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

Date: 27 February 2019

Committee:
Health and Wellbeing Board

Date: **Thursday, 7 March 2019**
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
Director 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

Lynn Cawley – Shropshire Healthwatch
Jackie Jeffrey – VCSA

NON-VOTING (Co-opted)
Cathy Riley - Chief Executive, South Staffordshire & Shropshire Foundation Trust

Simon Wright - Chief Executive, Shrewsbury & Telford Hospital Trust

Ros Preen - Shropshire Community Health Trust

Dr Tony Marriott - Chair GP Federation

Peter Loose – Chairman, Shropshire Partners in Care (Chief Executive Bethphage)

Paul Bennett - Business Board Chair

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

Your Committee Officer is Michelle Dulson Committee Officer
Tel: 01743 257719 Email: michelle.dulson@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

To receive apologies for absence and any substitutions 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 - 10)

To confirm as a correct record the minutes of the meeting held on 17 January 2019.

Contact: Michelle Dulson Tel 01743 257719.

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 KASIS Board (Pages 11 - 44)

Report attached.

Contact: Ivan Powell/Sam Anderson

6 Annual report of SSCB (Pages 45 - 74)

Report attached.

Contact: Ivan Powell/Sam Anderson

7 System Update (Pages 75 - 98)

Regular update reports to the Health and Wellbeing Board are attached:

The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin
Report attached.

Contact: Phil Evans, STP Director, Telford and Wrekin CCG

Future Fit – Next Steps
A presentation will be given.

Contact: Debbie Vogler

Shropshire Care Closer to Home
Report attached.

Contact: Lisa Wickes, Head of Out of Hospital Commissioning and Redesign, Shropshire CCG

Better Care Fund, Performance
Report to follow.

Contact: Penny Bason, Shropshire Council / Shropshire STP

Healthy Lives
A presentation will be given.

Contact: Val Cross, Health and Wellbeing Officer

8 **Social Prescribing Progress Update and Current Opportunities** (Pages 99 - 144)

Report attached.

Contact: Jo Robins, Consultant in Public Health

9 **0-25 Emotional Health and Wellbeing Service update** (Pages 145 - 150)

Report attached.

Contact: Steve Trenchard

10 **HWBB Communications and Engagement Group Year End Report** (Pages 151 - 154)

Report attached.

Contact: Val Cross, Health and Wellbeing Officer

11 **STP Estates - update Whitchurch** (Pages 155 - 158)

Report attached for information.

Contact: Phil Brenner

Shropshire Council

Committee and Date

Health and Wellbeing Board

7 March 2019

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 17 JANUARY 2019 9.30AM – 11.55AM

Responsible Officer: Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Tel: 01743 257719

Present

Councillor Lee Chapman (Co-Chairman)	PFH Health and Adult Social Care
Councillor Nicholas Bardsley	PFH Children's Services and Education
Councillor Lezley Picton	PFH Culture and Leisure
Professor Rod Thomson	Director of Public Health
Andy Begley	Director of Adult Services
Karen Bradshaw	Director of Children Services
Dr Julian Povey (Co-Chairman)	Clinical Chair, Shropshire CCG
Dr Julie Davies	Director of Performance and Delivery, Shropshire CCG
Lynn Cawley	Shropshire Healthwatch
Heather Osborne	VCSA
Cathy Riley	South Staffordshire & Shropshire Foundation Trust
Ros Preen	Shropshire Community Health Trust

Also in attendance:
Val Cross, Penny Bason, Phil Evans, Ann-Marie Speke, Laura Fisher, Gail Fortes-Mayer, Tanya Miles, Clive Wright, Steve Trenchard, Pam Schreier, Barrie Reis-Seymour, Emily Fay, Councillor Gerald Dakin, Councillor Madge Shineton, Councillor Karen Calder.

50 **Apologies for Absence and Substitutions**

The following apologies were reported to the meeting by the Chair

Dr Simon Freemen	Accountable Officer, Shropshire CCG
Jackie Jeffrey	VCSA
Neil Carr	Chief Executive, South Staffordshire and Shropshire Foundation Trust
Paul Bennett	Business Board Chair
Peter Loose	Chairman, Shropshire Partners in Care
Neil Nisbet	Finance Director & Deputy CE SaTH NHS Trust
Lisa Wickes	Head of Out of Hospital Commissioning and Redesign
Jan Ditheridge	Chief Executive, Shropshire Community Health Trust

The following substitutions were also notified:

Heather Osborne substitute for Jackie Jeffrey, VCSA

Barrie Reis-Seymour substitute for Lisa Wickes, Out of Hospital Commissioning and Redesign

Ros Preen substituted for Jan Ditheridge, Shropshire Community Health Trust

Cathy Riley substituted for Neil Carr, Shropshire Community Health Trust

51 **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.

52 **Minutes**

It was noted that Tony Marriott was not in attendance at the meeting and that Dr Julian Povey was the Chairman of Shropshire CCG and not the Vice-Chairman as stated in Minute Number 39.

RESOLVED:

That the Minutes of the meeting held on 1 November 2018, be approved and signed by the Chairman as a correct record, subject to the above.

53 **Public Question Time**

No public questions had been received.

54 **System Update**

i. Shropshire Care Closer to Home

Barrie Reis-Seymour Programme Lead introduced and amplified the Shropshire Care Closer to Home update (copy attached to the signed Minutes). He confirmed that the Phase II Model for case management had been agreed by the Governing Body in August. It had been agreed to go ahead with the pilot demonstrator site despite lack of progress on the Alliance Agreement and expressions of interest had been requested by 25 January 2019.

The Programme Lead confirmed that a Communications and Engagement Working Group had been established and that each provider had a Lead Communications Officer who sat on this Group. He also confirmed that STP Digital support was now being received. The IT Task and Finish Group continued to look at data and IT infrastructure requirements including data sharing, information governance requirements and the development of a shared care plan.

The Programme Lead reported that the Phase III concept models had been designed and shared with the Programme Working Group for feedback by the end of January before engagement with wider stakeholders through a number of workshops. Feedback would be collated in April when the final proposed models would be appraised by the CCG.

The Chairman suggested that it would be helpful for elected Members to know when the workshops would be taking place in their areas and in response to a query, the Programme Lead confirmed that the Council's Communications Lead Officer did attend meetings of the Communications and Engagement Working Group.

The Programme Lead informed the Board that the JSNA software tool shared by Professor Rod Thomson had provided a wealth of information about the population which could be incorporated into the design allowing checks to be made in 5/10/15 years to ensure it was sustainable, fit for purpose and met the needs of the population. It was felt that the current care closer to home design was spot on with current needs. However, it was vital to develop the fifth stage of step up community beds, which required further work to identify changes required to ensure the service remained fit for purpose and was sustainable.

ii. The Sustainability and Transformation Plan for Shropshire, Telford & Wrekin

Phil Evans, STP Director introduced and amplified the STP Programme update (copy attached to the signed Minutes) which highlighted the NHS 10 Year Plan. The STP Director gave a short presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- The NHS Long Term plan - what the future looks like;
- Timeline – what outputs were expected and by when;
- System approach;
- Quantitative diagnostic;
- Population Health Management Flatpack;
- Next steps for Shropshire, Telford and Wrekin STP;
- Performance and Transformation reporting requirements;
- Governance Structure.

In response to a query, the SPT Director reported that the STP was a complete refresh as the previous plan had no buy in. The engagement would be very broad with each organisation involved in writing their own part. Although the Long-Term Plan was a nice aspiration and backed up other work being done in Shropshire, it was felt that a degree of realism was required about what could be achieved within the constraints of the timescale. Members of the Board were concerned that the timescale did not give enough time to undertake a meaningful re-write whilst ensuring that a broader system approach was taken into account and that all of the work across Shropshire and Telford were aligned.

Concern was raised at the lack of engagement with this Board as it was felt that a plan could not be developed unless all key groups had the opportunity to feed into and agree it. The STP Director confirmed that the intention was for all key groups to sign off on the plan.

iii. Future Fit

The STP Director introduced and amplified the Future Fit update and gave a short presentation (copy of slides attached to the signed Minutes) which covered the following areas:

- Summary of consultation results;
- Reflections on consultation response rate;
- Summary of responses and key themes;

- Developing the Decision-Making Business Case;
- To date and next steps;
- Considerations, recommendations and mitigations;
- Meeting of the Joint Committee to consider the Decision-Making Business Case;
- Development of the Integrated Care Shadow Board

The STP Director confirmed that all documents and appendices would be available to the public via the website that day. In response to a query, the STP Director confirmed that public transport and planned care had been included in the consultation.

iv. Better Care Fund, Performance

Penny Bason, STP Programme Manager, introduced the Better Care Fund Performance update report (copy attached to the signed Minutes) which provided an update on the progress of the Better Care Fund (BCF) including current BCF performance (Appendix A) and Draft Q3 BCF return (Appendix B).

Gail Fortes Mayer reported that the BCF had moved forward a lot this year and that the majority of the national metrics had been met however the non-elective admissions target had not been met in Quarter 2 and was in danger of not being met in Quarter 3. The Quarter 3 return also highlighted performance against the 8 High Impact Changes, implementation of the Red Bag Scheme and the Annual Review of the BCF programme.

In relation to the non-elective target, it was reported that a number of things had contributed to the rise and that a dedicated piece of work was being done to understand this. Regular updates would be provided to the Board.

Finally, the STP Programme Manager informed the Board that the Integrated Community Services team had been named team of the year, Adult Services at a recent national event.

v. Healthy Lives

Val Cross, the Healthy Lives Coordinator introduced and amplified her report (copy attached to the signed Minutes) which provided the Board with an update on the Healthy Lives programme. She highlighted the activity taking place in four of the programme areas (Healthy Conversations/Make Every Contact Count (MECC) Plus, Musculoskeletal and Physical Activity, Diabetes and Cardio-Vascular Disease and Social Prescribing).

The Healthy Lives Coordinator drew attention to the three levels of Healthy Conversations/MECC Plus training which had been developed. She reported that 91 learners had received Level 1 and 2 training and that further training was booked for the following week.

Turning to Physical Activity, 308 referrals had been made to ‘Elevate’ so far of which 156 were self-referrals. The sessions were aimed at those aged 65+ and at risk of falling. It was reported that the Get Active Feel Good programme which provided support to people living with and in recovery from cancer in order to improve their health and wellbeing through physical activity was now open to GP referral.

The Healthy Lives Coordinator informed the Board that 8 pharmacies and 3 GP practices had been taking part in the AF pilot with 92 people having been screened so far in Shropshire pharmacies. She then touched on CVD and diabetes audits, which had been

completed in 4 GP practices. 340 social prescribing referrals had also been made with 12 GP practices now involved.

The Healthy Lives Coordinator reported that the Risk Register, Action Plan and metrics had been updated and reviewed. Finally, the opportunities for progression of the Healthy Lives programme were discussed. In conclusion, the Health Lives Coordinator reported that the programme was going well and was moving at pace. She informed the Board that the team had made it to the finals of the team of teams award.

RESOLVED: That the updates be noted.

55 Shropshire Food Poverty Action Plan

Emily Fay, the Food Poverty Alliance Co-ordinator, and Katie Anderson, Project Manager for Shrewsbury Food Hub introduced and amplified their report (copy attached to the signed Minutes) which set out the Shropshire Food Poverty Action Plan. It was explained that food poverty was a growing problem in Shropshire with an estimated 27,000 households being affected by changes in the benefits system. Research has shown that Shropshire Residents would lose approximately £102m per year which was an average of £550 per working age adult.

The Shropshire Food Poverty Alliance was formed in 2018 to tackle this issue and membership included Shropshire Council, the NHS, Foodbanks, Age UK, and Citizen's Advice Shropshire. The Alliance have developed a 12-point Action Plan in order to enhance support for people in crisis, to prevent food poverty and to increase awareness. The Alliance was seeking resources to continue co-ordination of this vital piece of work.

Attention was drawn to the research carried out in 2018 across the county to map current provision, identify gaps and potential solutions. The research involved a lot of participatory work, including workshops, online surveys, and interviews to find personal experiences. The key findings highlighted that food banks were consistently seeing more people come through their doors which had real implications for health across the County. The cost of food had risen by 28% whilst average wages rose by only 5%. It was highlighted that some schools really struggled with this issue with pupils attending school not having had breakfast, nor having sufficient food for lunch, parents not being able to afford to buy fruit and vegetables etc.

The Alliance was seeking support for the Action Plan and for the Board to consider the resources that may be available to support it. The Clinical Chair, Shropshire CCG informed the Board that the impact on Health and Wellbeing could not be played down and he confirmed that the CCG would be happy to work with the Food Poverty Alliance. The Director of Performance and Delivery would put them in touch with the relevant programme leads.

A brief discussion ensued in relation to volunteers and how they could be used flexibly eg the working population could be requested to provide evening and weekend cover. Assistance was offered by a number of officers/organisations who agreed to make contact outside of the meeting.

In response to a query about how engaged the supermarkets were, it was confirmed that food was collected from about 15 supermarkets in Shrewsbury and were distributed between about 50 community groups. However, it was restrictive in getting the community organised to

deliver food and that although surplus food was useful it was also random and only a small part of the solution.

In conclusion, the Chairman felt that the Alliance approach was to be applauded and particularly welcomed the initiative to improve cooking and nutrition skills especially in schools. The Chairman requested an update on how things were progressing in a few months' time.

56 Shropshire All-Age Carers Strategy Update

Val Cross, the Healthy Lives Coordinator introduced and amplified her report (copy attached to the signed Minutes) which provided the Board with an update on current progress of the Shropshire All-Age Carers Strategy and Action Plan. She confirmed that work continued on the five key priority areas as set out in paragraph 3 of the report.

The Healthy Lives Coordinator drew attention to the Young Carers Day taking place on 31 January 2019.

In conclusion, the Healthy Lives Coordinator reported that although there was a lot of really good work happening, there was also a lot more work to do.

RESOLVED:

That the contents of the update be noted.

57 STP All-Age Mental Health Strategy update

Steve Trenchard the Programme Director for Mental Health gave a presentation and updated the Board in relation to the STP All-Age Mental Health Strategy. He informed the Board that in order to ensure the best value from the service, he was asking colleagues and patient groups etc to set out what their ambitions were for access to mental health support. He therefore wished to ask the Board what its ambitions were and in getting to this ideal future he wished to find out the things that Members would most like to do to help them and their colleagues to achieve this goal.

Responses included the following:

- Good communications and an understanding of what needs were and the services already being delivered;
- To ensure professionals were well trained and informed;
- A shared ambition to understand roles and responsibilities, where gaps were and how to bridge those gaps;
- To work in an integrated way;
- The reduction of stigma;
- To ensure adequate resources applied to the greatest effect;
- To ensure a preventative approach was taken across all ages of life;
- To help people to understand the reality of mental wellbeing;

- To use techniques to prevent/mitigate dementia;
- For individuals with some form of mental health to be supported in the community;
- Timely access to the level of service required when required and that crisis intervention be available when needed;
- The right service at the right time and in the right place;
- A children's graduated model with a wide range of different interventions, not one suits all;
- Support to combat loneliness;
- Resources and support for the voluntary sector to tap into to ensure services were safe and could be supported for longer;
- A more holistic approach to prevention.

The Board welcomed the approach in terms of engagement and encouraged all organisations to engage in this. The Director of Adult Services championed this important area of work and he set an ambition for joint commissioning opportunities and an opportunity to do something in the short to medium term.

58 **Healthwatch Shropshire update**

Lynn Cawley, Chief Officer of Shropshire Healthwatch introduced and amplified her report (copy attached to the signed Minutes) which provided the Board with an update on the progress made to date on the Healthwatch Shropshire Forward Work Programme for 2018-19.

The Chief Officer drew attention to the key points and in particular the significant changes in officers and volunteer numbers. As well as their on-going activities, Healthwatch Shropshire had been asked to support Healthwatch England with two pieces of work being conducted across the country, one of which being long term plan maternity mental health.

Turning to the Forward Plan, the Chief Officer requested the views of the Health and Wellbeing Board on what the Forward Plan Programme for 2019-20 should look like. In response, the Director of Public Health felt a key area was to link in with the work being done around Care Closer to Home. The Clinical Chair, Shropshire CCG welcomed the work of Healthwatch Shropshire especially around the development of a primary care network.

Councillor Calder, Chairman of the Health Overview and Scrutiny Committee informed the Chief Officer that the future work programme of the Joint Health Overview and Scrutiny Committee included looking at Mental Health and she would be pleased to look at the intelligence gathered to inform where the focus should be.

The Chairman thanked the Chief Officer for her very clear report.

59 **Housing**

i. Winter Provision for Rough Sleepers in Shropshire

Laura Fisher, the Housing Services Manager introduced and amplified the report (copy attached to the signed Minutes) which provided information on Cold Weather Provision for rough sleepers in Shropshire.

It was confirmed that the annual rough sleeper count undertaken on 20 November 2018 identified 21 verified rough sleepers. The Cold Weather Provision, which offered accommodation to all current known rough sleepers and any that present during the winter, had been activated on 14 December 2018 and would be on-going until March 2019. The Housing Services Manager reported that half had taken up the offer.

For those that had refused, the offer would continue to be made along with an offer of Severe Weather Emergency Provision which was offered in conjunction with accommodation in The Ark. Three nights of Severe Weather Emergency Provision had been offered so far this winter. The Housing Service Manager confirmed that the Outreach service continued throughout the winter attending any reports of rough sleepers and she drew attention to Appendix A which set out how to report a rough sleeper.

In response to a query, the Housing Service Manager confirmed that the number of verified rough sleepers had increased from 13 last year to 21 this year.

RESOLVED:

That the contents of the report be noted.

ii Reducing Health Inequalities of Homeless Families

The Housing Services Manager then introduced and amplified a report (copy attached to the signed Minutes) which provided information on the Homeless Families learning resource and toolkit. It was confirmed that across the country the number of homeless families with dependent children was increasing leading to an increase in the use of temporary accommodation including B&Bs.

It was explained that the self-study tool had been produced to enable the health sector to support homeless families and homeless young people to reduce their health inequalities and improve their wellbeing, using public health interventions. The toolkit also included more practical guidance about what other professionals could do to support homeless people.

The Housing Services Manager wished to raise awareness of the toolkit with the Health and Wellbeing Board and felt that it could be used to great effect in Shropshire. The toolkit was endorsed by the Board however concern was raised around the overall ability of Public Health to deliver all aspects of it due to significant pressures on the budget. The Director of Public Health informed the Board that public health were seeing a continued loss of funding with another cut having taken place just before Christmas.

RESOLVED:

That the contents of the guidance be noted and that it be determined whether it could be used in Shropshire to promote and improve better health outcomes for those individuals and families at risk of suffering from homelessness.

60 **Any Other Business**

In relation to the application to open a new pharmacy in Baschurch, discussed at the Health and Wellbeing Board meetings on 5 July 2018 and 1 November 2018, it was reported that the pharmaceutical company had submitted a further application stating unforeseen benefits. Councillor Bardsley informed the Board that the final consultation deadline was the end of January 2019.

The Chairman proposed that the Board write reaffirming its previous view that Baschurch remain a controlled locality which was supported.

In response to a query Councillor Bardsley reported that the unforeseen benefits included an extension of hours and that a number of premises had been identified. It was felt to be totally unrealistic and a very weak case.

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Signed …… (Chairman)

Date:

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Keeping Adults Safe in Shropshire Board

Annual Report

April 2017 – March 2018

Annual Report

April 2017 – March 2018

Contents

Foreword by Ivan Powell, the Independent Chair

Ivan Powell,
Independent Chair

Thank you for taking the time to read this annual report and your interest in safeguarding adults in Shropshire.

The Keeping Adults Safe in Shropshire Board comprises senior leaders from the range of commissioners and provider agencies who are the health sector, the Police, the Fire Service, the Local Authority Adult Social Care, and Public Health and representatives of the voluntary and community sector and residential care providers.

My role is independent of these organisations and my duty as Chair is to ensure that the Board is given adequate assurance that we are all delivering safe services, and that Board Members hold each other to account for this. This is particularly important to ensure that we keep adults safe in Shropshire as we are all working together in very challenging times. This year has seen unprecedented pressure on partners in terms of resources and capacity and I would like to thank all partners and those who have been involved in the work of the Board, for their time and effort, which continues to make a positive difference.

The report shows what the Board aimed to achieve on behalf of the residents of Shropshire during 2017-2018. We continue to reflect on how effective the Board is. We hold a development session each year in a structured manner to hold ourselves to account for progress and efficiency. The partnership continues to develop and strengthen and although there is still much to do, this Annual Report reflects what we have been able to achieve.

At the start of each Board meeting, we hear a personal (anonymised) 'Safeguarding Story' shared by a board member to ensure that Making Safeguarding Personal is a focus at each Board, and that the decisions made by strategic leaders are grounded through reflecting on actual experiences of people and professionals.

We have a strong and effective Citizen Engagement Sub Group who do really good work for the Board seeking people's views on our processes and procedures and how we communicate with them.

I am personally committed to ensure that adults who unfortunately have to use the safeguarding system to address risks they face, find the experience as simple as possible; in effect a good personal experience. We have been helped during the year by adults who live in Shropshire to produce some cards to help people understand how to engage with their safeguarding enquiry. This has been an excellent piece of work.

I would like to see us build on this work during next year to explore how we can get people to tell us what it felt like to them having to engage with the safeguarding system.

We also need to continue to raise the awareness of adult safeguarding with all the citizens of Shropshire, as well as our organisations, particularly if we are to support and promote the ability for people to live as independently as they can and for as long as they choose to do so.

We have produced a more compact version of the annual report this year and I hope therefore that you find it useful. If you would like more detailed information about the work undertaken by the board this year, may I direct you to our website or please contact Keeping Adult's Safe in Shropshire Business Unit at KASiSB@shropshire.gov.uk.

Ivan Powell,
Independent Chair

Introduction

This Annual Report explains what the Keeping Adults Safe in Shropshire Board have done from April 2017 until March 2018. In the report we will look at:

- Multi-agency procedures
- Who has needed help to stay safe in Shropshire and what work has been done to help keep them safe
- What progress the Board has made on its strategic priorities and plan.
- Safeguarding Adult Reviews
- What Board members have done in their organisation and with partners to help keep people safe in Shropshire

The report will be published on the Board's website and presented to:

- The Chief Executive and Leader of Shropshire Council
- West Mercia Police and Crime Commissioner
- The Chief Constable of West Mercia Police
- The Accountable Officer from the Shropshire Clinical Commissioning Group
- Healthwatch Shropshire
- The Chair of the Health and Wellbeing Board in Shropshire

What is the Keeping Adults Safe in Shropshire Board?

The Keeping Adults Safe in Shropshire Board (we will call it the Board) is a group of organisations who work together to help keep adults with care and support needs safe from being abused or neglected. Helping to keep someone safe means working with the person at risk of or experiencing abuse or neglect to help or protect them. This is called safeguarding.

The law says that there are some organisations who must work together to safeguard adults and children in local authority areas. In Shropshire this is:

Shropshire Council

NHS Shropshire Clinical Commissioning Group

West Mercia POLICE
SERVING - PROTECTING - MAKING THE DIFFERENCE

There are also lots of other organisations who work with adults who are also on the Board:

VCSA Shropshire

Shropshire and Wrekin Fire and Rescue Service

healthwatch Shropshire

Department for Work & Pensions

Shropshire Community Health NHS Trust

Shropshire Partners in Care
The Care Workforce Development Partnership

National Probation Service

Taking Part
Changing Times, Changing Lives

NHS Midlands Partnership NHS Foundation Trust
A Keele University Teaching Trust

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Warwickshire & West Mercia Community Rehabilitation Company
PROBATION

The Shrewsbury and Telford Hospital NHS Trust

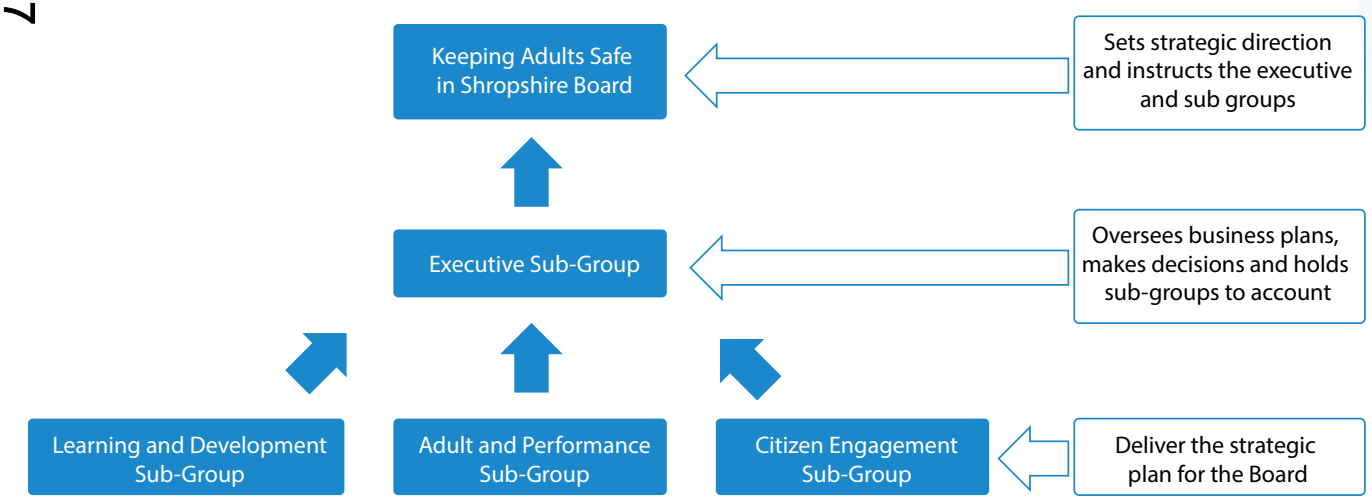
The Board works with the Shropshire Safeguarding Children's Board. Both Boards want Shropshire to be a place where adults with care and support needs and children live a life free from abuse or neglect.

The Board's job is to make sure that adults with care and support needs are safeguarded when they might be or when they are being abused or neglected and cannot protect themselves.

The Board must have a strategic and annual business plan that says what it's priorities are and how it is going to achieve them. The priorities should make sure that adults with care and support needs are helped and protected. It must also write a report every year to explain what work it has done on the strategic plan.

