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

Date: 30 November 2016

Committee:
HEALTH AND WELLBEING BOARD

Date: **Thursday, 8 December 2016**
Time: **9.00 am *N.B please note the earlier start time than usual***
Venue: **Council Chamber, Shirehall, Abbey Foregate, Shrewsbury, 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

VOTING

Shropshire Council Members
Karen Calder - Health Portfolio & Chair
Lee Chapman - Adults Portfolio
David Minnery - Children & Young People Portfolio
Prof Rod Thomson - Director of Public Health
Andy Begley - Director of Adult Services
Karen Bradshaw - Director of Children Services

Shropshire CCG
Dr Simon Freeman – Accountable Officer
Dr Julian Povey – Clinical Chair & Co Chair
Dr Julie Davies – Director of Strategy & Service Redesign

Jane Randall-Smith – Shropshire Healthwatch
Rachel Wintle – VCSA

NON-VOTING (Co-opted)

Neil Carr - Chief Executive, South Staffordshire & Shropshire Foundation Trust

Simon Wright - Chief Executive, Shrewsbury & Telford Hospital Trust

Jan Ditheridge - Chief Executive Shropshire Community Health Trust

Dr Tony Marriott - Chair GP Federation

David Coull - Chief Executive, Shropshire Partners in Care

Mandy Thorn - Business Board Chair (Managing Director Marches Care)

Your Committee Officer is: **Karen Nixon** Committee Officer
Tel: 01743 257720 Email: karen.nixon@shropshire.gov.uk

AGENDA

1 APOLOGIES FOR ABSENCE & SUBSTITUTIONS

2 DISCLOSABLE PECUNIARY INTEESTS

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 (Pages 1 - 6)

To approve as a correct record the minutes of the previous meeting held on 6 October 2016, which are attached.

Contact: Karen Nixon 01743 257720.

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 KEEPING ADULTS SAFE IN SHROPSHIRE - ANNUAL REPORT (20 Mins) (Pages 7 - 68)

A report is attached and will be presented by Ivan Powell, Independent Chair, Safeguarding Adults Board.

Contact Ivan Powell.

6 SYSTEM UPDATE (40 Mins)

a. System Update – Karen Calder (15 minutes).

b. STP Neighbourhoods Update – Mel Duffy (10 minutes).

c. Workforce Planning - (15 minutes).

7 HWB DELIVERY GROUP REPORT TO THE BOARD (35 Mins) (Pages 69 - 80)

a. Partnership Prevention Programme, Healthy Lives – a report is attached. Contact: Kevin Lewis.

b. Better Care Fund – a report is attached.

Contact: Andy Begley, Director of Adult Services, Tel 01743 25811 or Sam Tilley, Head of Planning and Partnerships, Shropshire CCG, Tel 01743 277500.

c. Mental Health Partnership Board Update

A Presentation will be made by Lorraine Laverton, Business Manager, Children's Trust and Cathy Riley, SSS FT.

Contact: Lorraine Laverton Tel 01743 253991.

8 DEMENTIA UPDATE (25 Mins) (Pages 81 - 112)

a. Healthwatch Dementia Report – A report is attached. Contact: Jane Randall-Smith, Shropshire Healthwatch Chief Officer (10 minutes).

b. Draft Dementia Strategy – Peter Downer, Dementia Commissioner (15 minutes) – a report will follow.

9 CHILDREN'S TRUST UPDATE (15 Mins) (Pages 113 - 120)

A report is attached. Appendices will follow.

Contact: Karen Bradshaw, Director of Children's Services, Tel 01743 254201.

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Shropshire Council

Committee and Date

Health and Wellbeing Board

8th December 2016

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 6 OCTOBER 2016
2.30 - 4.50 PM

Responsible Officer: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 257720

Present
Councillor Dr Julian Povey (Co-Chair and Chairman for the meeting) - Clinical Chair, Shropshire CCG
Lee Chapman - Adult PFH, SCC
Professor Rod Thomson - Director of Public Health
Andy Begley - Director of Adult Services,
Karen Bradshaw - Director of Children's Services,
Linda Izquierdo (Substitute) (substitute for David Evans) - Shropshire CCG
Daphne Lewis (Substitute) (substitute for Jane Randall-Smith) - Shropshire Healthwatch and Rachel Wintle - VCSA.

Also present; Penny Bason, Aaron Dias, Jan Ditheridge, Andrew Gough, Sally Halls, Peter Latchford, Andy Layzell, Daphne Lewis, Kevin Lewis, Jane Mackenzie, Jayne Randall, David Sandbach, Tracey Savage, Madge Shineton, Rev. Matthew Stafford, Sam Tilley, David Turner and Clive Wright.

23 APOLOGIES FOR ABSENCE & SUBSTITUTIONS

Apologies for absence were received from;

Karen Calder	PFH Health
Neil Carr	SSSFT
David Coull	Coverage Care
Dr Julie Davies	Shropshire CCG
Dave Evans	Accountable Officer, Shropshire and T&W CCG
David Minnery	PFH Children & Young People
Jane Randall-Smith	Shropshire Healthwatch
Vicky Taylor	Locality Director, NHS England, North Midlands Region
Mandy Thorn	Business Board Chair
Simon Wright	SATH

Substitutions notified;
Daphne Lewis substituted for Jane Randall-Smith (Shropshire Healthwatch)
Linda Izquierdo substituted for Dave Evans (Accountable Officer, Shropshire CCG).

24 DISCLOSABLE PECUNIARY INTERESTS

There were no disclosures of a Disclosable Pecuniary Interest.

25 MINUTES

RESOLVED: That the minutes of the meeting held on 28 July 2016, be approved as a correct record and signed by the Chairman.

26 PUBLIC QUESTION TIME

Seven public questions were received by the Health and Wellbeing Board (copies of the questions and the formal responses are attached to the signed minutes) and were circulated at the meeting.

Reverend Matthew Stafford's question related to the proposed closure of 4 beds at the Lady Forrester Nursing Home in Much Wenlock by the CCG. By way of a supplementary question, he commented that he was concerned that these proposals were driven by financial pressure and not the needs of the local community.

Questions 2 and 3 were submitted by David Sandbach. There was no supplementary question to Q2 and in response to the formal answer circulated to Q3, Mr Sandbach circulated information relating to rates of survival at SaTH, Royal Worcester and New Cross Hospitals, commenting that in his view one A&E should be closed and urging the H&WB to back him on this stance.

Questions 4,5,6 and 7 had been asked by Mrs Janet Cobb, who was not present at the meeting but had asked that the following supplementary questions be put to the Board meeting on her behalf;

a) TCP Plan – has this been declined?
b) What expertise do ICF consultancy have in relation to people with learning disabilities (Can you confirm their website is https://www.icf.com/) and the cost of this consultancy?

Unfortunately answers to these questions were not available at the meeting and officers undertook to look into these after the meeting and get back to Mrs Cobb.

27 BETTER CARE FUND UPDATE & PERFORMANCE

An update on the Better Care Fund and Performance to the end of Q1 2016/17 was given by Sam Tilley, Head of Partnerships and Planning, Shropshire CCG (copy of report attached to the signed minutes).

In doing so, it was noted that progress on non-elective admissions was on track and that Delayed Transfers of Care were improving, and overall appeared settled.

There were comments that the information provided in the report was slightly at odds with what was being experienced on the ground, particularly in regard to DTOC. Ms Tilley explained that the metrics used in the BCF were slightly different to other metrics used and that she was happy to go through the detail after the meeting. She believed the figures would align more closely in the future.

There was a request for more detail to be provided in the next report which was noted.

RESOLVED: That the report be noted.

28 SYSTEM UPDATE - STP OVERVIEW AND NEIGHBOURHOODS UPDATE

A presentation (copy attached to the signed minutes) on the Sustainability and Transformation Plan (STP) was given by Mr Andy Layzell, Programme Director STP, Shropshire CCG, who introduced the four main components of the case for change, which he stressed was still 'work in progress' at this stage;

- The development of neighbourhoods
- The reconfiguration of acute services
- The continuing development of other services
- Making the best use of our resources

He stated that the system was working towards integration and reconfiguration for 2020. The process would be challenging, but he believed Shropshire could have genuinely good services in the future. In taking questions after the presentation, it was highlighted that the voluntary sector wished to be further involved at Board level.

A further presentation on the Shropshire and Telford & Wrekin STP: Shropshire Neighbourhoods Programme Update, was also given to the Board by Mel Duffy and Penny Bason (copy of presentation attached to the signed minutes).

The Shropshire Neighbourhood Model was outlined and a whole population approach to prevention explained. Community Resilience and Social Action was identified, including a Resilient Communities BCF workstream.

Both a Partnership Prevention Programme and Healthy Lives programme were highlighted, including a Healthy Lives Model Pilot in Oswestry. The aim of the Neighbourhood Care Model was explained including levels of care identified for Partner Services Neighbourhood teams – Community Health.

It was noted that excellent joint work had been done on this to date. The programme was currently being implemented and the 'next steps' were outlined. However, there were still big questions to be answered and issues to be addressed; adequate resourcing and the need to invest 'up front'; trajectories needed to be planned and 'prevention' which was longer-term also required adequate funding.

In conclusion, it was agreed that there was a need to work with existing assets to maximise output to the best effect, given that resources were so scarce.

RESOLVED: That subject to the foregoing, the presentations be noted.

29 GP CCG AND NHS ENGLAND UPDATE

Tracey Savage, Head of Primary Care Support & Medicines Management, introduced and amplified a presentation on General Medical Services (copy attached to the signed minutes) which briefly covered;

- Background – Shropshire CCG
- Primary care Governance Arrangements – Governamce and Links to NHS England
- Quality of Primary Care – Quality Assurance of Primary Care and Quality Commission (CQC)
- Shropshire CCG Practices and CQC Outcomes
- Quality of Primary Care – Good practice
- Polypharmacy Review Project
- Primary Care - going forward: Primary Care Strategy
- Estates Strategy
- Workforce Capacity and Planning
- Identified Risks
- Sustainability and Transformation Plan

It was agreed that infrastructure planning should be looked at. There would be challenging times ahead and it would be important to work with communities.

RESOLVED: That the report be noted.

30 STRATEGY TO REDUCE ALCOHOL RELATED HARM

A report (copy attached to the signed minutes) providing an overview on the recent refresh of the alcohol strategy for Shropshire, was introduced and amplified by Jayne Randall, Public Health Strategic Comm Lead, Shropshire Council.

RESOLVED:

a. That the Health and Wellbeing Board accepts the Strategy as the final version.
b. That the Health and Wellbeing Board supports the delivery of the Strategy by holding members of the Health and Wellbeing Board to account for its delivery.
c. That the Health and Wellbeing Board approve the co-ordination of the strategy through the Alcohol Strategy Group.
d. That half yearly progress reports be received by the Health and Wellbeing Board.

31 ANNUAL SSCB REPORT 2015/16

Sally Halls, Independent Chair, introduced and amplified a report (copy attached to signed minutes) and gave a brief PowerPoint presentation on the 2015/16 Annual Report (copies also circulated at the meeting.

Briefly a key issue in Shropshire services was the high number of Looked After Children from elsewhere that were living within the County; roughly around 400 LAC were currently in Shropshire (minimum), which was well above the national average. This had a big impact on GP's and health costs.

Three areas were currently being looked at;

- Neglect
- Domestic Abuse
- Sexual exploitation (inc child sexual exploitation and trafficking)

LAC were particularly vulnerable in Shropshire and it had been shown that Shropshire did not do well in dealing with perpetrators – this was an area that required improvement. However generally the Board was pleased to note that overall Shropshire was doing well. Agencies were generally effective in keeping children safe.
More children and families were getting help earlier and therefore numbers of referrals were reducing due to children and families getting help at an earlier stage to meet their needs.
Good progress was being made on priorities, whilst there was still work to do.

RESOLVED: That the Annual SSCB report 2015/16 be noted and received by the Health and Wellbeing Board.

32 REPORT FROM THE HWB DELIVERY GROUP; Partnership Prevention Programme and Social Prescribing

A report from the HWB Delivery Group on the Partnership Prevention Programme, Healthy Lives and Social Prescribing was received by the Board (copy attached to signed minutes).

In commenting, the Board made the following observations;

- Preventative in this context was planning; add in where we start from and where we are aiming for.
- Metrics were to be included – so as to prove what was happening with interventions.

RESOLVED: That the programme development and progress be noted by the Board.

33 **PREVENT STRATEGY**

A report on Shropshire's approach to the PREVENT Duty (copy attached to signed minutes) was introduced and amplified by Andrew Gough. In doing so he stressed that the terrorism threat in Shropshire remained low. The responsibility for co-ordinating Prevent in Shropshire had fallen to the Shropshire Community Safety Partnership and in response to the Prevent Agenda the Partnership had produced a strategy and action plan.

RESOLVED:

a) That the Health and Wellbeing Board confirmed its support for the delivery of the Prevent Strategy.

b) That agencies understand their responsibilities as part of the Prevent agenda

c) That agencies ensure they have responses in place to address extremism and radicalisation.

<TRAILER_SECTION>

Signed …… (Chairman)

Date:

Shropshire Council | NHS Shropshire Clinical Commissioning Group | Shropshire together

Health and Wellbeing Board
8 December 2016

KEEPING ADULTS SAFE IN SHROPSHIRE ANNUAL REPORT 2015-16

Responsible Officer Sarah Hollinshead-Bland

Email: sarah.hollinshead-bland@shropshire.gov.uk Tel: 01743 255863 Fax:

1. Summary

It is a requirement of the Care Act 2014 that the Local Authority sets up a Safeguarding Adults Board. This is not new for Shropshire who prior to the Care Act had a Board jointly with Telford & Wrekin.

The Care Act requires the Board to produce an Annual report on: -
a) What it has done to achieve its objective
b) What it has done to implement its strategy and what each member has done to implement the strategy
c) Findings of any Safeguarding Adult Reviews including what it has done or chosen not to do to implement the findings of those review

2. Recommendations

2.1. Note the contents of the report.
2.2. Review the progress made to date in implementing the requirements of the Care Act.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

The report explains the impact of abuse on people with care and support needs in Shropshire. Of the 1414 safeguarding concerns were recorded in this year, 1115 people were affected. This shows a number of people were affected by potential abuse more than once in that year.

Partnership working is essential to effective safeguarding practice. The work of the Keeping Adult Safe in Shropshire Board allows us to maximise our opportunities to work together to get this right for the citizens of Shropshire.

4. Financial Implications

The Keeping Adults Safe in Shropshire Board is in the process of establishing a budget for its work. As a minimum, financial contributions will be made by the three statutory partners who are; Shropshire Council, Shropshire Clinical Commissioning Group and West Mercia Police.

5. Background

The Keeping Adults Safe in Shropshire Board Annual Report explains which organisations make up the membership of the Board and how it works. It explains its Strategic Plan, its progress on delivering the plan and the partner agencies' contributions to delivering the plan. For example under its priority of "audit and performance" *Shropshire Clinical Commissioning Group* identified poor catheter care in care homes which resulted in changes to the catheter care discharge processes which in turn involved liaison with Shrewsbury and Telford Hospitals and Shropshire Partners in Care.

Each partner's submission is attached in full as an appendix to the main report.

The committee should note that the Board has had to make sure our safeguarding practice has changed to fit the Care Act (2014). It has produced a number of documents to help everybody keep people safer including guidance on self-neglect and risk assessment in the safeguarding process.

6. Additional Information

The aspirations of the Board for next year are detailed and work is already underway to achieve these.

7. Conclusions

The Care Act has provided an opportunity to create a new approach to Safeguarding Adults in Shropshire. Everyone working in health and social care has re-focused on people being in control of their own lives even if they are subject to abuse.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) Care Act (2014) Statutory Guidance https://new.shropshire.gov.uk/media/2862/kasisb-strategic-plan-2015-18.pdf Keeping Adults Safe in Shropshire Board Strategic Plan https://new.shropshire.gov.uk/media/2862/kasisb-strategic-plan-2015-18.pdf Pan West Midlands Policy and Procedure https://new.shropshire.gov.uk/media/2933/west-midlands-adult-safeguarding-regional-policy-and-procedure.pdf
Cabinet Member (Portfolio Holder) Cllr Lee Chapman
Local Member
Appendices Keeping Adults Safe in Shropshire – Annual Report 2015/16

Keeping Adults Safe in Shropshire Board

Annual Report

April 2015 – March 2016

Annual Report

October 2016

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Foreword by Ivan Powell, the Independent Chair

Welcome to the Keeping Adults Safe in Shropshire Board Annual Report and thank you for taking time to read this very important document.

The Board has an important role in keeping adults free from abuse in Shropshire. The organisations that make up the Board share responsibility for ensuring that all efforts to keep adults safe and well are effective and well-co-ordinated. It is part of the Board's job to promote greater public awareness of every individual's rights to feel safe at home and in the community.

We will work together to strengthen links with our local communities to help raise the profile of keeping adults safe. I encourage Board members to be passionate and actively engage in work that protects and promotes the well-being of some of the most vulnerable members of our community and I welcome your views and the views of people who use our services, their carers and families about how we can do this better.

What I have enjoyed most about working in Shropshire over the last year includes:

- Board members working positively together, and there is genuine sense of collaborative working
- The pace at which partners work together to deliver significant policy development and implementation
- Seeing the important decisions being made by the Board become actual operational activity

I am really proud of:

- The consultation and engagement event we held in November 2015 which was a big success and is a strong foundation on which to build
- The progress the board has made to meet the requirements of the Care Act
- The progress of a very diverse multi-agency workforce working hard to Making Safeguarding Personal for those adults who experience the safeguarding system

Looking to this year I want us to:

- Continue to meet the challenges of working with our most vulnerable community members to help empower them to live safely
- Do more to engage with adults, their friends and their families to understand how we are doing
- Do more to build resilient communities which help protect those adults who live within them

I do hope you will find this report helps you to become familiar with our work.

Who we are

We are a group of organisations who work together to make sure *"Shropshire is a place where adults with care and support needs and children live a life free from abuse or neglect"*. This is our vision for Shropshire.

The organisations that make up the Board are:

NHS Shropshire Clinical Commissioning Group

West Mercia POLICE
SERVING - PROTECTING - MAKING THE DIFFERENCE

Shropshire Council

VCSA Shropshire

Shropshire and Wrekin Fire and Rescue Service

healthwatch Shropshire

Shropshire Partners in Care
The Care Workforce Development Partnership

National Probation Service

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

The Shrewsbury and Telford Hospital NHS Trust

Shropshire Community Health NHS Trust

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

What our Strategic Plan says we have planned to do

The Government has told us we must explain how we will make the people of Shropshire safer. This is called our Strategic Plan and it covers 2015 – 2018. In our plan we say there are some activities we need to do regularly to make the Board function and they are:

a. Assurance and challenge

Example – The Board has a system for recording actions and decisions at meetings in which all members are held to account for providing evidence that actions have been completed.

Example – at a recent Board meeting there was a critical review of how agencies should have worked together more effectively. The degree of challenge allowed senior members of the respective organisations to understand what they needed to do differently next time.

Example – Shropshire Clinical Commissioning Group and Shropshire Council have undertaken an independent visit to Royal Shrewsbury Hospital designed to help the hospital understand how well the Mental Capacity Act is being used by staff in the hospital. This has been well received and will happen in other organisations this year.

b. Ensure the effective undertaking of safeguarding enquires

(including section 42 enquires, which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse)

Example – Shropshire Clinical Commissioning Group actively participates in the safeguarding process, and when necessary will identify key health personnel to assist or lead in enquiries. This may be by providing expertise such as in medicine management or through undertaking co-ordinated visits to care homes.

Example – Shropshire Council have two safeguarding practitioners who work with our Customer Services Team to help prioritise safeguarding concerns that are raised. This means we can protect people more quickly if required, and act as a source of expertise to Customer Services staff helping customers.

Example – West Mercia Police have named Police Officers (known as the Adults at Risk Unit) who work with the safeguarding team in Shropshire Council to deal with the highest risk and most complicated adult safeguarding cases.

Here is an example. There were two separate adults in the same town who were not capable of protecting themselves from the actions of an offender who posed as their 'friend', but ended up stealing over £100,000 from one of the gentlemen. Using their specialist skills, the team gained the trust of one of the victims of this crime.

The quality of the evidence, along with clearly demonstrating just how vulnerable one of the victims was, resulted in the offender receiving the maximum custodial sentence allowed. The positive outcome was that one of the people, who had spent 15 years living in isolation and poor living conditions, through our multi agency working processes in adult safeguarding, now has an excellent quality of life, is safe and free from abuse.

c. Undertaking Safeguarding Adult Reviews and changing practice as a result of what we learnt from them –

these reviews must be undertaken by the Board if someone dies or is seriously injured because of abuse and there has been a multi-agency failure to safeguard that person. These kinds of review focus on learning in order to stop things going wrong again.

Example – The Board has put a robust process in place which is agreed by all members that will emphasise the learning to be implemented.

Example – The Board has undertaken one Safeguarding Adult Review in Shropshire that started this year about the care received by a woman in a nursing home in south Shropshire while she was there on a temporary basis. This is her story.

On 10 February 2015 Mrs V was admitted to the nursing home for respite care as it was felt her leg ulcers would improve with such a placement. During this period of respite she also developed a urinary tract infection which resulted in an extension of the respite period in order for the infection to be treated.

