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

Date: 8 November 2017

HEALTH AND WELLBEING BOARD

Date: **Thursday, 16 November 2017**
Time: **9.30 am**
Venue: **Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

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

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

Members of Health and Wellbeing Board

VOTING
Shropshire Council Members
Lee Chapman – PFH Health and Adult Social Care (Co-Chair)
Nicholas Bardsley – PFH Children's Services and Education
Lezley Picton – PFH Culture & Leisure

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 Performance & Delivery

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 – Chairman, Shropshire Partners in Care (Chief Executive Coverage Care Services)

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

Bev Tabernacle – Director of Nursing, Robert Jones & Agnes Hunt Hospital.

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

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTSITUTIONS

To receive apologies for absence and any substitutions that should be notified to the Clerk before the meeting.

2 DISCLOSABLE PECUNIARY INTERESTS

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

3 MINUTES (Pages 1 - 8)

To confirm as a correct record, the minutes of the Health and Wellbeing Board meeting held on 14th September 2017, which are attached.

Contact Karen Nixon Tel 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 ANNUAL REPORT OF THE SHROPSHIRE SAFEGUARDING CHILDREN BOARD (20 mins) (Pages 9 - 56)

Report attached.

Contact: Ivan Powell, Chair, Keeping Adults Safe in Shropshire Board and the Safeguarding Children Board.

6 ANNUAL REPORT OF THE KEEPING ADULTS SAFE IN SHROPSHIRE BOARD (20 mins)

A report WILL FOLLOW

Contact: Ivan Powell, Chair, Keeping Adults Safe in Shropshire Board and the Safeguarding Children Board.

7 MATERNITY SERVICES REVIEW (20 mins)

A presentation will be made.

Contact: Fiona Ellis, Shropshire CCG.

8 CHILDRENS TRUST, ACE APPROACH BRIEFING (20 mins) (Pages 57 - 74)

Report attached.

Contact Karen Bradshaw, Director of Children's Services or Lorraine Laverton.

9 CARE TO SMILE PILOT PROJECT BRIEFING (20 mins) (Pages 75 - 78)

Report attached.

Contact: Kate Taylor-Weetman, Consultant in Dental Public Health, PHE West Midlands Centre, Tel 07734 068512.

10 SYSTEM UPDATE (15 mins)

a) STP, Jayne Knott

b) Out of Hospital Programme, Lisa Wicks, Shropshire CCG

c) Future Fit, Jayne Knott

A presentation will be made.

11 JOINT COMMISSIONING GROUP (10 mins) (Pages 79 - 116)

- Better Care Fund Update

Report attached.

Contact: Tanya Miles, Head of Operations, Adult Services, Tel 01743 253094.

12 SHROPSHIRE ALCOHOL STRATEGY UPDATE (10 mins) (Pages 117 - 150)

Report attached.

Contact: Jayne Randall, Drug and Alcohol Lead, Drug and Alcohol Action Team, Public Health, Tel 01743 253979.

13 COMMITMENT TO CARERS: CARERS' VOICE (10 mins) (Pages 151 - 156)

Report attached.

Contact: Cllr Lee Chapman or Val Cross, Health and Wellbeing Officer, Tel 01743 253994.

14 SHROPSHIRE ALL-AGE CARERS STRATEGY: UPDATE (for information) (Pages 157 - 160)

A report ‘for information’ is attached.

Contact: Val Cross, Health and Wellbeing Officer, Tel 01743 253994.

Shropshire Council

Committee and Date

Health and Wellbeing Board

16th November 2017

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING
HELD ON 14 SEPTEMBER 2017
2.00PM TO 3.50PM

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

Present

Councillor Lee Chapman (Chairman)	PFH Health & Adult Social Care, Shropshire Council
Professor Rod Thomson	Director of Public Health
Cllr Nicholas Bardsley	PFH Children's Services, Shropshire Council
Cllr Lezley Picton	PFH Culture & Leisure, Shropshire Council
Andy Begley	Director of Adult Services, Shropshire Council
Dr Julian Povey (Co-Chair)	Clinical Chair, Shropshire CCG
Dr Julie Davies	Director of Performance & Delivery, Shropshire CCG
Jane Randall-Smith	Shropshire Healthwatch
Rachel Wintle	VCSA

Also present:
Penny Bason, Mr John Bickerton, Cllr Karen Calder, Cllr Gerald Dakin, Andrew Gough, Maria Jones, David Sandbach, Cllr Madge Shineton and Kath Smith.

16 **APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies for absence were received from:

Karen Bradshaw	Director of Children Services
Alison Bussey	SSSFT
Neil Carr	SSSFT
David Coull	SPiC
Jan Ditheridge	Shropshire Community Health NHS Trust
Dr Simon Freeman	Accountable Officer, Shropshire CCG
Neil Nisbet	SaTH
Cathy Riley	SSSFT
Bev Tabernacle	Director of Nursing RJ&AH Hospital
Mandy Thorn	Business Board Chair
Clive Wright	Chief Executive, Shropshire Council

Substitutions were notified as follows:
Ros Preen, Director of Finance, substitute for Jan Ditheridge, Shropshire Community Health NHS Trust.
Nicky Jacques, Chief Officer, substitute for David Coull. SPIC.

17 DISCLOSABLE PECUNIARY INTERESTS

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

18 MINUTES

RESOLVED: That the minutes of the meeting held on 6 July 2017, be approved and signed by the Chairman as a correct record.

The Chairman also warmly welcomed Cllr Lezley Picton to her first Health & Wellbeing Board meeting.

19 PUBLIC QUESTION TIME

There was one public question from Cathy Bowler, Operations Manager, Alzheimer's Society and Chair of the Health Economy Steering Group for Dementia, about how much funding would be released to roll out the Dementia Companions across the County, timescales, fair and equitable coverage and effective and efficient service. This question was circulated at the meeting, along with the formal response (copy attached to the signed minutes).

Miss Bowler was not present at the meeting and there was no supplementary question.

20 SYSTEM UPDATE

a) Sustainability and Transformation Partnership (STP) Programme Update

Phil Evans, Director of the STP Programme gave a PowerPoint presentation (copy attached to the signed minutes) to the Board which briefly covered;

- STP Governance Structure
- STP PMO
- Neighbourhoods
- Community Admission Avoidance and Supported Discharge
- Workstreams
- Acute Services

It was noted that all plans would be amalgamated and put into a single system plan.

b) Future Fit update

Phil Evans Director of the STP Programme gave a PowerPoint presentation (copy attached to the signed minutes) to the Board which briefly covered;

- Restate the case for change

- Programme Progress to date
- Outline options and preferred option
- Programme next steps
- Pre consultation Business Case (PCBC)
- Programme timescales
- Patient and public involvement
- Consultation Plan
- Q&A's

The Future Fit programme, progress and consultation was discussed by the Health and Wellbeing Board and Phil Evans answered questions as they arose.

It was noted that 2nd October 2017 was the full checkpoint date where there would be a formal meeting with NHSE. It was also confirmed that the checkpoints *did* feed into Government Gateways.

The offer from a member to visit the Cleobury Farmers' Market on 16th November with a community consultation was welcomed and officers confirmed they would attend. Meanwhile it was highlighted that Border consultations were equally important to include.

There was some criticism about the design of the on-line survey and it not being user-friendly, which was noted.

It was agreed that the issue of Local Maternity S ervices needed to be included as a separate workstream.

In response to a question about what 'Prevention workstream' was, it was clarified that this was the same as 'Fit & Well'; it would be adjusted.

The VCSA highlighted that there was unease generally within the voluntary sector about the renewal of CCG grant funding which ended on 31 March 2018; volunteer staff were anxious that contracts would not be renewed and it was feared that staff would leave due to uncertaintly. It was confirmed that letters about the future grant framework had recently been sent out and hopefully this would help allay any fears. The offer of providing a patient presentation in conjunction with the voluntary sector was welcomed by the Board.
Meanwhile it was requested that the Local Authority and the CCG both needed to make their intentions clear.

The Head of Adult Services was aware of financial pressures on everyone and spoke about the importance of early intervention and prevention, adding that a conversation was being undertaken with the Health and Social Care Forum.

c) Out of Hospital Programme

Julie Davies, Director of Delivery & Performance, Shropshire CCG, gave a verbal update on the Out of Hospital Programme that was currently being worked on. A detailed report would be submitted to the next Board meeting, which was welcomed.

A discussion was had regarding the impact of closing voluntary sector services due to funding cuts and the Board was made aware of the local VCSE Impact Assessment.

ACTION:

- PMO to look into attending Farmer's Market in November as requested.
- Adjust wording of Fit and Well to Healthy Lives.
- The VCSA to bring the VCSE impact assessment to a future Board meeting.

21 BETTER CARE FUND FINAL SUBMISSION 2017/18

The Board considered the content of the 2017/19 Better Care Fund Draft, which was submitted on 11th September 2017 and consisted of three documents;

- Better Care Fund Draft Narrative Plan
- Better Care Fund planning template
- Better Care Fund DTOC Metric Plan

Plans would either be approved, approved with conditions or not approved, and it was hoped to get feedback by early October.

In introducing the report (copy attached to the signed minutes), Tanya Miles, Head of Operations, Adult Services, was pleased to report that the new plan was very different to that submitted in the first instance. The Local Authority had worked well with the CCG to produce a more joined up and cohesive plan with excellent detail.

The Chair praised the teams involved in this and hoped their hard work would result in a positive result.

RESOLVED: That the report be noted.

22 SAFEGUARDING BOARDS ANNUAL REPORTS (CHILDREN & ADULTS)

The Chairman reported that this item had now been WITHDRAWN from the agenda.
It was noted that this matter would be deferred for consideration at the next Health and Wellbeing Board meeting on 16th November 2017.

23 JOINT COMMISSIONING GROUP REPORT TO THE BOARD - HEALTHY LIVES

The Health and Wellbeing Co-ordinator introduced a report (copy attached to the signed minutes) updating the Board on Healthy Lives and including a first draft of the Social Prescribing business case (shown at Appendix A). Healthy Lives focussed on taking a whole system approach to reducing demand on services and relied on working together in partnership to deliver activity

The business case, which was still in draft form highlighted the key achievements of Healthy Lives which briefly were as follows;

- Safe and Well Visits
- Social Prescribing Pilot
- Diabetes Prevention Protocol
- All age Carers Strategy
- Dementia Companions
- Mental Health
- Process for Programme evaluation

A Public Health consultant stressed that this was 'work in progress'. Additional resources would be required to rollout the programme further and therefore it was agreed that a more detailed case should be put to the Board in future for their consideration.

The Board fully acknowledged that a key element would be the role of the voluntary sector and this would form part of developing intentions in the future.

RESOLVED:

a) That the development of Healthy Lives and the Social Prescribing Business case be supported.

b) That the scaling up of Social Prescribing across Shropshire be endorsed.

c) That the updated Terms of Reference of the HWB Joint Commissioning Group be approved (formerly the HWB Delivery Group).

24 MENTAL HEALTH PARTNERSHIP BOARD BRIEFING TO THE H&WB

The Board received a report (copy attached to the signed minutes) updating them on the work of the Mental Health Partnership Board (MHPB) and highlighting areas for closer consideration by the Health and Wellbeing Board.

RESOLVED:

a) That the MHPB Action Plan at Appendix A be endorsed.

b) That the MHPB outcomes and those actions to achieve the outcomes, as set out in section 6.2 of the report be supported by the Health and Wellbeing Board.

25 CHILDREN'S TRUST BRIEFING TO THE H&WB

This item was introduced and amplified by the Director of Public Health, in the Director of Children's Services absence (due to an Ofsted inspection that was currently underway).

This regular update briefing had been commissioned by the Health and Wellbeing Board from the Shropshire Children's Trust, focussed on work to develop an action plan for the 0 – 25 SEND Strategic Board and engaging with young people with SEND and providing updates on the 0 – 25 Emotional Health and Wellbeing Service, School Readiness and Embedding the Adverse Childhood Experiences (A.C.E) approach. The Board were assured on the work of the Trust and areas for closer consideration by the Health and Wellbeing Board were highlighted.

In response to a question about mental health for the 0 – 25's and the inclusion of children affected by domestic abuse, it was noted that this was currently being looked at; was it satisfactory and how was it being delivered? Officers assured the board they would follow this up and report back accordingly.

RESOLVED:

a) That the information and updates within the report be noted.

b) That the needs of children and young people with SEND be taken into consideration across all health and wellbeing development work

c) That the profile of "All About Me" continued to be raised that all organisations in contact with children and families to promote the "All About Me" strategy be encouraged.

d) That the Health and Wellbeing Board continues to encourage practitioners to engage with the development of the A.C.E approach across Shropshire.

26 SHROPSHIRE DOMESTIC ABUSE STRATEGY 2017/20 - DRAFT

Andrew Gough, Community Safety Partnership Manager, introduced a report (copy attached to the signed minutes) on Tackling Domestic Abuse in Shropshire. This Shropshire focus was welcomed by Members, who were also pleased to see this being drawn together. The Board noted that this was a key priority for all the strategic partnership boards in Shropshire.

The Draft three-year Domestic Abuse Strategy (2017 – 2020) was being developed by the Shropshire Domestic Abuse Forum (SDAF) on behalf of the Shropshire Community Safety Partnership in consultation with a wide range of agencies, organisations and individuals. The aim of the strategy was to improve services for victims of domestic abuse within Shropshire and respond effectively to domestic abuse. The Draft Strategy built on previous domestic abuse strategies, and the Governments 'Violence against Women and Girls Strategy', in order to support victims and to explore ways to encourage offenders to seek the assistance they need to change their behaviour.

RESOLVED:

The Health and Wellbeing Board noted the report and agreed to provide feedback on the Draft Strategy by 29th September 2017.

27 HEALTH & WELLBEING BOARD COMMUNICATION STRATEGY UPDATE

Maria Jones, Communications and Marketing Officer, Shropshire Council Communications Team, introduced a report (copy attached to the signed minutes) on progress with the Health and Wellbeing Board Communication and Engagement Strategy and Action Plan for the period 2017 2018. These all linked in to the Sustainability and Transformation Plan (STP) and the Shropshire Neighbourhoods Programme. This was welcomed and supported by Board Members.

The Community Safety Partnership Manager requested that issues around dementia and domestic abuse also be included. It was agreed that these would be picked up and included within the final document and that the Community Safety Partnership Manager also be invited to the group

It was noted that Future Fit was not included within the Plan. The Chair explained that this had been highlighted to the CCG but that they has insisted on using separate resources for Future Fit.

RESOLVED: That Health and Wellbeing Board Members promote the use of Campaign Toolkits in their services to provide consistent health and wellbeing information to Shropshire People.

ACTION

- Dementia and domestic Abuse to be picked up through the Communication Plan.

<TRAILER_SECTION>

Signed …… (Chairman)

Date:

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Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

HEALTH AND WELLBEING BOARD
16th November, 2017

SSCB ANNUAL REPORT 2016-2017

Responsible Officer
Email: lisa.charles@shropshire.gov.uk Tel: 01743 254251

1. Summary

1.1 The Chair of the Local Safeguarding Children Board is required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. This is a statutory requirement under section 14A of the Children Act 2004. The report should be submitted to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board

1.2 The annual report of the Shropshire Safeguarding Children Board (SSCB) 2016/17 is attached as Appendix A for your attention. The report will be presented by the Independent Chair of the SSCB; Ivan Powell and covers the reporting period between April 2016 and March 2017.

2. Recommendations

The Health and Wellbeing Board is recommended to note and comment on the information in the attached Shropshire Safeguarding Children Board Annual Report 2016/17.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

Shropshire Safeguarding Children Board annual report 2016- 2017 provides an account of the activities, development and impact of the Board and its partners in fulfilling their statutory responsibility of safeguarding and promoting the welfare of children and young people in Shropshire. The report identifies areas for improvement and future challenges for effective multi-agency working.

4. Financial Implications

There are no identified financial implications.

5. Background

The SSCB determined three main priorities for action during the year:

- Neglect
- Domestic Abuse
- Missing children (including child sexual exploitation and trafficking)

Good progress has been made against these priority areas and is summarised as follows:

Neglect

Following a Serious Case Review published in November 2015 SSCB has strengthened Shropshire's response to neglect to make sure that it is fit for purpose.
In November 2016 SSCB held its biannual conference on the theme of childhood neglect attended by 130 multi-agency delegates. The conference launched the Neglect Strategy and delivered workshops on the commissioned NSPCC "Graded Care Profile 2" (GCP2) which focuses specifically on the lived experience of the child and the impact on their safety, well-being and development.

Work has taken place throughout 2016-2017 relating to the length of time children and young people were subject to child protection plans. Focused work is being undertaken on children who are subject to a child protection plan for 9 months or more to consider whether the case should progress into Public Law Outline process or care proceedings.

Domestic Abuse

Children's Social Care have improved the step down process with children stepping down from child protection to Child in Need for a minimum of twelve weeks, before step down to Early Help. A six week period for handover of a case from CIN to Early Help has been implemented to ensure that step down plans are robust.

Shropshire Recovery Partnership have raised awareness amongst social workers on how and when to make a referral to their service.

Regular domestic abuse triage meetings now take place in COMPASS and notifications are sent to schools to alert them to domestic abuse incidents where children have been present in the household.
The SSCB dataset has been revised and will be an area of on-going development alongside the collation of domestic abuse data to monitor the effectiveness of the revised domestic abuse strategy.

The SSCB was of the view that the revised all-age Domestic Abuse Strategy 2017-2020 would need to include a more robust and comprehensive approach to the safeguarding of children affected by domestic abuse.
Based upon information and findings the SSCB provided a challenge and recommendation report to the Community Safety Partnership in January 2017. As a result the SSCB hopes to see:

- Clarity around governance arrangements for leading the domestic abuse agenda across the partnership.

- A fully operational voluntary perpetrators programme.
- An increase in referrals to MARAC.
- Effective use of evidence based assessment tools.
- Improved provision of services for children and young people affected by domestic abuse, influenced by the views of children and young people.
- More sophisticated performance monitoring to measure outcomes in relation to domestic abuse and its impact on children.

Missing Children (including CSE and trafficking)

In 2016 the SSCB, through joint partnership funding, commissioned a comprehensive review of agencies response to CSE in Shropshire. The purpose of the review was to inform SSCB on what more needs to be done to maximise strategic links and address any gaps in CSE service provision locally.

The review found that:

- Significant activity has been coordinated by SSCB across a range of functions including training, communications and the development of an infrastructure that promotes information sharing in respect of CSE.
- Dedicated resources have been secured within the Local Authority and Police.
- An award winning Sex and Relationships Education curriculum is on offer to nearly all Shropshire children.
- Significant work has taken place to engage with private care providers, many of whom are caring for children placed in Shropshire by other Local Authorities. This has resulted in tangible outcomes for individual children e.g. every child in residential care has a trigger plan.

Developments as a result of the review have included:

- Local data was used to inform a revised CSE Strategy and action plan which is being monitored by the CSE sub-group.
- The CSE pathway, assessment tool kit and practitioner guidance was revised to ensure clarity of role and responsibilities of Children's Social Care and partner agencies in relation to victims of CSE.
- Revised terms of reference for both the CSE sub-group and the CSE Panel.
- The CSE Panel is now much more strategic, as opposed to case focused, enabling the panel to pick up on trends, themes and links, as well as supporting prevention and disruption.
- Individual cases are now managed through the case management processes within the local authority.

- The revised Thresholds document references CSE and has been re-launched via briefing sessions.

- An intelligence form has been developed to ensure vital information is shared with the Police and CSE Panel.

Child Mental Health Wellbeing Audit

A multi-agency audit was undertaken on children with emotional and mental health needs as a result of the increasing numbers of children completing suicide. The case sample was chosen from cases that were open to CAMHs whereby the young person has attempted suicide or had self-harmed.

The results indicated good multi agency working and effective use of ECINS.
The report also demonstrated the schools very positive support for children with mental health issues and that some schools had even employed counsellors to support children's key workers.

The audit also highlighted a lack of referrals to the Shropshire Recovery Partnership (SRP) from CAMHs and Health Services. Due to the decline in referrals an assurance report will be requested from SRP to look at the issue of children attending A&E following substance misuse in more detail.

Recommendations from the audit included:

1. Consideration to be given to a protocol for sharing discharge notifications with school designated safeguarding leads, in a proportionate way, following A&E attendance with self-harm/suicidal ideation.

2. All safety plans for young people must be shared with multi-agency partners who have a role in safeguarding the child to ensure that all professionals are aware of and are supporting the plan in accordance with the SSCB Self-harm and Suicide Prevention Care Pathways to enable a co-ordinated Early Help response.

3. To raise awareness of the young person's screening tool for substance misuse, Substance Misuse and Risk Taking Early Referral (SMARTER), in particular the need to complete for any young person where substance misuse is identified as a risk factor through the use of other assessment tools, even if this is does not appear to be the predominant risk.

6. Additional Information

Annual Report 2016-2017 attached.

7. Conclusions

Evidence suggests that Shropshire agencies are generally effective in keeping children safe across Shropshire, and that more children and families are receiving help at an earlier stage. We have seen a significant reduction in the number of referrals to Children's Social Care as a result of ensuring that children and families receive early help to meet their needs. Overall, there is also a reduction in children within the child protection system. However, numbers of looked after children have increased by 3.9%, partly due to the emerging challenges of accommodating unaccompanied asylum seeking children. Further development in strengthening families through early help services should assist with keeping children safe and improving their wellbeing without recourse to child protection and looked after processes.

Performance measurement has demonstrated improvements in practice as a result of multi-agency audits and learning. An identified area for improvement and challenge to partner agencies is improved data collection and analysis.

The Board has begun to respond to findings from the Wood review of LSCBs and the new legislation of the Children and Social Work Act 2017. The SSCB Strategic Governance Group has begun to consider new local safeguarding arrangements, primarily with a review of the effectiveness of the SSCB Business Unit. The review has sought to streamline processes within both the LSCB and Adults Safeguarding Board Business Units by joining both units to maximize efficiencies and create more joined up working across safeguarding issues.

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 Lee Chapman**
Local Member
Appendices SSCB Annual Report 2016-2017

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SHROPSHIRE SAFEGUARDING CHILDREN BOARD

ANNUAL REPORT

2016 - 2017

Shropshire Safeguarding Children Board annual report 2016- 2017 provides an account of the activities, development and impact of the Board and its partners in fulfilling their statutory responsibility of safeguarding and promoting the welfare of children and young people in Shropshire.

Ivan Powell, Interim SSCB Independent Chair
Lisa Charles, Acting SSCB Business Manager
Bill Joyce, SSCB Development Manager

September 2017 v4

1 CONTENTS

2 FOREWORD

Welcome to Shropshire Safeguarding Children Board's annual report for 2016 - 2017. This is a public report which sets out the work of the Board and its view of the effectiveness of safeguarding arrangements across the county. The report aims to give everyone who lives and works in Shropshire a sense of how well local services and people in the community are working together to keep children safe. The report is also intended to inform the decisions made by those responsible for leading, commissioning and funding local services.

As in previous years, many of the organisations which contribute to the Board's work have continued to face significant financial pressures, which have entailed difficult decisions about allocation of resources. Where it was felt to be necessary, the Board has challenged decisions made by agencies at both strategic and operational levels. For example, West Mercia Police were challenged regarding the potential implications of their proposed Single Investigative Model for safeguarding children, and responded positively by suspending their plans to implement these new arrangements in Shropshire with a view to reviewing its effectiveness following pilots elsewhere in the force area.

Despite the pressures, the Board's partners have maintained a focus on developing arrangements and services which enable a quicker, earlier response to children and families who may need additional help. This is an area that will continue to be promoted in the year to come, with the aim of supporting families more effectively at an early stage and reducing the need for statutory intervention as difficulties become more entrenched.

Throughout the year, agencies have continued to demonstrate their commitment to safeguarding children through contributing to the multi-agency work of the Board, taking part in multi-agency auditing and challenge activities, and sharing their own data and self-assessments. The Board has also worked in support of the vision of the Children's Trust, focusing attention on areas which present the greatest risk to Shropshire's children - child sexual exploitation and going missing, neglect and domestic abuse – and working more closely with other multi-agency partnerships to ensure that the most vulnerable individuals and families are identified, supported and safeguarded.

Whilst the Board has not published any serious case reviews during the year covered by this report, we have reviewed individual cases and groups of cases to identify both good practice and areas for improvement. We have also commissioned an SCR on an Unaccompanied Asylum Seeking Child which will be published during the coming year. We will continue to monitor the impact of the learning from these cases on the quality of local practice.

We have all welcomed the increasing engagement of young people in the work of the Board, through the development of the Student LSCB. This year, the group decided to focus on neglect and sex education (especially related to sexting and sexual abuse, and their insights have been most valuable in informing the understanding of Board members of the perspectives and priorities of young people.

Another important development for the Board has been the increased focus on disabled children, who must always be kept in mind because of their additional vulnerabilities. This will continue in the coming year.

The report sets out what the Board will do during 2017-18 in order to continue strengthening arrangements for safeguarding children and developing access to early help services. This will involve working with partners both within the SSCB context, across Shropshire, and more widely across the region. The year will also see attention paid to putting in place future arrangements for safeguarding children in response to the changed legislative context that has been introduced by the Children and Social Work Act 2017, which gives greater flexibility locally whilst increasing accountability for NHS and police partners alongside the local authority.

Finally, as ever, there are staff and volunteers who day to day demonstrate their commitment to children and families through their work and dedication. We thank them all for everything they do to safeguard children and promote their wellbeing.

Sally Halls

SSCB Independent Chair

Ivan Powell

Interim SSCB Independent Chair

3 INTRODUCTION

Shropshire's Safeguarding Children Board (SSCB) is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the county. Its statutory objectives are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Working Together to Safeguard Children 2015 requires the Independent Chair to publish an annual report on the effectiveness of arrangements to safeguard and promote the welfare of children and young people in the local area. The guidance states that the report 'should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.'

This annual report for the SSCB covers the period between April 2016 and March 2017 and evaluates the work and impact of the Board whilst identifying future challenges and priority areas of work for the period 2017– 2018.

Chapter 1 sets out the contents of the report.

Chapters 2 and 3 include a foreword from the Independent Chair and an introduction to the annual report.

Chapter 4 sets some context and includes a strategic overview of safeguarding within Shropshire, including local demographics, implementation of the Children and Young People's Plan, challenges faced by partners and information about the SSCB.

Chapter 5 focusses on the SSCB's priority areas of work and progress made against these during 2016-2017 set against the SSCB's strategic objectives.

Chapter 6 outlines other activities and functions of the SSCB including the development of policies and procedures, safeguarding disabled children, private fostering, case reviews (including the findings of a recent Learning Review), multi-agency training, the work of the Child Death Overview Panel, managing allegations against professionals and participating in the planning of services.

Chapter 7 analyses the effectiveness of multi-agency safeguarding arrangements through SSCB's quality assurance processes.

Chapter 8 details the ways in which SSCB engages with children and young people including the work of the Student LSCB.

Chapter 9 provides a conclusion and a look to the future of multi-agency safeguarding arrangements and what implications this may have for the SSCB and partner agencies in 2017-2018.

Appendix A is a summary of partner agency assurance reports that have been presented to SSCB throughout 2016-2017.

The report is ratified by the SSCB and is presented in final version to the Chief Executive of the local authority, the Leader of the Council, the local Police and Crime Commissioner (PCC) and the chair of the Health and Wellbeing Board. In addition the report will also be presented to Shropshire Council Young People's Scrutiny Committee, Shropshire Children's Trust and the Chief Constable of West Mercia Police.

4 CONTEXT AND STRATEGIC OVERVIEW

4.1 CHILDREN IN SHROPSHIRE

Shropshire is one of England's most rural and sparsely populated counties with a large geographic area of 1,235 square miles. Situated in the West Midlands, bordering Wales to the west and Cheshire to the north, the area has a population of 311,373 (ONS, mid-year estimates 2016). Shropshire's population is largely of White British ethnic origin. The number of residents from minority ethnic groups is low; comprising 4.6% of the population (this includes white other, gypsy/traveler and Irish). 40.1% of Shropshire's population live in the main market towns of Shrewsbury, Oswestry, Whitchurch, Market Drayton, Ludlow and Bridgnorth. (Census 2011)

Shropshire has approximately 63,000 children and young people under the age of 19 years. This is 20.2% of the total population (ONS, mid-year estimates 2016). The proportion entitled to free school meals is 8.8% of primary and 8.1% of secondary pupils, which is below the average for both national and statistically similar local authority areas. Children and young people from minority ethnic groups account for approximately 6.1% of the 0-19 population, compared with the English average of 24.2%. (Census 2011). In 2017, the percentage of children whose first language is not English was 3.7% of primary and 2.8% of secondary pupils, which is significantly lower than national statistics and lower than statistically similar local authority areas.

Shropshire has 152 state funded schools: 98 primary schools, 4 infant schools, 4 junior schools, 6 secondary schools, and 2 special schools. These are local authority maintained schools. There are also 42 local authority maintained nurseries. There are 38 Academy Schools consisting of 22 primary, 13 secondary, 1 special, 1 all through and 1 free school (as at July 2017).

According to the Income Deprivation Affecting Children Index 2015 [IDACI], Shropshire had approximately 13% of children (aged 0-15 years old)

considered to be living in income deprived families, low compared to national figures. However, this statistic masks pockets of deprivation where 9 areas are amongst the 20% most deprived nationally in terms of the IDACI. It is estimated that 1,195 children living within these 9 areas (around 38% of dependent children aged 0-15 within the 9 areas) are classed as living in families which are income deprived.

A particular characteristic of Shropshire is the large numbers of looked after children placed with private care providers by other local authorities. This number is estimated at around 500 at any one time, although the local authority is not always notified when young people move out of area. Whilst these children remain the responsibility of the placing authority this does have a significant impact on a number of local services, particularly police, health and mental health services.

4.2 IMPLEMENTING THE CHILDREN AND YOUNG PEOPLE'S PLAN

The vision of the Children's Trust, set out in Shropshire's Children, Young People and Families Plan, 2016, is that:

> *The Children's Trust wants all children and young people to be happy, healthy and safe and to reach their full potential, supported in a family environment, by their families, friends and the wider community.*

This year has seen the Children's Trust focus on 4 key themes, work has included:

- **Family including hidden harm** working closely with other Partnership Boards on the refresh of the Domestic Abuse Strategy and ensuring children receive the support they need if they are affected by domestic abuse.

- **Transition planning and arrangements,** with the development of a new Multi-Agency Transition Policy and Pathway due to be launched in September 2017.

- **Emotional / Mental Health and Wellbeing,** work to embed the Adverse Childhood Experiences (ACE) and routine enquiry approach across all partnership agencies and strengthen links with the Shropshire Mental Health Partnership Board.

- **Strengthening Families through Early Help,** with a refresh of the Early Help Partnership Board that will see partners working together on a new vision for Early Help in Shropshire.

The Children's Trust has most recently begun a piece of work supporting parents and professionals to ensure children are prepared for school by encouraging the development of their cognitive, fine and gross motor skills.

4.3 CHALLENGES FACED BY PARTNERS

Public sector organisations continue to face the dual challenges of managing with reducing resources whilst facing increased demand for their services. SSCB members have recognised this and are determined to work collectively to minimize any unintended consequences for children and young people – and for partners - when making difficult decisions about the future of services.

