolation are often used interchangeably, but it is possible for people to be isolated but not lonely and vice-versa. We know that loneliness can increase the pressure on a wide range of council and health services – it can often be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries. Many GP consultations may have loneliness at the root of the problem.

Effective action to combat loneliness is best delivered in partnership. Effective interventions are often low cost, particularly when voluntary effort is harnessed. On the 12th October 160 people representing 75 different organisations came together to talk about loneliness and social isolation in Telford & Wrekin – this local event was held as a first step towards tackling this issue providing an opportunity for the council to engage with other partners and to identify opportunities to work collaboratively to address loneliness as a multi-faceted issue.

This report summarises the conference programme, the key messages and next steps

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

The Board notes the report and endorses progress and next steps

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

- An increase in the number of people taking local action and working collaboratively to reduce loneliness and isolation in Telford & Wrekin
- An increase in the number of volunteers supporting local projects so that more people can access support and connect with their local community

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Strengthen our communities and community based support Priority Encouraging Healthier Lifestyles priority Improving mental health and wellbeing
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	To improve the health and wellbeing of our communities and address health inequalities
	Will the proposals impact on specific groups of people?	
	Yes/No	Yes
TARGET COMPLETION/DELIVERY DATE	Ongoing programme of work	
FINANCIAL/VALUE FOR MONEY IMPACT		Not applicable
LEGAL ISSUES		Not applicable
EQUALITY & DIVERSITY	Yes/No	Yes – there is potential for a positive impact upon individuals with protected characteristics
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 loneliness and social isolation
PATIENTS & PUBLIC ENGAGEMENT	Yes/No	Yes Involvement of advocacy groups Strong community engagement for some projects
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes/No	None

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

The local event set out to:

- Raise awareness of the issue, the evidence and the action we can collectively take to reduce social isolation and loneliness
- Involve members of the public, communities and organisations
- Dispel the myths and raise awareness that anyone can be affected by this issue
- Raise awareness and showcase local projects and services that are available
- Create a networking opportunity for local people who are interested in this issue
- Create a learning opportunity through workshops and discussion
- Build a network of Social Isolation & Loneliness Champions
- Raise awareness of available funding to support social isolation and loneliness projects

Eight different stories were filmed to illustrate loneliness and social isolation – the stories are powerful and share the very different approaches that people are taking to combat loneliness and isolation in their own lives including the support they are receiving from local people, communities and support services. Many of the people sharing their personal stories attended on the day and their real life experience proved invaluable to the group discussions.

<https://healthytelford.wordpress.com/2018/11/19/8-different-stories-about-loneliness-in-telford-wrekin/>

1.1 Workshops and group discussions

1.1.1 Volunteering

All delegates attended a workshop to consider how volunteers can tackle loneliness. Delegates considered volunteer opportunities that they were aware of; identified what resources would be required to deliver more volunteering schemes locally and discussed and considered opportunities for partnership working across the borough. Key messages included:

- Taking action to maximise links with Parish & Town Councils
- The valued contribution of local churches and faith groups and the need to identify opportunities for working together across organisational boundaries and communities including Age UK, the Carers Service, Alzheimer's Society and Signal
- Taking action to encourage local businesses to support volunteering schemes as part of their commitment to social value
- Taking every opportunity to share resources and to maximise local skills and expertise; for example sharing venues, equipment, volunteers and paid staff and supporting each other for bid writing to support the development of local projects

1.1.2 Loneliness affects young people too

Delegates explored how loneliness affects children & young people; mapped local activity and through group discussion identified solutions to address gaps in support. Key messages included:

- Access to information and training so local organisations are better able to support children and families with additional needs who may be at an increased risk of loneliness and social isolation
- The importance of working together through existing networks to identify particular groups of young people at risk of social isolation and then talking to and involving young people in developing local support
- To prioritise investing in and supporting volunteers to ensure this is done well
- To work collaboratively to create opportunities for intergenerational projects and opportunities for young people to come together with older people through games, gardening, woodwork, art, cooking and music
- To work collaboratively to develop volunteering and befriending schemes with a focus on connecting partners who can work across generations
- Develop information so young people can connect to what is needed or available
- The importance of building confidence through developing life skills.

1.1.3 Tackling loneliness in older adults.

Delegates explored the key components of an age friendly neighbourhood capturing the contributions that organisations and individuals are making – delegates identified key actions required to create age friendly neighbourhoods. Key messages included:

- Locally we have a wide range of existing activity and assets that contribute towards the creation of age friendly neighbourhoods.
- A large number of organisations and people are involved in making a contribution to creating age friendly neighbourhoods including: paid staff with a remit to work specifically with older adults; staff whose role brings them into contact with large numbers of older people e.g. health staff, social workers, uniformed services; volunteers; neighbours; organisations, housing providers, voluntary organisations, statutory organisations, Town and Parish Councils, and businesses
- Delegates would like to focus on working collaboratively to address the following gaps: improving professional's knowledge about communities; developing effective communication mechanisms for deaf and hard of hearing communities; sharing information and enhancing our community hubs; promotion of services using effective channels to reach our target audience other than social media

1.1.4 Can culture combat loneliness?

Delegates explored the role of culture, sport, libraries and the arts in tackling loneliness. Key messages included:

- Acknowledgement that we have a fantastic cultural offer in Telford & Wrekin enhanced this year by Telford50
- Good understanding of the valued contribution that culture can play in tackling this issue – local action should focus on reducing barriers so more people can connect with culture

- Delegates generated a long list of 'bright ideas' and quick wins and would like collaborative working to focus on: celebrating all ages (not just older people); working across generations; developing volunteering and befriending schemes to support people to access cultural opportunities and to build confidence; exploring use of unused buildings to develop and host 'pop up' cultural activities close to where people live (contributing to a sense of place and safer neighbourhoods)

1.1.5 No one should have no one.

Delegates considered our shared purpose in tackling this issue and shared their own ideas to shape a local campaign to end loneliness in Telford and Wrekin. Key messages included:

- A commitment to work collaboratively to: give people a choice & a chance not to be alone; to raise awareness that isolation is ageless – different generations coming together to reduce isolation; raise awareness of what loneliness means in Telford; know your neighbour; for everyone to have someone; and that tackling loneliness and social isolation is 'all our responsibility'
- Delegates developed campaign messages, mapped assets, generated campaign ideas and discussed communication channels for five campaigns that they would like to focus on: volunteering campaign; awareness raising campaign; intergenerational campaign; Know your neighbour community campaign; and a workplace campaign with a focus on support for employees and encouraging local businesses to support community action to tackle loneliness

1.2 Loneliness Champions

To close delegates were invited to join our local call to action. 80 people signed up to become a 'Loneliness Champion' and committed to:

- Making the case for, and promoting the benefits of social connectedness at every opportunity
- Providing case studies and blogs to showcase their local work
- Share learning, resources and tools
- Making a pledge to reduce loneliness and to share progress in making it a reality

Pledge examples

I will launch Telford 2 Contact the Elderly Groups within the next 6 months. I will work with local organisations to find volunteers for additional groups and work with local referrers who can identify isolated people.

I will organise and run a conference/workshop to raise awareness & understanding of families with disabled children.

I will explore the issues and barriers that lonely people face to better understand how we can support them to take part in volunteering – to help connect them and build their confidence to do more.

I will create a toddler group that is different – where people share life and nurture each other.

I will set up a buddy/befriender service in Lightmoor, use the Feeds the Birds idea in our communities.

I will talk to the older people in my street more often, particularly the ones who live alone.

I will host tea parties for older people (Contact the Elderly). In the future we will have an Elder Abuse recovery Service which will support older people who have been abused, improving their health & wellbeing and reintegrating them into the community and engage with local activities

I will write a lottery grant bid for a community voluntary organisation to include some new physical activity/recreation.

I will work on developing relationships with the senior citizens of Admaston, through providing a monthly lunch & cinema club.

I will call on and visit 50 people over the next 3 months I currently have no contact with.

I will create an assessment (informal) to make sure that event activity considers how someone on their own would feel about it if they were on their own & seek to overcome it. Also, start a chatty table at Forge.

I will have a chat & natter table (Sutton Hill) and explore how the food we offer can encourage people to come together.

Intergenerational work with a couple of school gardens

I will ensure that loneliness is discussed at Home Visits (British Red Cross) with all clients, even if it is not identified on the initial referral.

