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Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP.
Telephone 01572 722577 Facsimile 01572 758307 DX28340 Oakham

Ladies and Gentlemen,

A meeting of the **HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on **Tuesday, 27th September, 2016** commencing at 2.00 pm when it is hoped you will be able to attend.

Yours faithfully

Helen Briggs
Chief Executive

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/haveyoursay

A G E N D A

1) APOLOGIES

2) RECORD OF MEETING

To confirm the record of the meeting of the Rutland Health and Wellbeing Board held on Tuesday, 28th June 2016 (previously circulated).

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 93.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received.

Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

5) DRAFT JOINT HEALTH AND WELLBEING STRATEGY AND REVISED TERMS OF REFERENCE

To receive Report No. 186/2016 from Mark Andrews, Deputy Director for People
(Pages 5 - 28)

6) LEICESTER, LEICESTERSHIRE & RUTLAND SUSTAINABILITY AND TRANSFORMATION PLAN: UPDATE

To receive a presentation from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

7) LOCAL SAFEGUARDING CHILDREN'S BOARD & SAFEGUARDING ADULTS BOARD: ANNUAL REPORTS

To receive Report No 185/2016 from James Fox, Safeguarding Boards Business Office Manager, Leicestershire and Rutland Safeguarding Children and Adults Boards
(Pages 29 - 86)

8) CONGENITAL HEART DISEASE SERVICES IN LEICESTER

A discussion regarding the letter received from NHS England, led by Councillor Clifton and Mark Andrews, Deputy Director for People
(Pages 87 - 90)

9) BETTER CARE FUND PROGRAMME: UPDATE

To receive Report No. 184/2016 from Mark Andrews, Deputy Director for People
(Pages 91 - 110)

10) ANY URGENT BUSINESS

11) DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board will be on Tuesday, 29th November 2016 at 2.00 p.m. in the Council Chamber, Catmose.

PLEASE NOTE:

An additional meeting of the Rutland Health and Wellbeing Board has been arranged for Tuesday, 31st January 2017, 2.00 – 4.00 p.m. in the Council Chamber at Rutland County Council, Catmose.

PROPOSED AGENDA ITEMS

1. Health Protection Board: Annual Report

To receive an annual report to provide assurance from the Leicester, Leicestershire and Rutland Health Protection Board that it is meeting its statutory functions.

Report from Vivienne Robbins, Consultant in Public Health, Leicestershire County Council

2. Children, Young People and Families Plan 2016-19: Progress Report

To receive a progress report on the achievement against the priority actions detailed in the plan.

Report from Bernadette Caffrey, Head of Families Support – Early Intervention

3. Leicester, Leicestershire and Rutland Sustainability and Transformation Plan: Submission

Report from Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group

4. East Midlands Ambulance Service (EMAS) Rutland Listening Event: Final Report

Summary of the outcomes of a listening event hosted by Healthwatch Rutland on 22 July 2016

Report from Gulnaz Katchi, Community Engagement Officer, EMAS

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DISTRIBUTION

MEMBERS OF THE HEALTH AND WELLBEING BOARD:

Mr T King (Chairman)	
Mr R Clifton (Vice-Chair)	
Mr A Mann	Dr A Ker
Ms F Taylor	Inspector Gavid Drummond
Mrs H Briggs	Ms J Clayton Jones
Ms J Fenelon	Mr M Sandys
Ms R Dewar	Mr T Sacks
Ms T Thompson	Ms Y Sidyot
Mrs W Hoult	

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Report to Rutland Health and Wellbeing Board

Subject:	Draft Joint Health & Wellbeing Strategy
Meeting Date:	27th September 2016
Report Author:	Karen Kibblewhite
Presented by:	Mark Andrews
Paper for:	Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

Strategic Objective

Meeting the health and wellbeing needs of the community

1. Background

1.1 The current Joint Health & Wellbeing Strategy (JHWS) was written in 2013 and expires this year.

2. The Joint Health & Wellbeing Strategy

2.1 A development session of the Health and Wellbeing Board (HWB) was held on 7th July 2016. The participants discussed the focus of the HWB and suggested priorities. The outcome of the session has determined the development of the JHWS, which is tabled as an initial draft for comments and further input.

3. The Terms of Reference

3.1 A development session of the Health and Wellbeing Board (HWB) was held on 7th July 2016. The participants discussed the focus of the HWB and the Integration Executive Group and their suggested priorities. The outcome of the session has determined the revised Terms of Reference for the HWB and the Integration Executive Group, which are tabled as an initial draft for comments and further input.

Financial implications:

There are no specific implications of the Strategy itself, although there may be financial implications attached to specific pieces of work which are undertaken to meet the priorities identified. Resources for these will be addressed separately.

Recommendations:

That the Board:

- Provides comments on the initial draft Joint Health & Wellbeing Strategy and the identified priorities to enable a further draft to be developed.
- Provides comments on the revised Terms of Reference for the Health and Wellbeing Board and the Integration Executive Group to enable a further draft to be developed.

Strategic Lead: Karen Kibblewhite

Risk assessment:

Time	L	The current Strategy expires this calendar year.
Viability	L	The Strategy is an overarching document.
Finance	L	There are no financial implications of the draft strategy at this stage. When the further draft is developed, financial implications will be considered.
Profile	M	The Strategy is a requirement of the HWB and will be available within the public domain.
Equality & Diversity	L	Full Equality Impact Assessments will be completed for individual pieces of work.



Rutland
County Council



*East Leicestershire and Rutland
Clinical Commissioning Group*

DRAFT

**Rutland Joint
Health & Wellbeing
Strategy**

2016 - 2020

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Chair's Foreword



Cllr Richard Clifton, Portfolio Holder for Health

To be inserted.

DRAFT

1. Introduction

Rutland's Joint Health and Wellbeing Strategy sets out our priorities for improving health and wellbeing in Rutland. The aim is to improve healthy life expectancy, and to maximise independence, choice, health and wellbeing for everyone.

The Health and Wellbeing Board will draw upon the Strategy to provide leadership and manage change across health and social care, and to influence the health agenda more broadly across the partner organisations and across the county. Priorities have been identified to focus on making health and social care services effective and ensuring they meet the needs of the Rutland's population.

The Strategy is aimed at all ages, from good health in pregnancy, through to dignity at the end of life. It also seeks to ensure that everyone can have the same opportunity to live a healthy independent life, as we know that some groups currently have poorer health outcomes and/or reduced life expectancy.

The purpose of the Strategy is to enable:

- all Health and Wellbeing Board (HWB) partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- key agencies to develop joined-up commissioning and delivery plans to address these priorities
- the HWB to challenge and hold member organisations to account for their actions towards achieving the priorities within the strategy
- members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities agreed within this strategy; including engaging residents and local businesses.

Partner organisations of the Rutland Health and Wellbeing Board include:

- Rutland County Council (Local Authority, including Public Health)
- East Leicestershire and Rutland Clinical Commissioning Group (NHS)
- NHS England
- Leicestershire Constabulary
- Rutland Healthwatch
- Local housing providers (represented by Spire Homes)
- Rutland Voluntary and Community Sector (represented by Rutland Citizen's Advice)

2. Our Vision

This Strategy sets out our priorities for health and wellbeing across health and social care services for all our communities of all ages in Rutland. Our vision encompasses that of the Rutland Children's Trust Children, Young People and Families Plan 2016-19; the RCC Adult Social Care Strategy 2015-20; and the ELR CCG Community Services Strategy. Our vision is for:

integrated health and social care services to support our communities to live healthy, independent and safe lives.

3. Principles

Rutland's Health and Wellbeing Board operate to a set of principles, to which all partners are agreed and which drive both the shared priorities and work within home organisations:

- Shared ownership of the Board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves for delivering our priorities;
- Commit to driving real action and change to integrate services and to improve services and outcomes;
- Target resources and prioritise the most vulnerable;
- Support people to maintain their independence and educate them to look after themselves, encouraging people to make informed healthy choices;
- Share success and learning to make improvements cross-organisationally for the wider benefit of Rutland;
- Be open and transparent in the way that the Board carries out its work - listening to service users/patients and the public, and acting on what they tell us
- Take advantage of Rutland's small size to utilize our resources and assets;
- Represent Rutland at LLR, regional and national platforms to ensure Rutland's voice is heard.

4. Our Priorities

Priority 1 - Extend healthy life expectancy

Why is it a priority?

Whilst overall life expectancy has been rising in recent decades, the number of years people live in good health (healthy life expectancy) has remained similar. Healthy life expectancy in Rutland is similar to the England average for men, and better for women. However, the gap between life expectancy and healthy life expectancy in Rutland is 12.5 years for men and 15.6 years for women, with the gap for women increasing year on year between 2009 and 2014. The number of older people nationally living with more than one chronic condition has risen by over 10 per cent in the last decade.ⁱ This means that a sizeable proportion of Rutland's older people will be affected by poor health for a significant number of years – requiring additional support and care from their families and from services.

Where do we want to get to?

Overall our goal is to reduce the gap between life expectancy and healthy life expectancy. For men, we want to reduce this by 2.5 years over the next ten years. For women, we want to stop the gap increasing any further and reduce it by 1 year over the next ten years.

How are we going to achieve it?

- Use a tiered approach to prevention and addressing people's needs: ensuring universal services promote wellbeing and self-help to prevent need; target services for those at risk to reduce need; and offer reablement, rehabilitation and recovery services to delay further need for those who already access services.
- Focus health & wellbeing interventions on those aged 45-65 to improve health life expectancy at a time when lifestyle and health changes still make a difference.
- Focus on getting children and adults active and keeping them active for longer to protect against a range of health conditions. Obesity levels for adults in Rutland are currently higher than for England and levels of overweight and obesity in children similar to national levels. Reducing obesity levels will save lives as obesity doubles the risk of dying prematurely.
- Reduce long term conditions through the promotion of health messages that set out risks and encourage people to take responsibility for their, and their families' health.

Priority 2 - Reduce health inequalities

Why is it a priority

Some groups in our communities have poorer health or are more likely to have poor health outcomes in the longer term. This includes children living in poverty; routine and manual workers; people with disabilities; and military families. There are pockets of deprivation in Rutland with the wards of Martinsthorpe, Exton and Greetham within 60% most deprived areas in England. 7.3% of children under 20 live in poverty in Rutland. There are higher levels of smoking amongst routine and manual workers (20.5% compared to 11.6% in the general population). There are higher levels of life limiting long-term conditions amongst routine and manual workers.

In 2014/15 the percentage point gap between the overall population and those with learning disability was 69.2% and for those in contact with secondary mental health services was 74.6%.

Rutland is deprived in terms of geographical access to services - 65% of Lower Super Output Areas in Rutland are amongst the 20% most deprived areas in Englandⁱⁱ Poor public transport means most families require a car. For poorer families this is a significant cost and impacts on older people no longer able to drive.

Whilst levels of mental health and wellbeing are similar to or better than the England average, there is evidence that this is worsened over that last few years. Equal focus should be given to mental wellbeing as that given to physical wellbeing.

Where do we want to get to?

Our focus will be on reducing a number of specific inequalities:

- i. Reduce the levels of children living in poverty to 6% by 2020
- ii. Bring the levels of smoking in routine and manual workers down to reduce gap between them and the rest of the Rutland population by 2% by 2020.
- iii. Reduce the employment gap between all adults, and those with learning disabilities and mental health conditions by 5% by 2020.