Partner agencies have demonstrated commitment to the work of the SSCB by ensuring agency representation and contributions to the work of the sub-groups of the Board, including multi-agency audit activity, and by keeping the

Board informed of any plans for service re-design through the SSCB Safeguarding Impact Assessment. This has enabled the SSCB to be assured that safeguarding and outcomes for children have been considered in service redesign and that any risks have been mitigated against.

In this challenging climate, partners have worked hard to develop a range of effective early help services which can support children and their families at an earlier stage, reducing demand for the more specialist and expensive services. The joint working of the Pentagon of Partnerships[1] is already beginning to make an impact and this is evidenced further in Chapter 6.8.

4.4 SHROPSHIRE'S SAFEGUARDING CHILDREN BOARD

SSCB is a multi-agency partnership that is jointly funded by its partners. The core budget for 2016-2017 was £208,840. A breakdown of this, showing contributors and expenditure is available on the SSCB website, together with further details about Shropshire's LSCB arrangements, including governance and accountability, membership and attendance.

Following five successful years as SSCB Independent Chair Sally Halls stepped down in December 2016 and Ivan Powell was appointed as the new interim Independent Chair.

The SSCB carries out much of its work through a number of subgroups and task and finish groups, supported by the SSCB Business Unit. Details of these are available on the SSCB website. All sub-groups terms of reference and work plans have been reviewed in 2016 to ensure they remain fit for purpose and their work progresses the SSCB Business Plan.

Subgroups are well supported by a wide range of agencies, including schools, colleges and voluntary sector organisations as well as the larger statutory organisations who also contribute to the main Board.

There are also a number of reference groups related to the SSCB which contribute significantly to progressing the safeguarding agenda in Shropshire. These include:

- the health safeguarding governance group, which brings together safeguarding leads from across all the NHS providers working in Shropshire and beyond its borders;
- the private providers' forum, which promotes safeguarding of looked after children placed within Shropshire from elsewhere;
- the schools safeguarding group, which provides a close link with schools across all phases, from early years to further education.

The SSCB Governance Group continued to meet in early 2016. The group was made up of partners from the local authority, health, the Police and also including the SSCB Independent Chair and the SSCB Business Manager. The Governance Group considered the SSCB budget, risk register and any partnership wide issues that had been escalated for action by the Board. During 2016 this group was superseded by the SSCB Strategic Group which has been established to develop and oversee the new local safeguarding arrangements under the Children and Social Work Act 2017 and the review of the SSCB Business Unit. See Chapter 9 for further details.

5 PROGRESS ON SSCB PRIORITIES

The SSCB Strategic Plan 2015-2018 set the SSCB's objectives following assessment of the effectiveness of the SSCB and its partners, consideration of

[1] Pentagon of Partnership consists of SSCB, Health & Wellbeing Board, Children's Trust, Keeping Adults Safe in Shropshire Board & Safer Stronger Communities Partnership

information and evidence, and reflecting areas of weakness and challenge set out in the previous year's annual report. The SSCB Strategic Plan identifies four strategic objectives:

Strategic objective 1

Ensure quality safeguarding across agencies

Strategic objective 2

Assess the safety of all children

Strategic objective 3

Embed early help

Strategic objective 4

Identify children most at risk across all agencies

The SSCB has also set out its intentions for 2016-2018 in a business plan which is published on the SSCB website. The business plan compliments the SSCB Strategic Plan and sets out a number of areas of activity in relation to the SSCB priorities, which are:

SSCB Priorities:

- **Child Sexual Exploitation and children who go missing**
- **Neglect**
- **Domestic Abuse**

Progress against objectives and priorities is monitored by the Board and reviewed annually.

5.1 CHILD SEXUAL EXPLOITATION (CSE) AND CHILDREN WHO GO MISSING

What we know:

During 2016-2017 95 CSE referrals were considered by the CSE panel, representing a slight drop in referrals based on 2015 – 2016 figures. Of the 95 cases heard, 56 were new referrals, the rest comprised of re-referrals or reviews of cases.

Children's Social Care continued to receive risk identification assessments from private care providers as part of their notification of the placement of out of county looked after children into Shropshire, but this figure too, had dropped based on the previous year.

It could be assumed that the higher level of referrals received in 2015-2016 was due to raising awareness in schools through the theatre production Chelsea's Choice. This demonstrates the need to continually raise awareness of the risks of CSE to children and young people, professionals, parents/carers and the local community.

Data has shown that the picture of schools referring concerns of CSE is still patchy across the county. Some schools have not referred any cases, although there is information indicating there are risk issues with some young people in those schools (for example truancy and/or substance misuse). Multi-agency training records also show that some schools have very few or no staff who have attended CSE training.

The majority of referrals in 2016-2017 were for females and were made by schools, social workers, private care homes and the police. Referrals from health agencies remained low.

The CSE profile for Shropshire indicates that the most common type of exploitation involves young women aged 13 – 15 years being exploited online or by male peers or young adult males. The local profile suggests there may be an under-identification of male victims.

In terms of geographical spread most referrals come from the north of the county, followed by central Shropshire, with few referrals from the south. The SSCB is confident that overall the understanding of CSE has improved, but there are still areas of the county where referral rates are low and this issue is being considered by the Board.

The breakdown of categories of intervention following cases being presented at CSE panel is as follows:

Early Help – 37

Child in Need – 19

Child Protection Plan - 16

Shropshire Looked After Child– 7

Other Local Authority Looked After Child – 13

These figures and categories fluctuate as children move through different levels of support post panel.

The highest number of interventions for CSE cases are managed at Early Help which suggests that practitioners are recognizing the indicators of CSE at an early stage and are making appropriate and timely referrals.

A large number of children looked after by other local authorities are placed in Shropshire; some in private care homes providing therapeutic services for sexually exploited children. As of 31st March 2016 there were 12 homes in the county specializing in the provision of services for children who are identified as being at risk of CSE.

What action we have taken:

Leadership and governance

In 2016 the SSCB, through joint partnership funding, commissioned a comprehensive review of agencies response to CSE in Shropshire. The purpose of the review was to inform SSCB on what more needed to be done to maximise strategic links and address any gaps in CSE service provision locally.

The review identified the following positive developments:

- Significant activity has been coordinated by SSCB across a range of functions including training, communications and the development of an infrastructure that promotes information sharing in respect of CSE.
- Dedicated resources have been secured within the Local Authority and Police.
- An award winning Sex and Relationships Education curriculum is on offer to nearly all Shropshire children.
- Significant work has taken place to engage with private care providers, many of whom are caring for children placed in Shropshire by other Local Authorities. This has resulted in tangible outcomes for individual children e.g. every child in residential care has a trigger plan.

Developments as a result of the review have included:

- Local data was used to inform a revised CSE Strategy and action plan which is being monitored by the CSE sub-group.
- The CSE pathway, assessment tool kit and practitioner guidance was revised to ensure clarity of role and responsibilities of Children's Social Care and partner agencies in relation to victims of CSE.
- Revised terms of reference for both the CSE sub-group and the CSE Panel.
- The CSE Panel is now much more strategic, as opposed to case focused, enabling the panel to pick up on trends, themes and links, as well as supporting prevention and disruption.
- Individual cases are now managed through the case management processes within the local authority.
- The revised Thresholds document references CSE and has been re-launched via briefing sessions.
- An intelligence form has been developed to ensure vital information is shared with the Police and CSE Panel.

Prevention and early identification

A CSE scorecard has been developed to measure performance. This focuses on a range of matters including the identification of agencies that are making low levels of, or no CSE referrals at all.

This has enabled a number of actions to be undertaken to address this, including:

- Training analysis has taken place to highlight which schools have staff CSE trained (and numbers) and any who do not. Information is shared with the schools safeguarding group to promote the training.
- The CSE co-coordinator has linked with the schools safeguarding group and schools safeguarding leads for opportunities to present in schools to raise awareness.

A new website, Tell Someone, has been developed across West Mercia by the police and regional LSCBs to raise awareness of CSE amongst professionals, parents and carers and children and young people.

http://www.tell-someone.org/

Young Solutions were commissioned in 2016 to roll out a programme to raise awareness of CSE within the commercial sector to embed the work of the local 'Say Something if You See Something' campaign which was launched in 2015. Young Solutions have worked with Shropshire Council's Licensing Team to deliver raising awareness training to 50 members of staff.

85% of primary schools, all secondary schools and 2 independent schools deliver the Respect Yourself programme through Personal, Social and Health Education (PSHE). This includes the topics of keeping safe, healthy relationships and CSE.

Work is ongoing to develop a programme aimed at young men to address behavior and attitudes that underpin sexual abuse/exploitation.

Multi-agency briefing sessions attended by over 300 practitioners have increased knowledge and awareness of the Brook Traffic Light Toolkit, an assessment tool used to identify sexually harmful behavior.

Locality meetings are being held in 'hot spot' areas and also in those areas where awareness needs to improve to bring relevant agencies together to discuss any CSE concerns.

In one area a high risk case was identified, and it was noted that there had been a number of risk factors for some time, other concerns and connections were identified as a result. The Locality meeting aimed to raise awareness and knowledge about identifying and referring concerns.

Protection and support

The Care Home Team was set-up in the summer of 2015 with two goals. To reduce inappropriate demand from care homes and to ensure children in care were not unnecessarily criminalised. Both of these goals were met, with a reduction in inappropriate calls (total calls), a 32.6% reduction in missing persons from Care Homes (quarter on quarter) and a 57.3% reduction in offences against Children in Care where a child/young person was the offender.

The Care Home Team was originally going to be a twelve month project, however it quickly became apparent that there was a long term need for a full time team. The Team now comprises of two Police officers who manage the risk presented from homes. The two officers work closely with the Police CSE Coordinator and Shropshire Council's CSE co-ordinator, regularly sharing information and raising concerns.

There has been increased progress in return home interviews with 313 interviews being completed for 2016 – 2017 with almost all children having been offered a return interview during this period. Interviews being carried out within timescale remained a challenge, particularly at peak times, but continues to be a priority.

The quality of return interviews has improved with good engagement by children being demonstrated.

During this period it was agreed that the Parenting and Contact Team (PACT) team members would carry out return interviews on behalf of the child's social worker and this appears to be something young people are happy to engage with as evidenced by some of their interviews.

Empower, a two day 'keep safe' programme for young people at risk of CSE, continues to run with sessions taking place every six to eight weeks. The sessions can be hard hitting and evaluations have indicated a greater understanding of risks following the sessions.

CSE awareness raising has been included in the local parenting support programme and due to launch in September 2017.

Offering enduring support and intervention to young people who have experienced CSE continues to be a challenge, as there isn't a dedicated service as such and existing services are not readily geared towards the longer term intervention that enquiries and studies have found to be necessary. This is an area for development in 2017-2018 and is being prioritized by the CSE sub-group.

Pursue and prosecute

12 Child Abduction Warning Notices (CAWNs) were issued by West Mercia Police in Shropshire in 2016-2017.

In addition to the issuing of CAWNs West Mercia Police have developed some learning resources on human trafficking and the National Referral Mechanism to raise awareness of the issues, with a referral form under development. The SSCB will produce a learning and improvement briefing once the full learning is identified from a current SCR and is planning to host a multi-agency event on unaccompanied asylum seeking children and human trafficking. Police consider the use of intermediaries in court for all CSE cases.

What SSCB will do next:

SSCB will need to harness the capacity from across its constituent partner agencies to deliver the revised CSE action plan and through its existing governance processes hold partner agencies to account for their contribution to the collective work to tackle CSE in Shropshire. More specifically SSCB will:

- Continue to raise awareness of CSE, particularly in areas of the county where there are lower rates of referrals.
- Monitor and analyse performance against the revised CSE scorecard.
- Formalise reporting arrangements from the CSE Panel to the sub group.
- Support the development of and seek assurance that a mechanism for gaining the views of children who have been sexually exploited on their experiences of interventions/ support services.
- Review the capacity and approach used to provide enduring support to sexually exploited children.
- Deliver a PSHE briefing, to include CSE, to all Independent Schools in preparation for PSHE becoming statutory from September 2019.

NEGLECT

What we know

As an outcome of a Serious Case Review published in November 2015 the SSCB identified the need for a sharper focus on childhood neglect, following work carried out on issues of compromised parenting.

Performance data also indicated that there has been a steady increase over time in relation to children subject to child protection plans under the category of neglect, standing at 59% of children with a child protection plan at year end 2016-2017, (a 2% rise on the previous year).

Neglect remains the highest category of need for those children subject of a plan across all timescales with 18% subject of a plan for over 9 months.

Currently SSCB is unable to collect data in relation to number of children with an early help plan where neglect is the predominant safeguarding risk. This is an area for development for 2017-2018 and is a feature of the revised Early Help strategy.

Neglect multi-agency audit

In May 2016 the Quality Assurance and Performance sub-group undertook a multi-agency audit of neglect cases. A small sample of cases was selected from

those on a child protection plan, child in need plan and those in receipt of early help support. The audit found that:

- Existing neglect assessment tools were not being used across all agencies to inform referrals or within social work assessments.
- There appeared to be a lack of confidence and knowledge among some practitioners in contributing to the progression of child protection plans through the core group process.
- It was found that some child protection plans were not 'SMART' enough and not sufficiently focused on outcomes for the child.
- Not enough consideration was given to historical information. There was evidence that chronologies were inconsistently used.

What action we have taken

Between July to September 2016, three multi-agency briefing sessions took place focused on sharing the learning from the Serious Case Review on Children A & B, (published in November 2015). A sample of the evaluation forms completed by practitioners that attended showed evidence of learning.

In September 2016, SSCB considered the revised Neglect Strategy and proposals for the implementation of Graded Care Profile 2, (GCP2). The Board developed a set of assurance questions in relation to Neglect in order to inform the Neglect dataset and to assist the SSCB Executive in monitoring the effectiveness of the Neglect Strategy. The assurance questions were as follows:

- How well do we understand the nature and scale of neglect in Shropshire?
- Do we recognise if there are any underlying themes either geographical or issue based in Shropshire?
- How well do we identify neglect and respond early?
- How do we know we're making a difference?
- How well used is the GCP2 assessment across agencies?
- How is the neglect strategy and toolkit embedded in agencies that don't predominantly work with children?
- How many referrers have completed GCP2 and what action has resulted?

In November 2016 SSCB held its biannual conference on the theme of childhood neglect attended by 130 multi-agency delegates. The conference launched the Neglect Strategy and delivered workshops on the commissioned NSPCC "Graded Care Profile 2" which focuses specifically on the lived experience of the child and the impact on their safety, well-being and development.

Between November 2016 and March 2017, 137 practitioners attended the full GCP2 training to become accredited users. 93 delegates in total attended GCP2 briefings. An online GCP2 tool has also been developed that will enable practitioners to complete and score their assessments more easily.

"I talked to other professionals in other areas of a young person's life which enabled me to build up a bigger picture. This gave more information that I was not aware of".

"By using the [GCP2] profile with the family, the family could see what they needed to address. They started to make changes straight away as I was still carrying out the monitoring. This had a big impact on the child, who now had clean dry bedding to sleep on"

The Case Conference & Core Group training has been revised and strengthened, with positive feedback from learners:

> *"It has helped to build my confidence in these situations. Although I have always been willing to speak out in these meetings, I now have more confidence because I better understand the procedure."*

> *"It has helped me to look at the start again syndrome and the impact that this has on young people suffering from Neglectful parenting"*
> *Health Shropshire Community Trust*
>
> *"Feedback to colleagues about the importance of their role as core group members."*
> *LA Maintained School*

There has been an increase in the scrutiny of core group working with multi-agency and single agency audits taking place – see page 27 for findings from the multi-agency audit. Developments have included the expectation that practitioners working with families must produce a chronology which must be available at all planning and review meetings across the safeguarding system and this has been set out within the neglect strategy.

Work has taken place throughout 2016-2017 relating to the length of time children and young people were subject to child protection plans. Focused work is being undertaken on children who are subject to a child protection plan for 9 months or more to consider whether the case should progress into Public Law Outline process or care proceedings.

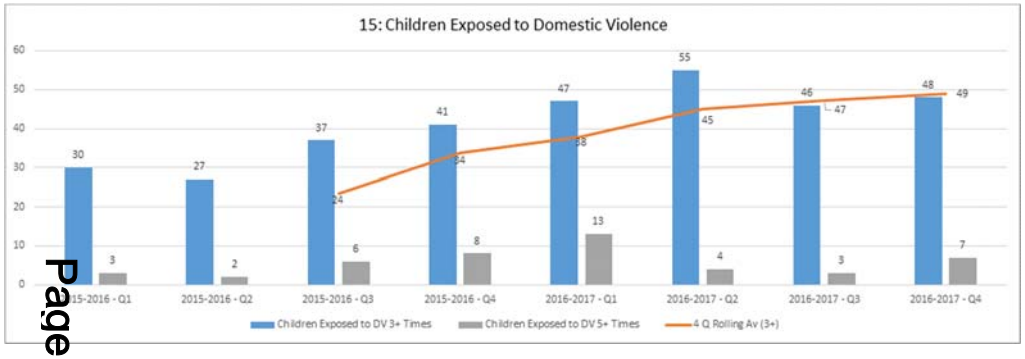
What SSCB will do next:

- Review the effectiveness of the neglect strategy through performance data and a multi-agency audit planned for September 2017.
- Develop an understanding of the prevalent categories of neglect in Shropshire.
- Ensure all children subject to child protection plans have a GCP2 assessment.
- Ensure effective use of chronologies.
- Improve multi-agency working to progress plans.
- Identify themes and patterns to better understand the effectiveness of managing neglect across the system, including Early Help, Step Up and Step Down and Child Protection.

DOMESTIC ABUSE

What we know

The Board's previous focus on issues of compromised parenting also identified a need for a sharper focus on domestic abuse. Over the past 5 years there has been a steady increase in the numbers of children exposed to repeat incidents of domestic abuse.



From April 2016 to December 2016, there were 1,602 records of domestic abuse crimes recorded (crimes with a Home Office code and classification), the rate of reports for Shropshire as a whole during that period was 5.23 reports/1,000 residents.

In the twelve months to December 2016, Multi-Agency Risk Assessment Conferences, (MARAC), recorded 282 cases; 107 (38%) of these cases were recorded as 'repeat cases'.

- 155 of these cases were referred by the Police Service,
- 20 by the IDVA service,
- 6 by children's social care,
- 43 by primary care services,[2]
- 4 by secondary care services,
- 29 by housing services,
- 1 by mental health services,
- 7 by probation services,
- 12 by voluntary services and
- 2 referrals from 'other' services.

It appears, from the data available (from the period April to December 2016), that the total number of recorded incidents has risen again in 2016. Considering the current trend, we may expect the total number of reported incidents in the 12 months period to the end of March 2017 to be in the region of 3,800 (the 12 months of 2015 saw approximately 3,200 reports).

Domestic Abuse multi-agency audit

A case sample was selected from a list of children repeatedly exposed to domestic abuse. The audit found:

- Good evidence of multi-agency working, information sharing and attendance at meetings.
- Improved single assessment pathway within Adult Mental Health is in place that considers impact of parental mental health on the child.
- There is good shared understanding across agencies when Domestic Abuse is an issue.
- The majority of cases had been considered at MARAC and information shared appropriately with all agencies, with the exception of GPs.

[2] Health colleagues are working on a process to improve our understanding of where within health referrals are being made and this will be reported on in the SSCB Annual Report 2017-2018.

- Good use of CAADA DASH risk assessment by police which is shared with partner agencies.

- Evidence that the appropriate support services are being identified in plans and accessed by families.

A further multi-agency audit on MARAC cases identified the following:
Information sharing was generally good across agencies and professionals knew children, their families and their story.

Good practice identified included:

- Safeguarding Women with Additional Needs, (SWAN), meetings held on a monthly basis by community midwifes, where women considered to be vulnerable are discussed and information shared. There is representation from a variety of agencies at the meeting.
- Timeliness of the Freedom Programme being utilised.
- Evidence of health representatives involved at strategy meetings.
- Tenacity of drug intervention workers and their willingness to work on anger management problems in the current absence of a voluntary perpetrators programme.
- Good challenge from a Child Protection Conference Chair regarding issues on a case.
- Good examples of MAPPA information being shared with a school.
- Evidence of assessments being carried out with families.

It was also recognised that Shropshire did not have a 'Domestic Violence Court' as exists in other areas where cases of this nature are heard together, and allow for professionals such as the IDVA's to attend and advocate for the victims.

What action we have taken:

Children's Social Care have improved the step down process for all children stepping down from child protection to Child in Need for a minimum of twelve weeks, before step down to Early Help. A six week period for handover of a case from CIN to Early Help has been implemented to ensure that step down plans are robust.

Shropshire Recovery Partnership have raised awareness amongst social workers on how and when to make a referral to their service.

Regular domestic abuse triage meetings now take place in COMPASS and notifications are sent to schools to alert them to domestic abuse incidents where children have been present in the household.

The SSCB dataset has been revised and will be an area of on-going development alongside the collation of domestic abuse data to monitor the effectiveness of the revised domestic abuse strategy.

Challenge and scrutiny

The SSCB was of the view that the revised all-age Domestic Abuse Strategy 2017-2020 would need to include a more robust and comprehensive approach to the safeguarding of children affected by domestic abuse.

Based upon information and findings the SSCB provided a challenge and recommendation report to the Community Safety Partnership in January 2017. The report is summarized below:

Suggested challenge and scrutiny questions:

1. Do we understand the scale, distribution and nature of domestic abuse in Shropshire?

2. Do we have sufficient data in relation to victims, perpetrators (including young people), and particularly the impact on children and the wider family to inform the Domestic Abuse Strategy.

3. Have we promoted a system and community wide understanding of domestic abuse and its impact (including on children)? What needs to be done to promote longer term prevention?

4. Are we able to evidence the effectiveness and impact of CSP funded training programmes for staff and victims?

5. Is the response across the public protection system to incidents of domestic abuse timely, robust and consistent? And are there agencies to refer people to?

6. Are children affected by domestic violence identified and effectively safeguarded?

7. How can we be assured that MARAC is effective and lessons are learned from the information shared?

8. Are the MAPPA and MARAC arrangements robust, transparent, effective and reported on regularly?

9. With regard to Domestic abuse services, are we satisfied that there are sufficient and co-ordinated services for victims of Domestic Abuse; Perpetrators (statutory and voluntary); children and other family members who may be affected by domestic abuse.

10. Does the current infrastructure and the reporting lines provide effective leadership and governance for the local response to Domestic Abuse?

What SSCB will do next:

- Continue to contribute to the development of the revised domestic abuse strategy.

- Work is under way in relation to fully implementing the Barnardos Domestic Violence Risk Assessment Matrix, to support assessment of risk in relation to domestic abuse and the impact on children. A referral pathway for children who are affected by domestic abuse is being developed along with practitioner guidance.

- Implement the recommendations from the recent multi-agency audit on cases presented to MARAC.

- Continue to refine the SSCB domestic abuse dataset to feed into the partnership dataset in order to better understand the impact domestic abuse has on children and to monitor the effectiveness of the revised strategy.

What SSCB hopes to see in 2017-2018:

- Clarity around governance arrangements for leading the domestic abuse agenda across the partnership.

- Implementation of a multi-agency all age domestic abuse strategy.

- A fully operational voluntary perpetrators programme.

- An increase in referrals to MARAC.

- Effective use of evidence based assessment tools.

- Improved provision of services for children and young people affected by domestic abuse, influenced by the views of children and young people.

- More sophisticated performance monitoring to measure outcomes in relation to domestic abuse and its impact on children.

6 OTHER ACTIVITIES AND FUNCTIONS OF SSCB

LSCBs have a number of statutory functions in addition to their objectives of:

- *Co-ordinating what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area, and*

ensuring the effectiveness of what is done by each such person or body for those purposes.

This section of the report refers to wider significant areas of safeguarding children in addition to the priority areas for 2016/17.

6.1 DEVELOPING POLICIES AND PROCEDURES

It is a statutory function of the Local Safeguarding Children Board to publish multi-agency policies and procedures which set out the action to be taken by practitioners when there are concerns about the safety or welfare of a child, and the policies in relation to a number of practice areas, such as training and safe recruitment.

One of the most significant achievements for SSCB and its Policy and Procedures sub-group this year has been the successful implementation of the West Midlands Safeguarding Procedures Project.

This year the Board took the decision to join a consortium of nine LSCBs across the West Midlands to develop and commission a shared set of inter-agency procedures, to procure an independent provider to host the procedures via a website and collaboratively launched the project. The first phase of the project was funded by the DfE Innovation Fund and a Regional Safeguarding Procedures Group (RSPG) has been formally established to oversee the project including the procurement of a provider. The initiative has provided policy consistency across Boards in the region, economies of scale (significantly reducing the cost of providing multi-agency procedures), and accessed current regional expertise on policy development.

In January 2017 Phew Design Ltd was formally commissioned by Sandwell Council on behalf of the consortium following a robust procurement process. The new procedures went live on 31 March 2017.

Level A (core statutory) procedures were agreed across the 9 LSCBs, Level B procedures were agreed across the region and Level C procedures are those local to each individual LSCB (e.g. referral pathways).

The SSCB Policies and Procedure sub-group oversaw the development of the project from the Shropshire perspective, assisted with the development and ratified several procedures to be adopted by the region. SSCB was kept informed of the progress of the project at every stage in the development of the new procedures.

SSCB has recently developed additional Level C procedures including a multi-agency referral form (MARF), a child protection conference report form and revised its thresholds guidance. The SSCB Policy and Procedures sub-group will continue to monitor this area of work on behalf of SSCB, including making use of intelligence via analytical data about accessibility and demand.

The Regional Safeguarding Procedures Group (RSPG) continues to meet regularly with SSCB representation. RSPG has a rolling programme in place to refresh and update the West Midlands procedures.

6.2 SAFEGUARDING DISABLED CHILDREN

Following a review of arrangements for safeguarding disabled children in 2015-2016 the SSCB set out a number of improvements in practice that it expected to see in 2016-2017 as follows:

- Local Authority to have developed a comprehensive register of disabled children.
- The SSCB Training Strategy to reflect the needs of disabled children.
- To see disabled children represented in multi-agency audit samples.

An independent review of the existing register was carried out in 2016. The following recommendations will be submitted to the SEND 0-25 Strategic Board in July 2017:

To turn the existing All-in register into the new Children with Disabilities (CWD) register, by

- Merging useful information of the previous CWD register into the All-in register
- Expanding the remit of the existing All-in register to include all families who wish to register on it.

All SSCB training takes account of all children with additional vulnerabilities including the needs of disabled children.

Where possible, disabled children have been included in the multi-agency case file audits, dependent on the theme and available case sample.

6.3 PRIVATE FOSTERING

During 2016-2017 Shropshire Council reported on private fostering arrangements during the previous year. The report provided assurance that the 7 National Minimum Standards for Private Fostering are being met. Numbers of private fostering arrangements in Shropshire are still low (13 arrangements during the year) and detailed areas for further development include:

- Raising awareness across agencies about the duty to report
- Gaining feedback from children/young people who are privately fostered
- Promoting single agency training on private fostering
- Promote understanding and awareness of private fostering across schools.

6.4 CASE REVIEWS

The SSCB carries out case reviews when it is felt that a case meets the criteria for either a Serious Case Review (SCR) or it is deemed that lessons can be learnt about the ways in which agencies work together to safeguard the child.

A number of different models are used for case reviews including the SCIE Learning Together approach, Root Cause Analysis (RCA), hybrid models and deep dive audits.

SSCB considered the learning from a Domestic Homicide Review undertaken by the Community Safety Partnership. The case centered around domestic abuse and historic concerns when the child of the family was known to Children's Social Care. As a result of the review SSCB has revised and re-launched its escalation policy.

In 2016-2017 SSCB sought advice from the National Panel and then commissioned an SCR on an Unaccompanied Asylum Seeking Child. The learning from this SCR will be reported in the 2017-2018 annual report. A

learning review utilising a Root Cause Analysis methodology was completed in this year and the learning is summarized below.

6.4.1 RCA LEARNING

SSCB undertook an RCA which focused on the care arrangements for a young person with complex mental health issues, self-harming behavior and suicidal ideation. The review looked at the robustness of care planning and information sharing between a number of different health provisions and the interface with Children's Social Care.

Learning and considerations for practice:

- Intervention was more often reactive and not linked to any care plan based on comprehensive assessment.
- "Someone else will be doing it syndrome." The case that was reviewed lacked a clear understanding of who/ which agency was taking the lead. As the report concluded this is essential for "clear oversight of plans, that plans are monitored and agreed and all safeguarding issues and plans are regularly reviewed to keep children safe".

Improvements to practice as a result of the RCA include:

- A procedure and guidance around the application of section 117 of the Metal Health Act 1983, regarding multi agency planning of after care.
- The development of the use of CETR (Care, Education and Treatment Review).
- RAID (Rapid Assessment, Intervention and Progression) services in hospitals to support care for 16-18 year olds earlier.

6.4.2 PROGRESS AGAINST SCR ACTION PLAN FOR CHILDREN A & B:

SSCB continues to embed learning and evidence its impact in relation to the SCR for Children A & B, published in November 2015. This has included:

- Briefings on the learning from the SCR, attended by 80 practitioners and managers.
- Revision of the SSCB Neglect Strategy and introduction of the Graded Care Profile 2 – see Neglect section on page 12.
- Biannual SSCB Conference on the theme of Childhood Neglect, 130 practitioners and managers attended.
- Improvements have been made to strategy discussions/meetings to ensure Health colleagues are represented.
- Improvements in the scrutiny and effectiveness of core groups in progressing child protection plans, through case conference observations and regular auditing of core groups.
- SSCB sighted on risk pertaining to service re-design within agencies following the introduction of the SSCB Safeguarding Impact Assessment.

The use of the Safeguarding Impact Assessment Form has enabled the SSCB to provide challenge to West Mercia Police regarding their proposed re-organisation. As a result the Single Investigative model has been put on hold within Shropshire whilst assurances are sought from pilots in other LSCB areas.

6.5 MULTI-AGENCY TRAINING

In total from April 2016 to March 2017 the SSCB has delivered 62 multi-agency Universal and Targeted training sessions to 1103 learners. In addition e-learning modules were taken up by 389 learners.

Training Pool membership continues to be highly valued and as of April 2017 there were 67 trainers in SSCB Multi-agency Training Pool. However numbers are constantly fluctuating with changes in the workforce and this represents a decrease of 23 trainers since last year.
The use of SSCB Peer Training Observations has been encouraged for professional and personal development and feedback from trainers has included:

"I found this helpful to direct thinking before the training and it enabled me to focus my thinking around observing delivery. Also supported our thinking post training, in identifying what went well and areas to focus on more next time." Shropshire Council

"We found it really useful to gain insight into how we were perceived, our style and how the training comes across." Housing Officers

"I found the form very useful for my own development." Independent business

More agencies are reporting increased single agency safeguarding training activity in line with the SSCB Training Pathway, with 10,776 practitioners being trained.

To further ensure effectiveness of the single agency training delivered SSCB will be requesting that agencies include examples of qualitative data taken from learners evaluations.

Training evaluations demonstrate that SSCB is providing good quality training which is equipping the workforce with the right skills and knowledge to carry out their roles. This is evidenced further by triangulating with performance data which shows that appropriate referrals are being made and that thresholds are better understood.

The Developing Practice modules on the categories of abuse Emotional, Sexual, Physical Abuse and Neglect will be combined in a new module Protecting Children, Managing the Challenge which will be reported on in 2017/18.