The Board has Sub Groups who have work plans to deliver the Board's priorities and strategic plan. The work of the Board and its Sub Groups is supported by a Business Unit. The Board Business Unit has been introduced in this year to invest in and improve the resilience of the work of the Board.

This is our current Board structure and what each group does:



There are some circumstances when the Board must carry out a review of how everyone worked together with an adult with care and support needs in their area. This is so that everyone can learn from what happened and improve how they work in the future. This process is called a Safeguarding Adult Review. A Safeguarding Adult Review must be carried out:

- If there is a reasonable cause for concern about the Board, members of it or other people who worked together to safeguarding an adult with care and support needs

  and

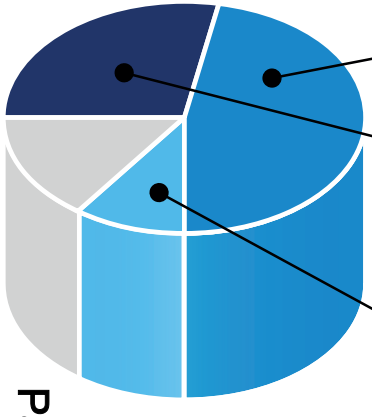
- An adult with care and support needs dies and the Board knows or suspects that their death resulted from abuse or neglect;

  or

- An adult with care and supports needs is still alive and the Board knows or suspects that the adult has experienced and was seriously injured because of serious abuse or neglect.

Adult safeguarding in Shropshire 2017-2018

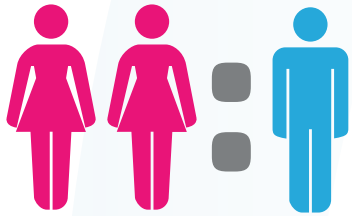
1,719 contacts made to **First Point of Contact** to raise or discuss concerns about an **adult's safety**



813 (47%) of contacts were concerns about **abuse or neglect of an adult with care and support needs.**

231 (28%) concerns resulted in a **safeguarding enquiry:** to decide whether action should be taken to protect an adult with care and support needs because there was belief that they were experiencing or at risk of abuse or neglect and unable to protect themselves.

10 (4%) **additional safeguarding plans** were put in place following a safeguarding enquiry because people remained at risk of abuse or neglect.



There were almost **twice as many** females than males involved with safeguarding concerns and enquiries

54% of individuals involved with safeguarding enquires were over 65 years old.

46% were aged between 18 and 64 years old.

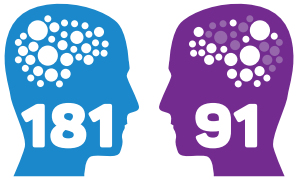
The most common types of abuse in concluded safeguarding enquiries were:

DOMESTIC ABUSE, NEGLECT AND FINANCIAL OR MATERIAL ABUSE

The "source of risk" was personally known to the individual in **64%** of the safeguarding enquiries that were concluded

The "source of risk" was providing a service to the person in **29%** of the safeguarding enquiries that were concluded

The adult's home was the most frequent location of abuse or neglect (or the risk of it).



In safeguarding enquiries that were concluded, **more people had mental capacity (181)** than those who were assessed as **lacking mental capacity (91)**

Of the 91 enquiries concluded where the person was assessed as not having capacity, **80% were provided with informal or formal advocacy support** to help them with their enquiry.

Making Safeguarding Personal

93% of people or their representatives were asked what they wanted the outcome of their safeguarding enquiry to be.

Outcomes were **partially or fully achieved in 86%** of safeguarding enquiries that were concluded. **86%**

At the outcome of a safeguarding enquiry, the number of enquiries where it was assessed that the **risk of abuse or neglect for the person** was:

127 (46%) removed

134 (48%) reduced

17 (6%) remained

Our multi-agency procedures

We have continued to work on several multi-agency procedures, to help everybody keep people safe and work together. The procedures are for people and organisations from the independent, voluntary or public sector who have contact with adults with care and support needs. The Board is committed to making sure its procedures are meaningful and applied across all agencies.

The Board also ensures that it is represented on and contributes to the work of the West Midlands Regional Editorial Group which produces the West Midlands Regional Adult Safeguarding Policies and Procedures.

We have produced an Information Sharing Protocol, which we will review to take account of changes in data protection law. This will be published in 2018-2019.

We also began a review of our Safeguarding Adult Review Policy, which will be implemented in the latter part of 2018-2019

We have identified the need to implement a Position of Trust framework and review our Self Neglect and Working with Risk Policies, which will plan to complete in 2018-2019.

All of the Board's multi-agency procedures appear on our website:
http://www.keepingadultssafeinshropshire.org.uk/multi-agency-procedures.

What we have done this year

We set ourselves 4 priority areas of work between 2015-2018.

These were:

1. **Preventing abuse** from occurring:

   - Develop a culture of caring for others
   - Stop harm from happening to people
   - Minimise the impact of dealing with abuse on our services

2. **Making Safeguarding Personal** and implementing personalisation – giving people as much control as possible over their lives.

3. **Public and workforce awareness** of their responsibility to safeguarding people and report concerns if necessary

4. Establishing effective **working relationships with other strategic partnerships.**The Board should not work on its own. It must work with other partner organisations so that they are clear about their role in safeguarding adults with care and support needs from abuse.

Appendix 1 provides an overview of how our Board members have contributed to our strategic priorities over the year.

The Board has continued to make progress on these priorities through specific actions that we set ourselves last year.

1. We have adults who use care and support services and carer representatives in every group within the Board	Preventing Abuse Making Safeguarding Personal

- Our Citizen Engagement Sub Group makes sure that the voices of adults and their carers are heard through the work of the Board. This year we have reviewed the membership of the group to make sure that we have as many voices represented as possible.

  We have also been improving how the Citizen Engagement Sub Group knows about and comments on the work of the other Sub Groups and the Board. We do this by making sure that this is looked at in every meeting.

  This year, the Citizen Engagement Sub Group has been involved in the development of the website (see Action 3 below) and production of Safeguarding Posters with the Learning and Development Sub Group (see Action 4 below).

- The experiences of adults and their carers form part of every Board meeting. Members take it in turns to tell the Board about a specific adult experience so that their voice can be heard, and agencies can reflect on what was done by agencies to give the person as much control as possible over their lives. An example shared by Shrewsbury and Telford Hospital at Board from this year was:

  - A patient wanted to go home after being admitted to hospital, even though her family members had concerns about her safety at home. Shrewsbury and Telford Hospital staff worked with the patient to help fulfil her wishes and her family to address their concerns. The patient was supported to return home safely, but sadly died some months later. Family members have visited the ward since their Mother's death and have expressed gratitude to the staff for respecting their Mother's wishes.

- The Board has actively supported a project which has been co-produced with people who use Adult Social Care services by Shropshire Council's Safeguarding and Joint Training Teams, Taking Part and Shropshire Partners in Care. This has resulted in the development of a range of questioning cards to support workers carrying out a Section 42 or 'Other' Safeguarding Adults Enquiry. These are called: 'Talking about Adult Safeguarding: My Enquiry and Safety Plan cards'.

  The cards will help to improve the conversation with the person affected by the abuse by:

  - Simplifying the language workers use
  - Making sure the views of the person affected by the abuse has expressed their views first
  - Explaining how the person is going to help protect themselves from abuse

  The cards will be launched at our Joint Shropshire and Telford & Wrekin Safeguarding Boards World Elder Abuse Event and made available to use later next year.

2. Finalise a framework to measure how we are performing and make sure the Board are holding partners to account for their work	Preventing Abuse Making Safeguarding Personal Public and Workforce Awareness

- We agreed what information we want to collect from agencies to help the Board make sure that agencies are working well to keep adults safe in Shropshire. We have agreed to focus on three areas:
  - Prevention: What agencies are doing to prevent abuse and neglect from happening
  - Demand and Timeliness: What adult safeguarding concerns there in Shropshire and how are agencies responding to them.
  - Making Safeguarding Personal: What people who use agencies services are saying about their experience of safeguarding.

  We will be asking agencies for their evidence and looking at what it is telling us next year.

- We conducted an audit focusing on Domestic Abuse with Herefordshire Safeguarding Adults Board. The audit looked at how well agencies worked together to balance respecting the wishes of the adult who was the victim of domestic abuse and the need to take positive action against the person posing the risk.

  The audit found overall that agencies were managing this balance well. Recommendations included:

  - Safeguarding Enquiries should more clearly record a discussion of the risk/s with the person affected the consequences of taking or not acting.
  - Timely discussions between Adult Social Care and Police are required.
  - Consideration should be given to gathering information and advice from Women's Aid. This is because we know many victims do not talk to statutory services when they are experiencing domestic abuse.
  - When working with people experiencing Domestic Abuse, professionals should use the Domestic Abuse Stalking and Honour Based Violence (DASH) document as it is a multi-agency document.

3. Finish setting up our website to promote the work of the Board	Preventing Abuse Making Safeguarding Personal Public and Workforce Awareness

The Keeping Adults Safe in Shropshire Board website is now set up and in place and can be accessed at http://www.keepingadultssafeinshropshire.org.uk.

The Keeping Adult Safe in Shropshire Board (KASiSB) website provides information on:

- Who the Board are and what we do
- What abuse is and how to report a concern.
- Multi-agency procedures
- Learning Resources: This section contains:
  - A range of information, resources and briefings on various types of abuse and areas related to abuse and neglect.
  - Links to recommended online learning, training providers in Shropshire and National Adult Safeguarding research and guidance.
  - Examples of safeguarding case studies which show how agencies in Shropshire have worked with adults to prevent, protect or empower them.
- Safeguarding Adult Reviews conducted in Shropshire
- Useful Links: to our partner websites and other key organisations.
- People's Stories: This contains case studies and practitioner perspectives of safeguarding issues.

We have asked our Citizen Engagement Group to help us with the content of the website to make it as accessible as possible and have a developed a communication and engagement plan to promote the website to the public.

We will be promoting the website to the public from May 2018 and will make sure that the website continues to be promoted at key points throughout the year.

The website is always changing and being updated to reflect changes and developments. We are particularly keen to hear from people who use the website to understand the work of the Board or to better understand adult safeguarding. If you have any ideas about how we can improve the website so it is easier to understand and use, please email us at KASiSB@shropshire.gov.uk.

4. Develop easy to understand publicity material so everyone knows how to seek help if they can't stop abuse themselves.	Prevention Making Safeguarding Personal Public and Workforce Awareness Working with other strategic partnerships

Our Learning and Development Sub Group have worked with people who use services and the Citizen Engagement Sub Group to design a set of 4 posters. The posters contain important information about what safeguarding is and how to get help when needed. Each poster looks at a person and their experience of abuse or neglect and how we should all act and get help sooner rather than later.

The posters messages are designed to highlight of the importance of:

- Principles of adult safeguarding:
  - Empowerment
  - Prevention
  - Proportionality
  - Protection
  - Partnership
  - Accountability
- The different types of abuse and people that are at risk or experiencing abuse or neglect in Shropshire. For example, domestic abuse and how it can also affect older people, financial abuse, neglect and how this can particularly affect adults who have disabilities and physical abuse.

We have had a number of posters printed to be distributed to key places and organisations next year.

We have had several posters printed to be distributed to key places and organisations next year. The 4 posters can be downloaded for display: http://www.keepingadultssafeinshropshire.org.uk/safeguarding-board-promotional-material.

5. Write a prevention strategy for Shropshire	Prevention

Last year we identified several themes for our Prevention Strategy, and have made progress on these themes as follows:

- Helping people protect themselves
  - We have agreed we will collect information on the registration of Safe Places and the number of safe and well checks carried out by the Shropshire Fire and Rescue Service.
  - We have supported the development of 'Talking about Adult Safeguarding: My Enquiry and Safety Plan cards' (see action 1 above)
- Recruitment and managing the workforce
  - We are producing a Reference Request Template which can be used by anyone employing people to deliver services for adults with care and support needs. The aim of this is to promote values-based recruitment and encourage a positive culture regarding the provision of references as part of good recruitment practice.
- Raising public and workforce awareness
  - Actions 3 and 4 above highlight what progress we have made in this area this year.
- Women as victims of abuse
- Neglect
- Financial abuse
  - We have already begun to raise awareness of the last 3 themes by ensuring that our Safeguarding Posters reflect the types of abuse and people that are at risk or experiencing abuse or neglect in Shropshire.

We have therefore made some progress against these themes but are yet to formalise the Board Prevention Strategy, which we will focus on next year.

In addition to these actions, in the last year we have also:

Held a "Prevention of Abuse and Neglect" Safeguarding Adults Board Event with Telford & Wrekin Safeguarding Adults Board

Prevention
Public and Workforce Awareness
Working with other strategic partnerships

In June 2017 a joint Shropshire and Telford & Wrekin Safeguarding Adults Boards held a joint event focused on the 'Prevention of Abuse & Neglect' which was held at Chester University in Shrewsbury. The event was facilitated by the Safeguarding Adults Board Independent Chairs from Shropshire and Telford and Wrekin.

The event was very well attended by workers and volunteers from statutory agencies, the independent social care sector and the third sector. There were several topics covered on the day focused on preventing abuse happening in the first place, one of the Keeping Adults Safe in Shropshire Board priorities. In addition to local and national speakers there were numerous information stands.

Key messages from the event were around developing a zero-tolerance attitude to abuse in Shropshire and Telford & Wrekin. In practice "Safeguarding is Everyone's Business" means "if you find it, do something about it there and then". Workers were encouraged to be "professionally curious" and care enough to ask the right questions to, with the person affected, try to stop it from happening.

At the event a National Trading Standards Scams Team Scams and Financial Abuse team member came to talk about 'Friends Against Scams' a National Trading Standards (NTS) Scams Team initiative. We had local input from the Fire and Rescue Service who informed attendees about 'Prevention from a Fire Service Perspective'. In terms of people feeling able to access help in their local community the Chair of Safe Places Scheme and a user of the scheme and their family talked about their experience of the difference the Safe Places scheme means to them. This was very poignant and impactful and post event led to the Safe Places Scheme signing up further businesses in Shropshire and Telford and Wrekin. Information about the Safe Places scheme may be found here.

The event saw input on domestic abuse related cases from a police perspective (West Mercia Police), and an 'adults story' told by one of the Safeguarding Adults Practitioners from the Safeguarding Adults Team (the case study can be accessed **here**). In terms of housing, the Senior Housing Options Officer from Shropshire Council talked about prevention from a housing perspective. Social isolation was addressed as a theme under 'prevention' by the Peer Development Officer from Action on Elder Abuse (AEA) talked about reducing social isolation and the peer development approach adopted by AEA. The event concluded with information on recruitment with Skills for Care talking about Values Based Recruitment (click here to access further information) and an update by SureCare Shropshire on local recruitment practice development focused on the development of their Reference Request processes.

Photo: Ivan Powell, Independent Chair, Keeping Adults Safe in Shropshire Board, Nicola Barden, Assistant Partnership Development Officer, Telford and Wrekin Council, Sarah Hollinshead-Bland, Service Manager for Adult Safeguarding, Shropshire Council, Karen Littleford, Safeguarding Adults Lead, Shropshire Partners in Care and Andrew Mason, Independent Chair, Telford and Wrekin Safeguarding Adults Board.

Contributed to the development of the Shropshire Domestic Abuse Strategy 2018-2021	Prevention Making Safeguarding Personal Working with other strategic partnerships

The Board have agreed to a number of actions within the Strategy that can be viewed at https://shropshire.gov.uk/media/10017/shropshire-domestic-abuse-strategy-2018-2020.pdf.

We continue to maintain a strong link to the Domestic Abuse Forum which reports to the Community Safety Partnership and is chaired by the Adult Safeguarding Lead for the Shropshire Clinical Commissioning Group.

Made sure that recognised learning and development opportunities are being accessed

Prevention
Making Safeguarding Personal
Public and Workforce Awareness

We have put together a Recognised Learning and Development Programme (led by the Learning and Development Sub Group) to ensure that the Board members and other agencies working with adults were clear about the range of training opportunities available in Shropshire. This is available on the Learning Resources pages of our website. Safeguarding training should be accessed by the adult workforce to make sure that staff feel confident in preventing and responding to abuse and neglect.

The programme consists of formal training courses including those accessed via Joint Training (Shropshire Council), Shropshire Partners in Care (SPiC) and other external providers. It also recognises that there are a range of internal training courses which will be considered equivalent.

Our members have told us that they are making sure that their staff are regularly accessing appropriate safeguarding training. Each year, the Learning and Development Sub Group ask all members to give information on what training they have completed. This so that the Board can understand what training is available and being accessed in Shropshire, and what gaps or future training needs there may be.

This year's focus was how Making Safeguarding Personal (MSP) forms part of training. Because of this piece of work, agencies have made changes to their training so that Making Safeguarding Personal is part of it. Some agencies also found that they needed to improve access to safeguarding and Mental Capacity Act training for their staff.

Shropshire Council Joint Training and Shropshire Partners in Care (SPiC) are the primary providers of multi-agency safeguarding training in Shropshire. Training courses from both providers provide training for professionals, service users, their parents and informal carers. Their safeguarding training courses promote the importance that the adult is fully involved in decisions about being safe as outlined in the care and support statutory guidance.

They have told us the numbers of people who have accessed their recognised safeguarding training this year:

Adult Safeguarding Training

1065 people completed Safeguarding Adults Awareness training

78 people completed Safeguarding Adults for Provider Managers

45 people completed Section 42 Enquiry training

106 people completed Safeguarding Adults Community Briefing

11 people completed Adult Safeguarding and the Law

Mental Capacity Act(MCA) & Deprivation of Liberty Safeguards (DoLS)

429 people completed MCA Awareness Training

288 people completed DoLS Awareness Training

30 people attended an MCA & DoLS Awareness Briefing

62 people who use services/ Parents/Carers attended an MCA & DoLS course

Strengthened our working relationship with Shropshire Safeguarding Children's Board	Prevention Working with other strategic partnerships

In 2017 Shropshire Council commissioned a review of the Safeguarding Partnerships in Shropshire. Because of this review, it was agreed that the Keeping Adults Safe in Shropshire Board and the Shropshire Safeguarding Children's Board should have a closer working relationship and more support. So that they can do the best job of making sure children and adults are being safeguarded in Shropshire. This means:

- Both Boards have the same Independent Chair.
- The 3 organisations that statutory guidance says must make sure adults with care and support needs and children are safeguarded meet as a group to look at the overall direction and work of both Boards. Work will carry on next year to continue to improve the way in which the Boards work together.
- A Safeguarding Boards Business Unit has been created which is for both the Keeping Adults Safe in Shropshire and Shropshire Safeguarding Children's Boards. The Unit now has a Board Business Manager to lead the work of the Boards. The Keeping Adults Safe in Shropshire Board now has a full-time Administrator and Development Officer who lead on supporting it.

To recognise this closer working relationship, a Joint Board Development Day was held in November 2017 to decide on the priority areas of work for both Boards from 2018 to 2021. Both Boards also agreed to a joint shared priority on Exploitation. Please see the "What we want to do next year" section below for more information.

Safeguarding Adult Reviews

- We have published the report of the review that we completed about Mrs V that we told you about in last year's Annual Report. The report is available on our website: http://www.keepingadultssafeinshropshire.org.uk/safeguarding-adult-reviews.

  Actions that we set for agencies have been completed in 19 out of 23 of the recommendations from the report. The remaining recommendations to be completed are for West Mercia Police. They have assured us that they are planning to make progress on these recommendations next year but have been delayed due to the introduction of a new computer system and changes to their policing arrangements. We will continue to hold regular meetings with them next year to make sure that their recommendations are completed.

- We have almost completed a Safeguarding Adult Review that we started and told you about last year. Mr C's house along with several other properties in his village flooded in 2016. When the Fire Service responded to the flood they found that Mr C was neglecting himself by hoarding items in his house which made his home an unsafe place for him to live. He was taken to hospital because there was no other suitable accommodation available at that time. It has been agreed by a group of professionals who have looked at the circumstances of this case that Mr C should not have been taken to hospital, as there should have been somewhere more suitable for him to go. The group have also agreed that more could have been done in this case by professionals both before the flood and at the time. The findings and recommendations of the review are to be presented to the Board next year so that an action plan can be agreed. We will publish this next year.

What we want to do next

In November 2017, we reviewed our priority areas of work for 2018-2021. We have agreed that there is still work to do on 3 of the 4 priorities that we already have in place. By 2021 we would like to have achieved the following to show our we are succeeding:

- Prevention of Abuse and Neglect
  - Completed and implemented our Prevention Strategy.
  - Be working jointly with Shropshire Safeguarding Children's Board to ensure prevention activity at the earliest point.
  - Draw on learning in Shropshire and elsewhere to ensure an ongoing understanding of how to prevent certain types of abuse and neglect occurring in Shropshire.

- Make Safeguarding Personal and Build Resilience
  - Provide information to service users and the public that is accessible and can be understood.
  - Actively seek and include the voice and experience of individual service users into our everyday Board activity so that we know what is working for them and what can be improved.
  - Act when improvements are needed and communicate how we have done this.
  - Promote practice which enables an individual to build on their strengths and improve their resilience and so prevent abuse and neglect.
  - Encourage organisations to increase their resilience in delivering personalized services to adults with care and support needs which help to prevent abuse and neglect.

- Ensure Workforce and Public Awareness of Safeguarding
  - The public and workforce know what support is available to them and who they can ask for help to safeguard adults.
  - Actively seek the views and experience of the public and workforce so we know what is working and what needs to be improved.
  - Have a culture of constructive learning and development in the activity of the Board, ensuring that areas of good practice and those for improvement are equally considered and acted upon.

- Be assured that the safeguarding workforce is adequately trained and competent; that good practice is being shared regularly and partners are being held to account when improvement is needed.

We have also set ourselves a new priority that we are sharing with the Shropshire Safeguarding Children's Board. By 2021 we would like to have achieved the following to show our we are succeeding:

- Understand Exploitation in Shropshire:
  - There is a shared definition of exploitation for both adults and children in Shropshire.
  - We know the types of exploitation that are happening in Shropshire for both adults and children; including young people transitioning from child to adulthood.
  - We are working together to prevent and stop the exploitation of adults and children in Shropshire.
  - Current knowledge and practice relating to exploitation is joined up and shared across the adult and children's safeguarding partnership.

So that we carry on making progress on our priorities next year we want to:

Action for 2018-2019	Targeted Priority area(s)
Hold a Joint Prevention of Abuse and Neglect Event with Telford Safeguarding Adults Board to mark World Elder Abuse Awareness Day. The theme will be Self-Neglect and Mental Capacity	Prevention Making Safeguarding Personal Workforce and Public Awareness
Hold a Joint Adults and Children's Safeguarding Board Conference on the theme of Exploitation	Prevention Making Safeguarding Personal Workforce and Public Awareness Understanding Exploitation
Make sure that information and guidance on how to prevent and respond to abuse and neglect is communicated and promoted to everyone at key points throughout the year.	Prevention Making Safeguarding Personal Workforce and Public Awareness Understanding Exploitation

Action for 2018-2019	Targeted Priority area(s)
Look at ways that the Keeping Adults Safe in Shropshire Board and Shropshire Safeguarding Children's Board can continue to improve how they work together.	Prevention Making Safeguarding Personal Understanding Exploitation
Write a Prevention Strategy which aims to prevent the most prevalent types of abuse that we know are happening in Shropshire.	Prevention Making Safeguarding Personal Workforce and Public Awareness
Continue to make sure that adults who use care and support services and carer representatives are asked to be involved and heard in the work of the Board.	Making Safeguarding Personal
Start to collect information from members about their work. We will look at what this information is telling about how adults in Shropshire are being helped and protected.	Prevention Making Safeguarding Personal

Closing Statement from Shropshire Council's Cabinet Member

I hope you have enjoyed reading our latest annual report. I am proud to be involved with the work of the Board and in doing so, I know I have helped to make a positive difference to people's lives.

Colleagues have worked hard to promote an increasing awareness of keeping adults safe from abuse in Shropshire with the completion of the KASiSB website and the Safeguarding Adult Posters. The Our Citizen Engagement Group has worked hard to ensure that the views of Shropshire citizens have been included. I am confident that this will spread the message so that we can all help keep people safe from neglect or abuse.

We have asked people to help us develop the Safeguarding Enquiry and Safety Plan cards this is a great example of how we work together to ensure that their experience of safeguarding is personal. I know the cards will help people to be involved and stay in control of what is happening to them even when they are experiencing abuse.

Please make sure you play your part in keeping people safe from neglect and abuse and help us to stop it.

Thank you.

Councillor Lee Chapman,
Shropshire Council's Cabinet member for adult social care, health and social housing

Appendix 1:
What our members have done this year

There are several key individuals in each member organisation who have made significant contributions to the work of the Board this year by Chairing and participating in meetings and carrying out work on behalf of the Board. The Board would not work without the dedication and efforts of these individuals and the support of their organisations to do this.