How are we going to achieve it?

- Target services on those with greatest need and who are most vulnerable, including looked after children; military families; and children with special education needs and/or disabilities.
- Provide additional support to families tailored to their needs; providing early help through the Children's Centre and the Healthy Child Programme.
- Focus smoking cessation support on routine and manual workers

- Improve access to services by improved transport opportunities linking to the Transport Strategy for Rutland which is currently being developed.
- Develop digital opportunities with increased use of telecare, text, web chat and phone support for improved access to services.
- Identify and work with employers of routine and manual workers to improve health of these groups.

Priority 3 – Integration of health and social care services to support those most at risk

Why is it a priority?

There are three drivers for prioritising health and social care integration: to proactively manage the rising demand for health and social care services; to improve the experience for service users, ensuring that they receive services that meet their needs and in the most suitable setting; and to deliver efficiency savings, including by reduced duplication and inconsistencies.

People living with long term conditions do not want to be defined and preoccupied by their health conditions. Instead, they want health and care services that are shaped to deliver the support they need reliably and efficiently so they can get on with their lives. Although there have been significant developments in integrated working across health and social care in Rutland over the last two years, we want to take this further so that patients no longer need to repeat their histories to health and care professionals, or manage some of the navigation between care systems themselves. There are also further opportunities to empower people to play a greater role in self-managing their health and wellbeing.

Where do we want to get to?

The key to integration is seamless services that address people's needs as a whole individual, this in turn will enable reduced duplication and greater overall support. We want to ensure a consistency in response and approach to care regardless of whether service users are receiving that care and support primarily from health or from social care.

The impact of integration will be measured through:

- sustaining the very low proportion of individuals over 65 who move into permanent residential or nursing care.
- sustaining the high proportion of individuals who receive reablement services and are still at home 91 days after discharge from hospital.
- a reduction in emergency admissions, with a particular focus on the over 65s, and in lengths of hospital stays.

How are we going to achieve it?

- Clearly define what integrated care means in practice, going beyond a basic level of coordinated or joined up working, and challenging partners to work together to deliver this.
- Successful delivery of the Rutland Better Care Fund programme(s), with clear articulation of Rutland's integration model in the wider LLR Sustainability and Transformation Plans and Better Care Together Strategy and support the delivery of these plans.
- Embed a coherent person-centred case planning approach for people with complex health needs which helps to keep these individuals as well as possible
- Investment in workforce training that supports the evolution of the health and care sector in line with strategic changes.
- Joint commissioning across health and social care

6. How will we measure our success?

Over the course of this strategy we will continue to monitor the progress we make across the range of data available to us, including service user/patient feedback, being mindful that some impact will only become apparent over the longer-term.

We will use the data which is regularly collated on a range of health indicators to tell us whether the health of our residents is improving.

We will identify the actions necessary to address specific issues raised by the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment and Director of Public Health Annual Report to create an action plan to focus us on the tasks to be completed in support of our priorities.

We will communicate our successes and our challenges to the public so that they can hold us accountable and tell us how it feels to receive health and care services in Rutland, enabling us to continue to develop and respond over the life of this Strategy.

ⁱ Nafeesa N. Dhalwani et al 2016 <http://ijbnpa.biomedcentral.com/articles/10.1186/s12966-016-0330-9>

ⁱⁱ *English Index of Multiple Deprivation (IMD) 2015 - Geographical Barriers to Services subdomain*

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Rutland Health and Wellbeing Board Terms of Reference

The Health and Wellbeing Board has been appointed by Rutland County Council as a statutory committee of the Local Authority. It will discharge directly the functions conferred on Rutland County Council by Section 196 of the Health and Social Care Act 2012 and any other such legislation as may be in force for the time being.

1. Aim

To achieve better health, wellbeing and social care outcomes for Rutland's whole population and a better quality of care for patients and other people using services through the provision of:

- 1) collaborative leadership that influences, shapes and drives a wide range of services and interventions that spans health care, social care and public health.
- 2) strategic oversight of, and challenge, to the planning, strategy, commissioning and delivery of services across Health, Social Care, Public Health, Children's Services and other services that the Board agrees impacts on the wider determinants of health.

2. Statutory Functions

Under the Health and Social Care Act 2012, the Health & Wellbeing Board has the following duties and functions:

- 1) To encourage integrated working between health and social care commissioners, including arrangements under Section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.
- 2) To prepare and publish a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) that is evidence based and supported by

all stakeholders to set out Rutland's objectives, trajectory for achievement and how members of the Board will be jointly held account for delivery.

- 3) To encourage close working between commissioners of health-related services and the Board itself.
- 4) To encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.
- 5) Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.

3. Additional Responsibilities

The Board has also agreed a number of additional responsibilities which complement its statutory functions:

- 1) To challenge and hold to account partners to ensure that their strategies, plans and services are aligned to Rutland's JHWS priorities, and to consider what is best for Rutland within all they plan and do.
- 2) To have oversight of the use of relevant public sector resources across a wide range of services and interventions, with greater focus and integration across outcomes spanning health care, social care and public health.
- 3) To task sub-groups (whether standing or time-limited) to develop solutions to challenges outlined in the JSNA and JHWS.
- 4) To facilitate partnership working across health and social care to ensure that services are joined up around the needs of service users.
- 5) To join up partnership working across Rutland, particularly linking to the Safer Rutland Partnership and ensure there are appropriate links with the Local Safeguarding Children's Board and the Leicestershire and Rutland Safeguarding Adults Board (The Joint Protocol for the HWB and LRSCB/LRSAB is in Appendix A).
- 6) To focus resources on the agreed set of priorities for health, wellbeing and social care (as outlined in the JSNA and JHWS).
- 7) To ensure that the work of the Board is aligned with policy developments both locally and nationally.

4. Principles

The Board agree to work to the following principles:

- 1) Shared ownership of the Board by all its members (with commitment from their nominating organisations) and accountability to the communities it serves for delivering our priorities;
- 2) Commit to driving real action and change to integrate services and to improve services and outcomes;
- 3) Target resources and prioritise the most vulnerable;
- 4) Support people to maintain their independence and educate them to look after themselves, encouraging people to make informed healthy choices;
- 5) Share success and learning to make improvements cross-organisationally for the wider benefit of Rutland;
- 6) Be open and transparent in the way that the Board carries out its work - listening to service users/patients and the public, and acting on what they tell us
- 7) Take advantage of Rutland's small size to utilize our resources and assets;
- 8) Represent Rutland at LLR, regional and national platforms to ensure Rutland's voice is heard.

5. Sub-groups

There will be two permanent sub-groups of the Board:

i) **Children's Trust Board:** Responsible for the development and improvement of services for children and young people 0 – 19 years, (and to the age of 25 years for some vulnerable young people), overseeing the delivery of the agreed vision and priorities of the Children, Young People and Families Plan.

ii) **Integration Executive Board:** Responsible for overseeing the integration of health and social care operational services, driving improvements in service delivery, and monitoring and approving the delivery of the Better Care Fund programme and Better Care Together in Rutland.

The Terms of Reference for each of these sub-groups is attached in Appendix B.

Additional sub-groups may be formed on a time limited basis at the request of the Board to address specific issues or undertake specific pieces of work. Where additional sub-groups are formed, the Chair of the Board will appoint a Chair for the sub-groups and agree reporting requirements and timescales.

6. Safeguarding

The Board work in line with the agree protocol in place between the Leicestershire & Rutland Children's Safeguarding Board (LRCSB), the Leicestershire & Rutland Safeguarding Adults Board (LRSAB) and the Board. The protocol outlines the relationship between the Boards, how safeguarding shall be taken into account within the business of the HWB, and how health & wellbeing shall be taken into account within the business of the LRSCB and the LRSAB .

The protocol shall be approved by both the Board and by the LRSCB and the LRSAB, and reviewed at least three yearly. (Appendix B)

7. Membership

The minimum membership of the Board shall consist of:

- Two representatives from the East Leicestershire and Rutland Clinical Commissioning Group (2)
- Two local elected representatives (2) at least one to be the Portfolio Holder for Health
- The Director of People for Rutland County Council (1)
- The Director of Public Health for Rutland County Council (1)
- One representative of Rutland Healthwatch (1)
- One representative from the Voluntary and Community Sector (1) (Non statutory member)
- One representative from NHS England (1)
- One representative from a Registered Social Landlord (1) (Non statutory member)
- One representative from Leicestershire Constabulary (1) (Non statutory member)

and such other persons as the local authority and/or the Board thinks appropriate in order to bring particular skills, knowledge and/or perspectives, including, but not limited to: additional voluntary sector representatives; clinicians; provider representatives.

Non-statutory members and Healthwatch can appoint a maximum of one deputy to attend meetings in their absence. Statutory member organisations will not be permitted to send a deputy.

Members will act with the necessary delegated responsibility from their organisation and take decisions on behalf of that organisation in relation to the work of the Board.

8. Voting

All members of the Health and Wellbeing Board are allowed to vote (unless the County Council directs otherwise)

Rutland County Council's Meeting Procedure Rules in relation to voting apply; however it is hoped that decisions of the Board can be reached by consensus without the need for formal voting.

Decisions can be taken by the Chair where necessary for reasons of urgency outside of formal meetings. Any decisions taken outside of formal meetings shall be recorded at the following meeting along with the reasons for the urgency and the basis for the decision.

9. Standing Orders and Meetings

The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Rutland County Council will apply with any necessary modifications including the following:-

- a. The Chairperson will be Rutland County Council's Portfolio Holder for Health; the vice-chair will be elected from one of the other statutory members of the Board.
- b. The quorum for a meeting shall be a quarter of the membership including at least one elected member from the County Council and one representative of the East Leicestershire and Rutland Clinical Commissioning Group.

Administration support will be provided by Rutland County Council.

There will be standing items on each agenda to include:

- Declarations of Interest
- Minutes of the Previous Meeting
- Matters Arising
- Updates from each of the subgroups of the Health & Wellbeing Board

Meetings will be held in public at least quarterly (4 times a year).

Revised September 2016

The Board may also meet for workshops or seminar sessions and for Board learning and development. These meetings will be informal and not held in public.

10. Review

These Terms of Reference will be reviewed at least annually, and more frequently where circumstances dictate appropriate.

Revised September 2016

Appendix A – HWB and LSCB/LSAB Joint Protocol

To be inserted

Revised September 2016

Appendix B – Terms of Reference of the HWB Sub-groups

To be inserted



Rutland Integration Executive Board Terms of Reference

The Integration Executive Board sits as a permanent sub-group of the Rutland Health & Wellbeing Board.

1. Aim

To deliver Rutland's vision for integrated health and care in Rutland, in line with national policy and local priorities.

