Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: Thursday, 23 July 2015

Committee:
Health and Wellbeing Board

Date: **Friday, 31 July 2015**
Time: **9.00 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Wellbeing Board

Karen Calder (Chairman)	Dr Caron Morton (Vice Chairman)
Ann Hartley	Dr Helen Herritty
Lee Chapman	Dr Bill Gowans
Professor Rod Thomson	Paul Tulley
Stephen Chandler	Jane Randall-Smith
Karen Bradshaw	Rachel Wintle

Your Committee Officer is:

Karen Nixon Committee Officer
Tel: 01743 252724
Email: karen.nixon@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

To receive apologies for absence and any substitutions that have been notified.

2 Disclosable Pecuniary Interests

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

3 Minutes of Previous Meeting (Pages 1 - 6)

To approve as a correct record the Minutes of the previous meeting held on 19 June 2015, which are attached.

Contact: Karen Nixon Tel 01743 252724.

4 Public Question Time

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

5 Better Care Fund Update & Performance

A verbal report will be made.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704.

6 Community Fit (Pages 7 - 10)

A report is attached.

Contact Paul Tulley, Chief Operating Officer, Shropshire CCG, Tel 01743 277500.

7 Healthwatch Quarterly Update

A report will follow.

Contact Jane Randall-Smith, Chief Officer, Healthwatch Shropshire Tel 01743 342183.

8 Health and Wellbeing Board Strategy Framework

A report will follow.

Contact: Penny Bason, Health and Wellbeing Co-ordinator 01743 253978 or Stephen Chandler, Director of Adult Services Tel 01743 253704.

9 Healthy Child Programme Health Visiting Report

A presentation will be made.

Contact: Lindsay MacHardy

10 Looked After Children (Pages 11 - 18)

A report is attached.

Contact: Ellie Johnson

11 Young Health Champions Update

A presentation will be made.

Contact: Karen Higgins

12 Corporate Parenting Strategy (for information only) (Pages 19 - 38)

A report is attached.

Contact: Steve Ladd, Service Manager - Safeguarding & Review, Tel: 01743 250106.

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Shropshire Council

Committee and Date

Health and Wellbeing Board

31 July 2015

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 19 JUNE 2015
9.30 - 11.20 AM

Responsible Officer: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 252724

Present
Councillor Lee Chapman (Chairman for the meeting)
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Karen Bradshaw, Dr Caron Morton (Vice Chairman), Dr Bill Gowans, Jane Randall-Smith, Rachel Wintle and Ruth Houghton (substitute for Stephen Chandler).

12 **Apologies for Absence and Substitutions**

Apologies for absence were received from Karen Calder, Stephen Chandler, Dr Julie Davies, Dr Helen Herritty and Paul Tulley.

Ruth Houghton substituted for Stephen Chandler and Kate Garner substituted for George Candler, Director of Commissioning.

In the absence of the Chair and Vice-Chair at the start of the meeting, Cllr Lee Chapman was appointed as Chairman for the meeting (Dr Caron Morton, Vice-Chair, was late arriving).

13 **Disclosable Pecuniary Interests**

Members were reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

14 **Minutes**

RESOLVED: That the minutes of the meeting held on 8 May 2015, be approved as a correct record and signed by the Chairman.

15 **Public Question Time**

Several public questions were received from three individuals; David Beechey, Daphne Lewis and David Sandbach. Written responses to the questions posed were circulated at the meeting (copies attached to the signed minutes). Unfortunately none of those asking public questions were present at the meeting and therefore there were no supplementary questions. The questions posed by David Sandbach were taken with Agenda Item 8 – Community Hub Development (see Minute No. 19).

In respect of the Public Toilet question posed by Daphne Lewis, it was agreed that work was currently underway by several organisations; the main task was how to join this work together to promote Safe Places and get wider engagement. It was suggested that SALC may be a conduit through which provision across the County could be ascertained. Another suggestion was to involve the Chamber of Commerce.

After some debate it was agreed to take this issue forward with SALC and to update the Board on progress at a future meeting.

16 **Better Care Fund Update June 2015 - For Decision**

The Head of Planning and Partnerships, Shropshire CCG, introduced and amplified a progress report on the Better Care Fund (copy attached to the signed minutes). In doing so, she made reference to a recent national change in the methodology used for calculating the payment for performance on emergency admissions. This had altered the original trajectory and therefore the Board was advised that this metric might possibly change in future.

The Accountable Officer, Shropshire CCG assured that underpinning work was going on to bolster this and she offered to make a detailed performance report to the Board on hospital admissions in the future.

Health colleagues reported that there had been a significant rise in delayed transfers of care and an unprecedented number of de-tox's in hospitals. There was obviously more work to be done on this and admission avoidance in future.

From the local authorities perspective it was noted that work was being undertaken in Housing Services and Adult Care to identify exactly who was falling through the gaps and how to commission services more effectively.

Workforce development and an available supply of care services within the rural community was discussed.

RESOLVED:

a) That the Health and Wellbeing Board noted that content of the report and that no amendments had been received since the last Board meeting.
b) That the Health and Wellbeing Board approved the HWB Conflict of Interest Policy.

c) That the Health and Wellbeing Board noted the contents of the Performance report.
d) That the Health and Wellbeing Board should receive reports back on Winter Resilience Work and Housing around Community Support at future meetings.

17 **Quality Premium Indicators 2015/16 - For Decision**

The Head of Planning and Partnerships, Shropshire CCG, introduced and amplified a report (copy attached to the signed minutes) on quality premium indicators which were intended to reward CCG's for improvements in the quality of services they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes.

The Chairman welcomed the report and asked if there would be an update on alcohol readmissions. He was advised that a report on this would be made to a future meeting of the Board.

It was noted that the national metrics centred largely on the elderly and it was hoped that in the future a metric for children and young people might be introduced.

RESOLVED:

a) That the following national measures be approved by the Board;

Urgent and Emergency Care Measures

The CCG has opted for both measures Ai and B, allocating 20% and 10% of the quality premium payment to each measure respectively.