On the evening of 25 February 2015 it was noted that Mrs V had sustained bruising to her upper body. This bruising developed extensively over the following days to the extent that on 2 March 2015 Mrs V's daughter removed her mother from the home, so concerned was she that no account could be given as to the cause.

During the days that followed Shropshire Council commenced the safeguarding process, the home conducted an internal investigation and Mrs V's daughter informed West Mercia Police.

Sadly Mrs V passed away on 21 April 2015. The cause of death was formally recorded as community-acquired pneumonia and chronic kidney disease.

The full report has not yet been in front of the Board; however, the themes emerging from the review of the situation fall into the following headings:

- poor recording
- poor communication with Mrs V's family
- an inability to identify the cause of the bruising
- difficulty obtaining a medical opinion when there is no police investigation

The recommendations and actions taken will be reported on fully in our next annual report.

d. Audit and performance

(including identifying trends from our communities and using our experience to constantly improve what we do)

Example – Shropshire Council has rewritten its client information system in order to tell us who is affected by abuse and where it is happening (please see the "What we know about safeguarding in Shropshire" section). This has helped identify the quality of care provided by care homes and domiciliary care services as a priority for this year.

Example – Shropshire Clinical Commissioning Group identified poor catheter care in care homes which resulted in changes to the catheter care discharge processes, which in turn involved liaison with Shrewsbury and Telford Hospitals and Shropshire Partners in Care.

Example – South Staffordshire and Shropshire Foundation NHS Trust volunteered to set up and chair the audit and performance sub-group of the Board. The work of this group will help the Board understand how effectively people are being kept safe from harm and abuse.

In addition to what we regularly do, to deliver our vision we have identified the following important areas to work on over the next three years:

1. Preventing abuse from occurring –

we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

Example – Shropshire Partners in Care's core activities include training, providing good quality courses which promote high standards across the care sector. In addition, they are an umbrella body for Disclosure and Barring Service checks, which support care providers to ensure all eligible staff seeking to work in the care sector are checked in line with current statutory requirements.

Example – The Learning Development sub-group of The Board has written a competence framework to give guidance to service users and all organisations about the knowledge and skills they need in order to detect, manage and prevent harm and neglect.

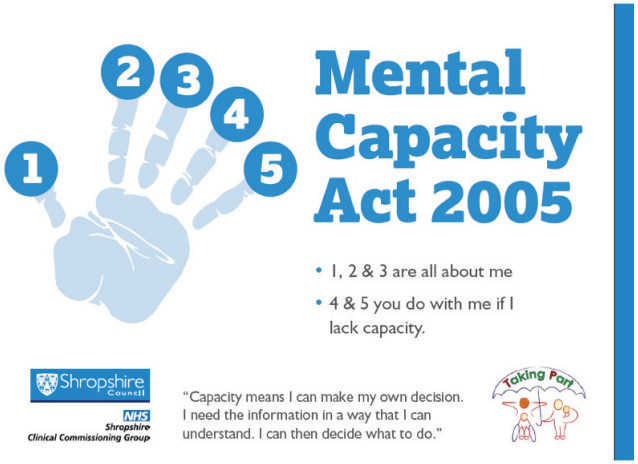
Example – Shropshire Clinical Commissioning Group chairs the "Improving Clinical Input into Care Homes" group. This involves NHS providers, General Practitioners, care homes and patient representatives and seeks to identify ways to improve the effectiveness of care within care homes.

2. Making Safeguarding Personal and implementing personalisation –

personalisation means giving people as much control as possible over their lives. The Board needs to be confident that this practice happens in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

Example – Shropshire Council has changed its practice to ensure that the adult with care and support needs is at the centre of the safeguarding process. This is done by encouraging workers to support the adult to raise the concern themselves or if this is not possible, ensuring that the process begins with a discussion with the adult about how they want to be made safe. This will be further enhanced by collecting data showing when this happens.

Example – The delivery of Mental Capacity Act training to service users and their parents and carers is an important part of helping people understand the Mental Capacity Act and their rights. As result of this training, Taking Part and Shropshire Council have worked with a group of adults with care and support needs to devise cards identifying the five principles of the Mental Capacity Act. This will mean that professionals are reminded to promote choice and control for the individual about their lives.



"Professionals have to use it because it's the law"

Example – Shrewsbury and Telford Hospitals Trust provide training for all staff to reinforce the concept of empowering and supporting the individual to make their own choices and to make sure the individual's well-being is promoted at all times.

3. Public and workforce awareness (please see learning and development section for more information) of their responsibility to safeguard people and report concerns if necessary –

the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages of the process.

Example – The Board organised a consultation event for service users, carers, and other stakeholders to consider what the safeguarding strategy for Shropshire should say. As a result of the event we changed the content of the strategy and came up with a new name for the Board and produced ideas for the board's logo, which were then developed by Designs in Mind; a group for people who use mental health services. In order to share messages about adult safeguarding and the work of the Board as widely as possible, a news story about this event was issued to educate the community.

Example – Shropshire Community Health NHS Trust have made safeguarding training essential for all of their clinical staff, with higher levels of training for specific roles including undertaking enquiries.

Example – South Staffordshire and Shropshire Foundation NHS Trust have produced safeguarding posters and leaflets that are available in all of their clinical areas. They provide service users and staff with local contact details for safeguarding support and advice, as well as highlighting our responsibility to keep service users safe.

4. Establishing effective working relationships with other strategic partnerships –
The Keeping Adults Safe in Shropshire Board should not work on its own. In order to be effective and achieve as wide a reach as possible, other partner organisations need to be clear about their role in safeguarding adults with care and support needs from abuse.

Example – The Board has participated in a mental health workshop run by public health for all the strategic partnerships, which included people's stories about their experiences of services. The safeguarding Board has promised that mental health will be included in its business plan.

Example – The Board is capturing data about mental health and safeguarding issues to better understand the needs of those who have such problems, which will inform preventative work for this year.

Example – Shropshire Fire and Rescue Service is represented at The Hate Crime Forum, PREVENT Board, Multi-agency Risk Assessment Conference where high risk domestic abuse cases are discussed and the Multi-agency Public Protection Arrangements management meeting.

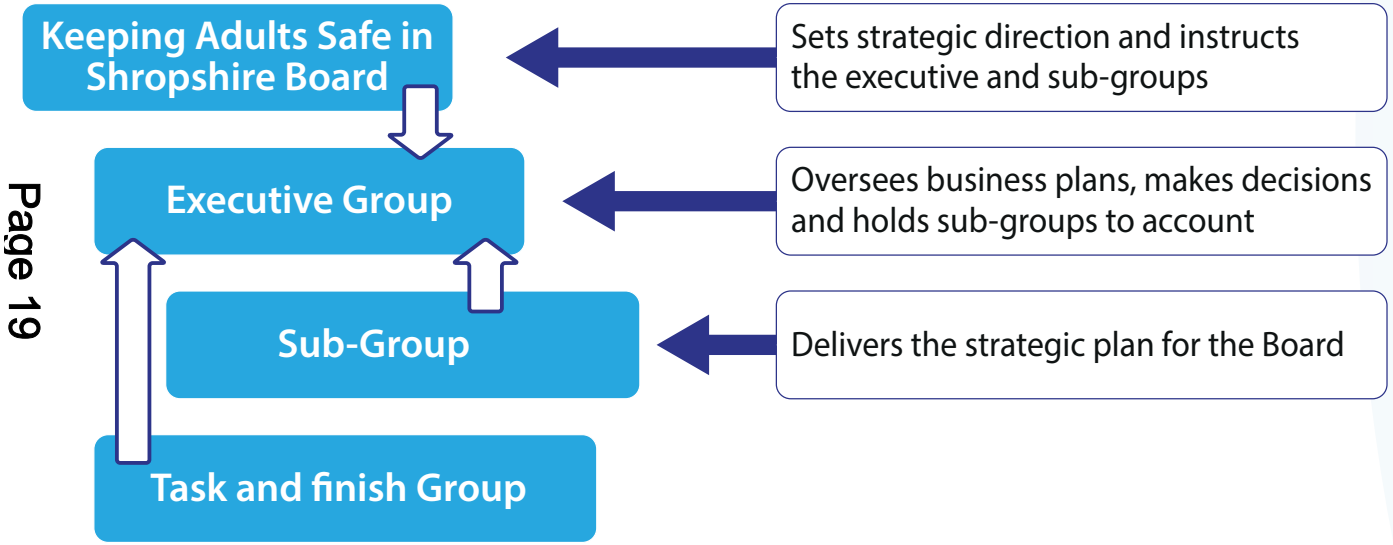
For more detailed information about the specific contribution to the Strategic Plan from the members, please see the appendix section.

How we work as a Board

Shropshire has had an adult safeguarding board since 2000, so this work is not new to us, but the Care Act 2014 requires Shropshire Council as a local authority to establish a Safeguarding Adults Board. The Board is independent of the council and other partners.

We appointed an Independent Chair in June 2015 who reports to the chief executive of Shropshire Council. We hold a series of meetings throughout the year to make sure that our strategic plan is being put into action.

This is our Board structure and what each group does.



Board policies and their effectiveness

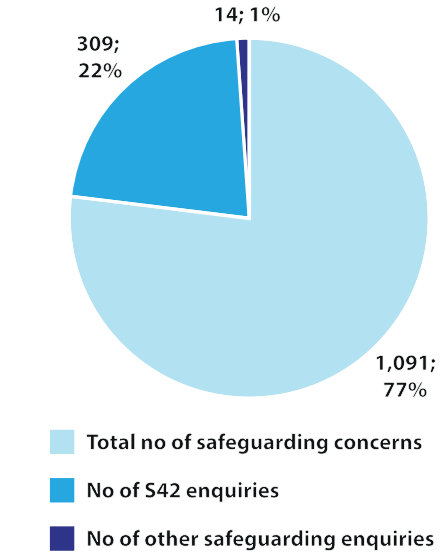
It has been a busy year for the Board as we have had to make sure our safeguarding practice has changed to fit the Care Act 2014. We have produced a number of documents to help everybody keep people safer. Our documents can be found on the adult safeguarding page of the Shropshire Council website. Our new documents are:

- **Risk assessment and risk management –** this document helps us have a balanced approach when we respond to safeguarding concerns. For example, it helps us work out if a situation could result in serious harm.
- **Safeguarding Adult Reviews process –** if someone dies or is seriously hurt because of abuse, this document helps us to understand what could have been done differently.
- **The safeguarding process in Shropshire –** this document explains when and how to raise a safeguarding concern but, more importantly, reminds people they must make someone safe as quickly as possible.
- **Self-neglect –** this offers advice to professionals if they are working with people who neglect themselves. It is a very complicated area of work but can result in people being at risk of very serious harm.

We hope you can see how much difference what is in these documents can make to people experiencing abuse or neglect in Shropshire.

What we know about safeguarding in Shropshire

Safeguarding concerns 2015/16



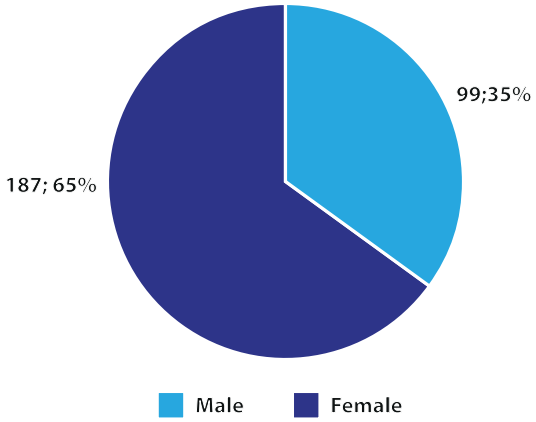
This information has been provided by Shropshire Council. The council is responsible for telling the Department of Health who is affected by abuse in its area every year.

A total of 1,414 safeguarding concerns were recorded, which affected 1,115 people. This shows a number of people were affected by potential abuse more than once.

The concerns raised resulted in 323 enquiries being carried out in total.

Section 42 enquiries (309) were carried out when Shropshire Council had a duty to. "Other" enquiries (14) were carried out because they chose to.

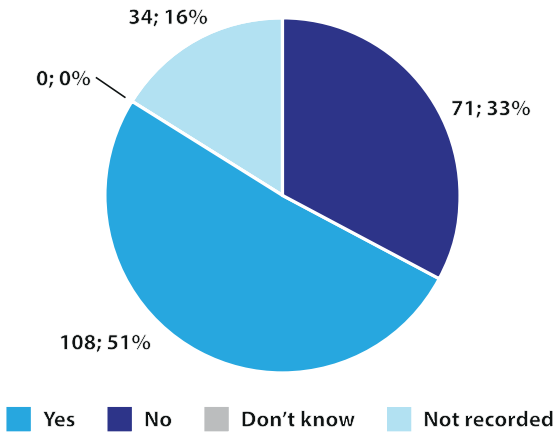
Section 42 enquiries by gender



Women are almost twice as likely as men to be affected by abuse in Shropshire.

The Keeping Adults Safe in Shropshire Board will consider this in developing our prevention work.

People lacking capacity in concluded section 42 enquiries



Most people affected by abuse have capacity to make decisions about this area of their lives for themselves. This does not, however, mean people are better able to protect themselves. Fear of reprisals and feeling disempowered are key factors here.

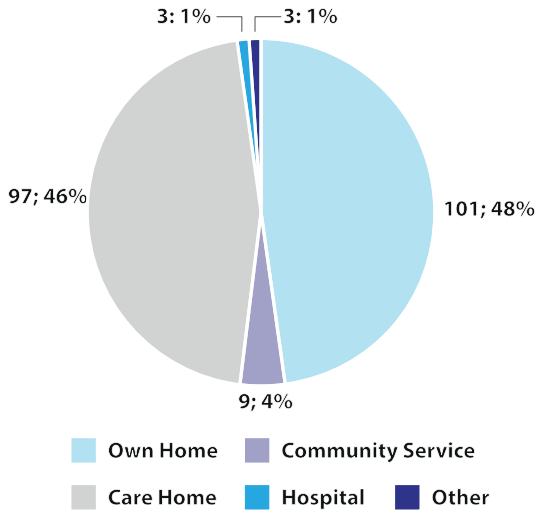
Although the majority of people have capacity, there are a significant number of people experiencing abuse who lack capacity.

The involvement of advocates, families and friends is particularly important when people lack capacity to safeguard themselves. **This is an area that must be improved in Shropshire.** In completed section 42 enquires, only 58% of people who had "substantial difficulty" participating in the process were recorded as receiving the support of an advocate, family member or friend.

Making Safeguarding Personal is essential if we are all to help people be in control of their lives as much as possible.

When asked, people or those acting on their behalf, should say what they want to happen. **There are a significant number of "don't knows" recorded, which is unacceptable.** It should always be obvious in an enquiry report how the person was involved and how they want to be protected. **This has been identified as an area for local performance monitoring by Shropshire Council.**

Concluded section 42 enquiries by location of abuse



About 32% of enquiries undertaken are about neglect. It is the biggest form of abuse reported in Shropshire. Where it occurs and who is responsible is difficult to unpick.

Most abuse takes place either in the person's own home or care homes.

Some people living at home are supported by both paid staff and family and friends, and most abuse takes place by someone known to the person.

The Care Quality Commission inspect many organisations that provide personal care and treatment. They inspect against five key lines of enquiry; caring, safe, well-led, effective and responsive. Of the care homes and domiciliary care agencies in Shropshire that have been inspected in this way, the majority of services are assessed as "good".

Neglect is an area of abuse that both the Keeping Adult Safe in Shropshire Safeguarding Board and Shropshire Council need to better understand, to find ways of preventing it.

Safeguarding Training in Shropshire

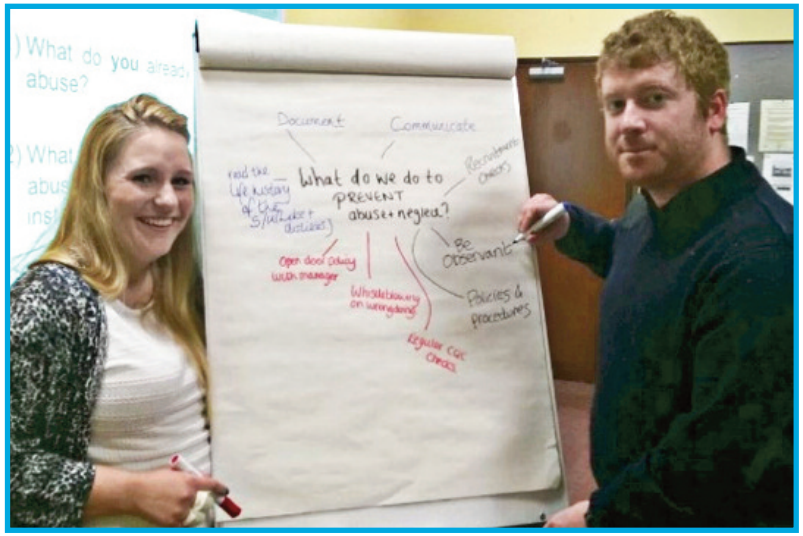
The Learning and Development sub-group is chaired by Shropshire Partners in Care. The group is responsible for agreeing the learning and development programme of the Board and understanding how well it works.

The Learning and Development sub-group recognise the need to develop a positive learning culture across the wider community in Shropshire. There is a need to produce a range of learning materials that suit people's different learning styles. This is important when promoting key messages regarding the prevention of abuse and making safeguarding personal. Everyone needs to understand their own responsibilities. These materials need to be based on the latest, nationally-agreed learning standards. These are made available to all of the partners on the Board and have been shared more widely as well. The Shropshire Partners in Care website is where you find these materials.

Publicity material is one of our priorities for the next business year. The website, once established, will be used by the sub-group to make local and national learning resources easily available to all.

The way the sub-group works is described in this diagram.

The Learning and Development Sub-Group has good representation from statutory and non-statutory organisations. A learning and development training programme is monitored by the sub-group which promotes an approach of positive learning. This will include learning from local, regional and national Safeguarding Adults Reviews.



Pictured left: Louise Edwards (Four Rivers Nursing Home) and Oliver Rothwell (Marches Energy Group), feeding back learners thoughts on prevention. (Safeguarding Adults Awareness Training, 26 May 2016).

It is a priority for the group to work out the best way of gathering data about who and how many people receive safeguarding training in Shropshire and how it makes a difference. Initial conclusions from the data submitted so far suggest:

- Safeguarding and related training is accessed by a variety of face to face sessions and other methods mainly by e-Learning package.
- The majority of people accessing safeguarding-related training are paid staff or volunteers.
- All agencies regulated by the Care Quality Commission should be in a position to evidence to them as the regulator, that staff access appropriate training and professional development.
- Some organisations take a proactive approach accessing preventative training such as professional boundaries, despite such training not being mandatory.
- Data gathered tends to report on the number of learners accessing training, rather than the impact of training on practice.

As a result of the pilot exercise, the Learning and Development Sub-Group will be assessing the data submitted and commence planning for future data capture and evaluation. The Learning and Development Sub-Group will provide partner members with a further opportunity to reflect upon the strengths and weaknesses of their training delivery in order to promote more effective safeguarding practice through developing training opportunities.

What we want to do next year

There is still a lot more work to do to make sure people can live their lives free from abuse in Shropshire, but in particular we want to:

- have adults who use care and support services and carer representatives in every group within the Board.
- finalise our performance framework and make sure the Board are holding partners to account for their work.
- finish setting up our website to promote the work of the Board and link with the public.
- develop easy to understand publicity material so everyone knows how to seek help if they can't stop abuse themselves.
- write a prevention strategy for Shropshire with other partnerships, that includes targeting women to help them safeguard themselves from abuse or neglect, neglect; in particular.

Closing statement from Councillor Lee Chapman, Shropshire Council's Cabinet Member for Adults

The Care Act has been a catalyst for a new approach to safeguarding adults in Shropshire. Everyone working in health and social care has refocused on the most important thing and that is people being in control of their own lives. I really welcome this new emphasis.

The discussion that took place at our engagement event in November 2015 was very encouraging. It was great to see people get involved and challenge us on the work we had done so far. It is because of people's contribution that the Board has a new name and logo. I would particularly like to thank "Designs in Mind" (a group for people with mental health problems) for bringing the ideas from that day to life. I very much look forward to the next engagement event which is taking place on 25 November 2016, which will focus on Making Safeguarding Personal.

The examples from our partners show how when we work together, we can achieve change for people affected by abuse.

I am sure that we have the right organisations on the Board to continue to make a difference to people's lives. We must now focus on involving adults with care and support needs even more and try to prevent abuse from happening in the first place.

Thank you for reading our first statutory report and I look forward to working with the Board this year.

Appendix 1

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:

Shropshire Clinical Commissioning Group (CCG)

Name and role of person completing the template:

Paul Cooper, Safeguarding Lead - Adults

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

The CCG in partnership with all of the Board members has supported the work being undertaken to enhance training and development of staff to make them more aware of the role they can play in Safeguarding Adults, this emphasises the key role of prevention in ensuring that all staff adhere to their duties to challenge poor practice and champion high quality services. The Learning & Development sub group has supported the development of a learning culture through the creation of specific reflective learning logs and is working to provide a repository of high quality safeguarding learning tools to equip practitioners to recognise the role they can play in prevention.