Each year we ask our Board members to tell us what they have done over the year to show they are acting on our priority areas of work. Here are some examples of what individual members and members working together tell us they have been doing:

Example	Board priority areas addressed
Multi-agency: Safeguarding Forum Shropshire Clinical Commissioning Group, Shropshire Partners in Care and Shropshire Council along with our neighbours in Telford and Wrekin have developed a safeguarding forum with care homes and domiciliary care providers. We know that care homes provide vital help to many people with care and support needs and after a person's own home care settings are the most common place safeguarding concerns arise. The Forum has been looking at providing help and advice to care homes in managing issues that can lead to safeguarding concerns. This has included presentations on: • Safeguarding Adult Reviews – learning from themes • How to use the Mental Capacity Act to empower residents • The management of Sepsis • Best practice in referring to the De-Barring Service (DBS) • Deprivation of Liberty Safeguards • Learning Disabilities Mortality Review • Use of Covert MedicationPrevention	Prevention Making Safeguarding Personal Workforce awareness Partnership Working

Action for 2018-2019	Board priority areas addressed
Multi-agency: Service Provider Information Sharing Meetings Regular information sharing meetings take place to discuss Service Providers if concerns are emerging. The aim of these meetings is to tackle problems before they affect people's safety. Where a Multi-Agency meeting is required; Shropshire Council Adult Social Care Contracts Team, Shropshire Clinical Commissioning Group, Healthwatch Shropshire, the Council and the Care Quality Commission are part of regular meetings as well as the Provider. These meetings continue until all partners are happy that the service is improving. If things are very serious, the Adult Social Care or Clinical Commissioning Group contracts teams will ensure that suspensions are in place and all other placing agencies are advised.	Prevention Partnership Working
West Mercia Police • The "Adults at Risk" Unit carried out bespoke training to specialist adult learning centres within Shropshire. These sessions were very interactive with residents who may have profound difficulties. We adopt a light-hearted approach in order to engage and raise confidence levels. We have utilised Makaton sign language which always incites loud laughing, as we invariably use the wrong sign. This approach brakes down perceived barriers and then then allows us to discuss the importance of 'telling someone' if something is happening to them that they do not like, or they do not want. • We embrace the concept of making safeguarding personal for an adult with care and support needs. However, this can be a challenge on occasion as the outcome the individual desires, is often in conflict to the police notion of a positive outcome – a caution or charge for example. One such example of this was where an elderly adult with care and support needs was having a family member do her shopping and cleaning for her. She was paid to undertake this care. Overtime however, the family member, who had been given permission to take and use the victim's bank card to withdraw cash for shopping, began to draw money out for herself. It came to light later on, that the family member had been in financial difficulties.	Making Safeguarding Personal Public and Workforce Awareness

Action for 2018-2019	Board priority areas addressed
Other family members became suspicious and identified that an amount of money had been removed from the victim's bank account. The police Adults at Risk Unit attended and spoke with the adult at risk who had full mental capacity and insight around her decision making. She wanted her family member/alleged abuser speaking to formally, which was done, but she was adamant that she did not want any formal court action taken against them. Making safeguarding personal means that she has a right to make that decision, even if it was not the 'positive action' or the criminal charge that the police would have liked to have instigated. For the adult at risk, the care, love and support she was given by this family member, far outweighed the thought of her not caring for her again, or indeed the loss of her money.	
South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) (now known Midlands Partnership Foundation Trust) • SSSFT held their 12th annual service user and carer involvement celebration day in June 2017, this year there was a record turnout for the event where service users and carers were involved as much as possible and there were talks given to attendees about the impact involvement has had on individuals and the services being provided. • The SSSFT safeguarding team have produced an informative leaflet promoting making safeguarding personal and what this means. This is recirculated at regular intervals to ensure that the workforce is aware of how to integrate this in to practice when considering raising a safeguarding concern.	Making Safeguarding Personal Workforce Awareness

Action for 2018-2019	Board priority areas addressed
Healthwatch Shropshire One of the ways we can stop harm from happening to people is through our Enter & View programme of visits to health and social care facilities. We can visit any service that is publicly funded, e.g. NHS providers and residential care homes for adults with learning disabilities or the elderly. Visits always have a focus and are led by the intelligence we receive, e.g. comments from the public or information provided by partners at Shropshire Council, the NHS or the Care Quality Commission (CQC). The aim of Enter & View visits is to speak to people using services about their experiences, the staff who work there and to make observations about the environment. By going into services, we are able to speak to some of the most vulnerable and seldom heard groups in our communities. We are not experts in health and social care but offer a lay perspective in order to represent the views of service users. The volunteers who conduct these visits always work in pairs and have been trained in how to raise concerns if they are concerned for the safety or welfare of the people using services. Enter & View is intended to be a constructive process and as well as identifying ways services could improve we always try to highlight areas of good practice. Commissioners, providers and regulators have also requested Enter & View visits during the year. Our reports are shared with NHS England, Healthwatch England, the CQC and local commissioners. They are available to the public through local libraries and on our website: http://www.healthwatchshropshire.co.uk/what-we-do-0 Between April 2017 and March 2018 Healthwatch Shropshire visited 25 services, including pain management clinics in the community, wards and clinics at Royal Shrewsbury Hospital, The Redwoods, care homes and GP practices. These visits were just part of our wider public engagement activities including talks to community groups, stands at events and personal experiences shared with us by phone, email,	Prevention Making Safeguarding Personal Partnership Working

Action for 2018-2019	Board priority areas addressed
post and via our website and 'Tell Us' forms. We also provide a signposting service and during the year we have signposted members of the public to Shropshire Council's First Point of Contact (FPOC) for information and advice, including around safeguarding. There have been occasions when we have spoken to FPOC ourselves for advice or to raise a safeguarding concern as a result of information given to us by people who have contacted us. Healthwatch Shropshire works in partnership with many organisations across Shropshire. It uses its commissioner and provider links to share its intelligence and to raise concerns. We support public engagement activities (including talks and focus groups) at the request of service providers and commissioners, e.g. Future Fit, Maternity Voices, speaking to prisoners at HMP Stoke Heath. Our volunteers are regularly asked to take part in Patient-Led Assessments of the Care Environment (PLACE) by NHS Trusts, e.g. Shropshire Community Health Trust on visits to the Community Hospitals.	
Shropshire Council: Housing Services Staff are encouraged to talk through cases with senior members of staff during supervision and case studies are discussed at team meetings especially where there are concerns or where clients have raised issues that may cause concern. Staff are then supported to refer these cases through to safeguarding and to liaise with the safeguarding team as and when needed.	Prevention Workforce Awareness
Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust: We have continued to monitor and improve our Harm Free Care processes considerably reducing harm to patients in the areas of Pressure Ulcers and Falls.	Prevention

Action for 2018-2019	Board priority areas addressed
West Mercia National Probation Service (NPS): Safeguarding is a key priority for the NPS. Staff are required to undertake training in Safeguarding Adults, Safeguarding Children and Domestic Abuse every 3 years as a minimum requirement. Safeguarding concerns are discussed in staff supervision sessions with line managers. Local links have been established so that once identified, safeguarding concerns can be acted upon swiftly.	Workforce Awareness
Shrewsbury and Telford Hospital NHS Trust: The Safeguarding Team are actively involved in all safeguarding concerns raised and this provides the opportunity to engage with the adult at risk to ensure that they have choice and control and are fully involved in all decisions regarding improving the quality of their life, wellbeing and safety. The adult at risk remains the centre of the safeguarding process. This also includes liaising with our safeguarding colleagues in the community to ensure continuity of care and information sharing between agencies. On occasion the adult at risk has been assessed as not having capacity to be able to make decisions regarding their wellbeing and safety and requires an appropriate advocate.	Making Safeguarding Personal
Shropshire Community Health NHS Trust: We have been reviewing how well Making Safeguarding Personal is being applied in our safeguarding practice. We looked at the case of a patient who was missing meals due to inconsistent care visits by a care agency and was insulin dependent, leading to a risk of harm or hospital admission The patient expressed the good relationship the carers have with the patient and the patient did not want this to be safeguarding. Patient had full capacity and we agreed that it would be in patients best interests to improve communications between the District nurses, patient and the carers towards good diabetic and wound management. The patient agreed that this would be a good way to address the issues with the times of the calls for meal preparation and his diabetic management. The outcome for the patient improved. With a coordinated care plan the patient was stable, with regular meals and better diabetes management. The patient was able to remain at home.	Making Safeguarding Personal

Action for 2018-2019	Board priority areas addressed
Shropshire Council: Adult Social Care: All Social Work teams are taking an approach to work with the person receiving services to identify the risks and strengths in their lives. For example: • The Mental Health Social Work risk assessment is completed with people where appropriate, enabling them to identify the risks that they face and that supports the person to direct the approach required to help manage risk and keep themselves safe in the way that works best for them. • For complex cases, teams hold multi-disciplinary discussions to identify areas of risk and concern where harm is likely to occur, implementing action plans to keep the person safe	Prevention Making Safeguarding Personal
Shropshire Clinical Commissioning Group (CCG): The Clinical Commissioning Group has been working with health provider organisations to review safeguarding concerns that have been raised to see if we can learn any lessons that would help prevent further problems in the future. This led us to realise that there had been 2 or 3 concerns regarding people being discharged from one unit with problems getting their medicines immediately after leaving hospital. As soon as this was spotted the hospital safeguarding lead was able to find out what the issues were visit the ward and offer advice to make sure the problem was not repeated.	

Action for 2018-2019	Board priority areas addressed
Shropshire Fire and Rescue Service (SFRS): Fire Crews feel comfortable in reporting concerns as do Vulnerability Officers. The culture supports prevention. SFRS prevention working has drastically reduce fires and we believe it can impact positively with partners such as safeguarding those at risk. Following an external audit of Safeguarding training carried out the Board in 2017, SFRS was alerted to a development need in the training being carried out across the organisation. The feedback highlighted that Staff were not focussed on making safeguarding personal. As a result the training package was re-designed to gives emphasis to this concept. The Vulnerability Team will be auditing soon to assess how embedded this now is in the process	Prevention Making Safeguarding Personal Public and Workforce Awareness
Shropshire Partners in Care (SPiC): Shropshire Partners in Care is an umbrella body for Disclosure and Barring Service (DBS) checks, an integral part of recruitment practice. Across 2018-2019 social care providers were encouraged to develop robust recruitment procedures reflecting national guidance, to ensure the workforce is as safe as it can be in Shropshire. In addition, providers were supported to adhere to their duty to refer unsuitable individuals to the DBS to enable the DBS to make appropriate barring decisions to keep unsuitable individuals out of the workforce. When providers, members of the public or adults who use services contacted Shropshire Partners in Care for support or guidance, the statutory principles including MSP were reiterated and a focus on involving adults in discussions about safeguarding concerns, immediate actions, decisions about reporting abuse and neglect and how adults want to be safe was embedded.	Prevention Making Safeguarding Personal Public and Workforce Awareness

Action for 2018-2019	Board priority areas addressed
In 2018-2019 Shropshire Partners in Care supported its members around quality in numerous ways including the facilitation of a Trainers Networking Opportunity meeting, a Safeguarding Adults Forum, Registered Managers Network and Moving and Handling Link Meetings. Information was cascaded to members and partners via a weekly newsletter, Twitter and Facebook social media accounts. The statutory principles of prevention and accountability were reinforced across the range of activities carried out by Shropshire Partners in Care, including clear messages via advice and training regarding challenging practice, working to prevent abuse and intervening to stop abuse or neglect. The notion that safeguarding is everybody's business was reflected in all aspects of the support provided by Shropshire Partners in Care to both members and non-members.	Prevention Making Safeguarding Personal Public and Workforce Awareness

Keeping Adults Safe in Shropshire Board

Annual Report

April 2017 – March 2018

SHROPSHIRE SAFEGUARDING CHILDREN BOARD

ANNUAL REPORT

2017 - 2018

Shropshire Safeguarding Children Board annual report 2017- 2018 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, SSCB Independent Chair
Sam Anderson, Safeguarding Boards Business Manager

December 2018

1 CONTENTS

2 FOREWORD

Welcome to Shropshire Safeguarding Children Board's annual report for 2017 - 2018. 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.

Many of the organisations which contribute to the Board's work have continued to face significant financial pressures, requiring difficult decisions about allocation of resources. This has also meant organisations have had to implement different ways of working together to effectively carry out their safeguarding duties.

The Board partners are also managing an ever-growing number of children who are victims of exploitation. This is both a national and local issue and an area that will continue to be of focus in the year to come, with the aim of supporting families more effectively and providing the much-needed support to children and young people.

During this reporting period Shropshire also welcomed Ofsted for a four-week inspection of children's services and were rated 'good', putting Shropshire children services in the top 30% nationally. SSCB was also found to be good. The inspectors particularly praised the work around keeping children safe, fostering and adoption services and work to tackle children at risk of sexual exploitation.

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's agreed priorities focus attention on areas which present the greatest risk to Shropshire's children - child sexual exploitation and going missing, neglect and domestic abuse.

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 commissioned an SCR on an Unaccompanied Asylum-Seeking Child which is now finalised and awaiting publication. We have also commissioned a further SCR which is due to be published in the coming months. We will continue to monitor the impact of the learning from these cases on the quality of local practice and report on them in next years annual report.

Another important development for the Board has been the increased focus on joint working with the Keeping Adults Safe in Shropshire Board whose remit is to oversee the safeguarding arrangements for adults with care and support needs. In November we commissioned a review by an independent consultant to look at the way both boards operate, considering the Care Act 2014 statutory guidance and the now enacted Working Together 2018. The result of this was a combined business support unit and the introduction of the Statutory Safeguarding Partnership (SSP).

Mental Health continues to be an area of focus for the Board and will be actively considered during the coming year as well as children with disabilities because of their additional vulnerabilities. We want to ensure that every child has access to the help and support they need.

The report sets out what the Board will do during 2018-19 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. We also want to thank the volunteer trainers who make up the training pool, delivering outstanding training to organisations and ensuring we continue to offer a consistent and high standard of training.

Ivan Powell

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 (Working Together 2015) 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 2017 and March 2018 and evaluates the work and impact of the Board whilst identifying future challenges and priority areas of work for the period 2018– 2019.

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 2017-2018 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

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 2018-2019.

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 317,500 (ONS, mid-year estimates 2017). 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/traveller 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 63,300 children and young people under the age of 19 years. This is 20% of the total population (ONS, mid-year estimates 2017). In total 8.7% of pupils who attend Primary, Secondary and Special Schools including academies and 6th form are entitled to free school meals, which is below the average for both national and statistically similar local authority areas (April 2018.) 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 2018, the percentage of children whose first language is not English was 4.1% of primary and 2.9% of secondary pupils, which is significantly lower than national statistics and lower than statistically similar local authority areas.

Shropshire has 150 state funded schools: 91 primary schools, 4 infant schools, 4 junior schools, 6 secondary schools, 2 special schools and 43 academies. There are also 41 local authority maintained nurseries. The 43 Academy Schools consist of 27 primary, 13 secondary, 2 special, 1 all through and 1 free school (as at April 2018).

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 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 400 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 several local services, particularly police, health, mental health services and children's social care (Local Authority Designated Officer - LADO).

4.3 CHALLENGES FACED BY PARTNERS

Public sector organisations continue to face the dual challenges of managing with reducing resources whilst facing increased demand and complexity for their services. This complexity provides an additional challenge for example the emerging issue of County Lines and Cuckooing. This is where criminals involved in the unlawful supply of drugs seek to involve vulnerable young people and in addition subject them to criminal exploitation. SSCB members are determined to work collectively to tackle all forms of exploitation of children and young people.

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. By meeting their needs in a timely manner this helps to reduce demand for the more specialist services.

The joint working of statutory partners, as outlined in Working Together 2018, has seen a commitment from local authority, health and police working together, with shared and equal responsibility to ensure effective safeguarding arrangements are in place in Shropshire.

4.4 SHROPSHIRE'S SAFEGUARDING CHILDREN BOARD

SSCB is a multi-agency partnership that is jointly funded by its partners. The core budget for 2017-2018 was £219,260.

The SSCB carries out much of its work through a number of subgroups and task and finish groups, supported by the Safeguarding Boards Business Unit. All sub-groups terms of reference and work plans have been reviewed to ensure they progress 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.

During 2016-2017, Shropshire Safeguarding Children's Board and the Keeping Adults Safe in Shropshire Board commissioned an independent review of both boards working arrangements in support of business delivery in place at that time. This review was also cognisant of the consultation taking place following the 'Wood Review' and in anticipation of new government guidance Working Together 2018 which was published in November 2017.

In November 2017, the Board appointed a Safeguarding Boards Business Manager to oversee both the SSCB and Keeping Adults Safe in Shropshire Board (KASiSB), and increased the resilience of the business unit to support both boards.

A key aspect of the Working Together consultation document was the identification of the Local Authority, Police and Health as the three statutory safeguarding partners each having joint and equal responsibility for the safeguarding arrangements in the local authority area.

This was coupled with the recognition of the need for not only these principle organisations to work closely together, but to secure the support of wider organisations, to ensure safeguarding arrangements within the local authority area are robust and effective.

SSCB have introduced an overarching strategic group, the Statutory Safeguarding Partnership (SSP), consisting of the Director of Childrens Services, Director of Adults Social Care, Chief Superintendent West Mercia Police and Director of CCG. This is in line with legislative requirements.

We look forward to this group developing over the coming year and strengthening our safeguarding arrangements further in 2018-19.

As part of Ofsted's inspection during September and October 2017, the inspectors also reviewed the effectiveness of the SSCB. The Board was rated 'good' which reflected the high standards held by the Board and commitment of its members. The Board did receive one recommendation as follows;

"To better enable an understanding of the strengths and weaknesses of performance and practice, ensure that there is appropriate analysis and commentary on the dataset made available to board members"

This recommendation has now formed part of an action plan that is progressed via the Quality and Performance subgroup.

5 SSCB Effectiveness

An account of progress made on priorities set for 2017-18

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. In November 2017 the SSCB held a development day with the KASiSB. SSCB members retained the three priorities however both boards agreed to a joint priority of exploitation. The current CSE and Missing group of the SSCB lead on the development of this joint priority and will have an extended sub group membership top include representation from adults services. This sub group will retain the focus on CSE and missing.

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

What we know:

A new system has been implemented and data capture is slightly different this year. During 2017-2018 85 CSE referrals were considered by the CSE panel, representing a slight drop in referrals based on 2016 – 2017 figures.

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.

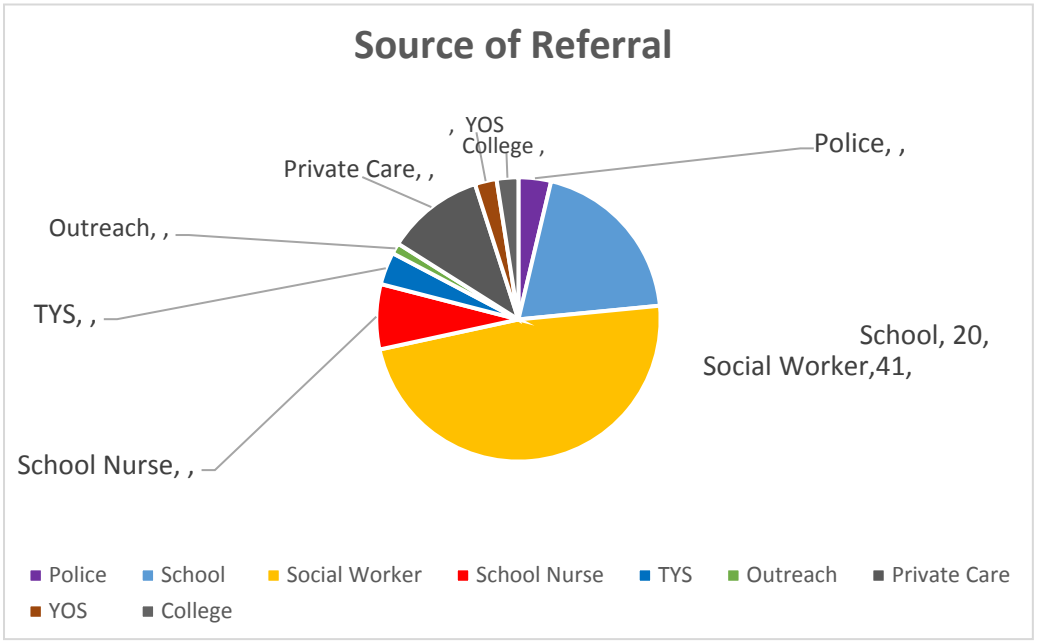
At the year end, CSE was an identified risk for 67 children (15 of these being OLAC – out of area Looked after children), only six were male. The breakdown of the risk levels as follows:

Being exploited: 0

High: 15 (4 of these being OLAC) – of these 4 were managed on CP plans and 2 managed on CIN plans and the others are currently being assessed by the assessment team.

Medium: 27 (3 of these being OLAC)

Low: 25 children (8 of these being OLAC)

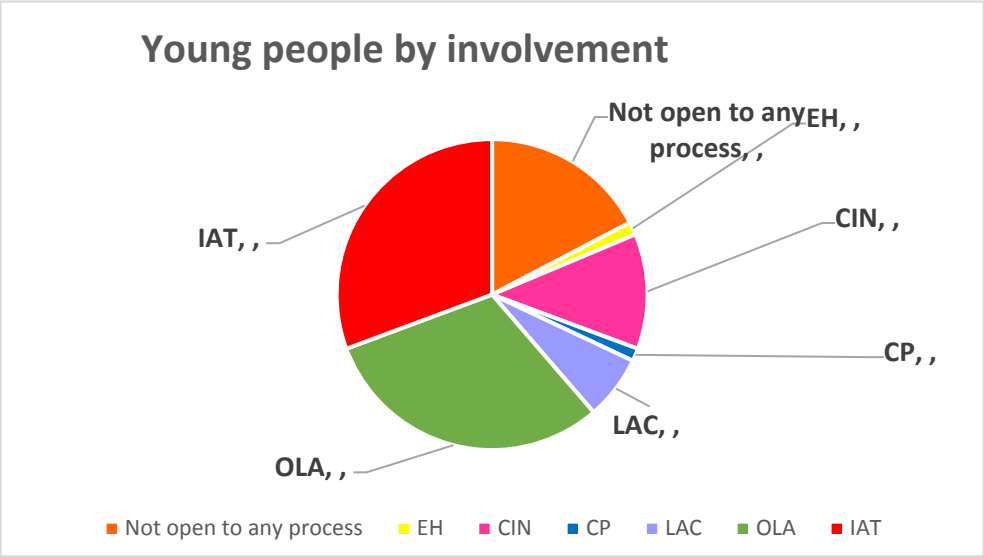


Most referrals in 2017-2018 were for females and were made by schools, social workers, private care homes and school nurses. Referrals from health agencies remained low.

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.

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 involvement being presented and considered at CSE panel is as follows:



Early Help – 1

Child in Need – 9

Child Protection Plan - 1

Shropshire Looked After Child– 5

Other Local Authority Looked After Child – 23

IAT (Initial Assessment Team) – 23

Not open to any process - 13

During the reporting year the following key highlights were reported to scrutiny.

- Children who go missing from home or are at risk of child sexual exploitation are identified quickly by effective partnership working and receive a timely assessment.
- Specialist workers are allocated promptly with swift completion of return home interviews and child sexual exploitation risk screening tools.
- Once needs are identified, children and families are offered a range of services.
- Cases are reviewed regularly at well-attended monthly panels with clear actions to reduce risks for children.
- Rigorous arrangements trace children who go missing from education.
- Multi-agency partners respond appropriately to children who experience risks associated with offending, misusing drugs or alcohol, being sexually exploited or going missing.
- Effective plans help to reduce the risk of harm or actual harm for most of these vulnerable children.
- The local authority has undertaken significant work to safeguard children at risk of child sexual exploitation, built on well-established strategic and operational relationships with partners such as West Mercia police. This has enabled rigorous responses to safeguard children and young people who go missing or who are at risk of sexual exploitation.

SSCB has a robust training schedule in place, including single agency and multi-agency training delivered across Shropshire, open to all partners. CSE is a topic covered in the induction of all new staff and throughout Safeguarding training. Specialist training is delivered for those in specialist roles, for example social work staff to ensure they have the right skills and knowledge to carry out their duties:

- To increase awareness of the key issues of Child Sexual Exploitation (CSE)
- Be able to identify different models and stages of grooming
- Know how to respond to concerns of Child Sexual Exploitation locally
- To consider own agencies response to help safeguard children and young people against CSE and help support those who have been sexually exploited.

The Regional Organised Crime Unit (ROCU) and The Children's Society delivered a workshop to all professionals across West Mercia who work with children and young people to improve their knowledge and understanding of child sexual exploitation.

Schools have access to E-Safety resources and the CSE subgroup was updated in September 2017 of the E-safety proposals. 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 evaluations indicated a greater understanding of risks following the sessions. A group for young men identified as being potential perpetrators of CSE is being piloted in a North Shropshire school.

A multi-agency audit was carried out in November 2017 and the following good practice identified:

- Tenacity from agencies in pursuing support for young people experiencing CSE including education and school nurses.
- Good practice from substance misuse services when involved.
- CSE Risk assessments are embedded within the partnership and carried out.
- Better working since the revision of the CSE Pathway.
- The multi-agency partnership is clearly able to recognise CSE concerns and there is evidence that they have taken steps to address this.
- Good monitoring from the police.

Identified areas for improvement:

- CSE/single assessments carried out during the school holidays did not contain vital information from schools. They will be contacted before the case is closed to ensure that there are no further concerns.
- There needs to be a clearer understanding of when parental/carer consent was required for a referral to childrens services.
- Better exploration of possible CSE in same sex relationships.
- Need to be able to deliver effective support to victims of CSE which provides enduring support and builds trusting relationships with appropriately trained workers.

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. This remit will widen and cover all aspects of exploitation including County Lines and Cuckooing. This is an aspect that the SSCB will do jointly with the Keeping Adults Safe In Shropshire Board where appropriate.

- Monitor and analyse performance against a revised exploitation scorecard and strengthen the joint exploitation 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. CSE/single assessments carried out during the school holidays did not previously contain not contain vital information from schools. They will now be contacted before the case is closed.

- Secure improved understanding of CSE in same sex relationships.

NEGLECT

What we know

Neglect has been a priority for the SSCB since 2016. By year end 2017, children subject to child protection plans under the category of neglect, stood at 59%.

During 2017-18 this reduced by 6% to 53%. (Current performance information indicates an in year increase to previous levels.) Neglect remains the highest category of need for those children subject of a plan.

Currently SSCB remains 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 being carried forward and a feature of the revised Early Help strategy.

A recent audit by children's services has shown that most children who are subject to a 2nd or subsequent child protection plan have suffered neglect.

Neglect multi-agency audit

A multi-agency audit was carried out on the theme of neglect utilising a tool based on the West Midlands inspection tool for Neglect. A key theme for this audit was review of progress of the implementation of the 'Graded Care Profile 2' tool or GCP2.

All cases considered had been open to children's social care and probation and involved a range of additional issues including substance misuse, alcohol misuse and mental health. The audit demonstrated how challenging agencies had found this work to be and all cases were graded as Required Improvement.

Themes Identified Included:

- Although the GCP 2 was discussed by agencies and was evident in the case file, there was not any evidence that a tool had been completed.
- 4 out of 5 of the children subject to audit lived in the same area and the police were clear that drugs and alcohol were a key theme in these cases.
- An issue was raised regarding core group minutes being sent to professionals. A recent audit has been carried out by children's services and the writing up of core groups was found not to be consistent. This was identified as an area for improvement.
- Housing have identified they would benefit from training in GCP2.