2. Responsibilities

The Integration Executive has the following responsibilities:

- a) To agree the scope of the programme of work to integrate health and care in Rutland on an annual basis, setting the scale of ambition and pace needed for delivery
- b) To lead the development of the Better Care Fund Plan for Rutland, and input into the Better Care Together plans and programmes.
- c) To develop a programme plan to ensure delivery of all components of the Better Care Fund Programme, monitoring delivery, performance, and holding partners to account.
- d) To quality assure business cases for individual developments concerned with integration and/or delivery of the BCF, including the strategic assumptions, models of care, evidence base, financial analysis and equality impact assessment
- e) To make recommendations, as appropriate, to the Health and Wellbeing Board on the allocation of the resources necessary to deliver integration.
- f) To implement the necessary mitigation plans across the BCF and allied programmes, linking to the corporate governance systems in partner agencies
- g) To develop pooled commissioning and funding arrangements to support delivery of integration for approval by the Health and Wellbeing Board, and undertake the strategic management and relevant risk sharing agreement of these arrangements.
- h) To undertake forward planning and horizon scanning for the potential future of integration, including future arrangements for the BCF and the BCT
- i) To support and monitor the refresh of the Rutland Joint Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment.
- j) To support annual planning cycles for RCC, ELRCCG and other partners

- k) To hear patient/service user feedback and ensure that it is taken into account by partners in the design, implementation and delivery of integrated services.

3. Membership

The membership of the Integration Executive Board will be as follows:

- Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group
- GP representative, East Leicestershire and Rutland Clinical Commissioning Group
- Head of Strategic Commissioning, East Leicestershire and Rutland Clinical Commissioning Group
- Director of Public Health, Rutland County Council
- Deputy Director for People, Rutland County Council
- Head of Commissioning for Health & Wellbeing, Rutland County Council
- Manager, Healthwatch Rutland
- Voluntary and Community Sector representative (rotating membership from VCS members on the Health and Wellbeing Board).
- Senior representatives from: University Hospitals of Leicester NHS Trust (UHL); Peterborough & Stamford Hospitals NHS Foundation Trust (PSHFT); Leicestershire Partnership NHS Trust (LPT).

and such other persons as the local authority and/or the Board thinks appropriate in order to bring particular skills, knowledge and/or perspectives, including, but not limited to: additional voluntary sector representatives; clinicians; provider representatives.

Members may nominate a named deputy to attend on their behalf where necessary. Members will act with the necessary delegated responsibility from their organisation and take decisions on behalf of that organisation in relation to the work of the Board.

Administrative support will be provided to the Board by officers of either RCC or the CCG as appropriate.

4. Voting

All members of the Integration Executive Board are allowed to vote.

Rutland County Council's Meeting Procedure Rules in relation to voting apply; however it is hoped that decisions of the Board can be reached by consensus without the need for formal voting.

Decisions can be taken by the Chair where necessary for reasons of urgency outside of formal meetings. Any decisions taken outside of formal meetings shall be recorded at the following meeting along with the reasons for the urgency and the basis for the decision.

5. Standing Orders and Meetings

The Access to Information Procedure Rules and Meeting Procedure Rules (Standing Orders) laid down by Rutland County Council will apply with any necessary modifications including the following:-

- a. The Chairperson will be a member from Rutland County Council; the Vice Chair will be a member from East Leicestershire and Rutland Clinical Commissioning Group.
- b. The quorum for a meeting shall be a quarter of the membership including at least one representative from Rutland County Council and one representative of the East Leicestershire and Rutland Clinical Commissioning Group.

Administration support will be provided by Rutland County Council or by East Leicestershire and Rutland Clinical Commissioning Group as appropriate.

There will be standing items on each agenda to include:

- Declarations of Interest
- Minutes of the Previous Meeting
- Matters Arising
- Performance Report for the Better Care Fund
- Items for the next Health & Wellbeing Board

Meetings will be held in public at least bimonthly (6 times a year).

The Board may also meet for workshops or seminar sessions and for Board learning and development. These meetings will be informal and not held in public.

6. Reporting

The Integration Executive will submit to the Health and Wellbeing Board:

- i) An annual work programme setting out expected delivery and performance targets;
- ii) At least quarterly reports on the performance of the Better Care Fund Programme, including expenditure;
- iii) Update summaries of any reports tabled at the Integration Executive on the work streams of the Better Care Together Programme and Sustainability and Transformation Plan, as and when;
- iv) Any reports or updates on specific work commissioned by the Health & Wellbeing Board, as and when requested by the Health & Wellbeing Board.

Individual members will be responsible for reporting progress to their organisations through their own internal governance arrangements. They may be asked to provide assure to the Integration Executive Board of this on a periodic basis.

7. Terms of Reference Review

The Terms of Reference for the Integration Executive will be reviewed annually and more frequently where circumstances dictate appropriate.

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Report to Rutland Health and Wellbeing Board

Subject:	Annual Reports of the Leicestershire & Rutland Safeguarding Adults Board and Leicestershire & Rutland Local Safeguarding Children Board and
Meeting Date:	27 September 2016
Report Author:	Paul Burnett
Presented by:	James Fox
Paper for:	Note / Discussion

Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:

The purpose of this report is to bring to the Health and Wellbeing Board's attention the draft Annual Reports 2015/16 for the Leicestershire and Rutland Safeguarding Children Board (LRLSCB) and the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for consultation and comment.

Safeguarding Adults and Children cut across all areas of the Rutland Health & Well-Being Strategy and Better Care Fund Priorities.

Connectivity between the LRSAB and the Better Care Together (BCT) Programme was established during 2014/15 when the Safeguarding Boards were consultees during the process of formulating the BCT Five Year Strategic Plan 2014-19. At that stage it was agreed that safeguarding would be a cross-cutting theme across the BCT Programme and we secured agreement to ensuring that the BCT Programme would incorporate, promote, measure and evaluate safeguarding outcomes within its improvement plans.

The LRSAB has now determined that the key focus of our inter-relationship should focus on the following 'Change and Intervention' areas set out in the five year strategic plan:

- Urgent care
- Frail older people
- Long-term conditions
- Planned care
- Mental health
- Learning Disability

The LRLSCB and the LRSAB are partnerships that are required by regulation. The LRLSCB is required as a result of the Children Act 2004 and expectations of the Board are set out in Working Together 2015. The LRSAB is required as a result of the Care Act 2014.

It is a requirement of Working Together 2015 and the Care Act 2014 that the Annual Reports of the LRLSCB and LRSAB be presented to the Chairman of the Health and Well-Being Board. In Leicestershire and Rutland we have, in addition, a protocol

between both safeguarding boards and the Health and Wellbeing Board that requires the presentation of the annual reports of the safeguarding boards with an expectation that the Health and Wellbeing Board will consider any implications of these annual reports for the health and well-being strategies of both counties.

The LRLSCB and LRSAB Business Plans for 2016/17 were presented to the Health and Wellbeing Board on 26th January 2016. The Board will, therefore, be aware of some of the strengths and areas for development that arose from the assessment of performance in 2015/16 since this informed the framing of those Business Plans. However, the Annual Reports provide a full assessment of performance. In the children's arena the annual report will be a key document for consideration when Ofsted carries out its 'Inspection of services for children in need of help and protection, children looked after and care leavers' alongside which a review of the effectiveness of the local safeguarding children board will be undertaken.

The key purpose of the Annual Reports is to assess the impact of the work we have undertaken in 2015/16 on service quality and on safeguarding outcomes for children, young people and adults in Leicestershire and Rutland. Specifically it evaluates our performance against the priorities that we set in our Business Plans 2015/16 and against other statutory functions that the LSCB and the SAB must undertake.

The annual reports are necessarily detailed reports in line with the legislative requirements. For this reason we have produced Executive Summary reports to assist readers in gauging the key achievements and development needs arising from the assessment of the Boards' performance across 2015/16.

The Executive Summary reports for the LRLSCB and LRSAB are attached as Appendices 1 and 2. Full versions of both the Annual Reports 2015/16 can be accessed at <http://lrsb.org.uk/draft-annual-reports-2015-16>

Financial implications:

There are no specific financial implications from the Annual Reports of the Safeguarding Boards. Both the LRLSCB and the LRSAB are funded through budgets to which statutory partner agencies contribute. The total budget within which the Boards operated in 2016/17 is £465,112. The LRLSCB has a budget of £328,650 and the LRSAB a budget of £95,962. In addition the Boards receive £40,500 from the community safety partnerships to support the undertaking of Domestic Homicide Reviews.

Recommendations:

1. That the Board considers the annual reports and makes any comments or proposed additions or amendments to the reports that will be addressed prior to the final versions being published.
2. That the Board considers its capacity to support the work of the safeguarding boards particularly where the annual reports identify need for improvement across partnerships that now feature within our business plans for 2016/17. Such areas include:
 - Robust engagement with Better Care Together workstreams regarding safeguarding.
 - The Joint LSCB & SAB Business Development Priority for 2016/17 - To be assured that Mental Health Services incorporate robust arrangements

<p>to reduce safeguarding risk to children and adults in particular areas: e.g. Suicide, Self-Harm, Emotional Wellbeing, Adolescent Mental Health, those supported through MCA/DoLS and the Learning Disability Pathway</p> <ul style="list-style-type: none"> Safeguarding assurance within commissioning arrangements. 		
Risk assessment:		
Time	L	The annual reports need to be published in line with planning cycles. The reports will be finalised at the October meeting of the Safeguarding Boards.
Viability	L	The Annual report looks back at past performance. The areas for development have been included in the Business Development plans of the Safeguarding Boards for 2016/17. Partner agencies have committed capacity both financial and human to the delivery of actions within the plans.
Finance	L	The budgets of the board are detailed under Financial Implications. Agency contributions for 2016/17 are agreed at the same level as last year and the Business Plan will be delivered within these resources.
Profile	L	The LRLSCB is subject to a review by Ofsted and its performance is critical to the reputation of both county councils and their partners. The LRSAB will become a statutory body on 1st April 2015. It is not clear whether any regulatory framework will be put in place to judge its performance. The legislation regarding Local Safeguarding Children Boards is currently being reviewed nationally.
Equality & Diversity	L	Safeguarding children, young people and adults concerns individuals who are likely to be disadvantaged in a number of ways. Specific impacts on or views of different groups is also considered in the work of the LRLSCB and LRSAB Safeguarding Effectiveness Group (SEG) in assessing performance and effectiveness with regard to safeguarding.
Timeline:		
Task	Target Date	Responsibility
Final agreement of report by Leicestershire & Rutland Safeguarding Adults Board and Local Safeguarding Children Board	28 th October 2016	Paul Burnett
Publication of Annual Reports	30 th October 2016	Paul Burnett

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LEICESTERSHIRE AND RUTLAND LOCAL SAFEGUARDING
CHILDREN BOARD (LRLSCB)

Executive Summary to Annual Report 2015/16



This overview summarises the key achievements, outputs, outcomes and impact of the work of the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB) in 2015/16. It also highlights the further improvements that will be sought in 2016/17.

We recognise that the Annual Report has to be a detailed and complex record of our work, so this summary is intended to be accessible to a wider audience, and enable readers to understand the impact of our work over the last year.