The CCG seeks to ensure that those who provide health services on behalf of the NHS are committed to constant quality improvement and assurance measures. It oversees the Serious Incident investigation process were by providers acknowledge sub optimal care candidly, where applicable report errors or omissions to commissioners and family and patients. It then puts learning action points in place which are shared with staff members.

The CCG chairs the Improving Clinical Input Into Care Homes group. This involves NHS providers, GP representation, care homes and patient representatives and seeks to identify ways to improve the effectiveness of care within care homes. By attempting to raise the standards of care in Shropshire its remit is very much about prevent and quality improvement. It does this by identifying concerns and attempting to find solutions e.g. it has produced or disseminated best practice guidance on Hydration and nutrition, tissue viability. It has undertaken audit work regarding admissions in order to review the most effective care is being offered in order to reduce necessary admissions and prevent deterioration. This has included looking for trends in care home admissions so the Integrated Community Service Team can target support to those homes. It also undertook a piece of work in which a GP and member of the medicine management team visited the learning disability care homes in Shropshire to discuss the admissions of people with learning disabilities to hospital for physical health reasons in order to promote the best use of the patient passport and annual health checks. It has also formed a group for care home activity coordinators to share best practice.

2. Making Safeguarding Personal and implementing personalisation – personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

The CCG has supported the wider partnership working being led by the board to ensure that Making Safeguarding Personal is embedded into Safeguarding. This includes the focus upon service user determined outcome measures are the premise from which all safeguarding work emanates. The CCG is supporting this message through the work of the Learning & Development group as it seeks to deliver this practice principle in its training. The CCG have also directly delivered training to GP and other primary care staff throughout the county and have promoted this to all GPs.

The CCG has sought assurance from the provider organisations that it commissions about training which includes Making Safeguarding Personal and its contribution to the Keeping Adults Safe in Shropshire Board. The CCG has disseminated information to all the 44 GP practices in Shropshire about Safeguarding processes including how to address service user outcomes and keep these at the heart of the process.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary – the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

As the commissioner of NHS provider services, the CCG has a contract in place with its providers and seeks to hold them to account with regard to their delivery of training targets in support of safeguarding. It has also worked with others to ensure that there is a suite of training and learning resources that increase awareness about Safeguarding. The CCG has contributed to the launch of the safeguarding event that sought to engage stakeholders and the wider community in understanding the key messages of safeguarding and the role they can play in supporting people with care and support needs. This included consultation on the name of the board and the logo.

The Learning and Development group are also leading on devising ways to enhance the information available about safeguarding so more people are aware of how to access help and support.

4. Establishing effective working relationships with other strategic partnerships –

The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

The CCG promotes partnership working within safeguarding. Its personnel either chair or co-chair the following groups; the Executive Group, the Learning & Development Sub Group; the MCA and DOLs associate sub group. The CCG are a key member of the Channel panel and works in partnership with all of the different agencies involved in this work. The CCG promotes and champions the work of the Keeping Adults Safe in Shropshire Board.

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

The CCG is responsible for commissioning services from NHS Provider Trusts. This includes ensuring that the providers comply with the safeguarding requirements of the NHS Standard Contract. The NHS providers need to demonstrate that they have recognised safeguarding leads, policies and training available to staff. The NHS providers are required to provide a safeguarding dashboard on a quarterly basis demonstrating compliance. The CCG meet with the NHS providers to hold them to account accordingly.

In addition to that, NHS provider organisations have a duty of candour to report and learn from circumstances were owing to deficiencies in the care provided there have been adverse outcomes. This involves Serious Incident (SI) investigation and the creation of learning action plans. The CCG meets with Providers every three weeks to review and challenge the reporting of and learning action points from Serious Incidents.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs, and they are experiencing or are at risk of abuse).

The CCG adheres to the safeguarding process and when necessary will identify key health personal to assist or lead in enquiries. This may be by providing specific expertise such as in medicine management or through undertaking coordinated visits to care homes e.g. when required Complex Care Team nurses will undertake visits and or reviews along with LAocal Authority Safeguarding Practitioners regarding the implementation of Safeguarding Plans when there are concerns about a care home.

The CCG also regularly attend safeguarding planning meetings and assist in the evaluation of risk and the determination of remedial actions.

The CCG, the Local Authority and the NHS provider trusts agreed the process when the Local Authority may cause others to undertake enquiries.

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

The CCG contributed to the implementation of the Safeguarding Adult Review process and chair the executive group which receives referrals into the process and oversees the Reviews.

The learning & development group are currently undertaking a piece of work in which they are seeking to identify the best way to promote learning at a regional or national level from Safeguarding Adult Reviews. The independent chair of the Keeping Adults Safe in Shropshire Board is therefore taking this up with other counterparts regarding how best to have a system of shared learning.

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

The CCG ensures that the services it commissions have an array of audit and performance measures.

The CCG has a Clinical Quality Review Meeting and a Contract Review Meeting with providers on a monthly basis. This looks at the key measures of patient care and safety and identifies actions to provide quality assurance. Some of these key measures include the Safeguarding Dashboard, Mortality Review Trends and benchmarking and the Patient Safety Thermometer which looks at rates of hospital falls, hospital acquired infections and other key measures.

Appendix 2

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
Shropshire Fire and Rescue Service

Name and role of person completing the template:
Guy Williams, Group Manager Prevention

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

Shropshire Fire and Rescue Service has worked closely with the Board to produce a new Adult Safeguarding Order. This document was passed by the Senior Management Team in June 2016.

The document supports the Care Act 2014 and provides definitions and guidance for all members of staff. The previous Order was rendered out of date by the introduction of the Care Act 2014.

2. Making Safeguarding Personal and implementing personalisation –

personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

Shropshire Fire and Rescue Service has a cohort of Vulnerable Persons Officers who now attend Safeguarding and other related training programs supported by this board. This incorporates SPIC, Children's Safeguarding Board and some national initiatives/courses.

This group of Officers liaise with those identified as at risk and the various partner groups that might support the individual. They also advise and support Shropshire Fire and Rescue Service senior management in the process of safeguarding.

An E Learning training package is being designed in house and will be rolled out across Shropshire Fire and Rescue Service to support the new order on safeguarding.

Shropshire Fire and Rescue Service fed back to the board on a case which highlighted areas of best practice and also development. This feedback process is linked to the operational response debriefing that is carried out by Shropshire Fire and Rescue Service following emergency incidents. Feedback is also provided for non-emergency situations which are dealt with by the Vulnerable Persons Officers.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –
the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

The new guidance document issued by Shropshire Fire and Rescue Service clearly states;

- The responsibilities of all members of the organisation.
- The process for raising concerns.
- The definitions of what constitutes a safeguarding issue.

This document will be supported by a bespoke E-Learning training package which is currently being designed.

4. Establishing effective working relationships with other strategic partnerships –
The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

To construct the new guidance document Shropshire Fire and Rescue Service liaised with this board, especially with Sarah Hollinshead-Bland. In addition to this Shropshire Fire and Rescue Service consulted various Fire and Rescue Services and West Midlands Ambulance Service.

Donna Trowsdale Development Manager at Shropshire Fire and Rescue Service supports the Learning & Development sub group. Shropshire Fire and Rescue Service links up with SPIC for training opportunities.

Shropshire Fire and Rescue Service is also represented at The Hate Crime Forum, Prevent, MARAC and MAPPA.

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified, but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

Partners and Board members are invited to feedback to Shropshire Fire and Rescue Service regarding raised concerns, the methodology adopted and the appropriateness of the concern. Shropshire Fire and Rescue Service review serious case interventions and hold monthly meetings to discuss best practice within the specialist Vulnerable Persons cadre.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).

Shropshire Fire and Rescue Service has a policy which details a clear pathway of required action for raising a concern.

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

Shropshire Fire and Rescue Service will contribute to reviews as and when required. Best practice will be implemented.

Shropshire Fire and Rescue Service will feedback to partners on all occasions where concerns are shared.

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

Shropshire Fire and Rescue Service has identified an increasing trend in Hoarding disorder. As a result a guidance document has been issued across Shropshire Fire and Rescue Service to ensure the correct identification, support and intervention for such cases.

Appendix 3

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
Healthwatch

Name and role of person completing the template:
Jane Randall-Smith, Chief Officer

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

Healthwatch Shropshire undertakes an Enter & View programme of visits to health and social care facilities. The visit programme is intelligence led and the purpose of a visit will be determined by the intelligence available on a specific facility. If the visit team identifies other issues outside the scope of the purpose these would also be documented and any safety concerns would be raised at the time of the visit.

Recommendations are made to the provider who is invited to respond to the report and prepare an action plan.

Concerns are also shared with the Clinical Commissioning Groups, Local Authority Adult Social Care and Safeguarding.

2. Making Safeguarding Personal and implementing personalisation –

personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

Healthwatch Shropshire receives calls from members of the public about the quality of services and / or asking how to raise a safeguarding concern. Healthwatch Shropshire will discuss with the caller how to raise a concern, may contact the Safeguarding team on behalf of the caller and always asks for permission to share information.

Healthwatch Shropshire will follow up to establish what action has been taken and if there is not enough information to raise a safeguarding concern, will consider what steps it is appropriate for it to take to address the concerns raised.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –
the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

All the Healthwatch Shropshire staff team and Enter & View Authorised Representatives have undertaken Safeguarding training so that they are prepared to deal with situations when callers contact Healthwatch Shropshire about the quality of health and social care and when undertaking an Enter & View visit. Enter & View Authorised Representatives are all DBS checked.

Healthwatch Shropshire raised concerns with Safeguarding on four separate occasions in 2015-16

4. Establishing effective working relationships with other strategic partnerships –
The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

Healthwatch Shropshire works in partnership with many organisations across Shropshire. It can use its networks to raise awareness of safeguarding.

Healthwatch Shropshire receives feedback on a confidential basis and the caller may not wish to disclose details which make it a challenge for the Safeguarding team to act on these concerns. Healthwatch Shropshire maintains a record but it is recommended that Safeguarding keeps a record of all its callers who raise a concern whether or not it is progressed, as it will build up a fuller picture of that provider.

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified, but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

Healthwatch Shropshire undertakes Enter & View visits using the feedback it receives or by request from commissioners where concerns are raised about a provider.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).

N/A for Healthwatch Shropshire .

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

N/A

Healthwatch Shropshire makes recommendations in its Enter & View reports and invites a provider response and Action Plan. These reports are published and are also shared directly with key agencies.

In 2016-17 Healthwatch Shropshire will be reviewing progress on Action Plans to explore the impact of Enter & View.

Healthwatch Shropshire has been involved in multi-agency meetings following safeguarding concerns being raised. Healthwatch Shropshire is able to continue any intelligence it holds and may offer to undertake an Enter& View visit or participate in an engagement event.

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

Healthwatch Shropshire gathers feedback from the people of Shropshire on their health and social care services and analyses it to identify trends and hot spots. The nature of a concern raised will determine the action to follow and may include a referral to safeguarding.

Appendix 4

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
West Mercia Police

Name and role of person completing the template:
Jason Wells, Detective Superintendent, Warwickshire and West Mercia Police

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

Within the Strategic Alliance between West Mercia Police and Warwickshire Police, (The Alliance) there is a shared vision of 'protecting people from harm', which focuses our activity on areas of business which will include the delivery of the Adult Safeguarding Board priorities as set out in the strategic plan.

Preventing abuse from occurring is obviously a very important area for the police. Criminal investigations involving crimes against adults with care and support needs are intrinsic to the prevention of on going, or further abuse. From a Shropshire perspective, one such case involved the specialist police, Adults at Risk Unit. It was a complicated theft and fraud investigation in the Market Drayton area, and involved two elderly, disabled gentlemen who lived in different areas of the town. Both gentlemen were incapable of protecting themselves from the actions of the female offender due to their vulnerabilities.

The specialist team were able to obtain evidence that clearly demonstrated that she had stolen over £100, 000 off one of the gentleman. The offender received the maximum custodial sentence permitted. However, the true positive outcome was that for one of these frail, disabled gentlemen, who had been spent 15 years living in isolation and dreadful living conditions, through our multi agency working processes in adult safeguarding, he now has an excellent quality of life, he is happy, safe and free from abuse which epitomises the Warwickshire Police and West Mercia Police commitment to 'protecting people from harm' and preventing abuse.

2. Making Safeguarding Personal and implementing personalisation –

personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

What does MSP mean for the police?

It means:

- Victim centred safeguarding approach working with the relevant partner agencies within the confines of legislation.
- Engaging with the adult in a meaningful way, listening to the adult and protecting from harm from self or others.

We deliver this by utilising the following framework. We:

- Investigate possible crimes.
- Conduct joint investigations with partners.
- Gather best evidence to maximise prospects for prosecuting offenders.
- Achieve (with partners) best protection and support for the person suffering abuse / neglect.

In Shropshire we have also have the addition of the Adults at Risk Unit, this specialized units primary function is to work with other statutory and voluntary agencies to manage risk, investigate and prosecute offences, and safeguard and protect adults with care and support needs from the risk of significant harm or exploitation. This team actively engages with and utilises the premise of MSP, in that their actions are based upon 'supported decision making for the individual'. Through every step of any engagement, the person or person's family, are involved in the process.

One example of MSP involved a lady with extensive learning difficulties who had been subjected to a serious sexual assault. Her main carer was her mother and from the start of the process, right through to the end, when the officer wanted to update her and to see how she was, all meetings were carried out in a coffee shop as this was where the lady and her mother felt the most comfortable and at ease.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –
the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

Raising awareness of the adult safeguarding process, not only with police officers but in our communities is vital in the holistic approach of prevention of abuse to adults with care and support needs. With the aim of raising that awareness, there is a commitment to review and develop both working practices and training across the organisation. Since July 2015, the Alliance has used the '13 Strands of Public Protection' training as provided by the National College of Policing. We recognise that this training is generic in relation to 'vulnerability' per se, and not specific to adults with care and support needs however, The Alliance is actively developing courses for all established front line officers and staff to look at 'professional curiosity', 'vulnerability' and adult safeguarding more specifically.

We also strive to improve our engagement with both service providers and our adults with care and support needs in the community. Through working in unison with partner agencies, there have been many positive outcomes for our adults with care and support needs and this will go from strength to strength with increased and specific 'adults with care and support needs' training, thus dissemination of that knowledge into our communities.

4. Establishing effective working relationships with other strategic partnerships –
The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

In line with The Alliance values to 'work in partnership to provide the best service we can', we now have a combination of Multi Agency Safeguarding Hub (MASH) or Harm Assessment Units (HAU) serving Herefordshire, Shropshire, Telford, Warwickshire and Worcestershire. In Shropshire, the HAU provides a single point of contact for statutory safeguarding activity however, we are moving forward to the HAU being far more engaged with the adult safeguarding process, this is a matter of capacity and adequate training. We hope to achieve the same involvement and engagement within the HAU with our partner agencies that we currently have in relation to Child and Domestic Abuse safeguarding processes.

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

The Alliance document, 'Looking to 2020' sets out the vision for the future of policing, and highlights that 'Protecting people from harm' is at the core of everything we do. The overriding ambition over the next five years is to become 'great' at protecting the most vulnerable from harm. With that in mind, a pilot for generic 'Vulnerability' training has taken place in the Telford policing area, consisting of both e-learning and work with an external drama group. This pilot has been evaluated by Worcester University, and as a result a larger pilot is due to take place with the long term aim of rolling the training out across the entire Alliance. This will mean that for all areas, including Shropshire, non specialist departments and officers will be provided with training on a variety of aspects of vulnerability. This will include adults with care and support needs specifically and thus, target the adult safeguarding process.

To facilitate continued joint working, the Alliance has developed a new shared vision and set of values. These provide a unified purpose for the two organisations and a clear direction to our workforce and our stakeholders as to how the forces will operate.

Vision - Protecting people from harm

Values - We will:

- Take pride in our professionalism and standards of behaviour
- Listen and engage
- Use professional judgement and be courageous in making decisions
- Seek out better ways of working

- Lead with confidence and do the right thing
- Work in partnership to provide the best service we can

Our vision and values form the basis of the Alliance's organisational culture - a set of shared attitudes, goals, practices and aspirations. In Shropshire we will continue to protect our adults with care and support needs from abuse or the risk of abuse through improved and increased training to all officers and staff, and through our very strong ethos and commitment to multiagency working. Intrinsically incorporated throughout that whole process, will be our policy of robustly challenging and changing our working practices as part of on going learning processes.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs, and they are experiencing or are at risk of abuse).

The Alliance has exceptional working relationships with its partner agencies in Adult Safeguarding in Shropshire. Having such strong symbiotic associations allows us to effectively undertake enquires so that we can achieve constructive action, prevention of abuse and most importantly, positive outcomes for our adults with care and support needs. In Shropshire, we also have the specialist Adults at Risk Unit. They have forged strong, working relationships with agencies, in particular Shropshire Council Adult Safeguarding, and this has been instrumental in effective safeguarding enquiries or indeed, criminal investigations.

One such example of this effective working relationship involved a concern regarding financial abuse. The adult at risk was an elderly lady with a diagnosis of dementia and she had been admitted to a care home by her son. Initially the lady herself was capable of signing her own cheques for payment as she was a 'self funding' client. However, after a short period of time, the lady's capabilities diminished and financial responsibility was passed to her son.

The son failed to continue with payments and after a few months a substantial fee for his mothers care remained unpaid. Following enquiries made at the care home and after extensive consultation with the Shropshire Council Adult Safeguarding Team, detectives from the Adult at Risk Unit instigated an investigation into financial abuse. It was quickly identified that the ladies accounts were being defrauded of large amounts of funds, whilst the fees for her care remained unpaid. Investigations revealed that the money had been withdrawn by the son to support his own lifestyle. He was later charged with a number of offences under the Theft Act. The Shropshire Safeguarding Team ensured that the lady's care home placement continued unaffected and funded.

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

The Alliance has always embraced the 'transparent approach' when dealing with policies or practices that if had been different, then an enquiry or investigation may have been focused in a different direction or a more timely manner. Similarly, if actual organisational errors have been identified in an adult with care and support needs investigation, then we are very much part of, and embrace the Safeguarding Adult Review process (SAR).

One such case involving the multi agency Safeguarding Adult Review process was the investigation into a lady who had received significant and substantial bruising. Through the review process, it was identified that all agencies were required to instigate changes to areas of their practice. One area of improvement identified across all agencies, was the need for more frequent and thorough communication between organisations. From the Alliance perspective, once a criminal enquiry has been finalised then that information must be relayed to fellow agencies allowing them to undertake actions from their organisational perspective.

A dedicated Detective Inspector for Strategic Safeguarding is responsible for thematic reviews of SCR learning across the Alliance to ensure service delivery takes into account the lessons to be learnt and ensure that any action plans are seen through to conclusion. In effect, all points of learning and changes to practice are disseminated through the Alliance thus, learning as a whole from the SAR process.

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

Warwickshire and West Mercia Police were inspected by the HMIC who produced the PEEL: Police Effectiveness 2015 (Vulnerability) reports dated December 2015. The summary of findings highlighted that both Warwickshire Police and West Mercia Police generally provided a good service in identifying vulnerable victims and responded appropriately with its partners, and the public could be confident that many victims felt supported. There were however, areas identified for improvement. It was recommended that the forces should improve their response to vulnerable victims by reviewing the behaviour of staff towards vulnerability and evaluating the effectiveness of its training, learning and development. It also recommended that the forces should improve compliance under the Code of Practice for Victims of Crime, specifically in relation to the use of special measures.

The Alliance has sought to address the PEEL recommendations across both police areas and is therefore promoting a more consistent approach by staff in relation to the understanding and the management of the adult safeguarding process. We are also improving the manner in which we identify and record concerns surrounding adults with care and support needs.

An example of this in practice can be evidenced by the specialist police Adults at Risk Unit in Shropshire. Through its audit and monitoring processes, the unit identified an increase in significant and complex fraud offences against adults with care and support needs. As a consequence of this identification, the unit enlisted the help of the specialist Economic Crime Unit to improve the understanding and therefore obtain best evidence when dealing with complex fraud investigations.

Appendix 5

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
Shrewsbury and Telford Hospitals (SATH)

Name and role of person completing the template:
Helen Hampson, Adult Safeguarding Lead

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

Throughout the safeguarding training at SATH staff are reminded that safeguarding is not just part of their professional duties, but also as members of their own community. Staff are encouraged to act on and report actual or suspected abuse, including anti – social behaviour and hate crime.

2. Making Safeguarding Personal and implementing personalisation – personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

With the introduction of the Care Act 2014 we acknowledge that the emphasis is now on Making Safeguarding Personal. Training provided on site for all members of staff reinforces the concept of empowering and supporting the individual to make their own choices and that the individual's wellbeing is promoted at all times. If the individual has been assessed as being unable to make decisions for themselves we ensure that the individual is fully supported with the appropriate advocacy service. We maintain a safeguarding database for all safeguarding concerns made and can be used for audit and evidence information gathering.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –

the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

Adult safeguarding training provides staff with an awareness of what abuse is, types of abuse, which includes examples and indicators, how to recognise abuse and the process on how to report actual or suspected abuse or neglect, also informing staff of the variances in the reporting procedure for the different local authorities. Ensuring staff receive feedback once a referral has been made if possible from the local authorities.