2.0 Next Steps

- Project team to produce and publish a full conference report
- Project team to publish Loneliness Champion Pledges providing opportunities for Champions to share practice, challenges and solutions and to recognise and celebrate achievements through the council website, Healthy Telford Blog & Twitter, publications and at our events
- Review the outputs from each workshop to identify a small number of priorities and coordinate task and finish groups to progress local discussions
- Work at neighbourhood level, to support communities to come together and to build on existing community capacity and assets to tackle this issue
- To work collaboratively to recruit and develop more volunteers to support local projects
- Support for local groups to apply for funding to build community capacity to tackle loneliness and social isolation
- To ensure the new Live Well Directory includes information about local support for loneliness and social isolation to support signposting and information sharing

Thank you and acknowledgements

The project team would like to acknowledge and thank the following organisations for their support in making the event a huge success

- Energize Shropshire Telford & Wrekin
- The Hub Singers Community Choir (Sutton Hill)
- Public Health England West Midlands
- Telford MIND
- BEAM and the Childrens Society
- Chatty Café
- Hub on the Hill
- TWC Community Participation Team & Health Improvement
- Forge Urban Revival
- ROC Café
- Senior Citizens Forum
- Carers Centre
- Homestart
- YSS

3.0 IMPACT ASSESSMENT – ADDITIONAL INFORMATION

None

4.0 PREVIOUS MINUTES

- None

5.0 BACKGROUND PAPERS

- None

Report prepared by

**Louise Mills, Service Delivery Manager Prevention & Health Improvement,
01952 380505**

**Rachael Jones, Service Delivery Manager Community Participation
01952 382135**

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

6 December 2018

Sexual Health Service and Teenage Pregnancy.

REPORT OF:

Stacey Norwood, Senior Public Health Commissioner, Telford & Wrekin Council
 Marion Hough, Sexual Health Service Manager, Midlands Partnership NHS
 Foundation Trust

LEAD CABINET MEMBER – Cllr Arnold England

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

This report provides the HWB with an update on the current position and future service improvements planned for Sexual Health Services in Telford & Wrekin to improve outcomes for the population, especially young people.

2. RECOMMENDATIONS

The Board is requested to consider and note the information provided.

3. IMPACT OF ACTION

To ensure the teenage pregnancy and sexual health agenda is owned across partners and services are delivered effectively, the Council leads work with a range of stakeholders to improve outcomes associated with sexual health and teenage pregnancy, including:

- Delivery of high-quality, young people-friendly sexual health services – which are modern and accessible.
- Increased uptake of Chlamydia screening in sexually active under 25s – to improve treatment where needed.
- Increased uptake of HIV testing – to improve early diagnosis.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority -	
	Yes	Encourage healthier lifestyles
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	

	Yes	Improve the health and wellbeing of our communities and address health inequalities.
	Will the proposals impact on specific groups of people?	
	Yes	It impacts on all people in the Borough who may be sexually active, but particularly young people and more vulnerable groups.
TARGET COMPLETION/ DELIVERY DATE	Ongoing improvement as part of the Health & Wellbeing Strategy.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	<p>The Council holds a specific budget in support of Sexual Health Services which is funded from Public Health Grant. In 2018/19 this budget is £1.346m.</p> <p>Further reductions and changes to Public Health Grant allocations, and other Council funding is expected in future years. Public Health England have already advised a further reduction to Public Health Grant of £0.3m in 2019/20.</p> <p>The Council will need to find further savings of between £20m and £25m over the next two years, 2019/20 and 2020/21, and this may impact on the funding for this work stream.</p>
LEGAL ISSUES		<p>Section 195 Health and Social Care Act 2012 requires the Health and Wellbeing Board, for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.</p> <p>Section 2B of the National Health Service Act 2006 (as amended) placed a duty upon a local authority to take appropriate steps to improve the health of local people in its area.</p> <p>The Public Health, NHS and Adult Social Care Outcomes Frameworks, as updated from time to time, contain outcomes in respect of sexual health services for adults and children, which the Council and NHS bodies are required to meet.</p> <p>Public Health England published the Teenage Pregnancy Prevention Framework on 15th January 2018 , which is to be read with the multi-agency “Framework for supporting teenage mothers and young fathers” published by Public Health England and the Local Government Association in 2016.</p>

		<p>Public Health England's list of tools and resources for commissioners of local HIV, sexual and reproductive health services was last updated on 26th March 2018 and links back to the 2013 Department of Health best practice commissioning guidance for local authorities.</p> <p>KF 29.11.2018</p>
EQUALITY & DIVERSITY	Yes	There are specific health inequalities associated with teenage pregnancy and poor sexual health which are highlighted in the report.
IMPACT ON SPECIFIC WARDS	Yes	<p>Borough-wide impact but the highest rates of teenage conceptions are seen in the most deprived wards in the Borough.</p> <p>Our sexual health services are most regularly used by residents in the most deprived wards in the Borough.</p>
PATIENTS & PUBLIC ENGAGEMENT	Yes	<p>Consultation, engagement and involvement with service users and young people in the design, commissioning and ongoing evaluation of this service.</p> <p>Consultation with young people in the development and distribution of the Respect Yourself resources.</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES		<p>The Midlands Partnership NHS Trust are commissioned by the Council to provide sexual health services, drug and alcohol treatment and recovery services locally. There are many links associated with the impact of drugs and alcohol consumption and sexual health, therefore joint working arrangements with clear referral/care pathways have been aligned in such a way that it supports professionals to address issues of 'risk and resilience' amongst service users as a whole rather than addressing separate risk areas in isolation.</p> <p>The Council are currently in the process of re-commissioning the Healthy Child Programme, incorporating the School Nursing Service which significantly contributes to the delivery of sexual health services in Telford & Wrekin.</p> <p>There are clear links with sexual health services and the CSE agenda and the service strongly connects with the new YMCA Holly Project and the Council's CATE Team.</p>

PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.2 Introduction

The provision of sexual health services is an important and wide-ranging area of work for public health and a mandated commissioning responsibility for the Council. Most of the adult population of England are sexually active, and having the correct sexual health interventions and services can have a positive effect on population health and wellbeing as well as reducing inequalities in individuals at risk. Access to effective, appropriate contraception services is essential to support the teenage pregnancy agenda.

Poor sexual health is not equally distributed within the population. Strong links exist between deprivation and teenage conceptions, as well as Sexually Transmitted Infections (STIs) and termination of pregnancy. Groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services promptly.

1.3 Commissioning Landscape

A number of responsible commissioning organisations are involved in commissioning various aspects of sexual health services, with Local authorities responsible for commissioning the majority sexual health services and interventions. Some elements of care are commissioned by NHS Clinical Commissioning Groups, such as most contraceptive services through GPs, abortion and vasectomy services or by NHS England such sexual assault referral centres (SARC) and HIV treatment and care.

1.4 Local Sexual Health Services

Telford & Wrekin Council has commissioned an integrated sexual health service from Midlands Partnership Foundation Trust since 1st April 2016. The service brings together all contraception and sexual health services, including Genito-Urinary Medicine (testing and treatment of STIs), targeted clinical outreach, proactive sexual health promotion and prevention and HIV prevention and support (testing, counselling) and psychosexual counselling. The hub is located at Bishton Court in the town centre, offering an accessible, yet discreet location.

In 2017/18 a total of 9,660 attendances took place within the service, this is an increase of 15% compared to the previous year. The service is available to everyone regardless of age, however the highest proportion of attendances (40%) were amongst young people aged between 16-24 years. Of the 9,660 attendances 3,028 (31%) were from residents of Telford & Wrekin's most deprived wards. On average over 2,000 new patients access the sexual health service each year which is an indication that people are aware of the service.

The service provides confidential non-judgemental, individualised patient centred care. Patients who are under 18 and those deemed vulnerable are risk assessed enabling the nurses to safeguard the service user appropriately and refer on to other members of the multi-disciplinary team if needed. The service's Safeguarding Lead keeps up to date with current safeguarding matters and guidance and shares information with the wider team and Family Connect where appropriate. The provider reports though the Datix safety system which alerts the appropriate people within the Trust and allows regular clinic audits to improve quality and safe practice. Staff are committed to keeping up to date with level 3 safeguarding training and have access to local authority training.

The Sexual Health Service has developed strong links across the community offering outreach sexual health service at a number of locations, including at the YMCA Holly project which offers support for local survivors of Child Sexual Exploitation. Joint referral pathways have been developed and implemented, allowing the Holly project workers to make service user appointments through contacting the link nurse.

1.5 Outcomes

In Telford & Wrekin there is a lower than average prevalence of STIs amongst the general population, and particularly in relation to Chlamydia. However, there is still a commitment to improve access to STI testing within clinics, through the use of SH:24 a safe and discreet online STI test ordering service.

PHE have identified that within the West Midlands region, the overall diagnosis rate for gonorrhoea has increased gradually over the past ten years. For this reason, in Telford & Wrekin Chlamydia and Gonorrhoea combined test kits are now offered for free to all young people, as part of the National Chlamydia Screening Programme. These test kits are available within the sexual health service, online, via school nurses and pharmacies.

Locally there is a lower than average uptake of HIV testing amongst people visiting the sexual health service, therefore we have increased access to HIV online testing kits to all people at risk. Further efforts are needed to improve uptake rates and joint audit between the Public Health Team and the Clinical Lead HIV will be conducted early in 2019 as a way to improve uptake.