Skills Training on Risk Management (STORM) which focusses on managing the risk of suicide continues to be delivered and now also includes Self-Harm Mitigation. Through partnership working with Public Health, SSCB has received funding from the CaMHS Transformation Fund to deliver 9 sessions to 91 learners with a further 28 learners attending self-harm mitigation update sessions.

Impact evaluations are completed three months after attending training to evidence the impact training has had on practice. The response rate has risen this year to 67%.

Of learners who submitted impact evaluations:

- 96% said that the training they attended was effective in meeting their expectations and needs.
- 95% said that the training was effective in increasing their confidence in the subject matter.

What SSCB will do next:

- Review the Training Strategy

- Monitor the effectiveness of GCP 2 training

- Deliver and evaluate Specialist Learning events to include:
  - Multi-agency CSE Strategy Briefings
  - Magistrates conference on Domestic Abuse
  - Public Protection Learning Event for Licensed Premises
  - New Training Module – Protecting Children, Managing the Challenge.
  - Consolidate SSCB Train the Trainer module into 2 days to reflect professional's capacity to attend.

The full SSCB Multi-agency Training Report can be found on the SSCB website.

6.6 CHILD DEATH OVERVIEW PANEL

SSCB's Child Death Overview Panel is conducted jointly with Telford and Wrekin LSCB. It facilitates multi-agency reviews to understand the causes of all child deaths and learn lessons to prevent future deaths and safeguard and promote children's welfare.

The CDOP considers the death of each child, and is required to complete a national proforma regarding its findings for each child. The proforma includes factors relating to the child and family, and service provision; categorisation of the cause of death; a judgment regarding whether there were modifiable factors; learning points and recommendations; immediate follow up actions for the family and whether the case should be referred to the SSCB Learning and Improvement sub-group for consideration of a Serious Case Review or Learning Review.

There were 21 child deaths reported in Shropshire in 2016-17. This is a 50% increase on last year's figures.

Developments during 2016-2017 have included:

- Regional CDOP group has been re-established.
- 47 practitioners/foster carers attended a Safer Sleep event in February 2017.
- The LeDeR process is followed by CDOP for deaths of children aged 4-18 years old with a learning disability.
- Dedicated neonatal CDOP Panels are attended by a Consultant Neonatologist.

Future development of Child Death Overview Panels

It has now been 8 years since CDOP Panels were first formed and the Wood Review included a review of CDOP Panels as well as LSCBs.

Key points in the Wood Review relating to CDOP:

- Child death reviews should continue to be hosted within local multi-agency arrangements but CDOPs should be hosted within the NHS, and that ownership of the arrangements for supporting CDOPs should move from the Department for Education to the Department of Health.
- National child death database should be set up as soon as possible
- Child deaths need to be reviewed over a larger population size
- Consideration to be given to establishing a national-regional model for child death overview panels (CDOPs)
- Transfer national oversight of CDOPs from the DfE to DoH, whilst maintaining links with necessary child protection agencies

These recommendations have been welcomed by the CDOP Panel and together with the anticipated publication of the updated Kennedy Report in the autumn

of 2016, will provide the opportunity to review the responsibilities and function of the CDOP Panels, locally and regionally/nationally.

6.7 MANAGING ALLEGATIONS AGAINST PROFESSIONALS

"LSCBs have responsibility for ensuring there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and monitoring and evaluating the effectiveness of those procedures"

Working Together to Safeguard Children, 2015

The SSCB receives an annual report from the Local Authority Designated Officer (LADO) which this year evidenced that the number of LADO contacts has shown a steady increase (8%) from the previous year.

The majority of referrals relate to private care providers (44%), with education settings being the second largest referral group (28%). Referrals from other sectors are all less than 7% of the total referrals.

No referrals have currently been received from the police. This is an internal issue within their reporting and complaints procedures and is being addressed with West Mercia Police.

There has again been a significant rise in the number of police investigations which have taken place as the result of a LADO referral (25% on last year's figure). The introduction of the Compass team in Shropshire, has enabled timely and targeted information sharing to take place.

Outcomes

The majority of cases dealt with have an unsubstantiated outcome (61%). Despite this, safer working practice issues are often identified during the process of an investigation.

Almost 30% of referrals are substantiated. This is a larger percentage than in previous years. Around half of substantiated allegations have resulted in dismissal with only 35% leading to a DBS referral where it is felt there is evidence to indicate that a person is not suitable to work with children in the future.

Cases are being dealt with within the timescales outlined in Working Together 2015, with over 80% of cases being resolved within one month and 90% being resolved within 3 months.

The West Midlands LADO network convened a LADO conference in 2017, part funded by SSCB.

Areas for improvement include:

Data Collation

There is a significant issue regarding referrals which relate to serving police officers. No referrals have been made by the police about their own employees. There is a reluctance to share personal information about their own employees, due to personal safety, which prevents checks being undertaken in LADO cases. This is being addressed with West Mercia Police Professionals Standards Department.

Private Providers

The number of referrals involving private care providers remains very high. There is evidence that some private care managers lack the confidence to apply the thresholds guidance and manage cases internally. Positive working relationships do exist with private care providers and work is ongoing to address this area.

Agency staff

There are difficulties in managing safeguarding issues when there are no formal disciplinary processes in place and there remain significant loopholes in recruitment processes.

Timescales

Data needs to be used to challenge particular sectors regarding timely responses.

Taxis

There is a need to strengthen the safeguarding processes between Passenger Transport and Licensing.

6.8 PARTICIPATING IN THE PLANNING OF SERVICES

The SSCB works with other multi-agency partnerships working in Shropshire to improve outcomes for Shropshire's communities. The partnerships which interface most closely with the Safeguarding Children Board are described below.

The Health and Wellbeing Board is responsible for the development and delivery of the Health and Wellbeing Strategy. Established and hosted by local authorities, Health and Wellbeing Boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health including early help for families http://www.shropshiretogether.org.uk/

Shropshire's Children's Trust leads the elements of the Health and Wellbeing Strategy focused on children. It commissions services for children and families, including early help services.

Organisations which comprise the **Safer Stronger Communities Partnership** work together to protect their local communities from crime and to help people feel safer. They work out how to deal with local issues like antisocial behaviour, domestic abuse, drug or alcohol misuse and reoffending. They annually assess local crime priorities and consult partners and the local community about how to deal with them.

The overarching purpose of the **Keeping Adults Safe in Shropshire Board** is to help and safeguard adults with care and support needs. It leads adult safeguarding arrangements across its locality and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. There are a number of areas of overlap with the SSCB, both in relation to the transition of vulnerable young people to adulthood, and also in respect of adults with care and support needs who are parents and carers of children.

These five partnerships make up what is known locally as the **Pentagon of Partnerships.** Chairs and Business Managers of the five partnerships meet once per quarter to ensure that priorities and work programmes are aligned across each of the Partnership Boards, to ensure effectiveness and efficiency whilst also reducing duplication.

Pentagon of Partnerships - Domestic Abuse:

In March 2016 the Pentagon of Partnerships held a domestic abuse conference to inform the revision of the New Safer Shropshire Multi-Agency Domestic Strategy 2017-2020. The event looked at the findings of the Domestic Abuse needs assessment, considered local cases and the findings from Shropshire's Domestic Homicide Review.

Pentagon of Partnerships - Mental Health:

Work is ongoing to progress the Mental Health Needs Assessment which identifies the trends, patterns, service provision and qualitative feedback through engagement with people who have experienced mental health illness in Shropshire. This will be completed in early 2018.

In the meantime the Mental Health Partnership Board has developed a 12 month action plan to progress the Mental Health agenda prior to the development of a multi-agency, all-age Mental Health Strategy informed by the Mental Health Needs Assessment.

7 EFFECTIVENESS OF MULTI-AGENCY SAFEGUARDING ARRANGEMENTS

The SSCB draws on evidence from a number of sources to evaluate the effectiveness of the safeguarding system throughout the child's journey. These include reviewing data, receiving assurance reports from agencies, viewing external reports from inspectors, peer reviews, etc... carrying out audits, and reviewing cases. Increasingly, the Board seeks the feedback from the children and families who use its services to inform its assessments.

AUDIT FRAMEWORK

A framework for audit has been developed to build a cumulative picture of practice, share good practice and plan for further improvement where needed. The overall aim of the audit programme is to ensure that agencies' safeguarding work is effective and of high quality, demonstrates continuous improvement and results in consistently good outcomes for children.

The framework sets out three tiers of activity – oversight and analysis, practice, and compliance. The associated tools enable a better capture of this information:

Oversight and Analysis

- Multi-agency audit;
- Deep dive;
- Audit is undertaken by relevant Quality Assurance & Performance subgroup members and frontline practitioners, every quarter on a themed basis.

Practice

- This involves evaluating how effectively services are embedding safeguarding practices and integrated working into the delivery of safeguarding children;
- Outcome focused;
- Multi-agency findings and learning are reported to QAP and to the SSCB Executive through agency assurance reports.

Compliance

- Compliance is interwoven across all of the tiers of the quality assurance and audit framework;
- Section 11 audits - Section 11 of the Children Act (2004) imposes a duty on specified agencies to ensure that their safeguarding work complies with the requirements laid out in the statutory guidance "Making arrangements to safeguard and promote the welfare of children".

The list of key performance indicators to be considered for inclusion on the SSCB scorecard has been reviewed and a 'dashboard' developed of key performance information which is presented at each Board meeting, supported by an exception report highlighting key areas for the attention of partners.

Performance information is included that reflects:

- SSCB's priorities for 2015 – 2018;

- The Children's Safeguarding Performance Information Framework (DfE, 2015);
- Framework and Evaluation Schedule for the inspections of services for children in need of help and protection, children looked after and care leavers. Reviews of Local Safeguarding Children Boards (Ofsted, 2014/17);
- Proposals from the West Midlands Improvement and Efficiency Board;
- Partnership working activity

SECTION 11 AUDIT

This year SSCB has focused on quality assurance of the Section 11 audit returns, (including Section 175/157 audits from Education), that were reported to SSCB in February 2016.

A peer challenge and reflection session took place for statutory partners in January 2017. The session focused on:

- The quality of the audits completed
- Reflection on the section 11 audit process
- A small number of the elements of the audit exploring:
    - Evidence provided to justify comments and ratings
    - Seeking further evidence through the peer challenge session
    - Identify examples where evidence is good, and where it is not so good, to support learning for future audits.

The quality assurance session looked at three questions from the completed section 11 audits:

- How clearly are your responsibilities towards children communicated to staff?
- How effectively does service development take account of the need to safeguard and promote welfare of children and is informed, where appropriate, by the views of children and families?
- How effective are your arrangements for Information sharing?

Findings from the quality assurance exercise led to the following recommendations:

- Safeguarding Children Impact Assessments should be carried out whenever agencies are considering changes in services, policies, process, practice etc.
- Agencies should consider whether it is appropriate to have child friendly complaints/ compliments processes.
- Consideration to be given to how/whether it is appropriate to involve young people in service user/critical friend type panels.

What SSCB will do next:

- There is enough evidence to suggest that the traditional Section 11 audit is not universally completed well enough to be of full value, and actions are not robust enough. The proposed electronic audit tool will enable flexibility of use. For example only auditing certain sections at any one time.
- When providing assurance reporting agencies should consider how they can provide good evidence to support their self-assessment.
- Consideration will be given to Assurance Reporting in another format (i.e. agencies not completing both a Section 11 audit and an Assurance Report).

Regional development work:

The West Midlands Regional LSCB Chairs commissioned a regional task and finish group to develop a consistent approach to Section 11 audits across the West Midlands.

Phase 1 of the project considered regional and local good practice across the section 11 tools and guidance set out by Working Together 2015. The audit tool has been revised so that it is consistent with the approach of other LSCBs in the West Midlands region to provide comparative analysis and potential regional themes and to aid those partner agencies that span more than one LSCB. The new audit tool details specific standards and grade descriptors and focuses on the seven safeguarding arrangements that organisations should have in place as per Working Together 2015 guidance.

Phase 2 of the project to consider an IT solution to support partners to collect and evaluate the data and produce an action plan for those areas requiring development.

SSCB has purchased an online auditing tool to facilitate the ease of completion and analysis of the Section 11 audits, freeing up capacity to focus on quality assurance. The Quality Assurance and Performance sub-group have agreed to pilot 3 standards of the new Section 11 audit tool in 2017 -2018 to ensure that there is also capacity for effective quality assurance of those standards, which are:

- Policies and procedures – to assess the effectiveness of the new West Midlands Safeguarding Procedures and how agencies are using them and disseminating procedures to staff.

- Information sharing, communication and confidentiality – to triangulate evidence from multi-agency audits to demonstrate that information sharing is working well in Shropshire.

- Listening to children and young people – to gather further evidence of agency's commitments to ascertaining the views of children and young people and using this to design their services and ensure they are child focused

QUALITY ASSURANCE AND PERFORMANCE DASHBOARD

The Quality Assurance and Performance Dashboard enables the LSCB to be sighted on performance information by exception with regular reporting of a core dataset and themed performance information. Interrogation of the data allows the LSCB to identify points in the system that may require improvement or further exploration and often leads to the commissioning of assurance reports, single or multi-agency audits. The Quality Assurance and Performance sub-group has recently revised measures and created scorecards for each of the SSCB priority areas.

Information provided through this method concerning the Child's Journey through the system includes the following (N.B. All England comparisons for 2016 in green, rates per 10k in brackets):

- 554 Early Help Family Assessments were completed
- As of end of March 2017, 540 families were being supported at a targeted Early Help level
- 1416 referrals were received by Children's Social Care 238.8 compared to a national rate of 532.2 (2016). 0.9% resulted in no further action compared to a national rate of 9.9% (2016)
- 65% Social Work Assessments were completed within 45 days, compared to 60.6% in 2015/16. This is lower than the national rate of 83.4% (2016)

- The rate of 'Section 47' child protection investigations has increased from 107.9 per 10,000 in 2015/16 to 111.6 in 2016/17 compared to national rate of 147.5 (2016)
- 90.2% of initial child protection conferences were held within 15 working days (77.5%)
- 240 children were subject of a child protection plan at end March 17, (40.5), compared to a national rate of 43.1 (2016)
- 1.3% of child protection plans lasted for 2 years or more at end March 17 compared to a national rate of 2.1% (2016)
- 10.5% of children were subject of a child protection plan for a second or subsequent time within 2 years – an increase on the previous year's figure of 4.5% but similar to rates in previous years
- There were 291 looked after children an increase of 3.9% on the previous year's figure. The rate per 10,000 children was (49.1), compared to national rate of 60 (2016)
- 53.8 per 10,000 offences against children were reported – a rise from 44 per 10,000 the previous year.
  49 children had been exposed to domestic abuse 3+ times and 7 children exposed to domestic abuse 5+ times as of end of March 2017.
- 56 new CSE referrals and 39 repeat referrals or reviews of cases heard at CSE Panel. (a 30% decrease in referrals compared to 2015-2016)

SSCB has recognized that Early Help data is not currently available by category of abuse or by SSCB priority area. This is an area for development in 2017-2018 to ensure that SSCB can measure effectiveness across all of its priority areas and all categories of abuse throughout the whole system. The Early Help Service is currently in the process of developing a revised performance framework and the SSCB Executive Group advised on the need to understand the impact of early help in outcomes for children around the SSCB priorities.

MULTI-AGENCY CASE FILE AUDITS

In addition to the multi-agency case file audits on the priority areas of the SSCB the following two multi-agency audits have also taken place:

Core Groups

The SSCB QAP Sub-Group conducted a multi-agency audit in November 2016 with specific emphasis on multi-agency effectiveness across core group activity. The overall purpose of the audit was to consider compliance with multi-agency procedures in relation to partnership working and information sharing linked to the planning process for children and young people, as identified as an area for improvement within the SCR published in November 2015.

The recommendations from the audit were as follows:

1. All minutes of core group meetings to reflect the core group agenda and the headings given.

2. To ensure that at each core group meeting membership, attendance, progress against the child protection plan are discussed, considered and recorded, including how the plan is supporting outcomes for children.

3. Core group minutes to clearly state who holds parental responsibility for the child.

Since the audit progress has been made in respect of the effectiveness of core group working. Children's Social Care have also introduced a new step down process whereby parents and professionals feedback is sought when a child ceases to be on a child protection plan.

Child Mental Health Wellbeing Audit

A multi-agency audit was undertaken on children with emotional and mental health needs as a result of an increasing number of child deaths due to deliberate self-inflicted harm. The case sample was chosen from cases that were open to Child and Adolescent Mental Health Services, (CAMHs), whereby the young person had previously attempted suicide or had self-harmed.

The results indicated good multi agency working and effective use of ECINS. The report also demonstrated the schools very positive support for children with mental health issues and that some schools had even employed counsellors to support children's key workers.

There were some challenges noted around communication between agencies especially schools (not being made aware of safety plans) and information not being shared with Designated Leads in schools following A&E admissions.

Recommendations from the audit included:

1. Consideration to be given to a protocol for sharing discharge notifications with school designated safeguarding leads, in a proportionate way, following A&E attendance with self-harm/suicidal ideation.

2. All safety plans for young people must be shared with multi-agency partners who have a role in safeguarding the child to ensure that all professionals are aware of and are supporting the plan in accordance with the SSCB Self-harm and Suicide Prevention Care Pathways to enable a co-ordinated Early Help response.

3. To raise awareness of the young person's screening tool Substance Misuse and Risk Taking Early Referral (SMARTER), in particular the need to complete it for any young person where substance misuse is identified as a risk factor through the use of other assessment tools, even if this is does not appear to be the predominant risk.

The audit also highlighted a lack of referrals to the Shropshire Recovery Partnership (SRP) from CAMHs and Health Services. Due to the decline in referrals an assurance report will be requested from SRP to look at the issue of children attending A&E following substance misuse in more detail.

AGENCY ASSURANCE REPORTS

Partner agencies are required to produce an annual assurance report to the SSCB to evidence compliance, inform the SSCB of any learning from inspections, case reviews and audits and report on how outcomes have improved for children and young people. This allows the SSCB to challenge the arrangements, identify areas for improvement, monitor that work and then seek further assurance about sustained change. Agency assurance reports are presented to the SSCB Executive with a summary report being tabled at the full Board.

A summary of these assurance reports, together with other relevant information, is included in Appendix A.

CHALLENGE LOG

The SSCB administers a challenge log of all challenges posed to partner agencies and their response. This allows for tracking of issues that are pertinent to the Board and areas of particular risk.

During the course of the year the SSCB has presented a number of challenges to partner agencies and their responses are outlined below.

SSCB has further challenged the Safer Stronger Communities Partnership regarding the lack of a voluntary perpetrators programme which was again highlighted through a multi-agency audit on domestic abuse.

The Safer Stronger Communities Partnership reported back that in November 2016 the County Domestic Abuse Forum reviewed a proposal for the 'Strength to Change' training in working with perpetrators with a view to seek funding for the programme. The Shropshire Countywide Domestic Abuse Forum has been striving to bring about a cultural change in partners' response to domestic abuse through information, meetings, discussions and the 'Working with perpetrators' conference.

This was followed up with correspondence to the partnership which included intelligence that the SSCB had identified to inform the revision of the all age multi-agency Domestic Abuse Strategy 2017-2020. See domestic abuse section on page 15 for further details.

Shropshire Council were presented with a challenge from SSCB when two Health Visitors were removed from COMPASS on the basis that they could not access their electronic systems. SSCB was concerned that this would impact on the effectiveness of the domestic abuse triage and information sharing which was enhancing decision making. Following discussion with the Lead Commissioner in Public Health the issue was resolved with an IT solution being provided.

The SSCB Executive considered an assurance report from MAPPA which highlighted the risk whereby there is a culture in Children's Services to close cases at the point where an offender is sentenced to custody. This was of particular concern as some families choose to take children on prison visits and this is not always appropriate.

Children's Social Care acknowledged that on occasions it is appropriate that ongoing work is undertaken with a family even when the offender is sentenced to custody. Children's Social Care have not been made aware of any cases where it was felt that a child was being placed at risk by attending prison visits prior to the assurance report from MAPPA. No cases had been raised or formally escalated via the SSCB escalation policy. A briefing has been issued to social workers regarding consideration of the appropriateness of prison visits and to ensure that clear guidance is provided to the parent or carer.

West Mercia and Warwickshire Police were challenged regarding the potential implications of their proposed Single Investigative Model. This was following the agreement of the SSCB Executive with the concerns raised from the perspective of the LADO. These included:

- Established, trusting relationships between Protecting Vulnerable People (PVP) colleagues and the LADO would be lost.
- The current PVP model offers continuity within cases and assists in the identification of patterns.
- Expertise of PVP colleagues supports a sensitive response to safeguarding issues and to vulnerable children with complex needs.
- LADO issues would often not be seen as a priority within a generic CID case load.
- Resolution of cases would take longer, due to competing demands and shift patterns, having a detrimental impact not only on victims but also employees who may remain suspended for significant periods of time.

West Mercia and Warwickshire Police responded by suspending their plans to implement the Single Investigative Model in Shropshire with a view to reviewing the effectiveness of the proposed model following pilots elsewhere in the force area.

8 ENGAGEMENT OF CHILDREN AND YOUNG PEOPLE

Student LSCB

Developing the means of listening and responding to the voices of children and young people has been a particular commitment across the partnership.

The Student LSCB which comprises of members from the various further education colleges in Shropshire provides a mechanism for the voice of children and young people to be heard by SSCB. This includes evaluation of the work of the Board as well as having an influence on decision making.

The group delivered the SSCB Development Session for the Board in June 2016. This was an opportunity for the students to introduce themselves to the Board and explain their chosen priorities and what they planned to do over the coming year.

In 2016-2017 the group decided to focus on neglect and sex education (especially related to sexting and sexual abuse).

The students are looking at using the Harrow video on neglect for some development with young people in colleges and schools. Two of the students also attended the SSCB Neglect Conference in 2016.

The students reported to the Board that they were aware that young people would like to be taught more than basic sex education, for example same sex relationships, as well as how issues can affect their emotional health.

The Board members agreed that if the PSHE curriculum was not saying the right things at the right time, then it will not achieve the desired outcomes.

In order to take their work on this area forward they are working in conjunction with the Public Health Curriculum Advisor and have agreed to:

1. Encourage support in their colleges for the 'It's My Right' campaign (for PSHE to be made statutory in schools). The idea is to work with Tutorial leads to ensure that the campaign petition is considered and signed by the students in their settings. They will also contact PSHE leads in schools to ask them to consider encouraging students to sign.
2. Ascertain whether the PSHE leads in schools are Senior Managers and whether they report to governors and to encourage this good practice where it is not taking place.
3. Complete an audit of the 2016 Young Person's Charter with PSHE leads, to see if they are in agreement with the priorities of young people in Shropshire.
4. Contribute to the National Policy Briefing session in Shropshire in 2017.
5. Contribute to discussions with 16-19 PSHE leads on the guidance provided in schools and colleges in Shropshire and work with professionals on development in this area.
6. Develop a tutorial session for 16-19 year old students for delivery across the county.

8.1 HOW AGENCIES HAVE ENGAGED WITH CHILDREN AND YOUNG PEOPLE

The following agencies highlighted their engagement with children and young people in their agency assurance reports as follows:

Youth Justice Service

The Youth Justice Service works directly with young people in conflict with the law. A Viewpoint survey of 76 service users conducted in 2015/16 showed that:-

- 88% felt the YJS had made them less likely to offend
- 93% felt they had been treated fairly most or all of the time
- 97% felt the service given to them was good or very good

- 88% felt YJS took their views seriously

Shropshire Council

Improvements have been made in hearing the experience of the child and parent. There has been an overall reduction in complaints during 2016-2017 with approximately 61 complaints and 21 compliments received.

Children's Social Care are in the process of establishing a Service User Board to coordinate, oversee how they engage service users, and learn from their feedback.

In response to Children's Commissioner's Takeover Challenge, Shropshire Council hosted its first "Take Over Day" in October 2016. The Takeover Day Challenge was a fun, successful and exciting opportunity which saw Shropshire Council opening their doors to children and young people to take over adult roles. It put children and young people alongside decision-making positions and encouraged us to hear their views.

Looked After Children (LAC) Reviews

There continues to be a high level of participation by young people in their LAC reviews and Independent Reviewing Officer's (IROs) report that around 70-80% of children and young people aged over four years actively attend and participate in their review meetings and IROs in Shropshire promote this happening.

Children and young people are also invited to complete a consultation document prior to their review. The small number of children and young people who did this reported a number of positives over the course of the year as below in relation to the care planning arrangements for them and also areas for follow up:

- They are happy in their placement
- They get on with their social worker
- They see their social worker often enough
- They are listened to in their placement
- Children and young people report being involved in activities and are healthy
- Want to see their parents more often
- Children and young people report a number of positives around school and education

Children's participation can take place at several levels e.g. through personal attendance in an effective and meaningful manner, holding meetings in 2 parts, through completion of consultation documents, through separate meetings or conversations with IRO's and the use of an advocacy service.

Care Leavers Forum and New Belongings

New Belongings was instigated by the Care Leavers' Foundation and involves a team of care leavers and others working with councils to improve services for young people in care.

- 5 young care leavers attended the initial New Belonging's training and 2 Shropshire New belongings Ambassadors attended the New Belongings national conference.
- In May 2016 the New Belonging's Ambassadors delivered their 'Have your say' workshop event and have sent out 100 questionnaires to young care leavers with 19 completed returns.
- In August 2016 New Belonging's ambassadors met and spent the day with the Care Council Crew to develop links and get their views on leaving care.

The New Belongings Ambassadors gave a presentation to Corporate Parenting Panel in December 2016 on their work so far and the outcomes of consultation.

The issues identified ranged from better opportunities needed to help transition from care to independence, access to quicker support when things go wrong, employment/training/apprenticeship opportunities, an improved pledge to care leavers, and access to a drop in service.

Voice and Engagement

In 2016 the police piloted a Citizen Programme aimed at Shropshire Looked After Children between the ages of 11-14 years old. The young people involved work towards an award and had input on a range of subjects including road safety, first aid and healthy relationships.

LAC Celebration Event

In consultation with young people the event was moved to the Buttermarket for a more "party style" evening. All children had glow in the dark bangles on arrival and the food was jumbo hot dog, chips and salsa.

The entertainment was provided by Shropshire looked after children who had taken part in the summer band building programme. This is provided through the virtual school Arts Offer in conjunction with The Hive.

In January 2017 a survey was launched to gain the views and experiences of Children in Care (age 4-18) which was commissioned through the Bright Spots project (a partnership between Coram Voice and Bristol University). They developed the *Your life, your care survey* - A tool, grounded in research and comparable to national data sets, to explore children's care experience and well-being based on what they say is important.

A Question Time event was held in February 2017 which has resulted in the Corporate Parenting panel planning a workshop to progress the issues that had been identified; exploring a training flat, drop in facilities for care leavers, bus and leisure passes.

The Advocacy and Independent Visiting Service reported to the Corporate Parenting Panel throughout the year. This reporting has included a powerful account from a young person of the importance and difference made by having an Independent Visitor.

Early Help

A child journey audit of 16 cases found that with regards to the child voice being present throughout early help support:

- 6% of cases were outstanding
- 38% of cases were good
- 38% of cases require improvement
- 19% of cases were inadequate

The audit findings commented that the voice of the child is generally well represented and thoughtful and reflective practice is evident. There is excellent inference of pre-verbal children and older children often engaging well with workers. A range of tools are used to help elicit wishes, feelings and views to understand experience better, however, it is not always clear how this translates to plans or how it is responded to and is not consistent practice.

A number of children and young people have provided feedback on Early Help support they have received and have made the following comments:

"Without the support I received from you I can't imagine where I would be with regards to the relationship I have with my mum, the way I manage certain situations and the overall view I have of myself. You've helped me realise how to deal with a lot of very different things and I appreciate every bit of time you spent listening to me and all the advice you gave. You always made me feel equal and respected" (Targeted Youth Support)

[Targeted youth support worker] has supported me through times when I have felt I couldn't cope with any situation and managed to get me through it. I feel so much better about myself and the way I see things and I couldn't of done it without [him]" (Targeted Youth Support)

'Made some emotional but effective progress. Just having an outside voice has moved things along and made us more aware of each other's feelings.' (Enhance)

'Our lives have changed so much. We are busy living not dying. We speak rather than shout, we love rather than fight, we kiss and make up. We respect each other' (EnHance)

9 CONCLUSION AND LOOKING FORWARD

Evidence suggests that Shropshire agencies are generally effective in keeping children safe across Shropshire, and that more children and families are receiving help at an earlier stage. We have seen a significant reduction in the number of referrals to Children's Social Care as a result of ensuring that children and families receive early help to meet their needs. We have also seen a reduction in the number of repeat referrals which evidences robust decision making and effective step down processes. Overall, there is also a reduction in children within the child protection system. However, numbers of looked after children have increased by 3.9%, partly due to the emerging challenges of accommodating unaccompanied asylum seeking children. Further development in strengthening families through early help services should assist with keeping children safe and improving their wellbeing without recourse to child protection and looked after processes.

The SSCB has worked hard to ensure that agencies work effectively together to keep children safe. Evidence presented suggests that this has generally been successful, with particularly positive impacts in key areas such as early help, neglect and CSE.

The SSCB monitors progress in achieving its strategic objectives against its Business Plan, subgroup work plans and learning review action plans. This is evidenced through performance data and findings from audit activity. Progress is regularly reviewed in Board meetings in order to identify where further improvements can be made.

The SSCB has provided many challenges to other partnerships/Boards and has sought assurances regarding the part they play in the safeguarding system. This has led to improvements within practice, multi-agency awareness raising and more effective multi-agency working throughout the system.

Performance measurement has demonstrated improvements in practice as a result of multi-agency audits and learning. Evidencing impact has been a challenge this year due to new ways of working, for example the introduction of family assessments, introduction of the GCP2 and revised processes and pathways in respect of responding to CSE. Plans are in place to monitor performance in these areas and evidence of impact will be reported in next year's annual report.

An identified area for improvement and challenge to partner agencies is improved data collection and analysis. For SSCB to be able to evidence impact effectively multi-agency data must be made available and be supported by a narrative from partner agencies. Meaningful data can then be interrogated with confidence and will provide the SSCB with robust performance data that can be used alongside audit findings and other learning in order to highlight good practice and identify areas for improvement.

Through its work with the Pentagon of Partnerships, the SSCB has made a significant impact by joint working on cross-cutting themes. By aligning resources, and avoiding duplication this approach will undoubtedly have a significant impact on improving practice and improving outcomes for young people and their families into the future.

Developing a consistent approach to hearing the voice of children and young people, parents/carers and professionals continues to be an area for development in 2017-2018. Good foundations have been put in place with the

development of a Student LSCB and developments are underway to routinely capture young people's views of CSE support services. In order to deliver effective safeguarding measures SSCB needs to continue to use this feedback effectively to influence service delivery and provide challenge to partners.

In terms of quality assurance the Board has strengthened its processes and is beginning to triangulate data with other partnership boards, incorporating service user feedback and audit findings. This will provide robust evidence of impact regarding the effectiveness of safeguarding systems and practice in Shropshire. Quality assurance reporting aligned to the journey of the child will build on SSCB's revised dataset to ensure that SSCB is able to evidence that children and young people receive the right service at the right time and evidence of impact against the Board's priorities can be effectively demonstrated.

In addition, in order to be truly effective, the SSCB has increasingly to work across boundaries with colleagues from other partnerships within Shropshire, and with other LSCB and LA areas. There is a much greater focus now on regionalised working and SSCB is engaged in a number of regional projects across the West Midlands as well as continuing to collaborate on pieces of work with the other three LSCBs within West Mercia.