Measure Ai - Avoidable Emergency Admissions Composite measure - a reduction, or a zero per cent change, in the annualised trended change in the Indirectly Standardised Rate of emergency admissions for these conditions over the 4 years 2012/13 to 2015/16. The CCG achieved an 11.5% reduction against this measure in 2014/15 putting it is a very strong position to achieve this quality premium measure.
Measure B – DTOC performance has been worse in 2014/15 than in the previous year.
This allows a reasonable margin for improving performance in 2015/16 and achieving the measure

Following consideration the CCG felt it most appropriate to split the quality premium payment across two measures, but to weight the proportion towards the strongest indicator.

Mental Health Measures

The CCG has opted for Measure A, allocating 30% of the quality premium payment to this measure.

Measure A – Reduction in the number of patients attending an A&E department for a mental health-related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E.

Local measures
The following indicators are recommended to the Health & Wellbeing Board for approval on the basis of their alignment to the Health & Wellbeing and Better Care Fund priorities, the ability to make progress in year and the data available:

People with diabetes diagnosed less than 1 year referred to structured education
Performance against this indicator allows room for improvement within 2015/16. Currently patients can be referred into the structured education programme by a GP, diabetic specialist or by self referral. The SCHT diabetic referral team currently record referrals and attendances and if this indicator is chosen this information can be shared on a monthly basis. This indicator also builds on the processes used for the COPD indicator chosen for 2014/15 so we would be embedding knowledge and understanding for our patient groups but also embracing a culture of referral to education for our patients from our practices. In addition, in year there are already plans to look at the way education is delivered for Diabetes and therefore this also aligns with our commissioning intentions and the national focus on Diabetes.

Hip Fracture: Multifactorial risk assessment of future falls
This work aligns to the work already in train for the prevention strand of the Better Care Fund. Our current performance allows room for improvement and a significant number of CCG's are achieving 100%. There are proposals being considered for the further development of our falls provision which would support this indicator. However, some focused work with key provider staff to ensure the universal use of multifactorial assessment could increase our performance in this area without further investment.

b) That a report be made back to the Board on Alcohol Re-admissions.

c) Future consideration required for metrics regarding Children and Young People and Mental Health.

18 **Primary Care Co-commissioning Update - For Discussion**

The Accountable Officer, Shropshire CCG gave a verbal update on progress with Primary Care Co-commissioning where CCG's have taken on responsibility for commissioning the majority of GP services (from April 2015). The GP budget had now transferred, but this did not include pharmacy or dentistry and a formal committee had been set up to look at this in more detail.

Managers were looking at the transfer of Quality and Safety issues. There was currently a focus on GP premises and work was being undertake to secure premises for those GP practices that were at higher risk. It was also noted that

there were some GP partnerships that were also at risk within Shropshire and that work was ongoing to stabilise the situation for GP practises.

RESOLVED: That an update be made to the September meeting of the Board

19 **Community Hub Development - For Discussion**

Kate Garner, Local Commissioning Manager, was present for this item in place of George Candler, Director of Commissioning.

The report (copy attached to the signed minutes) was introduced and amplified by Kate Garner who commented that the public questions posed by David Sandbach in relation to community hubs had provided a great prompt when looking at Community Hubs from Shropshire Council's point of view. In summary, Ms Garner confirmed that the Council did not want to lose any community based assets.

Main comments made from the floor;

- People use services they understand, therefore you need to signpost people to the right services. This will be even more crucial as we move away from bed based care and towards a more diverse range of services available through local provision.

- Community hospitals often have a great civic pride attached to them and it would be great to harness this and make hubs part of that civic pride too.

- The notion of community strength and resilience was highlighted and it was suggested that it would be beneficial to bring services in to support existing community services.

- It was important to be joined up, but also it was important to act with humility when delivering services to communities.

- Resources in the community were essential. For the prevention agenda to be addressed there needed to be a universal offer.

- A bespoke approach was supported, whilst being careful to avoid duplication.

- It was agreed to link together the vison of Community Hub Development with Community Fit

RESOLVED:

a) That comments made by Board Members on progress to date and areas of further opportunity be noted.

b) That a further update be requested in 4 months' time, on progress made and how this links in to the wider resilient communities agenda.

c) That the approaches made by Shropshire Council and Health be linked up in a unified way; with the Better Care Fund workstream being the logical interface.

20 Health and Wellbeing Board Strategy Framework - For Information

The Health and Wellbeing Co-ordinator reported that more time was required for this piece of work and therefore this would reported to the next Health and Wellbeing meeting on 31 July 2015.

21 Map of Maps Update - For Information

The Board noted that Bharti Patel-Smith's name should not have been allocated to this item and instead, the contact should have read George Candler, Director of Commissioning.

Kate Garner was present on behalf of George Candler and in giving a verbal update she apologised for the delay in getting this work started. However, she re-assured the Board that this was now being taken forward and that work was now in progress.

Jane Randall-Smith from Healthwatch asked that she be copied into the discussion as she was currently working on Shropshire Together and this tied in to that.

The Board agreed that the Map of Maps was an opportunity to simplify things and communicate information wideley.

RESOLVED: That a progress report be made back to the Board in 6 months' time.

Health and Wellbeing Board
31 July 2015

Community Fit

Report Presented by Dr Caron Morton
Email: cmorton@nhs.net Tel: 01743 277581 Fax:

1. Summary

1.1 Earlier this year Future Fit Programme Board signed off a proposal to support the initial phase of the Community Fit work plan. Phase one comprises of a work programme to understand and quantify the consequences to the wider health and social care economy of the proposed Future Fit hospital reconfiguration programme.

1.2 Shropshire CCG and Telford and Wrekin CCG have for some time been discussing the notion of a programme of work focussed on understanding the community and primary care impact of the Future Fit programme. This has been variously described as a wide ranging piece of work encompassing a full and detailed strategy for the future of primary care, incorporating service transformation in the community. The Community Fit Programme could be very wide ranging in scope and it has been decided therefore to define a clear scope for Phase One before defining in detail further work.

- What is Community Fit and how does it differ from Future Fit?