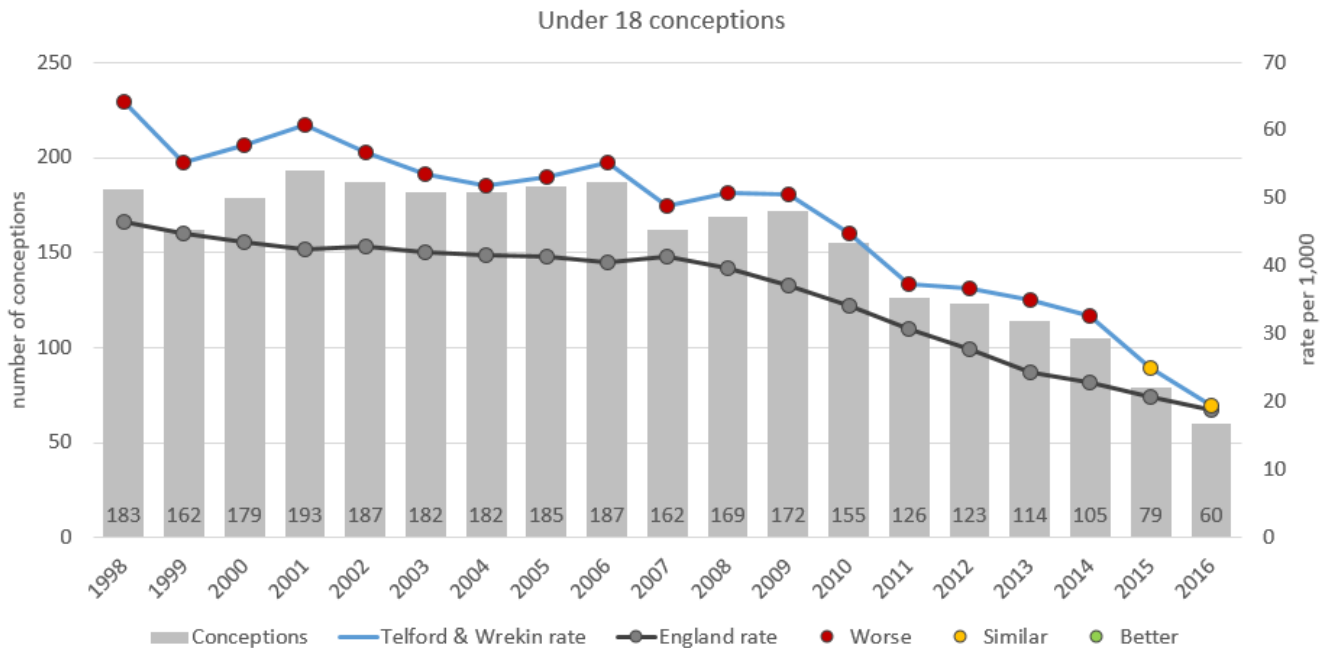
Please see Appendix 1: For an overview of reproductive and sexual health outcomes in Telford and Wrekin.

1.6 Teenage Pregnancy

For some young people, becoming a parent is a positive choice. However, teenage pregnancy is often associated with poor health and social outcomes for both the mother and child. Young mothers are more likely to suffer postnatal depression and less likely to complete their education, more likely to live in poverty and more likely to become teenage parents themselves. In Telford & Wrekin rates of teenage pregnancy are currently at the lowest ever recorded, having halved since 1998 from 183 conceptions per annum to 60 conceptions per annum in 2016 (see Figure 1).

In 2015 and 2016 the rates in Telford and Wrekin have fallen and become 'similar to the national average' for the first time since local authority records began. Of our 16 statistical near neighbours we now have the third lowest rate of teenage pregnancy.

Figure 1 Trends in Under 18 Conceptions in Telford & Wrekin



1.7 Working with Schools

School Nurses are supported by the sexual health service to offer regular public health drop-ins that include chlamydia testing and treatment, emergency contraception and sexual health promotion in secondary schools; ensuring that young people have multiple access routes to sexual health services.

After consultation with a group of looked after children and in conjunction with the sexual health service and partners, a 'Respect Yourself' guide was developed and distributed for free to all 13 -14 year old students in Telford and Wrekin in 2017. The aim of the guide was to inform young people about sex, contraception and staying safe. This was delivered as part of a wraparound package of relationship and sex education (RSE) alongside a Loudmouth educational theatre production. This guide is in the process of being updated and will again be distributed across all secondary schools and FE colleges in Telford.

From September 2020 all secondary schools will be required to deliver relationship sex education (RSE) and all primary schools will be required to deliver 'relationships education'. Therefore it is important that as a local authority we work with all schools to influence and commission consistent good RSE as part of responsibilities to improve public health outcomes for children and young people. To support this we have purchased and are supporting the rollout of the 'Respect Yourself Programme' which is a package of support that includes lesson plans and resources to assist delivery whilst also supporting professionals so that they feel confident to address RSE and wider health issues in a positive and coordinated way. The Future in Mind network, led by the Severn Teaching Alliance, are leading the implementation of the Respect Yourself Programme. A total of 62 partners are engaged in Future in Mind and implementation of the programme is currently taking place across the borough.

1.8 Service Developments

As part of the wider service offer and to maximise access to sexual health services, the Council also commission GP practices to offer long acting reversible contraception (LARC) and pharmacies to offer Chlamydia and Gonorrhoea screening, Chlamydia treatment, and emergency contraception. Analysis of young women repeatedly visiting community pharmacies to access emergency hormonal contraception (EHC) revealed that the number of young women regularly accessing EHC from pharmacies is small. However the safeguarding risks are sufficient to prompt the development of a bespoke Child Sexual Exploitation training package which will be delivered by West Mercia Police Harm Reduction Unit and the councils CATE team to all pharmacies in Telford & Wrekin. This training will build upon safeguarding training already delivered to 30 pharmacists in June 2018.

Telford & Wrekin CCG have recently carried out a procurement exercise for the delivery of termination of pregnancy services, awarding with BPAS (British Pregnancy Advisory Service) the contract. As a way to fostering closer working arrangements between sexual health services, as well as developing a seamless care pathway for service users, BPAS will be co-located at Bishton Court sexual health hub from December 2018.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

See Part A section 4

3. PREVIOUS MINUTES

Health and Wellbeing Board, 15th May 2013, Sexual Health Services and Commissioning Processes Report.

4. **BACKGROUND PAPERS**

Report prepared by:

Helen Onions, Consultant in Public Health, Telford & Wrekin Council
Stacey Norwood, Senior Commissioner Public Health, Telford & Wrekin Council
Marion Hough, Sexual Health Service Manager, Midlands Partnership NHS
Foundation Trust

Appendix 1

An overview of reproductive and sexual health in Telford and Wrekin

Indicator	Period	England	Telford & Wrekin	T&W Trend
Syphilis diagnosis rate per 100,000	2017	12.5	6.9	→
Gonorrhoea diagnosis per 100,000	2017	78.8	52.4	↑
Chlamydia detection rate per 100,000 aged 15-24 (PHOF indicator 3.02)	2017	1,882	2,188	↑
Chlamydia proportion aged 15-24 screened	2017	19.3	18.0	↓
Genital warts diagnosis rate per 100,000	2017	103.9	81.7	→
Genital herpes diagnosis rate per 100,000	2017	56.7	38.6	→
HIV testing uptake, MSM (%)	2017	94.8	92.9	→
HIV late diagnosis (%) (PHOF indicator 3.04)	2014-16	40.1	39.3	-
Prevalence of diagnosed HIV infection per 1,000 among persons aged 15-59 years	2016	2.31	1.05	→
Population vaccination coverage - HPV (PHOF indicator 3.03)	2016/17	87.2	91.4	-
Abortions under 10 weeks	2017	76.6	70.5	→
Under 25s repeat abortions	2017	26.7	26.4	→
GP prescribed LARC excluding injections rate per 1,000	2016	28.8	44.6	→
Pelvic inflammatory disease (PID) admissions rate per 100,000	2016/17	242.4	157.8	→
Ectopic pregnancy admissions rate per 100,000	2016/17	90.3	49.5	→
Cervical cancer registrations rate per 100,000	2011-13	9.6	13.5	-
Under 18s conception rate per 1,000 (PHOF indicator 2.04)	2016	18.8	19.5	↓
Under 18s conceptions - % leading to abortion	2016	51.8	46.7	↑
Sexual offences rate per 1,000 (PHOF indicator 1.12)	2016/17	1.90	3.6	↑

Source: Public Health England; Sexual and Reproductive Health Profiles.
<https://fingertips.phe.org.uk/profile/SEXUALHEALTH>

TELFORD & WREKIN COUNCIL**HEALTH & WELLBEING BOARD – 6 DECEMBER 2018****SAFER TELFORD & WREKIN PARTNERSHIP UPDATE****REPORT OF SUPERINTENDENT TOM HARDING, CHAIR OF THE COMMUNITY SAFETY PARTNERSHIP****1. PURPOSE**

- 1.1. To provide the annual update on the implementation of the Community Safety Partnership's Strategy: "Safer Telford and Wrekin Strategy" at Appendix 1.
- 1.2. The Safer Telford and Wrekin Partnership is held to account by the Telford & Wrekin Council's Customer, Community and Partnership Scrutiny Committee as the designated body for scrutiny of Community Safety Partnerships as set out in Section 19 of the Police and Justice Act 2006.