The SSCB has long maintained a focus on looked after children placed within Shropshire from elsewhere. New challenges associated with unaccompanied asylum seeking children demand that this is further developed. Much work has been done between the Police and the Local Authority, including foster carers, which has resulted in improved practice and reduced safeguarding concerns for this population of young people.

With many partner agencies undergoing re-organisation the impact on reducing budgets to support safeguarding is considerable. The SSCB is having to make efficiency savings as a result of reduced contributions from partner agencies. For 2016-2017 this resulted in a review of the provision of multi-agency training to ensure that SSCB is not delivering a training offer beyond its means whilst still ensuring effectiveness.

The Board has begun to respond to findings from the Wood review of LSCBs and the new legislation of the Children and Social Work Act 2017. The SSCB Strategic Governance Group has begun to consider new local safeguarding arrangements, primarily with a review of the effectiveness of the SSCB Business Unit. The review has sought to streamline processes within both the LSCB and Adults Safeguarding Board Business Units by joining both units to maximize efficiencies and create more joined up working across safeguarding issues. As part of these developments a joint development day is planned with the Adult's Safeguarding Board for autumn 2017. A revised governance structure and meeting schedule for the SSCB will be implemented and further consideration will be given to new ways of working across the partnership to implement local safeguarding arrangements.

Effective working across partnerships will continue locally and will become increasingly more important, as will working collectively with other LSCBs on a regional basis in order to do things better together.

10 MESSAGE FROM THE INDEPENDENT CHAIR

In December 2016 Sally Halls stepped down as the Independent Chair of Shropshire's Safeguarding Children's Board and I took over. I wanted to take this opportunity to place on record the collective thanks of the board to Sally for her significant commitment and leadership throughout her tenure as the Independent Chair.

Ivan Powell

Interim SSCB Independent Chair

Appendix A: A summary of agency assurance reports

Public Protection

Public protection services in Shropshire are delivered by West Mercia Police, the National Probation Service, Warwickshire and West Mercia Community Rehabilitation Company, and West Mercia Youth Justice Service. All of these organisations work across a number of local authority and Local Safeguarding Children's Board (LSCB) areas, which has an impact on their capacity and resourcing.

West Mercia Police

West Mercia Police have reported the progress made in response to the 2015 PEEL inspection of vulnerability by HMIC, which found a number of areas required improvement. In relation to children missing, this has resulted in the removal of the 'low risk' and 'absent' categories for children, which is welcome. Implementation of the 'pathfinder model' is on hold in Shropshire and Telford & Wrekin following risks identified in other areas.

Improvements to national crime recording processes and measurement of outcomes has ensured that West Mercia Police are able to better understand the issues facing children and young people in Shropshire.

West Mercia Police was asked to share the findings of the forthcoming audit on the effectiveness of CSE provision in West Mercia and Warwickshire with the CSE subgroup and also to provide information to the Executive meeting in February 2017 regarding access by Shropshire young people to Sexual Assault Referral Centre services, in light of the decision to close down the facility in Wellington.

National Probation Service (NPS)

NPS reported on its responsibility and activity to safeguard children in Shropshire, including the findings of the most recent audit (undertaken in July 2015). This found most work to be of high quality. In addition, there has been a significant improvement in the timeliness of response by Children's Services to requests for information which contributes to safer decision-making in relation to risks posed by offenders. The identified area of risk concerns the inconsistency of PPRC (person posing a risk to children) responses, and work is underway to address and remedy this. Representation by NPS at the Quality Assurance and Performance sub-group has been addressed and a further NPS audit of safeguarding activity taking place in November 2016 will be reported on in due course.

Community Rehabilitation Company (CRC)

The CRC assurance report stated that good communication between NPS and CRC and with children's services have meant that complex challenges have not impacted too significantly on safeguarding in Shropshire, and work on the challenges has led to improvements. CRC staff attend the triage process at Compass.

As well as the financial challenges faced by CRC, audits have identified some areas for improvement and further development:

- Any significant events or changes in circumstances should result in further assessment or review.
- When domestic abuse perpetrators start new relationships, the offender manager needs to review the case to evidence if there are any new risk and actions.

The CRC reported that improved communication and information sharing between NPS and CRC, prompt allocation of cases and good quality assurance processes has enabled offender managers to manage and have oversight of

cases where children are at risk. Most cases audited which had child protection and safeguarding issues are of sufficient quality, but further work is required in developing a risk management and sentence plan. The service will undertake further audits in the future to evidence changes from these findings.

Youth Justice Service (YJS)

A new assessment and planning framework, Asset Plus is being rolled out nationally. The YJS reported that a central assessment and planning element in the framework is safety (safeguarding) and wellbeing. The YJS also implemented a new case management system; Staff have had extensive training and ongoing coaching on the new systems, and quality assurance processes and tools have been developed alongside the new framework.

There are a significant number of looked after young people on YJS caseloads, with a significant number of children from OLA. The YJS are supporting the Police Looked after Children decision making forum and are taking a lead in a protocol to reduce the offending by and criminalisation of looked after children. There has also been an increase of young people referred to the service for the first time.

The YJS have identified a number of areas for deep dive analysis: looked after children; harmful sexual behaviour; first time entrants to the youth justice system; young offender education; training and employment issues, re-offending.

From reviews carried out in the last 12 months, areas of good practice included:

- Young person appropriately diverted from Court
- YOS attending a multi-agency meeting (TAC) prior to the YJS intervention programme
- Young person consulted, views taken in to account
- Timely referral to substance misuse service.
- Learning points included:
  - Standard template should be used for recording all contacts
  - Assessment updates should be dated
  - Sharing plans and decisions with other agencies, to improve shared plans for managing risks.
  - Information should be sought from all possible agencies and sources when carrying out assessments.
  - Management oversight to be better recorded.

The areas of risk / challenge were noted as follows:

- Potential future budget pressures in 2017-18
- Increasing caseloads from July 2016
- Increasing numbers/rates of first time entrants across West Mercia
- High proportion of other authorities LAC requiring intensive intervention.

The areas for improvement are:

- Implementation of a revised performance and quality assurance framework
- Understanding the drivers behind the differential rates of FTEs across West Mercia
- Evaluation of the pilot bureau

Multi-Agency Public Protection Arrangements (MAPPA)

The most recent inspection of MAPPA by HMIC (published in October 2015) highlighted that some risk management plans were still not good enough and that the quality of MAPPA minutes was inconsistent. These are being addressed. The increased spread of referrals following the training arising from a recent discretionary SCR was welcomed, and the challenge of the large number of children placed within Shropshire from elsewhere noted.

A particular area of risk for West Mercia was the practice of closing cases in Children's Services when an offender is sentenced to custody. Requests are made at panel for some of those cases not to be closed as some families choose to take children on prison visits and this is not always appropriate. These concerns have been addressed and are reported on page 29.

SSCB was also asked to endorse the request for greater representation from Shropshire partner agencies to attend and contribute to the work of the MAPPA Performance and Standards subgroup.

Children's Social Care (CSC)

Children's Social Care reported the following outcomes of improvement against key performance indicators:

- More advice and support being provided through Early Help staff in Compass. There has been an increase of 28% of Initial Contacts progressing to Early Help in 2016-2017 from 2481 at Q4 2015-2016 to 3316 in Q4 in 2016-2017. This evidences the promotion of an Early Help Service where it is appropriate to do so, which provides a more proportionate response to partners and families in the offer of Early Help.

- A related 29.5% decrease in referrals being received in Q4 2016-2017 compared Q4 2015-2016, as well as an increase in the percentage of referrals moving to Social Work Assessment from 85% in March 2016 up to 98.8% in March 2017 which represents a more consistent application of the threshold document and ensures provision of the right service at the right time for families.

- Robust decision-making and effective step down arrangements means repeat referrals have dropped from 18.8% March 2016 down to 15.4 % March 2017 and is lower than the England and statistical neighbour averages.

- Improved joint decision making in Compass to agreed and shared thresholds has resulted in an increase in the number of Joint police/social care S47 enquires following strategy discussion, as a result of an audit and co-location. Joint investigations increased from 26.3% in March 2016 to 29.2% in March 2017.

- Improved timeliness of assessments has been achieved in Q4 2017. There have been serious delays in Social Work Assessments being completed in the maximum 45 day timescale, during the course of 2016-2017. In March 2016 60.6% of assessments had been completed in time, in comparison to 88.2 in April 2015. By May 2016, performance had dropped to 33.9%. This has been a key area of focus and at the end of Q4 64.3% of assessments have been completed within timescales, which is a cumulative figure.

- Number of Children Subject to Child Protection. Child protection numbers have been higher than England rates with the highest point in year being December 2015 when the figure stood at 46.3 per 10,000 reducing to 39.8 at March 2016.

- During the course of 2016- 2017, CSC have worked hard to progress effective child protection planning for all children. As at 31st March 2017, 240 children were subject of a Child Protection Plan. This is a reduction from 272 at 1st April 2016. There is also evidence that the quality of interventions is improving.

- Sustained outcomes for children through effective CP/Targeted Early Help interventions. We have seen an increase in the number of children subject to a second or subsequent plan, standing at 23.6%. This has already been an area of focus and CSC are now seeing a reduction in children subject to a child protection plan overall, as cases are now

stepping down for a period of Child in Need (CIN) planning before stepping down to CIN.

- Number of children in care. The number of children in the care of the Local Authority had fallen from 313 in March 2015 to 285 in March 2016 and was down to 279 in January 2017. However, at the end of March 2017 the figure stood at 290 children in the care of the local authority. This sudden increase was in part due to 10 unaccompanied minors arriving in Shropshire unexpectedly in March 2017.

- Appropriate action taken to safeguard There has been an increase for those in care who are subject to an interim care order or care order; 64% March 2016, up to 66% in March 2017.

- Number of Children in Need. Overall during the course of 2016-2017 numbers have remained stable, increasing from 238 open CIN cases to 240, as more children have been appropriately stepped down from a child protection plan to a child in need plan. There has also been a reduction in the number of CIN cases open for 9 months or more, reducing from 70% in June 2015 to 15% in March 2017.

- Improvement in hearing the experience of the child and parent. There has been an overall reduction in complaints in 2016-2017 with approximately 61 complaints and 21 compliments received. Learning from these complaints is shared with staff on a quarterly basis.

"We are working hard to improve the timeliness of our responses and in ensuring that children and families are receiving the right level of help at the right time. This has resulted in an increase in children and families receiving Early Help interventions and less referrals into Children's Social Care. Where it is appropriate for cases to step down to Early Help from Children's Social Care only a small percentage are returning as a repeat referral. This indicates that children are receiving the right level of intervention. We are focused on all open children receiving the level of services that reflect their needs and children are in the right part of the service. We remain focused on the quality of our social work practice and on ensuring that we are progressing plans and ensuring that we are proactively case managing all open cases to ensure there is no drift and delay within the system and that recording is timely and of good quality."

Independent Reviewing Officers (IRO):

The IRO assurance report for 2016-2017 is due to be received by the SSCB Executive in October 2017 and will be reported in the SSCB Annual Report 2017-2018.

Early Help

The Early Help Assurance Report for 2016-2017 highlighted the following:

Accessibility of Early Help consultations

- 77% of practitioners felt that early help social workers were accessible
- 44% of practitioners felt that CAHMS Primary Mental Health workers were accessible
- 86% felt that Targeted Youth Support workers were accessible

Over 70% of practitioners agreed that the support and systems provided by Strengthening Families through Early Help allowed them to promote the welfare of and safeguard children.

Outcomes for the family

65 (12%) of the 551 Family Webstar and Assessments had been reviewed by the end of April 2017.

At their last Webstar score review, overall:

- 67% of families had made improvement against their initial Webstar scores
- 17% had got worse
- 17% had stayed the same.

The greatest impact of early help support is on improvements in emotional mental health (56% of families improved) and parenting (53% of families improved).

The outcome where the least positive impact was seen was Housing (15% of families got worse).

Targeted early help outcomes

From September 2016 to March 2017, 70% (167) of early help targeted services cases closed with an outcome of "outcomes achieved" recorded.

3% closed due to escalation of needs to require social work involvement.

Enhance data shows that at closure 70% of families reported that they thought the support they had received had been fully effective with a further 21% of families saying that they thought the support had been partially effective. The most prevalent improvements are in behaviour and peer relationships in school, increased parental confidence and better communication and family relationships.

Sustained progress

From April 2016 to March 2017, 7% of social care referrals were recorded as having an early help intervention in the last 6 months.

Quality of early help assessments

The Targeted Early Help Case audit (50 cases) found that:

- 18% of cases (9) were good
- 70% of cases (35) required improvement
- 12% of cases (6) were inadequate

With regards to the quality of assessment the Targeted Early Help Case audit found that:

- 38% (19) assessments were good
- 50% (25) assessments required improvement
- 12% (6) assessments were inadequate

74% of assessments were considered timely, having been submitted at the time of referral, but there was little evidence of any assessments being added to as the intervention with a family progressed.

52% of assessments evidenced that the families had been appropriately involved in the assessment; the majority of cases appear to have been written in consultation with the mother.

Quality of planning and review

The targeted early help case audit (50 cases) found that:

44% of plans addressed all the needs identified within the assessment.

62% of cases had plans which were SMART.

56% of cases had plans which demonstrated multi-agency working.

50% of cases had carried out a review of the plan and 48% of these had recorded any impact or progress on the revised plan.

The Health Economy

An assurance report for 2015-2016 from the Health Economy was received by the Board during 2016-2017. Due to a change in the reporting schedule the Health Economy assurance report for 2016-2017 will not be received by the SSCB Executive until October 2017 and will be reported in the SSCB Annual Report for 2017-2018.

Education

The Education Assurance Report was full and comprehensive, covering Ofsted grading of schools; How education delivers its safeguarding objectives for schools; Findings from auditing; ongoing safeguarding support 2017-18; Training; Children missing education; Elective home education; Schools Safeguarding Group; representation at SSCB meetings; hate crime reporting; school attendance; exclusions.

Young people had contributed to the report; their voices had been included in the Section 9 and Section 11 audits, in fast track meetings, and in the 'All about me' section of the Education Health and Care Planning process. There were 31 permanent exclusions from education in 2016-2017. Locally there have been some issues around communication between some academy schools and the local authority, but not all. A protocol is being devised for academy schools.

A direct consultation report with schools with regards to concerns raised around safeguarding process will be presented to Children's Social Care and outcomes reported to the SSCB Executive.

With regards to the Elected Home Educated children, there are continuing concerns regarding the safeguarding of vulnerable children and young people, as they are invisible to agencies. Parents do not need to engage with the LA when home educating their children.

Schools undertake Section 9 and Section 157/175 audits on a rolling programme and outcomes are reported to the SSCB Executive.

Energize STW (Shropshire & Telford & Wrekin County Sports Partnership)

An assurance report was requested following recent concerns about historical child abuse in football, and to assure the board regarding safeguarding children in sport.

Recommendations and areas for consideration were:

- Safeguarding young talented athletes
- Supporting parents – through parent in sport week, which is due to be held in autumn 2017.

Energize STW run some safeguarding events; amend safeguarding policies within sport and share knowledge and best practice within sport.

Club Mark accreditation is a continuous measure, due to sports clubs having to renew every 2 years. The Club Matters website holds information relating to which clubs have achieved the Clubmark locally and is free to check.

Energize STW reported that it delivers its safeguarding objectives for children through:

- Sports safeguarding courses being delivered (78 individuals trained).
- Increased confidence of staff in delivering safeguarding cross the programmes. Incident reporting has increased (there have been staff surveys to measure confidence).
- Quality assurance checks of over 100 local deliverers safeguarding plans, to ensure they meet the funding standard.

- Energize will also be launching new Safeguarding Strategy and Safeguarding Vulnerable Adults Strategy, and revised guidance around recruitment in sport.

SSCB
Shropshire's Safeguarding Children Board
Child Protection
Keeping Children Safe From Harm

www.safeguardingshropshireschildren.org.uk

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Health and Wellbeing Board
Thursday 16th November 2017

CHILDREN'S TRUST: ACE APPROACH BRIEFING

Responsible Officer **Karen Bradshaw**

Email: karen.bradshaw@shropshire.gov.uk Tel: 01743 254201

1.0 Summary

This regular update briefing commissioned by the Health and Wellbeing Board (H&WBB) from the Shropshire Children's Trust will focus on the action plan for the 0 – 25 SEND Strategic Board and asks the H&WBB to play a key role in embedding the Adverse Childhood Experiences (A.C.E) approach across Shropshire This briefing provides assurance to the H&WBB on the work of the Trust and highlights areas for closer consideration by the H&WBB.

2.0 Recommendations

The H&WBB is recommended to note the information and updates in this report and :

a) Ensure that the needs of children and young people with SEND are taken into consideration across all health and wellbeing development work

b) Work with the Children's Trust to ensure partners sat around the H&WBB table embed the ACE approach using routine enquiry within the assessments they already undertake

c) Use appropriate opportunities to encourage:

- the people of Shropshire that we have a responsibility for our own health and ensuring that we look after our mental health
- Shropshire communities to continue to develop their own way to support individuals and groups in improving their wellbeing and resilience
- parents to recognise the impact that their approach to parenting has on their children as they grow up

REPORT

3.0 Risk Assessment and Opportunities Appraisal

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

4.0 Financial Implications

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

5.0 Background

This update briefing provides the Health and Wellbeing Board with regular assurance from the Children's Trust concerning the partnership approach to promoting and supporting the health and wellbeing of children, young people and families in Shropshire.

6.0 0 – 25 Special Educational Needs and Disabilities (SEND) Strategic Board

6.1 As a sub group of the Children's Trust the 0 – 25 SEND Strategic Board takes the lead on our partnership work to embed the changes of the SEND reforms and to continuously look to improve outcomes for children and young people living with special educational needs and / or disabilities.

6.2 The 0 – 25 SEND Strategic Board has recently agreed action plans to ensure that;

- Shropshire Children and young people living with Special Educational Needs and/or Disabilities, and their families and carers, feel empowered and in control of their lives
- Shropshire Children and young people living with Special Educational Needs and/or Disabilities, and their families and carers, feel safe and supported appropriately whatever their age (0 - 25) and wherever they are.

6.3 Three workstreams have been identified and are to be co chaired by representatives of Shropshire Council, Shropshire Clinical Commissioning Group (CCG), Public Health and the Shropshire Parent and Carer Council (PACC):

- Communications & Participation Workstream
- Joint Commissioning & Service Delivery Workstream
- Quaity, Performance & Finance Workstream

6.4 The high level action plans are attached as appendix A for your information

6.5 We would ask the H&WBB to assist our whole system approach and encourage partners to ensure that the needs of children and young people with SEND are taken into consideration across all health and wellbeing development work.

7.0 Why we should be embedding the ACE approach in Shropshire

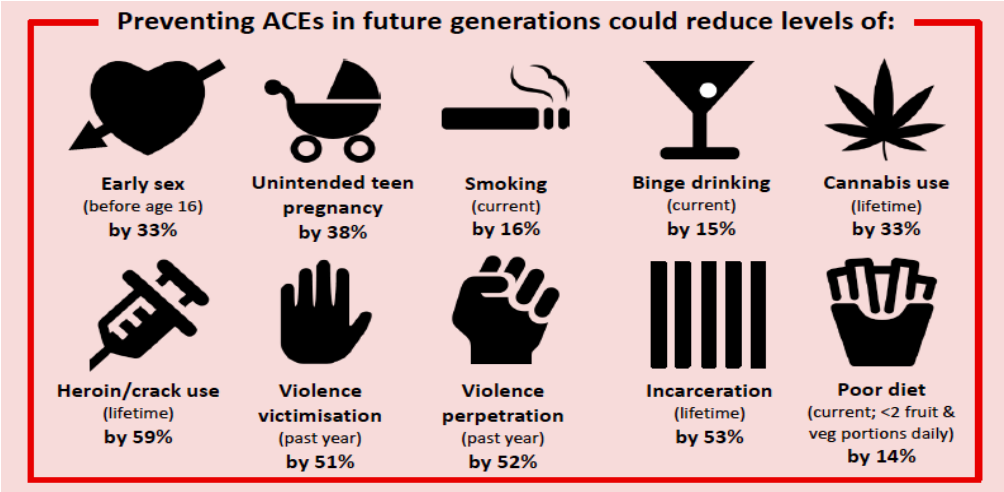
7.1 The Children's Trust has regularly provided information to the H&WBB about the adverse childhood experience (ACE) approach. The work to embed the ACE approach across Shropshire continues not simply to ensure we have healthy children but *to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.* (H&WBB Strategy 2016-2021).

7.2 By working together to identify those people who have experienced multiple childhood traumas, and ensuring appropriate support is in place much earlier, services will be better placed to support individuals and we can break the negative cycle of intergenerational issues.

7.3 This is not a long report that seeks to identify the impact of every action or inaction. It provides the headlines:

- to spur each partner sat around the H&WBB table into action to embed the ACE approach using routine enquiry within the assessments they already undertake
- to remind everyone reading it that we have a responsibility for our own health and ensuring that we look after our mental health
- to encourage Shropshire communities to continue to develop their own way to support individuals and groups in improving their wellbeing and resilience
- to encourage parents to recognise the impact that their approach to parenting has on their children as they grow up

7.4 The statistics to support why the Children's Trust is endorsing the use of the ACE approach are evidenced in the Public Health England graphic below.



7.5 So why should it be so important for the Children's Trust and the Health and Wellbeing Board to work together to ensure that the ACE approach is embedded in the core of the work we do across Shropshire? Not simply focussed on those children who may need extra support today but for those adults who have experienced adverse childhood experiences that have impacted on their adult lives.

7.6 The answer is also a simple one… if we do not recognise and address those needs **today**, and ensure we build resilience in children and assist those adults in identifying coping strategies to help them thrive not simply survive, then **tomorrow** the impact of inaction will see some Shropshire residents ill equipped to deal with life challenges and an increased financial burden to the partners of the Shropshire H&WBB to support their needs.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) Children's Trust Report to H&WBB May 2017
Cabinet Member (Portfolio Holder) Nick Bardsley
Local Member
Appendices **Appendix A** 0 – 25 SEND Strategic Partnership Board Workstream Action Plans

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Version 5 – 21 Sept 2017

<table>
<tr><td colspan="3">0 – 25 SEND Strategic Partnership Board
Co Chairs Karen Bradshaw & Dawn Clarke
Meets Quarterly</td></tr>
<tr><td colspan="3">Workstream Chairs Group
Chairs of Workstreams meet to coordinate work across work streams and ensure preparedness for Area Review
Meets ???</td></tr>
<tr><td>Communication & Participation Workstream
Proposed Co Chairs – Sarah Thomas & David Coan
Meets ??</td><td>Joint Commissioning & Service Delivery Workstream
Proposed Co Chairs – Fran Doyle & Fiona Ellis
Meets ??</td><td>Quality, Performance & Finance Workstream
Proposed Co Chairs – Julia Dean & Public Health Rep
Meets ??</td></tr>
<tr><td>Members: TBD</td><td>Members: TBD</td><td>Members: TBD</td></tr>
<tr><td>Develop a 0 – 25 SEND Communications & Participation Strategy</td><td>Develop a 0-25 SEND Joint Commissioning Strategy</td><td>Develop 0-25 SEND performance measures</td></tr>
<tr><td rowspan="2">There is in place a 0-25 SEND communications and participation strategy that is easy to understand and provides a basis on which to regularly engage with children, young people, their families and carers and other stakeholders; that provides meaningful participation in the co-production of strategies and services with a common message and clear pathways agreed across education, health and social care.</td><td>A Joint Commissioning Strategy in place that is co produced based on outcomes and VFM and includes clear pathways and decision making</td><td>Key Performance Indicators established and used to inform commissioning process; impact of local implementation of children and families act; and future provision.</td></tr>
<tr><td>Appropriate provision for children and young people with SEND is in place</td><td rowspan="2">Data sets established and used to inform commissioning process and future provision.</td></tr>
<tr><td rowspan="3">Local Offer is in place that is co produced with children and young people, their parents and carers and other stakeholders and provides information in an accessible format that sets out in one place information about provision available for children and young people who have special educational needs and/or disabilities.</td><td rowspan="2">A range of measures in place to increase personalisation of services for children and young people with SEND, including personalised budgets</td></tr>
<tr><td>Policies and Pathways are regularly reviewed and embedded across education, health and social care</td></tr>
<tr><td>Transition into adulthood is seamless and coordinated</td><td>Budget Monitoring systems in place – Best value achieved</td></tr>
<tr><td></td><td>Feedback, complaints, mediation & dispute resolution analysis undertaken and used to inform future practice</td></tr>
<tr><td colspan="3">Cross Cutting Theme - Preparing for Adulthood Outcomes - Higher Education and/or employment: Independent living: Participating in the local community: Being as healthy as possible in adult life</td></tr>
<tr><td colspan="3">Workstream Each workstream will take account of the 4 Preparing for Adulthood Outcomes throughout their work.</td></tr>
</table>

	The work streams are time limited Task and Finish groups. Progress on actions will be monitored through the 0-25 SEND Strategic Board on a quarterly basis.
Workstream Chairs	Lead the multi-agency workstream to deliver actions Provides regular highlight report to 0-25 SEND Strategic Partnership Board on delivery of actions Works with other workstream chairs to coordinate work and establish relevant links whilst also ensuring preparedness for area review
Workstream members	Participate fully in delivery of workstream actions and objectives Act as two way conduit for information Ensure partner views are represented

0 – 25 Special Educational Needs & Disabilities Strategic Partnership Board Action Plan 2017

Communication & Participation Workstream

Red = Significant issues, requires action **Amber = In progress, monitor** **Green = On track, no action required** **(Purple = Completed)**

High level action	Measure of success	Actions	Responsibility	Timescale	R.A.G
Develop a 0 – 25 SEND Communication & Participation Strategy	There is in place a 0-25 SEND communications and participation strategy that is easy to understand and provides a basis on which to regularly engage with children, young people and their families and carers; that provides meaningful participation in the co production of strategies and services with a common message and clear pathways agreed across education, health and social care.	Using Humanly research develop communication & participation toolkits to assist regular involvement of: • children and young people with SEND • Parents and carers of children and young people with SEND			
		Establish Regular briefings for professionals, strategic leads and councillors			
		Review systems for Health engagement with schools. Identify & address barriers			
		Co produce a communications & participation strategy with: • children and young people with SEND • Parents and carers of children and young people with SEND Ensure inclusion of equality & diversity			
		Develop annual communications plan including identification of key stakeholders and circles of influence.			

		Establish appropriate information sharing agreements and integration of IT systems where possible			
	Local Offer is in place that is co produced with children and young people and provides information in an accessible format, that sets out in one place information about provision available for children and young people who have special educational needs and/or disabilities.	Undertake research and develop proposals for the longer term arrangements to sustain the Local Offer such as developing an APP (example IoW Local Offer – Check it Out APP)			
		Develop regular means of engagement with young people with SEND and their parents and carers to inform Local Offer			
		Develop alternative ways to present information such as stories and videos to ensure it is young person friendly			
		Present clear roles and responsibilities for professionals			
		Review and refresh content – Include the 4 areas of preparing For Adulthood outcomes EHC Pathway Matrix for Schools			
		Develop marketing tools			
		Establish appropriate feedback channels 'You said. We Did' and links into Quality, Perf and Finance Workstream			
		Research and develop template for Annual Review that determines areas to be reported			

		on			
		Undertake annual review and refresh			
		Prepare and present annual review to SEND Board			

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0 – 25 Special Educational Needs & Disabilities Strategic Partnership Board Action Plan 2017

Joint Commissioning & Service Provision Workstream

Red = Significant issues, requires action **Amber = In progress, monitor** **Green = On track, no action required** **(Purple = Completed)**

High level action	Measure of success	Actions	Responsibility	Timescale	R.A.G
Develop a Joint Commissioning Strategy	A Joint Commissioning Strategy in place that is co produced based on outcomes and VFM and includes clear pathways and decision making	Establish links across commissioning processes including local commissioning			
		Develop a commissioning strategy co produced with children & young people with SEND, their parents and carers.			
		Develop a joint commissioning agreement to include: Pooled budgets Clearly define decision making procedures			
		Using research completed by humanly engage with children, young people with SEND and their parents and carers to develop the Joint Commissioning Strategy			
		Establish links with Q,P & F Workstream to determine appropriate benchmarking to ensure services deliver value for money			
		Establish links with Q,P & F Workstream to ensure appropriate use of data including the JSNA to inform service provision			
		Research other strategies and ensure alignment			

		Develop a clear understanding & agreement on when health & social care colleagues attend multi agency meetings			
		Define relevant pathways including: EHCP Graduated Early Help Pathway			
	Appropriate provision for children and young people with SEND is in place	Review and refresh as appropriate means of Identification & Assessment of SEND			
		Ensure matrix for schools provided on universal, targeted and specialist provision			
		Ensure costed provision map provided by schools			
		Review current provision in specialist settings to ensure that children and young people living with life threatening conditions have provision appropriate to their needs			
		Research & Establish the role that private, voluntary & community sector providers can play in delivering services.			
	Transition into adulthood is seamless and coordinated	Review of pathways into adulthood to ensure robust planning in place			
		Review current employment opportunities for young people including traineeships, apprenticeships and supported internships with FE providers.			

		Develop a clear health pathway for children as they move into adult life			
	A skilled workforce is in place	Ensure the workforce has the necessary skills to deliver the strategy by undertaking a multi agency training needs assessment and addressing training needs as required			

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0 – 25 Special Educational Needs & Disabilities Strategic Partnership Board Action Plan 2017

Quality, Performance & Finance Workstream

Red = Significant issues, requires action **Amber = In progress, monitor** **Green = On track, no action required** **(Purple = Completed)**

High level action	Measure of success	Actions	Responsibility	Timescale	R.A.G
Develop Performance Measures	Key Performance Indicators established and used to inform commissioning process and future provision.	Establish regular monitoring of KPIs from education, health and social care including:			
		% of CYP with an EHCP to reflect national data (Shropshire 3.8%; National 2.8% - *2016)*		Aug 2018	
		% of CYP at SEN support to be consistently in-line with National (11.6%) (Shropshire 10.0% - 2016) across all settings			
		For 80% of new EHCP's (without exceptions) to be completed within 20 week timescales			
		For all EHCP transfers to be completed by April 2018		April 2018	
		For all Year 2, Year 6 and Year 11 transfers to be completed by their Spring term deadlines			
		High percentage of parental/young person satisfaction to be evidenced by low rate of appeals and feedback			
		An increase in the number of Early Years children with EHCP's accessing education in their local community rather than being transported to specialist provision in the central area			

		The achievement gap between C/YP with SEN and those without SEN to compare favourably with Shropshire's statistical neighbours across all phases of education			
		To reduce the achievement gap between looked after C/YP with SEN and LAC and YP, without SEN			
		SEN inequalities: to reduce the differential in exclusion rates and absence rates between CYP with SEN and those without SEN			
		Participation and destination data for YP in KS4 and KS5 with SEND to compare positively with statistical neighbours and national data			
		The percentage of YP with SEND moving into paid employment will compare favourably with Shropshire's statistical neighbours and national data			
		Establish regular reporting to 0-25 SEND Board on KPIs where there are areas for concern			
	Data sets for JSNA established and used to inform commissioning process and future provision.	Establish data sets for JSNA working with relevant colleagues in public health and use as baseline for forecasting future need			
	Complaints, mediation & dispute resolution analysis undertaken and used to inform future practice	Establish programme for analysis of feedback (eg Service user feedback, SENCO network), complaints, mediation & dispute resolution			
		Analyse feedback, complaints, mediation & dispute resolution and use to inform practice			

	Working with education, health and social care	Establish baseline for person centred training Track and measure impact of implementation of person centred training Measure % of feedback		Aug 2018	
	Budget Monitoring systems in place – Best value achieved	Establish budget monitoring systems			
	Policies and Pathways are regularly reviewed and embedded across education, health and social care	Establish programme of review & refresh for relevant policies & pathways (including impact assessment & equalities impact assessment) Including policies and protocols around: Accessibility, Inclusion, Transition, Person centred approach			
		Establish programme for audit of EHCPs			
		Monitor implementation of personal budgets			
	The Shropshire 0 – 25 SEND Strategic board is prepared for Local Area Inspection	Establish Local Area inspection support team (Nominated officer, admin support, representative from Health, Social Care & Education)		November 2017	

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Shropshire Council | NHS Shropshire Clinical Commissioning Group | Shropshire together

HEALTH AND WELLBEING BOARD
16th November 2017

CARE TO SMILE PILOT PROJECT BRIEFING

Responsible Officer Kate Taylor-Weetman
(Consultant in Dental Public Health, PHE West Midlands Centre)
Email: kate.taylor-weetman@nhs.net Tel: 07734 068512

1. Summary

1.1 This report provides a briefing for members regarding The Care to Smile pilot project which is designed to identify the most clinically effective and cost effective means of improving the oral health and quality of life of people residing in care homes.