1.3 The Future Fit Programme sets out to address the future of hospital services. However, it is recognised that hospital services sit within a much broader frameworks of health and care services.

1.4 The Community Fit programme is intended to model and describe the types of service which will be required in primary care and community services to address both the move from inpatient to community based care alongside new ways of working and integrated local community provision. Areas to be considered include changes linked to demography,the activity coming out of the acute trust and the other changes which will impact on the use of primary and community healthcare services such as demography, ageing population and increased demands on the primary care and community.

Aims

1.5 The overarching aims of the Community Fit project are to:

- cover aspects of care to enable safe transition from the current healthcare model, which is heavily based on patients going into hospital
- work towards a sustainable, community based, health and social care system focussed on prevention and continuity of care, delivered by integrated teams of clinicians, through bespoke local solutions utilising the local asset base
- build on work already underway across health, social care and the voluntary sector e.g. supported discharge, admission avoidance, community resilience.

Deliverables

1.6 This initial (Phase One) work will take place between June and November 2015. Assuming the timely transfer of data, phase one will deliver the following:

- An agreed way of modelling activity in of social care, primary care, community healthcare, and mental health
- An agreed taxonomy (classification) of care packages delivered by each of these sectors
- An agreed estimate the impact of demographic change on activity levels within these sectors
- A linked health and social care dataset, identifying patients receiving care from two or more sectors and describing the care they receive
- A description of the activity that the NHS Future Fit Programme models anticipate will move out of the acute setting and therefore may have an impact on primary care, community services, mental health and social care services.

1.7 In response to feedback at the Provider Forum launch of Community Fit, an additional workstream has been added, focussing on the contribution from voluntary and 3rd sector partners. Therefore an additional deliverable has been added to the Phase One work programme:

- An assessment of the potential voluntary and third sector services contribution to the broader programme and suggestions of mechanisms and approaches that might be employed to maximise this contribution.

2. Recommendations

2.1 That the Health and Wellbeing board receive the report and ensure through steering group and work stream members that the relevant linkages are being made to existing programme of work. To facilitate this, Community Fit steering group members include Penny Bason, Health and wellbeing co-ordinator and Cllr Chapman has been asked to chair the voluntary and 3rd sector work stream.

3. **Risk Assessment and Opportunities Appraisal**
   The community fit work will support the development of community health and care services

4. **Financial Implications**
   The Phase One programme has been funded by Shropshire and Telford & Wrekin CCGs

5. **Background**
   Summarised in report

6. **Additional Information**
   None

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Health and Wellbeing Board
31/07/15
Looked after Children, Health Inequalities, and the role of the recently published statutory guidance.

Responsible Officer
Email: Ellie.johnson@shropshire.gov.uk Tel: 01743250125 Fax:

1. Summary

1.1 The national guidance for "promoting the health and wellbeing of LAC" (published March 2015) has provided a clear framework for local areas to use to work towards improving health outcomes for LAC and reduce health inequalities experienced in this vulnerable group of children

Information included discusses:-
- LAC population in Shropshire
- Explanation of the reasons for inequalities in health experienced by LAC
- The key points of the statutory guidance

1.2 "Promoting the health and wellbeing of LAC" statutory guidance is issued to local authorities,CCGs and NHS England under section 10 and 11 of the children's act and they must have regard to it when exercising their functions

2. Recommendations

2.1 Health and wellbeing board should ensure health inequalities experienced by the LAC population in Shropshire are addressed using the framework provided by the statutory guidance "Promoting the Health and Wellbeing of LAC"

REPORT

3. Risk Assessment and Opportunities Appraisal

4. Financial Implications

None

5. Background

5.1 Members of board requested information re LAC population in Shropshire, and a briefing on the recently published statutory guidance pertaining to the health of the LAC**.**

6. Additional Information

6.1 Update on how information re LAC is currently being collated for the JSNA

7. Conclusions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) Looked After Children Inequalities in Health Author :Ellie Johnson Designated Nurse LAC Shropshire
Cabinet Member (Portfolio Holder) **Cllr Karen Calder**
Local Member
Appendices **Appendix A -Looked After Children Inequalities in Health**

Health Inequalities and Looked After Children

Introduction

Looked After Children (LAC)

Children in care are children who have become the responsibility of the local authority. This can happen voluntarily by parents struggling to cope or through an intervention by children's services, police or the courts because a child has suffered or is at risk of significant harm.

The responsible authority

Wherever a child comes into care, they remain the responsibility of that local authority for as long as they are looked after.

They will have a social worker allocated from that authority to assess and manage all their needs for the entire period they remain look after (care planning).

LAC population in Shropshire

307 children where the responsible authority is Shropshire Council (referred to in this report as Shropshire LAC).

A proportion of these children live outside of the geographical area of Shropshire (i.e. Shropshire out of authority placements).

A further 500 LAC live in the geographical area of Shropshire, placed here from other areas, and where other local authorities (from all around the UK) remain the responsible authority. In this report this group of children is referred to as 'hosted children'.

The total population of LAC is therefore around 800 children. The children live in a variety of arrangements, foster care (local authority or private agency registered carers), residential homes, pre adoptive placements, placements with family/connected persons, residential schools.

A particular characteristic present in Shropshire is the number of private residential care providers (children's) who operate provisions/placements in the Shropshire area. There are 15 companies and 70 individual children's homes. Only Kent has more children's homes registered in a local authority area in the UK. The homes are all subject to inspection and requirements set out by Ofsted.

Health Inequalities and Looked After Children

Research studies, reported in the national guidance report findings about children and adults who have spent time in care.

60% of LAC have some level of emotional or mental health problem (comparison in child population is 10%).

Adults who have been LAC are 4/5 times more likely to attempt suicide in adulthood.

LAC are 4X more likely to smoke, drink and take drugs than those living with family.

The reasons/cause of poor health outcomes are rooted in the experiences of children before they come into care.

Over half of LAC have entered care due to suffering abuse/maltreatment

"child abuse casts a shadow that lasts the length of a lifetime". [1]

Many LAC experience the multiple impacts of deprivation in early childhood.