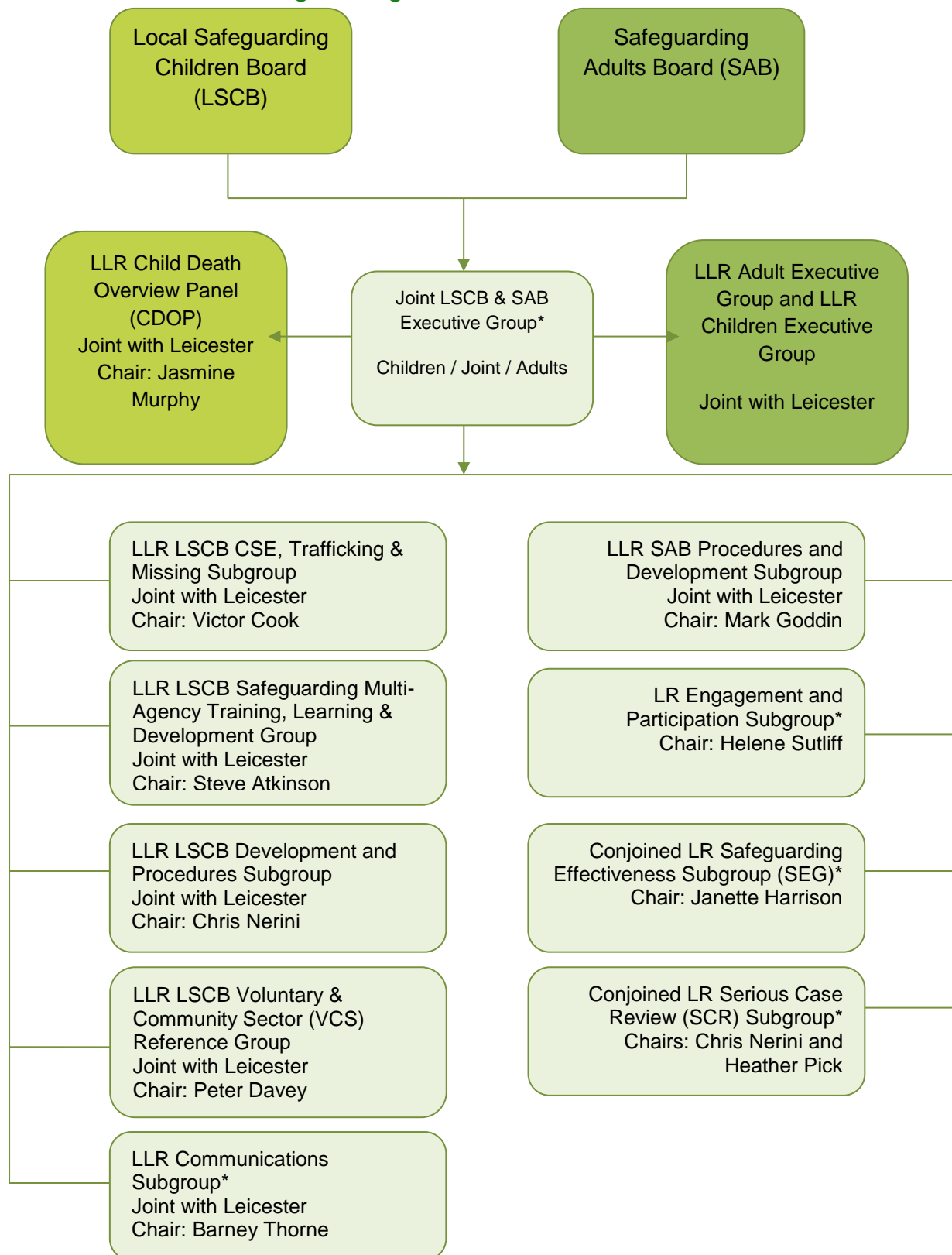
The overview includes reference to the work that has been undertaken in collaboration with the Leicestershire and Rutland Safeguarding Adults Board (LRSAB).

The information is presented alongside the key priorities in our Business Development Plan 2016/17.

A handwritten signature in black ink, reading "P. R. Burnett". The signature is written in a cursive style with a large, sweeping flourish at the end.

Paul Burnett
Independent Chair, Leicestershire and Rutland Safeguarding Boards

Leicestershire & Rutland Local Safeguarding Children Board and Safeguarding Adults Board 2015/16



* Those meetings marked have joint sections between the LSCB and SAB to reflect the areas of joint working between the children and adults agendas

The Role of the Local Safeguarding Children Board

The LRLSCB serves the counties of **Leicestershire** and **Rutland**. It is a statutory body established in compliance with The Children Act 2004 (Section 13) and The Local Safeguarding Children Boards Regulations 2006. Its work is governed by Working Together 2015.

The statutory objectives and functions of LSCBs are set out in Section 14 of the Children Act 2004 and 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.

Business Plan Priorities 2015/16

Priorities set by the LRLSCB for 2015/16 were to be assured that:

- “Safeguarding is Everyone’s Responsibility”
- Children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility
- Services for children, adults and families are effectively coordinated to ensure that children and adults are safe
- Our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults
- The workforce is fit for purpose.

In addition a number of cross-cutting priorities were set, as follows:

- Safeguarding services are coordinated
- The voices of children and adults are heard
- The voices of staff are heard
- Sub-regional and regional coordination will be maximised
- Effective communication must underpin all Board activity.

Priority 1:

‘Safeguarding is Everyone's Responsibility’

The LRLSCB has met 4 times during 2015/16. The majority of Board members have achieved the targeted 75% attendance rate. Membership meets Working Together 2015 requirements and, indeed, extends beyond this.

There is a need to improve attendance rates from the Community Rehabilitation Company (CRC) element of probation services and CAFCASS.

Attendance by schools has improved considerably since last year's Annual Report.

Attendance at the Executive and Subgroups has continued to be good and the greater distribution of leadership of Subgroups from across the Partnership continues to have a positive effect.

Part of the strategic role of the Safeguarding Children Board is to secure engagement with senior leaders in partner organisations beyond the Board membership and to build robust relationships with other key partnership bodies. The LRLSCB has continued to achieve this in a number of ways:

- In collaboration with the Leicestershire and Rutland Safeguarding Adults Board, the Safeguarding Children Board collectively hosts an annual Safeguarding Summit of leading politicians and chief officers from partner agencies. All partner agencies attended the annual Safeguarding Summit thus enabling senior leaders to contribute to the LRSAB needs analysis and priority setting and to reflect resulting objectives in their own agency's strategic plans.
- Formal protocols between the LRLSCB and both the Health and Well-Being Boards in Leicestershire and Rutland to secure effective cross-scrutiny and challenge. Both the annual LRLSCB Business Plan and the LRLSCB Annual Report were presented to:
 - Leicestershire and Rutland Health and Well-Being Boards
 - Rutland People Scrutiny Panels (Children and Adults & Health)
 - Leicestershire Overview and Scrutiny Committees for Children & Families and for Adults & Communities
 - The Rutland & Leicestershire County Council Cabinets.
- Interfaces with the Leicestershire Supporting Families Programme, the Rutland Changing Lives Programme and the Leicestershire and Rutland Better Care Together Board.

The new Quality Assurance and Performance Management Framework introduced in 2014/15 has been further developed and embedded. This aligns performance measures with the Business Plan and tests impact in both quantitative and qualitative terms as well as against service user and staff views and opinions.

Contributions to the Framework now extend across all partners whereas in the past we relied almost wholly on information from the two County Councils. The result has been a LSCB dataset that evidences the status of the delivery of the Business Plan and identifies where additional assurance is required. It also enables partners to understand the quality of services provided by agencies other than their own.

There has been a culture of challenge within the Board and across agencies particularly in areas of safeguarding where further assurance is required. Examples include:

- The timeliness of the referral to Health from Children's Social Care when a child first comes into care and the timeliness by Health of arranging an Initial Health Assessment (IHA) appointment for the child
- The lack of Strength and Difficulties Questionnaires available for Looked After Children (LAC) Review Health Assessments by the LAC Nurses
- Leicestershire Children's Social Care's high levels of repeat child protection plans
- The requirement for a more systematic approach to capture the voice of the child and ensure this is used to influence service development, particularly for child protection services and children (and their families) who require hospital admission for their mental health needs who are placed out of area
- The lack of a training database to evidence safeguarding training undertaken by Leicestershire and Rutland Children's Social Care
- Understanding the data around contacts that generated 'No Further Action'
- The alignment of the Better Care Together Child and Adolescent Mental Health Services (CAMHS) Pathway for admission to Tier 1-3 CAMHS with the LSCB Child Safeguarding Thresholds.

These areas are now being addressed, or have been addressed, through identified work streams and audits.

A challenge log is maintained by the Business Office, recording challenges raised in Board and other meetings. This is regularly reviewed by the Independent Chair ensuring updates, outcomes and impact are accurate.

Partner agencies' compliance with agreed safeguarding standards was tested using the Section 11 audit tool. All agencies that did not assess themselves as fully compliant in that audit have worked to agreed improvement plans and were monitored by the LRLSCB throughout the year.

The strategic Section 11 audit is currently in progress and the results will be compared against previous Section 11 audits and reported in the Annual Report for 2016/17.

The other key process introduced in 2015/16 was a testing of Section 11 assessment outcomes against the views of frontline staff and managers across the Leicester, Leicestershire and Rutland partnership. A summary of the process, its findings and key messages are set out in the main report.

As mentioned above there has been a significant improvement in engagement with schools both in terms of their attendance at Board meetings but also through a range

of programmes including Child Sexual Exploitation (CSE), Missing and Trafficking, Domestic Abuse (Operation Encompass) and e-Safety.

Between 2014/15 and 2015/16, there has been a 14% increase in the number of contacts and enquiries from academy and maintained schools to Leicestershire Children & Family Services from a total of 1825 contacts in 2014/15 to 2084 in 2015/16. Of the 2084 contacts received from schools in 2015/16: 782 (38%) of these warranted a referral to Leicestershire Children's Social Care for further investigation. Analysis of the outcomes of contacts from education sources shows that the proportion resulting in 'no further action' is reducing, and the proportion referred to Social Care is increasing. This suggests that the contacts being received are becoming more appropriate. Rutland Children & Young People's Services received a proportionate increase that resulted in, during 2015/16, a total of 161 contacts and enquiries of which 89 (55%) warranted further investigation.

The annual safeguarding return from schools shows a similarly positive picture in terms of compliance with expected safeguarding standards.

There has been significant joint working with Leicester City LSCB which has contributed to improved outcomes in relation to performance of: the Child Death Overview Panel (CDOP); FGM procedures; Neglect toolkit; CSE, Trafficking and Missing strategies and action plans; workforce development including the safeguarding Competency Framework; development of consistent policies and procedures in relation to single-assessment, thresholds and learning and improvement. Two major conferences on Neglect and learning from Serious Case Reviews were delivered in collaboration with Leicester City with evidence of impact on future practice.

In September 2015, the two LSCBs launched the new LSCB Information Sharing Agreement onto the LSCB Website and at a launch event at Leicester City Hall that was attended by approximately 160 delegates.

Partnership with the voluntary and community sector (VCS) has continued to be strong which has achieved: effective communication with the sector; wider engagement of the VCS in safeguarding training and development; greater clarity across the VCS about safeguarding standards, policies and procedures; and providing support in the delivery of safeguarding priorities across the VCS.

Steps were taken to extend opportunities to secure the engagement and participation of service users including work with HealthWatch. We have worked closely with County Youth Councils, with Young Inspectors and with schools councils to understand and incorporate into our plans their safeguarding risk priorities.

All relevant agencies made their financial contribution to the running of the LRLSCB in full providing the Board with a budget of £326,030. The budget was spent in full as was a significant proportion of the reserve account that had been challenged in the past.