2. Recommendations

2.1 Members are asked to note the contents of the report
2.2 Members are asked to advise the Care to Smile Pilot Project Board who to engage with in Shropshire CCG and Social Care, and any other key stakeholders, in order to explore the potential for collaboration.

REPORT

3. Background

3.1 Good evidence exists to demonstrate that care home residents are at risk of and from poor oral health. They have significantly worse oral health, experience more episodes of dental pain and yet access dental services less frequently than their non-residential peers, a clear health inequality.

3.2 The impact of co-morbidities and polypharmacy, coupled with deficiencies in basic mouth care in care homes, can lead to preventable dental problems such as abscesses, ulcers and oral thrush. Any of these conditions can compromise a frail individual's ability to eat, drink or communicate. This can easily contribute to dehydration, malnutrition and physical deterioration which may manifest in agitation or depression and has a generally negative impact on quality of life.

3.3 Undetected, these treatable dental diseases may also lead to avoidable emergency admissions and will certainly have broader impacts through carer strain and unnecessary use of resources.

3.4 System pressures are likely to increase as the older adult population rises, successive cohorts retain ever more teeth and care homes continue to lack the knowledge and skills to support residents' oral cleanliness and prevention of dental disease. All these factors will have downstream impacts on general health and wellbeing of care home residents.

3.5 Recent surveys of care home residents and staff throughout the West Midlands and nationally reveal a consistent picture of a vulnerable high need population in receipt of care which does not address their basic oral health needs, delivered by a workforce that has received limited training in recognising its importance. Indeed, through these surveys, care home staff have highlighted a range of training needs including supporting non-compliant people with oral hygiene, recognising urgent dental conditions in those unable to verbally communicate, as well as general mouth care training.

4. The Care to Smile Pilot Project

4.1 NHS England North Midlands (Shropshire & Staffordshire) recognises the need to improve the oral health of and quality of life of care home residents. It is funding a 3 year pilot project – 'Care to Smile' in Shropshire, Telford and Wrekin to identify the most clinically effective and cost effective way to:

- increase the knowledge and skills of care home staff to provide oral care,
- increase residents' exposure to topical fluorides e.g. high strength fluoride toothpaste and fluoride varnish in order to prevent dental disease,
- and increase access to appropriate dental care services.

4.2 This pilot aligns well with the recently published NICE Quality standard: Oral Health in Care Homes (June 2017), aimed at supporting commissioners of care home services and service providers. The Quality Statements address the needs for mouth care needs to be assessed on admission to a care home, the development of a personal care plan with mouth care needs recorded, and support to ensure teeth, gums and dentures are cleaned twice a day.

4.3 A Care to Smile Project Board has been established as a sub group of the NHS England Local Dental Network to provide leadership and coordination of this pilot. The local PHE Consultant in Dental Public Health provides overall system leadership as chair of the Board. The project approach aligns with that of the Plan-Do-Study-Act cycle.

4.4 Two Oral Health Improvement workers, employed by the Shropshire Community NHS Trust dental service, have been in post since November 2016. They are responsible for

- Leading and developing the project on a day to day basis.
- Leading on the evaluation of the pilot programme against key process and outcome indicators.

4.5 Volunteer local dental teams have visited care homes to undertake mouth screenings and apply fluoride varnish to teeth and prescribe high strength fluoride toothpaste when appropriate. Review screening visits are undertaken to evaluate whether staff training has resulted in changes in practise and improved oral health.

4.6 Project evaluation will encompass both qualitative and quantitative measures from multiple information sources in order to triangulate relative measures of success:

- Qualitative feedback will be sought from healthcare professionals, care home staff, care home residents and relatives via focus groups or questionnaires.

- Quantitative evaluation will focus on improvements in oral health, monitoring variations in the volume of dental emergency visits required, demand for routine dental care as well as proxy measures relating to oral health related hospital admissions.

4.7 Subject to confirming that the interventions deliver improvements in oral health, the most effective and cost effective way to embed training and ensure long term cultural change in care home regarding mouth care will be quantified.

5. Conclusions

5.1 Care home residents are at risk of and from poor oral health. They have significantly worse oral health, experience more episodes of dental pain and yet access dental services less frequently than their non-residential peers, a clear health inequality.

5.2 Everyone should be able to eat, speak and communicate without pain or discomfort. The Care to Smile pilot aims to develop a sustainable mouth care programme for vulnerable people in care homes which will improve their oral health and quality of life.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) West Midlands Care Home Dental Survey 2011: Part 1. Results of questionnaire to Care Home Managers. F Watson, M Tomson, AJ Morris, K Taylor-Weetman British Dental Journal 2015; 219:343-346 Oral Healthcare for older people 2020 vision Check up January 2012 British Dental Association Oral health in care homes, Quality standard, NICE National Institute for Health and Care Excellence www.nice.org.uk/guidance/qs151
Cabinet Member (Portfolio Holder)
Local Member
Appendices

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Health and Wellbeing Board
16 November 2017

JOINT COMMISSIONING REPORT - BETTER CARE FUND

Responsible Officer
Email: Tanya.miles@shropshire.gov.uk

1. Summary

1.1 The Better Care Fund (BCF) has been through the necessary assurance process with NHS England and has been agreed with conditions, letter attached as Appendix A.

1.2 As the letter indicates, we have been authorised to proceed with delivering the plan as approved with conditions which means we can continue to deliver the plan and agreed spend (section 75 agreement).

1.3 We returned the updated plan to the BCF assurance team on 2nd November (updated plan attached as Appendix B). We expect to hear a provisional agreement of the updated plan by the 10th November, with final approval from NHS England by the end of November.

1.4 We have not updated the BCF planning template that was agreed at the Health and Wellbeing Board in September.

1.5 Attached as Appendix C is the Performance Update on the four national measures. Currently we are performing well for all four target areas.

2. Recommendations

2.1 The Health & Wellbeing Board is asked to:

2.1.1 Note the updated BCF plan and provide comments;

2.1.2 Note the performance metrics

REPORT

3. Purpose of Report

To update the Health and Wellbeing Board on the BCF plan for 2017/18 and 18/19 and the BCF performance metrics.

4. Background

As in previous years, local health and social care systems are required to produce a yearly BCF plan approved off by the Health and Wellbeing Board and agreed by NHS England. For the first time, 17/18 and 18/19 the BCF plan is a two year plan.

The BCF is designed to be an enabler for integrated working across health and social care and requires the CCG and the Local Authority to pool resources to facilitate this. A number of national metrics are required to be measured and reported on.

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

The Policy Framework for BCF 17/18 and 18/19 was published March 17. This provided us with the policy context for the BCF going forward and high level requirements from the plan. The BCF Guidance that provides the detailed information, including minimum pooled funding requirements and metric targets was published in July.

The BCF draft that was submitted on the 11th September and can be viewed in the HWBB papers (link below). As required by the BCF assurance process resubmission was made 2nd November, and we are awaiting final approval.

6. 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 (Appendix B attached). The BCF Refence Group have agreed to meet less regularly but to focus on specific tasks- e.g. planning for 17/18.

Various parties have contributed to this initial draft including CCG and SC commissioners and providers via the BCF Reference Group.

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

A specific Risk Log is included in the BCF narrative plan. The H&WB Joint Commissioning Board 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) **BCF planning guidance and background info:** https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/ **Previous HWBB papers regarding BCF:** https://shropshire.gov.uk/committee-services/ieListMeetings.aspx?CommitteeId=217
Cabinet Member (Portfolio Holder) Cllr Lee Chapman
Local Member n/a
Appendices Appendix A – NHSE Assurance Letter Appendix B – Better Care Fund updated narrative document Appendix C – Better Care Fund Metric Update

NHS England
Skipton House
80 London Road
London
SE1 6LH

25 October 2017

To: *(by email)*

Cllr Lee Chapman	Chair, Shropshire Health and Wellbeing Board, and Chief
Clive Wright	Executive, Shropshire Council
Simon Freeman	Accountable Officer, NHS Shropshire CCG
Gail Fortes-Mayer	Director of Contracting and Planning, NHS Shropshire CCG

Dear Colleagues

BETTER CARE FUND 2017-19

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your plan. The BCF is the only mandatory policy to facilitate integration of health and social care and the continuation of the BCF itself. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017. For the first time, this policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

Your plan has been assessed in accordance with the process set out in the *Better Care Fund 2017-19: Guide to Assurance of Plans.*

I am writing to inform you that, whilst the BCF plan you submitted in September met the principal conditions for approval, including national conditions 1, 2 and 3 and most of the planning requirements, it did not meet all the requirements of the published Integration and Better Care Fund planning requirements for 2017-19 due to a number of outstanding issues identified through the regional assurance process. These issues are set out below. However, given the progress you have made we are confident that you will be able to produce a fully compliant plan by **Thursday 2 November.**

At its meeting on Thursday 5 October, NHS England's Executive Group agreed that your plan has been placed in the '**Approved with conditions'** category. As such, you are granted authorisation to enter into a formal section 75 agreement whereby the funding will be transferred into a pooled fund, but you are required to comply with the conditions that have been applied.

This recognises that whilst your plan is strong, the review process identified a number of areas for improvement which once addressed will enable you to move to a fully approved status.

The BCF planning requirements that are now required to be fully met are:

- Planning Requirement 5 – Implementation of the high impact change model for managing transfers of care
- Planning Requirement 8 – Approach to programme delivery and control
- Planning Requirement 9 – Management of risk

Specific conditions associated with approval

NHS England's approval of your submitted plan is therefore subject to the following specific conditions:

- Planning Requirement 5 - Ensure that statistical information relating to the High Impact Change model and any metrics are completed fully; and confirm that the intended Shrewsbury and Telford Hospital Trust's procurement of domiciliary services will not impact on integrity of the plan.
- Planning Requirement 8 - Ensure that the draft budget in the narrative accords with the figures submitted in the planning template so that there is one consistent set of figures; provide more detail on capturing and sharing learning regionally and nationally; and approach to benefits realisation; and managing underperformance.
- Planning Requirement 9 - Address the issues set out on the management of risk in the narrative part of the document on an agreed approach to risk management; and risk mitigation between partners.

What you need to do now

You should submit a revised narrative plan that addresses the issues as identified above to fully meet the planning requirements.

We require you to return a compliant plan to your better care manager by **Thursday 2 November** for consideration and regional assurance. Our aim is for all areas to have an agreed and fully approved plan in place by **Thursday 30 November 2017** at the very latest. Escalation action and powers of direction will be used in the event of these conditions not being met by the date specified.

General conditions associated with approval

In addition to the specific conditions set out above, your BCF funding will be released subject to the funding being used in accordance with your final approved plan, and the funding being transferred into pooled funds under a section 75 agreement. These general conditions apply to all approved BCF plans.

These general and specific conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCGs in your Health and Wellbeing Board area as to the use of the funding.

Amounts payable to the CCG in respect of the BCF are subject to the following conditions under section 223GA of the NHS Act 2006:

1. That the CCG will meet the performance objectives specified in its BCF plan; and
2. That the CCG will meet any additional performance objectives specified by NHS England from time to time.

If the CCG fails to meet those objectives, NHS England may withhold the funds (in so far as they have not already been paid to the CCG) or recover payments already made; and may direct the CCG as to the use of the amounts payable in respect of the BCF.

In addition to the BCF funding, the Spring Budget 2017 increased funding via the Improved Better Care Fund (IBCF) for adult social care in 2017-19. This has been pooled into the local BCF. The new IBCF grant (and as previously the Disabled Facilities Grant) will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. The Government has attached a set of conditions to the Section 31 grant, to ensure it is included in the BCF at local level and will be spent on adult social care.

I hope that some further time and where required, additional support and information will enable you to take the final steps to having a fully approved plan, and move quickly towards implementation. Any ongoing support and oversight with your BCF plan will be led by your local better care manager and the Better Care Support team, on my behalf.

Once again, thank you for your work so far.

Yours faithfully,

Simon Weldon
Director of NHS Operations and Delivery and SRO for the Better Care Fund
NHS England

Copy (by email) to:

Andy Begley	Director of Adult Services, Shropshire Council
Tanya Miles	Head of Adult Social Care, Shropshire Council
Jo Farrar	Director General, Department for Communities & Local Government
Jonathan Marron	Director General, Department of Health
Sarah Pickup	Deputy Chief Executive, Local Government Association
NHS England Midlands and East	
Paul Watson	Regional Director
Stuart Poynor	Director of Commissioning Operations
Vikki Taylor	Locality Director
Nigel Littlewood	Regional Lead
Steve Corton	Better Care Manager
Better Care Support team	
Anthony Kealy	Head of Integration Delivery
Rosie Seymour	Deputy Director

Shropshire's Integration and Better Care Fund Narrative Plan 17/18 & 18/19

Draft V2.30

Plan Summary • Local authority: Shropshire Council (unitary) • CCG area: Shropshire • Boundary differences: co-terminus • Date plan agreed by HWBB: 6th July, 2017 – Delegated authority for draft plan given to the Joint Commissioning Group following the July HWBB, 14th September HWBB to consider draft plan as submitted	**Key Line of Enquiry (KLOE**
Sign off:	1
Signed on behalf of Shropshire Council: Andy Begley, Director of Adult Services.	
Signed on behalf of Shropshire CCG: Simon Freeman, Accountable Officer.	
Signed on behalf of Shropshire Health and wellbeing board: Cllr Lee Chapman, Chair	

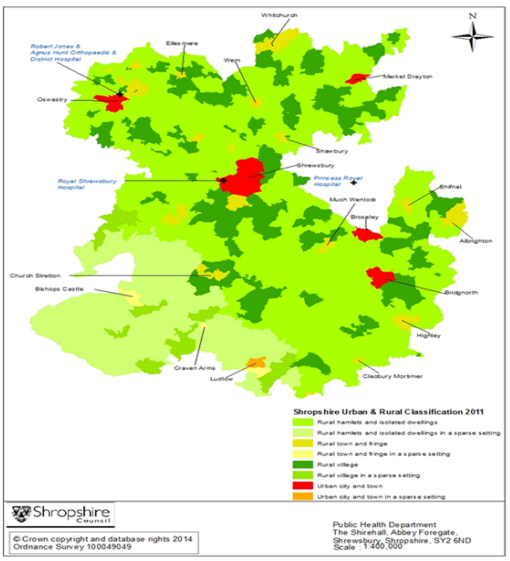
Contents

1. Shropshire Context and Challenges

Geography and demographics:

Shropshire is a fantastic place in which to live, work and visit, with a clean and beautiful natural environment, communities who look out for each other, whether in our rural areas or within one of our historic market towns, excellent schools, low crime and opportunity for everyone. The quality of life rightly brings people here, and makes people want to stay. Around 35% of Shropshire's population live in villages, hamlets and dwellings dispersed throughout the countryside. The remainder live in one of the 17 market towns and key centres of varying size, including Ludlow in the south and Oswestry in the north, or in Shrewsbury, the central county town. Key highlights:

- Shropshire's green and scenic environment helps to contribute to healthy lifestyles as well as itself being of economic value, in attracting businesses as well as in attracting people to visit here and to move here. However, there are logistical challenges in commissioning and providing services over such a large, rural geography. The population of around 310,000 is itself so spread out, across a terrain covering 319,736 hectares, that the Office for National Statistics (ONS) describes us as having less than one person per hectare
- Like many rural areas, the number of people aged 65 and over is expected to rise. By 2030 we expect 1 in 4 people to be over 65.
- Future population growth and ageing is leading to increased numbers of people with long term conditions and non-communicable diseases.
- We have an ageing population- the 2011 Census shows 63,400 people aged 65 years and over, an increase of 23.8% from 2001. This trend is continuing and is more than double national and regional growth levels.
- We have a significantly higher than average number of out of area looked after children of which 64% are placed with foster carers and 21% are with residential providers. Of these children 11% are disabled Children that require specialist provisions.



- **Over half of the population in Shropshire is living what is classified as a rural area**
- **The south west of the county has some of the most sparsely populated areas in England**

Health and wellbeing:

There are 310,100 people living in Shropshire (Office for National Statistics, 2014) which are distributed across the following age bands;

- 0 to 15 years: 16.8% (19% England average)
- 16 to 64 years: 60.4% (63.5% England average)
- 65 years and over: 22.9% (17.6% England average)

17

Source: ONS population estimates and projections

The Shropshire population is mainly white British, with a high proportion of over 50 year olds that is projected to increase significantly in the next decade. Health issues arise from the ageing population, significant lifestyle risk factors, long term conditions, rural inequalities in health and respiratory

issues for over 65 and 0-5 year olds. Whilst the county is fairly affluent there are areas of deprivation and the rurality means access to services can be difficult. Unemployment is low, but despite significant employment in the public sector, Shropshire can be described as a low wage economy; consequently the wider determinants of health including education, access to employment and housing are significant issues to consider when developing services that support good physical and mental health. Key highlights: • Life expectancy rates have improved steadily in the last decade; • 60% of early deaths under 75 years are due to preventable cardiovascular diseases, cancers and respiratory diseases; • Mental health, dementia and musculoskeletal conditions account for a minimum of 26% of ill health; • An alarming majority (65.2%) of adults carry excess weight. This equates to an estimated total of 200,000 adults who are at higher risk of cardiovascular diseases and certain cancers; • We have a higher than average level of inactive adults (24% are active compared to 27.7% nationally). It is estimated that almost half of type 2 diabetes cases can be attributed to obesity; • Around a quarter of adults (circa 77,000) people are higher or increasing risk drinkers and the rate of alcohol related road traffic accidents is significantly higher than the national average; • Levels of diabetes have increased rapidly in the past decade recorded prevalence doubling between 2004/05- 2014/15 (from 3.5% up to 6.6%); • High blood pressure is a significant risk factor for chronic health conditions with xxxxx people in Shropshire, currently diagnosed and recorded in primary care as having high blood pressure; • Approximately 7% of over 65 year old people have dementia; this figure is expected to increase to 8% for all people aged 65 and over by 2021; • Shropshire has more than 34,000 people currently caring for relatives, friends and neighbours with over a third who spending more than 20 hours a week caring, and over a fifth dedicate 50 hours or more a week to their caring role. There are 3,457 carers who indicated they had bad or very bad health. Three in four carers are over the age of 54; • Rightcare highlights concern around respiratory conditions for 0-4 & 65+ **System challenges and issues:** The system challenges we face as an economy are similar to those being experienced across the country. Demand on services continues to rise and outstrips the available resources, putting pressure on all services. With a growing number of elderly people in our population, many having more than one long-term health condition, there is a greater need for certain services. Much of the area we cover is very rural further stretching capacity and resources. Key system issues that the BCF can help address include: • Workforce – recruitment of clinical & nursing staff across primary and	17 17

secondary care, availability of domiciliary care in rural areas

- Higher rate of Delayed Transfers than the national average
- Managing frail elderly at home - analysis shows there is a large opportunity for improving the way frail elderly patients are cared for-a significant amount of inpatient activity delivered for patients with conditions that could be managed in the community/primary care
- Working across the system and integrating practices – system leaders believe integration will make a big difference to service users and make efficiencies, the BCF must drive forward integrated practice

The Challenge in Shropshire Summarised

Ageing Population in a rural county	**Keeping people out of hospital and independent in their own homes**	**Developing integrated practices across the whole system -**
Increased demand on services; limited transport and difficulty accessing some services; response times for emergency services	Reducing need to access hospital and Care Homes by promoting community asset support	System planning that focusses on prevention and people living well within their communities

Highest demand & spend for health and social care services:

- **Cardiovascular disease** (including heart disease and stroke from poor diet, diabetes, smoking, obesity, excess alcohol consumption and high blood pressure/cholesterol)
- **Respiratory disease** (including chronic obstructive disease and childhood asthma from smoking, occupational risks and pollution)
- **Musculoskeletal disease** (such as back pain and osteoporosis from obesity and inactivity)
- **Falls** in older people

Through system planning the Shropshire health and care system is developing proposals to ensure people are supported in the most appropriate way. This involves looking at how existing services can be provided differently and how best we can share patient information to improve services. We have needed to take into account workforce issues, difficulties in recruiting clinical staff, but also what are the skills we need to deliver new models of care.

Given this context our BCF Plan focusses on 3areas of integrated working:

- **Prevention Programme – Healthy Lives**
- **Admission Avoidance**
- **Delayed Transfers**

As part of broader system planning the programmes of work under these three main headings will address the challenges in the system. Decision makers, together with stakeholders, believe these are the most appropriate programmes of work for us to test new ways of working in an integrated way.

1

It is envisaged that through each programme, commissioned services will be reviewed and opportunities for integrated working will be realised.

2. BCF Programme Summary (for full detail see Appendix A)

17

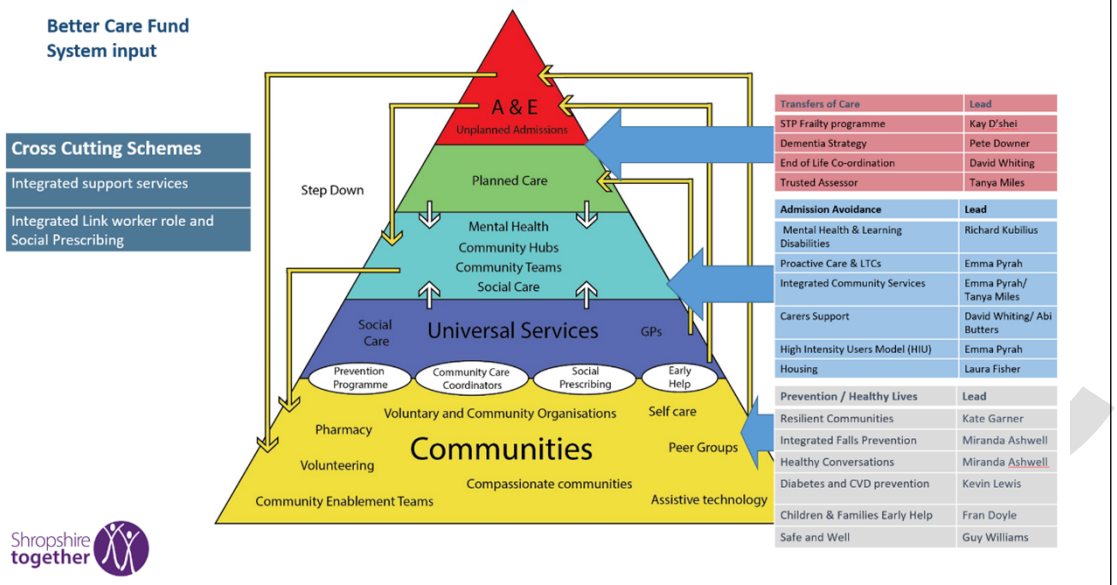
Prevention-Healthy Lives schemes & summaries	Investment	Outcomes	Measures
Resilient Communities	417,354	increase in social connectedness with beneficial impact on health and well-being	No of new vol & community groups established within the past 12 months
		Community based support for non-urgent issues avoiding presentation at acute services	No of "different" conversations being held by each professional.
			An improved score for individual LJC community resilience as measured through an assessment framework.
		Increase self-management of long term conditions through peer support group	
		Increased self-responsibility and self care including future planning	
Healthy Conversations and future planning	-	Economy is delivering consistent messages & referring to same information & support	Number of learning sessions delivered
		People are better prepared for their future	Number of people accessing learning resources
Diabetes and CVD Prevention	-	Develop pre-diabetes protocol for all practices & identify and support individuals	No of practices signed up to protocol
		Deliver a structured education programme for pre-diabetes	No of people completing programme
		Increase no of patients identified with pre-diabetes and reduce progression to type 2 diabetes.	No of patients identified
			Reduction in no of type 2 diagnoses
		Improve detection and management of HBP, AF& high CVD risk score	No of detections
		Reduce number of strokes per year.	No of strokes
Safe and Well	-	Visit vulnerable people, undertake check and support them to remain independent at home through referral to wider	No of people receiving safe and well visits
			Proportion of these visits to previously unknown people/

		system	families
		Relieve pressure of acute services	Reduction in A&E, conveyances and NEA
		Increase community resilience and support new models of care	Link to resilient communities
Admission Avoidance schemes & summaries	**Investment**	**Outcomes**	**Measures**
Mental Health & Learning Disabilities support	3,449,102	Improved health and wellbeing for people with mh and ld	Number of people accessing various services
			Reduction in S136 & acute admissions
Housing	4,996,277	Successful redesign and re-commission of equipment store service	Reduction in DTOC, admissions to care homes and NEA. Increased success of reablement activity
		Implementation of an integrated assistive technology offer	
		Full development of a locality based step down housing model	
		Agreement of protocols between housing/ hospital staff	
Carers Support	1,157,989	Improved information/ guidance for carers- e.g. benefits, employment	Number of carers assessments
			Number of carer breakdowns
		Involvement of carers in commissioning of services	
		Improvements to Carer Assessment processes particularly the provision of replacement care	
		Build integrated carer centred approach for all services	
Integrated Community Services (ICS) & reablement	6,360,827	maximise a patient's independence with the default position as home.	Reduced NEA
			Reduced DTOC
		Ensure a seamless transition services wrapped around the person and their GP practice.	Increased number of people still at home after 91 days
		Provide a 7 day service, 365 days, 8am – 8pm.	Reduction in permanent residential and nursing home admissions
High Intensity Service Users (HISU)	39,600	Proactively manage100 most frequent WMAS callers, improve their health & reduce impact on system	Reduced DTOC
			Reduced NEA
Proactive	3,446,482	Proactively manage patients	

Care and Long term conditions support		with long term conditions to keep people as well as possible and living independently which in turn reduces their impact on the health and social care economy.	Reduced NEA
Delayed Transfers – schemes & summaries	**Financial Investment**	**Outcomes**	**Measures**
STP Frailty programme	-	Overall reduction in falls	Reduced number of falls
		Impact of unavoidable falls on patient and system is reduced	Reduced NEA
			Reduced DTOC
		Better patient experience post fall	Reduced permanent admissions to residential homes
		Reduced expected end of life deaths in hospital	
			Increased success of reablement services
End of life support	1,387,217	Support people at end of life to avoid hospital and die at home/ usual place of residence	Reduction in NEA at end of life
		Improve the experience of end of life for patient and family	
Dementia Services	811,142	Diagnose dementia earlier	Reduced NEA
		Increase support in early stages of dementia	Reduced permanent admissions to residential nursing homes
		Crisis resolution team to gate-keep dementia admissions	
		Increase no of hospital based dementia support workers	
Trusted Assessor model		TBC	TBC
ICS		See AA above	See AA above
Cross cutting schemes & summaries	**Financial Investment**	**Outcomes**	**Measures**
Care Navigator/ Social Prescribing	347,000	To develop an integrated consistent approach to care navigation across the system	Reduce NEA
			Reduce DTOC
		Roll out social prescribing across Shropshire	Reduce permanent admissions to residential care
			Increase the success of reablement services
Integrated Working Support Services	117,899	Provide support services to ensure that the health and social care system and indeed broader services are fully integrated for maximum benefit	Creation of successful joint commissioning team
			No of participants in joint training increase

The key areas of work impact across different parts of the system which are described visually overleaf in diagram 1.

Diagram 1- BCF System Input



3. Our local vision of integration:

In order to deliver the plan the BCF schemes will work with system partners to deliver integrated service delivery. The Health and Wellbeing board have agreed the following statement of integration:

14, 15, 16

"Shropshire's HWBB believes integration is about putting Shropshire people at the heart of decision making. The Board uses evidence that is gathered through data and through engagement to develop a common purpose and agreed outcomes for people, with people; it is about taking a whole system approach to leading, designing and delivering services."

The HWBB have also agreed a unified integrated system vision that by 2020 *"Shropshire people will be the healthiest and most fulfilled in England"*. To achieve this ambitious goal we have agreed specific aims and objectives that align with the developing Integration Metrics and the Integration Standard:

- a system that enables independence in older age for the majority of our population
- truly integrated person centred models of commissioning and delivery designed from a solid shared evidence base
- a workplace destination of choice for health and care professionals
- unity of purpose across our health and care sectors.
- a system where all partners embed health and wellbeing into all our work with communities to enable them to help themselves to live healthier and happier lives
- a system that helps to establish social capital, improves public

engagement and accountability and where wellness replaces a sickness paradigm.
- Fully integrated intelligence, data, technology and information sharing systems creating a single evidential view of the place-based needs of the population
- a “one public estate” philosophy to maximise the use of all our assets to the full.
- a pooled BCF budget that is a key enabler to achieve this system wide vision.
- a continuous learning culture that uses evidence from around the world to develop excellence in care and pioneering services through the use of high quality research and technologies.