The impact of these early experiences and abuse for children include; difficulties with attachments and relationships, readiness to learn, increase in risk taking behaviour. Observed consequences are negative affects on mental and physical health and school attainment.

Although this is generally the case, children have unique responses to their adverse experiences, so it is not possible to predict individual circumstances and outcomes.

Addressing Health Inequalities for LAC

Government and local policy aims to prevent children in society experiencing abuse and early deprivation, however the reality is that children continue to be affected by adverse or traumatic early childhood.

In March 2015 the national guidance "Promoting the Health and Wellbeing of LAC"' was published (updated previous guidance from 2009).

This guidance provides a framework for local planning which aims to reduce health inequality for LAC and improve health outcomes.

Key extracts from guidance are:

"The starting point for planning services for LAC should be the statutory Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy." [2]

CCGs and the local authorities should:

- Agree multi-agency action to meet the health needs of LAC in the area.
- Ensure that sufficient resources are allocated to meet the identified needs of the LAC population including those placed in their area by other local authorities based on the range of data about their health characteristics.

At the same time as the Statutory Guidance was published, a linked competency framework was released describing the knowledge, skills and competencies that are required by all health care staff regarding LAC. This includes specific requirements for board level officers.

A KEY CHALLENGE for Shropshire is that collating information on the entire LAC population is a complex task. Local authorities collate information for their "own" LAC. Therefore there is only detailed information immediately available for 37% of the LAC population. Information and strategy for Shropshire LAC is produced via corporate parenting processes and strategy.

Locally we absolutely need information about the whole LAC population, so that appropriate services can be commissioned.

Current collaborative project to collate the required information for the JSNA

Public health/LAC health professionals, Shropshire Community Mental Health Trust informatics and local authority informatics departments are currently producing and analysing detailed information.

This information will include detailed demographics for both Shropshire and hosted LAC. It will also include an analysis of impact and use of local services.

Other recent key findings/recommendations

Given that emotional and mental health is a key factor in determining long term outcomes, it is important to take note of the findings of a recently published report "what works in preventing and treating poor mental health in LAC". (Rees et al 2014).

The main findings of this review of the evidence was the fundamental importance of the quality of the day to day care provided to children. This reinforced previous recommendations by NICE/SCIE.

The national guidance – the current position in Shropshire

Challenges

- Complexity of need in the LAC population in Shropshire is increased by the nature of the care placements available in the area.

- Locally we are dependent on the co-operation/practice of multiple organisations and agencies that operate unconnected and far removed from Shropshire authority and organisations.

- There is a need to increase awareness and understanding of the needs of LAC across multiple organisations and professionals. (The designated Dr for LAC is currently attending GP meetings to update regarding LAC).

Strengths & Opportunities

- The health assessment process required for individual health planning for LAC is embedded in local practice across agencies.

- Co terminus local authority/CCG allows processes to be developed. Systems and processes have been developed across services e.g. missing/CSE policy and strategy.

- Private providers have been involved in multi-agency planning/co-operation.

- Provision of multi-agency LAC Education and Heath Team including a dedicated LAC CAMHS service (for Shropshire LAC), provides a focal point for sharing of knowledge across agencies.

- Responsible commissioner requirements are well understood locally in Shropshire.

- Current CCG review of designated LAC health professional roles.

Conclusion

"Tackling health inequalities for children and young people in and leaving care requires local authorities to co-ordinate activity across the wider social, economic and environmental factors that influence their health, and services that respond swiftly to presenting physical and mental health problems.

Multi-agency strategic planning groups for children in and leaving care play a vital role in ensuring activities to address health inequalities are well co-ordinated and the needs of this group are effectively addressed by local CCGs Health and Wellbeing Boards, joint strategic needs assessments and local health and wellbeing plans". [3]

Ellie Johnson
Shropshire Designated Nurse LAC
July 2015

Designated Health Professionals for LAC Contact Details

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Dr Indu Mahabeer, Designated Dr for LAC

Email: indu.mahabeer@shropcom.nhs.uk

Telephone: 01743 450800

References

1. Herbert Ward quoted in Growing up in the UK. Ensuring a healthy future for our children (BMA 2013 pg83).

2. Promoting the Health and Wellbeing of LAC (DfE DoH 2015 pg9).

3. The Regions Tackling Health Inequalities Project Report (NCB 2013).

Bibliography

Promoting the health and wellbeing of LAC Statutory Guidance for local authorities, CCGs and NHS England (DfE DoH 2015)

What works in Preventing and Treating Poor Mental Health in Looked After Children (Rees Centre, University of Oxford NSPCC 2014)

Fair Society, Healthy Lives – the Marmot Review of Health Inequalities in England (Marmot Review Team 2010)

Report of the Children and Young Peoples Health Outcomes Forum (2014/15)

Looked After Children and Young People NICE/SCIE Guidelines (2010)

Looked After Children: Knowledge, Skills and Competencies of Health Care Staff. Intercollegiate Role Framework (RCGP, RCN, CPCH 2015)

Health, the Fostering Network (Sharon White 2009).

APPENDIX 1


Jigsaw of Life - piecing together our health.....
Birmingham
Neighbourhood
Education
Jobs
Money
Healthy mind
Healthy body
Help
ncb

Health and Wellbeing Board
31st July

Shropshire Corporate Parenting Strategy 2014-2016 – for information

Responsible Officer
Email: Steve.ladd@shropshire.gov.uk Tel: Fax:

1. Summary

1.1 Appendix A is Shropshire Council's Corporate Parenting Strategy. This strategy outlines key considerations and plans for Shropshire Council and its partners in our role as corporate parents of children in care and those leaving care.

1.2 Corporate Parenting is the term used for the collective responsibility of the Council and its partners to ensure safe, meaningful and effective protection of children and young people in care, and care leavers.

1.3 For Corporate Parenting to be effective it needs a commitment from all elected members and council employees in a council-wide approach. It involves the whole council and its partners acting as a good parent, committing resources and working together to improve the lives of all children and young people in care and care leavers. It is about prioritising their needs, listening to what they want and supporting them to make the most of their lives

1.4 We look forward to a shared responsibility across sectors in our efforts to continuously improve outcomes for children and young people as outlined in The Shropshire Pledge for Children in Care and Leaving Care (see Appendix A).