4. Establishing effective working relationships with other strategic partnerships –

The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

We work together with our colleagues and partners in the community to develop an effective safeguarding plan if required. This includes sharing information with due regard to confidentiality and information sharing protocols.

We complete our own internal investigations and as part of a multi – agency enquiry, reporting back to the relevant agencies and individual.

As a Trust, the Director of Nursing and Quality and Associate Director of Patient Safety are core members of the Safeguarding Adults Boards, whilst the Safeguarding team attend the subgroups for both Shropshire and Telford and Wrekin.

The safeguarding team within the Trust consists of;

Named Nurse for safeguarding children and younger people (Lead for Domestic Abuse)

Safeguarding Midwife

Adult Safeguarding Lead

Safeguarding Support Nurse for both children and adults including domestic abuse

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified, but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

Safeguarding training is mandatory for all patient handlers within SaTH. It is also introduced at induction for all new members of staff. We continue to emphasise to all our staff that we all have a responsibility in recognising potential abuse or actual abuse and then taking the necessary actions to prevent further harm.

Safeguarding training is mandatory for all patient handlers within SaTH. It is also introduced at induction for all new members of staff. We continue to emphasise to all our staff that we all have a responsibility in recognising potential abuse or actual abuse and then taking the necessary actions to prevent further harm.

Staff are also made aware of the implementation of Making Safeguarding Personal and this is an on-going process throughout our training. This includes promoting the individual's wellbeing at all times.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).

SaTH safeguarding team complete full internal investigations in a timely manner and continue to have a close liaison with relevant external agencies.

Information is shared within the Trust and actions taken from any learning points.

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

SaTH contribute to safeguarding adult reviews as required and share learning points and any agreed actions.

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

A safeguarding database is maintained within the Trust and information can be gained for audit purpose and for also recognising any trends internally and externally.

Appendix 6

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
Shropshire Community Health NHS Trust

Name and role of person completing the template:
Andrew Thomas, Head of Nursing and Quality (Adults),
Quality and Compliance Lead, Adult Safeguarding (Shropshire)

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

Values into action, internal assessment of the CQC KLOE domains and action plans drawn up.

2. Making Safeguarding Personal and implementing personalisation –

personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

Safeguarding training is mandatory for all clinical staff. Any referrals are alerted to the SCHT safeguarding leads and support to ensure the adult is involved in decision making as much as possible. Currently an MCA audit is taking place and one aspect of the audit is the 5 principles of the MCA . The findings will be presented to relevant quality forums and a learning action plan made to ensure learning is shared and lessons learned are actioned.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –

the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

Safeguarding training is mandatory for all clinical staff with higher levels of training for specific roles. Safeguarding and safeguarding being everyone's business has been the focus at the community Trust Leadership Group in June 2016.

4. Establishing effective working relationships with other strategic partnerships –

The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

SCHT works closely with the CCG and local authority, and engages in regular safeguarding and MCA meetings with these parties and other local health providers.

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

Keeping adults safe is a standing agenda item on adults quality and safety meetings and is also reported at executive level at Quality and safety committee. Included is any safeguarding incidents, reports, MCA and DOLS issues. All safeguarding incidents are seen by the SCHT safeguarding leads and challenges made to referrers. Safeguarding level 1 is mandatory for all clinical staff, and higher levels for those in specific roles.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).

SCHT has been caused to undertake Section 42 enquiries relevant to our Trust and to our areas of expertise, e.g. diabetes care, Tissue Viability and elderly inpatient care. Lessons learned and actions from these enquiries are taken forward via Quality and Safety meetings.

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

N|/A

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

An audit is underway exploring the embedding of MCA and DOLS into practice within the community trust. All incidents and section 42 outcomes are explored for learning opportunities and learning is shared throughout the Trust.

Appendix 7

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
Shropshire Council

Name and role of person completing the template:
Andy Begley, Director Adult Social Care

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

The Community Mental Health team share an office with health staff and have joint weekly team meetings in order to share information quickly. Risk assessments are completed with all relevant people within three meetings.

The work of the Deprivation of Liberty Safeguards team focusses on reducing restrictions in any care and support plan and assessing the person's best interests. Their wishes, feelings, beliefs and values are central to this process. Best Interest Assessors have attended training on talking to people who have complex needs and also on Autism this year which has helped them develop a more person centred approach to assessment work. The work with care homes to identify and reduce restrictions contributes to a culture of caring.

Public Protection have led on the following cases to prevent or stop abuse:

- Working with scam victims subject to financial abuse to stop further money being sent and to stop unwanted mailing/direct marketing being received. The victims are often older and socially isolated.
- Helping people who hoard a lot of things in their home, who are living in unsafe and unhygienic housing conditions, to improve their housing conditions and connect them with support providers enabling them to remain living in their home.
- Resolving neighbour disputes and anti-social behaviour which cause harm to people with care needs
- Involving people to help them change their behaviours which are putting them at risk of eviction and enable them to access the support they require to remain living in their own home.

- Successful use of consumer protection legislation (including the Fraud Act 2006 and associated legislation) to tackle financial abuse from doorstep crime by 'rogue traders' through a range of approaches from advice to prosecution. When undertaking investigations financial reimbursement and compensation is sought for victims through informal negotiation with offenders undertaken by officers and formal compensation applications through the Courts.
- Significant work has been undertaken to revise the Shropshire Council's Hackney Carriage and Private Hire Licensing Policy and the Gambling Act Policy to specifically address safeguarding and the changes that have been made to licensing application processes and supporting enforcement in relation to licensing conditions and the law. Private Hire Operators are required to have a suitably trained Designated Person with specific responsibility for safeguarding.

A Principal Social Worker has been identified. The Care Act requires the Local Authority to have a Principle Social Worker to make sure that the quality and consistency of social work practice is high, to promote Making Safeguarding Personal and being confident that this is happening. The current Principle Social Worker is an active member of the Learning and Development sub-group of the Board.

The Principle Social Worker works with the Safeguarding Lead to maintain standards of social work in the Safeguarding Team.

2. Making Safeguarding Personal and implementing personalisation – personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

Shropshire Council has changed its practice to ensure that the adult with care and support needs is at the centre of the safeguarding process. This is done by encouraging workers to support the adult to raise the concern themselves or if this is not possible, ensuring that the process begins with a discussion with the adult about how they want to be made safe. This will be further enhanced by collecting data showing when this happens.

The delivery of Mental Capacity Act training to service users and their parents and carers is an important part of helping people understand the Mental Capacity Act and their rights. As result of this training, Taking Part and Shropshire Council and has worked with a group of adults with care and support needs to devise cards identifying the five principles of the Mental Capacity Act. This will mean that professionals are reminded to promote choice and control for the individual about their lives.

In Mental Health, a discussion with the individual takes place before any further action in most cases as part of the risk assessment. The wishes and needs of the individual are taken into account when making any decisions.

The Deprivation of Liberty Safeguards team work only with people who lack capacity to make care and support decisions. A significant part of their assessment is to determine the person's views and to explore whether and to what extent their wishes can be followed. In some cases this year people have been found to actually have capacity once assessed and this has resulted in the care home only being able to impose restrictions which the person agrees to.

The team have ensured people are informed of their rights and we have received a number of appeals to the Court of Protection which is a positive application of their human rights.

A new process for checking through the case files has been developed to make sure that they are checked regularly with the social worker as part of their supervision with their manager

Housing Services ensure that all safeguarding referrals, wherever possible, are discussed with the client and / or family members before a referral is made. Housing Services also check to make sure there are no risks to individuals who are housed in temporary accommodation as well as those that present as homeless due to threats and abuse. We work alongside other agencies to ensure we take into account a person's individual situation and consider their wishes before taking any action.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –

the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

All Mental Health staff have to attend the safeguarding training and updates and this is monitored by management and staff. Safeguarding is a regular agenda item at the Team Meetings.

The Public Protection team now have links with the Anti-Social Behaviour team to support the sharing of information between agencies and to make sure we can quickly respond to safeguard people.

A programme of safeguarding awareness training is in place for new and existing taxi and private hire drivers.

Housing Services has made sure that all front line staff are booked onto Adult Safeguarding and Mental Capacity Act training.

4. Establishing effective working relationships with other strategic partnerships –

The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

The Community Mental Health team work with other agencies as part of a partnership agreement such as will housing and public protection.

The Mental Capacity Act Manager has supported work with people who use services to put together information to help others who find themselves in the same situation. They have also made a film. The training officer has delivered Mental Capacity Act training to people who use services and to young people and their parents and carers at transition.

The Mental Capacity Act Manager has continued to be part of the multi-agency Mental Capacity Act group working with the Clinical Commissioning Group, the local acute hospitals and Robert Jones and Agnes Hunt Hospital/ There have been visits to the hospital wards to see how they use their training in their day to day work. This also helps us to decide how we will training people in the future.

Senior managers from Housing Services attend the Keeping Adults Safe in Shropshire Board including all sub-groups. Housing Services are aware of the importance of partnership working and this is key to our day to day work.

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

Social Care staff are challenged by their line managers in supervision when case files are checked.

Best Interest Assessors continue to ensure they meet Shropshire's expected compliance of having Adult Safeguarding training and have worked alongside one or more cases which has been to the Court of Protection due to concerns of abuse and resulting in a deprivation of liberty issue.

All housing staff are held to account for providing evidence that actions have been completed. Regular reviews of cases ensure that Housing Services are aware of what they may need to do differently next time.

The Adult Safeguarding Team are regularly involved in challenging the practice of all working with people who need care and support. This helps individuals to be more in control of their lives and the decisions they need to make.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).

Shropshire Council have put two Safeguarding practitioners in the Contact centre to help prioritise safeguarding concerns that are raised, this means we can protect people more quickly if required and act as a source of expertise to the contact centre staff.

All Mental Health social workers are attending Section 42 enquiry training.

Housing Services have a named manager who attends the Keeping Adults Safe in Shropshire Board. Housing actively participates in the safeguarding process and if necessary, will lead in enquiries or provide specific expertise.

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

See annual report.

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

Shropshire Council has rewritten its client information system in order to tell us who is affected by abuse and where it is happening (please see the "What we know about Safeguarding in Shropshire" section). This has helped identify the quality of care provided by care homes and domiciliary care services as a priority for next year.

Housing Services are developing a new data management system which uses innovative dashboards and scoreboards. This will be used to provide real time data on all Housing issues and will ultimately lead to predictive analytics.

There has been an internal audit of adult safeguarding practice that has identified some changes in practice that need to be made including the need to take action to reduce the number of open adult safeguarding referrals and in particular clear the referrals from previous financial years. This has resulted in the review and closure of approximately 600 cases. The Adult Safeguarding Team continue to report their progress on other recommendations to Internal Audit. This also demonstrates internal assurance and challenge.

Appendix 8

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
Shropshire Partners in Care

Name and role of person completing the template:
Karen Littleford, Adult Safeguarding Training & Development Officer

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

SPiC's Core Activities include training, providing affordable and good quality courses which promote high standards across the care sector. In addition, SPiC is an umbrella body for DBS checks which supports Care Providers to ensure all eligible staff seeking to work in the care sector are checked in line with current statutory requirements. The Care Workforce Development Partnership and SPiC address workforce development needs, identifying and promoting the importance of and investment in the development of staff and opportunities within the care sector.

In terms of raising the profile of adult safeguarding to prevent abuse SPiC commemorates World Elder Abuse Awareness Day each year. In 2016, SPiC (Annscroft Office) has signed up to the Safe Places scheme to support adults who need a place of safety in the community. As part of its commitment to preventing abuse or neglect SPiC has asked all SPiC members who have not already done so, to also sign up to the scheme.

Shropshire Partners in Care works to the key principles of adult safeguarding as outlined in the Care and support statutory guidance. Clear messages are given to providers via training and guidance concerning prevention and the need to stop harm from happening in the first instance.

As well as the existing training and Development Posts and associated courses SPiC has been providing falls prevention and management training. In 2016 a new joint Falls Prevention Project Lead Post in partnership with Shropshire CCG, Shropshire Council and SPiC became operational.

A range of the training, information and advice functions of SPiC contribute to the prevention agenda in addition to partnership working arrangements. Safeguarding Adults Awareness sessions require learners to consider their own and organisational roles in preventing abuse and neglect as well as responding and reporting.

2. Making Safeguarding Personal and implementing personalisation – personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

SPiC's Fundamental Principles include working in a way that safeguards the human rights of all those who may need, use or work in care services and supports its members to deliver services that place people's rights at the centre of their decision making.

Making Safeguarding Personal (MSP) is embedded in the Business Plan of the KASiSB Learning and Development Sub Group chaired by SPiC. All safeguarding related training courses have been developed to ensure MSP is seen as a role for all organisations in Shropshire. Key messages include starting with the adult and ensuring they are fully involved in decision making about being safe.

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary – the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

SPiC delivers and facilitates access to a range of training courses supporting the development of skills, knowledge and competence around adult safeguarding. Many of these courses are delivered in partnership with Joint Training, Shropshire Council. All safeguarding training has a focus on the prevention of abuse and neglect as well as responding and reporting. In addition to adult safeguarding training, a wide range of training is delivered or commissioned by SPiC contributing to the development of good practice and a competent workforce.

SPiC activity around adult safeguarding reinforces the safeguarding principle of accountability; this includes clear messages via advice and training regarding challenging practice where needed and intervening to stop abuse or neglect.

The SPiC website has a range of publically accessible information and SPiC receives calls from members of the public who require support and signposting. The Adult Safeguarding Training and Development Officer engages with community groups to raise awareness of safeguarding including The Women's Institute and Volunteers.

SPiC utilises its weekly e-newsletter and website to update members on current issues and developments in the sector. SPiC contributes to national and local consultations, representing the independent care sector and challenging views and concerns from the sector to other organisations, including; local authorities, CQC, MP's and the Clinical Commissioning Group (CCG). Members of the SPiC team participate in working groups, the KASiSB and various sub groups of the KASiSB. SPiC chairs the KASiSB Learning and Development Group. This interaction enables SPiC members to engage with the strategic processes around safeguarding and this was evident at the inaugural KASiSB event.

4. Establishing effective working relationships with other strategic partnerships –
The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

SPiC continues to develop positive working relationships with partners in Health, Local Authorities and other statutory agencies. This enables SPiC to share information with members and others to prevent abuse and neglect and reinforce the provider's role in safeguarding adults.

In Shropshire, SPiC sits on the KASiSB, KASiSB Executive Board and the KASiSB Audit and Performance Sub Group. In addition, SPiC chairs the KASiSB Learning and Development Sub Group.

The SPiC Care Awards 2016 celebrated the provision of good quality care in Shropshire and Telford & Wrekin. Attended by SPiC members, partner organisations and hosted by Vicky Archer (Radio Shropshire) with Kelda Wood (GB Paracanoe athlete) giving an inspiring pre- awards talk. The ten 2016 categories included the following Awards Health & Wellbeing, Healthy Eating, Supporting End of Life Care, Supporting/engaging with your local community and Supporting out of hours discharge.

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

–

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).

–

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

–

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

–

Appendix 9

The following priorities are identified in the Keeping Adults Safe in Shropshire Board Strategic Plan. Please give specific examples of how your organisation has been working towards the Strategic Plan of the Board.

Name of Organisation:
South Staffordshire & Shropshire Healthcare NHS Foundation Trust

Name and role of person completing the template:
Sharon Conlon, Safeguarding Lead Adults and Children

1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

- Over 80% of our staff have been trained in adult safeguarding . This training includes recognition and awareness of abusive practices, by ensuring that our staff are aware of what actions/omissions constitute abuse we are able to foster a culture of prevention.
- As a mental health and learning disability NHS Trust promoting and supporting service users to develop resilience and build on strengths is the underpinning philosophy of how we work with adults with care and support needs.

2. Making Safeguarding Personal and implementing personalisation –
personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

- During 2015/16 SSSFT have completed a safeguarding audit , this audit identified that in 58% of adult safeguarding referrals the wishes and feelings of the adult at risk were captured at the point of referral

Making Safeguarding Personal is acknowledged as a priority and is included in SSSFT safeguarding strategy for 2016/17

3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –

the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

- During 2015/16 SSSFT has developed a safeguarding website, this holds information for services users, carers and staff on all aspects of safeguarding.
- The safeguarding team produce a quarterly learning the lessons bullet which provides a synopsis of safeguarding reviews and shares local and national learning.
- A safeguarding update is a feature in SSSFT monthly staff newsletter keeping frontline staff up to date on changes in practice and safeguarding priorities.
- Changes in safeguarding policy and practice as well as news items are added to the trusts discussion forum which enables frontline staff to express their thoughts ideas and opinions in relation to safeguarding themes topics. This is an interactive forum where the exchange of views and opinions can be seen by all staff and all staff can contribute.
- SSSFT have produced bespoke safeguarding posters and leaflets that are available in all of our clinical areas, they provide service users and staff with local contact details for safeguarding support and advice as well as highlighting our staffs responsibility to keep service users safe.

4. Establishing effective working relationships with other strategic partnerships –

The Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

We will work in partnership to ensure effective safeguarding

Protecting people from the risk of abuse and neglect is not something that any individual or organisation can achieve on their own – safeguarding is about working in partnership with other agencies so that together we can identify risks, share information and do whatever we can to reduce the risk of harm to vulnerable people " (SCIE 2015).

Partnership working is core business within SSSFT and safeguarding is an example of how the organisation implements its values. SSSFT is an active member of six safeguarding boards:

- Staffordshire Safeguarding Children Board
- Staffordshire and Stoke on Trent Safeguarding Adult Board
- Shropshire Safeguarding Children Board
- Keeping Adults Safe in Shropshire Board
- Telford and Wrekin Safeguarding Children Board
- Telford and Wrekin Safeguarding Adult Board

Our "Business as usual activity"

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the Keeping Adults Safe in Shropshire Board. They should be reflected in the structure of the Board and its business plan:

a. Assurance and challenge

South Staffordshire and Shropshire Foundation Trust (SSSFT) is a NHS Foundation Trust that provides Mental Health and Learning Disability services within Shropshire. Our services are regulated by the Care Quality Commission and commissioned by the local CCG. As an NHS provider organisation SSSFT is required to demonstrate compliance with local and national safeguarding policies and procedures. This is done via a quarterly safeguarding reporting procedure as well as annual completion of the Department of Health Safeguarding Adults Self-assessment tool. The Trust is also required to demonstration of compliance with regulation 13 of the Care Quality Commissions fundamental standards during our recent CQC inspection SSSFT was graded as a good in this area. SSSFT has a safeguarding lead who is directly accountable to the executive lead for safeguarding. The Trust completes a safeguarding annual report which is available via the trusts website and shared with our partners and our commissioners.

b. Ensure the effective undertaking of safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).

SSSFT have effective systems in place to capture safeguarding activity from across the organisation. This is monitored via the safeguarding team and performance is reported on a quarterly basis. There is a system in place for responding to section 42 enquires which is managed centrally by the safeguarding team. SSSFT also has various other processes in place to ensure that we can learn from adverse incidents and prevent risks to our service users. These include a complaints process, Patient advice and Liaison (PALS), Serious Incident investigations and local learning reviews.

c. Undertaking safeguarding adult reviews and changing practice as a result of what we learn from them

SSSFT contribute to the Safeguarding adult Review process and translate any learning via our quarterly learning the lessons bulletin. SSSFT covers 6 safeguarding boards and therefore our experience of learning from the multi-agency review process is well established.

d. Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

SSSFT has a safeguarding audit cycle which enables the team to identify key aspects of safeguarding practice to audit. Making safeguarding Personal is one of the aspects that SSSFT will be focusing on during 2016/17 to ensure that people who use are services are central to safeguarding practice.

Safeguarding performance reports are produced by the safeguarding team for each of our directorates as well as for our commissioners and quality governance committee.

Keeping Adults Safe in Shropshire Board

Annual Report

April 2015 – March 2016

Contacts

You can report safeguarding concerns by phone or online.
Please contact Shropshire Council's First Point of Contact on 0345 678 9021 or visit www.shropshire.gov.uk/report
If you feel you require first-time help, support or advice about social care, contact Shropshire Council First Point of Contact on 0345 678 9044

Other organisations you may wish to contact for more information and advice include

Care Quality Commission 03000 616161 http://www.cqc.org.uk

Action on Elder Abuse 080 8808 8141 http://elderabuse.org.uk/

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Item 7.a.

Health and Wellbeing Board
8th December, 2016

PARTNERSHIP PREVENTION PROGRAMME, HEALTHY LIVES

Responsible Officer
Email: Pennybason@shropshire.gov.uk Tel: Fax:

1. Summary

1.1 This paper serves as an update on the Prevention Programme with an updated Programme PiD, and also includes a short, high level description of the Oswestry Pilot, and updates on the Diabetes Prevention and Safe and Well visits as part of the Pilot

1.2 As a reminder - this Partnership Prevention Programme, **Healthy Lives**, will focus on taking a whole system approach to reducing demand on services and relies on working together in partnership to deliver activity; it supports integration across health and care as set out in the Health and Wellbeing Strategy and is an integral component of the STP Neighbourhoods Workstream.