Significant work was done to prepare for inspection which included:

- Scrutiny and challenge of previous Ofsted inspection recommendations in Leicestershire and Rutland

- Monitoring and scrutiny of inspection outcomes in other agencies
- Self-assessing LRLSCB performance against the Ofsted framework used to judge the effectiveness of LSCBs.

Priorities for 2016/17

Areas for improvement included in our plans for 2016/17 include:

- Achieving more consistent attendance at Board and Subgroups from the CRC and CAF/CASS
- Improvement in Initial Health Assessments
- Progress the new arrangements for undertaking Section 11 audit and peer review
- Further enhancing multi- agency audit activity.



Priority 2:

To be assured that children and young people are safe

The LRLSCB's focus has been to ensure that children and young people are safeguarded across what Professor Eileen Munro described as 'the Child's Journey' from universal support, through Early Help, support to children in need, child protection and care. The overriding objective has been to secure effective early support to avoid the need for children to move up the continuum of need and avoid formal child protection and care interventions. In this quest there has been some success but challenges remain.

The headline profile data is as follows:

Safeguarding Profile 2015/16

Rutland	2013/14	2014/15	2015/16*	Leicestershire	2013/14	2014/15	2015/16*
Number of contacts to children's services	690	717	901	Number of contacts to children's services	15228	14632	12773
Number of referrals to children's social care	241	255	369	Number of referrals to children's social care	5895	4635	3953
Number of Single Assessments	n/a	201	313	Number of Single Assessments	n/a	3797	2412
Proportion of contacts referred to Children's Social Care	35%	36%	41%	Proportion of contacts referred to Children's Social Care	39%	32%	32%
Proportion of contacts referred to Early Help	15%	11%	21% (Q4)	Proportion of contacts referred to Early Help	13%	14%	21%
Number of children subject to a child protection plan at 31 March	34	27	29	Number of children subject to a child protection plan at 31 March	439	393	347
Number of children looked after at 31 March	34	34	39	Number of children looked after at 31 March	455	470	470
CSE referrals	n/a	3	8	CSE referrals	n/a	184	303
Missing episodes from care	n/a	3	13	Missing episodes from care	n/a	470	709

*provisional data

More detailed analysis is provided on the following pages.

In Leicestershire impact has included:

Contact, referral and assessment

- There was a (13%) decrease in the number of contacts and enquiries by partners and the public from 14632 in 2014/15 to 12773 during 2015/16. However, the conversion rate of contacts leading to a referral of safeguarding concern remains at 32% across both periods.
- The rate of referrals in recent years has been below that of England and our statistical neighbours, but the rate of re-referrals has been close to or slightly above this comparator group.
- There has been a steady increase in the number of referrals from summer 2015 after changes to the process in First Response.
- Re-referral rates since August 2015 have remained below 20% demonstrating a better response/assessment of need at the point of first referral.

Qualitative audits show:

- Strong evidence of the embedding of Signs of Safety (SoS) and voice in practice
- Good understanding of thresholds
- Partnership work is strong
- Good management oversight

Quality of Assessment

- On average 190 Single Assessments are completed each month.
- Most are undertaken at the point of referral in First Response but Strengthening Family Services, Disabled Children's Service and Locality Teams also complete them.
- Current performance consistently outperforms the statistical neighbour group and England as a whole.
- SoS continues to be embedded across the service and specific workforce development within First Response is planned in the autumn of 2016.

Early Help

- In Locality Hubs 94% of family referrals are allocated or processed within 28 days (target is 95%).
- There has been an increase of families in receipt of Early Help support quarter upon quarter.
- Children's Centres have seen a continued increase in the number of children engaged in the programme within the year reaching 91.6% of target (further numbers still to be ratified).
- Supporting Leicestershire Families has completed almost 2000 assessments of Children and Families each quarter.
- Troubled Families Claims – total claim for Phase 2 to date is 244 outcomes, which maintains Leicestershire as the highest performing Authority in the East Midlands.
- Case studies of family stories produced.
- Voice of the child and families captured.

- User satisfaction demonstrates improved level of satisfaction with Children's Centre services.
- Staff feedback and voice captured regularly through supervision and service meetings.

Child Protection

- Leicestershire has generally had a child protection plan rate higher than its statistical neighbours but a lower rate of repeat plans.
- Child protection plan numbers peaked in August 2014, but despite a significant fall since in the number of open plans, the rate of repeat plans has risen markedly.
- In Leicestershire, the Children's Rights Service supported a total of 119 young people in relation to child protection processes during 2015/16. 64 young people were represented at their Child Protection Conference by the Children's Rights Officer, and 30 young people attended their own Child Protection Conference.
- There has been a thematic audit on repeat plans, a staff conference, discussion at the LSCB and a senior management team audit. The conclusions and implications for practice are that procedures and oversight of the step-down child protection to Child in Need services requires reinforcement, particularly in cases where the 'toxic trio' of domestic violence, substance misuse and parental mental health problems are factors.

Looked After Children

The number of children looked after by Leicestershire County Council increased steadily from 2007/08 until levelling off over the past 2 years. Leicestershire have improved placement stability for children being looked after in the same placement for over 2 years or placed for adoption. There has also been an improvement in the timeliness of children's looked after review meetings by reviewing the key performance indicator within the Safeguarding Improvement Unit (SIU) 2016/17 delivery plan and changing internal administration systems. This improvement has had a positive impact on the placement stability and permanence planning for children with Independent Reviewing Officers (IROs) ensuring appropriate plans are in place to safeguard and promote the overall welfare of our children.

In Rutland impact has included:

Contact, referral and assessment

- There has been an increase in the number of contacts and enquiries by partners and the public for Rutland from 717 in 2014/15 to 901 during 2015/16. There was an average of 60 per month in 2014/15 compared to 75 per month (a 26% increase) in 2015/16. The conversion rate from contacts/enquiries to referral in Rutland was 41% during 2015/16, an increase from mid-30% in the preceding two years. This exemplifies the positive work undertaken across the partnership to ensure referrers in Rutland are clear about thresholds and refer appropriately.

- Conversion rates from referral to assessment increased from 33% to 47%. This underlines the success of work undertaken in Rutland in respect of threshold application and understanding and this was a priority during the year.
- As a result, CSE referrals have increased fourfold from 2 in 2014/15 to 8 for 2015/16, reflecting work undertaken to raise awareness about this issue.

Qualitative audits are showing signs of improvement in:

- The application of thresholds by the Duty Team, which are being more appropriately and consistently applied.
- The extent of management oversight, which has been strengthened in the latter part of the year.

Quality of Assessment

- The number of assessments undertaken in 2015/16 increased by 56% over 2014/15.
- A combination of an increase in the volume of assessments and staff shortages resulted in a deterioration in performance towards the end of 2015/16. The backlog of assessments are being addressed and Rutland expects a significant improvement in performance very early in the 2016/17 financial year.
- Audit work is showing a solid improvement in the quality of the most recent assessments and this is supported by stronger management oversight. There is still some work to be done to ensure this is consistent across the service and that the Authority responds robustly to changing risk in open cases.
- Risk recognition and improving assessments are a priority for 2016/17.

Early Help

- Greater numbers of cases are being picked up through Early Help as a result of the co-location of Social Care and Early Help through a single “front door”, helping to ensure responses to families are both timely and appropriate.
- The number of cases receiving an earlier Early Help response or a targeted response has increased significantly and incrementally.
- The application of thresholds has improved and Early Help services are closely integrated with Social Care, supporting the effective “step up” and “step down” of cases. On average 35% of cases held by Early Help are now supporting Social Care interventions.
- The quality of Early Help Assessments (EHAs) has improved, including more child-centred assessments and planning.
- Support days are in place for schools to discuss and review Early Help cases. 100% of sessions were taken up by schools during the 2015/16 academic year. Early Help Co-ordinators are supporting external partners to undertake EHAs utilising Signs of Safety. Audits of external EHAs have shown an improvement with 50% of cases graded as good.
- The needs of families are being met effectively by Early Help services. On average 85% of families receiving targeted intervention support close with their needs met.

- Registrations in Children Centre services have increased with 92% of families now registered.
- Families with a higher level of need are routinely accessing services. The sustained engagement of vulnerable families in Children Centre services has increased significantly from 55% to 91% during 2015/16.
- Levels of achievement in Early Years Foundation Stage (EYFS) profiles have improved with 75% of children achieving the expected level of development in 2015, above the national average of 60%.
- User satisfaction levels have improved with 92% of families rating Children Centre services as good to outstanding.
- The user satisfaction survey demonstrates improved levels in early years and services for children with disabilities. 90% of children reported that short breaks services made a difference to them.
- Partner agency staff feel supported with cases causing concern and are accessing training sessions provided by Rutland County Council and schools support days.
- All Early Help staff are trained in utilising Signs of Safety to work with families and are feeling more confident.
- Changing Lives achieved its target of family attachments onto the programme in the first year of Phase 2 during 2015/16.
- Professionals report increased confidence and understanding of Early Help processes.

Child Protection

- Children subject to Child Protection Plans rose from a low of 23 in August 2015 to a peak of 37 in February before falling back to 29 in March as two large families were removed from plans.
- No children have been subject to a Child Protection Plan for more than two years and, whilst there were 6 children subject to repeat plans, only 1 child had been subject to a previous plan in the last 5 years.
- All child protection cases were reviewed within statutory timescales.

Looked After Children

Outcomes for Looked After Children in Rutland are very strong with excellent placement stability, timely permanency planning, access to physical health assessments & services and good educational outcomes. However, accessing Child and Adolescent Mental Health Services (CAMHS) is challenging, particularly when children are placed outside Leicestershire/Rutland. This is being addressed with the local East Leicestershire and Rutland Clinical Commissioning Group (CCG).

Rutland has experienced an increase in numbers of Looked After Children. A significant proportion of children are placed with connected persons often just outside the County borders. Although connected persons placements are recognised to promote placement stability and better outcomes, there are some challenges in relation to the provision of local foster carers to meet this increased demand.

Across Leicestershire & Rutland

Child Sexual Exploitation & Missing

Child Sexual Exploitation (CSE) remains a key strategic priority for the Local Safeguarding Children Board (LSCB).

A joint LSCB CSE, Missing and Trafficking Subgroup covering Leicester, Leicestershire and Rutland is tasked with coordinating the local response.

During this business year key principles established last year to strengthen the local response have been progressed:

- Consolidation of a single Leicester, Leicestershire and Rutland (LLR) approach to tackling the issues of CSE, trafficked and missing children
- Sharing, pooling and an equitable distribution of resources within a single multi-agency specialist CSE team in line with emerging threat and need.

In June 2015 a CSE Coordinator for Leicester, Leicestershire and Rutland was appointed to support the work of the LSCB subgroup.

Progress has been made on a number of the identified priorities:

- A Local Authority data set has been established and key information is emerging. It has resulted in improved profiling of victims and those at risk of CSE and also risky persons and peers.
- Children and young people at risk of or subjected to CSE are now flagged on their health records and available to frontline health services.
- Frontline police officers are now using a CSE checklist when completing a Vulnerable Children's Report to support identification, prevention and timely referrals.
- An operating protocol for the multi-agency specialist CSE team has been developed.