1.5 A Corporate Parenting Panel will be chaired by the Lead Member for Children and Young People, and will meet quarterly. Membership will consist of Councillors, Director of Children Services, Head of Service for Children Services, Senior Officers, Children and Young People in and leaving care, and partner agencies such as Health and Police. The involvement of young people on the Panel will be essential to inform current and future priorities and decisions relating to children in care. The panel will set the priorities with and for children in care and monitor \ scrutinise service delivery and establish reporting mechanisms to seek to ensure that corporate parenting arrangements are effective.

2. Recommendations

2.1 That the HWBB note the contents of the corporate parenting strategy and consider strategic and operational alignment with the HWB strategy and individual board member organisation's strategies and operations.

3. Risk Assessment and Opportunities Appraisal
(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

4. Financial Implications

4.1 There are no direct financial considerations as part of this report.

5. Background

See attached Appendix

6. Additional Information

See attached Appendix

7. Conclusions

See attached Appendix

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Local Member
Appendices

SHROPSHIRE

LOOKED AFTER CHILDREN

Shropshire Corporate Parenting Strategy 2014-16

Revised September 2014
Next revision: November 2015

Shropshire Council

SHROPSHIRE

LOOKED AFTER CHILDREN

1.1 Introduction

This strategy sets out Shropshire Council's vision and commitment and explains how we, as the Council, will be an effective and trustworthy corporate parent for any child or young person who is in our care irrespective of their age, gender, sexuality, ethnicity, faith or disability.

Every good parent knows that children require a safe and secure environment in which to grow and thrive. Parents protect and support their children against the dangers and risks of life. Parents are ambitious for them and want them to reach their potential. Parents celebrate and share in their achievements.

A child who is cared for by the Council has the right to expect everything from a corporate parent that would be expected from a good parent.

This means as a Council we will:

- Know our children, their needs, talents and aspirations and promote their interests
- Hold high aspirations for their future and expect the best for and from them
- Take an interest in their successes and problems and show our pride in their achievements, and celebrate them
- Listen to their views and ensure they influence practice, service developments and policy.
- Ensure they are consulted about their own lives and plans
- Recognise, support and respect their identity in all aspects
- Ensure our children attend their education regularly
- Promote and support high academic achievement by working with our schools and carers to ensure that the needs of our children are understood and met
- Support their health and emotional well-being and resilience
- Support transition to adult life and promote their economic prospects & prepare them to become responsible citizens **and most importantly....** as Corporate Parents we will preface all our thinking, planning, actions and decisions with:

"If this were my child I would..."

For Corporate Parenting to be effective it needs a commitment from all elected members and council employees in a council-wide approach. It involves the whole council and its partners acting as a good parent, committing resources and working together to improve the lives of all children and young people in care and care leavers. It is about prioritising their needs, listening to what they want and supporting them to make the most of their lives

We look forward to a shared responsibility across sectors outlined above in our efforts to continuously improve outcomes for children and young people as outlined in The Shropshire Pledge for Children in Care and Leaving Care. The Corporate Parenting Panel will work to a yearly work programme the detail of which will inform service priorities and delivery.

1.2 Context

Shropshire Council aims to support the majority of its children and young people within their own families and communities. However for a small number this is not possible and they require alternative short term or long term care.

Corporate Parenting is the term used for the collective responsibility of the Council and it's partners to ensure safe, meaningful and effective protection of children and young people in care, and care leavers.

Children and young people are in care either by a Court Order made in public law proceedings or with the agreement of the child's parent or guardian. A child or young person may come into care as a result of temporary or permanent problems facing their parents, as a result of abuse or neglect or a range of difficulties; those in shared care/respite arrangements; those remanded into care – criminal proceedings and unaccompanied asylum seeking children. Corporate parenting responsibilities extend to the age of 21 years (or 25 if remaining in education) for those young people who left care at 18 years.

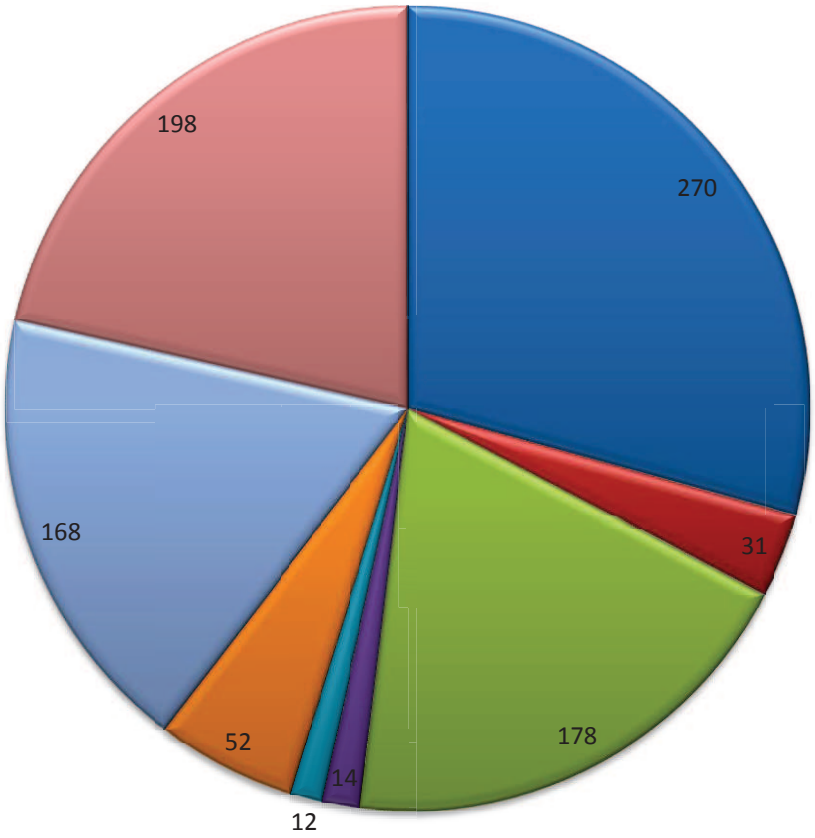
Children and young people in care are individuals, come from all walks of life and have different aspirations, ambitions and cultural identities.