1.3 The programme is made up of the following programmes – 3 HWBB Exemplars highlighted in bold

- Social Prescribing
- Falls Prevention,
- **CVD & Healthy Weight and Diabetes Prevention,**
- **Carers**/Dementia/UTIs,
- **Mental Health**,
- Future Planning & Housing,
- COPD/ Respiratory & Safe and Well

1.4 **Appendix A** below includes the Partnership Prevention Programme PID – long form, the Diabetes Prevention PiD and Logic Model, and the Safe and Well PiD.

1.5 The Partnership Prevention Programme is moving forward supported by a Steering Group. Please see diagram below in section 4 – **Background**, for the visual and recommended governance of this programme.

1.6 The full financial investment required is currently unknown, however as the programmes develop it will become clear what investment is needed. Currently the programmes are developing considering first what can be done better with little investment, but it is felt that this is unsustainable. The Delivery Group is

asked to consider how best to work with local partners to secure investment in prevention as part of service reconfiguration. For example some areas are top slicing investment from the total STP pot.

2. Recommendations

2.1 Discuss and agree the approach to secure financial investment for the Prevention Programme via the STP
2.2 Endorse approach of the Oswestry Pilot
2.3 Note progress of the Diabetes Prevention and the Safe and Well programmes

REPORT

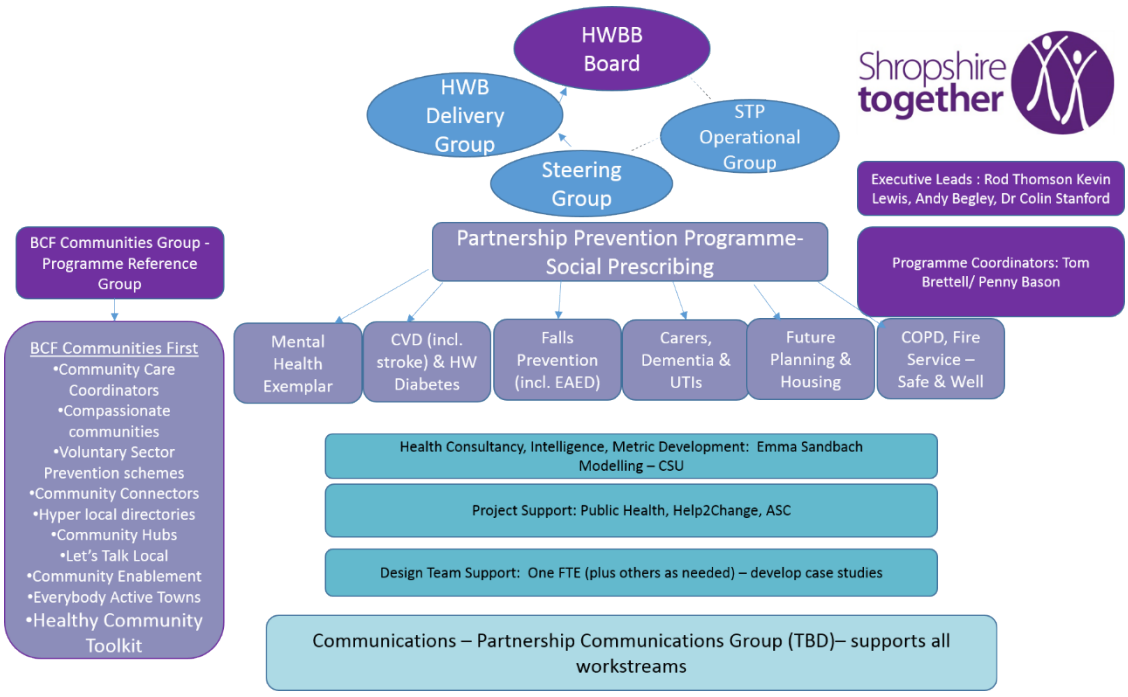
3. Purpose of Report

3.1 The purpose of the report is to update the Health and Wellbeing Board on progress of the Partnership Prevention Programme, Healthy Lives, and provide the opportunity to discuss the Oswestry Pilot – in particular the Diabetes Prevention programme and the safe and well visits. This report also provides the opportunity to discuss financial investment in prevention as part of the Shropshire STP Neighbourhoods and agree an approach to secure investment.

4. Background

4.1 **Please see Appendix A for relevant documentation.**

4.2 Governance



4.3 Financial Investment To deliver the Shropshire strategic vision as outlined in the HWB Strategy and the STP documents, and as required by the NHS Forward View, **investment must follow activity**. The Prevention Programme will expect the STP planning to manage and support the flow of funds to support activity in the Neighbourhoods element of the STP.

To date, lead roles have been identified in Diagram 3 above, and human and financial resource from Shropshire Council, Public Health and the CCG, along with support from the voluntary and community sector, GP surgeries, and communities have been mobilised to support this work. The programme will be designed to reduce costs and working in partnership will undoubtedly provide efficiencies, however investment will be required to make progress.

5. Engagement

5.1 Each programme/ project of the Prevention Programme is required to engage with a wide range of stakeholders, including patient/ service user representatives, as part of the development and delivery of any programme or change of service.

6. Risk Assessment and Opportunities Appraisal (including Equalities, Finance, Rural Issues)

6.1 The purpose of the HWBB is to reduce inequalities in health, as such all programme development will, to the best of our ability, develop services where equity is at the core of decision making.

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) Cllr Karen Calder
Local Member
Appendices Appendix A

Appendix A

Project Name:	**Partnership Prevention Programme, Healthy Lives**

Role	**Name**		**Documents**	**Oswestry Pilot**
Project Level Roles				
Business Sponsor	Rod Thomson/ Andy Begley/ Sam Tilley		Prevention Programme Project In	Oswestry Pilot Briefv2.docx
Business Visionary	Kevin Lewis, Kate Garner			
Programme Managers	Tom Brettell/ Penny Bason			
Technical Expert	Emma Sandbach			
Project Support	1FTE Design Team	Neil Felton, Mel France		
RESOURCES	**Outstanding issues**			
•	• Funding for programme delivery •			
Solution Development Project	**Sub Projects**	**Programme Managers**	**Programme PiD, project pids**	**Logic Model, Delivery Grid**
Social Prescribing	• Oswestry Pilot	Katy Warren		
Mental Health	• Needs Assessment • Suicide Prevention • Single Point of contact • Section 136	Lorraine Laverton & Gordon Kochane		
Falls Prevention	• Community PSI • Commissioned Service • Improving Population	Miranda Ashwell		

	Surveillance • Fracture Liaison • Falls Awareness Campaign			
CVD & HW Diabetes	• Oswestry Pilot • Identification of Pre-Diabetes • Protocol • Structured Education	Dee Hall	HWD and CVD PIDv2.docx Diabetes Identification PID.doc Gold Standard Protocol PIDv2.docx	Logic Model V4.docx Oswestry Nurses Forum.ppt
Carers, Dementia, UTIs	TBD	Val Cross & Pete Downer		
Future Planning & Housing	• Housing • Hospital • Communities	Laura Fisher & Tom Brettell		
COPD & Fire Service	• Oswestry Pilot • Safe & Well Role out	Linda Offord & Guy Williams & Tom Brettell	safe and well pid.docx safe and well oswestry pilot pid.doc	
Project Tools	Overarching – Level 1	Programme Management Level 2	Project Management Level 3	
	• Programme PiD • PiD on a page	• Programme PiD • Programme tracker • Logic Model • Delivery Grid	• Project PiD • Project tracker • Problem statement • Metrics and	

			Evaluation	
Other Roles				
Workshop Facilitator				
Business Advisor				
Analysts and Modelling				
Administration				

Health and Wellbeing Board

8th December, 2016

BETTER CARE FUND UPDATE

Responsible Officer

Email: Sam Tilley: sam.tilley2@nhs.net Tel: Fax:

1. Introduction

The Health and Wellbeing Board is as asked to consider the content of the report with particular reference to the Better Care Fund Q2 Performance Submission

2. Recommendations

The Health & Wellbeing Board is asked to:

- Note the content of the Better Care Fund Performance Report
- Note the likely requirements for BCF 17/18- 18/19

REPORT

3. Purpose of Report

To update the Health and Wellbeing Board on performance to the end of Q2 2016/17 via the performance submission to NHS England (NHSE) and to provide initial information on the likely requirements for BCF in future years.

4. Background

As in 2015/16, following approval of BCF Plans, NHS England require quarterly performance submissions based on a predefined performance template. Due to the timings of these submissions it was agreed by the H&WBB that where necessary the Delivery Group would approve submissions in order to ensure deadlines could be adhered to. The deadline

for submission for Q2 was set at November 25th. The attached submission was approved by the H&WB Delivery group and submitted on time.

Significant progress is being made across all BCF schemes. An overview of this progress is provided in the attached scheme tracker with additional information on synergies across the system reported in the body of this report.

The Policy Framework and guidance for BCF in 17/18 and 18/19 are due for release on 7th December. A series of updates from the BCF national team have provided us with some headline guidance which is detailed below.

5. BCF Performance and scheme activity

The Q2 performance submission, attached, is summarised below:

- Strong performance to reduce Non Elective (NEL) admissions to hospital has been sustained throughout Q2 and is rated green for the period.
- Performance for the Reablement metric is below target but shows an improving picture towards the end of the quarter. Ongoing improvement work to reablement services through the BCF is underway and it is expected that this will continue to improve performance through the remainder of this year and into the new BCF year.
- Performance on Delayed Transfers of Care has been mixed. Quarter 1 was on target as was the first month of Quarter 2, however performance in August was significantly worse than target. September has shown some improvement against August but remains below target. Intelligence suggests that this situation is improving and that August and September were exceptional, a trend mirrored in many areas. This however will require very careful monitoring and ongoing improvement.
- Performance on residential care admissions is behind profile and is under regular review to ensure improvement is made and that we continue to provide the most appropriate care to meet people's needs. Detailed work is underway to design interventions that can improve performance against this metric for inclusion in the 17/18-18/19 BCF plan.
- Local Metric – Admissions to Redwoods with a diagnosis of dementia. This metric measures the number of people admitted to Redwoods with a diagnosis of dementia as a proportion of the population with a diagnosis of dementia. This is an annually reported target and will report in Q3.
- Patient Experience Metric – for 2016/17 this focuses on patient experience of discharge from Hospital in line with the CQC inpatient survey. This reports annually in Q1 and shows an improvement on the 2015/16 position. Performance against this target is therefore rated as green.

A number of actions have taken place to address performance issues and ensure patients are getting the best care as follows:

- ICS have launched ‘home from hospital workers’ to work on wards to support with developing trusted assessor roles and promote a home first philosophy. This has resulted in fewer requests/ need for high level care packages and improved flow considerably.

- Shropshire Council have completed a tender process for domiciliary block contracts to ensure access to care contractually going into the winter.
- Multi-Disciplinary Team Hub meetings take place at both sites and drive actions for discharge. Patients who have not had relevant actions completed are escalated at 3pm to Executives to support with unblocking barriers.
- Twice weekly community conference calls are held with all community hospital leads, ICS and independent providers to unblock barriers to discharge and support to progress plans for DTOC patients.
- Admission avoidance schemes with ICS and Physician Response Units are in place to prevent complex patients from being admitted in the first place.
- Commissioner presence every day at the discharge hubs to ensure all partners are contributing to the discharge process.
- Internal ICS DTOC in place to identify any delays within immediate care to ensure whole system flow.

All BCF High Impact Schemes for 2016/17 are either fully or partially implemented. An area of significant activity has seen the alignment of scheme activity across BCF, the Shropshire Healthy Lives Programme and the Sustainability and Transformation Plan (STP), through the Neighbourhoods work stream. Activity across the programmes is becoming more seamless, with a single project management system being employed for all prevention related activity. A key part of this system wide work is to continue to refine and improve our data collection systems to measure the impact of these schemes on the high level metrics of BCF and on the financial challenges facing the system. Of note a number of schemes will be piloted in Oswestry in the new year and there has been very positive stakeholder engagement and support with taking this work forward.

6. BCF Planning for 17/18 & 18/19

The Policy Framework and Guidance for BCF 17/18 and 18/19 has been delayed but is expected to be released on the 7th December. High level information has been cascaded via the BCF National Team in anticipation of full details:

- Local areas will be asked to produce a 2 year plan for the first time. This will help alignment with CCG Operational Plans and will allow for greater emphasis on activity
- There will be a reduced number of national conditions. The 3 “definite” areas are:
  - Joint agreement of plans
  - Transfer of funds from CCG for the protection of ASC
  - Focus on NHS out of hospital services- local areas will be expected to develop a risk share agreement around this
- The completion target for assurance and approval of plans is the end of March 17. Assurance will be undertaken using Key Lines of Enquiry

(KLOE's) as last year but these will be far fewer in number. The KLOE's will be looking to ensure that local areas have undertaken adequate assessment of risk and have put in place appropriate mitigation.

- A separate grant to support the provision of adult social care will be made direct to Local Authorities under a S31 agreement. This funding will have a condition to be included in the BCF.
- There is an expectation of significant alignment of BCF to the STP
- Quarterly reporting will continue
- Local areas will be expected to produce an update of their plan and confirm any changes at the end of 17/18 rather than produce an entirely new plan for 18/19

7. Engagement

There continues to be extensive engagement across all partners in the delivery of the BCF as set out in the Engagement section of the BCF narrative plan. The BCF Refence Group have agreed to meet less regularly but to focus on specific tasks- e.g. planning for 17/18.

8. Risk Assessment and Opportunities Appraisal (including Equalities, Finance, Rural Issues)

A specific Risk Log is included in the BCF narrative plan. The H&WB Delivery Group review the associated risk assurance framework at each meeting. Equalities issues are embedded throughout the plan. The plan also includes a section outlining the financial commitments supporting delivery. Rural issues are referenced thorughout the plan.

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) Cllr Karen Calder
Local Member
Appendices Performance Report

Additional Measures

Selected Health and Well Being Board: Shropshire

Improving Data Sharing: (Measures 1-3)

1. Proposed Measure: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

2. Proposed Measure: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Hospital	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally	Not currently shared digitally
From Mental Health	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via Open API	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Shared via Open API

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	Live	In development	Live	In development
Projected 'go-live' date (dd/mm/yy)				01/01/17		01/07/17

3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot being scoped

Other Measures: Measures (4-5)

4. Proposed Measure: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	17
Rate per 100,000 population	5.4

Number of new PHBs put in place during the quarter	4
Number of existing PHBs stopped during the quarter	1
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	88%

Population (Mid 2016)	312,408

5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016).
http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.

Shropshire Council | NHS Shropshire Clinical Commissioning Group | Shropshire together

Health and Wellbeing Board
8 December 2016

HEALTHWATCH DEMENTIA REPORT (DEMENTIA UPDATE)

Responsible Officer
Email: Jane.randall-smith@healthwatchshropshire.co.uk Tel: 01743 237884

1. Summary

Dementia services – engaging for the future

This collaborative project was undertaken during 2015-16 to inform a refresh the Dementia Strategy Action Plan across Shropshire by raising awareness and encouraging the participation of people living with dementia and their carers in Shropshire. Providers of services were also involved. The aim of the refreshed action plan is to improve outcomes for people living with dementia.

In order to gather people's views about the dementia services they use, and the views of the professionals involved, Healthwatch Shropshire worked with partners including the Alzheimer's Society, the Memory Service (South Staffordshire and Shropshire NHS Foundation Trust - SSSFT) and also Help 2 Change (Shropshire Council) and a working group was set up to explore the best way of taking this piece of work forward. The Commissioning Manager in Shropshire CCG was involved initially and following staffing issues engagement was re-established in early 2016.

A project officer was appointed to develop the methodology, in partnership with the working group. Focus groups were arranged at existing meetings for service users and their carers across the county and a provider forum was also held. Participants were asked what worked well, what didn't work well, what / how could your experience have been improved and where are there gaps at the different stages along the dementia journey?

The findings showed a synergy between the findings from the people living with dementia, their carers and the service providers, which gave confidence to the recommendations.

2. Recommendations

The recommendations identified through this project have been used to inform the new Dementia Strategy 2017-2020 and there is a cross linking to the revised Dementia Strategy Action Plan.

In addition to the specific recommendations in the report four cross cutting recommendations were identified:

- It was recognised that there is currently good practice across the county but that it was inconsistent and that these inequalities should be addressed

- Joint working between Heath & Social Care and the voluntary and community sector should be encouraged, including establishing joint budgets

- Develop a communications and engagement plan to raise awareness of the action plan and its implementation. Key organisations including Shropshire Clinical Commissioning Group (CCG), Shropshire Council, Shropshire Dementia Action Alliance, the Business Board, Public Health should be involved (8.4.10)

- Further engagement with other groups of people whose voices are seldom heard is needed to raise awareness of services and support and to identify any additional needs

REPORT

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
N/A

5. Background

In Shropshire the Dementia Strategy 2014-16 was implemented through an Action Plan. The Dementia Strategy Action Plan was criticised for being complex, long and lacking in co–production with the people it was intended to support. There was concern that it was not person-centred enough and lacking in focus on positive outcomes.

Healthwatch Shropshire was commissioned by the Director of Public Health in Shropshire Council to undertake a collaborative project to gather views of people living with dementia, their carers and the providers of services to contribute to the production of a refreshed Dementia Strategy Action Plan.

Following the collaborative project Healthwatch Shropshire has continued to work with the Health Economy Dementia Steering Group and the Shropshire Commissioners to contribute to the development of a refreshed Action Plan.

6. Additional Information

7. Conclusions

Healthwatch Shropshire will continue to gather user feedback on Dementia Services to continue to and inform implementation fo the new Action Plan

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 'Dementia Services - Engaging for the Future' – report by Healthwatch Shropshire, Nov 2016.

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healthwatch Shropshire

Dementia services – engaging for the future

A collaborative project to refresh the Shropshire Dementia Strategy Action Plan

November 2016

Dementia services – engaging for the future

A collaborative project to refresh the Shropshire Dementia Strategy Action Plan

Introduction

Healthwatch Shropshire is the independent champion for people who use health and social care services in Shropshire. It was created under the Health and Social Care Act 2012. It helps to ensure that everyone gets the best from their health and social care services, and that those services are as good as they can be and work in a joined up way.

Healthwatch Shropshire's aim is to give patients, service users, carers and the wider public a real say in the way health and social care services are run. The mission is to be the recognised independent voice of the people of Shropshire in seeking to improve their experience of health and social care services.

In Shropshire the Dementia Strategy has been implemented through an Action Plan. The Dementia Strategy Action Plan has a life span of 2014-16 and has been criticised for being complex, long and lacking in co-production with the people it is intended to support. There is concern that it is not person-centred enough and lacking in focus on positive outcomes.

Healthwatch Shropshire was commissioned by the Director of Public Health in Shropshire Council to collaboratively produce a refreshed Dementia Strategy Action Plan to take effect from April 2016.

The timing of the project was delayed until Autumn 2015 as it was discovered that the West Midlands Association of Directors of Adult Social Services (WMADASS) were undertaking a survey across the region with a focus on dementia post diagnostic support. In the Spring and Summer of 2015 WMADASS undertook two surveys of providers, and carers and people living with dementia. The survey demonstrated that thought there is some good news in the responses to the survey there is inconsistency in provision and the responses prompted a number of questions for future consideration including:

- Are relationships between providers strong enough to deliver the pathways?
- Is primary care playing a big enough role in diagnosing dementia?
- Are we providing the right level of information at the right time throughout people's pathways?
- Is the use of Dementia Advisors as planned?
- How can people with dementia have more choice and control over their care?
- How can we improve access to transport to reduce this being a barrier to accessing services?

The findings of the survey were used to inform this project locally in Shropshire. Unfortunately the response rate was low for Shropshire but the report can be read here.

Healthwatch Shropshire receives feedback on services for people with Dementia on an on-going basis and in May 2015 made services for people living with dementia and their carers the focus of the monthly "Hot Topic". Feedback is mixed and illustrates the variation in experiences of care by people living with dementia and their carers, both in their care homes and in care settings.

Public health information shows that over 4,000 people in Shropshire are currently (March 2016) diagnosed with dementia. The ageing nature of the population means that this number is increasing, and problems with diagnosis mean that this figure is already likely to be much higher. Undertaking a refresh of the Dementia Strategy Action Plan is very timely.

The Project

The purpose of the project is to inform a refresh the Dementia Strategy Action Plan across Shropshire by raising awareness and encouraging the participation of people living with dementia and their carers in Shropshire. The aim of the refreshed action plan is to improve outcomes for people living with dementia.

In order to gather people's views about the dementia services they use, and the views of the professionals involved, Healthwatch Shropshire was keen to work with partners. Contact was established with the Alzheimer's Society, the Memory Service (South Staffordshire and Shropshire NHS Foundation Trust - SSSFT) and also Help 2 Change (Shropshire Council) and a working group was set up to explore the best way of taking this piece of work forward. The Commissioning Manager in Shropshire CCG was involved initially and following staffing issues engagement was re-established in early 2016.

A project officer was appointed to develop the methodology, in partnership with the working group.

Methodology

In order to achieve true co-production of a refreshed action plan the working group agreed that engagement was needed with

- People living with dementia
- Carers, of people living with dementia
- Services providers, both in the statutory and third sectors

In order to engage effectively it was agreed to arrange focus groups at existing meetings for service users and their carers across the county. It was anticipated that there would be better attendance than by setting up additional meetings.