The growth and development of the specialist multi-agency team response to CSE has continued apace with confirmation of investment from the NHS and Leicester City Council to add to the existing contributions from Leicestershire Police, Leicestershire County Council and Rutland County Council.

The development has been further bolstered by a successful partnership bid of £1.23 million to the Strategic Partnership Development Fund (SPDF) of the Police and Crime Commissioner aimed at funding provision over the next two financial years. The aim is to utilise the funding to build capacity, capability and improve the effectiveness of the partnership in preventing, identifying and tackling CSE. The SPDF CSE Project is intended to fund both one-off and non-recurring initiatives, as well as extending existing initiatives and good practice. In addition, it will provide a temporary increase in structures and staffing. Planned initiatives include the extension of Warning Zone provision to include an innovative e-Safety programme and the development of a comprehensive school prevention activity programme including re-commissioning the 'Chelsea's Choice' theatre production. Additional posts include the recruitment of a multi-agency CSE analyst, a forensic psychologist, parenting support coordinator and specialist health professionals into the multi-

agency team. The CSE Coordinator is the nominated project manager for the SPDF CSE Project.



One of the initiatives, C.E.A.S.E. (Commitment to Eradicate Abuse and Sexual Exploitation), was launched at an event in February 2016.

Leicestershire agreed to participate in trialling the development of a new inspection regime. The two day Joint Targeted Area Inspection trial, held in September 2015, involved the inspectorates for children’s services (Ofsted), Police (HMIC), Health (CQC) and Probation (HMIP) – combining their resources to undertake a multi-agency inspection focusing on the theme of CSE and missing children. Following feedback provided by the inspectors, a number of actions have been progressed through the Subgroup. This includes ensuring CSE concerns are flagged on health records.

Headlines from quality assurance and performance management include:

- The numbers of CSE referrals continues to rise in Leicestershire and Rutland. The increase highlights greater professional and public awareness following national media attention and success of the local ‘Spot the Signs’ awareness raising campaign. Furthermore there is evidence that the existence of shadow LSCB action plans at an agency level is also having the desired impact. This has translated into an increasing number of joint investigations and operations with the Police, increased levels of partnership disruption activity and a number of successful prosecutions during the business year.

Numbers of CSE referrals to Children’s Social Care:

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Number of referrals where CSE is the main feature – Leicestershire	184	303	49	75	89	90	
Number of referrals where CSE is the main feature – Rutland	2	8	2	2	2	2	

- There has been some improvement in the range of agencies making CSE referrals. The source of the majority of referrals continues to be the Police, Children’s Social Care and Early Help.
- Referrals have been received from a variety of sources including GP practices, non-Accident & Emergency hospitals and sexual health clinics highlighting a wider awareness of the issue. The specialist health professionals who are joining the multi-agency CSE team have a target to increase the number of referrals received from their health colleagues.
- Schools and colleges have been increasingly engaged in the agenda locally. However, direct referrals received from educational institutions remain low – this requires further investigation.
- Use of the CSE risk assessment tool in making referrals remains poor. The tool is designed to provide a consistent approach to identifying, measuring,

analysing and reviewing the risk. Further work is planned in 2016/17 to promote use of the tool.

- A majority of the referrals across LLR are for white females aged 13-15 years old.
- The percentage of referrals in relation to boys and young men has increased from 8% in 2014/15 to 19% in 2015/16, close to the local target of 20%.
- A concern remains that there is under-reporting in relation to children from BME groups considering the diversity of the area.
- Leicestershire referrals for out of authority children placed in Leicestershire reflect the large number of private children's homes in Leicestershire and highlight the need for placing authorities and partners in Leicestershire to work together to safeguard these children.

Impact of the specialist multi-agency CSE team

The purpose of the team is to identify and take action to safeguard and protect children at risk of CSE, or who are being sexually exploited (online or in the real world), trafficked or have gone missing or run away. The team provides a victim-centred approach combining criminal investigation, safeguarding and educational programmes. The team coordinates the response to a number of high profile and cross boundary investigations.

It is envisioned that the emerging local operational approach will be based on the application of a 'hub and spokes model'. This approach aims to ensure that, whilst the multi-agency CSE team will have overall responsibility for coordinating the response to CSE, tackling CSE will remain everyone's business. To achieve this aim and strengthen the current approach CSE Champions will be embedded in all agencies.

Co-location of partner agencies has led to much better information sharing and more effective action in a greater number of CSE related cases. Working in a more joined up way has allowed the sharing of relevant intelligence and improved coordination of responses. This has already resulted in an improved ability to disrupt and prosecute perpetrators and provide early intervention to reduce harm and promote wellbeing. In addition it is clear that co-location has improved the timeliness of joint decision making about cases of concern, it has assisted in a greater understanding of the respective partner roles, and it has significantly assisted in the development of the collective understanding of those at risk of CSE. Earlier referrals into the team has enabled earlier intervention and resulting profile of the cases in relation to the level of harm dealt with by the team changing since its inception.

Raising the profile of the work of the team continues to be a priority so that Leicestershire and Rutland residents and bodies such as schools can continue to 'spot the signs' and make referrals if they have concerns.

Children going Missing

In Leicestershire and Rutland the dataset for children going missing was under development in 2015/16. Partners are working to ensure there is robust data on children going missing; this will be completed in 2016/17.

Provisional Local Authority data for the latter part of 2015/16 indicates that the number of missing children has not markedly changed during that period, and the number of return interviews being undertaken with children who have gone missing has increased.

A risk area regarding children reported missing continues to be in relation to those placed in the area by other Local Authorities in Private Children's Homes.

Barnardo's has been commissioned locally to undertake return interviews with those children deemed to be at the highest risk of CSE and/or who go missing most frequently. The impact of this work is to be fully evaluated in 2016/17.

Future Priorities

- Developing our response to online CSE
- Developing our approach to risky persons, offenders and serious and organised crime groups
- Broadening awareness raising activity in relation to CSE, trafficking and missing whilst targeting identified underrepresented groups
- Seeking assurance that the implementation of the Strategic Partnership Development Fund CSE Project leads to enhanced safeguarding outcomes for children
- Monitoring compliance with local policy and procedure – a CSE themed audit is planned by the LSCB Multi-Agency Audit Subgroup during Q3 2016/17
- Providing effective support and recovery services for victims of CSE and their families that meet the spectrum of their needs – the shadow Health CSE Group has been tasked to take this forward during 2016/17
- Ensuring a robust dataset regarding children going missing.

Challenges

- The breadth, depth and scope of CSE related activity continues to increase. A proposed revision to the existing CSE governance arrangements is under consideration. The proposal is aimed at ensuring that activity across the partnership is effectively coordinated, enhanced and strengthened.
- The resources dedicated to tackling CSE and establishing a specialist multi-agency team are considerable and have been deployed innovatively, and thus far, successfully. However these resources may need to be reviewed in the light of the continuing increasing referrals and demand as the true scale and nature of CSE becomes evident.
- Establishing comprehensive, consistent and accurate data in relation to risky persons and offenders to enable a more targeted approach remains a challenge.
- Further work needs to be undertaken in relation to tackling online CSE within the context of the increasing accessibility of technology and social media. The response needs to be flexible and up to date.
- As above, consideration of how to approach the sensitive issue of raising awareness of CSE risks among year 6 and year 7 students, as abusers appear to be targeting younger children.

- Ensuring children and young people understand the issues surrounding consent and the nature of healthy sexual relationships through continued work in schools and colleges.
- Tackling the under-reporting in relation to BME children and engaging all communities in the agenda to ensure the range of referrals and response reflects the diversity of the population.

Children Missing from Education

In Leicestershire at the end of 2015/16, a total of 107 children and young people were recorded as missing education. In Rutland the equivalent figure was 4 young people.

A range of initiatives have been put in place across both authorities better to ensure that these children are identified, safe and supported. These are set out in detail in the main report.

Children Home Educated

During 2015/16, 95.2% of children living within Leicestershire received statutory checks. 100% of children living within Rutland and educated at home received statutory checks.

Private Fostering

Both Leicestershire & Rutland County Councils have run targeted campaigns to increase referrals regarding private fostering. However both areas will be reviewing their campaigns and approaches for 2016/17 and beyond, as neither have seen an increase in referrals and remain concerned about the low number of referrals.

E-Safety

E-safety awareness and support work was carried out across Leicestershire & Rutland, including:

- E-safety awareness was delivered during 40 x Designated Safeguarding Lead (DSL) training sessions (that is, approximately 1,000 senior leaders in schools and colleges)
- E-safety presentations were updated and 1,000 disks with resources distributed to DSLs in schools and colleges including Police and YOS Officers
- 18 schools have now achieved the e-safety award with a total of 128 registered
- Two sessions were delivered to foster carers
- Telephone advice was offered to schools and colleges.

Over 5,000 students across Leicestershire and Rutland completed an e-safety survey and schools received their own results and the full data for comparison. The overarching results are outlined below and in more detail in the main report:

Year 9 Survey 2016 (age 13-14): 2,626 responses

- 70% use a webcam or camera phone
- 6% of these use it to chat to new people
- A third of these were threatened, harassed or blackmailed

- 70% have learned about e-safety at school in the last year
- Instagram and Snapchat are now more popular than Facebook
- 10% have met up with strangers following an online introduction
- 35% of these went alone
- 8% of those meeting up said the person lied
- 7% admitted sending a self-taken indecent picture or video

Year 6 (age 10-11): 2,518 responses

- 50% say their parents take an interest
- 37% use a webcam or camera phone
- 4% of these talk to new people
- 70% have learned about e-safety at school in the last year
- 55% have a social network profile
- 25% have never met over 10 “friends”
- 10% have felt unsafe or uncomfortable online.

Comments in school Ofsted reports are overwhelmingly positive about children’s knowledge of how to stay safe online. A minority of children continue to get caught up in inappropriate communication with grooming adults and there is an ongoing need to highlight this issue to young people. Risk of Child Sexual Exploitation via the internet is a significant ongoing concern and is highlighted in training.

Schools have received positive comments in Ofsted reports about e-safety provision for pupils and about pupils’ awareness of how to be safe online. No Ofsted reports have been negative about this.

In surveys, pupils report that schools are addressing e-safety effectively in the curriculum.

Priorities for 2016/17

Our Business Development Plan 2016/17 priorities to secure assurance that children are safe are to:

- Secure robust and effective arrangements to tackle Child Sexual Exploitation (CSE), Missing and Trafficking
- To champion and support the extension of Signs of Safety (SoS) across the Partnership and secure assurance of the effectiveness of multi-agency processes/working and evidence of positive impact for service users
- Be assured that thresholds for services are understood across the partnership and applied consistently
- Be assured that Early Help Services are effectively coordinated across the LSCB Partnership and secure outcomes that reduce pressure on child protection and care services
- To be assured that the LLR Neglect strategy increases understanding, identification, risk assessment and management of neglect and reduces prevalence in Leicestershire & Rutland.

Priority 3:

To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

This priority was introduced to test the effectiveness of safeguarding across the children and adult service arenas and to gauge the impact of the closer alignment between the LRLSCB and the LRSAB.

The areas of focus and headline achievements across Leicestershire & Rutland have been:

Female Genital Mutilation (FGM)

- The production and launch of revised FGM procedures
- A FGM communication plan was sent out to all schools across Leicestershire and Rutland raising schools' awareness in recognition and response to FGM prior to the school holidays. This included the LSCB supporting a YouTube FGM awareness video: <https://youtu.be/2XdHwHGJHck>
- A community engagement strategy including a mini 'Engagement Summit' involving members of the Somali community in Leicester.