Many looked after children are at greater risk of social exclusion than their non-looked after peers, both because of their experiences prior to coming into care, and by virtue of the fact that they are in care. It is essential, therefore, that the Council, as a Corporate Parent, ensures that their experience of being in care is a positive and supportive one and maximizes their full potential.

SHROPSHIRE

LOOKED AFTER CHILDREN

Shropshire Children in Care Snapshot as at 1st April 2014



- children looked after by the council
- children are placed at a distance from Shropshire
- children are placed with foster carers (68 of whom are with relatives & friends who are assessed as foster carers
- children placed for adoption
- children placed at home with parents
- children placed in residential care
- children are in the care of the council through a legal order
- young people are care leavers aged between 18-24 still in receipt of statutory services

A good corporate parent must offer the same as any good parent and improving the role of the corporate parent is key to improving all outcomes for our children. This relies on addressing the difficulties children and young people in care experience and the challenges of parenting within a complex system of different services. It is also important that the children and young people themselves have the opportunity to shape and influence the parenting they receive.

While good parenting requires continuity, organisations by their nature are continuously changing. Elected members and employees move on and structures, procedures and partnerships are modified and refined. One challenge of being a good corporate parent is to manage these changes and ensuring each individual child and young person has the opportunity to maintain a sense of stability.

Care Matters: The Ministerial Stocktake Report 2009 (DCSF) commented that:

"A key commitment is to put the voice of the child in care at the heart of the care system. All parents take children's wishes and feelings into account when making day to day decisions about their lives and corporate parents need to do the same."

The United Nations Convention on the Rights of the Child became international law in 1990. It provides an internationally agreed framework of minimum standards necessary for the well-being of all children and young people. These principles need to apply to children in care and care leavers and most importantly need to be championed by their corporate parents.

1.3 Our Vision and Underlying Values

Our vision mirrors that in "Care Matters: Time to deliver for children in care" DCSF 2008:

"Our aspirations for children in care reflect those we would have for our own children. We know they are often in much greater need than other children and we must ensure they obtain all the help they require. We aim to create a home and community environment that provides every child with a safe, happy, healthy, secure and loving childhood, nurturing their aspirations and enabling them to meet their full potential"

So, we want to

A. be confident as Corporate Parents that we know what it is like to be a child in the care of Shropshire Council;

B. act as ***Corporate Family*** and engaging fully our partners in this role;

C. provide opportunities to help our children and young people (for whom we have Corporate Parenting responsibilities) meet our pledge.

1.4 Aims and Objectives of the Strategy

Corporate Parenting operates at strategic, operational and individual levels. Its 3 key elements are:

- **A statutory duty** detailed in the Children Act 1989; Children and Young Persons Act 2008 on all parts of a local authority to co-operate in promoting the welfare of children and young people in care and a duty on other partners and agencies to cooperate in fulfilling that duty;

- **Co-ordinating the activities** of the many different professionals and carers who are involved in a child or young person's life and taking a strategic, child-centred approach to the delivery of services;

- **Shifting the emphasis from 'corporate' to 'parenting' which** means doing what a good parent would do to promote and support the physical, emotional, social and cognitive development of a child from infancy to adulthood.

The objective of this Strategy is to ensure the Corporate Parenting responsibilities for all elected members and council employees are clearly outlined so that:

- **Elected members** have a clear understanding and awareness of the needs of our children in care and care leavers and ensure their responsibilities as corporate parents are reflected in all aspects of the Council's work.

- **All services play a part** in delivering Corporate Parenting and continually monitoring and reviewing what their services contribute to improving outcomes for children in care and care leavers.

- **The Corporate Family activity** leads to measurable improvement in the life chances of children in care and care leavers so these are in line with their peers.

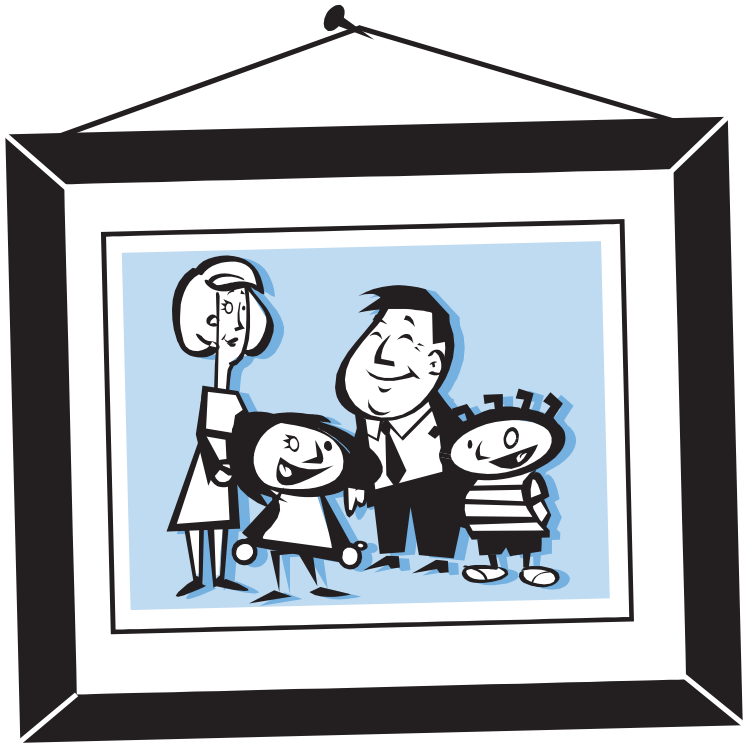
- **Communication** between elected members and children in care and care leavers ensures they have a say in how decisions are made about services

affecting them and are able to influence those decisions.

- **Partnership working and joint planning** and commissioning is promoted as an effective means of delivering effective services.