In order to engage with providers of services to people living with dementia and their carers a "provider forum" was arranged.

The challenge of engaging with general practice and general practitioners was also considered and awareness of the project was raised through short presentations at GP locality meetings across the county and practice representatives were invited to participate in the "provider forum".

The development of a semi- structured survey to use in the focus groups was based on the five objectives used in the Shropshire Dementia Strategy Action Plan 2014-2016.

The five objectives are:

1. Raise awareness & understanding of dementia within communities and, to better identify people with and at risk of dementia
2. Early diagnosis and intervention

3. Accessing high quality care & support
4. People are able to live well and reduce the risk of crisis
5. Ensure high quality end of life care and are well supported

The same questions were asked against each objective:

- What works well?
- What didn't work well?
- What / how could your experience have been improved?
- Where are there gaps?

Permission to attend and hold a focus group was sought from the meeting organisers. To facilitate discussions the objectives were written out, each on a separate paper and responses were written either onto the sheet or a post it note. In addition, some people chose to respond to a separate printed survey, with the same questions, when they were unable to attend an event. These respondents were supported by their workers to complete the survey, when required.

The responses were collated and the findings presented at a dissemination event in March 2016.

In addition, Healthwatch Shropshire was successful in its bid to work with final year medical students from Keele University Medical School. A 16 week project is undertaken whilst the students are based in general practice and the focus of the Healthwatch Shropshire project was to understand how the pathway for people with dementia was managed in each practice. The students developed a questionnaire to inform interviews with a range of practice staff.

The findings from the engagement and also the Keele University project informed the final recommendations set out below which in turn will inform the development of the refreshed Dementia Strategy Action Plan.

Findings

It was agreed that despite the challenges of arranging focus groups at existing meetings and seeking the participation of people living with dementia and their carers that every group was really engaged with the process and valued the opportunity to participate. The benefits of sharing experiences proved positive for the participants and people were keen to know more about the project and its outcomes.

In total 5 focus groups were held at:

- The Mayfair Centre, Church Stretton
- The Care and Share Group, Market Drayton
- The Younger People's Service meeting, Shrewsbury.
- Alzheimer's Society SURPS (Services User Review Panel) Group, Shrewsbury
- The Dementia Café, Oswestry

A county wide "provider forum" was held in Shrewsbury.

The following people shared their views at the events

- 18 people living with dementia
- 29 carers
- 17 providers of dementia services.

Time constraints proved challenging. The groups usually meet monthly and for a maximum of a few hours. The importance of the project was highlighted in advance to the meeting co-ordinators.

In addition a number of people, who were unable to attend an event, chose to respond to the questions in writing and 5 responses were received from people living with dementia and 5 were carers.

The findings from the focus groups are set out below under objectives 1-5, highlighting what respondents think works well, where it isn't working well and where there are gaps. There is some overlap in the discussions under the objectives but as far as possible the outcomes from the discussions are collated under the appropriate headings.

The engagement has provided a richness of information. It was clear that:

"Once you've met one person with dementia…you've met one person with dementia"
From Tom Kitwood.

This is reflected by some contradictions in the findings from individuals (eg too much information vs not enough information) but looked at as a whole there is a synergy in the findings from people living with dementia, their carers and the service providers, which gives us confidence in our recommendations.

The engagement has also identified good practice in the county but this is inconsistent across Shropshire.

Objective 1 Raise awareness & understanding of dementia within communities and, to better identify people with and at risk of dementia

1.1 What works well

Survey responses were positive around the continued drive for an early diagnosis and development of dementia friendly communities. A carer drew comparisons of a cancer diagnosis in earlier times as the' big C':

> *"Parallels to the 1960's and 70's with cancer diagnosis 'The Big C' in that we now know there is lots of cancers and treatments. We now need the same exposure and information of dementia"*

Most carers thought that there is more awareness and were surprised at how supportive people can be once they know a person in their community has a diagnosis. Some commented that a few people in their neighbourhood held an outdated view of dementia. Neighbours can be helpful. Positive comments were more common with people who had lived in their community for many years. One carer said that;

> *"We live in a village both shops and the garage are now aware (of loved ones diagnosis) and supportive"*

Families were supportive too although priority was given to their immediate family and work commitments. One younger person diagnosed with dementia moved to live with their grown up child and young family. A recently retired couple, who moved counties to be nearer to their newly diagnosed older relative, talked positively of service provision in Shropshire that is available to their relative.

Transport was a popular topic for various mixed reasons (see section 1.2) and was mostly commented on by younger people living with dementia. One was confident to walk into town and shop unaccompanied, only using taxi's for special occasions. Another younger person had friends who regularly collected her to go to activities and events they enjoy together. One carer commented that local facilities that they frequented, including a pub and church, were dementia friendly in terms of a welcoming attitude and physical environment. A visit to a bank was a positive experience because the person waiting in the queue was respectful and patient. One carer said that their local supermarket was very friendly, polite and patient when a person is having difficulty with paying at the till.

Service providers highlighted having a proactive Dementia Action Alliance and the involvement of the 'Library hub', the ongoing promotion to make dementia friendly communities through the Dementia Friends awareness raising talks. The development of Dementia Friends and Dementia Champions and proactive promotion by the Diocese of Lichfield to make their churches dementia friendly was identified as good practice by service providers.

1.2 What is not working well

Carers expressed concern that relatives and families generally had no understanding or awareness of dementia. Some said that their friends did not know what to expect. Others commented on a general lack of public knowledge and stigma. A person living with dementia stated that their partner had always done the shopping and that if he had to shop on his own he would need someone with him to support with decisions and tasks. One person commented that:

> *"Dementia is a cruel disease, progressive and surrounded by a general lack of public understanding"*

And:

> *"People don't notice you have dementia because it is not obvious".*

Other comments were about not wanting to be labelled for everyone to know they had dementia unless they had agreed to it.

> *"Some notice my symptoms when I panic".*

Many younger people living with dementia said that their employers and occupational health workers were totally unaware that younger people can have dementia too. Most people agreed that the physical environment of their community was not dementia aware or friendly at all, and highlighted poorly lit and/ or confusing signage or lack of signage. This included supermarkets, shops, GP surgeries and places like bus and train stations. One younger person said that they parked in the wrong shopping bay due to poor directions and lighting.

A carer of an older person living with dementia said:

> *"….Supermarkets can be difficult as my husband looks big and strong. People don't know he has dementia and wonder why he can't help"*

The younger people with dementia said that public transport was not dementia friendly; buses and trains being the most commonly identified. Examples given were poor signage and the lack of obvious advisors on train platforms or bus drivers not recognising the reason for a person's confusion or disorientation. Another said you can end up walking in

the wrong direction. This is further exacerbated by people pushing and shoving and large gaps and steps can be problematic and stressful to negotiate. Disorientation can happen to add to difficulties. Similarly, bus drivers may not be particularly helpful because they don't do anything unless they notice outward signs such as shaking or anxiety about the passenger not finding their bus pass.

Service providers' comments highlighted that raising awareness of young onset dementia was not working well and said that there is a lack of integration and co-ordination of services. They also told us they lacked knowledge about the services that are available locally for the people they support. They said there was a lack of local training for people to become Dementia Champions. Some service providers thought that the name of services can be stigmatising too.

1.3. Gaps, opportunities and other comments

It was identified that there needs to be awareness raising for employers and that they uphold their duties and obligations to support employees. Increased awareness and support would keep employees in work for longer and would be a positive outcome.

Providers agreed that for all the services that work well that they need to work well for all localities of Shropshire. There needs to be a drive to improve equity and reduce inequality.

Recommendations

- It was recognised that there was good practice in the county but that it was inconsistent and these inequalities should be addressed
- Dementia Champions and dementia awareness of the staff in doctors surgeries should be developed and GP practices should also be dementia friendly in terms of the physical environment and attitude of workers.
- Dementia awareness and reduction of stigma in communities, services, schools and businesses should be encouraged. The "Big D" could help to reduce stigma as the Big C did for cancer.
- There needs to be awareness raising amongst employers about the impact of dementia to enable support and reasonable adjustments to be made.
- Young onset dementia is currently an issue but as the workforce ages the incidence of dementia amongst employees could reasonably be expected to increase and awareness raising with employers needs to be addressed now.
- Improvements and creative ideas to aid transport especially in rural areas.
- An older person friendly society needs to be developed
- Information needs of individuals should be taken into account including when and how information is required

Diagnosis and intervention were an emotive experience for everyone concerned. The following reflects the mixed messages that we heard in that for most people the process works well, but that is not always the case. It is important that we learn from and improve the process for a timely diagnosis and intervention.

2.1 What works well

For the majority of people diagnosed with dementia it was the positive act of GPs listening and referring on for diagnostic tests, and referring to the memory service. Overall there were replies that GPs took people seriously and that a diagnosis was a positive outcome as was their attendance at the Memory Service. Two younger people said that initially they were classed as being 'out of county.' Once in Shropshire the service they said that the service they received was very timely and efficient from the GP to Memory Services.

A carer of an older person diagnosed with dementia spoke highly of the services and the support his relative was receiving. One person had care support because they were experiencing falls and was quickly referred on for tests. They were diagnosed as having dementia.

One person who went for a routine health check was referred on and diagnosed with dementia. They were quite satisfied and glad things were spotted in a timely manner.

Providers said that early diagnosis for individuals and for younger people services was working well. A timely diagnosis allowed for timely future planning and to set up Power of Attorney. Some workers identified good practice between their local medical practice and ward rounds with the mental health hospital.

Providers reported that at diagnosis people are provided with medication, assistive technologies and occupational health assessments to assist the newly diagnosed person to remain independent. This is supported further through a follow up from a support worker who can provide relevant information and refer on if required to care and support within the community.

Care co-ordinators where highly valued especially by GPs and because they were based within GP surgeries they have knowledge of the local support available. One carer was very glad that the Alzheimer's Society was very proactive following diagnosis of a loved one. Without this intervention they believe they would not have known what to do.

Carers reported that respite care planning was important to support their wellbeing and to help their loved one to adjust in case of an emergency. The People to People Team was reported by two carers as being a timely intervention and providing positive support.

Providers also said that carers assessments worked well and carers were recommended to attend an education programme about supporting their loved one and themselves on the journey following a dementia diagnosis.

2.2. What is not working well

It was reported that people can be either ignored and sent away, at least initially, or they were diagnosed in an efficient and timely way.

Three people expressed views that going to the GP with concerns about memory, and that their symptoms were ignored or misdiagnosed. A small number commented on a prolonged journey to reaching a diagnosis, or GPs not doing enough sooner. Some commented that after diagnosis there was no support. Some younger people said that their employers and

occupational health staff failed to consider dementia as a possible reason for deteriorating health in the workplace, too often focussing on stress and depression.

One carer said that 10 years ago their partner went to see his GP who tested his memory and asked him to name as many animals as he could in one minute. The GP then told him 'that's normal'. This carer said that two years later her partner was referred on for tests and scans. Again he was told by his GP that it was not dementia. Eventually her partner was referred for memory problems to the Outreach Nurse, and from then onwards, received very positive support in getting a formal diagnosis. This process took 2 years in total and a lot of persistence by the carer's partner to get a diagnosis.

For another person with memory difficulties it was their daughter who noticed symptoms initially. They were referred on by their GP for further screening and received a timely diagnosis. After which there was no support. Younger people particularly, said initially their signs and symptoms were misdiagnosed with stress and depression. A carer of a loved one seeking a diagnosis was very perplexed, because it took them five years of appointments before their GP acknowledged there was a problem. By which time the person had deteriorated and was then diagnosed with vascular dementia.

Service providers reported that diagnosis could be 'hit and miss' affair. For example, providers said that some GPs actively referred on for tests whilst others were dismissive and negative. Providers said that negative GP comments were such as;

> *"What is the point in early diagnosis?"*

And

> *"increasing diagnosis when there is no money going into treatment and interventions"*

Some providers were critical of the 28 days pathway for diagnosis taking longer, due to the time taken for screening and blood tests, which delayed the times for patients accessing memory services.

Other issues commented on were around a lack of awareness of not understanding the individuals' needs and a lack of information at diagnosis and post diagnosis. It was also reported at the provider forum that there were 'non specialists' doing memory assessments.

There was a wide range of comments from carers post diagnosis. One carer said a nurse came to their home and gave her loved one a diagnosis without her being there with him. There was a mixed opinion on handouts and leaflets post diagnosis. Some carers liked to have handouts and leaflets and would refer back to it as needed. Others said they put the information away in a drawer and felt overpowered by it all. For some it was put in the drawer and they would go back and read it. Some carers did not feel listened to or left out in terms of support and/or care planning. Two carers said that the memory clinic failed to co-ordinate appointments with them for their loved one. One carer was quite upset when a nurse came to visit her partner, when she was not present, and gave them the diagnosis. This was upsetting because at no point was she involved and she felt excluded.

Following diagnosis and medication two people diagnosed with dementia and their carers felt abandoned. One carer wanted a medication dispenser which they said they were not offered at the time and nothing was highlighted about assistive technologies.

2.3 Gaps, opportunities and other comments

Providers emphasised the importance of an early diagnosis as a passport to accessing treatments and support and to enable patients to plan ahead. It was said that although NICE Guidelines encouraged early diagnosis for people in care homes by GPs and the Memory Services there was a gap in joint working protocols and support to enable this to happen. It was noted that there is a worker from the memory service that goes into care homes to diagnose and support.

Some individuals following diagnosis felt left to manage without further discussions or support of any kind. Eventually this left them confused about who or where to turn to if needed. Others said that they thought the carers education training programme was useful but that not many people attended. Many thought that carers fell through the net. It was said on occasions there was no support available to allow a carer to attend this programme because that depended on the availability of a care service.

Recommendations

- GPs training updates about the need for a timely diagnosis, to differentiate differences and symptoms of anxiety, depression and dementia particularly in younger people.
- Proactively encourage early care planning and support.
- Improve joint working between Heath & social Care and the voluntary services.
- Individual needs and expectations must be considered – "see me not my dementia"

Objective 3 Accessing High Quality Care and Support.

A carer wrote a letter of compliment about the care and support the couple had received from Shropshire's Memory Service for Younger People (their loved one is now classed as in the older person age group, and has recently entered a long term care home)

> *"Everything up to now has been very positive and I can only hope that it will continue to be this way. I would like to thank everyone who has made this possible"*

Accessing high quality care and support was the most commented on compared to the other 4 objectives on the Action Plan. Providers' Responses mirrored those of people living with dementia and their carers. All the groups mentioned below were very popular meeting places and sources of information and support.

3.1 What works well

The greatest number of replies was about the popularity of groups. Younger people particularly enjoyed attending groups like Al's Café, Ladies Who Lunch, and The Men's

Group, because they enjoyed being with their peers who had similar interests and who were generally more active than their older counterparts.

The Carer's Group was very popular too: carers could talk to others who have been through or are going through the same experiences as themselves and ask questions. It was repeatedly commented on that shared peer support and learning from each other helped to forge strong and meaningful connections.

The Memory Service For Younger People verbally stated that they felt wholly supported they especially enjoyed attending the various groups that were voluntarily run via the Outreach Nurse.

The Alzheimer's Society run groups such as The Dementia Cafes, Singing for the Brain, and groups run by the Memory Service and Age UK. Carers enjoyed attending groups with their loved ones and also groups just for carers. The same was true for younger people with dementia. The Care & Share Group was popular because both the person with dementia and their carer can attend together whereby activities were shared and /or separate, in the 3 hours provided. Additionally, carers could choose to have 3 hours respite through Care & Share once a month.

A carer wrote:

> *"When we accessed services from the Memory Services they were wonderful and lots of new opportunities came along…"*

Another carer commented that:

> *"The service after diagnosis was very good. Regular visits at home for the first six months. The groups for men, women, carers, Al's Café keep you in touch"*

Groups are valued and seen to be of great benefit. Other support noted, although not specifically for people living with Dementia, were the Good Neighbours Scheme and Dial a Ride.

Providers responses reinforced the findings that befriending services and telephone contact services were working well and various other groups for example, peer support groups for carers and the Care & Share Group, which offers low cost support and respite for the individual and their carer together. Volunteer activity groups with a case co-ordinator worked well too. The Alzheimer's Society support workers and Carer Information and Support Programme (CrISP) and, groups were all working well to support people with dementia and carers.

Service providers said that the Memory Service and Home Treatment Team and the Rapid Assessment Interface & Discharge Team (RAID) were working well too. They said that Dementia Care Plans from GP practices were good because they were printed out and shared with the patient.

Positive comments from carers and people living well with dementia were:

> *"It's fantastic to have a person to talk to over the telephone from Carers RCC. I okay at night. I attended both training events because husband attended a day care centre which freed me up. I can't leave him now unattended".*

> *"There is nothing I would change or improve on"*

> *"I am well supported by my family and friends and I have helpful neighbours too"*

"Nothing can be improved I am living well with dementia"

"I think the dementia café is good and my church is dementia friendly too"

3.2 What is not working well

Providers told us that information sharing could be difficult due to disjointed information systems and poor internet connections. They said the separation of health and social care funding was not working well for them, that there was a high turnover of staff and an increased workload. Providers said there was a lack of support for people without a formal diagnosis, a lack of respite for carers and a lack of community dementia friendly activities. They also told us that some domiciliary care support was not dementia specialised and that there was a lack of Elderly Mentally Ill specialism beds, which can result in people being placed further from home and cause difficulties for carers and families to visit their loved one.

Carers and people with dementia were concerned that regular visits from Community Mental Health Nurses had been reduced, and then reduced further to a telephone call from a team member. We have no available figures as to how often this occurs. The issue of who to contact out of hours was very difficult for carers who said that they felt professionals themselves were not clear how to support and that they were passed onto to different teams for advice and help. Communication was difficult because carers felt that they had difficulty in saying what it was they wanted or explaining difficulties they were experiencing with their loved one. Being pushed to other agencies and having to explain the issues all over again was very stressful.

Another carer who was supported himself by mental health services, said that at first he and his partner were seen every four weeks. However, this quickly was reduced to six weeks, and then six months. For them as a carer and a mental health patient in their own right, they felt very tired, unhappy and unable to challenge this.

"Not having regular three week visits from our nurse was upsetting and it took a while for things to be acceptable"

And from other carers;

"Regular contact with the same person would be very acceptable"

Carers said that they lacked knowledge of what their rights are and of what is available to support them. This issue was raised particularly around carer assessments and respite care. Some carers said they felt abandoned once they were assessed as being 'self funding' They lacked confidence and awareness on how to effectively find the care and support they needed. Two carers said that after respite in a care home, their loved ones were wearing continence pads, clothing had gone missing and dentures looked like they had never been cleaned. Both people with dementia and carers were experiencing the dementia journey for the first time. The carers involved were too upset to complain and relatives stepped in to support and raise complaints. This led the carers to lose confidence in future care support and concerns that the care home staff were not adequately understanding of the care and support needs of their loved ones.

A total of six responses said that there was no high quality care. There was definitely a sense that support 'equals who and what you know'. One carer stated that his partner had five moves before finally finding a care home nearby that matched their loved ones needs.

Another carer remarked that as his partner's disease progressed they were moved to various care homes in different areas too often. There simply was no choice; they had to accept where the care home was.

Carers enjoyed a worker coming to their home and taking their loved one out so that they had a break and there loved enjoyed getting out of the house. For many this has been lost.

3.3 Gaps, opportunities and other comments

Information such as hand outs and leaflets could be given in stages rather than all at once. Carers responses gave mixed opinion on this. Some carers welcomed it others put the information away because they felt overwhelmed by it.

Service providers want better internet connectivity and broadband, and IT systems that are joined up with each other. It would be helpful to carers and people with dementia to have a flow chart of 'who is who' rather than lots of different pieces of assessment paperwork or cards. Carers said they were not confident to access information online and, even if they were, they said they needed recommended guidance on credible sources.

The Passports were very useful pieces of written communication on care planning and the support needs of people living with dementia. Providers would like to see this more widely used. It was suggested by some workers that 'Summary Care Records' (DH Lead) could be utilised more effectively.

There was a lack of awareness of what services and organisations locally offered as support. Providers and carers would like more specialist EMI beds in hospitals and care homes local to where patients /loved ones lived. Providers said they would like to see access improved on the out of hours service. Carers would like to know how better to access support in one place rather than being transferred or asked to phone another agency. Navigating help in a crisis was made even more stressful because of this.

Providers told us that hospital discharges could be improved if there was increased availability to domiciliary home care. And carers told us that discharges would be improved and less wastage incurred if medication needs were assessed with the individual and their carer's needs taken into account.

For others transport was a gap especially if their loved one had to give up driving; this was more problematic for people living in rural areas. People who lived rurally were prepared to travel to groups if transport was available; there is a need to improve transport to attend groups.

It was clear that people with dementia liked to attend support groups that involved mixing with their peers who had similar strengths and active interests. In addition, Men enjoyed Men's Groups and vice versa. Older people and carers enjoyed attending together but would prefer to be in peer groups also. People newly diagnosed with dementia want to keep up with their usual interests and activities in an 'inclusive' way. For example, if they were part of a walking group prior to diagnosis, they wanted the people in the group to be supportive and dementia friendly. Peer groups were enjoyed by all, but are not universally available across Shropshire.