2. BACKGROUND

- 2.1. The Crime and Disorder Act of 1998 requires local areas to have a Community Safety Partnership (CSP). Section 17 of this act places a legal duty on the responsible authorities¹ to work together to tackle and reduce crime and disorder, including anti-social behaviour, domestic abuse, substance misuse, reduce reoffending and reduce the fear of crime.
- 2.2. In Telford the CSP is known as the 'Safer Telford and Wrekin Partnership' and has been in existence since 1998.

3. THE SAFER TELFORD & WREKIN PARTNERSHIP STRATEGY 2017-2019

- 3.1. Since 1998, the strategy has been regularly refreshed to reflect the changing needs of the community, but retaining the partnership's statutory purpose.
- 3.2. Over the last 18 months there have been many changes to the community safety landscape, including the election of the new West Mercia Police and Crime Commissioner (PCC), John Campion and the subsequent West Mercia Police and Crime Plan. Many of the partners have also undergone restructuring within this time period, and the partnership is determined to minimise the effects of these restructures on the community.
- 3.3. Working together to make a difference is integral to the success of the strategy; this includes working with other partnerships and ensuring that strategies and plans are aligned (including for example, the West Mercia Police and Crime Plan 2016-2021, the local Youth Justice Plan, and the Health and Wellbeing Strategy).

¹ The responsible authorities are: Telford & Wrekin Council, West Mercia Police, Shropshire Fire and Rescue Service, Telford & Wrekin Clinical Commissioning Group, National Probation Service and West Mercia and Warwickshire Community Rehabilitation Company.

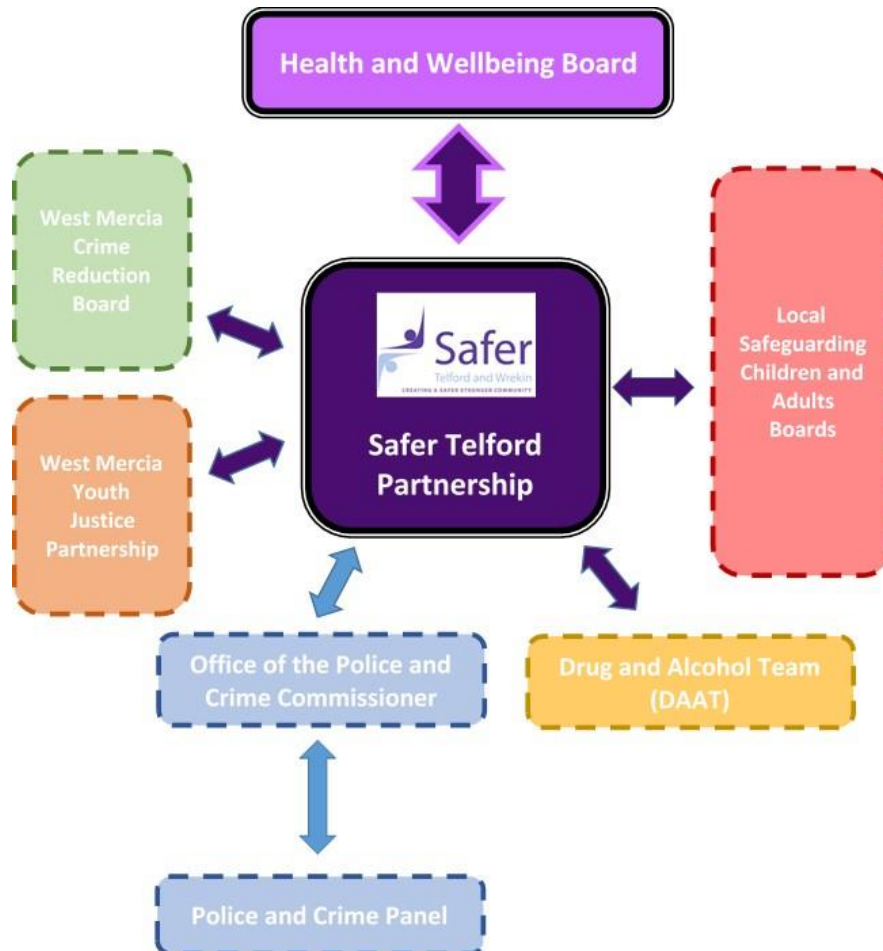
- 3.4. The Safer Telford and Wrekin Partnership is committed to reducing crime and its impact on our communities, including our most vulnerable residents and victims of crime. Its overarching priority is to **reduce crime, and the fear of crime, in the Borough**.
- 3.5. The priorities for 2017-2019 were decided through analysis of recorded crime and through consultation with agencies. Whilst the partnership recognises that other types of crime occur in the Borough, it agreed to concentrate on three in particular for the period of this strategy. The three priorities are:
- Tackling Child Sexual Exploitation (CSE) and its impact on victims;
 - Addressing Domestic Abuse and its impact on victims; and
 - Reducing the impact of crime, including fear of, on community wellbeing.
- 3.6. Progress against the priorities is monitored and challenged through the Partnership's performance framework. This framework is broader than the priorities which will enable the Partnership to identify any emerging themes outside of the priorities that it needs to address.
- 3.7. The Safer Telford and Wrekin Strategy outlines how the partnership is addressing the three priority areas and the impact on the community.

4. GOVERNANCE AND ACCOUNTABILITY

- 4.1. The Safer Telford and Wrekin Partnership is accountable locally to the Health and Wellbeing Board and provides an annual update on its progress as well as updates on specific aspects, such as substance misuse throughout the year.
- 4.2. The Safer Telford and Wrekin Partnership is also held to account by the Telford & Wrekin Council's Customer, Community and Partnership Scrutiny Committee as the designated body for scrutiny of Community Safety Partnerships as set out in Section 19 of the Police and Justice Act 2006.
- 4.3. The Safer Telford and Wrekin Partnership is linked with other strategic local and regional partnerships as the following diagram illustrates. As well as these strategic links, the partnership works closely with the wider partnership landscape in the Borough to ensure that strategies and work plan area aligned (e.g. the Homelessness Partnership).
- 4.4. A multi-agency **Serious Violence Strategic Governance Board** was established in October 2018 – Chaired by Angie Astley, Assistant Director Neighborhoods and Customer Services, TWC. It recognizes joint work must:
- Understand and develop pathways to support victims of serious violence crime, exploitation of vulnerable adults, young people and children through modern slavery, tackling county lines and misuse of drugs.
 - Explore early intervention and prevention opportunities through intelligence based targeting of our work in localities.
 - Use intelligence to plan targeted multi agency operations in hotspot areas.
 - Build resilience in communities by working in partnerships with voluntary organisations and other key stakeholders to raise awareness.

- Use our respective enforcement & criminal and civil prosecution powers to deal with perpetrators.

This group will also report to the Safer Telford & Wrekin Partnership.



5. PROGRESS HIGHLIGHTS

- 5.1. In January 2018, Telford & Wrekin Full Council approved the new Safer Telford & Wrekin Strategy 2017-2019. Prior to this the Safer Telford & Wrekin Partnership and the Health and Wellbeing Board had endorsed the strategy.
- 5.2. During the last 12 months the Partnership has made the following progress on projects that fulfil its three priorities:

CSE Awareness Raising and Education Project

This project funded by the PCC aimed to develop and co-ordinate a prevention package around Child Sexual Exploitation (CSE), Missing Children and online safety. The aim was to enable a suitably qualified practitioner to develop and deliver a consistent message to a variety of audiences. The project has been funded by the PCC and has been implemented

through the creation of a post within West Mercia Police for a 12 month period to deliver the raising awareness and education programme. The post was appointed in July 2018 and West Mercia Police appointed another part-time post to support this work and expand the remit to cover the wider issue of exploitation. A suite of training materials and guidance has been developed to educate on CSE and wider exploitation and training is being carried out with the Telford and Wrekin Community, including parents/carers, care homes, after school clubs, sports and leisure venues, agencies working with children and young people like housing and foster carers and local businesses, such as supermarkets and the late night economy.

Domestic Abuse

A number of different projects have been supported by the Safer Telford & Wrekin Partnership through PCC funding, including funding for Independent Domestic Violence Advocates (IDVA, part of West Mercia Women's Aid contract); Sanctuary - which provides additional security in victims' properties, allowing victims to remain in their own homes and prevents them from having to seek alternative / interim accommodation.

The White Ribbon Campaign was promoted, with a particular emphasis around the World Cup and a successful White Ribbon Event took place on 23 November 2018 in Woodside.