The key recommendations from the audit were:

- Information regarding GPC2 training to be re-circulated, attendance to be monitored including housing services.
- In depth analysis of data related to neglect to be undertaken, identifying any related factors, trends and any areas where neglect is more prolific.
- Multi-agency core group audit to be undertaken to check agency invites, attendance opportunity to contribute and receipt of core group minutes. A follow up audit will take place in a further 3 months.

Individual actions for each agency from audits are managed through the quality and assurance sub group.

What action we have taken

In September 2016, SSCB considered the revised Neglect Strategy and proposals for the implementation of Graded Care Profile 2, (GCP2).

GCP2 (licensed by NSPCC) is an evidence-based assessment tool which assesses parental care. GCP2 focusses on one specific child and parent. It provides a way to measure and scale the quality of care delivered whilst keeping the child at the centre. It is designed to be used alongside other assessment tools in Shropshire, Whole Family Assessment and Webstar.

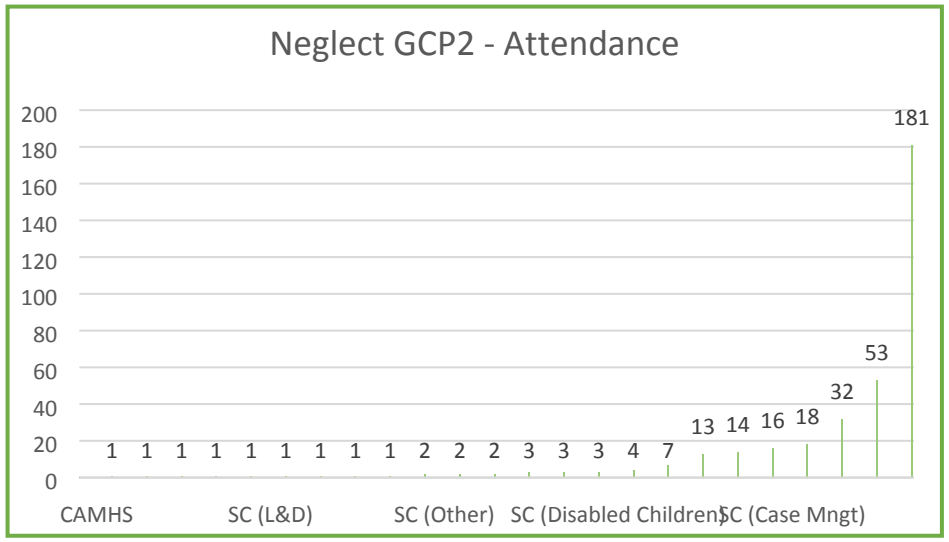
The Board developed a set of assurance questions in relation to Neglect to inform the Neglect dataset and to assist the SSCB Executive in monitoring the effectiveness of the Neglect Strategy. The assurance questions were as follows:

- 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?

A Neglect Task and Finish group is now in place to respond to the assurance questions posed during 2016-17 by

1. Revising the current data set
2. A review of the way in which the data is captured at the early help stages
3. Training more people in GCP2

In 2016-17 the number of people trained in GCP2 has increased on the previous year:



What SSCB will do next:

- Revise the neglect strategy and review its effectiveness through performance data and a multi-agency audit planned for 2018-19.

- Continue with the task and finish group to revise and analyse the neglect data set.

- On implementation of 'Liquid Logic'; 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

There has been an increase in children who have been exposed to domestic abuse over the past year which will need to be explored further.

West Mercia Police recorded 585 cases of domestic abuse where a person was injured in the 12 months year ending March 2017. For the year ending February 2018, this increased to 1149 reports of domestic abuse where the victim was injured.

In the twelve months April 2016 to March 2017, Multi-Agency Risk Assessment Conferences, (MARAC), recorded 293 cases; 116 (39%) of these cases were recorded as 'repeat cases'. These involved 345 children.

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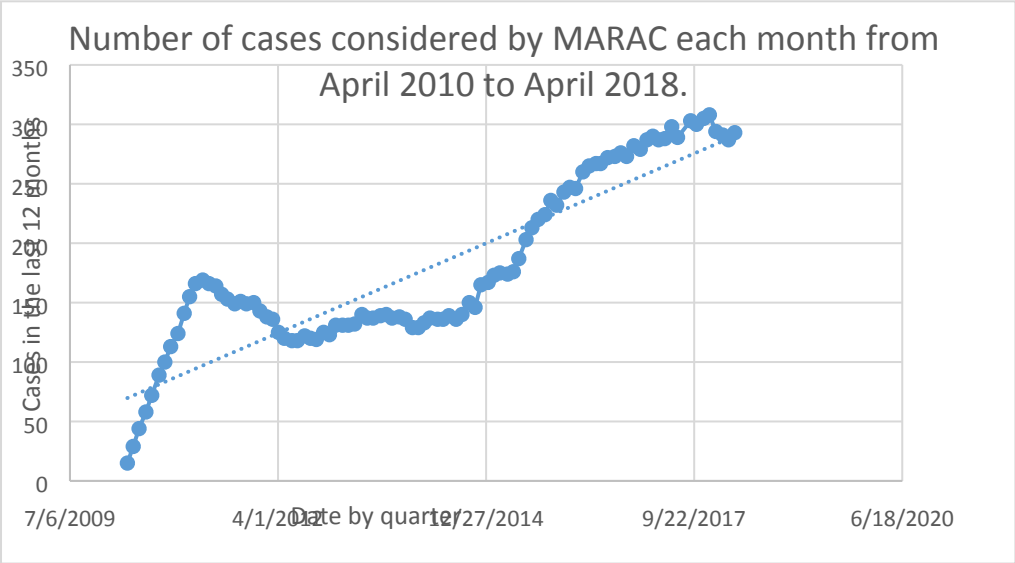

There has been a slight decline in the number of cases considered by MARAC in 2016-17. The SSCB will need to consider in the forthcoming year whether recording crime as with or without injury would lead to more consistent data.

The Board data set has been adversely affected by the implementation of a new police system 'Athena', which has resulted in a reduction in the quality of data presented by West Mercia Police.

What action we have taken:

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 (Shropshire Local Authority's front door to childrens services) and notifications are sent to schools to alert them to domestic abuse incidents where children have been present in the household. An improvement made following the OFSTED inspection is that childrens services now record all incidents.

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. This remains a focus and a challenge because of Athena.

Challenge and scrutiny

- The SSCB contributed to the development of the revised domestic abuse strategy to ensure it included a more robust and comprehensive approach to safeguarding children affected by domestic abuse.

- A referral pathway for children who are affected by domestic abuse is being developed along with practitioner guidance and this will remain the focus of the Board in the coming year.

- The SSCB has implemented 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 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 2018-2019:

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

- The evaluation results of the voluntary perpetrators programme.

- A review of the impact of the Domestic Abuse Strategy

- 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.

The SSCB continues to be an active member of the West Midlands Regional Safeguarding procedures Group. The benefit of the launch during the previous year of the regional procedures is now being seen.

SSCB has recently developed additional local 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.

6.2 SAFEGUARDING CHILDREN WITH DISABILITIES

All SSCB training takes account of all children with additional vulnerabilities including the needs of disabled children. This is regularly updated and is reflected in the SSCB training annual report.

Where possible, children identified as having a disability have been included in the multi-agency case file audits, dependent on the theme and available case sample.

6.3 PRIVATE FOSTERING

During 2017-2018 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 (10 arrangements during the year) and detailed areas for further development include:

- Continue to raise awareness of private fostering through partner agencies
- Develop and be an active participator in the regional working group to raise the profile of private fostering regionally and nationally.
- Increase the amount of initial visits done within timescales.

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.

In 2016-2017 SSCB having sought advice from the National Panel commissioned an SCR on an Unaccompanied Asylum-Seeking Child. This report has been completed and published. The findings of the review will be reported in next year's annual report.

6.5 MULTI-AGENCY TRAINING

In total from 1 April 2017 to 31 March 2018 the SSCB Training Co-coordinator, Training Pool members and commissioned organisations have delivered 63 multi-agency Universal, Targeted or Specialist training sessions to 1164 learners. This is an increase of 5 training sessions with an additional 111 learners from 2016/17.

SSCB provide a set of expected learning outcomes required from induction training which can be found in SSCB Training Strategy they apply to all staff within the organisation.

187 learners completed e-learning offered by the SSCB through Virtual College and 33 learners were still studying or had not passed their modules at the end of this period. This makes a total of 220 licenses applied for through Virtual College in this period. This is a significant decrease of 344 learners from last year. The reasons for this are unknown and the SSCB will seek further clarification for this in the coming year.

SSCB Training Pool train within their own agencies using the package supplied by SSCB Training Coordinator. As of April 2018, there were 90 trainers in the Training Pool. Numbers do fluctuate due to changes in workforce, however there has been an increase of 23 trainers since last year. Currently 20 training pool members assisting in the development and delivery of SSCB targeted multi-agency training.

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 new module, Protecting Children, Managing the Challenge developed during this year has proved successful with 78 learners having completed this so far and 93% stating it has increased the confidence in the area.

The course focusses on a family of five children who are living in an environment where there is Domestic Abuse, Parental Substance misuse, and Parental Mental Ill Health. All children are showing signs and indicators of neglect. The five children aged 1-15 years old show signs and indicators of physical abuse, sexual abuse, radicalisation and neglect.

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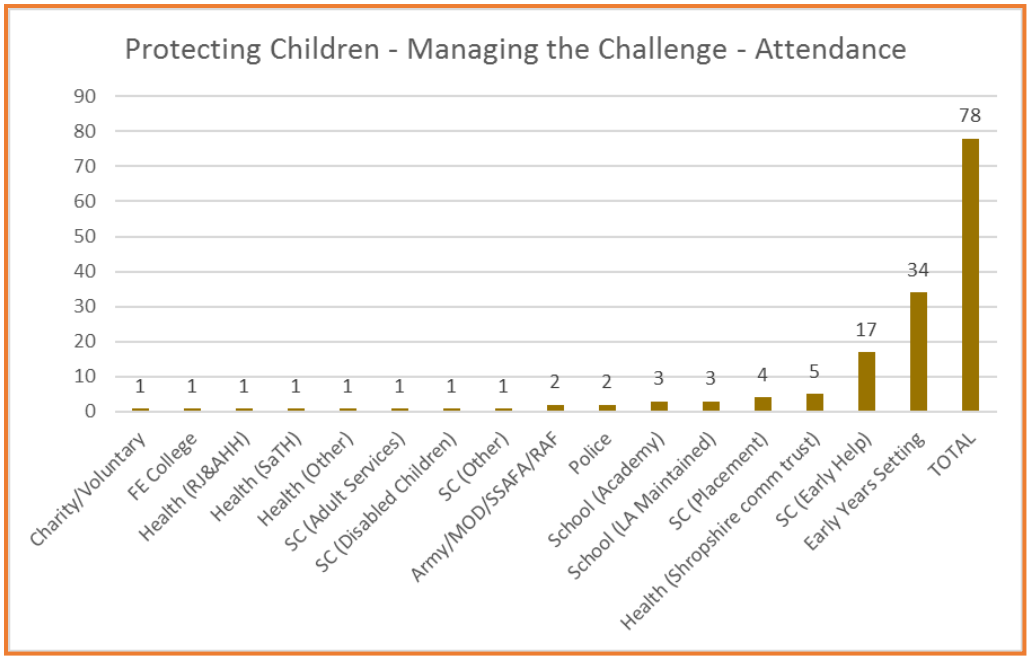


Challenges

- To be assured that all professionals and volunteers working with children and their families or carers are regularly receiving the right level of Safeguarding Training and are sharing data effectively with SSCB Training Administrator.

- To maintain the level of impact evaluations 3 months after training module to robustly demonstrate the effectiveness of training in terms of improving outcomes for children.

- To ensure an effective training programme is delivered within budget

What SSCB will do next:

Review the Training Strategy

- Agencies to continue to promote multi-agency training as part of their workforce development strategies.

- Agencies to ensure they continue to promote the completion of evaluations and reflect on the difference training makes to service delivery and children and families lives

- Continue to deliver and evaluate specialist learning events. Those currently being planned for 2018/2019 include: Working together with Joint Training on Raising Awareness of Domestic Abuse to support Public Health Domestic Abuse Strategy

- A Joint Exploitation Conference KASiSB Keeping Adults Safe in Shropshire Board and SSCB

- Consider and manage a new Learning Management system upon the current system's renewal in December 2018

In addition to the quality assurance process in relation to training (course evaluation; follow up impact evaluation three months after training; sample telephone evaluations) the training sub group will link with data received by the SSCB Quality and Performance sub group on outcomes for children. This will allow the triangulation of data in terms of the systems put in place (training, procedures etc.) and whether outcomes for children in Shropshire are improving and they are being effectively safeguarded.

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.

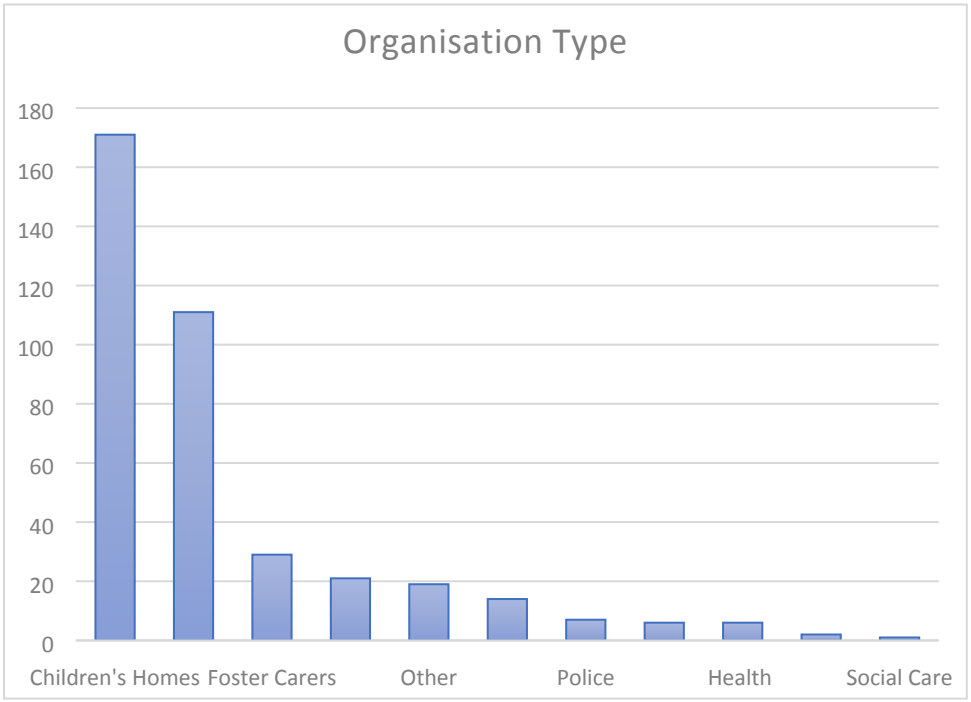
The CDOP considers the death of each child and is required to complete a national proforma regarding its findings for each child. The proforma includes factors relating to the child and family, service provision; categorisation of the cause of death; a judgment regarding whether there were modifiable 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 16 child deaths reported in Shropshire in 2017-18. This a slight decrease on last year's figures. The greatest number of child deaths remain within the neo natal age range due primarily to prematurity and life limiting congenital conditions.

Future development of Child Death Overview Panels

It has been 10 years since CDOP Panels were established across England. The way in which CDOP operate is changing and will include the development of a national child death database, reviewing child deaths over a larger population size and transferring the national oversight of CDOP from the Department for Education to the Department of Health.

CCGs are leading on the work locally to establish both the geographical footprint and the relevant agencies who will form the future of CDOP in Shropshire. We look forward to working with the CCG wider partners in the coming months and will report on this is the next annual report.



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, with education settings being the second largest referral group. Referrals from other sectors are all less than 7% of the total referrals.

In the last annual report, we reported no referrals had been received from the police due to an internal issue within their reporting and complaints procedures. This has been addressed.

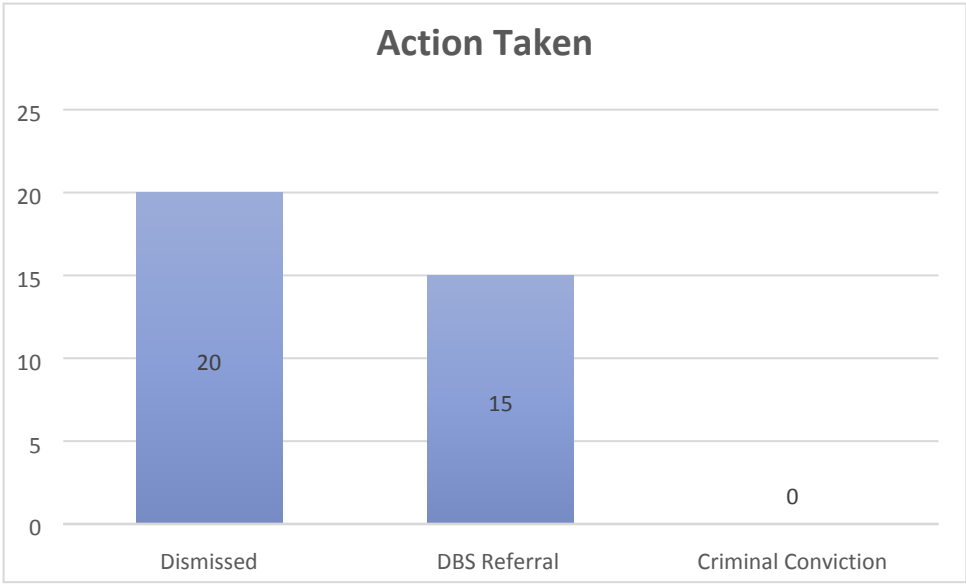
The number of police investigations arising from LADO referrals has increased by 25%. In addition to this, an ongoing police investigation has resulted in a LADO referral.

For the first time, data has been collated relating to suspensions. The number of employees who have been suspended while an allegation is investigated was 72. This equates to around 40% of cases that were accepted as referrals.

Outcomes

There are 16 cases from this reporting period that are ongoing and updated figures will be provided in the next annual report.

As in previous years, the proportion of cases with an "unsubstantiated" outcome remains the highest total. This reflects the number of allegations that are made for which there are no independent witnesses or other evidence which would support or disprove the allegation. Despite allegations being recorded as unsubstantiated, these records are important for future reference, and can be indicative of concerns about an individual that require actioning at a future time. These concerns may be practice concerns that need addressing rather than evidence that an individual may pose a risk of harm to children, but this is as important for employers to be able to identify and address.



The chart above shows final action taken in some cases that have resulted in a 'substantiated' outcome. The number of DBS referrals has increased by 87% on last year; this represents a small number of the overall cases (35 in total). Almost half of the investigations that conclude as substantiated result in the employee being dismissed (47%).

There are no cases which have resulted in a criminal conviction during 2017-18. This is because some are still ongoing (16) and 8 are active police investigations.

Areas for improvement include:

Data Collation

During this year, improvements have been made to data capture and comparative analysis.

Private Providers

The number of referrals involving private care providers remains very high. Positive working relationships do exist with private care providers and work is ongoing to provide support and guidance on how to apply threshold guidance. Positive progress has been made in dealing with accumulative concerns regarding Residential Care Workers. The LADO recording systems allow for identification of repeat referrals regarding a particular individual.

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 holds services to account 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 in respect of adults with care and support needs who are parents and carers of children.

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, carrying out audits, and reviewing cases.

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.
- Repeat audits

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 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

During 2017 partner agencies and organisations of the SSCB were asked to complete a Section 11 audit using a West Midlands agreed self-assessment tool (template). The audit tool is designed to allow the LSCB to assure itself that agencies placed under a duty to co-operate by this legislation are fulfilling their responsibilities to safeguard children and promote their welfare. Chapter 2 of Working Together 2015 details the common features which must be demonstrated by agencies in order to fulfil their commitment to safeguard children and promote the welfare of children. This has been used as the source document for the key standards defined within the audit tool.

This is the first time that this template has been used in Shropshire and therefore it was piloted in two stages with agencies completing three standards in late 2017 and the remaining four standards being scheduled for completion in summer 2018.

The standards listed in Section 11 and self-assessed within the template during 2017 are:

1. Leadership and Accountability
2. Policies and Procedures
3. Listening to Children and Young People

As well as using a newly designed West Midlands Section 11 audit tool SSCB also invested in the Virtual College's online Enable Audit Tool, to assist with the auditing process. The online tool allows agencies to keep their Section 11 audit 'live' and update it as and when necessary rather than complete the audit on request of the SSCB. The tool also enables agencies to provide a mandatory narrative to support their answers, create an action plan for areas of improvement and upload documentation to evidence their gradings.

What SSCB will do next:

- Agencies will self-assess themselves against the remaining four standards of the Section 11 audit as follows:
    - Recruitment and Selection
    - Staff Induction, Training and Development
    - Complaints Allegations and Whistle-blowing
    - Information Sharing, communication & Confidentiality
    - Consideration will be given to Assurance Reporting in another format (i.e. agencies not completing both a Section 11 audit and an Assurance Report).
- The completed audits will be analysed by taking into account the following:
    - Whether the self-assessment was completed fully
    - Extent of evidence provided and whether this was robust
    - Whether the self-assessed grade appeared justifiable (given the evidence)
    - Whether there was evidence that the organisation is learning from quality assurance activity and acting on findings
    - Risks evident from agencies self-assessment
    - Innovative / good practice
- Proposals for quality assuring agencies completed audits will be agreed by SSCB and implemented during 2018-2019.
- Consideration will be given to the use of one online system across the West Midlands to benefit agencies working across multiple LSCBs, to allow for cost efficiencies and to pool resources for improvement work across the region.

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 areas 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 to ensure that agencies are able to provide relevant multi-agency data that is supported by a narrative in order to

understand and analyse the effectiveness of the safeguarding system in Shropshire

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):

- 641 Early Help Family Assessments were completed (for 1385 children)
- As of end of March 2018, 365 families were being supported by a targeted Early Help service.
- Note that the second indicator is different to 2016/2017 as it relates specifically to cases open to targeted early help services.
- 1488 referrals were received by Children's Social Care 249.2 compared to a national rate of 552.5 (2018). 0.9% resulted in no further action compared to a national rate of 9.4% (2018)
- 94.6% Social Work Assessments were completed within 45 days in 17/18, compared to 65% in 2016/17. This is higher than the national rate of 82.7% (2018)
- The rate of 'Section 47' child protection investigations has fallen from 99 per 10,000 in 2016/17 to 89.6 in 2017/18 compared to national rate of 166.9 (2018)
- 91.1% of initial child protection conferences were held within 15 working days 76.9% (2018)
- 190 children were subject of a child protection plan at end March 18, (31.8), compared to a national rate of 45.3 (2018)
- 6.3% of child protection plans lasted for 2 years or more at end March 18 compared to a national rate of 1.8% (2018)
- 7.5% of children were subject of a child protection plan for a second or subsequent time within 2 years – a decrease on the previous year's figure of 10.5%.
- There were 338 looked after children an increase of 16.5% on the previous year's figure. The rate per 10,000 children was (56.6), compared to national rate of 62 (2017)

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 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.

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 risk.

During the year the SSCB has formally raised concern around the strategic oversight of domestic abuse. This has been via the community safety partnership.

8 ENGAGEMENT OF CHILDREN AND YOUNG PEOPLE

Developing the means of listening and responding to the voices of children and young people has been a commitment across the partnership. Some agencies do have processes in which to secure children and young people's voices for example, Children's Social Care. In October 2017, the Service User IMPACT project was initiated, with a steering group made up of representatives from across Children's Services with the aim to improve and embed service user participation methods more consistently across the service

The Student LSCB is no longer in existence and the Board recognizes that it must formally review the way it engages with young people in the forthcoming year.

9 CONCLUSION AND LOOKING FORWARD

Ofsted reported that Shropshire Council are 'good' at keeping children safe across Shropshire, and that more children and families are receiving help at an earlier stage.

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 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.

The SSCB has provided both formal and informal 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 because 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.

Improved data analysis and collection remains an identified area for improvement and challenge to partner agencies. 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. Data can then be interpreted with confidence and will provide the SSCB with opportunity to use this alongside audit findings and other learning to highlight good practice and identify areas for improvement.

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 2018-2019.

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, 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 providing additional support to and education of foster carers, which has resulted in improved practice and reduced safeguarding concerns for this population of young people. It is known that learning from a current SCR to be reported on it next years annual will include local as well national learning in relation to unaccompanied asylum-seeking children.

Many of the safeguarding partners still face the challenges of financial pressures whilst contending with an ever increasing workload, both in pure numbers terms but also with increasing complexity and inter dependency.

The Board seeks to mitigate impact on safeguarding arrangements by asking agencies to complete a safeguarding impact assessment when undergoing change programmes work.

It is difficult to assess the cumulative impact on the safeguarding system of these single agency pressures but it is a factor which the Board continues to keep in clear line of sight.

Appendix A: A summary of agency assurance reports

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

West Mercia Police

West Mercia are committed to protecting people from harm and safeguarding children. The service has ensured there are more qualified Child Abuse Investigators. West Mercia Police are actively engaged with the Serious Case reviews and have provided assurance of commitment to the address the findings of the forthcoming publications. West Mercia Police have also tried to use alternative methods to enforcement where possible to help those that may be perceived as perpetrators who may also be victims themselves. Bespoke vulnerability training has been delivered across the force area, including Shropshire, and Shropshire have maintained dedicated PVP (Protecting Vulnerable People) department consisting of specially trained officers around child safeguarding.

National Probation Service (NPS)

There has been an increase in the number of Probation Officers in Shropshire. NPS were also inspected on the effectiveness of Probation work in the West Mercia area during the summer of 2017. A number of recommendations were made. In relation to safeguarding children, the inspection found that requests for information to police and Childrens social care should be made clearly and tracked.

In addition to the inspection, the template had been revised for the 2016 audit (completed in December 2016). The audit evidenced food multi agency working via MAPPA and child Safeguarding panels. NPS also identified further strong partnership links. Requests for checks Childrens Services checks are usually returned within 4 hours and domestic abuse checks are returned within 24 hours.