1.5 Who is in our Corporate Family?

Family Portrait



Children's Service is ultimately accountable for achieving these best outcomes for children in care but Corporate Parenting responsibilities extend to:

- All Shropshire Council departments and partner agencies;
- Community NHS Trust, Clinical Commissioning Group, Foundation and or Hospital Trusts;

- West Mercia Police;
- National Probation Trust;
- Schools, academies and Further Education colleges
- In reality the range of potential partners in meeting the needs of Looked after Children is as wide as the number of agencies and organisations within the area.

The Corporate Parenting Panel will set the priorities with and for children in care and monitor \ scrutinise service delivery and establish reporting mechanisms to seek to ensure that corporate parenting arrangements are effective. **See appendix 1**

A number of key posts and structures help us fulfill our corporate parenting function – **see appendix 2 for Key Structures/posts.**

1.6 How the Strategy will be taken forward

Elected Members

All elected members have to ensure that public services used or required by children and young people in care are of a high quality, integrated and take account of need. They must ensure they are fully informed of the issues facing children in care by understanding their characteristics and by knowing how well services are performing in meeting their assessed needs. This requires an awareness and understanding of:

- Care and placement arrangements;
- Child protection and safety policies and procedures;
- Education performance and achievements in school;
- Further and Higher Education, training and employment achievements;
- Responsiveness of health services;
- Preparation for leaving care arrangements and housing need:
- Arrangements to prevent children in care from getting into trouble.

Elected members will be supported in meeting their responsibilities by relevant council officers. They will provide leadership that will encourage and support partnership and joined-up working. This will ensure that funding, commissioning and priority setting deliver the best combination of services for children and young people in care and care leavers.

Shropshire Council Departments and Partners

One of the most important contributions that Shropshire Council can collectively make to Corporate Parenting is how they, as the “family firm” can deliver better employability opportunities for children and young people in care and care leavers. "Employability” refers to a wide range of activities and includes apprenticeships, work experience, and work placements. These opportunities are designed to:

- help young people meet their potential and achieve their abilities, hopes and aspirations;
- help them become confident individuals;
- give them a taste of the world of work;
- broaden their horizons from little or no experience of employment options;
- and help them become economically and socially positively contributing citizens.

Children's Services

Foster Carers will be assessed, approved, supervised and supported to ensure that they:

- Provide a safe, secure and comfortable home for the children and young people they care for.
- Give children and young people time and attention and clear boundaries.
- Provide encouragement and motivation to help children and young people meet their potential.
- Work positively with birth parents and other family members where appropriate.
- Work in partnership with those who share responsibility for the child or young person's care, welfare and development.
- Provide care that supports and promotes the child or young person's culture, race, religion, language, disability and sexual orientation.
- This will apply equally to all carers including Shropshire in-house foster carers, Independent Fostering Agency foster carers and **children's residential social care staff**.

Social Workers and other social care staff should:

- Ensure that each child and young person's needs are thoroughly assessed and that these are properly represented in their Care and Pathway Plans.
- Have the key role in care planning for children and young people in care and care leavers. First consideration will be given to returning the child or young person to their parent's or other family member's care when safe to do so. Where this is not achievable efforts will be made to secure the child with an alternative family such as adoption or foster care. Where a child or young person remains in care plans will also address leaving care arrangements.
- Listen to the views and wishes of the child or young person and those of their family members where appropriate. The views of those involved in providing services to children in care will also be sought.

- Ensure each child or young person is healthy and their health needs are appropriately assessed and met.
- Ensure each child or young person is safely and securely accommodated within formalised family arrangements or in appropriate care placements.
- Ensure they have access to and are supported in a full range of educational services, whether this is in schools, colleges or specialist alternative provision.
- Ensure they have access to leisure and sports facilities which enable their interests, skills confidence and self-esteem to develop.
- Ensure that they make a smooth and successful transition from living in care to adulthood.

The Virtual School for Children in Care is responsible for providing strategic direction and targeted support and securing successful educational outcomes for all children and young people in care and will:

- Support children and young people in care in School Years 1-13 which will include working with carers, Social Workers, Schools, Special Educational Needs, other Council teams and external agencies.
- Monitor performance of educational attainment and progress across all Key Stages and assist and support with the statutory completion of Personal Education Plans
- Facilitate Personal Education Plan (PEP) meetings
- Advise, monitor and report on all matters regarding admissions, attendance and exclusions of children and young people in care. No looked after child should be permanently excluded without consultation with the Virtual Scholl Head Teacher.
- Provide training for carers, designated teachers and designated governors.
- ***And above all, promote and improve the educational attainment of children and young people in care.***

SHROPSHIRE

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Appendices

Appendix 1

Corporate Parenting Panel

The Corporate Parenting Panel will act as an advisory and consultative body to the Council, its partners and its Committees and other strategic groups (SSCB \ Children's Trust \ Health and Well- being Board) and will provide robust challenge to ensure that Corporate Parenting duties are carried out effectively and consistently. It will ensure that the outcomes and life chances of children in care and care leavers are improved so they are in line with their peers and will act as the champion for these children and young people.It is the role of the Corporate Parenting Panel will set the priorities for children in care and to monitor and scrutinise service delivery. It will also:

- Ensure that the commitments outlined in the Shropshire's Charter for Children in Care and Care Leavers are delivered.
- Oversee the implementation of this strategy with delegated responsibilities to Heads of Service or Senior Managers within all Departments and partner agencies.
- Monitor the delivery of good, safe, high quality services through quality assurance and performance management frameworks.

Requirements

The leadership and governance of the Corporate Parenting Panel must be clear in relation to the Panel's power to deploy resources and hold officers to account.

Individual panel members must be trained and prepared for their task, and be clear about the authority they carry.

The relationship of the Corporate Parenting Panel to other Boards, partnership arrangements and scrutiny committees must be clear.

The Corporate Parenting Panel must have access to robust qualitative and quantitative management information in order to effectively monitor performance against outcomes and track delivery of Pledge commitments.

The Corporate Parenting Panel will, therefore, receive quarterly reports on a range of local and national performance indicators in relation to children in care e.g. health, education, participation, and inspection outcomes.