4. Systems alignment:

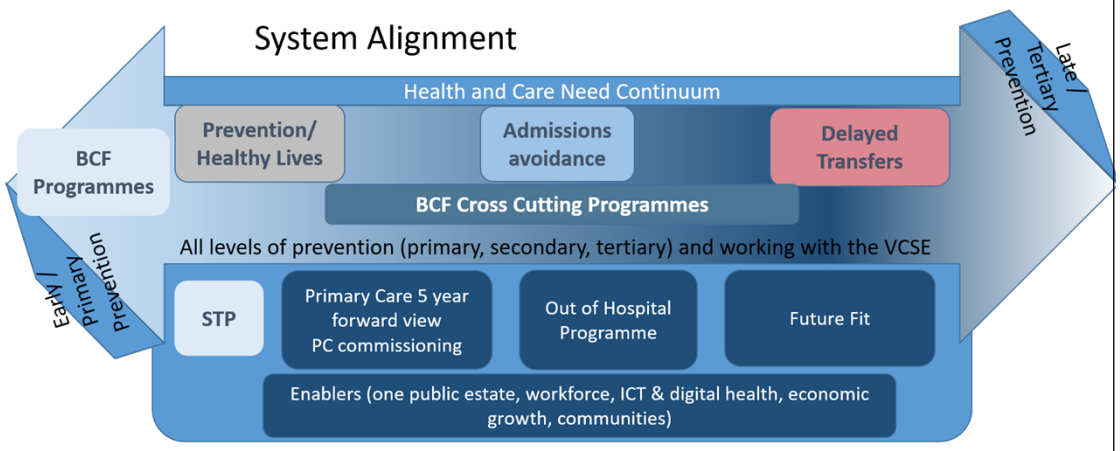
In order to ensure that we achieve this unified vision of integration it is vital that all of our workstreams align and are mutually dependent. The essential co-dependencies are:

14

<u>HWBB and the Sustainability and Transformation Plan (Partnership)</u>:
The STP is working through a number of programmes including the BCF to drive a whole system approach to developing and transforming services as required by the HWB Strategy. The STP is working to address much of the system issues regarding hospital configuration, workforce, technology, and community solutions and the schemes of the BCF will interface with the system work as needed.
In the main, the BCF workstreams sit within the Shropshire STP Out of Hospital / neighbourhoods programme to ensure that the BCF pooled budget can be utilised effectively within the broader system context.
The Shropshire out of hospital model of care uses place based planning and service integration to reduce demand on acute and social care services by:

- Building resilient communities and developing social action
- Developing whole population prevention by linking community and clinical work – involving identification of risk and social prescribing
- Designing and delivering integrated health and social care community services that provide alternatives to hospital care for mild, moderate and severe long term conditions; rapid access urgent and crisis care
- Designing and delivering end-to-end community pathways that effectively interface community health, adult social care and children’s services with secondary care (with a focus on frail elderly and mental health)

The workstreams have been developed to ensure that key pieces of work move forward at pace, however it is clear that there is crossover and co-dependence between all of the workstreams. The integrated governance structure (see diagram below) ensures that the work is agreed at the Out of Hospital Programme Board, Neighbourhoods Board and finance at the Joint Commissioning Group.



GP 5 year Forward View:

Primary Care is at the centre of the transformation of our local health and care system and our vision cannot be achieved without it. The BCF will link into this work through the Out of Hospital Programme Board, the Prevention and Admission Avoidance workstreams and through the CCG Locality Managers.

Some of the key elements of the GPFV that describe this are:

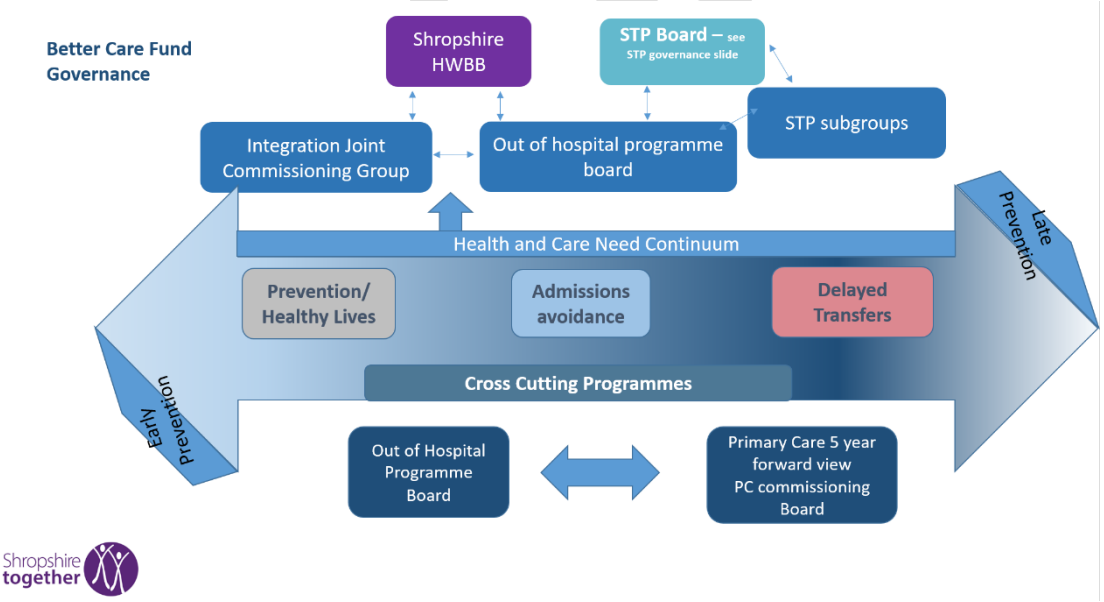
- We will ensure all practices have equal opportunity to access the funding and support they require to deliver the 10 High Impact Changes articulated in the GP Forward View vision-
    - Active signposting
    - New Consultation types
    - Reduction in DNAs
    - Developing the team
    - Productive Workflows
    - Personal Productivity
    - Partnership working
    - Social Prescribing
    - Support Self Care
    - Develop Quality Improvement Expertise
- New Models of care based on a neighbourhood based solution with the principles of:
    - Collaboration – health, social, community, mental health and voluntary organisations working together
    - Co-ordination – approaches to delivery of care that are co-ordinated between agencies across a locality

- Innovation - embracing new ways of working to offer the best support to the population with clinical and asset based approaches working hand in hand
- Accessibility – locality based provision tailored to each area
- Quality – Ensuring that transformation leads to better outcomes for patients and reduces inequalities

Prevention/ Healthy Lives

The Prevention Programme, Healthy Lives, draws together current prevention activity (from Public Health, the Health and Wellbeing Board, Better Care Fund, Adult Social Care, Shropshire CCG and Provider partners), as well as development of new prevention activity, into one programme that focuses on taking a whole system approach to reducing demand on services. This programme relies on working together in partnership and with our communities to improve Shropshire people's health and wellbeing; it will support integration across health and care as and forms a key component of our strategic planning.
Key development areas are to:

- Identifying health risks of individuals and their family and linking the individual/ family to community and service support to prevent ill health
- Implement Social Prescribing, a specific component of healthy lives that provides referral and progress tracking
- Other key programmes include:
  - Diabetes Prevention
  - Falls Prevention
  - Carers
  - Mental Health
  - Healthy Conversations
  - COPD & Respiratory

5. Integration governance and delivery arrangements: In order to achieve our vision and objectives for integration we are in the process of redesigning how we design, commission, deliver and govern our services. We are undertaking this redesign with invaluable insight and assistance from the Leadership Centre whose support is funded through the BCF national team. This input has been instrumental in helping our system leaders to agree our vision and the ingredients to achieving this. A fundamental element of our integration strategy is to create a joint commissioning team to bring together appropriate commissioning, intelligence and performance functions of the CCG and Shropshire Council. Although many services have been commissioned jointly or in partnership for many years, the creation of a single joint team, housed in the same space will accelerate our journey towards full integration and realise massive benefits quickly. The emphasis is on achieving this change at pace to realise the maximum benefit. As such we will be able to describe the full arrangements in practice for the updated plan for 18/19. The visual below (Diagram 2 – BCF Governance) illustrates the proposed joint governance and delivery arrangements: Diagram 2 – BCF Governance  	18
6. Finances and BCF Pooled budget: Full details are found on the finance template	24-27

The draft budget for 2017/18 is as follows:

Area of Spend	Schemes commissioned & Funded by the CCG	Schemes commissioned & Funded by Shropshire Council	Schemes commissioned by Shropshire Council with CCG Funding	Schemes commissioned by Shropshire Council with iBCF Funding	Total (£)
Acute	-	-	500,000	-	500,00
Mental Health	1,871,455	-	654,000	203,629	2,729,08
Comm Health	3,839,137	152,000	16,000	841,107	4,848,24
Continuing Care	2,886,257	-	111,782	-	2,998,03
Primary Care	347,000	250,000	-	-	597,00
Social Care	1,215,978	2,861,504	6,563,324	5,093,412	15,734,21
Other	1,642,765	172,320	-	55,432	1,870,51
Total	**11,802,592**	**3,435,824**	**7,845,106**	**6,193,580**	**29,277,10**

BCF Funding Summary	2016/17	2017/18
Revenue		
Schemes Commissioned and Funded by the CCG	£11,457,083	£11,802,592
Schemes Commissioned and Funded by Shropshire Council	£932,637	£699,637
Schemes Commissioned by Shropshire Council with CCG Funding	£7,845,106	£7,845,106
Schemes Commissioned by Shropshire Council with iBCF Funding	-	£6,193,580
Capital		
Disabled Facilities Grants and Social Care Capital Schemes Funded and Commissioned by Shropshire Council	£2,498,219	£2,736,187
Total BCF 2017/18	**£22,733,045**	**£29,277,102**

7. National Conditions:

National Condition 1- Plans to be jointly agreed:

Sign off: the required sign off for the plan is provided on page 1. The journey of joint development and full integration is described on pages 7-10.

Review: the HWBB have undertaken to continually review the progress towards integration in the first two years of the BCF. This review work has been and continues to be an integral component of the system wide integration work that is reflected in sections 3&4. In addition a jointly commissioned independent review of the STP Neighbourhoods work and broader integration was conducted by Optimity in the spring of 2017.


Optimity Report.pdf

In particular this plan describes an "integration journey" with 17/18 seeing a period of continued development with the expectation of the updated plan for 18/19 describing a much more integrated system with the potential of a much larger pooled budget.

Local agreement of our plan: the plan has been developed through the HWBB structure as highlighted on page 10. This structure ensures that all appropriate partners are involved in the creation of the plan including providers, social care, voluntary sector providers, communities and patients. Specifically: 1-3

- Local housing authority representatives are fully engaged with our system wide integration journey and are key to improving outcomes across the system. Individual elements of work are well underway including the development of innovative housing schemes, allocations, integration of equipment, aids and assistive technology. These are detailed in the scheme descriptor section.
- We are building stronger links with Children's services as much of our work is complimentary, often working with the same families but in a less integrated manner than ideal. Some initial children's services run through the BCF pooled budget however there is significant opportunity to integrate further.


early-help-strategy-2016-2018-v23-april-20

- VCS partners including Healthwatch Shropshire are critical to achieving our integration objectives and representation from the Voluntary Sector Assembly is secure across all forums of the HWBB, BCF and STP including specific working groups. Many of our services are delivered either by or in partnership with our voluntary sector colleagues. A report on BCF is also presented to each VCSA Health and Social Care Forum meeting.

Progress against 16/17 National Conditions: We are continuing to make progress against the 16/17 national conditions detailed in embedded document.

Progress on 16.17 national conditions.dc

Addressing health inequalities: addressing health inequality is a key priority for Shropshire and a key principle of our integration vision is to ensure that we continue to reduce health inequalities in our area in line with the Equality act 2010 and Health and Social Care Act 2012 and our HWB Strategy. We have taken a system approach to this as detailed on our web pages: https://www.shropshire.gov.uk/joint-strategic-needs-assessment/overview/shropshire-profile/health-inequalities/

The diagram below has helped us to develop schemes that will have real impact for Shropshire people and that will reduce health inequalities.

Managing Risk

Arrangements for the management of risks associated with the BCF are set out in the BCF Partnership Agreement. These arrangements will undergo an annual review, but are based on the following principles.

- All stakeholders have a collective responsibility for the delivery of the BCF Programme outcomes and efficient use of the monies identified within the Programme.
- Financial risks should be managed within the pool in the first instance using the contingencies and slippage detailed
- The CCG and LA recognise that the financial risks/benefits associated with the performance of the fund will be shared on the basis of the relative contributions of both organisations to the fund (currently 90% CCG and 10% LA as set out within the funding sources summary). This arrangement will be reflected in the Section 75 Agreement.
- Any over or underspends within the pooled budget will be shared with in the 90-10 split outlined at year end
- The CCG and LA share the financial risk of maintaining other services if related activity levels continue to grow at historical trends.

4-7

From a governance perspective the Joint Commissioning Group is responsible for identifying and monitoring risk and for agreeing and overseeing the implementation of appropriate mitigation measures. The Joint Commissioning Board will report on risk as appropriate to the Health and Wellbeing Board who will make recommendations to the statutory organisations where there is a need to trigger risk sharing agreements. 8-10

The Joint Commissioning Group is working to develop the detail regarding over and underspend in accordance with the Group's ToR (attached below).

We appreciate the role of shared learning and utilising the wealth of shared resources from the BCF team (including the Better Care Exchange). Locally we have been supported by the Leadership Centre and SCIE to develop joint working. All schemes have been developed by taking a partnership approach, utilising, where possible a design approach to understand need, using evidence and developing shared purpose when implementing change. We will continue to use these approaches to develop and transform in conjunction with the STP.

Our managing risk log and further information can be found in the embedded document:


risk log updated aug 17.xls


Final Joint Commissioning Group

National Condition 2: NHS Contribution to adult social care is maintained in line with inflation: 11-13

- The draft NHS contribution to adult social care through the BCF for 2017.18 is £7.779m. This compares with £7.041m for schemes in 2016/17. (Not all of this funding is directed via the local authority.)
- As detailed on page 14 the HWBB have undertaken a line by line review of the schemes funded through the BCF to ensure resources are appropriately allocated to enable Shropshire Council to meet their adult care statutory duties.
- The apparently large increase in funding towards social care schemes is explained by a reclassification of schemes in 17/18 rather than a true increase in funds to this area.
- As detailed throughout this plan we are continuing on our journey towards integration and envisage a greater investment in the protection of adult social care in the 18/19 pooled budget.

National Condition 3: Agreement to invest in NHS commissioned out of hospital services

- The policy framework and 17/18 allocation establishes that a minimum of £11,802,592 of the CCG contribution to the BCF in 2017-18, will continue to be ring-fenced to deliver investment or equivalent savings to the NHS, while supporting local integration aims.

- In Shropshire we do not plan for reductions in non-elective admissions (NEAs) beyond the CCG operational plans and as such we plan to use the full allocation to fund NHS-commissioned out-of-hospital services. These services are the same as those in 16/17 that have demonstrated impact on reducing acute activity and unplanned admissions. Work is ongoing work to refine these services to maximise this impact.
- These schemes are integral to how we are aiming to meet National Condition 4 (managing Transfers of Care) alongside other activity that is detailed later.
- As detailed earlier we are making significant progress towards full integration and the two year Integration and BCF plan enabled us to describe the journey we are on towards a much more integrated picture when we present the updated plan in the spring of 2018. The pooled finances for 18/19 will show further integration across a wider range of services and will describe a significant increase in investment into out of hospital services.

National Condition 4: Managing Transfers of Care:

Our approach involves concerted effort through the IBCF Joint Plan (inserted below) as well as a joint action plan to deliver the 8 High Impact Changes to improve DTOC. The two documents provide full detail on:

- Our joint approach to funding and implementing these changes, how we have built on and learnt from existing successful local practice and how we are tailing services to meet local circumstance.
- Our agreed set of measures to manage transfers of care and the rationale for these.
- How we will implement this model and how it will impact on our performance metrics, including Delayed Transfers of Care.
- Shropshire is committed to delivering the 8 High Impact Model and to reducing DTOC through the IBCF. It is governed through a subgroup of the A&E delivery board and the Joint Commissioning Group as required; both monitor progress through attached metrics schedule. The 8 High Impact Model Action plan that details what will be delivered by who and when is attached below.
- SaTH2home commenced on 23rd October to support a small group of patients. The LA and CCG are monitoring the impact of this service weekly. The contract should support the system to ensure people are able to return home and reduce readmissions. The key issue will be to ensure lines of communication and

understanding are clear. This work will feed into the 8 High Impact Model Action Plan.

Attached also is the revised Integrated Community Services Specification that links into both of these documents and provides further detail.

SHROPSHIRE LA DTOC PLAN AUGUST

ICS Service specification 17-18 re

8 High Impact Changes Action Plan

Maintaining Progress on the 16/17 National Conditions:

Detail on how we care continuing to make progress on the national conditions for 16/17 can be viewed in the embedded document.

Progress on 16.17 national conditions.dc

National Performance metrics: 28-37

All metrics have been agreed by the HWBB following detailed system wide work including the Leadership Sessions detailed earlier. All metrics have been agreed in the context of past and current performance using the performance management templates provided for the BCF, our collective data and intelligence, and are aligned with all appropriate plans and services across health and social care.

Metrics supporting document.docx

Shropshire DTOC Metrics Update Nov 2

Detail on how we will achieve these metrics is provided in the schemes/ services section.

Non Elective Admissions (General and acute):

Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
8,327	**8,080**	**8,729**	**8,475**

Admissions to residential and care homes:

	15/16 Actual	16/17 Plan	17/18 Plan
Annual rate	573.7	626.4	600.3
Numerator	417	464	454
Denominator	72,685	74,029	75,625

Effectiveness of reablement:

	15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan
Annual %	80.6%	84.1%	82.0%	82.0%
Numerator	275	132	1,584	1,584
Denominator	341	157	1,932	1,932

Delayed Transfers of Care:

17-18 plans			
Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
951.9	891.1	808.3	794.9
2,425	2,270	2,059	2,036
254,742	254,742	254,742	256,126

Appendix A

Integration and Scheme delivery: The delivery of integrated services to achieve our vision alongside the national conditions and metrics is through three principal workstreams: • Prevention/ Healthy Lives • Admissions avoidance • Transfers of Care Whilst many of the schemes will interact with the system and many workstreams, the following schemes cut across the three workstreams and are integral to the delivery of integration overall. These are:	17, 20

Care Navigator/ Social Prescribing	C&CC's v2.docx Social Prescribing V2.docx
Integrated Working Support Services	Integrated Working Support.docx

- The individual budgets associated with these services make up the majority of funding in the BCF pooled budget. The finance template at Appendix 1 provides the full detail.

Prevention/ Healthy Lives:

This workstream takes a whole system approach to reducing demand on services by using our intelligence to identify 'at risk' groups of people and then provide the support needed to help these people to remain well and avoid escalation.

We have been piloting this new approach in Oswestry, our second largest town, since September 2016 and have made a significant impact. We are now rolling this approach and the specific services out across the County.

Prevention/ Healthy Lives is made up of the following services. A scheme descriptor for each service can be accessed by opening the embedded document:

Resilient Communities	Resilient Communities V2.docx
Integrated falls prevention	Falls v2.docx
Healthy Conversations and future planning	Healthy Conversations and Future planning.d
Diabetes and CVD Prevention	Diabetes and CVD Prevention v2.docx
Children's Services	Children's Services.docx
Safe and Well	Safe and Well.docx

Admissions Avoidance:

The supporting independence at home workstream recognises that the right place for people to receive care is wherever possible at home.

It employs a system wide approach to providing appropriate solutions to provide this care. It is made up of the following services:

Mental Health & Learning Disabilities support	Mental Health & LD.docx
Housing	Housing v2.docx
Carers Support	Integrated Carers Support v2.docx
Integrated Community Services (ICS) & Reablement Services	ICS & Reablement services.docx

High Intensity Service Users (HISU)	HISU.docx
Proactive Care and Long term conditions support	Proactive Care and Long Term Conditions.

Transfers of Care:

This workstream employs a system wide approach to managing transfers of care. In the sometimes unavoidable event that an individual finds themselves in crisis, we will employ rapid, focused interventions with a view to helping a person remain in their own home or return there as quickly as possible. It is made up of the following services:

STP Frailty programme	Frailty.docx
End of life support	End of life v2.docx
Dementia Services	Dementia v 2.docx
Trusted Assessor model	To be developed
Integrated Community Services & reablement services works both to support Admissions Avoidance and to reduce delayed transfers	See AA above

Appendix B

Shropshire Better Care Fund Development Draft Action Plan
September 2017 – April 2018
Priorities – Prevention, Admission Avoidance, Delayed Transfers

Action	Activity	Outcomes	Measures	Timeframe	Status
Better Care Fund Plan Development	Develop BCF schemes and plan in conjunction with the STP, HWBB, following NHSE feedback	Improved collaborative working; integrated services; better health and wellbeing for Shropshire people	BCF measures and individual programme measures	September - October	
	Develop criteria for scheme evaluation	Systematic joint approach to evaluation and commissioning	Completion	September 2017	
	Jointly evaluate schemes and programmes within to ensure value for money and linkages to priorities and national conditions	Systematic joint approach to evaluation and commissioning	Commissioning and contracting	September – March 2017/18	
	Ensure linkages from BCF national conditions with system planning (STP and STP out of hospital programme)	Health and care integration	BCF and STP measures	Ongoing	TBD
	Link BCF programmes with STP to develop Communication and Engagement Plan	Better informed partners and public about health and care programmes	BCF and STP measures	Ongoing	TBD
	Leadership Development	Develop leadership plan as part of the HWBB and Leadership Centre programme	Delivery of BCF and Joint Commissioning	Ongoing	
	Develop Joint Commissioning arrangements	Improved collaborative working; integrated services; better health and wellbeing for Shropshire	BCF measures and individual programme measures	Autumn 2017	

Shropshire Better Care Fund Development Draft Action Plan
September 2017 – April 2018
Priorities – Prevention, Admission Avoidance, Delayed Transfers

Action	Activity	Outcomes	Measures	Timeframe	Status
		people			
	Developing Quarterly reporting framework	HWBB and the Joint Commissioning Group are well informed on BCF programme development	Action completed	September 2017	
	Further develop action plan to support delivery of BCF and integration of programmes	Improved collaborative working; integrated services; better health and wellbeing for Shropshire people	BCF measures	Ongoing	
Scheme monitoring – quarterly reporting on each of the priority areas to the Joint Commissioning Group: • Prevention/ Healthy Lives • Admission Avoidance • Transfers of Care regular reporting to the HWB Joint Commissioning meeting	**Healthy Lives**	Improved population health and wellbeing	Improved healthy life expectancy	Ongoing	
	• Resilient Communities • Healthy Conversations • CVD and Diabetes Prevention • Safe and Well	As described in the plan above	BCF measures as described above	Ongoing	
	Admissions Avoidance	More people cared for at home or their community	System AA measures	Ongoing	TBD
	• Mental health and LD • Housing • Carers Support • Integrated Community Services	As described in the plan above	BCF measures as described above	Ongoing	TBD

Shropshire Better Care Fund Development Draft Action Plan
September 2017 – April 2018
Priorities – Prevention, Admission Avoidance, Delayed Transfers

Action	Activity	Outcomes	Measures	Timeframe	Status
	• High intensity service users • Integrated LTC support				
	Delayed Transfers	People are not in hospital or step down facilities for any longer than absolutely necessary	System measures	Ongoing	TBD
	• STP frailty programme • Dementia support • End of Life support • Trusted Assessor model • Integrated Community Services	As described in the plan above	BCF measures as described above	Ongoing	TBD
	Cross Cutting schemes	Health and care system working in an integrated way to support Shropshire people		Ongoing	
	• Care Navigator/ Social Prescribing model • Integrated support team	As described in the plan above	BCF measures as described above	Ongoing	

Red = Significant issues, requires action required **Amber = In progress, monitor** **Green = On track, no action** **Purple = Completed**

Appendix C

Our Health and Social Care Economy:

Shropshire has a relatively complex provider landscape made up of:

- **South Staffordshire and Shropshire Healthcare NHS Foundation Trust** provide adult and older people's mental health services in the county. Multidisciplinary and multi-agency teams work in partnership with local councils and closely with the voluntary sector, and independent and private organisations to promote the independence, rehabilitation, social inclusion and recovery of people with a mental illness. Facilities include the Redwoods Centre in Shrewsbury which opened in 2012 and provides 80 adult mental health beds for Shropshire, Telford and Wrekin and Powys and 23 low secure beds for the West Midlands and the provision of a memory clinic in support of Dementia services as well as services for people with learning disabilities.

- **The Shrewsbury and Telford Hospital NHS Trust (SaTH)** is the main provider of district general hospital services for half a million people living in Shropshire, Telford and Wrekin and mid Wales, Services are delivered from two main acute sites: Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford. Both hospitals provide a wide range of acute hospital services including accident and emergency, outpatients, diagnostics, inpatient medical care and critical care. Total bed capacity across the two hospitals is 700.

- **The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH**) is a leading orthopaedic centre of excellence. The Trust provides a comprehensive range of musculoskeletal surgical, medical and rehabilitation services; locally, regionally and nationally from a single site hospital based in Oswestry, Shropshire, close to the border with Wales. As such, the Trust serves the people of England and Wales, as well as acting as a national healthcare provider. It also hosts some local services which support the communities in and around Oswestry.

- **Shropshire Community Health NHS Trust** provides community health services to people across Shropshire in their own homes, local clinics, health centres and GP surgeries. These services include Minor Injury Units, community nursing, health visiting, school nursing, podiatry, physiotherapy, occupational therapy, and support to patients with diabetes, respiratory conditions and other long-term health problems. In addition, it provides a range of children's services, including specialist child and adolescent mental health services. Shropshire's four community hospitals have a total of 97 beds with an additional 27 independent sector step down beds.

- There are **43 GP practices** in Shropshire and Local practices have recently formed a GP Federation. In the last year the single Walk in Centre has been co-located with A&E on the Royal Shrewsbury Hospital site in order to manage emergency demand and flow into the hospital.

- **Shropdoc** – Shropshire Doctors Co-operative Ltd (Shropdoc) provides urgent medical services for patients when their own surgery is closed and whose needs cannot safely wait until the surgery is next open, i.e. evenings, weekends and bank holidays. It provides out of hour's primary care services to 600,000 patients in Shropshire, Telford and Wrekin and Powys. Shropdoc also provides home visits and the flagging of high risk end of life and COPD patients.

- **West Midlands Ambulance Service (Foundation Trust)** - The Trust serves a population of 5.36 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire, Coventry, Birmingham and Black Country conurbation.

- **Shropshire Local Pharmaceutical Committee** – The Shropshire Local Pharmaceutical Committee is the representative statutory body for all Community Pharmacy contractors in the county of Shropshire.

- **People 2 People (P2P)** is Shropshire Council's social work team who provide adult social care support to older people and those with disabilities. P2P supports individuals to keep their independence for as long as possible, by working service users to understand what is important to them and to understand how they connect to their community. P2P works to support people to keep their independence as they age and improve their health and wellbeing.

- **Shropshire Partners in Care (SPIC)** is a not-for-profit company registered as a company limited by guarantee representing independent providers of care to the adults of Shropshire and Telford & Wrekin. Shropshire Partners in Care's purpose is to support the development of a high quality social care sector in the areas of Shropshire and Telford & Wrekin. SPIC works in partnership with local authorities, health and the voluntary sector to support continuous improvement and development of adult social care focusing on local need. They provide information, support training and signposting to relevant services to everyone that contacts the office.

- **The Voluntary and Community Sector Assembly (VCSA)** works to facilitate partnership between the VCSE sector and public sector. Representation work ensures that the VCS are represented on the groups led by the CCG, Shropshire Council and other partners. For example the VCS are represented on the Assistive Technology Steering Group, the Prevention

Group, and Community Development Group. Members of the Voluntary and Community Sector Assembly include many of the large VCS organisations in Shropshire including Age UK, Shropshire RCC, and the Alzheimer's Society who deliver health and social care services in Shropshire.

- **Healthwatch Shropshire** Shropshire is served by a local Healthwatch service which is represented at all levels of the BCF structure.

Appendix D – Jam Jar of Integration

The Jam Jar of Integration Shropshire's Plan on a Page

Health and Wellbeing Vision

"For Shropshire people to be the healthiest and most fulfilled in England"

Outcomes that the Health & Wellbeing Board will strive to achieve

Outcome 1
Health inequalities are reduced

Outcome 2
Increase healthy life expectancy

	Prevention/ Healthy Lives	Admissions avoidance	Transfers of care
Governance	**Clinical Lead/Sponsor:** Rod Thomson **Lead Officer**: Jo Robins/ Penny Bason	**Clinical Lead/Sponsor:** Andy Begley and Gail Fortes Mayer **Lead Officer**: Tanya Miles	**Clinical Lead/Sponsor:** Julie Davies **Lead Officer**: Emma Pyrah
Theme Objectives	Identification of 'at risk' groups to provide support through a range of integrated activity within a neighbourhood model; empowering people to make better lifestyle and health choices.	Maximising the use of community services and community assets to provide a range of admission avoidance options for health & care. Targeting support for people with escalating health & care needs.	Focussing on managing transfers of care; in the event that an individual finds themselves in crisis, rapid, focused interventions to help a person return home from hospital as quickly as possible.

Integration Schemes and Services

Cross Cutting Schemes	Lead
Integrated link worker role and Social Prescribing	Tanya Miles & Rod Thomson (Jo Robins)
Integrated support services	Tanya Miles & Gail Fortes Mayer

Scheme	Lead
Resilient Communities	Kate Garner
Healthy Conversations	Miranda Ashwell
Detection & management of CVD & stroke	Kevin Lewis
Diabetes Prevention	Cathy Levy
Family Early Help	Fran Doyle
Safe and Well	Guy Williams

Scheme	Lead
Mental Health	Richard Kubilius
Alcohol Liaison Service	Jayne Randall
Integrated Community Services (ICS)	Emma Pyrah/ Tanya Miles
Carers Support	David Whiting
High Intensity Users Model (HIU)	Emma Pyrah
Housing	Laura Fisher
Proactive care planning	Bethan Emberton

Scheme	Lead
Dementia Strategy	Pete Downer
End of Life Co-ordination	David Whiting
STP Frailty Programme	Kay Dhesi
Trusted Assessor Model	TBC
ICS – key programme for DTOC (part of AA as well)	Emma Pyrah/ Tanya Miles

Shropshire together

Better Care Fund – measures delivered by Shropshire Council

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

Number of residential admissions is reducing

The following table shows the rate of admissions per 100,000 people

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Profile (target)	150	300	450	600.3
Actual	83.5	150.8		
Performance	✓	✓		

Performance is better than the profiled target. The number of people entering residential care during the first half of the year was 112 (150.8 per 100,000). This is a reduction of 57% when compared to the same period last year, 261 people (359 per 100,000). The service reiterates that its priority is to ensure that the most appropriate care package is provided at the right time to meet people's needs.

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

This measure is reported in arrears. To allow the 91 day period to be completed, people discharged into reablement services during quarter 1 will be reported in quarter 2.

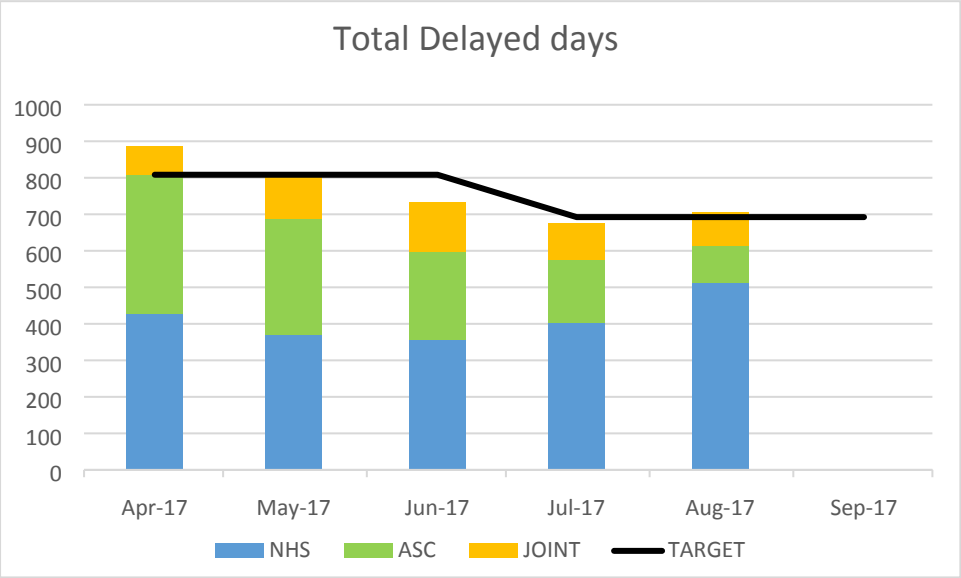
2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	82%	82%	82%	82%
Actual	83.2%			
Performance	✓			

Performance is slightly better than target. This measure is particularly challenging due to the age and condition of patients at discharge. Performance in 2017/18 is better than in the corresponding period in 2016/17 which was at a rate of 78.5%

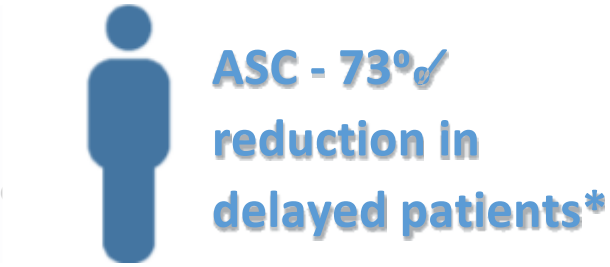
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).