Community Rehabilitation Company

The CRC report a shortfall in funding from the MOJ (Ministry of Justice) due to a low number of cases allocated to the service. This has meant a focus on meeting contractual targets which has resulted in a delay in the requests and receipt of child safeguarding checks. Following the joint inspection in 2017 with NPS, the CRC needed to improve the quality of work involving cases of domestic abuse and those involving the safeguarding of children. Following the inspection, an action plan has been implemented and we look forward to reporting on this in the next year.

Youth Justice Service

The YJS implemented a new case management system, Child View, in 2016/17 and introduced the new national assessment framework, Asset Plus, at the same time. There have been issues in extracting accurate monitoring and performance information though out 2017. This has meant that some of planned deep dive analysis referred to in the previous annual report has been delayed. A major upgrade to the system has been recently applied which should resolve the issues relating to data extraction.

The YJS continues to have a significant proportion of looked after children on caseloads, at 20% across the service (including other areas LAC). Within Shropshire there is, in addition to home looked after children a significant number of other authorities looked after children on the YJS caseload. At the end of July 2017 23% of the Shropshire Team's caseload were other authorities

looked after children. The service and management board have recognised looked after children as a priority and are re-establishing a LAC reference group in early 2018.

The Protocol to Reduce Offending by the Criminalisation of LAC was agreed and signed off in the first quarter of 2017.

There is increasing evidence of the correlation adverse child experiences and serious youth offenders. WMYJS is participating in some research commissioned by the West Midlands Combined Authority to investigate the prevalence of abuse, loss, trauma and attachment issues in a cohort of offenders from across the West Midlands. Ten practitioners from WMYJS will be involved in the research which will also identify the implications for and make recommendations for practice.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. Fifteen offenders have been discussed in this reporting period. The MAPPA arrangements were discussed in the inspection of the effectiveness of probation work within West Mercia and noted that MAPPA 'was working well'.

Children's Social Care (CSC)

Shropshire Children's Services were inspected by Ofsted in September 2017 and received a Good judgement overall. The inspection recognised the progress that has been made in improving services to vulnerable children and families and found that safeguarding arrangements were robust. The inspection recognised the work done to strengthen services to looked after children and care leavers but also highlighted that further work is needed in these areas.

An Ofsted Action Plan is in place which sets out how we will address all the key findings and recommendations from Ofsted and this Action Plan is subject to scrutiny by the Children's People Committee and has been presented to SSCB. The SSCB will continue to oversee the implementation of this Action Plan.

Performance indicators are one measure of identifying outcomes for children. The following are 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 2017/18 this increase has been maintained with an additional 33 concerns forms progressing to Early Help. However, for 2018/19 it is likely we will see a further rise in concern forms arising from Ofsted Recommending that concern forms be opened on all children in the family.
- Stable rates of referrals. Despite seeing a reduction in referrals in 2016/17, referrals rates have been relatively stable in 17/18 with an additional 75 referrals being received. However towards the end of quarter 4 there has been an increase in the number of referrals with 191 referrals being received in March 2018.
- Robust decision-making and effective step down arrangements means repeat referrals have dropped from 15.5% March 17 down to 14.4 % March 18 and is lower than the England and SN averages.
- Improved joint decision making in Compass to agreed and shared thresholds means the highest outcome of strategy meetings is Joint police/SC S47 enquires, which highlights effective partnership working.
- Improved timeliness of assessments has been achieved in 2017/18 with

94.6% of assessments being undertaken within timescales. This is in comparison 65% at end of quarter 4 in 2017.

- Number of Children Subject to Child Protection. There has been a decrease in Child Protection numbers in 17/18 with 50 less children subject to a Child Protection Plan compared to the previous year. Statistically, Shropshire is below England averages. The rate of child protection plans has dropped from 40.5 to 32 per 10,000 compared to England and statistical neighbour averages of 43 and 41. There is a correlation between the increase in children coming into care and a reduction in children with a child protection plan. Between January and March 18 CSC instigated 18 sets of care proceedings.

- Sustained outcomes for children through effective CP/Targeted Early Help interventions. There has been a decrease in the number of children subject to a second or subsequent plan, with a reduction for both measures, falling from 23.6 to 16.4 for anytime and falling from 10.5-7.5 within last 2 years

- Number of children in care. The number of children in the care of the Local Authority has increased from 291 – 338 during the course of 2017/18. This is as a result of more children coming into care as well as less children leaving the care system. During the course of this year CSC have seen an increase in the number of young children entering the care system subject to court proceedings. The increase in court proceedings and children in care has impacted on capacity issues across the council.

- 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 16, up to 66% in March 17 and 75% in March 18. This is an increase in 9.7% over the past 12 months. This mirrors a 10% decrease in those children accommodated subject to Section 20 from 31% to 21%.

- Number of Children in Need. Overall there are approximately 1250 children open to the service. In the last 12 months, our CIN rates have remained stable. We regularly review the length of time children are open subject to a CIN plan and although has been a slight increase in the number of CIN cases open for 9 months or more, CSC are satisfied that this is as result of court orders requiring these cases to remain open – Supervision Orders and Family Assistance Orders and not because of any delay.

- Improvement in hearing the experience of the child and parent. Children's Social care recognise that there is more to do in the area of service user feedback and that it should be an integral part of our Quality Assurance Framework. In October 2017, the Service User IMPACT project was initiated, with a steering group made up of representatives from across Children's Services with the aim to improve and embed service user participation methods more consistently across the service.

Early Help

Effective Early Help universal services and targeted 1:1 support have been available to families who need help and support in the last 12 months. Partners understand the thresholds provided by Shropshire's Children's Safeguarding Board. The result of the audit work undertaken highlights that there is further improvement work that is needed to improve the quality of Family Assessments, and family action plans need to be outcome focussed and SMART.

The strategic future direction of Early help provision being delivered through proposed Early Help Family Hubs which are well co-ordinated, focussed and delivering evidence based interventions will help to secure better outcomes for the most vulnerable children and young people. An update regarding the impact of this process will be available in the next annual report.

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
7th March 2019

STP Director Update

Responsible Officer
Email: **Phil.evans1@nhs.net**

1. Summary

The attached report provides the Board with an update re: STP system response to developing a draft system narrative and the next steps

2. For Information

The Board is invited to:

a) Note System Challenges – Slide 6
b) Note system development towards and ICS – Slide 7
c) Future proposed use of system data to inform shared understanding and drive transformation – Slide 8
d) Delivery & Enablement Programme Updates – Slides 11-16
e) System understanding and approach to Activity, Finance & Workforce.

STP Update for Shropshire Health & Well-Being Board 7th March 2019

This month the STP Directors update is taking a different format due to the collective system working on **19/20 Organisational Operational Plans** and aggregated data submissions for Activity, Finance and workforce.

System partners are continuing to work closely together as we establish refreshed working arrangements and system governance to improve outcomes for our population of Shropshire, Telford & Wrekin whilst making best use of every £ spent.

This update provides an extract from the recent Draft System Operational Plan Narrative submitted on 19th February. This work continues to evolve, all system partners continue to be involved at leadership, operational and delivery level in order to develop an achievable, credible system plan that we can all be part off. The next iteration is due for submission on the 11th April and following that, we have planned engagement and communication activities with all our system delivery and enablement programmes to refresh our system ambitions and deliverables.

This update focuses on what we know about our system thus far and will be combined with system data understanding of activity, finance and workforce in order that we collectively agree our priorities and shared resources to support delivery.

Going forward there will be a greater emphasis on:

- Development of a learning culture to support transformation
- Greater use of system data to establish shared understanding and identify priorities
- A focus on Workforce as a system enabler across all delivery programmes

It's important that we all recognise ourselves as contributing to STP / ICS development both as system partners and wider stakeholders and it's only through this collaborative working that system transformation can be achieved.

If you want to be more involved in the wider system understanding and development, Please don't hesitate to get in touch with the STP PMO who can assist your involvement in the relevant groups / organisations.

Future updates from April onwards will be via STP Quarterly Chair's Bulletin.

For further information contact stw.stp@nhs.net or jo.harding1@nhs.net

DRAFT System Operational Plan

Shropshire, Telford & Wrekin STP

19th February 2019

Our system plan has input from the following System Partners as well as wider stakeholders

NHS Shropshire Clinical Commissioning Group

NHS Telford and Wrekin Clinical Commissioning Group

NHS Shropshire Community Health NHS Trust

NHS Midlands Partnership NHS Foundation Trust
A Keele University Teaching Trust

healthwatch Telford and Wrekin

NHS Health Education England

Telford & Wrekin COUNCIL

healthwatch Shropshire

NHS The Shrewsbury and Telford Hospital NHS Trust

NHS The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

NHS West Midlands Ambulance Service University NHS Foundation Trust

Shropshire Council

Foreword by: Sir Neil McKay, Shropshire, Telford & Wrekin STP Independent Chair

- **This 19/20 system operating Plan forms the first year of our refreshed STP LTP due in the autumn 2019.**
- The Shropshire, Telford & Wrekin STP have worked collaboratively to bring single organisational operating plans from all system partners, including **Local Authority** plans in to an aligned narrative description that captures the following:
    - System Priorities& Deliverables
    - System understanding of activity assumptions
    - System understanding of capacity planning
    - System understanding of strategic workforce planning
    - System Financial understanding and agreed approach to risk management
    - Understanding of efficiencies and our collective responsibility to deliver those.
- In order to develop from an STP to an **Integrated Care System**, we are required to structure and manage ourselves differently going forward.
- Our system will make better use of our collective data to inform the initial **Bronze Data Packs** and later in the year the **Population Health & Prevention Dashboard**, both designed to improve our system business intelligence, understanding and planning for improved outcomes.
- As part of our LTP refresh, our system will be revisiting our ambitions and the expected outcomes for our population served. Details of these will be available in our LTP later this year.
- **System leadership capacity & capability** across all organisations is fundamental to our success and we will be completing two key programmes to support our strategic development in this area:
    - **System Commissioning Capability Programme**
    - **System ICS Development Programme**
- Transformation across all that we do to achieve ICS status by 2021/2022 is our goal. Our focus will be on system delivery and enablement to achieve high quality outcomes for our population whilst making best use of our collective system resources in order to get best value for every £ spent.
- The Long Term Plan refresh is our opportunity to work as a system, to meet our challenges of a growing elderly population with increasingly complex needs. Our system expertise (health, social care & wider stakeholders) will come together via our system **Clinical Strategy Group** that will in turn inform our **System Programme Delivery Group,** this will be the engine room of our system transformation.
- This plan has the support and sign-off through all our system partners via **System Leadership Group** and corresponding individual organisational governance processes.

Sir Neil McKay, Independent Chair

Shropshire, Telford & Wrekin STP

Shropshire, Telford & Wrekin STP local context

- Shropshire, Telford and Wrekin STP can be characterised as a good place to live and work, with a good sense of community and volunteering, and the population we serve recognised as diverse, with challenges set by our geography and demography.
- Shropshire is a mostly rural county with 35% of the population living in villages, hamlets and dispersed dwellings; a relatively affluent county masks pockets of deprivation, growing food poverty, and rural isolation. Telford & Wrekin is predominantly urban with more than a quarter living in the 20% most deprived nationally and some living in the most deprived areas.

- The STP sits between some of the largest conurbations in the country (Birmingham to the South, Manchester and Merseyside to the North), as well as sharing its western border with Wales.
- The STP footprint is served by one acute provider (Shrewsbury & Telford Hospitals NHST), one specialist provider (Robert Jones & Agnes Hunt FT) , one community health provider (Shropshire Community Health NHST) and one mental health provider (Midlands Partnership FT) The ambulance provider is West Midlands Ambulance Service FT.
- There are two CCGs across the footprint; Telford & Wrekin CCG has a large, younger urban population (173k) with some rural areas and is ranked amongst the 30% most deprived populations in England. Shropshire CCG (308k) covers a large rural population with problems of physical isolation and low population density and has a mix of rural and urban aging populations.
- There are two corresponding local authorities in the footprint; Telford & Wrekin Council, and Shropshire Council
- There are two A&E sites within 28 minutes drive time of each other (Royal Shrewsbury Hospital and Princess Royal Hospital), both with growing volumes of attendances, regularly seeing 400-430 attendances across both sites each day.
- Residents of parts of the footprint will have reasonably long drive times to access acute services and the Shrewsbury site is isolated.
- The nearest major trauma centre is at Stoke on Trent (UHNM), in the neighbouring Staffordshire footprint.
- There are some high prevalence rates of mental health conditions identified in Shropshire/ T&W; there is one mental health provider with a full coverage of services available within the footprint. In addition to minimum Tier 3 and 4 inpatient wards, specialist beds and Tier 4 secure/forensic services are provided.

System Challenges

One of the significant challenges the system faces is that the single acute provider, Shrewsbury & Telford Hospitals NHS Trust (SaTH) has continued to be limited by insufficient access to a substantive workforce which has impacted on quality, performance and their financial position and has led to the Trust being placed in Special measures by NHSI. There are also reducing budgets in the care sector and complex political relationships across the system with challenges in Telford in particular where there is a Labour council and Conservative MP.

Demographics & geography:

- Ageing population; in the Shropshire Council area, 23% of the population is 65 years and over: compare to the England average of 17.6% . T&W Council area has a greater number than average of young people but a rapidly growing older population.
- A largely rural Shropshire in contrast with a relatively urban T&W provides challenges to developing consistent, sustainable services with equity of access.
- Shropshire STP area 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.

Operational performance

- A&E: workforce constraints with consultant and middle tier medical and nursing staff vacancies at SaTH have affected performance, with year to date 4-hour performance at 75.87%
- Cancer: the system is failing to deliver consistently against key cancer standards in all specialties due to challenges with staffing combined with high numbers of referrals

Financial position – the system is facing in year financial pressures:

- There is an *underlying* deficit across both commissioners and providers of c.£56m, driven largely by financial challenges within Shropshire CCG and Shrewsbury and Telford Hospitals Trust.
- The two local authorities have been required to make significant savings over recent years, compounded by significant rising costs in delivering social care for both children and adults.

Workforce

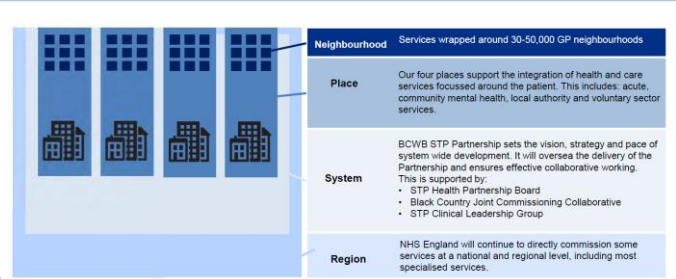
- **All providers (including the social care and domiciliary sector) report issues recruiting qualified staff due in large part to the geography and demography of the area.**

Quality

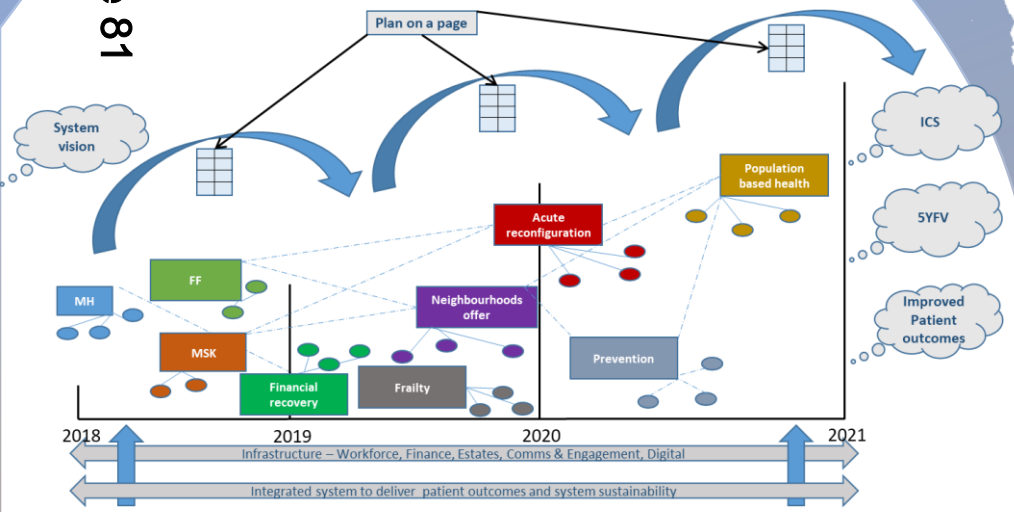
- Shrewsbury and Telford Hospitals Trust has recently been rated ‘inadequate’ by CQC and is in ‘special measures’. The Trust is involved in an ongoing independent review into neonatal and maternal deaths.
- Shropshire Community Health Trust and Robert Jones & Agnes Hunt FT are currently rated ‘requires improvement’; both are undergoing current inspections.

Reconfiguration

- Public consultation on acute services reconfiguration (‘Future Fit’) completed; Final Decision Making Business Case approved by Joint Programme Board January 2019. Implementation over the next 5 years, subject to NHSI approval.
- Closer joint working between the two CCGs, exploring the options to move to a Single Strategic Commissioner. Interim Accountable Officer appointment for Shropshire County CCG to commence April 2019, following retirement of the incumbent.
- Midwifery-Led Units case for change just completed NHS England strategic sense check ahead of proposed reconfiguration consultation



Neighbourhood	Services wrapped around 30-50,000 GP neighbourhoods
Place	Our four places support the integration of health and care services focussed around the patient. This includes: acute, community mental health, local authority and voluntary sector services.
System	BCWB STP Partnership sets the vision, strategy and pace of system wide development. It will oversee the delivery of the Partnership and ensures effective collaborative working. This is supported by: • STP Health Partnership Board • Black Country Joint Commissioning Collaborative • STP Clinical Leadership Group
Region	NHS England will continue to directly commission some services at a national and regional level, including most specialised services.



Development towards an Integrated Care System

- STP System Leadership are progressing towards an Integrated Care System with aligned strategic thinking and delivery.
  - Shadow ICS board currently being developed
- Renewed Governance and leadership
  - STP governance refreshed (to be agreed)
- Commissioning Capability Programme
  - Development of strategic commissioning and wider partner engagement to shape together
- Integrated Care Development Programme
  - Integrated Care System Development (ICSD) - A programme to develop long term behaviors and capabilities to progress the development of local ICS architecture.
  - Commissioning in our 'ICS System' commissioning arrangements to support our wider objectives in order to transform the quality of care delivery and improve health and wellbeing for our population.
    - Functions of the CCGs
    - Services the CCG provide
    - Alignment of STP/CCG resources where possible
- Understanding the optimal level/scale at which to commission and where greater efficiencies can be sought.
- National Delivery Unit Data pack (Bronze Packs) - a standard data analytical pack produced from national data sources provided to system to identify system opportunities that will contribute towards financial sustainability and improved health and wellbeing outcomes.

Using system data to drive system change – System Bronze Pack – available 7th March 2019

Key Inputs: Multiple data sources across NHSE and NHSI.

Data	Source	Bronze Diagnostic
Right Care Data and Strategic Finance	RightCare	✓
ECIP	NHS Improvement	✓
GP Forward View	NHS England	✓
Model Hospital	Model Hospital	✓
CCG Activity and Benchmarking Tool	NHS England	✓
Local Authority Social Care Data	NHS Digital and LGA	✓
Mental Health Dashboard	NHS England	✓
Enhanced Care Home Data	NHS England	✓
NHS Operational Report	NHS Improvement	✓
BCF Plan (Data & Narrative)	System	Optional – for region to include. Training will be provided on how to access.
Health & Wellbeing/ Pop Health Data	Fingertips/LGA	
STP Plan	System provided	
External Consultancy Reports	System provided	

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Triangulation of Data

Key Outputs: A summary 10-15 page output report is created based on the triangulation of the multiple data sources. The 3 key system drivers are documented.

STP/ICS Diagnostic: System Opportunity Overview

Key System Drivers / Summary Hypothe[s]

1 Prevention and Detection

Poor detection leading to outcome related illnesses in respiratory and circulation and higher non-elective spend

- **Respiratory and circulation are the 3rd and 4th highest expenditure areas in the ICS.** Respiratory has c. £13m higher than the national average and circulation c£7m more (16/17)
- Spend on non-elective for these specialties is **£15m higher** than peers. NHS xx & xx are the biggest contributors to this (17/18).
- **2,800 additional bed days** compared to peers are attributable to respiratory and **3,000 additional bed days** compared to peers for circulatory (17/18).
- There are opportunities to improve across respiratory outcome indicators compared to peers. Highest opportunity is for % patients over 65+ receiving the **PPV Vaccine** (17/18).
- The most common reason for avoidable admissions from care home are for patients with a primary diagnosis of Pneumonia or Influenza at a rate of c.0.11 EAs per resident (national rate of 0.9).
- Compared to peers there is a difference of **7[illegible]52 patients** being reported for the **prevalence of COPD** (16/17).
- Compared to peers there is a difference of **17,4[illegible] patients** being reported for the **prevalence of Hypertension** (16/17).

2 System Working and Frailty

The elderly population have high instan[illegible]s of admissions to hospital (including from care homes) [illegible] are staying in hospital longer than peer organis[illegible]ns

- **DTOCs for XX are 140% higher t[illegible]n peers a[illegible]d XX 90%** [illegible] and xx have high number of bed days due [illegible]DTOCs [illegible]7/18). **22,000 days delays**, mainly xx and xx.
- High proportion of **elderly [illegible]** patients [illegible]e a **LoS >6 days**, 61% for xx and xx, 65% for xx, 68[illegible] fo[illegible] (May 18).
- At xx Hospital **33% of elective [illegible]eriatri[illegible]atients** are classed as short stay with **no pro[illegible]dure** (May 1[illegible]
- **Downward trend[illegible] CHC[illegible]re** from £1m above national average in 15/16 to [illegible]ow nationa[illegible]erage in 16/17. xx and xx have highest opportunity to [illegible]rove 28 day decision making.
- **Low [illegible]mi[illegible]DSTs** comp[illegible]ed in the acute setting up to 100% lower than p[illegible]rs – driv[illegible]xx, xx and xx (17/18).
- In 17/18 [illegible] th[illegible]e were **6,900 STP residents in care homes**, 48% nursing, o[illegible]se residents there were **7,900 A&E attends** with 32% attributable [illegible]xx CCG. These accounted for **40,700 bed days.**
- [illegible]re **0.8[illegible] emergency admissions per care home resident**, [illegible]gher th[illegible]e national rate of 0.70 (Q2 17/18).
- H[illegible]h number of **avoidable admissions** from Care Homes across STP - [illegible]% against national average of 13% for influenza and pneumonia. **xx** contributing to **17% avoidable admissions** (Yr to Q2 17/18).
- Number of **injuries due to falls** in over 65s is higher than peers (809 more patients affected) (16/17).

3 Mental Health

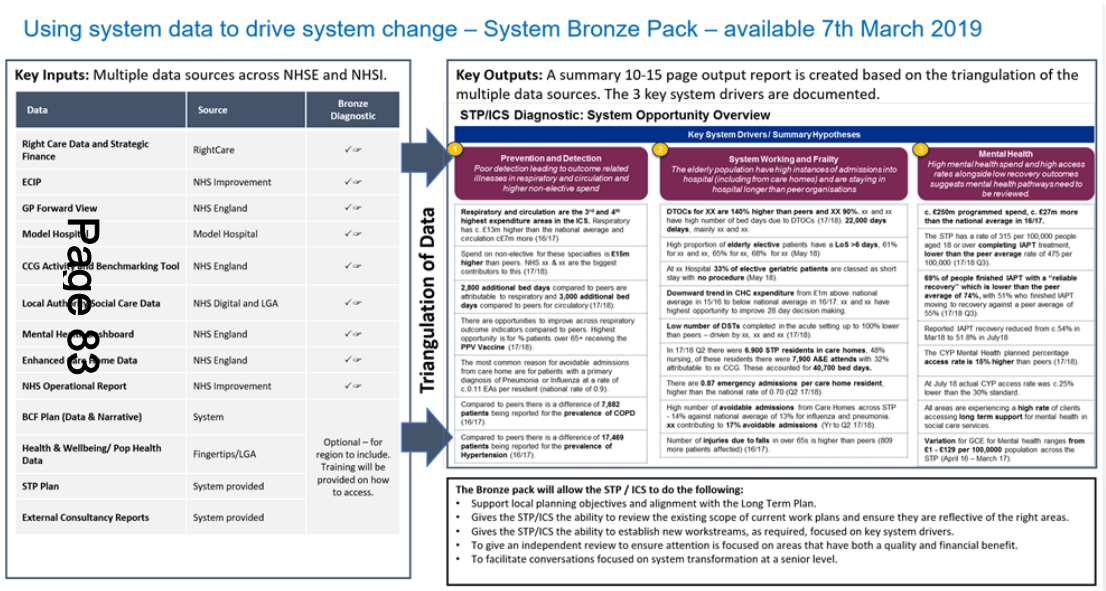
High mental health spend and high access rates alongside low recovery outcomes suggests mental health pathways need to be reviewed.

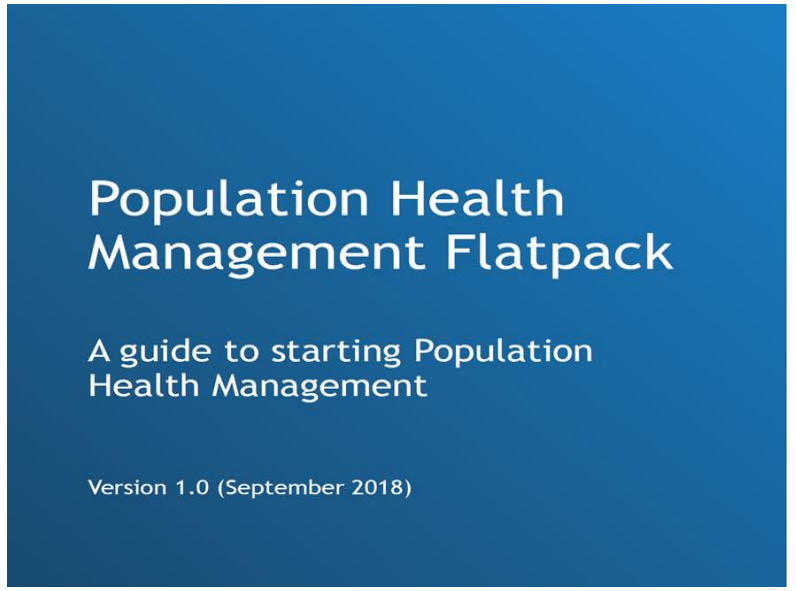
- **c. £250m programmed spend, c. £27m more than the national average in 16/17.**
- The STP has a rate of 315 per 100,000 people aged 18 or over **completing IAPT** treatment, **lower than the peer average** rate of 475 per 100,000 (17/18 Q3).
- **69% of people finished IAPT with a "reliable recovery" which is lower than the peer average of 74%,** with 51% who finished IAPT moving to recovery against a peer average of 55% (17/18 Q3).
- Reported IAPT recovery reduced from c.54% in Mar18 to 51.8% in July18
- The CYP Mental Health planned percentage **access rate is 15% higher** than peers (17/18).
- At July 18 actual CYP access rate was c.25% lower than the 30% standard.
- All areas are experiencing a **high rate** of clients accessing **long term support** for mental health in social care services.
- **Variation** for GCE for Mental health ranges **from £1 - £129 per 100,0000** population across the STP (April 16 – March 17).