'Personalisation' and 'normalisation' were a desired outcome if people and carers are to enjoy positive outcomes and wellbeing.

Recommendations

- A care advisor / navigator who will know the person with dementia and family to support and guide them through their dementia journey.
- Useful easy to read flow chart of 'who is who' and how organisations are connected.
- Continuity of workers to support care choices.
- Establish joint budgets and services in health and social services.
- Provision of specialist dementia training at the appropriate level that will provide positive outcomes and wellbeing to those people who use services including carers.
- Reduce hospital admissions for urinary tract infections.
- Improve hospital discharge times and support.
- Medication on discharge should be dispensed to meet individual and carer needs.

Objective 4 People are able to live well and reduce the risk of crisis

There were a lot of similarities in both the responses from service providers, carers and people living with dementia. Carers and people living with dementia had lots to say about this objective, which was by far the most commented on.

4.1 What works well

Providers said that learning together training programmes such as those run by the Community Council For Shropshire. Libraries training for carers and the CrISP programme were all working well towards positive outcomes for people living with dementia and carers.

When discussing communities, providers said that initiatives such as community hubs, compassionate and resilient communities and community care co-ordinators, respite care, dementia cafes and Diamond Drop Ins all worked well. Organisations identified in the workshops as good support were the Alzheimer's Society, Age UK, Shropshire Rural Community Council Carers' Support Service (but it is noted that this is now being delivered by Carers Trust 4 All).

Providers said that Passports worked well for them, when they were in place and up to date. It worked well when carers were registered as a carer, as this identified them as carers and allowed carers to access services. Carers taking time for themselves, the

support of family, friends and carer assessments and proactive regular respite were all things that made a positive difference when they worked well.

The majority of positive comments were about people living well due to their own efforts and / or support from family and groups.

17 people in total said they were living well. Two were carers whose loved ones had entered a long term care home. 10 people said they were living well either because they were remaining independent to maintain their usual living routines or they had family support and attended groups.

> *"Personal assistants, Alzheimer's Group, Painting Groups, groups set up by our outreach nurse, Men's Groups, Carer's Groups. These allowed for a semblance of normal life"*

One person living with dementia said that early planning and decision making that includes their involvement in developing a shared Living Plan, that contains everything from carers and contact numbers, as well as what is needed to support them to live well is good. A plan that is meaningful, personalised and individually tailored allows a person with dementia to live well. This plan should also be shared with relevant people and services who are involved in the care.

Carers told us that having a care package for their loved one helped them to live well too. A person with dementia said that support from professionals and meeting people who have dementia helped them feel that they were supported and not alone.

Comments included:

> *"Info pack from several sources was a godsend"*
>
> *"Support from family and professionals help me to remain living at home"*
>
> *"It worked well - support of professionals. Meeting people who also have dementia and not feeling alone with this diagnosis "*

A carer said, that the Rapid Response Service helped them in a crisis over a medication problem:

> *"Once my problem of ensuring twice daily tablets were successfully taken by being provided with a tablet dispenser, things have improved greatly. All staff show a great understanding of how to help and act promptly. Thank you"*

4.2 What is not working well

Comments centred very much around topics of hospital medication, respite and contradicted some of the above responses.

Providers' responses were about a lack of beds, hospital discharge planning, respite care and carers. Care providers said that there are either no acute beds or not enough beds. They reported that patients who were not taking their medications would deteriorate into a crisis. The crisis that ensues makes re-admission more difficult and can lead to inappropriate emergency placements or Mental Health admissions.

> *"Very difficult to navigate [the system] - leads to inappropriate placements and sections"*

Some said that in theory patients can be referred and seen by the service urgently but in practice there are not enough resources.

Providers said that carers don't always know they are a carer and others are not accepting that they are a carer. In both cases this results in them being excluded from receiving a carers' assessment. Providers said identifying carers in a crisis was not working well.

Other areas identified were poor hospital discharge planning, and discharges on a Friday afternoon; when encountered this can lead lack of appropriate support and can become a crisis situation. The 'This is Me' passport is currently not widely available or used, which means that staff involved do not have access to relevant up to date information.

Carers and people living with dementia gave many responses the main topics were of GPs, poor hospital discharge medication issues, respite and feeling alone especially when families have work and their own family commitments. A carer said:

> *"You feel on your own, people don't understand"*
>
> *"Services not knowing who to contact so I could get the right help on a weekend. It became a crisis situation"*
>
> *"What happens if you have no structure? Crisis happens generally when the carer needs more respite - more respite is needed"*
>
> *"Very recent discharge with telephone number. Complicated medically. Terrible service. COCO and Masie very supportive"*

One carer said of their GP that they had arranged a Do Not Attempt Resuscitation without consulting them and that the hospital was not aware of it. Another carer in a crisis situation was not happy with their GP when they rang for support as their loved one appeared ill and was slurring their speech. The carer said,

"…I phoned for an ambulance and the paramedics arrived and diagnosed diabetic coma and put up an emergency drip. An hour earlier the GP had assessed the loved one as being "okay"."

One carer said of their carers assessment,

> *"I feel that if you come over as being a capable carer services back off. My situation became a crisis."*

Another carer said.

> *"People 2 People assessment for carers was not very helpful".*

4.3 Gaps, opportunities and other comments

Care providers said that there was of a lack of transport in some areas of the county, no named social worker, a lack of week end support, that assistive technology at present has patchy access (poor internet connections & getting resource availability known).

Providers suggested that refuge collectors and postal workers could be trained dementia champions and that it is an opportunity to include dementia awareness training and dementia champions in tender documentation to make them contractual obligations

Additionally, it was said that large employers could commission CrISP courses because there is likely to be enough people in caring roles at any given time to run the course.

They said there is a gap in that there are no Admiral Nurses or specialist nurse contacts in Shropshire.

People living with dementia wanted to continue to live their lives as they had before diagnosis and for their communities to be inclusive until such times as they were unable to continue due to progression of the disease. They also enjoy being in groups with other people diagnosed with dementia. Younger people living with dementia said they enjoyed men only or woman only groups.

Carers also enjoyed attending groups; for everyone transport can be problematic. Carers liked to be separate from loved ones to free them up to talk freely or offload feelings without fear of upsetting their loved one. The also enjoyed attending other groups.

A carer said,

> *"My support could be improved by continued support and access to groups"*

Another said,

> *"Planned respite to suit us 3 hours twice a week and every 6 weeks for 1 week. Carers can recharge their batteries and overall care for longer"*

A person with younger person living with dementia said,

> *"Living well needs breaks for carers, dementia friendly communities, updated care/living plan and what action to take in a crisis"*

Recommendations

- Carers need to be empowered to speak up and ask for assessments
- Partnership working across agencies /information sharing needs to be developed to support families
- Continued drive to make communities dementia friendly and aware.
- Inclusion in group and community activities should be encouraged for as long as possible to provide normalisation
- Regular support, including peer support, should be available locally; continuity is also important.
- Recognition of the importance of the caring role
- Timely and adequate respite for carers is required with an emphasis on the preventative aspect to avoid crises
- Clear contacts of who to phone in an emergency or at a week end.
- Robust forward planning
- Promote the continued use of "passports" and have a standard version
- Increase the use of assistive technologies.

Objective 5 Ensure high Quality End Of Life Care

This topic was very sensitive to discuss and we were up against time constraints in the focus groups. Never the less, the people who wanted to contribute did so, whilst others choose to sit this topic out. At the SURPS group we ran out of time and did not cover this objective for this group.

5.1 What works well

Care providers were straight to the point and commented positively on more that worked well than did not. The providers surveyed agreed that there is good legal information and that Age UK scheme "access to a solicitor for older people" was working well. Lasting Power of Attorney was all planned early to prevent costly and emotionally charged situations at the end of life.

They said that in their opinion staff were well trained in End of Life care support and that innovative care was in place between the Severn Hospice, COCO (where this service exists) and the Alzheimer's Society. People had a choice of place of death such as their own home, care home and / or hospice. They said that trained GPs, District Nurses worked well to enable people to die at home if they wish, and some residential homes were very good at end of life care. And that;

"Care homes have improved very much and do a good job with low pay"

Of all the people living with dementia and carers only three people had planned ahead. There comments were as follows;

"My wife and I have spoken about our wishes and we know what to do"

"I have Power of Attorney for money and health"

"…I have everything sorted. It's all paid up with dignity. Funeral paid, last wishes etc. Power of Attorney, all done nothing left to do. Last POA for health and finances when father died so it's all in order. Completed Lasting Power of Attorney online" to die at home.

5.2. What is not working well

Care providers comments focussed on lack of workers having a good conversation about end of life care, the individual end of life plans, and workers not being very competent with cultural diversity. There was

"a lack of skill in facilliatory end of life conversations with families"

They said that there is a need for more GPs and District Nurses to be trained in end of life matters, POA were made for finances but people were not aware of health POA. Providers expressed concerns about getting continuing healthcare funding for those considered to be at the end of life stage.

One group of carers talked about their GP raising the subject and one person said that being asked about it was a 'box ticking exercise'.

There was some discussion in one group of carers who said doctors asked about "do not attempt resuscitation" question out of context. The group were confused about this question and why ask now.

Comments from people who have made arrangements said:

"Legal things were put into place and were very costly"

"My solicitor needed to liaise with GP and hospital (mental Health) to complete a form; this is too expensive. Need to make system smoother and less costly"

Other individuals talked about the importance of dignity, and fears of being alone. Some said they made POA when first diagnosed, others said that a good time to plan and discuss this is when you are in a good place, and not emotional, they recognised a need and so far had not made firm plans.

5.3 Gaps, opportunities and other comments

The response on this section was limited. Care providers said that we needed specialist end of life care in the community and that too many patients were dying in hospital. They

said that there was a lack of access to hospices and a lack of volunteers for the COCO service. They said there needed to be more post-bereavement support.

Other comments said that churches and faith groups have a role as support of individuals and in the community. The cost of private nursing care to support people to die at home needs consideration where people's wishes are to be respected.

Recommendations

- Lack of knowledge about rights must be addressed
- Proactive and sensitive awareness raising for people newly diagnosed with dementia on end of life planning, directives and rights.
- Advice that is timely to raise and to discuss end of life choices and directives.
- A fair and equitable legal advice service and access for all individuals to enable advance planning and to ensure future plans and wishes are actioned.
- For all providers from all sectors to work together to share expertise, knowledge and resources to support people with dementia, carers and neighbourhoods to break down barriers of stigma around end of life care and support.

6 Dissemination event

This event, held in March 2016, presented the findings from the focus groups and the provider event to 44, of whom 9 were people living with dementia and their carers. The audience discussion on the project findings emphasised that:

- Experiences vary across the county
- Accessing services can be a challenge both physically getting there and also knowing what is available.
- Each individual has individual needs
- Needs vary depending on the stage on the dementia journey
- Implications for adult safeguarding need to be taken into account
- The voluntary and community sector has a key role to play
- Respite care is a key issue for both the cared for and particularly the carers; regular "preventative" respite is essential but crisis respite has to be available.

7 Findings from the medical student project

The five final year medical students who were involved in the project were attached to three practices in Shropshire and one in Worcestershire, although Shropshire patients were registered with this practice. There was remarkable agreement between the practices from the interviews of both GPs and Care Co-ordinators. Strengths and weaknesses of dementia care were highlighted and recommendations made. The full report can be accessed here.

There were mixed views of the benefits of early diagnosis. It was thought that the benefits would differ with different patient circumstances. The importance of the knowledge of individual patients and their needs was emphasised. Once a formal diagnosis was made care co-ordinators were really appreciated by the GPs for the work that they do in supporting these patients.

The important role of carers was recognised by all the interviewees. In all the practices carers were coded as being so on their patient records. This could mean a lower threshold for treatment or could trigger respite care. There appeared to be no consistency of approach.

There was, however, a lack of awareness of the Shropshire Dementia Strategy Action Plan amongst the practices and their GPs. This was also true when Healthwatch Shropshire attended the GP locality meetings to raise awareness of this work.

The medical students were fortunate to receive a Dementia Friend session from the Alzheimer's Society which was well received. At their feedback session with the Medical School this was highlighted as a highlight of their 16 week project with Healthwatch Shropshire. The session enabled the students to understand Dementia from the patient perspective. With the ageing population in Shropshire the requirement to be "dementia aware" would seem essential for all medical students.

Recommendations

- Awareness of the Dementia Strategy Action Plan amongst GPs and their practices needs to be increased
- Care co-ordinators are recommended for all GP practices and they should work with others with knowledge about local services to support those living with dementia
- There needs to be a continued drive to reduce the stigma and misconceptions about dementia; education should be provided to the general public and information should be provided through the general practice
- GPs should share their ideas for good practice in dementia care
- All medical students (and other students such as nursing, physiotherapy etc) should have the opportunity to undertake a Dementia Friend training session.

Limitations of the methodology

The engagement undertaken to inform the findings was geographically spread across the county. Existing groups were visited and the numbers involved were manageable with in the time frame and provided a richness of information. However, further engagement is needed with people whose voice is "seldom heard" including people from the nine protected characteristics, those who are isolated, those living in residential and nursing homes and those who are not currently accessing services, for whatever reason.

There was an under-estimate of the time required in the focus groups as people were very willing to share their experiences and their thoughts. Time was an important constraint.

It was agreed that transcription would have been useful at all "events" due to the richness of the information.

Discussion

The project team was humbled by the willingness of the participants to share their experiences and to give their time freely. Despite the limitations outlined above there is a richness in the information provided and confidence in the findings and the recommendations as there was a remarkable consistency in the feedback from the different participating groups: people living with dementia, their carers, the providers and GP practices.

It is worth pointing out the engagement demonstrated that both people's expectations are diverse as are their experiences. The engagement also reinforced that needs change as the "dementia journey" progresses and must be taken into account in considering the provision of services, in the widest sense.

It is clear that for some people the "dementia journey" is good and works well for them and their carers. If the journey starts well it appears that it is more likely to continue well. For others the journey is less good; what works well for one individual does not necessarily work well for someone else. This was also found in the WMADASS survey. This highlights the need to provide individual personalised care and support.

Local models of care and support may also vary across the county. However, what is important is that some key fundamental principles are established in the refreshed action plan but they may be delivered differently in different parts of the county. Shropshire is a rural county but the characteristics vary across the county and one model will not necessarily fit all. However it is important that the key aspects of care (in its broadest sense) are available to all.

During this collaborative project we have been made aware of good practice that is taking place not only locally but across the UK and also looked at other Dementia Strategy Action Plans. It is clear that there is no need to "reinvent the wheel" but that Shropshire should learn from available good practice.

Taking this into account and the complexity of the existing Dementia Strategy Action Plan in Shropshire the final recommendations (below) take the findings and recommendations outlined above and use headings that could be used in a refreshed action plan. This approach will enable the link to be made more easily between this collaborative project and the refreshed action plan. The focus of the refreshed action plan is to address identified need and to deliver improved outcomes for people living with dementia and their carers.

Ownership of the Refreshed Dementia Strategy Action Plan needs to be established by the Health and Wellbeing Board and individual organisations need to be empowered to take on responsibility for the actions with in their scope. A communications and engagement plan will be required.

If the implementation is to be successful progress will need to be monitored and outcomes measured. The working group that has supported this co-production project could be expanded to ensure a wider representation (for example to include the Dementia Action Alliance for Shropshire, the independent sector, general practice) but should remain manageable to ensure constructive discussion and that progress is being made.

The Action Plan also needs to be integrated with other local initiatives taking place across Shropshire such as the Better Care Fund, the Mental Health Partnership and resilient communities. These links are being developed. Representatives of the working group are members of the Health Economy Dementia Steering Group which is an information sharing group and is important for ensuring that everyone knows what is happening across the county.

Awareness of the context in which everyone is working has also been considered in formulating the recommendations and developing the Action Plan. There is not abundance of resources available at any level in terms of service provision whether in the community, a GP practice, the voluntary and community sector, the NHS or in the CCG or local authority. Parity of esteem was noted as a potential issue. The need to postpone

access to statutory services and encourage independence for as long as possible is acknowledged and is taken account of in the recommendations. The implications for individuals to take on greater responsibility for their wellbeing are also addressed in the Action Plan. It is crucial that alternative support and information is available and the need to integrate these recommendations with other initiatives such as Community Fit.

It is really important that the outcomes from this collaborative project and the refreshed action plan are shared with the groups that participated in the project, the providers and the GP practices. Further engagement should also take place to ensure that more voices have the opportunity to share their experiences and influence or participate in the implementation.

A key finding from the collaborative project is that people "don't know what they don't know" at the start of their journey so are unable to ask the right questions and this can affect their journey and the care they receive. As a result raising awareness of both the public and professionals is the starting point for our recommendations and the revised action plan.

Recommendations

A "keep it simple" approach is recommended for the refreshed Action Plan in order to identify clear objectives and actions with clear lines of responsibilities and time frames.

The recommendations from the collaborative project are set out below under the priority headings being considered for the refreshed Dementia Strategy Action Plan. The numbers in brackets relate directly to the headings in the refreshed Action Plan. The text in blue shows recommendations that could be considered for early implementation through the Action Plan as they will make an impact quickly or because they have been identified as key issues during this project.

In addition to support the Strategy and Action Plan cross cutting themes were identified:

- It was recognised that there is currently good practice across the county but that it was inconsistent and that these inequalities should be addressed
- Joint working between Heath & social Care and the voluntary and community sector should be encouraged, including establishing joint budgets
- Develop a communications and engagement plan to raise awareness of the action plan and its implementation. Key organisations including Shropshire Clinical Commissioning Group (CCG), Shropshire Council, Shropshire Dementia Action Alliance, the Business Board, Public Health should be involved (8.4.10)
- Further engagement with other groups of people whose voices are seldom heard is needed to raise awareness of services and support and to identify any additional needs

1. Preventing Well

a) Encourage dementia awareness, understanding and reduction of stigma in communities, services, schools and businesses. More openness and encouragement to talk about dementia is needed. (8.1, 8.4.5)

b) Ensure that both professionals and the public are aware of the need to protect vulnerable adults and know how to raise a concern (8.1)

2. Diagnosing Well

a) Include information about the need for a timely diagnosis in GP training updates, and emphasise differences between the symptoms of anxiety, depression and dementia particularly in younger people (8.2)

b) Encourage GP practices to develop Dementia Champions and provide dementia awareness training for all staff in doctors surgeries (8.2)

c) Encourage GP practices to become dementia friendly in terms of the physical environment and attitude of workers (8.2)

d) Encourage sharing ideas for good practice in dementia care by GPs and their practices (8.2)

e) Increase awareness of the Dementia Strategy Action Plan amongst GPs and their practice staff (8.2 and Communication and Engagement Strategy).

f) Widely promote the Dementia Road Map across the county (8.2, 8.4.10)

g) Provide comprehensive information to ensure there is full knowledge about rights (8.2, 8.4.10)

h) Take into account the information needs of individuals and consider when and how information is required (8.2, 8.4.10, 8.4.7)

i) Follow up the initial engagement with GP practices and participate in GP locality meetings to continue to raise awareness of and maintain momentum in the implementation of the refreshed Action Plan (Communication and Engagement Strategy).

3. Living Well

a) Continue the drive to make communities dementia friendly and aware of issues around dementia (8.4.4)

b) Provide specialist dementia training at the appropriate level to ensure positive outcomes and wellbeing for those people who use services including their carers (8.4.6, 8.4.8, 8.7.3)

c) Raise awareness with employers about the impact of dementia to enable support and reasonable adjustments to be made, as young onset dementia is currently an issue but as the workforce ages the incidence of dementia amongst employees could reasonably be expected to increase (8.4.4, 8.4.5)

d) Encourage inclusion in group and community activities for as long as possible to provide normalisation (8.4.4)

e) Care planning must be person centred (8.4.1)

f) Recognise and manage people's expectations of care needs; there needs to be continuity in terms of workers to support care choices (8.4.10)

g) Proactively encourage care planning (8.4.1)

h) Make regular support, including peer support, available locally; continuity is also important (8.4.4, 8.4.5, 8.4.6)

i) Increase the use of assistive technologies to support people for as long as possible in their own homes (8.4.4)

j) Recognise the importance of the caring role; individuals also need to recognise their role as carers. The Memory Services should have a key role in supporting carers (8.4.6)

k) Empower carers to speak up and ask for a needs assessment (8.4.6, 8.4.10)

l) Provide guidance to carers to ensure that they get the most out of their appointments and that the assessments are meaningful (8.4.6)

m) Support and encourage individuals to take more responsibility for ensuring that their own needs are identified e.g. in a GP consultation by preparing questions, writing answers down (8.4.6)

n) Make available a useful easy to read chart of 'who is who' and how organisations are connected, identifying key individuals (with contact details) who are involved in the care plan, with clear contact details for emergencies and week ends(8.4.10)

o) Explore provision of appropriate community support for this younger group of people (8.4.7, 8.4.1) .

p) Involve young people with dementia in taking forward work to implement this strategy (Communication and Engagement Strategy).