This is a joint measure with the NHS which records the combined number of patients who are delayed in their transfer of care from hospital.

The following chart shows the total monthly number of delayed days by organisation



During the current year the monthly number of delayed bed days has reduced. Jointly attributed delays have remained fairly stable. NHS attributed delays have seen an increase in the latest two months. ASC have seen month on month improvements during the reporting period.



* April 2017 to August 2017

2017/18	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	2425	2270	2059	2036
Actual	2425			
Performance	✓			

The Better Care Fund targets for delayed transfer of care were established in July as part of the national improvement programme. Quarter 1 target was based on actual performance as data had been published at the time of target setting. Current performance for quarter 2 indicates that the target will be met. The reductions achieved by ASC in quarter 2 are now at a point where there is reduced scope for improvement. For the collective quarter 3 targets to be met, ASC must maintain current performance and the NHS will need to reduce delays.

Health and Wellbeing Board
16th November 2017

SHROPSHIRE ALCOHOL STRATEGY UPDATE

Responsible Officer Jayne Randall

Email: Jayne.randall@shropshire.gov.uk Tel: 01743 253979

Summary

The Health & Well-Being Board agreed Shropshire's Alcohol Strategy 2016-2019 in autumn 2016. This report provides a six monthly update on implementation of the strategy, as agreed, highlighting some of the key challenges.

Recommendations

The Health & Wellbeing Board:

a) Note progress to date

b) Request all members of the HWBB identify a senior member of staff to champion delivery of the strategy and provide a point of contact to the Drug and Alcohol Action team.

c) Note and support activity over the next six months

1. Background

1.1 The aim of the Shropshire Alcohol Strategy 2016 - 2019 is to reduce the burden of alcohol related harm across the life course through a consistent approach (**Appendix A**). Incorporating both environmental approaches to reducing harm and promoting opportunities to address individual risks the strategy aims to achieve the following outcomes:

- Promote Safer Communities
- Improve Health and Well-being

- Protect Children and Young People
- Create Capacity

1.2 Alcohol is a cross cutting issue, activity to implement the strategy will reflect and be replicated in the work of other strategies and work streams within the partnership. Research has also found early identification of alcohol issues can reduce future health and social care needs, reduce violent behaviour and family breakdown, therefore adoption of the principles of the strategy by all partners is key to its success.

2. Implementation Update

2.1 **Appendix B** is the latest version of the implementation plan. A short summary of exception reporting follows:

Promote Safer Communities.

2.2 In October 2017, leading barrister in licensing facilitated a local workshop to provide insight into the legislation and how responsible authorities, could respond and make objections to up-hold the four pillars of the Licensing Act 2003. Attendance at the workshop was good with local councillors, licensing committee members, local town councils, police, fire and local authority officers participating. The workshop marks the start of the consultation process for the refresh of the Shropshire Licensing Statement in 2019.

Improve Health and Well-Being

2.3 Training to support identifying and providing brief advice of people drinking at harmful levels and/or smoking was completed in June 2017 as part of the implementation of national NHS CQUIN for the Shropshire Community Health Trust. Shropshire Council Joint Training & Development Team supported this work developing and delivering sessions to nurses to support screening and delivery of brief interventions. The Drug & Alcohol Action Team and Public Health England provided resources to support pathway implementation.

2.4 Two areas have not progressed. The first is an issue to support governance and embedding the principles of the strategy into partner organisations, the DAAT still do not have identified leads for all partner agencies. It is proposed the HWBB support a second request to all partners to provide named leads with reasonable seniority to support implementation. The other area that has not progressed due to capacity is the project to manage treatment resistant drinkers across the partnership. This project will be re-started in spring 2018.

Protect Children and Young People

2.5 In June 2017, SATH and Young Addaction agreed a revised pathway for managing presentations of young people in accident and emergency where substances are indicated.

2.6 The Hidden Harm Joint working protocol between drug and alcohol services and children and family services has been refreshed and training for staff is been rolled out. The protocol provides a framework to how services will work together to identify the needs of the family where substance use is present.

2.7 A review of drug and alcohol service activity in response to domestic abuse was undertaken at the start of the year using the NICE PH50 guidance. The findings of this work have informed the development of the Shropshire Domestic Abuse strategy and supported improvements in substance misuse service delivery for identifying and managing domestic abuse. Improvement for drug and alcohol services has been the involvement in the multi-agency work of the Harm Assessment Unit, to support risk management.

2.8 Progress under the 'protect children and young people' outcome has been good overall. There has been an issue of long-term sick with a partner agency to progress the work of improving delivery of drug and alcohol education. This work primarily was to reduce the provision of 'one off' drug/alcohol education days in schools, where the evidence base suggests they are not preventative and can be counter-productive to the aims if presented by the wrong facilitators e.g. ex users, police.

2.9 In autumn 2017, it was hoped a pilot of the Mentor UK Good Behaviour Game would be rolled out to 10 priority schools across Shropshire. The Good Behaviour Game is still under evaluation nationally, however all indications demonstrate its impact on building resilience. Unfortunately, due to insufficient fund this work will not progress.

Create capacity

2.10 Shropshire is part of the national Local Alcohol Area Agreement (LAAA) programme supported by the Home Office for improving data collection amongst emergency health services, local authority and police, to support better use of resources through targeting. To date, the project group have developed a data management tool to support public health to respond to licensing applications.

2.11 The ambition to roll out IBA at an industrial scale has not been realised to date. Capacity again is an issue and the focus has been on delivering training and not developing a local workforce strategy to support implementation.

3. Challenges to implementation

3.1 Implementation of the strategy requires a robust governance framework. Attendance at the strategy meetings is sometimes poor due to capacity issues, creating difficulty to start work streams and get buy-in. To improve delivery of the strategy and identify opportunities all partners need to attend the meetings. Meetings are held on a quarterly basis, the next meeting is scheduled on 5 December 2017.

3.2 There is no dedicated budget to implement the strategy and so delivery is reliant on organisations been prepared to change their working practices. Identifying the right people to make this happen is a constant challenge. An initial request was for organisations to provide alcohol champions within their service areas who could support implementation and provide some dedicated input. Names have not been as forthcoming as was hoped and therefore some work streams have not progressed.

4. Activity over the next six months

4.1 Over the next six months the key focus will be on exploring creating capacity in the work force through the implementation of screening and brief advice. Job Centre Plus and the leaving care team within Shropshire Council have both indicated interest in developing this within their workforce. To take this forward and develop a workforce development plan to support the strategy discussions will also take place with key stakeholders to identify training leads who can support this work.

4.2 Shropshire and Telford Hospital Trust (SATH) will be introducing identification, screening and brief advice (IBA) for alcohol as part of the implementation of the national CQUIN programme for 2018-2019. Meeting dates have been set and the work starts in February 2018. Some initial conversations have also been held with the Robert Jones and Agnes Hunt Orthopaedic Hospital

4.3 Work to manage people identified as ‘treatment resistant’ has stalled. This cohort of people often are often the most complex and chaotic who resist all attempts to reduce their drinking behaviour. The project will be restarted in the spring of 2016

5 Strategy Updates

5.1 In April 2017, the Safer Stronger Communities Board agreed the Crime Reduction, Community Safety, Drug and Alcohol Strategy 2017-2020. It is proposed, future strategic planning for substance misuse will result in a dedicated strategy to the reduction of drug and alcohol related harms, taking a life course approach.

5.2 The 2017 National Drug Strategy was published in July. There have been no significant changes in approach, local areas are still expected to support activity to reduce demand, restrict supply and build recovery. A new performance framework will be published shortly that will include reducing hospital admissions and the prevention of homelessness to name a few. This is an attempt to ensure all stakeholders support delivery of the national strategy. As with the previous strategy, alcohol is included in its remit.

Strategy to Reduce Alcohol Related Harm 2016-2019

Introduction

Drinking is part of our culture and is reflected in how we socialise, celebrate and respond to life's milestones. Whilst many people use alcohol sensibly, regular and excessive drinking can lead to a number of alcohol related harms. Health can be seriously affected by regular drinking, at worst resulting in premature death through some cancers and liver disease. Alcohol can also affect personal relationships, heighten social isolation and physical capacity, as well as increase the chance of being a victim of crime. Under the influence of alcohol reduced inhibitions and heightened aggression can also increase the likelihood of perpetrating a crime impacting on anti-social behaviour, crime and disorder within communities. The costs to society are wider with alcohol contributing to lost work days and productivity, creating both individual and wider economic financial loss. Regularly drinking can also affect family life and influence young people's own drinking behaviour. Harmful drinking can compromise parenting, subjecting children to mistreatment, neglect and abuse.

Reducing alcohol related harm is a public health priority ranking among the top five risk factors for disease disability and death globally. Alcohol related harm contributes to health inequalities within communities with children, young people and the elderly more vulnerable.

Early initiation to alcohol before the age of 14 years is a predictor for impaired health status and an increased risk of alcohol dependence in later life. Furthermore, research has found when young people do drink, they tend to consume larger amounts in a single drinking episode and are less risk adverse.

People's drinking behaviour can alter across the life course. As people start to get older those that continue, tend to drink more frequently than their younger counterparts. With ageing, people's tolerance levels decline increasing the risk of unintentional injuries, such as trips and falls.

Whilst harmful use of alcohol is a significant risk factor in premature deaths of men aged 15-59 there is growing evidence that women may be more vulnerable to alcohol related harms.

Women's vulnerability is due to a range of factors in relation to physiology, lower weight, smaller livers and greater proportion of overall body fat. Breast cancer is one of seven cancers that can be attributed to alcohol and is particularly prevalent in women in comparison to men. Drinking during pregnancy can increase the risk of foetal alcohol spectrum disorder (FASD) and other preventable health conditions within new-borns. Women are also more at risk of interpersonal violence from male partners.

Tackling alcohol related harm requires a multi-agency approach. No one agency can tackle alcohol on its own. To achieve the ambitions of this strategy public services will continue to work together to improve early identification of harm, promote sensible drinking and ensure those who need help get the right support when they need it.

Our Approach

The purpose of this strategy is to galvanise partners (statutory, non-statutory, the community and businesses) to work together to reduce alcohol related harm in the county. It is recognised by the Health and Well Being Board (HWB) and other strategic partnerships reducing alcohol related harm requires a long term consistent approach if we are to succeed. The approach of this strategy is to build on the partnership work undertaken to date to reduce alcohol related harm.

All public services are under considerable financial challenge. The current cost of alcohol misuse on society in England is estimated to be £21bn, of which £11bn is due to crime, £7bn due to lost productivity and £3.5bn spent on the NHS. Therefore, it is integral to the delivery of this strategy that all stakeholders work together to minimise costs and add value.

There is a substantial body of evidence on how alcohol related harm can be reduced. Some of this evidence requires a central government response such as the minimum unit price (MUP), however, a lot of activity can and is delivered and co-ordinated locally. The delivery of this strategy will be achieved using the evidence base to ensure interventions and activities undertaken are cost effective and produce the best outcomes

Delivery of this strategy cannot just be the responsibility of public services. Local business can support this strategy by adopting Challenge 25 and discouraging heavy drinking behaviour through alcohol promotions. People also need to review their own relationship with alcohol and make changes as necessary. Changing the drinking culture needs a multi-pronged approach. Only by raising awareness, promoting social responsibility, utilising powers to create the right drinking environment and providing the right intervention at the right time, will the ambitions of this strategy be realised.

What we already do

Many partnership agencies already tackle alcohol related issues on a daily basis as part of their core business. Tackling underage sales, licence compliance, protecting communities from anti-social behaviour and managing patient care are just some of the activities undertaken. Since 2003 partners have been working together to co-ordinate activity to reduce alcohol related harm throughout the county. The 2012 to 2015 alcohol strategy was ambitious and set out a range of activities to reduce alcohol related harm. Implemented at a point of unprecedented restructure of the public sector and a period of austerity, key achievements include:

- Implementation of the Community Alcohol Project in key areas of Shropshire
- Establishment of the alcohol liaison nurse (ALN) team within Royal Shrewsbury Hospital
- Evaluation of the alcohol liaison nurse project
- Implementation of the Joint Working Protocol between Substance Misuse Services and Children and Family Services
- Re-established Oswestry Pub watch
- Recommissioned Alcohol Specialist services
- Increased the number of alcohol successful treatment completions.

Understanding the local profile

Shropshire is a large rural county that is sparsely populated, 54% of the population live in the main market towns which equates to 6% of the land. There are 306,100 people who live in Shropshire with a fairly equal gender split. As with many rural areas 98% of the population is White British. Shropshire is also home to round 2% of armed forces personnel. Compared to the national average Shropshire's population is weighted towards the older age groups, with a greater proportion living in the county aged 45 years and above. This is an important factor when planning health services as the negative effect of regularly drinking on health can take between 10 to 20 years to appear.

Overall the county is fairly affluent with only 4% of the population living in the most deprived fifth areas in England. The electoral wards that have the greatest levels of deprivation are Harlescott, Meole Brace, Monkmoor, Battlefields and Heathgates in the Shrewsbury area, Market Drayton East in the north of the County and Castle in the Oswestry area. Shropshire also has a low wage economy due to the nature of agriculture and small businesses. There is an adverse relationship between alcohol and deprivation known as the alcohol harm paradox. Areas of low socioeconomic status have a greater susceptibility to the harmful effects of alcohol despite little difference in consumption.

To understand how alcohol affects the population a needs assessment was undertaken during the summer of 2015 as part of the Joint Strategic Needs Assessment. The following information is derived from this work.

Night Time Economy

The night time economy is centred on the main five market towns of Shrewsbury, Oswestry, Whitchurch, Bridgnorth and Ludlow who offer a variety of pubs, bars, restaurants and night clubs. Shrewsbury is the main centre for entertainment within Shropshire, attracting people from around the county and from neighbouring areas further afield. Shropshire also attracts a large number of tourists.

The night-time economy also provides a number of employment opportunities from bar staff to those employed in the 17 microbreweries in Shropshire and workers who provide travel solutions.

As with all night-time economy activity, town centres can become tainted with drink related anti-social behaviour and violence, if unregulated and unplanned. A vibrant, diverse well planned night-time economy can produce many benefits to the community.

Drinking Behaviours

The health harms associated with alcohol consumption are measured on risks associated with units consumed over the course of a week. Following a review of the most recent evidence the Chief Medical Officer has published new guidance on regular drinking and its associated health risks. For both men and women who drink regularly the advice is to drink no more than 14 units over the course of the week, with alcohol free days between. People drinking at this level would be defined as lower risk drinkers. Increasing risk drinkers are those who regularly drink above the lower risk drinking levels but below 35 units a week. At this level people may not be experiencing any direct effect from alcohol consumption but their drinking is storing up potential health harms in the future. Higher risk drinking is defined as regular drinking that exceeds 35 units or more a week. Some people within this group may have dependency issues but not all. Many will be experiencing some level of harm whether

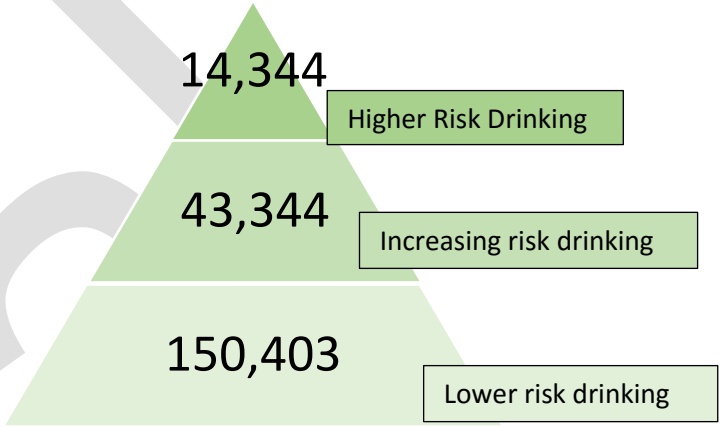
health related, work or in personal relationships.

Understanding estimates of regular drinking behaviour helps to define the action required at the population level to reverse the negative impact of alcohol related harm. Figure 1 opposite illustrates the estimated number of people drinking at the different levels of risk within Shropshire for the population aged 16 years plus based on 2014 synthetic population estimates. Please note, these figures are based on the previous categories of harmful drinking behaviour which for increasing risky drinking behaviour is between 22 – 50 units a week for men and 35 units for women. Higher risk drinking is defined as the consumption of 50 units of alcohol or more for men and 35 units or more for women. The estimation is also based on the assumption that the proportion of those engaging in lower, increasing and higher risky drinking behaviour have not changed since 2008

Other measures on alcohol consumption include estimates on those who abstain from drinking. In Shropshire it is estimated the proportion of people aged 16 years and over who abstain from drinking alcohol is lower than in the West Midlands.

Binge drinking is a behaviour associated with the night-time economy and mainly young people. However, the old definition for binge drinking was any consumption of alcohol that doubled the daily unit allowance, in any one drinking episode. Under the new guidelines binge drinking is based on the significant increase of risk of harm and injury following drinking just 5-7 units over a three to six-hour period.

Figure 1 Synthetic population estimates of drinking behaviour in all people aged16 years and older.



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Alcohol Related Crime

Since 2010/2011 Shropshire's recorded alcohol related crime rate, including violent crime, has consistently fallen below the national average.

Despite this in 2013/2014 over a fifth (22%) of rapes reported to the police involved either alcohol or drugs. In the same year, 37% of domestic abuse cases reported to the police recorded alcohol as a factor for either the victim or the perpetrator.

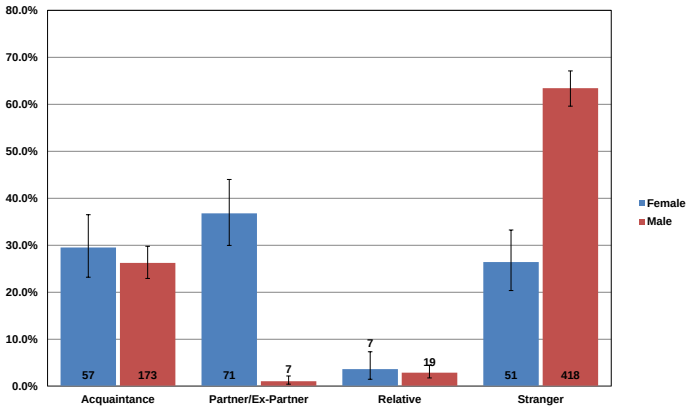
In addition to the information provided by the police the Lynx data system within the Shrewsbury & Telford Hospital Trust provides a record of all presentations for medical attention resulting from an injury due to violence. Between 2011 and 2014 there were a total of 1424 incidents reported to the system of which, just over 68% (974) reported alcohol as a contributing factor to violent incident.

The data also illustrates a clear gender split in attendees, with over three quarters of incidents reported by males compared to females. Not surprisingly the 16 - 24-year-old age group recorded the highest proportion of presentations due to a violent incident requiring medical attention, followed by the 25 to 34-year-old cohort. There is no significant gender difference within these age groups.

The data also provides some insight into the types of violent crimes that occurred and whether the perpetrator was known to the

victim. For males the majority of incidents were perpetrated by a stranger, whereas females were more likely to be a victim of a violent crime committed by someone they knew. Over a third of all incidents reported by women involved a partner or ex partners and a further third of incidents by an acquaintance (see graph 1 below).

Graph 1: Percentage of alcohol related violent incidents reported at A&E by gender and perpetrator



Source: LINX dataset SATH 2011-2013

As well as violent crime, another criminal offence directly linked to alcohol is drink driving. Shropshire has a higher proportion of road traffic accidents, where at least one driver failed a breath test following an accident, where someone was either killed or injured, compared to both the West Midlands and England average.

Table 1: Alcohol Related Road Traffic Accidents per 1000

Period	Count	Shropshire	West Midlands	England
2010 - 2012	91	44.2	37.5	27.7
2011-2013	88	45.3	36.1	27.6
2012-2014	78	41.8	33.1	26.4

Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire 2013/14 and 2014/15, Public Health England. 2015

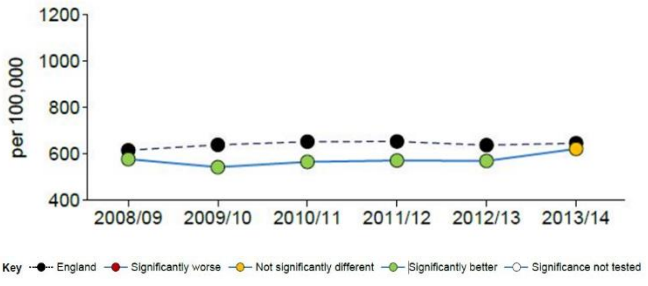
Alcohol Health Harms

The impact of alcohol consumption on health is well documented. At the national level there has been a significant increase in the number of people requiring medical assistance for alcohol related harm over the last ten years. Presentations nationally for alcohol poisoning at A&E has doubled and planned admission rates have increased threefold. Around 1 in 3 people was admitted to a ward when alcohol was a factor of presentation, compared to 1 in 5 of all other attendances. The pressures on the health service are not just experienced by the acute sector, 3 out of 4 attendances at A&E for alcohol poisoning arrived by ambulance in 2013/2014.

There are also significant differences in A&E presentations for alcohol poisoning between age groups. There have been substantial increases in the number of younger people aged 15 to 24 years attending A&E over the last few years, particularly in those aged twenty years plus. However, the highest attendance rates of all groups nationally is within older men aged between 45 – 65 years.

The rate of hospital related admissions in Shropshire has been better than the England average since 2008. However, the latest data available (Chart 1 below) shows between 2012/2013 to 2013/2014 the rate of hospital admissions increased at a rate that put Shropshire on the same level as the England average.

Chart 1: Rate of hospital related alcohol admissions per 100,000.



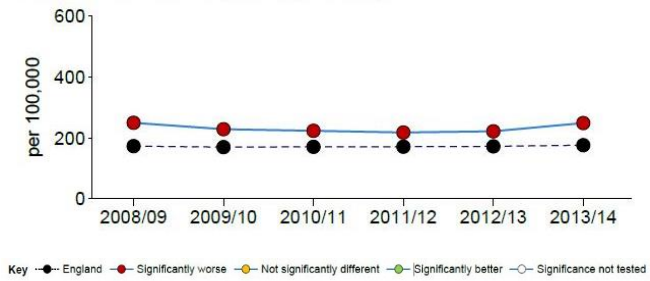
Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire 2013/14 and 2014/15, Public Health England. 2015

Alcohol directly contributes to seven types of cancer; mouth, throat, larynx, oesophagus, breast, liver and bowel. The rate of hospital admissions for alcohol related cancers in

Shropshire has been higher than the England average for a number of years.

Between 2012/2013 to 2013/2014 England rates of alcohol related cancer admissions appear to have stabilised whereas in Shropshire rates have continued to increase (Chart 2).

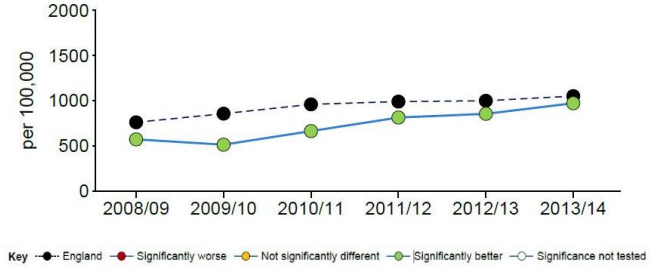
Chart 2: Rate of Hospital Admissions per 100,000 for alcohol related cancers



Source: Local Alcohol Profiles for Shropshire and England 2015

As well as cancer, alcohol is also attributable for other chronic health conditions, including hypertension, cardiovascular and liver disease. It is estimated nationally that 12% of all hypertension is due to regular drinking. Whilst these specific health conditions fall below the England average locally there are signs they are increasing with cardiovascular disease increasing at a faster rate than the England average (Chart 3).

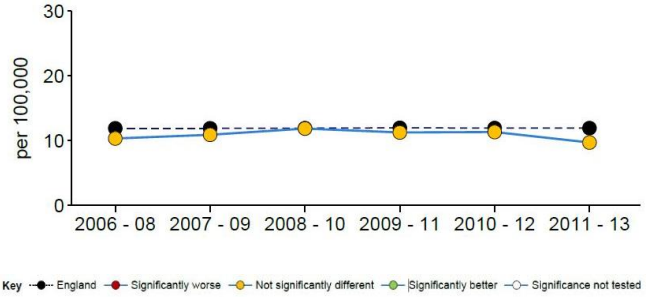
Chart 3 Rate of hospital admissions per 100,000 for cardiovascular disease.



Source: Local Alcohol Profiles for Shropshire and England 2015

Alcohol related deaths in the county remain lower than the England rate, decreasing between 2010 and 2011 despite rises in some health conditions (Chart 4).

Chart 4: Rate of alcohol related deaths per 100,000 of the population.



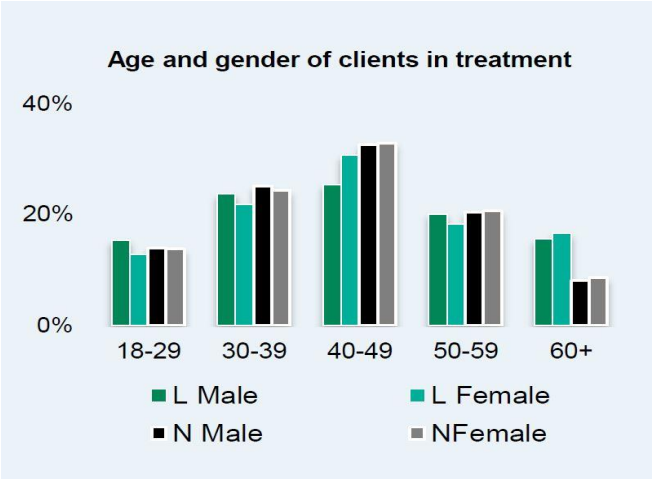
Source: Local Alcohol Profiles for Shropshire and England 2015

Alcohol Treatment

Alcohol treatment is available throughout the county and can be accessed either through a self-referral or third party referral. On contacting treatment people will be assessed to identify needs and discuss the best treatment option based on those needs.

Most referrals in Shropshire come through a self-referral. As Chart 5 illustrates the majority of people in alcohol treatment during 2013/2014 was aged between 40 - 49 years. The chart also helps to make comparisons with the national treatment profile, illustrating the higher proportion of older people aged 60 plus in treatment, than the national average.

Chart 5: Age and gender of people in alcohol treatment 2013/2014



Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire 2013/14 and 2014/15, Public Health England. 2015

Shropshire has a good reputation for supporting people to make sustainable changes in their lifestyles to succeed in their recovery. Table 2 illustrates the effectiveness

of treatment in Shropshire compared to the national average.

Table 2 Percentage of people who successfully completed treatment and did not return within 6 months

Year	Shropshire	National
2012	30%	36%
2013	45%	36%
2014	56%	38%

Source: Joint Strategic Needs Assessment Support Pack for Alcohol and Drugs in Shropshire 2013/14 and 2014/15, Public Health England. 2015

Treatment is also a protective factor for families. As people seek help the risks associated with parental alcohol misuse is reduced. In 2013/2014 just over a quarter of the treatment population reported living with children, either their own or other people's children; a further 29% were parents not living with their children.

Policy Drivers

The Governments Alcohol Strategy 2012

The 2012 National Alcohol Strategy set out the government's ambition to 'radically' tackle alcohol related harm by stemming the availability of cheap alcohol and changing people's attitudes and drinking behaviour. The expected outcomes:

- A change in behaviour so that people think it was not acceptable to drink in ways that it causes harm to them and others.
- A reduction in the amount of alcohol fuelled violent crime.
- A reduction in the number of people drinking above recommended guidelines.
- A reduction in the number of people binge drinking
- A reduction in the number of alcohol related deaths.
- A sustained reduction in number of 11 to15 year olds drinking and the amounts consumed.

The Governments Drug Strategy 2010 Reducing demand, restricting supply, supporting people to live a drug free life.

This strategy was a step change in preventing and tackling drug misuse with clear outcomes around enforcement and recovery. It put more responsibility on individuals to seek help and overcome their dependence. It also placed emphasis on a more holistic approach to tackling drug dependency by addressing other issues such as offending, housing and employment. The strategy's ambition would be realised by achieving the following outcomes:

- Freedom of dependence on drugs and/ or alcohol;
- Prevention of drug related deaths and blood borne viruses;
- A reduction in crime and re-offending
- Sustained employment and the ability to access and sustain suitable accommodation;
- Improvement in mental and physical health and wellbeing;
- Improved relationships with family members, partners and friends;
- The capacity to be an effective parent

Health and Social Care Act 2012

Under the provisions of the Act the public health function was moved to local authorities to maximise opportunities to build on the population approaches to secure better health for all. Other aspects of the Act included the establishment of Health and Well Being Boards, bringing together a range of partners with statutory responsibility to improve population health and well-being and reduce health inequalities.

To support improvement in health and well-being the Act also marked the development of the Public Heath Outcome Framework (PHOF). This framework provides authorities a number of outcomes to be achieved to improve the health and well-being of the community together with ring-fenced budget. Reducing alcohol related harm contribute to

the achievement of a number of the PHOF outcomes to improve health and well-being and reduce premature mortality.

Licensing Act 2003

The Licensing Act 2003 established a single integrated system for licensing premises that serve alcohol and late night food outlets. Through the licensing application process and specifically the associated operating policy, applicants must demonstrate how their business will meet the four licensing objectives that are set out in the Act:

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance
- The protection of children from harm

These objectives form the basis on which the licensing authority determines what is in the public interest when carrying out its functions.

High Impact Changes (2009)

The Department of Health published guidance for local areas in 2009 on activities that would support reducing alcohol related harm. These still hold firm today and whilst many have been introduced they still underpin the direction of this strategy to:

- Work in Partnership
- Develop activities to control the impact of alcohol misuse in the community
- Improve the effectiveness and capacity of specialist treatment
- Appoint an alcohol worker
- Identification and Brief Advice – provide more help to encourage people to drink less
- Amplify national social marketing priorities

Outcomes

The aim of the strategy is to reduce the burden of alcohol related harm across the life course. To do this we need to have a consistent approach to promote sensible drinking and deter behaviour that can do most harm. This strategy will encorporate both environmental approaches to reducing harm and promoting opportunities to address individual risks.