The Bronze pack will allow the STP / ICS to do the following:

- Support local planning objectives and alignment with the Long Term Plan.
- Gives the STP/ICS the ability to review the existing scope of current work plans and ensure they are reflective of the right areas.
- Gives the STP/ICS the ability to establish new workstreams, as required, focused on key system drivers.
- To give an independent review to ensure attention is focused on areas that have both a quality and financial benefit.
- To facilitate conversations focused on system transformation at a senior level.

Using system data to drive system change – Next Steps





NHS England

Public Health England

NHS Digital

Shropshire, Telford & Wrekin, plan on a page, STP Plan – to be refreshed through LTP refresh – Autumn 19

Vision – to be the healthiest population in England

Programmes and Priorities:

Population health and wellbeing

- Working across health and care to proactively support people to improve and maintain their health & wellbeing

Community Services

- Developing out of hospital services that support the diverse population we serve integrated working and primary care models
- Implement multi-disciplinary neighbourhood care teams
- Ensuring all community services are safe, accessible and provide the most appropriate care.

Acute & Specialist Hospital Services

- Redesigning urgent and emergency care, creating two vibrant 'centres of excellence'
- .delivering high quality, safe services
- Transforming:

Cancer	MSK
Maternity and Paediatrics	ENT
Stroke/ Cardiology	Respiratory
Ophthalmology	Elective Care

Enabled by:

Strong **partnership working** across health, care, public, private and voluntary and community sector

Making the best use of **technology** to avoid people having to travel large distances where possible

Communicating with and involving local people in shaping their health and care services for the future

Supporting those who deliver health and care in Shropshire, Telford and Wrekin, developing the right **workforce**, in the right place with the right skills and providing them with local opportunities for the future

Improving and making more efficient our **back office** functions

Making better use of our **public estate**

Outcomes:

- Improved healthy life expectancy
- Improved system efficiencies
- Increased partnership working across all delivery & enablement programmes

Measured by:
Quarterly Checkpoint review meetings

- Delivery Programmes
- Enablement Programmes

Governed by : *(proposed)*
System ICS Shadow Partnership Board

- Shropshire CCG
- T&W CCG
- Shrewsbury & Telford Hospital
- Shropshire Community Health Trust
- Robert Jones and Agnus Hunt
- Midlands Partnership Foundation Trust
- Shropshire Council
- Telford and Wrekin Council

Population health and prevention

Priorities:

1. Develop system architecture for population health, including a robust understanding of need through business intelligence and the JSNA
2. Support improved working for prevention across all organisations; in particular
    - Develop our wider workforce in behaviour change and motivational interviewing
    - Proactively identify people at risk of ill health and behaviour change conversations, brief interventions
    - Prevent harm due to alcohol, obesity and CVD
    - Support culture change and new working practices that help people at the earliest opportunity
    - Support active signposting and develop a good understanding of how communities support people – linking to Social Prescribing
    - Work across organisations (including the VCSE) to prioritise support for key population groups – address inequity and inequalities by connecting with the national and regional population health management support mechanisms

Deliverables:

- Deliver system data repository, JSNA development and reporting processes
- Implement place based working with the local authorities (connected to primary care and community transformation);
- Deliver Stop smoking services for patients, expectant mothers, long term users of specialist mental health services and learning disabilities;
- Implement social prescribing, targeting CVD and weight loss services to people who need it most;
- Deliver greater uptake of the National Diabetes Prevention Programme;
- Ensuring children have the best start in life including access to mental health and early help support;
- Establish alcohol care teams in hospital and community

Primary care and community services

Priorities:

1. Developing out of hospital services that support the diverse population we serve
2. integrated working across Community Services, Acute Care, Primary Care, Social Care, Preventative services, and the VCS
3. Supporting the development of Primary Care
4. Ensuring all community services are safe, accessible and provide the most appropriate care.

Deliverables:

- Develop & deliver Primary Care Framework
- Develop & deliver Primary Care Networks
- Develop and deliver neighbourhood care models, including Care Closer to Home and Neighbourhood working
- Implement multi-disciplinary neighbourhood care teams across health, care and VCS that includes:
    1. Rapid Response
    2. Intermediate care/ hospital at home
    3. Care home support (including Care Home Advanced, Trusted Assessors, Care Home MDT)
    4. Social Prescribing and prevention services
- Implement frailty at the front door (acute service)

Referral to Treatment & Planned Care

Priorities:

- Streamlined care;
  - Outpatient activity
  - Cancer treatment
  - Musculoskeletal (MSK) services
  - Neurology
  - Local Maternity Services
- Robust pathways;
  - Achieving targets
    - 18 week referral targets – consultant lead treatment
    - 6 week diagnostic test target
    - 52 week treatment target
- Commission sufficient capacity;
- Improve patient experience of appointments and treatments;
  - Outpatient redesign

Deliverables:

- Monitor the acute trusts waiting list to ensure at the end of March 2020 does not exceed the waiting list at the end of March 2018
- Work with providers to develop a process for identifying patients exceeding 6 months on the waiting list and offering them an opportunity to move to an alternative provider
- Develop a process for identifying patients approaching 40 weeks on the waiting list to ensure no patient exceeds 52 weeks

Outpatient Redesign

- The CCGs plan to undertake a programme of work in relation to outpatients redesign. A task and finish group has been established with SaTH & RJAH to look at what changes can be made. The CCGs intend to use this task and finish group to undertake the following actions:
- Identify area where non face to face appointments can be implemented
- Explore areas where patient led follow ups can be implemented
- Develop process for identifying unnecessary frequent attenders and implement mitigating actions for these patients
- Align diagnostics with appointments
- Use national outpatient improvement dashboard to improve clinic utilisation
- Use the learning from the IBD app project to roll out to other areas
- Identify technology opportunities in relation to outpatient appointments

MSK

Priorities:

- Review MSK services within community and secondary care;
- Transforming operational processes and developing a single service model for the whole MSK pathway, using the results of the review and the First Contact Practitioner pilot evaluation;
- Delivering referral targets;
- Delivering quality and financially sustainable services.

Deliverables:

- Completed MSK review;
- New single service model for MSK that integrates with community and secondary care;
- Continue to monitor progress and quality

Maternity

Priorities:

- Improve Safety
  - Stillbirths and neonatal reduction
  - Reduction in brain injury
- Improve Choice and personalisation
  - enabling all women to have a personalised care plan and choice in the care they receive
- Increase midwife led births
  - increase the number of women giving births in a Midwife led unit
- Increasing investment in perinatal mental health
- Develop continuity of carer

Deliverables:

- Develop and progress the Midwife Led Unit Review
- Develop and implement pilot for continuity of carer programme
- Fully implement improvements in safety including Saving babies lives care bundle
- Deliver improvements in choice about maternity care, including by developing personalised care plans
- Implementing the neonatal quality improvement programme
- Develop workforce plan to improve core staffing with clear governance and reporting
- Developing a culture of learning and improvement

Urgent & Emergency Care

Priorities:

7 High Impact Change Model:

- Improvement in ED Systems and processes
- Reduction on Long Lengths of Stay
- Standard work of SAFER patient bed bundle and Red2Green across the system
- Frailty improvement
- Demand and Capacity modelling
- Integrated discharge function
- Ambulance demand and pathways improvement

Deliverables:

- Successful recruitment to the workforce
- Improving access to Same Day Emergency Care (SDEC)
- Improvement and development of frailty at the front door programme
- Sustaining and improving the reduction in long stays
- Ensure that data is available and used effectively to inform clinical decision making and future priority planning
- Discharge planning from moment of admission to prevent deconditioning and ensure a timely, home first approach for as many patients as possible
- Improve ED systems and processes to ensure efficient and effective care for patients
- Identify and manage constraints identified throughout the patient journey to ensure timely and effective care
- Effectively match capacity and demand through the use of data and intelligence
- Better use data to avoid conveyance and ensure patients are treated in the right place in the first instance

Cancer

Priorities:
Ambition – fewer people to be diagnosed with preventable cancers; improve mortality rates and improve patient experience

Priorities:
- Deliver the Living with and Beyond Cancer;
- Deliver cancer services that are accessible, timely and sustainable;
- Workforce and capacity – testing new ways of system working that will deliver more timely care;
- Improve against performance targets;
- Explore opportunities for improving urological cancer through joint working across the system

Deliverables:
- Implement a holistic needs assessment and care plan
- Develop treatment summaries to guide patients and GPs post treatment
- Develop and deliver the living well offer – providing advice, support and signposting
- Deliver the cancer care review – between the GP (or nurse) and patient
- Deliver person centred follow – up tailored to the patients
- Develop joint working processes for urological cancer

Mental Health, learning disabilities & autism

Priorities:
1. Children and Young People
    - Transformation plan
2. Mental Health Workforce Strategy
3. Suicide Prevention Strategy
4. Neighbourhood working
    - Developing an integrated model of delivery to support STP priorities
    - Realign and develop workforce
    - Developing relationships and integrating with community services including primary care, local authority, VCS
    - Perinatal mental health
5. Crisis response and admission avoidance
    - Development of dementia services (including community, rapid response, and
    - Use results of the winter pressures evaluation to
6.Address needs of vulnerable people

Deliverables:
- Develop and implement a system all age Mental Health Strategy
- Implement the suicide prevention strategy and action plan
- Embed mental health pathways into neighbourhood models of care
- Implement the children and young people local transformation plan
- Develop strategy for people with learning disabilities and autism, with clear actions for improvements
- Develop all age support team for individuals and families to reduce need for hospital care
- Development of local SEND partnership arrangements
- Review and joint work on complex care needs for children and adults
- Implement workforce strategy
- Strengthen out of hours crisis response
- Develop local dementia plans

Personalised health budgets and social prescribing

Priorities:

- Developing joint personal health budgets governance and delivery with the Local Authorities
- Develop joint processes and commissioning for CHC (health and care)
- Develop personal health budgets in line with the NHS model of Personalised Care
- Continue to progress the development of local models of Social Prescribing utilising funding to be allocated in 2019
- Connect social prescribing with out of hospital and primary care transformation programmes (Care Closer to Home and Neighbourhoods), and the Better Care Fund prevention strands and voluntary sector grants and contracts

Deliverables:

- Implement a robust system and governance for personal health budgets
- Implement new practices for jointly delivering CHC with local authority partners
- Progression of models of Social Prescribing by joining with out of hospital with additional funding, in connection with primary care
- Connect with data and infrastructure developments as part of Population Health Management programme

Long Term Priorities, linked to LTP

Priorities:
The LTP (Jan 2019) Describes 5 major changes

- Boosting 'out-of-hospital' care and finally dissolving the divide between primary and community health services
- Redesigning and reducing pressure on emergency hospital services
- Enabling more personalised care
- Making digitally-enabled primary and outpatient care mainstream
- Focusing on population health and partnerships with local authority-funded services, through new Integrated Care Systems everywhere

Deliverables:

- Closely working together as a system to deliver greater capacity in out of hospital care, through:
  - Population Risk Stratification
  - Establishing Primary Care Networks
  - Delivery of Integrated Care Teams
  - Case Management of complex / frail patients
- Delivery of a system wide Urgent & Emergency Care Strategy, working across all partner organisations, improving access for patients across the system for those that need it whilst reducing pressure on acute services
- Refresh our Local Digital Roadmap, focusing on:
  - People empowerment ("All people")
  - Processes – workflow and efficiency
  - Pace
- Using our STP Bronze Pack (Mar 2019) and later our Population Health "Flat Pack", using data to increase business intelligence capability and capacity to drive system transformation

System Enablers supporting delivery of priorities – building blocks for delivery

Workforce

Priorities:

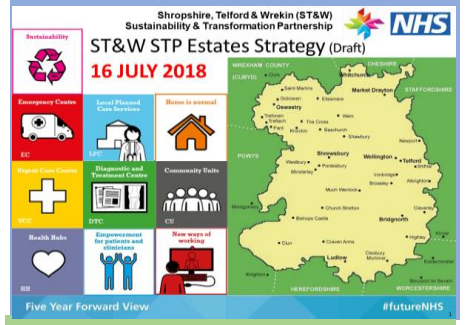
System wide engagement
- Attract, recruit, retain
- Planning & modelling
- Education
- OD & leadership

Deliverables:

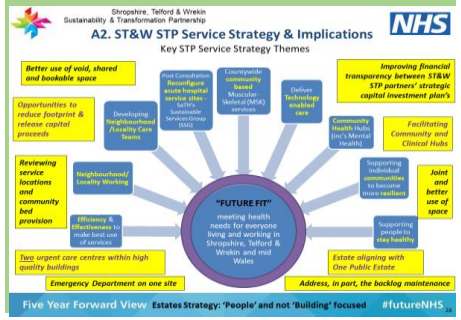
- Industrialise approach to scale opportunity
- Intensive support to redesign programmes;
- Workforce for the digital age (Topol)
- Improvement methodology systemwide
- Designing an employment framework for the ICS model

Estates

Priorities:
- An integrated & co-ordinated public estate, relevant to redesigned patient/service user and staff pathways.
- Ensure estate is accessible, efficient & safe



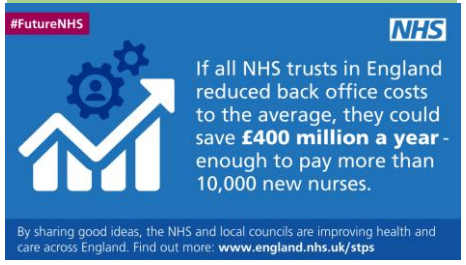
Deliverables:
- Estates Strategy review & future capital bids
- Improve disposal info /data & develop aligned pipeline



Back Office

Priorities:
- Drive costs to the national median or other agreed benchmark, appraising options for rationalisation
- Sponsor & support collaboration & develop stakeholder relationships to assess opportunities for wider public sector benefits
- Agree a change programme

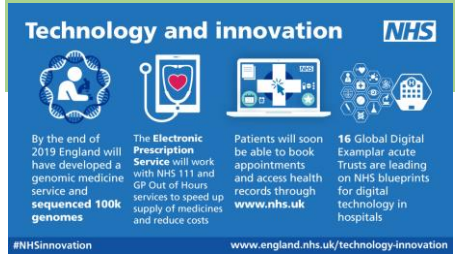
Deliverables:
- Once agreed, implement a change programme
- All providers to adopt an 'open-book' approach to data and information sharing
- Use benchmarking data to support decision making



Digital

Priorities:
- Finalising and agreeing the local digital roadmap to set strategic direction.
- Support partner organisations to achieve standard levels of digital maturity
- Progress towards a shared care record, to enable the best care from the use of all available information.

Deliverables:
- Digital shared care record available for appropriate use.
- A standard of infrastructure across all partner sites and devices to enable digital transformation
- Mobile enabled workforce.



Communication & Engagement

Priorities:
- Communicate our system wide plan re: LTP refresh
- Ensure wider stakeholder engagement and involvement in every delivery and enablement programme
- Develop STP/ICS website & Newsletter

Deliverables:
- Delivery of STP/ICS Comms & Engagement strategy
- Evidenced engagement within every programme of work
- Every organisation has increased awareness of system understanding of transformation programme

System Understanding of Activity Assumptions

The STP partner organisations have stated their system assumptions affecting activity to inform the demand and volume assessments. These high level assumptions are subject to further sense checks to ensure relevance, accuracy and consistency.
Forecast outturn activity as the basis for commencing 2019/20 contract negotiations. The current contract position, driven by activity and price is shown in the table below. No contracts have currently been agreed and negotiations are at various stages of development with activity and price variations chief amongst the reasons for current differences as at 19 February 2019.
Activity levels between commissioner and provider will be aligned having considered and agreed commissioner QIPP, other transformation initiatives including migration of services to community and activity avoidance schemes.

System Capacity Planning

- Significant amount of work was undertaken across the system to model the capacity requirements for winter 2018/19
- Real time activity data has been used to develop this model given the significant, unpredicted growth in demand
- Further work is now required to determine capacity requirements in acute and community settings
- Significant work is being done by the system to improve models of admissions avoidance, such as the ambulance conveyance reduction work. Improvement in ambulatory care models also being undertaken to minimise bed utilisation.
- SaTH is reviewing the bed utilisation over last year along with options for change that would reduce or increase bed utilisation
- Each assumption is then reviewed for impact on workforce and finance to then create the plan for 2019/20
- This is being shared, and further developed, with partners so that a joint plan is developed for the year
Further work will be required to prepare appropriately for Winter 2019/20 with realistic demand profiling as a basis
- Significant changes predicted and improvement in patient management by direction to out of hospital services will need to be profiled, in order to accurately forecast demand, e.g. 111, urgent treatment centres and Future Fit
Use valued care in mental health; and improving for excellence to improve the emergency care of people with mental health needs

Local System Winter Planning Approach

- The Plan has been developed through robust engagement of all key system partners overseen by the A&E Delivery Group. System stakeholders have also attended a NHSE workshop in April and 2 local planning workshops in July.
- In parallel, system demand and capacity modelling has been undertaken to determine predicted winter demand and required acute bed capacity to inform the bed bridge calculations.
- All Providers were asked to demonstrate an understanding of their demand and capacity over the winter months and provide an organisational winter plan which includes:
- Additionally, and phasing of escalation
- A workforce model to support 7-day working, senior decision making and escalation capacity
- 7-day working
- Christmas, New Year and Easter period
- Options for further surge capacity if required

System strategic approach to Workforce

The system workforce objectives are:

- To ensure the planning, recruitment and development of an engaged, talented and compassionate workforce for the future system
- To develop a sustainable future workforce who are equipped to meet the needs of our communities

Our **STP People Strategy** sets out how local organisations delivering health and social care services plan to work better together to ensure the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place to deliver quality and sustainable services to members of the public.

- The Strategy identifies four key areas for collective working; 1) Attract, Recruit and Retain; Agile Workforce, 2) Workforce Planning and Modelling, 3) Learning through Education, Development and Training Opportunities and 4) Organisational Development and Leadership including Equality and Diversity. The Strategy is underpinned by principles of system-wide, cooperation and collaboration, improvement and innovation, integration and redesign.
- As a result of achieving the ambition outlined in our People Strategy, we hope to succeed in:
  - Realising the vision of the People Strategy and new models of care
  - Improving outcomes for service users, families and staff
  - Building a better understanding of system workforce
  - Optimising our system workforce
  - Supporting and enabling service improvement and redesign, especially across boundaries
- Since the publication of the NHS Long Term Plan work continues to ensure the People Strategy reflects the ambitions and intentions outlined in the plan e.g. digital workforce and the volunteer workforce are new areas of focus that will be included within the next iteration of the People Strategy which remains a live document.

Our Local Workforce Challenges:

- Fragility of workforce for acute provider across medical, nursing and therapies
- Recruitment challenges and high vacancy rates, related to factors such as national workforce shortages, varying terms and conditions, geographical rurality, levels of morale
- Cultural challenges within organisations, with some staff groups or individuals resistant to change
- Morale and retention of staff as a result of major change or retendering within the system
- An ageing workforce and a reduced community of suitable people to seek to attract
- An uncertain future supply of staff, with difficulty attracting students to some courses, placements and recruitment to jobs upon qualifying
- Different expectations of the younger workforce, e.g. increased part-time and flexible working
- The image of health and social care in the general population

System-wide **approach** supporting strategy delivery

Primary Care
Significant improvement in the quality of workforce data and ability to set targets and trajectories,
The appointment of Primary Care workforce leads
Success in funding proposals for running retention programmes for GPs
Success in attracting funding for new Clinical Pharmacists
Introduction of the Physician Associate internship with four PAs to be placed in local practices
Significant increase in engagement with GP trainees with plans for fellowships and post-qualification support
Improved engagement with GP Nurses via established GP Nurse Educators/Facilitators and delivery of GP Nurse 10-point action plan
Upskilling of primary care workforce in independent prescribing, spirometry, management of long-term conditions, physical assessment and mentorship

Mental Health
Development of system-wide mental health workforce plan which led to the establishment of an STP Mental Health Delivery Group
Appointment of STP Mental Health Programme Director
HEE investment to support delivery of the mental health workforce development plan by upskilling the workforce to achieve Five Year Forward View for mental health
health awareness and first aid training made available across the system including health, social care, domiciliary care, fire service, police, ambulance
Focus on developing a new pathway for 0-25 (CYP) mental health including a workforce model

End of Life (Recommended Summary Plan for Emergency Care and Treatment - ReSPECT)
Implementation of the national ReSPECT model of care led by the STP End of Life Programme through partnership working
Workforce support through the development and implementation of an education programme to deliver ReSPECT training and resources for the system utilising a train the trainer model including all system partners
This will ensure a standardised and consistent process of transition and adoption of ReSPECT
EOLC and Swan Scheme education programmes developed and delivered across system partners supported by the End of Life Care Handbook
EOLC Volunteers trained at SaTH and Shropshire Community Health NHS Trust (looking to scale across the social care workforce)
System-wide access to Sage and Thyme training including communication tools and techniques for all partners acute, community, hospices, council and domiciliary care.

M&E - System Wide Opportunity Analysis

Shropshire, Telford & Wrekin: System Opportunity Overview

Regional Team Hypotheses

1 Day Case Surgery

RightCare shows that the overall rate of day cases in 17/18 is above that of peers, however some areas are still open for improvement.

Model Hospital suggests that the Shropshire and Telford Hospitals Trust could reduce their rate of bed days making better use of day case surgery.
Model Hospital presents the following opportunities

- General surgery – 127 bed days per quarter
- Gynaecology – 42 bed days per quarter
- Breast surgery – 35 bed days per quarter
- Orthopaedic surgery – 30 bed days per quarter

Procedures where day surgery could be optimised include incision and draining of perianal abscess and incision and draining of skin abscess.

Bed days could be reduced for these procedures by 27 days per quarter and 67 days per quarter respectively

2 Medicines Management

Respiratory prescribing has presented the largest prescribing opportunity in 16/17 and 17/18.

16/17 data shows that within respiratory prescribing the STP spend considerably more than peers on Corticosteroids (£869k opportunity) and Adrenoceptor stimulants (**£284k** opportunity)

RightCare data on pathways including prevalence, management and activity may help interpretation of these opportunities.

Biosimilars

Model Hospital has identified some areas where SATH could save money by increasing the uptake of biosimilar medications.

4 Musculoskeletal

RightCare MSK opportunity **£8.47m** in 17/18. The STP are spending more than their peers on a number of MSK indicators . Slightly more specialised commissioning activity occurs than similar peers.

CCGs spending above best 5 peers and the national average on elective admissions for osteoarthritis – Shropshire has one of the highest rates of spend in England in 17/18

In 17/18 NHS Shropshire CCG had one of the highest rates of spend on Primary Hip replacements in the country. 10% of Primary Hip Replacements were cemented compared to an average of 80% among the best 5 peers. However, the CCG are achieving positive health gains from primary hip replacements

Other procedures which stand out include Cervical Spinal surgery with the STP spending 144% more than lowest 5 peers and Sub-acromial decompression with the STP spending 96% more than lowest 5 peers

5 CHC

The CHC SIP programme estimates that based on 2016/17 expenditure levels, there are savings opportunities of **£1.73m** over the three years to 2020/21 in Shropshire

This is an interesting contrast to neighbouring Telford, who have no opportunities. Could the CCGs share approaches?

6 Workforce

Use of temporary staff within MPFT is the highest of all of its comparator hospitals .

RJAH and SATH also use a high proportion of temporary staff compared to their comparator sites.

Commissioning Capability

The system is currently considering the WSOA data pack through the **System Commissioning Capability Programme** that includes health & local authority colleagues.

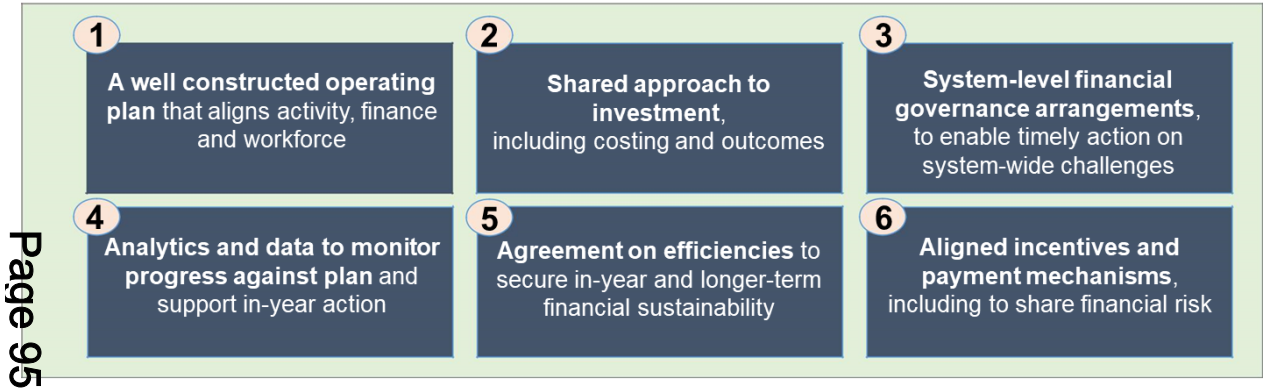
Expected outcomes:

- All system efficiencies to be considered and actioned as agreed with system partners
- All efficiencies to be included in system financial position
- All risks to delivery to be identified and mitigated with system partners

- WSOA to be superseded in time by STP Bronze Pack (7th Mar 2019) & Population Health & Prevention Dashboard once delivered later this year (expected Autumn 2019)

Managing Collective Financial Resources

- The Managing Collective Financial Resources (MCFR) framework has been developed to support systems to effectively manage their collective resources.
- The MCFR framework identifies six key activities that are critical to managing financial resources collectively. The framework is supported by a resource library of tools and case studies which will be updated regularly.