4. Supporting Well

a) All medical students (and other students such as nursing, physiotherapy etc) should have the opportunity to undertake a Dementia Friend training session and be aware of the concept of "parity of esteem"

b) Make the Action Plan available on the CCG web site along with other local guidelines, strategies and policies (Communication and Engagement Strategy)

c) Link other web sites such as Shropshire Choices, Shropshire Together and Healthy Shropshire to the Action Plan (Communication and Engagement Strategy)

d) Promote the continued use of "passports" and agree a standard version (8.4.7)

e) Develop partnership working across agencies and information sharing to support families (8.2, 8.4)

f) All GP practices should have Community Care co-ordinators and should work with others with knowledge about local services to support those living with dementia (8.4)

g) Provide every person living with dementia with a 'dementia care advisor' who will know that person and their family be able to support and guide them through their dementia journey; a 'dementia care advisor' could be a Community Care Co-ordinator in the GP practice (8.4)

h) Ensure the 'dementia care advisor' has the knowledge and expertise to provide support and has received Dementia Friend Training; the principle should apply across the county acknowledging that the local solution will determine who the advisor is (8.4.3)

i) Make regular support, including peer support, available locally; continuity is also important (8.4.6)

j) Respite for carers is required with an emphasis on the preventative aspect to avoid a crisis; respite provision is a complex issue and requires further exploration as a priority (8.7.6)

k) Reduce hospital admissions for urinary tract infections, using the Memory Service to raise the profile of this issue particularly with carers (8.7.4, 8.7.3 and 8.4.2, 8.4.9)

l) Improve the quality of hospital discharges including discharge times and support and the provision of medication (8.7.9).

5. Dying Well

a) Encourage proactive and sensitive awareness raising for people newly diagnosed with dementia on end of life planning, directives and rights (8.4.1)

b) Make available a fair and equitable legal advice service with access for all individuals to enable advance planning and to ensure future plans and wishes are actioned (8.4.1)

c) All providers from all sectors to work together to share expertise, knowledge and resources to support people with dementia, carers and neighbourhoods to break down barriers of stigma around end of life care and support (8.8)

Conclusion

The working group has met to consider the draft report and it is being used to inform the refreshed Dementia Strategy Action Plan for Shropshire, which will include timeframes and identify those responsible for the actions required.

In conclusion the project showed that there is good care available for the people of Shropshire who are living with dementia and their carers – the challenge is to make this high quality care available to everyone affected by Dementia, independent of where they live. Information is powerful and a good start will be to improve awareness of information and services available so that people are able to ask the right questions, make informed choices and influence the care that they receive.

Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

Health and Wellbeing Board
8th December 2016

CHILDREN'S TRUST REPORT TO THE HEALTH AND WELLBEING BOARD

Responsible Officer **Karen Bradshaw**

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1. Summary

The Children's Trust report provides regular assurance to the Health and Wellbeing Board on the work of the Trust and highlights areas for closer consideration by the H&WBB.

2. Recommendations

The H&WBB is recommended to:

a) Note the information and actions in the report

REPORT

3. Risk Assessment and Opportunities Appraisal

The Children's Trust through its associated health and wellbeing outcomes supports the reduction of inequalities across Shropshire

4. Financial Implications

No financial decisions are explicitly required with this report, there may be associated resource implications to be considered for some actions.

5. Background

The Shropshire Health and Wellbeing Board has delegated the responsibility to the Children's Trust for the delivery of Priority 3 – Improve the emotional wellbeing and mental health of children and young people, by focussing on prevention and early support.

This report provides the Health and Wellbeing Board with regular assurance from the Children's Trust.

6. Update

The matters outlined below, including updates across the Children's Trust sub groups, have been considered at meetings of the Children's Trust since the report to the Health & Wellbeing Board in June 2016:

6.1 Strengthening Families Through Early Help Partnership Sub Group (SFEH)

The Children's Trust were updated on performance regarding early help assessments. There were 982 early help assessments of need for children carried out (either using an Early Help Assessment, Initial Webstar or a combination of both). This saw a 4% (39) reduction on assessments completed 2014/2015 (1027).

The assessments carried out from April 2015 to March 2016 were broken down as:

- 562 Early Help Assessments completed (66% of these also had an initial Webstar)
- 791 Initial Webstars were completed for children (46% of these also had an EHAF)
- 253 Initial Webstars were completed for parents

The Webstar was specially introduced in 2014/2015 to support partners to complete early help needs assessment with a focus on the voice of the child. The use of E-CINS as a direct source of information will save time, reduce duplication and improve the quality of assessments.

ECINS is the web based case management system that is now being used by multi-agency professionals across the county. The system is being used by partners to communicate securely and provide access to information that previously was not readily available to them from across different organisation. School Nurses and Health Visitors are registered on and have received training on Ecins and work continues to embed the use of Ecins across their service. Early Help cases have migrated from Carefirst to ECINS and all Troubled Families cases will be managed through the ECINS process including monitoring and auditing of claims. A programme of development and implementation continues which includes training and support for partners on use of the system. There are now over 500 families who have agreed that their information can be shared across ECINS. This means that those families will not have to repeat their information to several different agencies that may be supporting them and will facilitate better integration of support and the measurement of outcomes.

Work is also ongoing on pilot projects:

- placing a family support worker in a cluster of schools
- working closely with housing on tenancy sustainment

During a targeted early help service intervention, an evaluation tool is completed for each family to identify their needs. At the end of the intervention, progress against each identified need is recorded in order to evaluate the impact of the intervention. From April 2015 to March 2016, this tool was completed for 346 families.

The greatest impact was made against the following needs (these were also the most common needs identified amongst families)**:**

- Parent/child relationships: 81% improved (211 families).
- Self-esteem and well-being: 79% improved (230 families).
- Other relationships: 64% improved (147 families).
- Social connectedness: 62% improved (92 families)
- Domestic violence: 59% improved (48 families)
- Involvement in positive leisure activities: 59% improved (79 families)
- School attendance: 56% improved (65 families)

The case study below gives a real example of partnership working leading to positive outcomes for children, young people and their families.

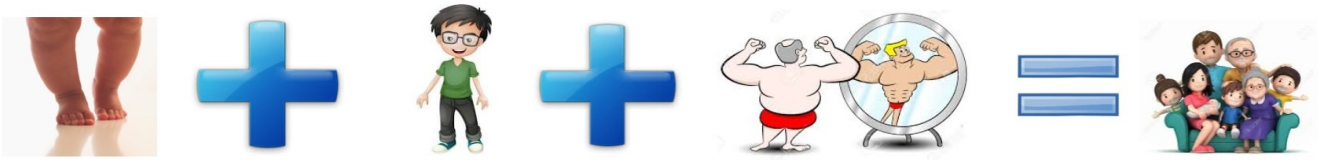
The family comprise Mum, Dad, a 7 year old and a baby. Mum also has a daughter (by a different father) who was removed from her care and adopted out of the family. For a period of time, the 7 year old was cared for through a family arrangement but has been legally and physically reunited with his birth parents. The family moved to Shropshire from part of the United Kingdom which has different legal, court and child protection arrangements .

Risks at point of referral:

- A very young baby
- Both children were subject to a child protection plan
- There were on-going court procedures
- Mum was out of work
- Dad was working long hours for low pay in a retail environment
- Home conditions were barely 'good enough'
- Mum's relationship with the baby was in question after having had both her other children removed from her care
- Dad is obese.

What's going well:

- Baby has reached the milestone of 1 year
- He has attended his one year review with the Health Visitor and all is well
- The 7 year old is legally the parental responsibility of his birth parents with all court procedures having been followed
- Mum has started work
- Dad has taken over the primary care responsibilities for the baby
- Dad gave up his job in retail and has started doing evening work
- Dad and the younger child are well bonded
- Mum is also well bonded with the baby
- The family home always shows evidence of appropriate toys and a safe area for the children to play and explore
- Dad is losing weight using the Help2Slim model



What is happening to support the family?

Children's Centre Support Worker has Lead Professional role, following the de-escalation from the Child Protection Plan

Scheduled weekly visits from Children's Centre Support Worker, liaising with the Health Visitor and Employment Advisor

Early Help Partnership meetings taking place and plan developed

School are completing 'wishes and feelings' work with eldest child

Impact:

The home conditions continued to improve slowly (TF3)

The family have recently moved to a new property

What's still an issue:

Dad needs to continue to lose weight.

Home conditions need to be maintained.

Potential Savings:

Two children safely reunited with their birth parents (TF3)

Health inequalities addressed (TF6)

Both parents in employment (TF4)

When early help support ends, the lead professional provides a judgement on the effectiveness of the early help intervention in the Early Help Closure Summary form. From April 2015 to March 2016 there were **627** closure summaries completed for children who had been supported by an early help intervention.

84% of early help interventions (529 out of 627) were either fully effective or partially effective (sufficiently effective to close targeted early help support)

The Strengthening Families Through Early Help outcomes shown below have been included within the development plan for the Children's Trust:

- Outcomes for children, parents and families are improved through the implementation and measurable evidence of the principles of the SF programme:
  - ✓ Consent from the family to share information is in place as appropriate
  - ✓ Early Help Assessments take account of the needs of the whole family
  - ✓ An action plan involving the family takes account of relevant family members
  - ✓ The lead professional role is in place and recognised by the family and professionals involved.
  - ✓ Objectives for outcome improvement in the family action plan are aligned to the local area Strengthening Families Outcomes.

- Families receive the right support at the right time for the right duration
- Through the offer of advice, support and assistance the families and communities of Shropshire are enabled to help themselves

The Children's Trust looks forward to further updates on progress and the monitoring of outcomes within the quarterly briefings it receives.

6.2 0 – 25 Special Educational Needs and Disabilities (SEND) Strategic Board

Work is being undertaken to embed the principles of a person centred approach across all professionals who work with children and young people with SEND and their families. The principles state that:

- the views, wishes and feelings of children and young people must be taken into account
- their parents/carers views must be taken into account
- the children, young people and their parents/carers must be able to participate as fully as possible
  in decision making, and be provided with the necessary information and support to achieve that decision
- the children and young people and their parents/carers must be supported to help the children and young people to effectively prepare for adulthood

The Strategic Board is also developing a suite of data to improve the performance dashboard across Education, Early Help, Social Care and Health. This will support greater understanding and highlight areas for improvement across partnership agencies.

The 0 – 25 SEND Strategic Board worked together to develop the 0 – 25 SEND Strategy, this was ratified by the Children's Trust and is included here for your information. (Appendix A). Following the work on the Strategy the membership of the 0 – 25 SEND Strategic Board has been refreshed and now includes a representative from housing and has invited representation from the voluntary sector and the Department for Work and Pensions.

The digital presence of the Local Offer on the Shropshire Council website continues to improve and we would encourage partners to promote the use of the website not only to families and young people who could benefit from finding services or information, but also to other professionals to support improved knowledge of systems and processes for SEND in Shropshire.

Areas to progress identified as part of the recent Children's Trust 'Deep Dive' exercise into the work of the sub group includes:

- The development of a graduated pathway that will support more consistent identification of SEND and provide a clear approach to developing appropriate and jointly commissioned provision for children with high incidence, low need. The success of this will be evidenced through improved outcomes for children with SEND including improved attendance and a reduction in the number of days lost through exclusion as well as improved academic attainment/progress.
- A focus on improving joint commissioning (informed by the JSNA) with health for the 19 to 25 age group.
- Identifying and establishing how CHC (Continuing Health Care) and EHC (Education Health & Care Plan) can be combined
- Engagement with local further education providers, employers, housing services and voluntary sector services to support young people with SEND in preparing for adulthood.
- Identifying and addressing barriers in the take up of personal budgets for (eligible) young people and their families.

Ongoing concerns were raised regarding CCG funding capacity and decisions regarding children with SEN and specialist care needs. There are a range of issues that are unresolved that may be placing some services and children without the necessary support they need.

6.3 0 – 25 Emotional Health and Wellbeing Partnership Group

The Chair of the sub group; Anna Hammond (Deputy Executive for Commissioning and Planning (Integrated Care) Telford and Wrekin CCG) provided an update to the Children's Trust on progress with the 0 – 25 Emotional Health and Wellbeing Service.

The teams across Shropshire, Telford and Wrekin have been progressing 6 workstreams in line with the CAMHS transformation Plan. A brief summary on progress against each is provided below:

Programme 1: Emotional health and wellbeing service

The official procurement for a new 0-25 year emotional health and wellbeing service began on 8th August. The closing date for applications was the 10th October. The panel for evaluation includes a range of professionals, young people and parents from across Shropshire, Telford and Wrekin. The new service will go live from May 2017

Programme 2: Redesign of neurodevelopmental pathways

The incumbent provider has made some progress in reducing waiting times for assessment of potential ASD. This has been funded by commissioners using CAMHS transformation monies. In Shropshire, the waiting times for specialist assessment have reduced. Further work will be undertaken on initial assessments before the end of the year. The scope of the new 0-25 service was widened following consultation and neurodevelopmental related pathways will now be included

Programme 3: Development programmes for workers in universal services

- STORM training has been delivered. (12 per session) – 48 professionals and volunteers trained to date (since April 16) – 24 more confirmed with dates being set to reach an additional 48
- MHFA Youth (16 per session) – 128 professionals and volunteers trained to date (since April 16) – 38 more confirmed with dates been set to meet demand for 80 more.

As a direct impact from the focus around developing universal workforce and in addition to the training above:

- training delivery to social workers and foster carers specifically around emotional health of CYP and self harm as a lead in to STORM & MHFA youth
- 114 FE teaching and support staff attended emotional health training
- school setting specific training being delivered reached in excess of 102 staff
- Over 42 staff at non education settings have also benefited from training around emotional health and self harm.

- A mapping exercise embedded communication pathways and support which reaches beyond education e.g. to children's trust, domestic violence Countywide forum
- All training dates are fully booked, with 72% attendees settings other than education, with positive feedback for those who have already attended
- Development of lead professionals training
- Development of Shropshire's mental health curriculum
- Additional youth worker support for YHC to support peer mentoring around mental health

Programme 4: Eating Disorders Service

- The new eating disorder service continues to be delivered by South Staffordshire and Shropshire Healthcare Trust in collaboration with Shropshire Community Trust. All key performance indicators, including waiting time targets, are being met. From 2017 this service will be included in the service described in Programme 1.

Programme 5: All age psychiatric liaison service

- Recruitment of a children and young people's crisis team has begun and it is hoped the full team will be in place by Christmas 2016

Programme 6: Improve perinatal support

(A bid for national funding has been made to develop a community perinatal service in collaboration with the Mental Health Trust)

- All Health Visitors have undertaken a 3-day training module to assist them to effectively assess, identify and offer appropriate interventions and/or referral to specialist services in relation to perinatal mental health.
- A leaflet re perinatal mental health for parents is in development.
- Antenatal Solihull training has been delivered to a cohort of midwives, health visitors and children's centre support workers and parent courses will be rolled out from September 2016. These will replace the current parentcraft classes. Online antenatal and postnatal courses are also available until the End of March 2017 as part of a pilot project being delivered by Solihull.
- No Worries courses for parents are being piloted in Children's Centres to look at reducing anxiety levels in parents.

The Children's Trust were encouraged to see the progress that is being made across all areas of the programme. However, we are keen to receive assurance that the service will ensure that specific consideration is given to identifying and meeting the needs of children and young people at higher risk of vulnerability including those living with or suffering as a result of domestic abuse.

6.4 Healthy Child Programme Partnership Sub Group

The Healthy Child Programme Partnership Board raised the matter of adverse childhood experiences (ACE) with the Children's Trust and posed the question how we might embed the approach across partner organisations.

There is now a large and growing body of evidence that adverse childhood experiences (A.C.E.'s) are causally and proportionately linked to poor physical, emotional and mental health and also have a significant impact on social and educational outcomes. There is also strong evidence to suggest that enquiring routinely may reduce the burden on health and social care services with fewer GP and A&E visits and lower the need for specialist social care services (Becker, 2015).

Routine Enquiry is the process by which we **routinely ask individuals about traumatic/adverse experiences during the assessment process** with the intent to respond appropriately and plan interventions which in the longer term reduce the impact of the experiences on later health and wellbeing.

By identifying individuals who have experienced multiple childhood traumas and putting support in much earlier, services will be better placed to support individuals to break the negative cycle of intergenerational issues.

Adverse Childhood Experiences

Five Direct ACE	Five Indirect ACE
Sexual abuse by parent / caregiver	Parent / Caregiver addicted to alcohol / other drugs
Emotional abuse by parent / caregiver	Witnessed abuse in the household
Physical abuse by parent / caregiver	Family member in prison
Emotional neglect by parent / caregiver	Family member with a mental illness
Physical neglect by parent / caregiver	Parent / Caregiver disappeared through abandoning family / divorce

Adverse Public Health Outcomes where there are Adverse Childhood Experiences (ACE's) (Independent of poverty)

2 **x** more likely to **binge drink**

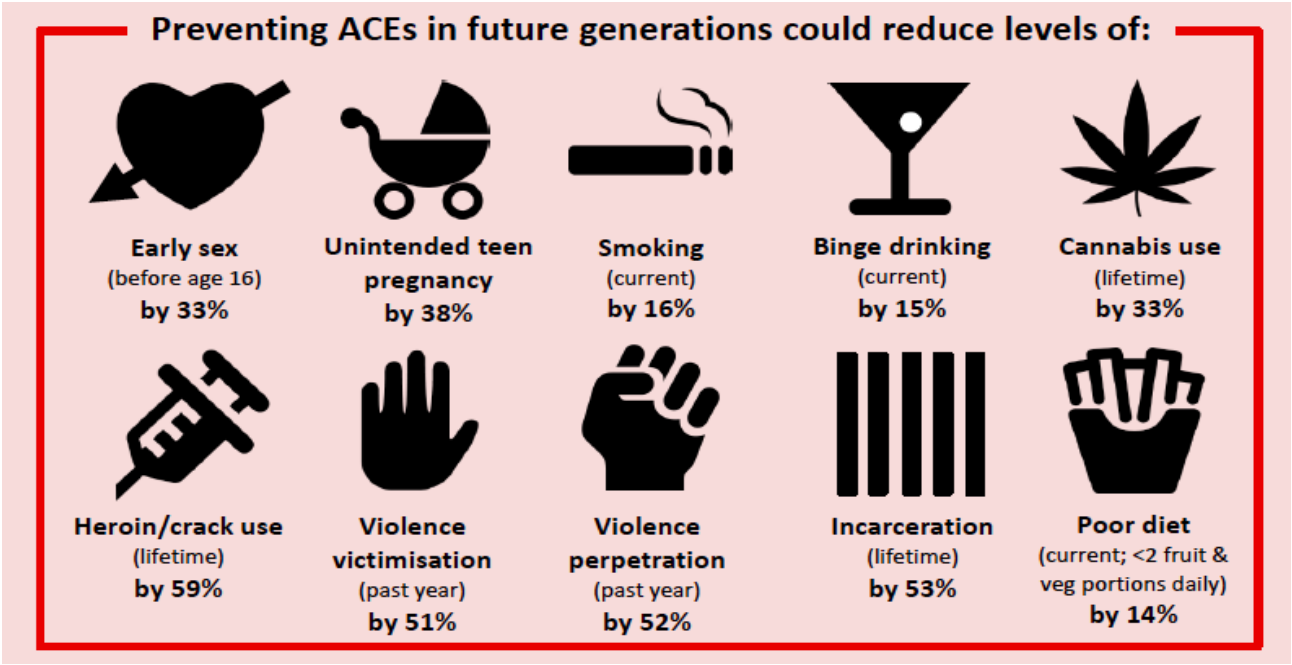
3 **x** more likely to be **current smoker**

5 **x** more likely to have had **sex under 16 years**

7 **x** more likely to be involved in **recent violence**

11 **x** more likely to have **used heroin or crack**

11 **x** more likely to have been **incarcerated**



Bellis et al, BMC Medicine, 2014

In order to understand better and examine how we might embed an 'ACE' approach into the everyday practice of services, we plan to host a multi agency learning event early in 2017.

6.5 Educational Achievement

The Joint Strategic Needs Assessment (JSNA) confirms that overall Shropshire is a fairly affluent county with relatively low levels of childhood poverty. Children in Shropshire, in general, are more likely to achieve good attainment at school, be healthy and less likely to be in care than in many other areas in England. However, inequalities do still exist and those children living in the most deprived areas of Shropshire and other vulnerable groups of children such as looked after children (LAC) and those with special educational needs and disabilities (SEND) are less likely to be healthy and less likely to achieve well at school than other children in Shropshire.

In order to contribute to ongoing work to narrow the achievement gap, the Children's Trust agreed that an annual report on educational achievement, highlighting gaps in progress and attainment between disadvantaged pupils and their peers, and identifying priorities for improvement will be

presented to the Children's Trust. The Children's Trust will agree the area of focus for a Task and Finish group based on the information in the report. The first report is scheduled for January 2017. Recognising that educational achievement affects long term health outcomes the Children's Trust will work in partnership to promote higher levels of achievement, and contribute to the closing of the gaps in progress and attainment between disadvantaged pupils and their peers.

7. Additional Information

The Children Young People and Families Plan has now been finalised and is attached as Appendix B. The Plan also now includes a 'Plan on a Page' to facilitate sharing across agencies and monitoring of outcomes across the Children's Trust.

8. Conclusions

The Children's Trust continues to work closely as a partnership and raise challenges across partner agencies.

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 Appendix A 0 – 25 SEND Strategy Appendix B Children, Young People & Families Plan 2016

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