Community projects

Work is being done to reduce and tackle local antisocial behaviour and crime in high harm areas. The Neighbourhood Delivery Group is addressing issues of crime, anti-social behaviour and wider community safety issues at five locality levels, across the borough through a co-ordinated partnership approach, with the overall intention of improving the quality of life for residents across the borough. A performance dashboard is being used to target intervention against the Safer Telford & Wrekin priorities. Projects have included work with Women's Aid to raise awareness to DA support services especially in South Telford to address the issues around violent crime by providing training to frontline staff and volunteers; supported activities for young women across the borough linking back to the White Ribbon Campaign; investment in CCTV to support the detection of crime and address anti-social behaviour and environmental crime issues; improving community cohesion across the Borough, integrating communities and promoting self-help such as 'No Hate Here' campaigns and a project with 10 primary and secondary schools to raise discussion/debate on prejudice, intolerance and hate crime.

Street Pastors

Telford Street Pastors continues to go from strength to strength. The project supports partners (The Urban Trinity), West Mercia Police and the Council in dealing with the human issues and problems occurring in the night-time economy and resolving issues of vulnerability and danger. The Street Pastors are highly motivated and experienced trained volunteers who are able to identify and deal with potentially difficult anti-social behaviour situations in the night time economy setting. There is a particular emphasis on Telford town centre and Wellington.

Taxi Marshalling Scheme.

The Taxi Marshalls are an essential part of keeping people safe within the night time economy and play a vital role in supporting the street pastors in the early intervention of potential incidents. The marshalls have proven highly effective in increasing public safety in the night time economy; controlling taxi queues, reducing illegal private hire pick-up and improving the safety of vulnerable persons who are waiting for a taxi or a lift home. The

aim of the project was to reduce unsociable behaviour and confrontations by quickly diffusing situations in order to prevent violence and public disorder. In turn this reduces the amount of time spent by the emergency services attending incidents.

The marshal's work closely with the local authority, the police and other agencies and produce a weekly report to the Licensing Service detailing any issues they have encountered, recording possible breaches by taxi's to allow the local authority to investigate further and record the number of taxis and passengers they have dealt with. On the occasions when the Street Pastors are also present the taxi marshal's work with them to identify vulnerable persons and lone females and ensure that they are adequately supervised and assisted.

Crucial Crew

Crucial Crew is a multi-agency partnership event aimed at Year 6 students (10/11yrs) designed to provide them with life skills and knowledge, that will in the future help to keep themselves and others safe. This year Crucial Crew engaged students in discussions and raised awareness of important safety issues at an event hosted at TCAT. 2225 students were involved from every school across the borough. The event was an interactive learning opportunity, helping young people to develop a safer, healthier lifestyle by increasing their confidence, promoting resilience, independence and good relationships, whilst encouraging responsibility and respect for differences. They become more aware of personal and peer safety, learn how to react to potentially dangerous situations, make positive contributions to local communities, and identify actions at an age at which they start to become more independent and with transition to secondary school.

6. LOOKING FORWARD

6.1. The Safer Telford and Wrekin Partnership will continue to take an intelligence led approach to tackle the areas of greatest need in the community. Areas for future development will be considered during spring 2019 when the partnership will review its progress against current priorities, and review emerging issues, such as Serious Organised Crime, to inform the next strategy (2019-2021).

Report prepared by Jessica Tangye, Partnership Manager, Organisational Delivery & Development: 01952 382186

2017-2019

Safer Telford and Wrekin Strategy



Authors: S Constable, T. Harding, J. Molloy,
A. Olver, H. Onions, J. Bedesha
and D. Clayton.

September 2017 – DRAFT V5

Contents

1. Introduction from the Chair of the Safer Telford and Wrekin Partnership	2
2. Our Vision	3
3. Context.....	3
3.1. Crime	3
3.2. Anti-social behaviour and environmental crime.....	5
3.3. Substance Misuse.....	6
4. Priorities	7
4.1. Tackling Child Sexual Exploitation (CSE) and its impact on victims.....	7
4.2. Addressing Domestic Abuse and its impact on victims	10
4.3. Reducing the impact of crime, including fear of, on community wellbeing.....	11
5. Governance and Accountability.....	12
6. Looking forward	13
7. Partners	13
8. References.....	14

1. Introduction from the Chair of the Safer Telford and Wrekin Partnership

Over the last 12 months there have been many changes to the community safety landscape, including the election of the new West Mercia Police and Crime Commissioner (PCC), John Campion. Many of our partners have undergone restructuring within this time period and we are determined to minimise the effects of these restructures on the services we deliver to our community.

The [West Mercia Police and Crime Plan 2016-2021](#) has four key components:

- Putting victims and survivors first,
- Building a more secure West Mercia,
- Reforming West Mercia, and
- Reassuring West Mercia's communities.

The Safer Telford and Wrekin Partnership is working with the PCC to deliver these components and create a safer West Mercia.

In Telford and Wrekin we have identified three specific priorities:

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

We have, and will continue to take an intelligence led approach to each of these priorities which will enable us to address the areas of greatest need in the Borough.

We know from our work with local communities that crime and feeling safe matter to them. The Safer Telford and Wrekin Partnership is committed to reducing crime and its impact on our communities, including our most vulnerable residents and victims of crime.

This strategy is an expression of our commitment to making it work together.



Superintendent Tom Harding, West Mercia Police and Chair of the Safer Telford & Wrekin Partnership.

2. Our Vision

To work together to create a safe and confident Telford and Wrekin

3. Context

The Safer Telford and Wrekin Partnership brings together key partners that engage with the public on a day to day basis, to work in partnership to make Telford and Wrekin a safer place.

The Crime and Disorder Act of 1998 requires local areas to have a Community Safety Partnership (CSP). Section 17 of this Act places a legal duty on the responsible authorities¹ to work together to tackle and reduce crime and disorder, including anti-social behaviour, domestic abuse, substance misuse, reduce reoffending and reduce the fear of crime.

In Telford and Wrekin the CSP is known as the 'Safer Telford and Wrekin Partnership' and has been in existence since 1998. Since then the Partnership's Strategy has been continually refreshed to reflect the changing needs of the community, but retaining the partnership's statutory purpose. Working together to make a difference is integral to partnership working; this includes working with other partnerships and ensuring strategies and plans are aligned (including for example, the West Mercia Police and Crime Plan 2016-2021, the West Mercia Youth Justice Plan 2017-18, and the Telford & Wrekin Health and Wellbeing Strategy).

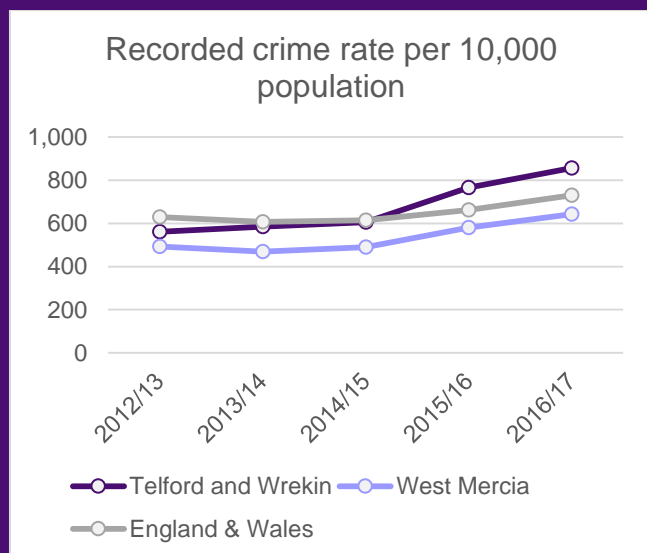
Our ongoing analysis of intelligence enables the Safer Telford and Wrekin Partnership to proactively target the local crime trends and respond reactively to crime spikes where possible. This is informed by West Mercia Strategic Assessment. The following sections provides an overview of crime in the Borough and how the rates compare to those nationally.