Evidence suggests awareness and reporting of cases has improved as a result of these initiatives.

Prevent (Preventing Violent Extremism)

- The local Prevent website has been reviewed, revised and improved, following consultation with safeguarding leads across the sub-regional area. The link to this website is: <http://www.leicesterprevent.co.uk/>
- Local Authorities contributed to a partnership Prevent Officer post for the area
- Delivering training to staff working in communities, particularly in schools across Leicestershire & Rutland. In 2015/16 "Workshop to Raise Awareness of Prevent" (WRAP) training was delivered to over 1000 people in over 40 locations. This training has resulted in increased referrals to the Police Prevent team
- The Leicestershire & Rutland Safeguarding Boards Business Office has developed a webpage providing safeguarding signposting and links to training and the LLR Prevent Website: <http://lrsb.org.uk/prevent>

Transition between children and adult services

The Board explored the transition processes between child protection and adult services and was assured that appropriate and effective measures were in place to ensure successful transition and ongoing safety. Further work regarding children at risk of sexual exploitation and children supported by mental health services will be considered within the Board's priorities for 2016/17.

Think Family approaches including Supporting Leicestershire Families and Changing Lives, Rutland

There is good evidence of partnership working to provide early intervention and support to better safeguard and support families across Leicestershire and Rutland.

Examples include:

- Midwives from the University Hospitals of Leicester (UHL) ensuring that women identified as vulnerable during their pregnancy are appropriately referred for support and discussed with Leicestershire and Rutland Children's Social Care and relevant health staff by the 30th week of pregnancy. The UHL team received 815 such referrals during 2015/16.
- The Early Start Programme provided by Leicestershire Partnership NHS Trust (LPT). Working across Charnwood, it provides intensive health visiting support to vulnerable pregnant women and their partners (including those with a Learning Disability) who are first time parents, prior to 24 weeks pregnancy. The scheme is integrated into mainstream health visiting, Children's Centres and Early Help Services. Parents are reporting satisfaction with Children's Centre services that offer Early Help and support across Leicestershire and Rutland.
- A survey of parents during October to December 2015 shows that 74% of Leicestershire families and 75% of Rutland families who engage with the Children's Centres are reporting that their needs have been fully met.
- The Supporting Leicestershire Families (SLF) and Changing Lives Rutland (CLR) services provide early intervention to families in need of support. A survey of parents who accessed these services between July-September 2015 showed that 98% of Leicestershire families and 96% of Rutland families reported improvements in their parenting confidence and capacity.

Domestic Abuse

The Safeguarding Boards have scrutinised and challenged domestic abuse work as this is a key safeguarding risk area in Leicestershire and Rutland.

Examples of impact and outcomes include:

- There were more requests for support from the new domestic abuse and sexual violence support service: 778 calls to new helpline from Leicestershire & Rutland in 4 months (Dec 2015 to March 2016) compared with 408 in 8 months (April to November 2015) under previous arrangements.
- In the first 4 months of the new LLR support service, all Leicestershire and Rutland service users felt safer following support and 87.5% had experienced a reduction in violence following support.
- In Leicestershire information was shared with schools regarding domestic abuse in the homes of 360 children between September 2015 and March 2016 through Operation Encompass. The scheme is being considered further in Rutland.
- There was an increase in referrals to the Multi-Agency Risk Assessment Conference (MARAC) regarding young people under 18 from Leicestershire & Rutland (7 last year to 11 this year).

- There were early signs of reduction in offending by priority domestic abuse perpetrators who had been worked with through the Integrated Offender Management (IOM) framework.
- There was good attendance from all agencies at MARAC.
- Approximately 1,400 people across Leicestershire & Rutland were supported by domestic abuse support services including the Independent Domestic Violence Advisors (IDVAs) and outreach services.
- 396 cases were considered at MARAC compared to 336 in 2014.
- A service user panel is in place as part of the contract management of the new support services. The panel has fed their views into the progress of the LLR service, including areas for improvement, such as call answering and waiting times for therapeutic support.
- Service user feedback on the new United Against Violence and Abuse (UAVA) services shows that 81% of service users surveyed feel their needs have been met. It also identified the need for joined up support for child secondary victims in Leicestershire & Rutland.
- Schools have given positive feedback about the Operation Encompass scheme in Leicestershire, and the additional information provided to support their pupils.
- The Domestic Abuse Champions in Leicestershire Children & Family services have welcomed the opportunity to develop practice with regards to work around domestic abuse.

Priorities for 2016/17

The Joint Business Development Plan between the LRLSCB and LRSAB for 2016/17 identifies three key areas for improvement:

- Domestic Abuse – to be assured that there are robust and effective arrangements to tackle domestic abuse
- Mental Health and safeguarding risk – to be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults in particular areas: e.g. Suicide, Self-Harm, Emotional Wellbeing, Adolescent Mental Health, those supported through MCA/DoLS and the Learning Disability Pathway
- Prevent – to be assured that the Safeguarding element of the Prevent strategy is effective and robust across Leicestershire and Rutland.



Priority 4:

To be assured that our Learning and Improvement Framework is raising service quality and outcomes for vulnerable adults

During 2015/16, the LSCB SCR Subgroup has undertaken 3 Child Serious Case Reviews (SCRs) and 2 other case enquiries that did not meet the criteria for SCRs.

The completion and publication of the SCRs has been delayed due to ongoing judicial processes.

The Board was engaged in 2 SCRs undertaken by other areas.

Work has continued to ensure the recommendations from the SCRs are communicated and have been embedded into frontline practice. To achieve this we have:

- Presented the lessons learned from SCRs at three LSCB-led learning events to frontline practitioners
- Ensured partner agencies have “sign off” of the relevant recommendations from the SCRs and submitted evidence of disseminating to frontline staff
- Published recommendations on the LSCB website
- Published recommendations in “Safeguarding Matters”
- Incorporated lessons and learning from both national and local SCRs and other reviews into themes which were considered when devising the LSCB Business Development Plan for 2016/17.

We have seen improvements in the performance of the Child Death Overview Panel (CDOP) in reviewing child deaths within timescale.

The local CDOP covers Leicester, Leicestershire and Rutland and held 11 panels, reviewing 104 cases, in 2015/16. The membership has been reviewed (along with the terms of reference).

During 2015/16, 104 child death cases were reviewed of which 69 cases related to Leicestershire and Rutland.

Of those 69 cases:

- 12 were identified as having modifiable factors
- 10 were identified as having areas of learning (this includes learning identified prior to the case coming to panel).

All modifiable factors and learning are monitored in order to ascertain if there are emerging themes.

Listed below are the modifiable factors identified during 2015/16:

- Smoking by mother in pregnancy
- Smoking by parent/carer in household

- Accessing health care sooner
- Co sleeping
- Substance misuse (by parent)
- Domestic violence
- Consanguinity.

A key element of our Learning and Improvement Framework is the new Quality Assurance and Performance Management Framework that has sought to provide a more holistic account of impact.

Neglect Task & Finish Group

Neglect was identified as a feature in national and local SCRs, and locally in learning reviews and multi-agency audits, resulting in neglect being identified as a priority by the Leicester City LSCB and the Leicestershire & Rutland LSCB. A LLR Neglect Reference Group was established with representation from key agencies and services across the area.

The work completed has aimed to ensure that the profile of neglect is raised, that there is early recognition of neglect and that, where neglect is identified, the child protection or child in need plans are SMART and drift is avoided. The views of children and young people, as well as practitioners, were also sought and incorporated into the development of the resources on neglect, including through the VCS Reference Group.

During 2015, a dip-test and LSCB neglect deep dive audit took place.

In December 2015, a survey to ascertain front line practitioners' knowledge and confidence in identifying and assessing neglect was conducted to inform the development of the neglect strategy and toolkit. It found that out of the 96 surveys that were completed across Leicester, Leicestershire and Rutland, 75% were completed by frontline workers. Confidence in identifying neglect was at 81%, but assessing levels of neglect was at 51%. A wide range of tools and guidance were used to inform assessments, but practitioners wanted a universal cross-agency toolkit and guidance.

A cross Leicester, Leicestershire and Rutland Task and Finish Group has developed the following:

- Neglect toolkit
- Neglect strategy
- Neglect vision
- Refreshed Neglect procedures.

The strategy, toolkit and updated practice guidance were all completed by the end of the business year with the following plans in place:

- Communication of the new neglect documents at the LLR Safeguarding Learning Event on 4th May 2016
- A formal LLR LSCBs Launch Event of the strategy, tool kit and updated procedure on 7th July 2016
- A further Frontline Practitioner survey on neglect.

During 2016/17 the Board will be:

- Monitoring neglect referrals on a quarterly basis to determine whether there is a rise in referral rates to both Early Help and Duty and Assessment Teams
- Developing qualitative tools that will include a feedback sheet to both practitioners and families when the assessment tool has been submitted along with referrals to Social Services either through Early Help or Duty and Assessment Teams.

Priorities for 2016/17

Considerable progress has been made in this area, with a number of issues identified for further development. These would include issues identified from both national and local SCRs:

- Young people at risk of Suicide and Self-Harm
- Bruising to non-mobile babies
- Effective Information Sharing
- Case Supervision
- Vulnerable Looked after Children
- Transient families
- Domestic Abuse in families with children.



Priority 5:

To be assured that the workforce is fit for purpose

The numbers of allegations against adults who work with children referred to Leicestershire Local Authority Designated Officer (LADO) has remained consistent with previous years, with 248 referrals, 125 cases considered at strategy meetings, and 39 of these allegations considered substantiated. The local process has improved with increased confidence and experience across the partnership and 66% of allegations are now resolved at the first meeting resulting in a reduction in the number of strategy meetings required.

In 2015/16, in Rutland, 14 referrals were received by the LADO, down from 27 in 2014/15, and 5 of these were substantiated.

Training and workforce development has continued to be a key priority for the LRLSCB to ensure that staff are able to deliver safeguarding expectations with confidence and high levels of competence. The Board works with the Leicester City LSCB to provide a programme of multi-agency safeguarding training.

In 2015/16 1,600 delegate spaces were offered and 1,286 people participated in the 46 events in the programme across Leicester, Leicestershire & Rutland, with an overall attendance rate of 80%. In addition to this, an extra 140 delegates attended the L&R LSCB SCR event. Participation generally reflects the size of the relevant workforce in the partner organisation.

The number of events was lower than 2014/15 (65), as was the level of overall participation (1,661).

Levels of satisfaction were high, with participants identifying improvements in knowledge, skill and confidence arising from the programmed events; although, in some cases, this reduces after three months. Details are collated, analysed and included in quarterly update reports produced to the Subgroup by Voluntary Action Leicestershire (VAL).

- There was an increase in delegates from the wider Private, Voluntary & Independent (PVI) sector and also from the adult and wider workforce
- Learner's self-assessed impact provides strong evidence of the practical effect of the programme with 'Taking specific action in the workplace' an outcome reported by 65% of respondents.