In addition to the six areas of system activity two additional factors have been identified as particularly important to whole system financial management.

These **factors** are:
- Implementation capacity and capability
- System leadership and culture

Current situation – reality check

The system recognises that at this draft stage, there is still system work to do in order to achieve the following:
- Agreed contract alignment and signing
- Agreed Final organisational Plans
- Final submission of system plans by 11th April

Alignment of Activity, Finance and Workforce data is happening through the triangulation work. Supporting that work is a commitment to reach shared understanding of current position but more importantly put processes in place to close the gaps identified through system collaborative working.

System leadership through chief officers and executives is key in identifying and delivering solutions, a system leadership away day is planned for 27th Feb with a focus on system mitigation of risks, particularly finance. Outputs from this will be included

System planning timeline

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Health and Wellbeing Board
Meeting Date: 7th March 2019

Item Title Shropshire Care Closer to Home – Update Report

Responsible Officer Lisa Wicks Shropshire Clinical Commissioning Group
Email: Lisa.Wicks@nhs.net

1. Summary

This paper provides an update on Shropshire Care Closer to Home.

2. Recommendations

The Health and Wellbeing Board is recommended to note the information in the report

REPORT

Programme Phases

Phase 1
Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) who are based at the Royal Shrewsbury Hospital with plans still being developed to implement at Princess Royal Hospital in Telford.

Phase 2
Phase 2 model for Case Management has been signed off by Governing Body. A Pilot Implementation Group has been established, made up of all health and social care providers, to plan, monitor and evaluate pilot demonstrator sites to test the agreed model.

Phase 3
Initial scoping and design work has been completed for the following Phase 3 services that will provide acute and semi-acute services in the community or a patient's home:

- Hospital at Home
- DAART
- Rapid Response
- Crisis

Programme Summary & Update

Implementation of pilot sites for Phase 2 Case Management is moving at pace. Several GP practices expressed an interest in participating in a pilot and the following sites are the preferred options identified by the Pilot Implementation Group and which, at the time of writing this report, are still to be confirmed at February Clinical Commissioning Committee and signed-off at Governing Body:

- Bishops Castle Medical Practice (Rural demonstrator site)
- Plas Ffynnon Medical Practice (Urban demonstrator site)

Matched control sites have been identified against which the impact of the pilot will be evaluated. It is anticipated that the pilot will commence in early March and run for a minimum of 6 months.

Since the last report, draft models and service specifications for Phase 3 services have been shared with programme stakeholders and the feedback is being consolidated to enable the programme team to finesse the documents before sharing them more widely at a number of GP, provider and patient and public representative workshops taking place in February and March. The output from these workshops will be used to refine the final proposed model options with the formal options appraisal process beginning in May 2019.

The Care Closer to Home Communications and Engagement Group, made up of representatives from all providers, has met and will be working to bolster the communications, engagement, PR and media relations around the programme.

Support is now in place from the STP Digital Group on achieving the various IT requirements needed to deliver Shropshire Care Closer to Home such as data flow between providers and the development of a shared Care Plan. An IT workshop took place on Tuesday 5th February which brought together representatives from all providers and stakeholders and defined the requirements of the programme and those delivering it. A dedicated IT Lead for the programme has been identified who will be progressing this work further.

A software tool purchased by Shropshire Council is now in place which provides a wealth of information into the local population disease prevalence, profiling and predictions. Work is underway to convert this information into a written Joint Strategic Needs Analysis (JSNA) which will enable work to start on developing the fifth strand of Phase 3, Step Up Community Beds.

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

Health and Wellbeing Board
Meeting Date 7th March 2019

Item Title Social Prescribing – Progress Update and Current Opportunities

Responsible Officer Jo Robins
Consultant in Public Health
Shropshire Council

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1. **Summary**

2. The H&WBB have previously received and endorsed the social prescribing model for Shropshire, supported the business case, proposals for expansion and endorsed the ambitions for the future.

A report is attached for information

3. **Recommendations**
4. To seek endorsement for a system wide approach for the creation of one joint model of social prescribing which builds on the Shropshire model, uses the learning from the evaluation findings and fulfils the guidance from NHS England linked to the PCN's
5. To seek support to work with the CCG and PCN on a joint plan to achieve recommendation 4

REPORT

JRHWBBReportMarch2019V2.docx

Updated LongKey Points Shropshire S

6. **Risk Assessment and Opportunities Appraisal**

There are no Human Rights, Environmental Consequences, Community or Equality issues identified with the provision of these updates.

7. **Financial Implications**

There are no funding implications.

8. **Background**

The report is attached with relevant appendices (including a presentation) will be given at the Board meeting

9. **Additional Information**

A business case has been presented previously to the Health and Welbeing Board together with regular reports

Conclusions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) **Previous reports submitted to the board on social prescribing and Healthy Lives**
Cabinet Member (Portfolio Holder) Lee Chapman Portfolio Holder for Housing, Health and Adult Social Care
Local Member
Appendices **Included in the main paper**

1. Progress Update - Social Prescribing

The H&WBB have previously received and endorsed the social prescribing model for Shropshire, supported the business case, and subsequent proposals for expansion. They also endorsed the future ambitions presented to the Board in November 2018.
This paper summarises local progress, (including key points from the independent evaluation) and provides a national update following the publication of the NHS Long Term Plan which gave a clear commitment to social prescribing. Some key points to highlight are:-

- The Shropshire Model of Social Prescribing has been externally evaluated by Westminster University, the National Network for social prescribing (specifically on the model and the outcomes) and feedback is summarised below, this includes qualitative data and quantitative data. The fuller detail is contained in the slide set attached and the components of the local model are found in appendix 1.

- The Shropshire Model of Social Prescribing mirrors the NHS England national guidance specifically in relation to the role of the link worker role (and is distinctly different to other local roles that focus on sign posting).

- Shropshire has been identified as an exemplar site by the National Network and the NHS England team and as such is being invited to participate in regional strategic events and national conferences.

2. The Evaluation Brief for Westminster University

- **Westminster University commissioned to carry out an evaluation of the 'demonstrator site' – 4 GP practices in the north of Shropshire**

- **To understand why the programme was being used and how well the components worked together**

- **To develop a robust service using best practice in development and data collection**

- **To assess the impact of key measures being used on patient outcomes**

- **To understand the impact of the service using a range of validated tools and measures (qualitative and quantitative)**

3. Feedback From the External Evaluation Report, Phase 1 (2019) - Highlights

3.1 "The development of this particular social prescribing service is innovative for several reasons ":-

1. Very few existing social prescribing services have a prevention focus to them, therefore there is very little existing learning to go on (the Shropshire model is part of the wider Healthy Lives programme) .
2. Targeting health and social problems known to have a bigger impact on the population
3. Identification of those at risk and those with low agency
4. Use of data to target and pro-active identification of those at risk – one way is via practice records, and opportunistically, via adult social care teams, GP's, voluntary sector, Job Centre, libraries
5. No additional budget was available to implement social prescribing, therefore integrating existing resources and knowledge was essential.

6. The application of a multidisciplinary team approach (involved many professionals- adult social care, community enablement, data system lead, Help2Change e.g. social prescribing advisors, operational locality leads)
7. Extensive scoping with key organisations and people across the system to identify best fit for social prescribing with tried and tested methodology
8. Iterative and systematic approach to development of the programme
9. The model has it's roots in the Health and Well-being Strategy – move from fixing disease to a more collaborative way of promoting and maintaining health

3.2 The Role of the Social Prescribing Adviser

The role of the **social prescribing adviser**, based in primary care or the community which allows time with the individual (1 hour) and includes a structured goal based discussion according to the person's needs with follow up. This is aimed at those who are unlikely to take up services or activities through signposting alone and without one to one support and aimed at those with low agency.

The session also includes reliable and valid measurement tools as part of the one to one session and at 3 month follow up and is targeted at those most likely to achieve health gain including those with lifestyle issues and long term conditions. The outcomes can be tracked and are reported.

Additionally practice records can be audited to identify larger cohorts of people at risk. The functions of the role are in line with the national guidance from NHS England on the role of the link worker.

3.3 Some Patient Feedback

"Knowing that the SP Advisor had said to me "I'll see you in 3 months and we'll see how we're going". That actually was a very good incentive. I've been to things like Weight Watchers but the Advisor was taking the trouble to see me, giving me one to one, which I think is very important, I didn't want to let her down anymore than I wanted to let myself down."

"I think I'd been to the doctors about my cholesterol and the issue of weight came into it, which I had been aware of for some time, but really done nothing about it."

Follow up calls to check the client had followed up actions –
"if they hadn't persisted I'd have just forgotten about it. If it had been just one visit to the surgery I'm sure there would have been a very different outcome"

"I think partly the attraction of it was that there was somebody who was happy to talk about my problem and also say I can give you an hour."

4. Summary of Overall Findings From the Evaluation Report

- Patient reported outcome data is demonstrating statistically significant improvements in concerns.
- There is improvement in activation levels and wellbeing using the Patient Activation Measure (which is linked to linked to behaviour change, clinical outcomes and costs for delivering care)
- There are improvements in physiological changes – physical activity, weight, smoking
- Real life examples of changes in action and underlying reasons why the SP Service has triggered changes have been captured through questionnaires and feedback
- Significant reduction in GP appointments for participants at 3 month follow up
- **User feedback is positive – people are feeling heard and supported and needs being met not as a condition but as a person**

- The shift from theory to a developed service has been challenging but rewarding and positive learning experience – testing out, pause, reflect, act.
- Data collection ongoing to phase 2 to increase numbers in the evaluation.

Further detail can be found in appendix 2 and in the attached presentation

4. National Context NHS Long Term Plan – Social Prescribing

The NHS Long Term Plan, published on Monday 7 January 2019, includes commitments to personalised care, which includes social prescribing. The context for this is about broadening the primary care workforce along with other new roles.

To establish social prescribing link workers within primary care networks to help GPs and their teams refer people who would benefit to community programmes with the aim to put in place over 1,000 social prescribing link workers by the end of 2020/21, rising further by 2023/24,

The new link workers are in addition to existing link workers with funding for 1 link worker in each PCC Network to be 100% funded for 5 years, aligned clinically and geographically with a population of 30-50,000. The link worker will be part of a DES signed up by the PCCN and is part of the support to broaden the primary care workforce.

There is an expectation from NHS England that CCG commissioners, local authorities, VCSE leaders, and existing social prescribing schemes work with primary care networks to create shared plans for social prescribing at a place-based level, including looking at how they will build on existing social prescribing schemes.

Plans for the CCG's to have addressed this are due by 1/4/2019.

Locally we are well placed to support this development, with a clear model, which adheres to national good practice principles, supports gaps in the current system, achieves positive outcomes for people, and primary care that has been externally scrutinised, and evaluated and is innovative in its approach.

Appendix 1

Social Prescribing - The Shropshire Model – Key Components

- **Additional support** for primary care and adult social care
- Opportunity to **support** the voluntary sector – demonstrate impact
- **Time** with a Social Prescribing Advisor – trained in behaviour change and motivational interviewing – focus on the whole person, not signposting
- Improving well-being and health, reducing isolation
- **Governance** – reliable measures, validated tools, data, recording, reporting, monitoring, quality assurance of groups/activities receiving referrals .
- **Structured referral routes from GP, health professional, practitioner, voluntary sector, Job Centre, libraries**
- **Proactive identification** of larger groups of patients- those at risk of health conditions, those with social or behavioural factors that pose a risk, those existing health conditions, isolation and loneliness
- **External scrutiny** – Westminster University evaluation

Appendix 2

Summarised Points Relating to the Data From the Evaluation Report on Social Prescribing

Referrals to the social prescribing service were opportunistic and via an audit of CVD risk of medical records at 2 GP practices. 277 referrals were made between May 2017 – Oct 2018 and 89 people were recruited into the evaluation.

Evaluation participants were **highly satisfied** with the social prescribing service and reported positive experiences. These included **satisfaction ratings of 4.8/5** for suitability of times, convenience of venue and feeling able to discuss concerns with the social prescribing advisor.

MYCaW concerns identified a range issues that people urgently needed support with including lifestyle advice as well as social determinants of health and concerns that relate to adult social care. **Statistically significant improvements** in concern scores were achieved and participants appreciated talking through issues with the social prescribing advisor, being listened to, feeling supported, reassured and confident to put changes into action.

There was a **discernible improvement in agency for individuals**, which was demonstrated through the qualitative data. Participants particularly **valued the role of the social prescribing advisor**. **Changes in agency** were also **demonstrated through changes in PAM score.** Not only is this due to the 1:1 time with a social prescribing advisor, but their training in motivational interviewing amongst other things, and the support an individual receives to access an appropriate group when the time is right.

Patient activation was clinically significantly improved in 36% of participants at the 3 month follow-up and a shift up the activation levels was achieved. This is associated with **a reduction in health care utilisation and there for a reduction in costs for the health service usage.** There is no data yet to show if PAM scores are linked to a reduction in adult social care usage, although evidence collected in other social prescribing research projects is highlighting this to be so.

Two people quit smoking via the social prescribing service and **59%** of participants were **more physically active** at the 3 month follow-up.

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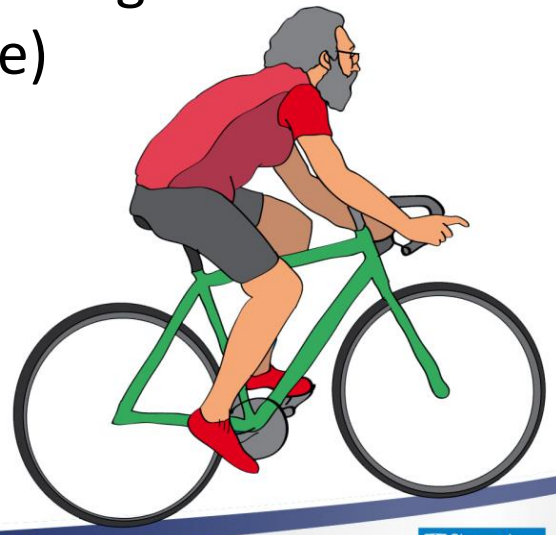
Shropshire Social Prescribing Evaluation – Phase 1
Conducted by Westminster University
May 2017 to November 2018

Key Points

Jo Robins – Consultant in Public Health
Shropshire Council 2019

Focus of Evaluation

- Westminster University commissioned to carry out an evaluation of the ‘demonstrator site’ – 4 GP practices in the north of Shropshire
- To understand why the programme was being used and how well the components worked together
- To develop a robust service using best practice in development and data collection
- To assess the impact of key measures being used on patient outcomes
- To understand the impact of the service using a range of validated tools and measures (qualitative and quantitative)



Implementation

- **The model has been implemented with limited resources**
- Adhering to best practice and using a multi-disciplinary team approach (focus on Help2Change, community enablement, adult social care, public health)
- **Iterative learning cycles used to address local challenges during operational development**
- Evaluation built in from the outset – this added complexity

Measures Used in the Evaluation

- MYCaW – Measure Yourself Concerns and Wellbeing
- Patient Activation Measures – series of 13 statements about beliefs and patient confidence around management of individual conditions (linked to behaviour change, clinical outcomes and costs for delivering care)
- De Jong de Gierveld Loneliness Scale
- Working status and relationship status
- Patient Satisfaction Survey
- Interviews with key stakeholders and service users

Evaluation Outcomes – Impact on People

- 4 GP Practices involved
- Referrals via opportunistic and audit (Cardiovascular Risk Audit of medical records at two GP practices)
- Between May 2017-Oct 2018 – 277 referrals made
- 89 people recruited onto evaluation
- Evaluation participants – highly satisfied and positive experiences
- Statistically significant improvements in MYCaw concern scores achieved - identified people needing support for lifestyle advice and concerns relating to social determinants
- **Participants appreciated time with advisor, being listened to, feeling supported, reassured and confident to put changes into action**

Evaluation Outcomes – Impact on People

- Patient Activation Measure – improvement in agency in participants identified in the changes in the scores and in the role of the social prescribing advisor
- Patient activation significantly improved in 36% of participants at 3 month follow up with an increase in activation levels
- **Associated with reduction in health care usage and a reduction in costs for the health service**
- **Two people stopped smoking and 59% more physically active at 3 month follow up**

Development of the Model – Key Stages

- Scoping phase in 2016 interviewing key stakeholders determined the existing provision, gaps and therefore the scope
- Social Prescribing can focus on different needs according to population needs
- **Focus for Shropshire – lifestyle risk factors, low level mental health, risk of loneliness and isolation, long term conditions**
- Purpose was to identify where it might fit with existing services

The Gap in Shropshire

- **Aimed at those less likely to take up signposting without the support of an Advisor**
- **Aimed at those with low agency**
- Demonstrator site identified to test out the model
- Then translation and scaling up, to leave a legacy for the future
- Referring agencies – GP's, adult social care, voluntary sector, job Centre, voluntary sector, mental health access team, libraries

Methodology

- Single arm quasi-experimental pre-post, mixed methods, data collection
- Ethical approval via University of Westminster Faculty Research Ethics Committee
- Referrals via CVD Qrisk2 score (10% or more)
- Those at risk of loneliness or social isolation opportunistically via GP's, library, Job Centre
- **Data collection – administered by SP Advisors and at 3 month follow up**
- Data on health service usage for GP practice and hospital visits analysed

Methodology and Data Analysis

- One to one interviews with key stakeholders (13 people), including participants
- Appropriate statistical tests used for qualitative and quantitative measures
- Physiological health data collected from GP practice record or SP Advisor
- Health service usage data collected for frequency of attendance at GP practice, nurse, hospital unplanned and hospital inpatient, hospital outpatient at 3 month follow up
- Employment status
- Satisfaction of participants

Key Findings – Development of the Model

- **Shropshire's model is innovative model as very few existing social prescribing services have a prevention focus – little existing learning established**
- **Targeting health and social problems known to have a bigger impact on the population**
- **Identification of those at risk and those with low agency**
- Relieving the demand on primary care and other services
- Using a multi-disciplinary team approach – Team of Teams

Results – Phase 1 – First Cut of the Data – The Model

Design and Implementation

- **Working to core principles gives the best chance of success**
- **The service is upholding and demonstrating the core principles in a robust manner – better for sustainability**
- **Set up was systematic and iterative – action learning ethos, each step documented and operational agile management**

Design and Implementation

- Collaborative working
- Quality assurance of interventions
- Implementation challenges
- Time and part time staff with other responsibilities
- Independent evaluation brought extra work – collection of data –GDPR
- Data collection – practical challenges
- Funding and resourcing – limited budgets
- Avoiding duplication such as C&CC's

Results – First Cut of the Data - People

Service Referrals 277 05/2017-10/2018

- Expansion of service to 10 GP practices
- **Opportunistic from – Adult Social Care, Job Centre, H2Change, Oswestry library, Enable, Qube, Mental Health Access Team, Age UK, First Point of Contact, Pharmacy**
- Referrals variable (2-14)

Reasons for Referral

- Mental health issues
- **Lifestyle risk factors**
- Loneliness/isolation
- Long Term Conditions
- Catering for a wide range of ages
- **68% 40-79 year olds**

Results - People

Cardiovascular Disease Risk - audit

- 238 people invited via GP letter to use the service
- 190 successfully contacted
- **48% accepted offer of appointment**
- **52% declined the appointment**

Evaluation Specific

- 80% of participants in the 'evaluation' came via CVD audit
- 20% via opportunistic referrals

Implementation - Recommendations from the Stakeholders

- Use a sound methodology to develop the model, nail down the requirements of the service and evaluation asap
- Keep a data trail and record the learning
- Cultivate main sources of referral
- Data collection process needs to be factored into a real world SP project

Results – Qualitative

Service User Satisfaction

- Convenience of times
- Convenience and suitability of venue
- Feeling able to discuss concerns with the SP Advisor
- 2 participants unsure why they had been invited into the service
- **19/20 felt they were referred to a suitable intervention or service**

Person Centred
Incentive is Key

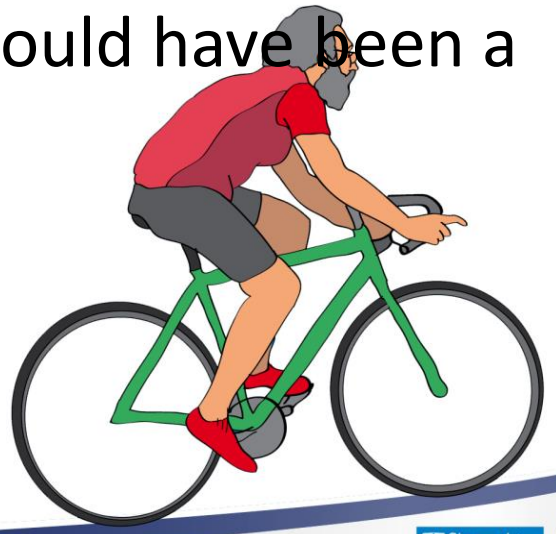
"Knowing that the SP Advisor had said to me "I'll see you in 3 months and we'll see how we're going". That actually was a very good incentive. I've been to things like Weight Watchers but the Advisor was taking the trouble to see me, giving me one to one, which I think is very important, I didn't want to let her down anymore than I wanted to let myself down."

Service User Experience

"I think I'd been to the doctors about my cholesterol and the issue of weight came into it, which I had been aware of for some time, but really done nothing about it."

Follow up calls to check the client had followed up actions –

"if they hadn't persisted I'd have just forgotten about it. If it had been just one visit to the surgery I'm sure there would have been a very different outcome."



Qualitative Feedback

"I started going to the gym twice a week and as I say the GP's, nobody had ever suggested it to me. This was all through the social prescribing lady that I went down that route. I now go, well mostly three times .. But I've lost 2 stone in weight, I feel much healthier, happier. That really sums it up".

Qualitative feedback

"I think partly the attraction of it was that there was somebody who was happy to talk about my problem and also say I can give you an hour."

…"Listened carefully and came up with good answers and suggestions."

"We talked over obviously, weight issues and as to how I might go about doing this positively."

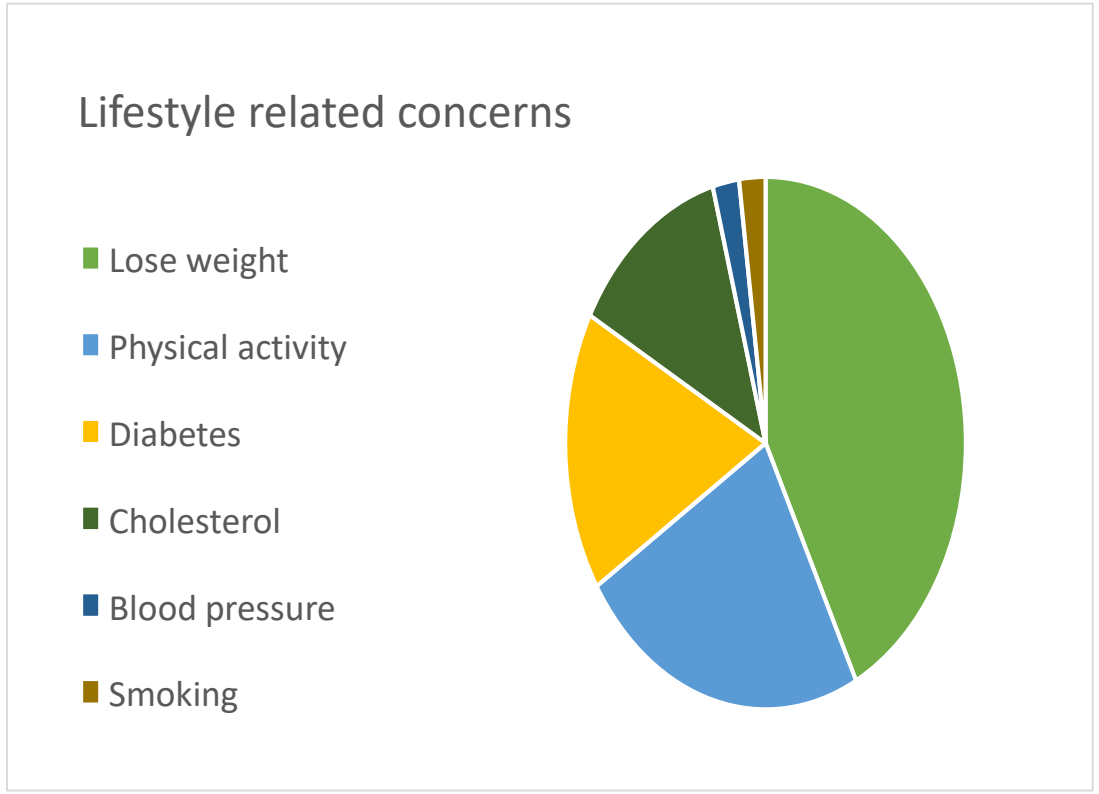
The Value of the Social Prescribing Advisor

- Involvement with the referral, the relationship developed and the incentive
- Most participants recalled a follow up call from the advisor following the GP letter (CVD audit)
- One to one meetings are central – co-production, discuss health and social needs, develop a plan
- All recalled their first meeting with the advisor
- **An appreciation of length of time allocated to explore personal health needs**

Impact of the Service – People

- MYCaW allows an individual to voice what is really important to them
- Person centred aspect of social prescribing
- 80% referred for risk of CVD – only 53% wanted support to change a related risk factor

Lifestyle Concerns Expressed by Participants - Risk Factors That can be Changed

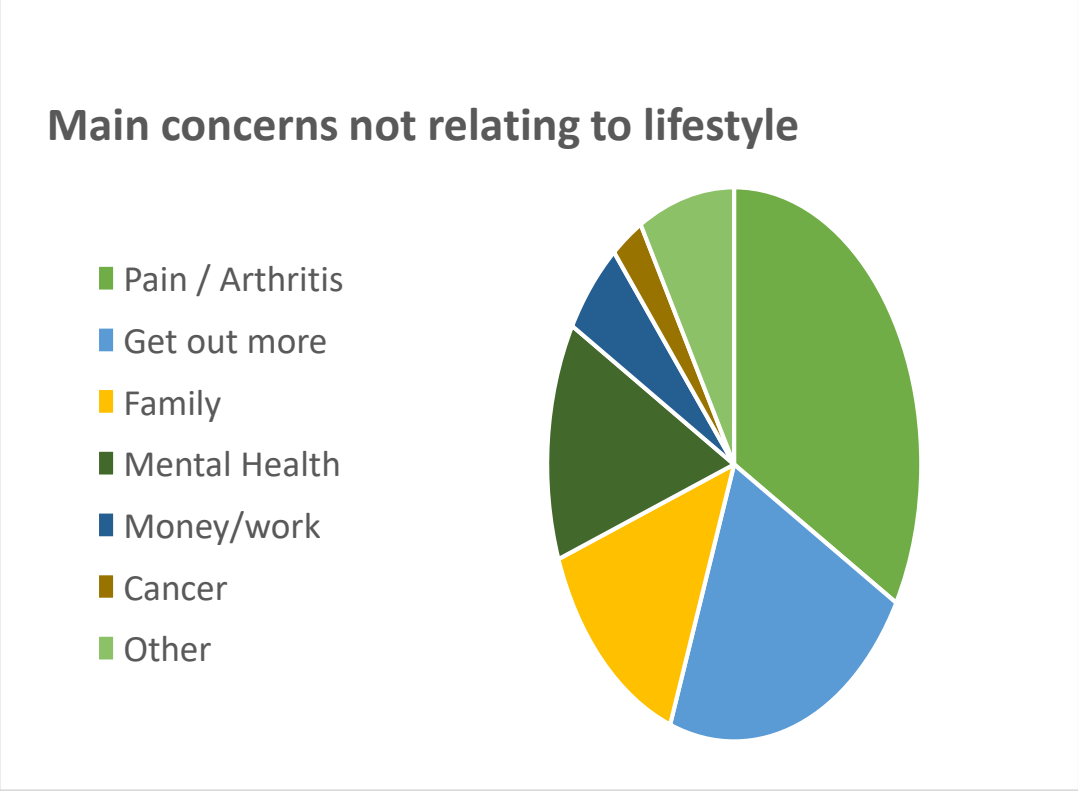


- 80% referred due to risk of cardiovascular

BUT

- Only 53 % wanted support to change those risks

The Unmet Needs Identified at Initial Meeting



- 40% had other concerns such as pain and arthritis
- Other non health concerns – family, money, mental health
- People also wanted to get out more
- 36 people had only one concern

Findings - Changes in Concerns and Behaviour

- Improvements in concerns and wellbeing scores – unmet need had been supported
- Modest improvement in overall wellbeing at 3 month follow up (not stat significant – need more data)

- Follow up – query around anything else happening in life – 25 people responded
- 9 had other health issues
- 5 reported on-going concerns with money and family
- Positive changes highlighted relating to changes in behaviour (diet, physical activity)
- At follow up

Feedback – MYCaW – This Measures Concerns – 1 month and 3 month follow up

Information and guidance

- Both associated with patient activation
- Good to have the chance to talk to someone specifically about health and well-being. Prompted dietary changes
- Activation also demonstrated by changes they had made themselves

Referral out to the group/intervention

- Referral to active Buddies and info/advice
- Increasing physical activity levels, improved health and mood. I am walking 1.5 miles twice daily.