3.1. Crime

Recorded Crime

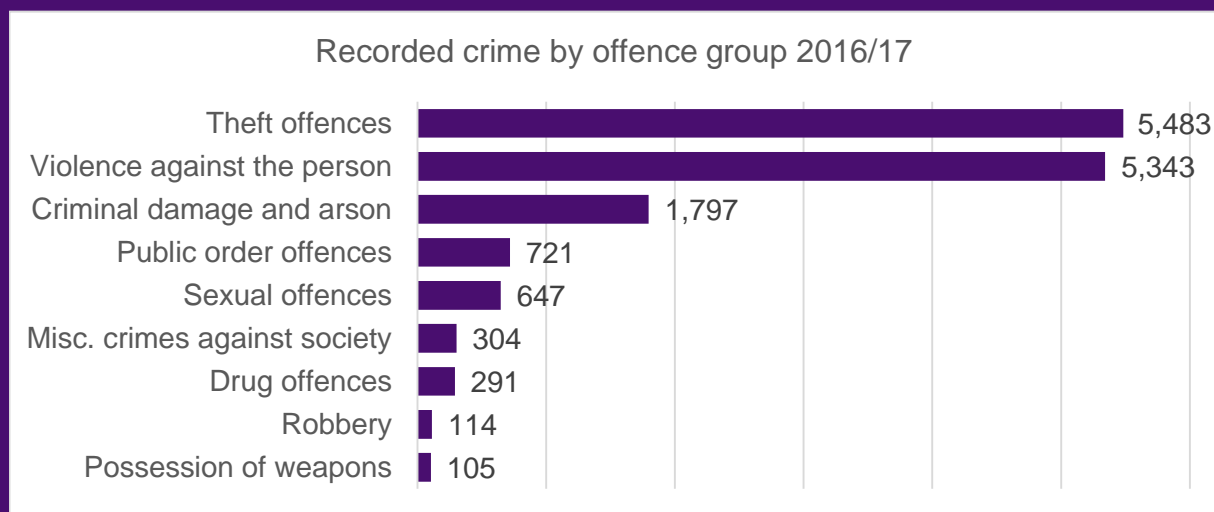
Following changes to recording processes there has been a significant increase in recorded crime over the last two financial years, rising at a rate greater than the average for England and Wales and West Mercia

In 2016/17 the rate of recorded crime in Telford and Wrekin was 855.9 per 10,000 population compared with 730.2 for England and Wales and 643.0 for West Mercia



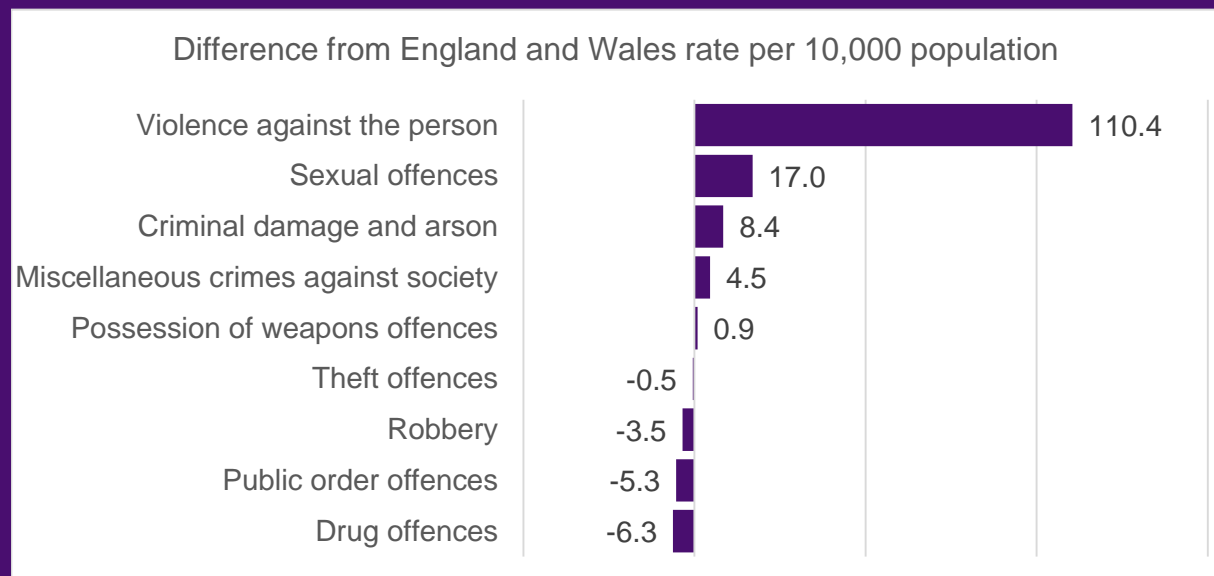
Types of crime

Similar to England and Wales, the most frequently recorded offences in Telford and Wrekin in 2016/17 were theft and violence against the person. Together these two offences accounted for nearly three quarters of the 14,805 crimes recorded in 2016/17.



Comparison with England and Wales

Compared with England and Wales there were fewer instances of drug offences, public order offences and robbery in Telford and Wrekin in 2016/17. The rate of theft offences were similar but the rate of sexual offences and violence against the person was significantly higher.



Youth offending

As noted in the West Mercia Youth Justice plan 2017-18, in 2016/17 there were 139 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on Telford and Wrekin young people. A total of 86 individual young people accounted for these 139 outcomes, 0.52% of the youth population.

In the year October 2015 to September 2016 there were 515 first time entrants (FTEs) to the youth justice system per 100,000 youth population in Telford and Wrekin. This was the highest rate of FTEs across West Mercia.

Violence against the person

Most instances of violence against the person recorded in 2016/17 were either assault with injury (37%), assault without injury (35%) or harassment (21%).

Much of this takes place behind closed doors. In 2016/17, 36% of all offences of violence against the person were marked as Domestic Abuse offences.

Sexual offences

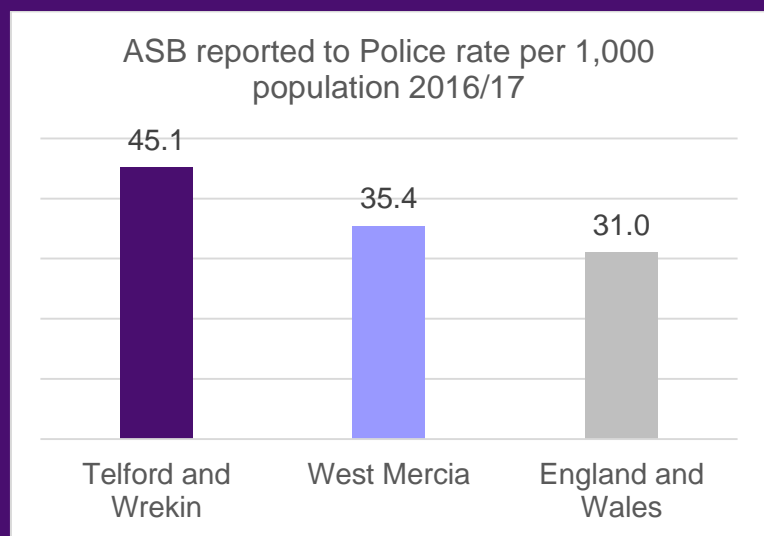
The rate of recorded sexual offences in Telford and Wrekin for 2016/17 was 37.4 per 10,000 population, this was 17.0 per 10,000 population greater than the national average (20.4 per 10,000 population).

Of these, 52.1% were sexual offences against children compared with 39.2% of recorded sexual offences in England and Wales.

3.2. Anti-social behaviour and environmental crimeⁱⁱ

Anti-social Behaviour

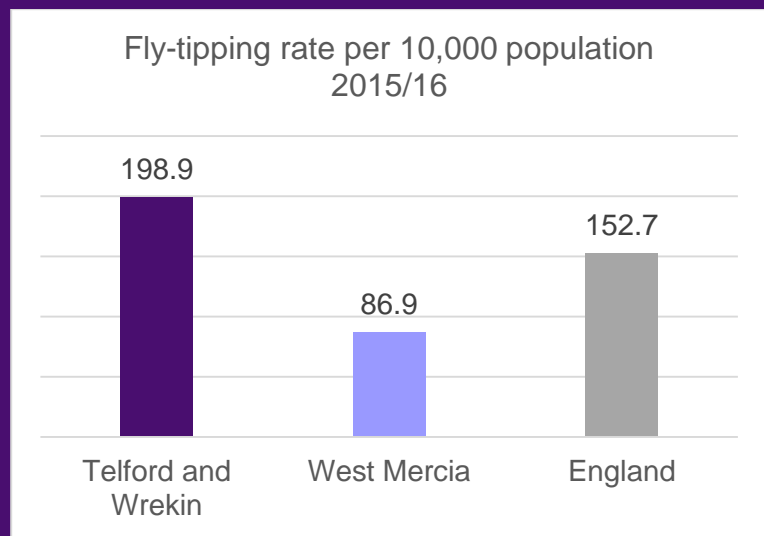
In 2016/17 the rate of reports of anti-social behaviour (ASB) made to the police was 45.1 per 1,000 population. This was higher than the rate for West Mercia and for England and Wales.



Environmental Crime

Fly-tipping is the biggest single environmental crime reported to the Council in 2016/17 with almost 6,000 reports received and 3,700 fly tips removed.

In 2015/16 the rate of fly-tipping per 10,000 population was higher than the England average and more than twice the rate for West Mercia.



3.3. Substance Misuse

Substance misuse can often be a factor in crime and as such it will be a key feature throughout the specific priorities of the partnership. There is also a wider context as the harm caused by the misuse of drugs and alcohol impacts significantly on health and wellbeing in the borough more broadly.