Panel Membership

The Corporate Parenting Panel will be chaired by the Lead Member for Children and Young People, and will meet quarterly

Membership will consist of Councillors, Director of Children Services, Head of Service for Children Services, Senior Officers, Children and Young People in and leaving care, and partner agencies such as Health and Police.
The involvement of young people on the Panel will be essential to inform current and future priorities and decisions relating to children in care.

Terms of Reference:

- Provide a forum for Children in Care to influence policy, service developments, practice, etc so that there is continuous improvement;
- Take a strategic overview of Shropshire Council's and partner agencies responsibilities towards Children in Care;
- Ensure there are good joint working arrangements between Council Departments, with Partner Agencies and hold them to account for good high quality service delivery;
- Ensure that relevant new initiatives, plans, policies and service developments are presented to the Panel for consultation.

Support to the Corporate Parenting Panel: will be provided by xxxx.

Accountability: Chair to report to the Leader of the Council? Chief Executive? DCS

Children and Young People's Scrutiny Committee: will be represented on the board by elected members. Board will receive relevant reports and Recommendations for information, planning and monitoring purposes.

Relationship with the Safeguarding Board: Should have the work programme of the Corporate Parenting Board and reports should be provided to the Safeguarding Board through the Service Manager of Looked After Service – Reports are for information only

Relationship with Children's Trust: The Corporate Parenting panel will provide bi-annual reports to the Children's Trust. The reports will be for information only to update progress and improvements made in the key outcome areas for looked after children, young people and care leavers in Shropshire.

Appendix 2

Key Structures/posts

- **Lead Member for Children's Services.** This individual has *political* responsibility for the leadership, strategy and effectiveness of local authority children's services.
- **Director of Children's Services.** This person has *professional* responsibility for the leadership, strategy and effectiveness of local authority children's services.
- **Independent Reviewing Officers.** IROs are responsible for reviewing and monitoring each looked after child's case and care plan and challenging poor practice. They must be qualified social workers and independent from the line management of the child's case.
- **Social Workers.** Each looked after child must have a qualified social worker allocated to them, responsible for developing and implementing their care plan.
- **Residential and foster carers**. Each looked after child should be provided with a placement to live in that is best able to keep them safe and meet their needs. This can be with foster carers, in residential care or a more specialist setting if their needs are complex.
- **Kinship carers**. Some looked after children are placed with family or friends, sometimes known as 'kinship carers' or **Connected Person Carers**.
- **Adopters**. Where it is decided that a child cannot be cared for by their own family, it is important that a permanent alternative home is provided. This may be through adoption, where the adoptive family acquires full parental responsibility and the child ceases to be looked after once an adoption order is made.
- **Special guardians**. Where a child has significant ties with someone other than a parent who is looking after them, such as a relative or foster carer, that person can be given parental responsibility through a special guardianship order. This means that they will bring the child up, and the child is no longer looked after, but the child is not part of their family in the same was as an adopted child.
- **Independent visitors**. Every looked after child is entitled to have an independent visitor – an adult completely outside the care system who can befriend them. This is especially useful for children who have little or no contact with their family.
- **Advocates**. An advocate has a more specific role than that of an independent visitor, in that they support the child's participation in decision-making and make sure that their voice is heard. They may accompany children to review meetings if the child requests it.

- **Personal advisors**. Young people entitled to services as a care-leaver must be allocated a personal advisor to act as a focal point for planning their transition to adulthood. The role is not the same as that of a social worker and personal advisors will continue to offer support after the young person has left care.
- **Children in Care Council**. Local authorities are required to establish a Children in Care Council to represent the views of looked after children to those responsible for the service.
- **Participation workers**. Many local authorities have created specific posts, or contracted local voluntary sector partners, to support children's participation in the Children in Care Council or to seek their views in other ways.
- **Corporate parenting group/panel**. Although not a statutory requirement, most local authorities have established a group of elected members to oversee the corporate parenting function of the local authority.
- **Children's Trusts**. These are partnership arrangements bringing together children's services within a local authority area. They are no longer mandatory but, if not established, alternative mechanisms to work in partnership need to be in place.
- **Health and well-being boards**. A forum for key leaders from the health and social care system to work together to improve the health and well-being of the local population and reduce health inequalities. As a group at risk of poor health, it will be important to ensure that the needs of looked after children and care-leavers form part of their remit. It will also be important to clarify links with the Children's Trust or other bodies responsible for children's services.
- **Virtual school head**. The Children and Families Act 2014 made it a statutory duty for all English Local Authorities to appoint a SENIOR OFFICER (Virtual Head Teacher) with the responsibility and purpose of promoting the educational attainments of looked after children. This will involve working with a range of partners including schools, social workers, carers, members and senior local authority officers to strategically and operationally promote the educational opportunities and attainments for looked after children in Shropshire. The virtual school head or equivalent will collate information about the attainment of looked after children as if they were in a single school, and to provide challenge and support to help them make progress.
- **Designated teachers**. Every maintained school is required to appoint a designated teacher to promote the educational achievement of looked after children.
- **Designated doctors and nurses for looked after children**. These individuals have a strategic role that is separate from the direct service they may offer to individual children. Different local areas operate different models but it is important that, whichever model is used, arrangements are in place to enable

the designated professionals to have an impact on the commissioning of health services for looked after children.

- **Child and adolescent mental health services (CAMHS)**. Dedicated provision is required for looked after children. In some authorities this has led to the creation of specialist teams; in others it has been interpreted more narrowly.
- **Clinical Commissioning Groups**. These bodies and the local authority should agree joint action on the health needs of looked after children in their area and develop a joint commissioning strategy.
- **The Children and Young People's Plan (CYPP)**. This is not mandatory but can serve to describe the aspirations for all children in an area. If the local authority has such a plan, it is useful to ensure that looked after children are identified as a group requiring specific services.
- **Joint Strategic Needs Assessment.** The JSNA is the process for identifying the current and future health and well-being needs of a local population, leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities.
- **Director of Public Health.** The Director should be examining the health outcomes of looked after children to ensure that steps are taken to reduce inequalities.