Patient Activation – assesses confidence, knowledge and ability to improve a person's health

- Series of 13 statements
- PAM scores highlight level of activation 1=least activated, and 4=most highly activated
- After social prescribing more participants with highest level of activation and overall reduction in Level 1 and Level 2
- At 3 month follow 36% of 33 people had significant improvements in PAMS scores
- Data can also be used to assess low activators and high activators (interventions can be tailored and/or resources used appropriately)
- Increase in the proportion of HA's at 3 months

Statistically Significant Improvements – focus on 2 of the questions

"I have been able to maintain lifestyle changes like healthy eating or exercising."

"I am confident that I can maintain lifestyle changes like healthy earing and exercising even at times of stress."

- The data from PAMS correlates with the service user experiences of the service and what they found more important – see you in 3 months (incentive)
- All but one opted to pursue an activity or intervention suggested

"I haven't got time to go to the hydrotherapy pool now because I go to the gym 3 times a week".

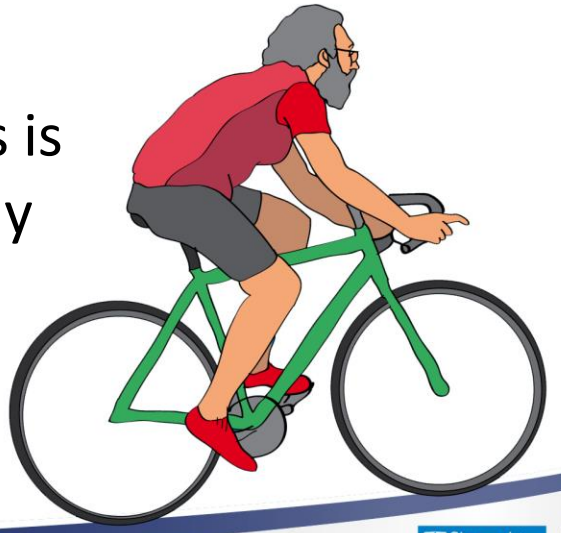
Results on Physical Health and Behaviour

Physiological Data – Changes in BMI

- 14/16 reported a weight loss at 3 month follow up
- 8/16 reported a weight loss of 3kgs or more
- 1 overweight person returned to normal weight
- 1 person moved from obese to overweight

Physical Activity and Smoking

- **19/32 (59%) reported increased physical activity**
- **2/3 had stopped smoking**
- The potential of the service to improve modifiable risk factors is considerable especially for CVD, diabetes, cancer.



Health Service Usage

- **All improvements in Patient Activation are associated with reduction in health service usage data**
- All available data was analysed comparing service usage in the 3 month prior to the first consultation and the 3 months prior to follow up
- **Although a small dataset there was a statistically significant reduction in GP visits**

Important Aspects of the Data Collection and Governance

- The patient record is key
- Social Prescribing Advisors input data onto the record
- Data sharing agreements
- PharmOutcomes used to access data

Loneliness and Social Isolation

- 22% of opportunistic referrals due to loneliness – small numbers in the evaluation cohort
- Disappointing but important to recognise wishes of the individuals taking part or not
- All 33 participants asked to complete the De Jong but loneliness not a key issue however further data is being collected in phase 2.
- Very small reduction in emotional loneliness, but no overall change in total loneliness (participants recruited for CVD audit did not appear to need support for risk of social isolation or loneliness
- 6 opportunistic referrals made for loneliness and 8 people reported MYCaW concerns, at 3 month follow up this reduced (but small numbers).

Conclusions from the Evaluation Report

- The shift from theory to a developed service has been challenging but immensely rewarding and a positive learning experience – testing things out, pause, reflect, act
- User feedback is positive – they are feeling heard and supported and needs being met not as a condition or disability but as a person
- Patient reported outcome data is demonstrating statistically significant improvements in concerns.
- There is improvement in activation levels and wellbeing
- There are improvements in physiological changes – physical activity, weight, smoking
- Real life examples of changes in action and underlying reasons why the SP Service has triggered changes have been captured through questionnaires and feedback
- Significant reduction in GP appointments for participants at 3 month follow up
- Data collection ongoing to phase 2

Conclusions from the Evaluation report

- Shropshire SP approach is closely aligned with the most recent Public Health Strategy – Prevention is Better Than Cure (2018)
- Also has the potential to reduce the need for core aspects of Adult Social Care services
- The concerns people reported demonstrate the advisor was supporting individuals with a range of issues relating to ASC
- The service seeks to address real life social complexity and inequalities by offering integrated, holistic, solutions to multi-faceted health and care issues.

Last Word from one of the Participants

“Do it without a doubt”.

Recommendations

- The Social Prescribing team discuss the intention and benefits of the service with GP's to develop more relationships to lead to increase in referrals and integration of social prescribing into the GP consultation
- Review referral processes to ensure that people who see the SP Advisor have concerns that need addressing and are clear on WHY they are being referred
- Attention is given to informing service users if the SP Advisor is going to change
- More people are directed into the evaluation from opportunistic referral
- Review on the collection of physiological data is undertaken

Phase 2 Evaluation Taking Place Now

- Opened up referrals from other practices
- Increased number of follow ups – end of February 2019
- Participants will be followed up until the first week in June; data will be analysed and written up by the end of July 2019
- Target of 100 people **followed up** in the evaluation.
- Further data analysis including analytical statistical analysis
- Use of comparator data with a population not receiving social prescribing

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NHS
Shropshire
Clinical Commissioning Group

Agenda item:
Shropshire CCG:

Title of the report:	Update on the BeeU Service
Responsible Director:	Dr Julie Davies, Director of Performance & Delivery (SCCG) Fran Beck, Director of Commissioning (T&WCCG)
Authors of the report:	Steve Trenchard, Programme Director Mental Health
Presenter:	Steve Trenchard & Frances Sutherland / Steph Wain

Purpose of the report:
The purpose of this paper is to inform the Health and Wellbeing Board about the progress made in the improvements to the service in line with an action plan agreed by system leaders in October 2018 following the visit of the NHS Intensive Support Team in June 2018.

Key issues or points to note:

- There is now improved system wide governance over the BeeU service (with membership from the mental health trust, both local authorities and CCGs which reports to the Clinical Quality Reporting Meeting (CQRM).
- This group has been meeting between CQRMs to provide additional assurance to CQRM about the actions being delivered in response to the IST report.
- MPFT have delivered additional clinics for physical health screening to those children and young people (215 in total) which had not had them. There have been no concerns raised regarding the physical health of any of the children assessed to date.
- MPFT are now delivering weekly clinics for all CYP on medication and where physical health checks are required.
- A communications action plan has been agreed to articulate the Bee U 'offer' to colleagues (including GP's) across Shropshire, Telford and Wrekin.
- An independent review was undertaken by CCG medication leads and full assurance was obtained on the approach taken to by MPFT.
- A system assurance plan has been submitted to NHSE.
- There have been team and partner development days, to agree the specialist pathways and the interdependencies for successful delivery.
- MPFT have been successful in their recruitment of new staff which has seen the team strengthened in line with a psychosocial model of care commissioned.
- The CYP LTP (Local Transformation Plan) which is a document which details the system wide improvements required across the whole spectrum of children's care and support was approved by NHS England in November 2018. This is in the process of being rewritten and actions confirmed.

Actions required by Governing Body Members:
The Health and Wellbeing Board are asked to note the contents of this update and receive assurance that appropriate steps have been taken, and continue to be taken, to continue to make the improvements identified.

Does this report and its recommendations have implications and impact with regard to the following:		
1	Additional staffing or financial resource implications	n/a
2	Health inequalities	n/a
3	Human Rights, equality and diversity requirements	n/a
4	Clinical engagement	Yes
	Engagement is required with colleagues across health and social care, schools and the voluntary and community sectors.	
5	Patient and public engagement	Yes
	Ongoing engagement is required with CYP and families and health and care colleagues in relation to the development and implementation of new pathways.	
6	Risk to financial and clinical sustainability	No

NHS Shropshire CCG and Telford and Wrekin CCG

Update on the BeeU Service

Author: Steve Trenchard, Programme Director Mental Health

Background

1 In November the Governing Bodies of both CCG's were informed that a comprehensive clinical and medication audit of all current cases on medication had been undertaken. At that time, of the 715 children remaining on caseload, 32% (215 children) had not had, or had refused to have, full physical health care checks undertaken.

2 Additional clinics have since been held and all children have now had full physical health checks completed. There are no concerns about the physical health of any child following assessments.

3 To provide additional assurance both CCG medication leads have undertaken a detailed medication review to provide independent assurance of progress made. This was completed and reported to the Clinical Quality Reporting Meeting CQRM and full assurance gained through the process. The thorough approach taken by MPFT acknowledged.

4 An action plan to respond to all of the actions contained within the IST has been agreed, and is being report through the CQRM.

5 System wide governance has been strengthened with the establishment of a CYP Group which reports into the STP MH Group. And in addition a task and finish group has been established to provide additional assurance to the CQRM. To date, the progress against the actions in the plan have been achieved, including:

a. Recruitment of more staff with wider skill set such as psychology and family therapy.
b. Communications plan with focus on clarifying the BeeU offer and engaging with GP's in their locality meetings across Shropshire, Telford and Wrekin. All locality meetings received a presentation and BeeU to return in 6 months.
c. Team development days held bringing together partners to contribute to development of the service.
d. Continuation of service with Kooth, Healios and Children's Society.
e. Workforce plan in progress

6 The medication leads for both CCGs are identifying the numbers of CYP that have been discharged to primary care to determine if they are on medication, and that physical health checks have been undertaken. In addition, CCG's and MPFT have renewed the current shared care agreements.

7 In relation to the CYP LTP this has received assurance by NHSE and is available to read on both CCG websites. The system has agreed with NHSE that the plan will be refreshed quarterly. The reason for this is that there needs to be much wider engagement with the workforce and with CYP to ensure the plan is understood, owned and actions are achievable. Additionally the workforce component of the plan needs strengthening.

8 The CYP LTP follows the 'windscreen of need' which is an established model for describing children and young people's services. The table below illustrates at a high level the nine programmes. Within each of these programmes are specific actions, and it is these that require further finessing and workforce and partnership engagement.

Programme No.	Link to Windscreen of Need	Programme Title
1	Early Identification	Improving awareness and understanding of emotional health and wellbeing in CYP for all CYP, families and professionals.
2		Improved availability and consistency of family information to support children and families.
3	Targeted Prevention	Timely and visible access to appropriate practical help, and support and treatment.
4		Focussing support on vulnerable CYP and their networks
5	Treatment	Evidence-based care interventions and outcomes.
6		Develop our workforce across all services
7	Stabilise and Step Down	Ensure strong partnership working and system wide governance
8		Fully involving Children, Young People and Families
9	Crisis Resolution	Improved crisis care

9 An example of an area requiring immediate attention is Programme 4 and 9 where agreement has been reached to undertake a 'deep dive' into Looked After Children (LAC) across both local authorities. This will start with a focussed meeting of leaders to explore opportunities for earlier intervention and improved support around LAC.

10 In relation to system wide learning following the IST visit and report a Roundtable Learning Event is planned for 21st March 2019. A report from this day will be available for the senior leadership teams of commissioning organisations.

11 The services offering 'lower level interventions' at the front end of the pathways is proving beneficial and there are satisfactory rates of access to the Healios and BEAM services. The CCGs have asked for additional contracting information for these services regarding capacity and future plans for increasing accessibility to meet demand.

12 The five year contract for these services included a percentage of the contract values for outcomes and how these are monitored. The work underway on pathways is identifying which outcomes will be routinely collated.

13 In relation to waiting times for the service the table below illustrates the most recent position:

	January 2018	January 2019
Total CYP waiting to be seen	1942	558
Mean waiting time	151 days	69 days
Median wait time	178 days	14 days
Average no of referrals per month	326	352
Average number of referrals refused	24	2

For children and young people presenting to services with eating disorders the services is meeting the waiting time target of routine assessment within 4 weeks (100%) and urgent within 1 week (100%).

Summary

- The Health and Wellbeing Board is asked to note that significant work has been undertaken to reduce waiting lists but there are still too many children where there are unacceptable waiting times in the neurodevelopment pathways. This is a national problem given the very specialist teams required and we await a business case to understand this more fully.
- Prescribing for children and young people is being reviewed on an individual basis and where appropriate reduced or stopped. The BeeU core team have systems in place that alert the team when appointments are missed and when medication needs to be reviewed.
- All pathways are in development and are due to be finalised by 30th March 2019.
- The workforce plan will be available for review on 1st March 2019.
- All pathways will be subject to capacity and demand analysis to determine the current whole service demand and ongoing sustainability.

Recommendations

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

16 The Health and Wellbeing Board is asked to schedule a report on the CYP LTP to a future meeting after further system wide engagement has been undertaken.

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Health and Wellbeing Board
Meeting Date: 7th March 2019

Item Title: Health and Wellbeing Board Communication and Engagement Group year-end report

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 This report provides a summary of activity and progress for the Health and Wellbeing Board Communication and Engagement Group during 2018-2019.

1.2 This focuses around the Action Plan, which is based on three outcomes:

- Local residents feel that they are well-informed about health and social care services across Shropshire and feel confident in knowing how to access them
- Partners are working collaboratively to communicate and engage effectively with each other and with the public
- Local residents feel that they are able to have their say and to influence key decisions about health and social care services.

1.3 The Action Plan reflects the need for partners to develop consistent messages for the public, which will be easily understood and have meaning.

1.4 A decision to focus on three key campaigns was agreed at the Health and Wellbeing Board Communication and Engagement meeting which was held on the 17th April 2018. These were;

i) Mental Health Awareness Week, 14th to 20th May 2018
ii) Carers Week, 11th to 17th June 2018
iii) Campaign to be agreed, with a families, children and young people focus, September 2018.

1.5 Work continues to work collaboratively for Future Fit and Sustainability and Transformation Partnerships (STP) messages and communications.

2. Recommendations

That the Board notes this report, and that the 2019/20 Action Plan is agreed at the HWBB meeting in May 2019.

3. Report on progress for the Health and Wellbeing Board Communication and Engagement Action Plan 2018-2019

3.3 Three campaigns were agreed to be focussed on;

i) Mental Health Awareness Week, 14th to 20th May 2018
ii) Carers Week, 11th to 17th June 2018
iii) Campaign to be agreed, with a families, children and young people focus, September 2018.

Partners were asked to share activity for these campaigns, which was then recorded on a master Action Plan. The following information demonstrates activity for 2018-2019:

3.4 Mental Health Awareness Week, 14th to 20th May 2018. This included World Mental Health Awareness Day on the 10th October 2018.

Both campaigns were very positive with a combination of events and public presence to promote services and awareness, social media presence and communication toolkits.

Mental Health Awareness Week, 14th to 20th May 2018

3.4.1 Healthwatch supported Oswestry Mental Health Awareness Week 2018. This included attendance at Oswestry market on the 16th May, which had charity stalls focusing on mental health such as Samaritans, the Alzheimer Society and Mind.

3.4.2 Shropshire Council Adult Social Care Mental Health Team held a Let's Talk Mental Health event on the 15 May at The Lantern in Sundorne Shrewsbury. The event was open to everybody – the general public and organisations https://newsroom.shropshire.gov.uk/2018/05/mental-health-awareness-week-advice-support-hand-lets-talk-mental-health-event-15-may-2018/

3.4.3 Shropshire Council raised staff awareness through Mental Health Awareness Week in May. There was promotion on the staff intranet, and a Mental Health Awareness module on on-line learning site.

3.4.4 Shropshire Libraries promoted Dementia Action Week including mental health, from 21-27 May.

3.4.5 There was a 27.9K Twitter reach through Shropshire Together and Healthwatch.

World Mental Health Awareness Day. 10th October 2018.

3.4.6 Midlands Partnership Foundation Trust (MPFT) launched the 'Every Mind Matters' campaign on World Mental Health Day in October, and the days following on their social media channels. Their wellbeing teams in Shropshire and Telford were out promoting their services on the day, and Shropshire Improving Access to Psychological Therapies (IAPT) team ran a stand in the main reception area at Severn Fields and at The Hive in Shrewsbury.

3.4.7 Healthwatch's hot topic for October was children and young people's mental health.

3.4.8 Shropshire Council produced an 'Every Mind Matters' communications toolkit and press release.

3.4.9. Shropshire CCG supported Shropshire Council's 'Every Mind Matters' press release and cascaded this through their channels, plus social media tweets.

3.5 Carers Week, 11th to 17th June 2018

3.5.1 Shropshire Council produced a communication toolkit which was distributed to all partners in the Communication and Engagement Group. This Toolkit was agreed with the Family Carer Partnership Board.

3.5.2 Tweets were scheduled across whole week through the Shropshire Together account, and had a 231.7K reach. Re-tweets included; Shropshire Council, DAAT, Age UK, Taking Part, Shropshire Libraries and Healthwatch.

3.5.3 The Shropshire Family Information Service promoted young carers awareness.

3.5.4 A Press release was issued via Shropshire Council, and shared with this group.
https://shropshire.gov.uk/news/2018/06/carers-week/

3.5.5 Five events were held by Carers Trust 4All including library partnership in Oswestry.

3.6 Campaign to be agreed, with a families, children and young people focus, September 2018

3.6.1 There is recognition that campaign activity often has an adult focus. To address this, attention to a specific families, children and young people campaign was agreed, and integration in to the ongoing Communications and Engagement Group Strategy and Action Plan will continue.

3.6.2 Representatives attended the Communication and Engagement Group meeting in July to ask for support for the SEND communication work stream. This was agreed, and a draft 0-25 SEND Communication and Participation Strategy will be brought to the March 2019 Communication and Engagement Group meeting for comment and feedback.

3.6.3 The Family Information Service now has representation on the HWBB Communication and Engagement Group, which will help with campaign activity for families, children and young people.

3.7 Other campaigns have included;

3.7.1 The annual 'Stay Well This Winter' public health campaign which was a prolonged campaign over the winter months and incorporated; promoting flu vaccination, self-care, pharmacy use and prescription planning over the festive period. Shropshire Council and CCG created a joint communications toolkit, which enhanced the aim of joint and consistent messaging to Shropshire people across the system.

3.7.2 Dementia Awareness Week took place on 21st to 27th May 2018.
In Shropshire Libraries, 7 libraries are hosted 'Tea and Memories' sessions, featuring reminiscence activities, tea and cake, and opportunities to discover the library service's Books on Prescription for Dementia collections, as well as free, loanable Shared Memory Bags.
SaTH launched its Blue Butterfly Appeal https://www.sath.nhs.uk/news/blue-butterfly-appeal-will-raise-funds-to-support-patients-with-dementia/
Shropshire Council issued a press release, and the Twitter reach through Shropshire Together was 19.1K.

3.7.3 Health Information Week took place from 2nd to 8th July 2018. Shropshire Libraries linked with Macmillan Cancer support to provide information sessions in 4 libraries.
https://newsroom.shropshire.gov.uk/2018/06/health-information-week-macmillan/

Healthwatch had health information stands in Oswestry Library and the Unitarian church in Shrewsbury, and attended the Irish Regiment and families health information day at Tern Hill Barracks.

3.7.4 For 'Stoptober' Shropshire CCG rolled out national campaign resources, with content on the website, social media tweets and briefing for primary care and staff.

4. Conclusion

4.1 The 2018-19 Action Plan has fulfilled its aims. Mental Health awareness has been particularly well supported and promoted, and increasing the focus on families, children and young people is a welcome development. This work should continue to contribute towards improving the health and wellbeing of Shropshire people by the whole system working together to; deliver consistent messages and people knowing points of access for health needs.

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 known Human Rights, Environmental consequences, Community or Equality issues with this Strategy and Action Plan. Communication and Engagement is a core principle of the Health and Wellbeing Board

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 and through quarterly meetings.

6. Financial Implications

The action plan does not incur expenditure over and above existing budgets as the group will promote campaigns across their networks through social media, e-newsletters and websites.

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, Adult Social Care, Health and Housing
Local Member
Appendices

Shropshire Council

NHS
Shropshire Clinical Commissioning Group

Shropshire together

Health and Wellbeing Board
Meeting Date

Responsible Officer: Becky Jones

Email: becky.jones7@nhs.net

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1. **Summary**

The Pauls Moss Project in Whitchurch is an innovative health and care development that seeks to support the community of Whitchurch by enabling people to live independently for longer, support people with long term conditions, create an environment where there is a much greater focus on prevention, provide a setting for the delivery of modern primary care services, enable enhanced primary care services to be delivered along with extended hours and integrated pharmacy services.

2. **Recommendations**

For information only

REPORT

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

N/A

4. **Financial Implications**

The overall project represents an investment of around £17 million across the partner organisations.

5. **Background**

The scheme has been developed over the past two years with partners coming together to agree on a joined-up approach to new health care facilities, affordable supported housing with 24/7 care, pharmacy provision and other community facilities.

6. **Additional Information**

Please see attached update paper

7. **Conclusions**

The Board is asked to note the progress on the scheme to date and the opportunities that exist with further developing services on the site and replicating the model elsewhere in Shropshire.

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

Whitchurch Development

Progress Report for Health and Wellbeing Board - February 2019

The Pauls Moss Project in Whitchurch is an innovative health and care development that seeks to support the community of Whitchurch by enabling people to live independently for longer, support people with long term conditions, create an environment where there is a much greater focus on prevention, provide a setting for the delivery of modern primary care services, enable enhanced primary care services to be delivered along with extended hours and integrated pharmacy services.

The project includes specialist housing accommodation, modern health care facilities that are fully integrated with other community services along with a community hub and state of the art assistive technologies has been progressing well. The areas of progress are identified within the sections below.

1. Summary of Progress

- Outline Business Case approved by the Primary Care Committee 2nd May 2018
- Shropshire Council approved the funding of the Medical Centre 25th July Cabinet and 26th July Full Council, subject to the Final Business Case
- The project continues to be a collaboration between partners
- An OJEU Notice was sent out during September 2018 to begin the procurement process for the building contractor, 26 responses were received
- A Standard Selection Questionnaire was sent out in December and 11 responses to this were received in January
- The Planning Application was submitted on the 31st December.
- Currently working through the planning process
- Currently preparing the tender documentation for the construction works

2. Design

The design has been progressed over the past year. This included two public engagement events where the public were invited to comment on the designs and account was taken of the feedback in progressing to the point of submitting for planning permission. Stakeholder events were also held to take into account the views of the stakeholders who are involved with the project.

The design now includes the following:

- Medical Centre with 21 consulting rooms
- Pharmacy
- 74 Extra Care apartments, for over 55's, (1 and 2 bedroom) all for affordable rent
- Private lounge, activity room and garden spaces for the residents
- Staffing facilities to accommodate the care staff to provide 24/7 on-site care
- Community rooms
- Restaurant/café

Aerial View of Proposed Courtyard Garden & Terrace

3. Next Stages

The next stages of the project are:

- Planning application determination – End of April 2019
- Tenders due out for construction works – End of March 2019
- Tenders returned – Mid June 2019
- Award tender – Early July 2019
- Start on site – August 2019
- Completion of construction works – July 2021

Report author Phil Brenner
PJB Associates