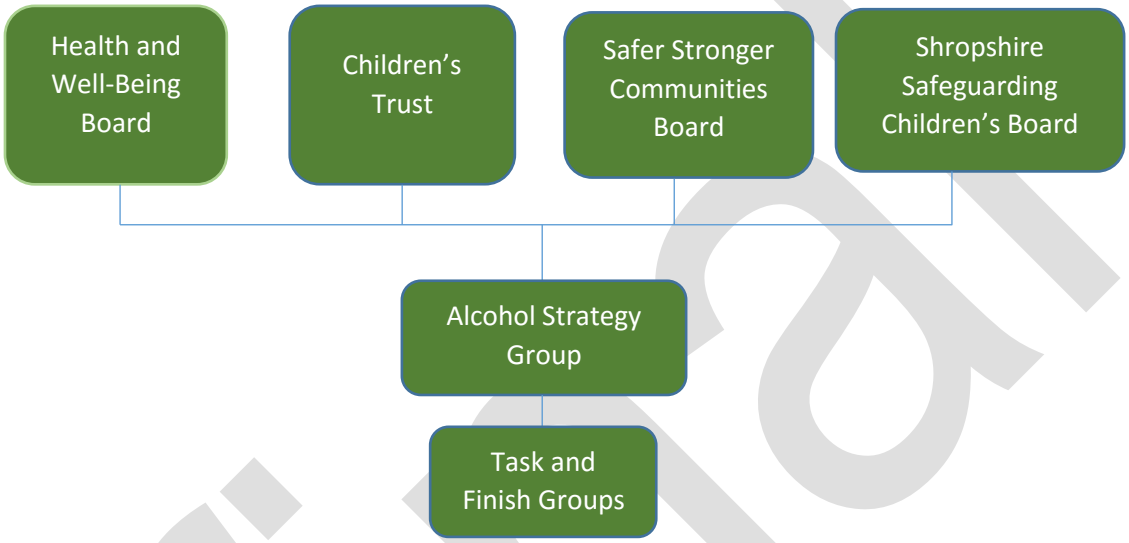
Promote Safer Communities	Improve Health and Well-being	Protect Children and Young People	Create capacity
• Reduce the incidence of alcohol related crime and anti-social behaviour. • Improve the management and planning of the night-time economy. • Improve the managment of alcohol misusing offenders	• Promote sensible drinking • Prevent further increases in levels of chronic and acute ill health caused by alcohol	• Reduce alcohol related harm among children and young people • Support and protect children and young people affected by parental substance misuse.	• Strengthen data collection, and utilisation across stakeholders to support the development of future plans • Increase capacity through workforce planning and development

Implementation of the Strategy

As with previous strategies, these ambitions will require a multifaceted approach and whilst this strategy sets out a framework for action, delivery can only be strengthened through close links with other partnerships. Working together will strengthen resource efficiencies and reduce duplication within the system through key strategic links.

The Health and Well Being Board will provide the strategic overview and ensure this strategy is embedded across the partnerships. The Safer Stronger Communities Board, the Children's Trust and Shropshire Safeguarding Board will be responsible for ensuring the aims and objectives within this strategy are delivered through their strategic plans. The governance structure is illustrated below.

Alcohol Strategy Governance Structure:



- The coordination of the strategy implementation will be carried out by the Alcohol Strategy Group.
- The strategy will be reviewed yearly to monitor the progress and agree priorities for the following year.
- Commissioning decisions to support treatment improvements and preventative services will be decided through the Substance Misuse Commissioning Group.
- Task and Finish groups will be established to undertake specific time limited pieces of work to support the delivery of the strategy as agreed by the partnerships.

Strategic Links

The primary aim of this strategy is to reduce alcohol related harm, as a cross-cutting theme the objectives will need to be carried through a range of local strategies and initiatives.

Early Help	**Community Safety Strategy**	**Health and Well Being Strategy**
Children's Trust Plan	**Mental Health Strategy**	**Prevention Strategy**
Reducing Re-offending Strategy		**Domestic Violence Strategy**

Outcome: Promote Safer Communities

- **Improve the management, planning and diversity of the night-time economy.**
- **Reduce the incidence of alcohol related crime and anti-social behaviour.**
- **Improve the management of alcohol misusing offenders**

Alcohol related crime can be divided into two categories, either defined offences such as drink driving or drunk and disorderly offences, or where alcohol was a contributing factor in the offence such as alcohol related violent crime and disorder. Shropshire's overall crime rate is low when compared to other areas with similar demographics, socio-economic status and geographic characteristics. Recorded alcohol related crime, including violent crime, has consistently fallen in Shropshire, and is below the national average. However, Shropshire has a significantly higher proportion of drink driving offences that resulted in injury than other areas in the West Midlands.

The relationship between alcohol, crime and disorder is complex and is linked to both environmental and individual risk factors. A number of studies have shown an association between alcohol related crime and density of licensed premises. As the night-time economy plays an important part of town centre life by creating jobs and bolstering local economies, it is important local areas have an agreed approach to their development. Statutory partners have an important role in helping to shape a diverse night-time economy through licensing and planning.

As well as the environment, individual characteristics, age and gender can increase the risk of being a victim or perpetrator of alcohol related violence. Men are more likely to be victims or perpetrators of violent crime involving strangers; whereas women are more likely to know their attacker.

Once in the criminal justice system perpetrators of alcohol related crime need to be supported to access appropriate support to reduce the risk of alcohol related re-offending.

What we will do to reduce the incidence of alcohol related crime and disorder.

- Work with the licensing and planning committees to utilise the powers under relevant legislation to create a safe and vibrant night–time economy that offers diversity in entertainment.
- Develop guidance to promote greater understanding of planning and licencing priorities that support a safe and vibrant diverse night-time economy.
- Develop and implement an Integrated Community Management approach across appropriate areas of the county to respond to low-level alcohol related crime and anti-social behaviour.
- Work with partners to maintain and, where appropriate, extend the Purple Flag scheme.
- Develop a systematic approach to tackle alcohol related crime, including drink driving.
- Where alcohol is a contributing factor ensure appropriate disposal of the offence and referral into treatment compliments other criminal justice interventions.
- Improve support to victims of alcohol violent crime, including cases of domestic abuse.

Outcome: Improve Health and Well-Being

- **Promote Sensible Drinking**
- **Prevent further increase in levels of chronic and acute ill health caused by alcohol**

Alcohol, after smoking and obesity, is one of the three biggest lifestyle risk factors and accounts for 10% of the UK burden of disease and death.

Recent guidelines from the Chief Medical Officer has recommended both men and women should not drink more than 14 units a week over a minimum period of three days, with alcohol free days in between. Many people are unaware their drinking may be doing them harm and find it difficult to understand units in relation to the volume of alcohol they drink

What we will do to promote sensible drinking

To help people to understand more about safe drinking levels we will use national campaigns to promote sensible drinking, utilising work places across public and private sector, health and community services

We will build on our work with businesses to create an on and off licensed trade that supports a sensible approach to the sale of alcohol and deters excessive consumption.

What we will do to prevent further increase in levels of chronic and acute ill health caused by alcohol.

Identification and brief advice (IBA) is proven to be an effective intervention in reducing consumption. Health checks for people aged 40 to 74 year olds and new GP registrations provide an opportunity to assess people's current level of drinking and take appropriate action. We want to extend this within other areas of health and social care to ensure we are able to identify health risks early.

We will achieve this by:

- Encouraging all statutory partners to have a systematic response for managing alcohol issues as part of their service delivery.
- Identifying champions within partner organisations to lead delivery of the strategy and be responsible for its implementation.
- Embed the principles of every contact counts through screening and brief interventions within a range of settings using validated screening tools.
- For people with complex needs and the homeless we will deliver appropriate responses including responding to 'treatment resistant' and dual diagnosis to support individual's needs.
- Target interventions to those populations who are most at risk of harm, e.g. middle aged men and homeless population.

Outcome: Protect Children and Young People from alcohol related harm

- **Reduce alcohol related harm among children and young people.**
- **Support and protect children and young people affected by parental substance misuse.**

Over the last decade young people are less likely to take drugs and alcohol than their counterparts did in 2001. Whilst this is encouraging England still ranks amongst the countries with higher levels of young people's alcohol consumption. For those young people who do drink, they are more likely to binge drink than our European neighbours. Problematic drug and alcohol use in young people rarely happens in isolation, and is usually a symptom of other issues in the young person's life. It can often present with other risk factors such as truancy, offending and poor mental health.

It is important young people are supported to build resilience to prevent further harm.

What we will do to reduce alcohol related harm amongst young people.

- Build resilience through partnership work by providing support and advising schools to deliver alcohol education as part of good quality PSHE, which includes the Shropshire developed relationship and sex education and mental health curriculum, supporting schools to manage alcohol related incidents and develop policies in line with best practice.
- Ensure an appropriate and proportionate enforcement response is applied to businesses that break the law in respect of under-age and proxy sales, including adopting the principles promoted by the Community Alcohol Partnership approach.
- Develop a clear care pathway for managing alcohol related harm following hospital presentation by young people aged up to 18 years old.
- Introduce brief interventions and extended interventions into a range of young people's settings to manage harmful drinking behaviour.

Unfortunately, children and young people exposed to problematic drinking by parents suffer a range of poor outcomes. These can range from low self-esteem and poor educational attainment to behaviour and psychological problems. There is also a greater risk of exposure to domestic abuse, sexual exploitation, self-harm and developing drug and alcohol related problems in later life.

What we support and protect children and young people affected by parental substance misuse by:

- Ensuring parenting capacity is appropriately assessed and acted upon.
- Strengthening commissioning arrangements between adult mental health, domestic abuse and children and family services.

Outcome: Create Capacity

- **Strengthen data collection, sharing and utilisation across stakeholders to improve support to those in need**
- **Increase capacity through workforce planning and development**

Shropshire has an established history for partnership working across the public sector. This strategy has been developed recognising this strength of this whilst acknowledging more needs to be done to ensure there is the capacity and knowledge to direct resources appropriately.

The changes that have occurred across the public sector since 2013 mean new information sharing arrangement need to be forged with agencies and organisations that have changed their status.

It is recognised across the partnership that in order to use scarce resources effectively decisions need to be informed by robust data and intelligence.

What we will do to strengthen data collection, sharing and utilisation across stakeholders to support the development of future plans

- ❖ Work together to identify an agreed process for the collection and sharing of data, including agreeing local common definitions to support analysis.
- ❖ Implement PHE minimum data set for hospitals as part of overall response to improving hospital pathway.
- ❖ Undertake a regular cycle of alcohol needs assessments to understand local profiles to support service planning and development.

The level of increasing and higher risk drinking within the county far outstrips anything a local specialist service could support. There is substantial evidence that supports the implementation of Identification and Brief Advice (IBA) as a tool to effectively reduce alcohol related health harms. To roll IBA out effectively there needs to be a skilled workforce who can use opportunistic moments to make every contact counts.

What we will do Increase capacity through workforce planning and development.

- ❖ Develop a workforce strategy to support implementation of IBA across the partnership.
- ❖ Identify workforce champions to support roll out of IBA.

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Alcohol Strategy Implementation Plan

Area	Outcomes	Activity	Action	Lead	Key Milestone	Deliverable Date	Progress
Promote Safer Communities	Reduce the incidence of alcohol related crime and anti-social behaviour	1a.Develop and implement an Integrated Community Management approach across appropriate areas of the county to respond to low-level alcohol related crime and anti-social behaviour.	Perform proactive patrols of NTE locations completing visits to licensed premises.	S J Chalanor	Perform proactive patrols of NTE locations completing visits to licensed premises.		Following a review ICM to be absorbed into the CET by March 2017
	Improve the management and planning of the Night-time Economy	2a. Work with licensing and planning committees to utilise the powers under the relevant legislation to create a safe and vibrant night-time economy	Deliver a workshop to all key stakeholders on licensing legislation. From workshop agree next steps	F Darling	Workshop Agreed next steps	11 October 2017	Completed Workshop well attended, although some key representatives not there (health and children's services). The input of the workshop will provide the start of the new Statement of Licensing policy
		2b. Develop guidance to promote greater understanding of planning and licensing priorities that support a safe, vibrant and diverse night-time-	Work with planning and licencing to develop guidance that supports licensing aims	F Darling	Evening and Night-time planning guidance published	August 2017	In progress

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		economy					
		2c. Work with partners to maintain and where appropriate extend the Purple Flag scheme	Shrewsbury BID secured purple flag. Identify other areas interested in developing purple flag scheme	BID G Hogarth	Purple Flag in Place (Shrewsbury) TBC	Nov 2017	Requires some partnership work with Team Shrewsbury and the BID to complete for 2018
	Improve the management of alcohol misusing offenders	3a. Develop a systematic approach to tackle alcohol related crime including drink driving	Liaise with NPS to increase referrals to the drink impaired drivers programme Ensure the CRC has suitably trained tutors to meet the demand for the Drink Impaired Drivers Programme Quarterly review referrals, starts and completions on the Drink Impaired Drivers programme.	G Branch			Alcohol Strategy Group agreed this should form part of the reducing re-offending plan. Reports to be provided at quarterly meetings
		3b.Improve support to victims of alcohol violent crime, including cases of domestic violence	CRC to monitor and report the type of sentence/intervention given to offenders where alcohol is a contributing factor CRC to ensure the delivery of the BBR programme where domestic abuse is a significant factor and where alcohol has played a part. CRC to ensure referrals are made to the partner link worker.	G Branch		Nov 2017	Voluntary Perpetrator Programme in development (partnership approach between children services and community safety)

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			CRC to report on the number of BBR programmes delivered including referrals, starts and completions. CRC to report on number of referrals and take up for the Partner Link Worker.				
		3c. Where alcohol is a contributing factor ensure appropriate disposal of the offence and referral into treatment compliments other criminal justice interventions.	Continue to support and deliver the SAND project	SJ Chalanor			Pubwatch in Shrewsbury re-established. Confident response will reduce and deter anti-social and criminal behaviour in NTE. SAND Scheme now disbanded due to low take-up.
Improve Health and Well-Being	Promote sensible drinking	4a. Identifying champions within partner organisations to lead delivery of the strategy and be responsible for its implementation.	Shropshire Community Safety Partnership Board and Alcohol Strategy Group to identify key leads	All	Fully functioning Group and Governance Structure	Feb 2017	Request made to both SCSPB and HWBB for leads. Still awaiting nominated leads
		4b. To help people to understand more about safe drinking levels we will use national campaigns to	Develop and plan campaign strategy using One You and MECC.	G Hogarth	Campaigns delivered at specific points of year e.g. Alcohol awareness week.	Oct 2017	Action: GH to ensure this forms part of Safer Stronger Communities Board

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		promote sensible drinking, utilising work places across public and private sector, health and community services			Local H&WB days	Ongoing	communication plan. Update healthy Shropshire as required
		4c. We will build on our work with businesses to create an on and off licensed trade that supports a sensible approach to the sale of alcohol and deters excessive consumption.	Refresh Shropshire Licensing Statement	F Darling		October 2018	
		4d.Embed the principles of every contact counts through screening and brief interventions within a range of settings using validated screening tools	Develop and agree Alcohol Pathway for Making Every Contact Count (MECC) with key stakeholders (see 5a and 5b). *Work with secondary and acute health services to support delivery of the national CQUIN for alcohol screening* See 9b See 9c	J Randall	*Information Audit Community Health Trust* *Brief advice training for staff* *Baseline produced*	*Community June 2017* *Acute* *July 2018*	Completed for Community Hospitals Meeting with SATH organised Feb 2018
	Prevent further	5a.Encourage all statutory partners to	Links to 4d – All key partners to have plans in place to	Jayne Randall		June 2018	

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	increases in levels of chronic and acute ill health caused by alcohol	have a systematic response for managing alcohol issues as part of their service delivery.	respond to alcohol issues through pathways for • Treatment • IBA • Blue Light principles for treatment resistant				
		5b. Target interventions to those populations who are most at risk of harm, e.g. middle aged men and homeless population.	Review alcohol pathway see 4d and links to activity in 5a Agree pathways for older people	J Randall	Hospital pathway- review in respect of treatment resistant drinkers Review current provision/pathway	June 2017 March 2018	Pathways in place between community Hospitals and SRP. Work with treatment resistant not started. (see below)
		5c.For people with complex needs and the homeless we will deliver appropriate responses including responding to 'treatment resistant' and dual diagnosis to support individual's needs.	See 5b Develop a protocol to manage treatment resistant drinkers as part of Adult Safeguarding response.	J Randall	Joint review of treatment resistance guidance Protocol agreed Approved protocol by Adult Safeguarding Board	Sept 2017 Dec 2017 TBC	Initial meeting with ASC safeguarding further work needed. Not started due to capacity issues.

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			Implement NG58 guidance to support mental health and substance misuse	J Randall/Richard Kubilis	Undertake Review using NICE framework	TBA 2018-2019	Number of MH work streams underway which DAAT party to
Protect Children and Young people	Reduce alcohol related harm among children and young people	6a. Build resilience through supporting schools to deliver alcohol education as part of good quality PSHE	EMH curriculum training for primary and secondary schools.	G Hogarth/Alice Cruttwell		March 2017	Completed
			Explore primary school resources for drug and alcohol prevention – The Good Behaviour Game.	Alice Cruttwell	Identify funding Identify priority schools in partnership with Strengthening families	July 2017 September 2017	Sourcing funding- bid with OPCC and other partners. Funding not achieved, project disbanded
			Engage with partners on effective use of outside speakers in schools alcohol education.	G Hogarth/Alice Cruttwell		September 2017	Partner capacity due to long-term sick. Initial conversations on taking forward positive. Work will

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							resume once full staff capacity
			Delivery of STAR Drug and Alcohol Programme to Shropshire schools	Young Addaction	Agree programme roll-out	September 2017	Agreed process for implementing STAR programme with schools. Will target yp vulnerable to substance misuse. Referral pathway in place.
					Evaluation of project	September 2018	
		6b Support schools to manage drug and alcohol related incidents by developing policies in line with best practice	Provide schools with 'model' drug and alcohol policy	G Hogarth/ A Cruttwell	Draft policy presentation to Heads Forum Autumn 2017	September 2017	Date for presentation rescheduled
		6d. Develop a clear pathway for managing alcohol related harm following hospital presentation by young people	Review current activity against NICE guidance	J Randall/T Tanner/ S Jones	Review and agree Process for managing A&E alcohol presentations by U18s Agree referral process with Hospital and Young Addaction	May 2017 June 2017	Pathway agreed between SATH and Young Addaction. Report to Quality Assurance and Policy group June 2017 and signed off.
		6e.Introduce brief interventions and extended brief interventions into a	See 9B and 9C Target NEETS, LAC and Targeted Youth Support		Report to SSCB	June 2017	Ambitious target. Initial interest from LAC team and JCP

Key to RAG Rating – Green = completed = on track and progressing = Not on track- activity will not meet deadline Purple = Project disbanded

		range of young people's settings					
	Support and protect children and young people affected by parental substance misuse	7a. Ensuring parenting capacity is appropriately assessed and acted upon.	Undertake an Audit of the use of Hidden harm tool.	Jayne Randall	Agreed plan for refresh of tool	March 2017	Completed
			Develop practitioners guide of the tool to support usage	Jayne Randall	Guide produced and agreed	May 2017	Draft guidance produced not using change in delivery
			Roll out refresh training on the tool	Jayne Randall/Vicky Dudley	Agreed training dates with Children services for SW	May 2017 – Sept 2017	In progress – training extends to end of year to cover C&F services
		7b. Strengthening commissioning arrangements between adult mental health, domestic abuse and children and family services.	Undertake a review of treatment service activity in respect of DA using NICE PH50	Simon Haydon/ Jayne Randall	Gap Analysis Improvement plan	January 2017 Feb 2017	Completed Completed
			Further Assurance report was completed and presented to the SSSB panel on the 26th April 2017.		report	April 2017	Completed
			Recommendations to partners / board to have one universal assessment tool that is used when assessing risk of Domestic Abuse / Domestic Violence	Domestic Abuse Forum	TBC		Incorporate findings Domestic Abuse Strategy - Completed

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			Upskilling and Training of Treatment provider staff to levels required for their roles	SRP – Progressed assessed via Service Improvement Meetings	Training Plan demonstrating staff to minimum Level 2	Sept 17	Training delivered at Level 1 – Training organised for Level 2 throughout winter.

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Cr e	Strengthen data collection and utilisation across stakeholders to support the development of future plans. Local Alcohol Action Area[2] (LAAA[2]) Programme	8a. Work together to identify an agreed process for the collection and sharing of data, including agreeing local common definitions to support analysis.	• Establish Local Alcohol Action Area[2] (LAAA[2]) Steering Group	J Randall	Project Governance established	April 2017	Completed
			• Review alcohol activity against PHE CLEaR tool	G Hogarth	Distribute CLeaR Self-Asssessment Tool to key stakeholders for completion	May 2017	Completed
					Hold CleaR workshop to disseminate findings.	June 2017	Completed
			• Review alcohol data collected.	G Hogarth	Completion of outcome indicator spreadsheet by LAAA[2] Data Analyst Group	May 2017	Completed
			• Review current data sharing agreements.	G Hogarth		June 2017	
			• Develop a risk assessment tool to assist in responding to incoming alcohol on and off licence applications.	G Hogarth		July 2017	In progress
			• Develop and agree operational standards			August 2017	Completed

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			• Undertake any required staff training • Develop LAAA² Evaluation criteria. • Develop and Agree Operational Plan • Evaluate LAAA² programme at 6 months point. • Final evaluation of LAAA² Programme. • Lessons learnt workshop and agreed operational framework			September 2017 August 2017 August 2017 April 2018. January 2019 February 2019	

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		8b.Implement PHE minimum data set for hospitals as part of overall response to improving hospital pathway.	• Review current data collection against PHE recommendations.	J Randall	New data set for ALN agreed.	Nov 2016	Completed as far as could with current data systems. Some information could not be collected without significant changes to case management system
			• Identify and explore how pseudonymised data can be shared to all key stakeholder		Formally agreed process for sharing ALN data across SRP/CCG/DAAT/SATH	March 2017	Current data sharing arrangement between SRP and DAAT only. Issues at national level do not allow flow of information between CCG and acute sector. Opportunity under new national data set to collect data to support work. Need expertise support from partner agencies to complete

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		8c Undertake a regular cycle of alcohol needs assessments to understand local profiles to support service planning and development.	Source data, verify and statistically analyse to support commissioning	J Herbert	Draft needs assessment Alcohol Adult Needs Assessment signed off	June 2018 September 2018	Timetable agreed
	Increase capacity through workforce planning and development	9a.Undertake baseline of current position	•Review alcohol activity against PHE CLEaR tool	G Hogarth	Baseline position established	February 2017	Project slipped. Questionnaires sent out to all partners. Response rate poor. Workshop facilitated by PHE. Actions from workshop carried into the lAAA delivery plan
			• Review materials against alcohol pathway. • Develop IBA training to meet staff needs	J Randall/V Dudley	Materials agreed	March 2017	Materials for hospital inpatient IBA agreed and used to support SCHT CQUIN

Key to RAG rating – Green = completed = on track and progressing = Not on track- activity will not meet deadline Purple = Project disbanded

		9b Develop a workforce strategy to support implementation of IBA across the partnership.	• Undertake staff training needs assessment for IBA	J Randall/V Dudley	Alcohol Workforce strategy agreed	April 2017	Some discussion however needs some dedicated time and identification of workforce leads
		9c. Identify workforce champions to support roll out of IBA.	• Roll out training	J randall/V Dudley	First cohort of staff trained	October 2017	Cannot progress until above completed. However some staff (nurses now trained through CQUIN)

HEALTH AND WELLBEING BOARD
16th November 2017

COMMITMENT TO CARERS: THE CARERS' VOICE

Responsible Officer Val Cross, Health and Wellbeing Officer
Email: val.cross@shropshire.gov.uk Tel: 01743 253994

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1. Summary

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

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

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

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

2. Recommendations

That the Board supports this joint approach between Shropshire and T & W Local Authorities, and commits to taking the Carers Voice project forward.

REPORT

3. The Carer Voice Project

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

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

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

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

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

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

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

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

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

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

4. Next Steps

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

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

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

4.4 Co-production will be facilitated via Family Carer Partnership Boards (FCPB) and other local mechanisms. For example Making it Real (MiR) Advisory Groups.

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

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

4.6.1 Producing quarterly updates for T&W and Shropshire carers newsletters/webpages. Through social media, including Twitter (accessing existing accounts e.g. @Shropshire Together, @Shropshire Choice and our respective Carer Centre etc. with Healthwatch leading and everyone else re-tweeting, using the identifiable 'hashtag' #CarersVoice, which we agreed at the meeting would be a good communication mechanism.

4.6.2 Bringing together a collective voice of carer representatives

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

4.7 As part of the commitment to work collaboratively, we have:

4.7.1 Produced a video sharing young carers experience

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

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

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

5 Conclusion

5.1 'Carer Voice' will enhance ongoing work for Shropshire and Telford & Wrekin carers

6 Risk Assessment and Opportunities Appraisal

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

There are no Human Rights, Environmental Consequences, Community or Equality issues identified. This joint approach to the Carer Voice project aims to help enhance the visibility and needs of carers in the communities they live in.

Risk Assessment has identified no potential threats.

7 Financial Implications

Any financial implications will include the follow up 'Carer Voice' conference next year, which NHS England will be approached to finance or part finance.

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. Lee Chapman
Local Member
Appendices **Appendix A** Key themes identified from Carers Voice Workshop. **Appendix B** Image for poster and leaflet

Appendix A

Key themes identified from Carers Voice Workshop.

Source: Commitment to Carers: The Carers' Voice, Cconference Summary 2017

Appendix B

Image for poster and leaflet

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Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

Health and Wellbeing Board
16 November 2017

SHROPSHIRE ALL-AGE CARERS STRATEGY: UPDATE

Responsible Officer Val Cross, Health and Wellbeing Officer
Email: val.cross@shropshire.gov.uk
Tel: 01743 253994

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1. Summary

This Board agreed the Shropshire All-Age Carers Strategy and Action Plan in June 2017. This report provides an update on progress.

2. Recommendations

Another update is provided at the HWB meeting in April 2018.

REPORT

3. Updates

3.1 The Action Plan has 5 key areas, and the information below illustrates activity to meet these:

Priority 1: Carers are listened to, valued and respected

- **'Let's Talk Local' /Adult Social Care (ASC) sessions in hospitals.** These have started in Oswestry (Robert Jones & Agnes Hunt) and Monthly Carers Cafés are now operating in Oswestry, Whitchurch and Bridgnorth. Talks are in place to roll out to the Royal Shrewsbury Hospital and the Redwoods Centre in Shrewsbury.

- **Meeting with Community Care Co-ordinator (CCC) Lead** Discussions have taken place to work more closely with CCC's in GP Practices. The CCC December meeting will be attended, and links have been made with the CCC Carer Champion.

- **Carers Voice** A joint meeting will take place in November between NHS England and Shropshire and Telford & Wrekin to discuss taking 'Carer Voice' forward. An update about Carer Voice will be going into the next Carers Trust 4 All (CT4A) newsletter.

- **Carers identified on hospital discharge paperwork**. Following discussion with Shropshire CCG, wording has been sent, to add identification of an unpaid carer on discharge paperwork. First Point Of Contact (FPOC) will be the referral number, and this has been agreed with the FPOC Team.

- **Recruitment of Carers Hospital Leads in hospitals** Two Adult Social Care staff are being recruited to bridge the gap between hospital staff and carers in the discharge process. They will also be in house to influence the discharge process. E.g. paperwork. One will be based in the Royal Shrewsbury Hospital and the other in 'Let's Talk Local' supporting hospital and community hubs.

- **12 week Hospital Discharge Carers Support Service (HDCS)** This pilot ran in July for 12 weeks, and provided up to 6 hours support direct to the carer, (including those who self-funded), in the first two weeks following discharge from hospital.

Priority 2 Carers are enabled to have time for themselves

- **Sharing information systems**. A new Adult Social Care information system is being introduced, and the feasibility of linking this with Children's Services to reduce duplication of assessments (whole family assessments) is being investigated.

Priority 3 Carers can access timely, to up to date information and advice

- **Flu vaccination campaign targeted for carers** A targeted flu campaign through Shropshire Council, took place in the first week of November. This linked with the 'Stay Well This Winter' national campaign. A press release was issued on the 31.10.17, and tweets were scheduled throughout the week. A Communications Toolkit was produced and circulated to the Health and Wellbeing Communications and Engagement Group, who were asked to re-tweet and publicise the messages.

- **Safe and Well visits for Young Carers** Representatives from Shropshire Fire & Rescue Service, Carers Trust 4 All (CT4A) and Shropshire Council met to discuss the best way to promote Safe and Well visits for young carers and their families. A referral process and how to publicise the scheme has been agreed and will now be put into place.

- **Report on help and support available for mental health carers in Shropshire**. The Mental Health Partnership Board requested a report on help and support available for mental health carers in Shropshire. This has been completed and will be presented at their meeting on 14th November.
  The report findings have concluded that were that there are examples of good practice in the support for Mental Health Carers across Shropshire; however, there is room for improvement. The Family Carers Partnership Board through its Carers Strategy and Action Plan, is working with services and the Voluntary & Community Sectors to address the support needs of all carers as far as possible

Priority 4: Carers are enabled to plan for the future

- **Carers Rights Day 24.11.17** This is being led by CT4A, and supported by Shropshire Council and the Parent And Carer Council (PACC). The main event is in Shrewsbury, with smaller events being held in Wem and Bishops Castle. An activity at the event will be asking carers about future planning, and linking the findings to priority 4 of the Carers Strategy. As the event is during the day, the activity will be carried out with young carers also through their various groups.

Priority 5: Carers are able to fulfil their educational, training or employment potential

- **Bid for funding from NHS England**. A bid for £1730.00 was submitted to NHS England on the 2/11/17. This would be used to create information targeting schools and college staff, based on the 'Are you looking after someone' bookmarks. This would be done with a focus group of young carers from Shropshire and Telford & Wrekin, and use the services of a graphic designer.

- **Training opportunities for carers** A meeting with Shropshire Council's Joint Training Team is being held in November '17, to see what opportunities are available for carers and how these can be publicised.

4. Conclusions

Implementation of actions identified through the strategy are now taking place. Opportunities of joint working between Shropshire and Telford & Wrekin has been very beneficial and positive.

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

There are no Human Rights, Environmental consequences, Community or Equality issues with this Strategy and Action Plan. Indeed, it aims to help improve the visibility and needs of carers in the communities they live in.

Risk Assessment has identified potential threats as;

1. *Losing engagement of key stakeholders.* This risk will be reduced by; communicating with partners regularly via email, sharing findings and information, holding regular meetings (face to face), holding a stakeholder event and inviting a wide range of partners, requesting partner involvement in designing the interventions, legitimise interventions and ideas through evidence, including national best practice as well as locally collected ethnographic data and include carers and primary care providers as key partners.
2. *Insufficient funding to implement effective Strategy* This risk will be reduced by potential funding from the Better Care Fund and Social Care. Carers Trust 4 all are already contracted to supply and deliver services. Good communication with partners to report on progress of strategy, funding required and potential shortfalls will take place.
3. *Staffing issues impacting on implementation of strategy*. This risk will be reduced by communicating with providers and partners such as; Carers Trust 4 all, Adult Social Care, Children's Social Care and School Nursing etc. to anticipate staffing issues which may have an impact.

6. Financial Implications
Financial constraints across the whole system has been kept in mind when formulating the Action Plan, and the outcomes focus is more on changing ways of working, reviewing policies and pathways and making information available. This will involve staff time.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) None
Cabinet Member (Portfolio Holder) Cllr. Lee Chapman
Local Member
Appendices None

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