Within Telford and Wrekin the Drug and Alcohol Team (DAAT) works strategically to reduce the prevalence and impact of drug and alcohol misuse in partnership across the Borough. The Telford & Wrekin Drug and Alcohol Strategy includes a detailed evidence-based action plan aligned to partnership objectives across the following three themes: prevention and reducing demand, restricting supply and building recovery and reducing harm. The DAAT updates the CSP through the strategy's performance and outcomes framework, which includes figures such as treatment numbers and offences where substance misuse was a factor. A recent local case study demonstrates the benefit of CSP partnership work on substance misuse.

Case Study: "John"

A 51 year old user of heroin and crack cocaine self-referred into local treatment services in April 2015.

John began methadone treatment, became abstinent, was no longer offending and obtained full time employment. However, in March 2016 John lost his job, disengaged with drug treatment services and began injecting heroin and smoking crack again. In August 2016 John was arrested for an aggravated burglary offence. The drug and alcohol treatment worker, who attends Malinsgate Police Station on a daily basis, supported John through the Drug Test On Arrest (DTOA) process. After testing positive for heroin and cocaine use he had a mandatory appointment with the specialist doctor as an "Initial Required Assessment". The DTOA process captured John just at the right time and the mandatory appointment increased the likelihood of him attending.

In August 2017 John is still engaged with the treatment service and is stable on methadone, he is not offending and is hopeful of securing employment imminently.

4. Priorities

The overarching priority of Safer Telford and Wrekin Partnership is to work together to reduce **crime, and the fear of crime, in the Borough.**

Our ongoing intelligence analysis highlights the areas of crime and antisocial behaviour which are higher than then the national comparators. The priorities for 2017-2018 have been decided through further analysis of recorded crime and through consultation with agencies. Whilst the CSP recognises that other types of crime occur in the Borough it has agreed to concentrate on three in particular for the period of this strategy.

The three priorities are:

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

Progress against the priorities will be monitored and challenged through the Partnership's performance framework. This framework will be broader than the priorities which will enable the Partnership to identify any emerging themes outside of the priorities that it needs to address.

4.1. Tackling Child Sexual Exploitation (CSE) and its impact on victims

“Child Sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child Sexual Exploitation does not always involve physical contact: it can also occur through the use of technology.”ⁱⁱⁱ

Why is this a priority?

In recent years there have been a number of high profile articles from across the country hitting the national news regarding cases of grooming and exploitation.

Locally in 2012 a significant investigation by the Police and partners into the exploitation and trafficking of young girls in Telford and Wrekin culminated in Operation Chalice, which led to the successful prosecution of nine men. During this operation a project to work with young people where there were concerns about CSE was developed, the Council's CATE Project (Children Abused Through Exploitation); alongside a specific multi-agency CSE pathway to support children and young people.

In response to Professor Alexi Jay's report into sexual exploitation in Rotherham, in November 2014 the Telford & Wrekin Council Children and Young People Scrutiny Committee commenced a review of multi-agency working against child sexual exploitation (CSE) to review *“how well organisations in Telford and Wrekin were working together to prevent CSE, protect and support victims and their families and prosecute perpetrators”*. This work concluded in May 2016 and made 38 recommendations.

Members of the Scrutiny Committee commended the work undertaken to date to tackle CSE, specifically the work of the Council's CATE team and Team Safeguarding Voice®.

The Telford & Wrekin Safeguarding Children Board (TWSCB) and individual agencies welcomed the Scrutiny Committee's recommendations which provide valuable ideas and advice to further develop the multi-agency response to CSE in the Borough. Since then the TWSCB has coordinated, monitored and challenged progress of the actions to address the recommendations with progress reports being presented back to Scrutiny on a six monthly basis.

In June and July 2016 Telford & Wrekin Council was inspected, and the TWSCB was reviewed, under Ofsted's Single Inspection Framework. During this inspection they reviewed how Telford & Wrekin Council and partners tackled CSE. In the report published in August 2016, Ofsted made no recommendations in relation to CSE and the report stated that the Council's response and the role of partners to tackling CSE was "very strong." They went on to state within the report that:

- *"The local authority has been a champion for tackling this issue. It provides leadership to partner agencies, with who this work is well co-ordinated. Work to protect children who go missing from home or care is thorough and improving."*
- *"There is a strong commitment from the local authority and its partners to tackle child sexual exploitation. A dedicated children abused through exploitation team provides good quality risk assessments, planning and interventions. Although relatively small, the team also reviews progress and updates plans effectively. Consequently, young people receive comprehensive and well-coordinated services that make a positive difference."*

In order to understand the local CSE context, the following data is used:

Known CSE Prevalence in Telford and Wrekin

Contacts with the Local Authority

In 2016-17 the Local Authority received **337 contacts** with concerns about CSE. This accounts for 2.7% (337 of 12,173) of the total number of contacts received in that time period. These 337 contacts relate to 224 young people.

Of those contacts 43.3% were made by other local authority services, 27.0% by the Police, 17.2% by education, with the remaining 12.5% coming from members of the public, victim support, housing providers and health providers (including GPs and schools nurses).

The outcomes of those contacts were:

- 56% progressed along child protection procedures (this includes CSE pathway and the Child Protection pathway)
- 22% were referred to other agencies for support
- 22% were provided with information and advice

Local Authority's Specialist CSE Team (CATE)

In 2016-17 the Local Authority's specialist CATE team received 58 referrals to their service.

As at 31st March 2017, the CATE team were working with 68 young people. Of these:

- 62 were female and 6 were male.
- 54 were of a White British heritage, 6 were of a mixed heritage, with the remaining 8 from an Asian, Black or other white heritage.
- 31 of the young people were between the ages of 16-17, 2 were 18 years and over, 28 were between 14 and 15 years and 7 were 13.

Recorded Crime

In 2015/16 there were 308 sexual offences of all types against children recorded. This included offences committed by children against other children and online crime where the offender and victim never come into contact as well as instances of CSE.

Analysis of the data showed that;

For the year 2015/16 of the 128 sexual activity offences involving a child under 16, there were 53 (41%) that involved contact over social media or other electronic communication with the offender and victim never coming face-to-face.

For CSO offences between April 2014 & Sept 2016 where the offender is known:

- 37% of child sexual offences were committed by offenders under the age of 15 on victims under the age of 15
- 52% of child sexual offences were committed by offenders under the age of 18 on victims under the age of 18

- For child sexual offences where the offender is known:
 - 89% are white males
 - 2% are Asian males

- 67% of offences were committed by white males on white females
- A further 11% were committed by white males on white males

Sexual offences against children includes the following offence types: Rape of female child under 13; Rape of a female child under 16; Rape of a male child under 13; Rape of a male child under 16; Sexual activity involving a child under 13; Sexual activity involving a child under 16; Sexual assault on a female child under 13; Sexual assault on a male child under 13; Sexual grooming; and Abuse of children through sexual exploitation.

Although OFSTED has recognised our multi-agency work, our intelligence shows that this continues to be a challenge and an issue of concern for our community. Tackling CSE remains a local priority across agencies, as well as the TWSCB and the Safer Telford and Wrekin Partnership. We understand the importance of ensuring that the community are part of the prevention against this type of abuse and crime. We will focus on reducing the fear of this crime and enabling the community to identify and report it.

What difference will our work make to our communities?

The community of Telford and Wrekin, including those who work here:

- Have an awareness and understanding of CSE and its local context,
- Feel they are able to report it to the Police or the Local Authority,
- Are assured that any identified offending will be dealt with robustly, and
- Have a level of confidence in reporting CSE.

We will do this by:

- Continuing to share, collate and analyse intelligence around CSE to inform partnership working.
- Raise awareness of CSE in the community, including specific sections of the community such as parents, volunteers, faith groups, sport clubs and leisure venues, community groups and after school clubs.

- Engage and educate the 'professional community' working in the Borough to raise awareness of CSE and its indicators, including care homes, the night time economy, housing providers, foster carers and local businesses.
- Ensuring all initiatives focussed on internet related crime and abuse address CSE.
- Further developing the local CSE communications campaign centred around the National CSE Raising Awareness Day in March 2018.

4.2. Addressing Domestic Abuse

“Domestic Abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional.”^{iv}

Why is this a priority?

Nationally it is estimated that 1.9 million people in the UK suffer from some form of domestic abuse^v and each year more than 100,000 people in the UK are at high or imminent risk of being murdered or seriously injured as a result of domestic abuse^{vi}.

Domestic Abuse impacts upon adults, children, families and communities and it is not always easy to identify. Different forms of abuse can mean that some victims may suffer for some time before getting help and is often referred to as the 'hidden' crime. Nationally, on average high-risk victims live with domestic abuse for 2.3 years before getting help and 85% of victims sought help five times on average from professionals before they got effective help to stop the abuse^{vii}. We understand that support to victims and their families is integral to enable them to achieve positive outcomes.

Strong evidence indicates^{viii} that work with the perpetrator, to address the underlying cause of the violence, is key to reducing re-offending.

In order to understand the local domestic abuse context, the following data is used:

Known Domestic Abuse prevalence in Telford and Wrekin

Recorded Crimes

In 2016/17, there were 2,320 crimes 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.

Orders and Offences

There were 2,439 recorded offences of domestic abuse in Telford and Wrekin in 2016/17. 29% of these offences resulted in an arrest.

Our intelligence tells us that Domestic Abuse continues to be a challenge within the Borough and the impact this type of abuse and crime has on the victim and the community is well known. Addressing Domestic Abuse continues to be a priority for partners, as well as other strategic partnerships including the Telford & Wrekin Health and Wellbeing Board and the Telford & Wrekin Safeguarding Adults and Children Boards.

What difference will our work make to our communities?

- The community are able to identify domestic abuse, know where to turn to for help, victims and their families are supported and perpetrators are dealt with effectively (from prosecution to reducing future harm and offending).

We will do this by:

- Working in partnership with the Telford & Wrekin Safeguarding Children and Adults Boards, and the Health and Wellbeing Board to:
 - Review the domestic abuse support processes in the Borough, and
 - Develop appropriate raising awareness and training packages;
- Continuing to share, collate and monitor intelligence around domestic abuse to inform partnership working;
- Maintaining our 'zero tolerance' approach to domestic abuse;
- Developing an appropriate perpetrator programme to reduce re-offending;
- Supporting, developing and implementing best practice around the Multi-agency Risk Assessment Conference (MARAC) to ensure that those most at risk are supported and risks reduced;
- Maintaining Telford's White Ribbon Town status and further develop associated raising awareness projects.

4.3. Reducing the impact of crime, including fear of, on community wellbeing

Any behaviour that has a negative impact on feeling safe, or has a detrimental effect on the environment, impacts on communities and their wellbeing. Reducing their impact will enable people to enjoy private and public spaces more, and protect the environment they live in. These types of crime impact on the health, safety and quality of life of our community.

Why is this a priority?

We know that people of Telford and Wrekin want to live in a safe and clean environment. Two identified factors that are currently impacting on the community's wellbeing are Anti-Social Behaviour (ASB) and fly tipping.

Known ASB and environmental crime prevalence in Telford

Contacts with the Police

In 2016/17 the rate of reports of anti-social behaviour made to the police was 45.1 per 1,000 population. Nationally, the rate was 31.0 per 1,000 population for the same period.

Reports of ASB are increasing year on year and in 2016/17 the number of incidents reported to the Police was 7.9% greater than in 2015/16. Nationally, there was a 0.07% increase on the previous year for ASB.

Contacts with the Local Authority

For ASB reported to the Council (which includes noise complaints, vehicle related nuisance and rubbish accumulations) the rate was 8.8 reports per 1,000 population and for fly-tipping 34.9 reports per 1,000 population.

The largest number of environmental crime incidents are caused by fly-tipping. In 2016/17 there were over 5,900 reports of fly-tipping which accounted for 7% of all service requests recorded in the council's Customer Relationship Management.

What difference will our work make to our communities?

The community of Telford and Wrekin will be proud of their Borough, feel safer and enjoy the private and public places that it offers.

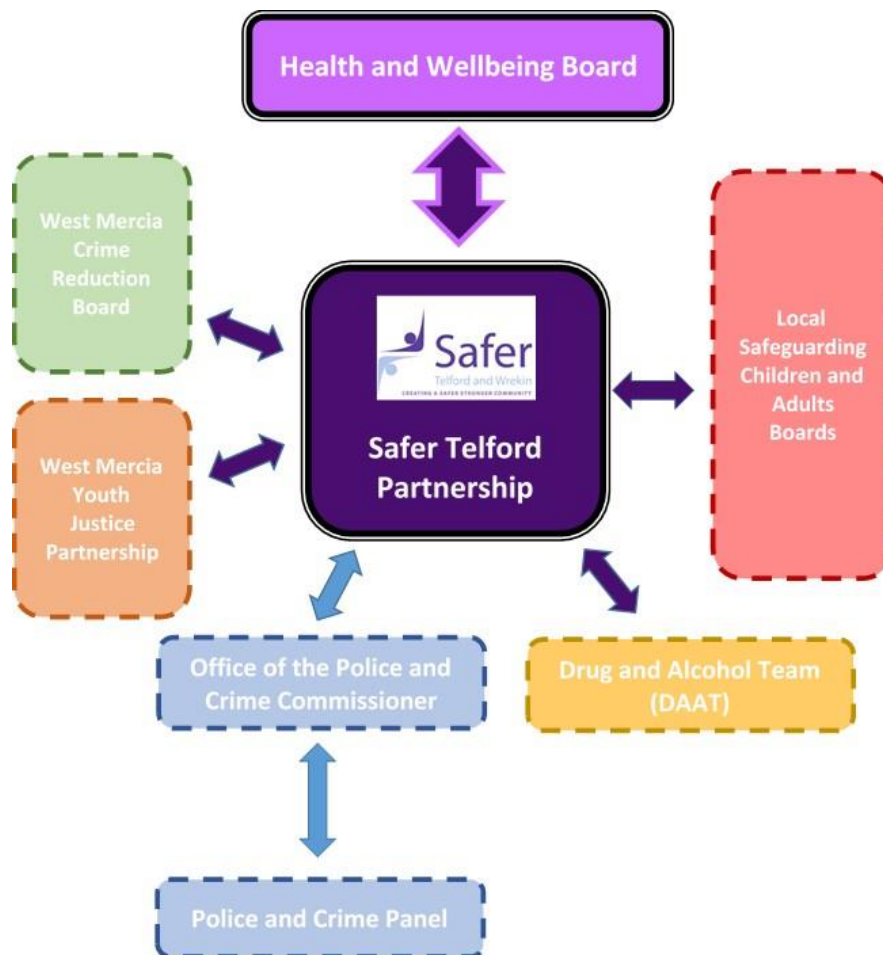
We will do this by:

- Identifying three specific areas in the Borough where the rate of ASB and Environmental Crime is highest and target the CSP's resources within those areas.
- Continue to utilise the Neighbourhood Delivery Groups (NDGs) to provide a locality based problem solving response;
- Working with Town and Parish Councils and housing providers, and through the Integrated Community Model, to address lower level ASB and environmental crime.
- Utilise the Community Trigger procedure to address ASB.
- Work together to ensure perpetrators are dealt with effectively utilising all available powers.
- Review all ASB and environmental crime trends and look to address any emerging issues in a proactive way.

5. Governance and Accountability

The Safer Telford and Wrekin Partnership is accountable locally to the Health and Wellbeing Board and provides an annual update on its progress as well as updates on specific aspects, such as substance misuse throughout the year.

The Safer Telford and Wrekin Partnership is linked with other strategic local and regional partnerships as the following diagram illustrates. As well as these strategic links, the partnership works closely with the wider partnership landscape in the Borough to ensure that strategies and work plans area aligned (e.g. the Homelessness Partnership).



The Safer Telford and Wrekin Partnership will also be held to account by the Telford & Wrekin Council’s Customer, Community and Partnership Scrutiny Committee as the designated body for scrutiny of Community Safety Partnerships as set out in Section 19 of the Police and Justice Act 2006.

6. Looking forward

The Safer Telford and Wrekin Partnership will continue to take an intelligence led approach to tackle the areas of greatest need in the community. At the end of each financial year the partnership will produce an annual report outlining its progress against the strategy and areas for future development.

The partnership acknowledges that in order to see sustained change in its priorities, a two year period is required. Therefore, in spring 2019 the partnership will review its priorities, progress made to date and review any emerging issues to inform the next strategy (2019-2021). During this period the partnership will consult with the communities to ensure that we are tackling those that matter to them.

7. Partners

The Safer Telford and Wrekin Partnership would like to acknowledge and thank the contributions made by our partners, all of whom assist in making Telford and Wrekin a safer place to live, work and visit.

8. References

West Mercia Police and Crime Plan 2016-2021: <https://www.westmercia-pcc.gov.uk/safer-west-mercia/>

Telford & Wrekin Safeguarding Adults Board: <http://www.telfordsafeguardingadultsboard.org/>

Telford & Wrekin Safeguarding Childrens Board: <http://www.telfordsafeguardingboard.org.uk/>

End notes

ⁱ The responsible authorities are: Telford & Wrekin Council, West Mercia Police, Shropshire Fire and Rescue Service, Telford & Wrekin Clinical Commissioning Group, National Probation Service and West Mercia and Warwickshire Community Rehabilitation Company.

ⁱⁱ Source: Police ASB – data.police.uk, Council ASB & Fly-tipping Telford & Wrekin Council CRM

ⁱⁱⁱ HM Government Child Sexual Exploitation (February 2017)

^{iv} Cross Government definition of Domestic Abuse, 2016: <https://www.gov.uk/guidance/domestic-violence-and-abuse>

^v ONS (2016), March 2015 Crime Survey for England and Wales (CSEW)

^{vi} SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives

^{vii} SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives

^{viii} Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment (Strang et al, July 2017)

This document is available at:

http://www.telford.gov.uk/info/20290/community/3334/community_safety_partnership