As a result of Voluntary Action LeicesterShire (VAL) training, there is a more informed, knowledgeable and confident workforce in relation to safeguarding. Training participants report enhanced awareness of safeguarding good practice and an increase in skills and knowledge. This has been identified through information obtained from the inter-agency training data in relation to Voluntary and Community Sector (VCS) access to the training and its impact on knowledge, skills and confidence:

- 75% of the delegates attending the inter-agency training during Q4 stated that the Competency Framework has supported their role and identification of learning
- 71% confirmed reference is made to the Framework as part of their organisations' supervision process
- 71% of delegates attending inter-agency training reported improved knowledge of other roles and confidence to work with other agencies.

In 2015 the LSCB Learning Event, attended by 160 delegates, focused on Building Confidence in Practice and Learning Lessons from SCRs.

In Spring 2016, the LSCB Safeguarding Matters special edition publication focused upon Building Confidence in Practice.

During 2015/16, the LSCB Safeguarding Effectiveness Group (SEG) was consistently assured by SEG member representative of partner agencies that all caseloads that identify safeguarding children as a concern are allocated and managed.

Steps have been taken to embed the Safeguarding Competency Framework and there is evidence from most agencies that this is now well developed and informing the targeting of training. Performance monitoring by the Safeguarding Effectiveness Group has indicated that most agencies have embedded the Competency Framework but further assurance is required from the two County Councils in 2016/17.

With regard to caseload monitoring the SEG has been assured that all agencies have kept caseloads within acceptable levels.

Priorities for 2016/17

The priorities under this heading for 2016/17 are:

- Assurance from the County Councils that their staff adhere to the requirements of the Competency Framework for safeguarding training
- Workforce has appropriate level caseloads and are well supported in safeguarding children and young people through reflective professional supervision
- Safeguarding training is relevant and effective in ensuring the workforce has appropriate skills and knowledge in working to safeguard children and young people.

Business Plan Priorities 2016/17

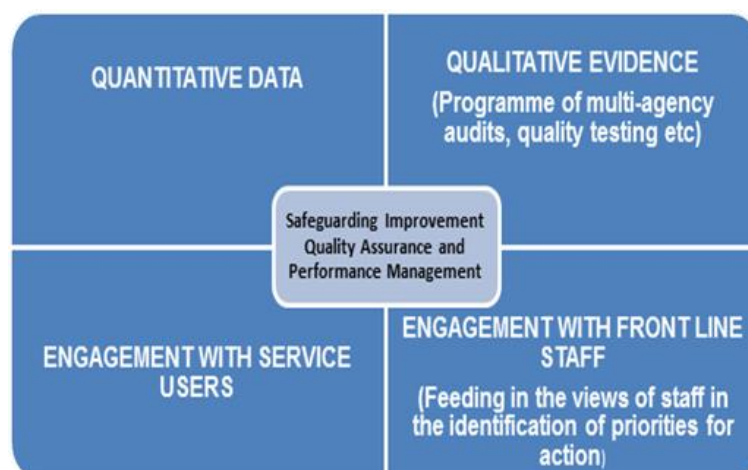
Within the broader core business of the LRLSCB the following specific priorities have been identified:

- Secure robust and effective arrangements to tackle **Child Sexual Exploitation (CSE), Missing and Trafficking**
- To maximise the impact of **Learning from SCRs** and other reviews
- To champion and support the extension of **Signs of Safety (SoS)** across the Partnership and secure assurance of the effectiveness of multi-agency processes/working and evidence of positive impact for service users
- Be assured that **Thresholds for services** are understood across the partnership and applied consistently
- Be assured that **Early Help Services** are effectively coordinated across the LSCB Partnership and secure outcomes that reduce pressure on child protection and care services
- To be assured that the LLR **Neglect** strategy increases understanding, identification, risk assessment and management of Neglect and reduces prevalence in Leicestershire & Rutland.

The following joint priorities, with the LRSAB, have been identified:

- To be assured that there are robust and effective arrangements to tackle **Domestic abuse**
- To be assured that **Mental Health** Services incorporate robust arrangements to reduce **safeguarding risk** to children and adults in particular areas, including those supported through MCA/DoLS and the Learning Disability Pathway
- To be assured that the Safeguarding element of the **Prevent** strategy is effective and robust across Leicestershire and Rutland.

Against each of these priorities the Boards have identified key outcomes for improvement and the actions that will need to be taken over the next year to achieve these improved outcomes. The Quality Assurance and Performance Management Framework for the Boards will be revised to ensure that they reflect the new Business Development Plans and enable ongoing monitoring of performance of core business that is not covered in the them. Quality Assurance and Performance Management will continue to be framed around our 'four-quadrant' model:



Membership of the Leicestershire & Rutland Local Safeguarding Children Board (LSCB) 2015/16

Independent Chair

Statutory Members:

Borough and District Councils (represented by Hinckley and Bosworth Borough Council)
Children and Family Court Advisory and Support Service (CAFCASS)
Clinical Commissioning Group (CCG), East Leicestershire and Rutland
Clinical Commissioning Group (CCG), West Leicestershire
Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)
East Midlands Ambulance Service (EMAS)
Lay Members (Two people: one from Leicestershire & one from Rutland)
Leicestershire County Council
Leicestershire County Council Lead Member
Leicestershire Partnership NHS Trust (LPT)
Leicestershire Police
National Probation Service (NPS)
Rutland County Council
Rutland County Council Lead Member
Schools and Colleges (Head teacher representatives from both Leicestershire and Rutland)
University Hospitals of Leicester NHS Trust (UHL)

Other Members:

Leicestershire Fire and Rescue Service (LFRS)
Public Health
Voluntary Action LeicesterShire
Armed Forces – Kendrew Barracks

Professional Advisers to the Board:

Boards' Business Office Manager
Designated Doctor for Safeguarding Children
Designated Nurse Children and Adult Safeguarding – CCG hosted Safeguarding Team
Legal Services for the Safeguarding Boards
Heads of Children's Safeguarding, Leicestershire County Council
Heads of Children's Safeguarding, Rutland County Council

NB: the local NHS England Area Team have informed local LSCBs that NHS England will only attend Boards where there are specific concerns that require NHS England oversight or action, for example where an improvement board is in place. At other times, NHS England will be represented by the Designated Professional from East Leicestershire and Rutland or West Leicestershire CCG utilising the clear communication routes back to NHS England.

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LEICESTERSHIRE AND RUTLAND SAFEGUARDING
ADULTS BOARD (LRSAB)

Executive Summary to Annual Report 2015/16



This overview summarises the key achievements, outputs, outcomes and impact of the work of the Leicestershire and Rutland Safeguarding Adults Board in 2015/16. It also highlights the further improvements that will be sought in 2016/17.

We recognise that the Annual Report has to be a detailed and complex record of our work, so this summary is intended to be accessible to a wider audience, and enable readers to understand the impact of our work over the last year.

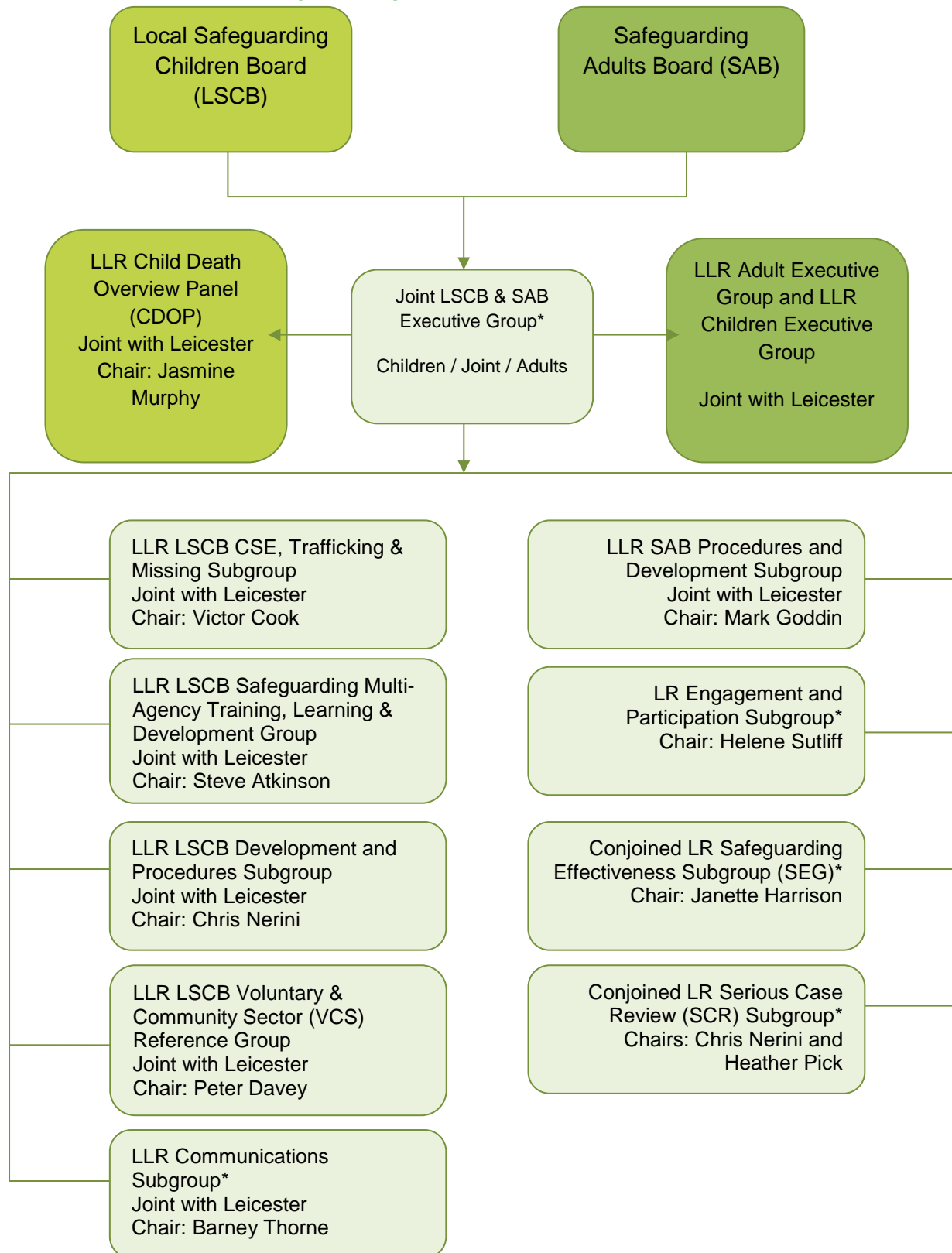
The overview includes reference to the work that has been undertaken in collaboration with the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB).

The information is presented alongside the key priorities in our Business Development Plan 2016/17.

A handwritten signature in black ink, reading "P. R. Burnett". The signature is written in a cursive style with a large, sweeping flourish at the end.

Paul Burnett
Independent Chair, Leicestershire and Rutland Safeguarding Boards

Leicestershire & Rutland Local Safeguarding Children Board and Safeguarding Adults Board 2015/16



* Those meetings marked have joint sections between the LSCB and SAB to reflect the areas of joint working between the children and adults agendas

The Role of the Safeguarding Adults Board

2015/16 marked the first year in which the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) operated as a statutory body under the Care Act 2014. This Act sets out the roles, responsibilities and requirements to be fulfilled by adult safeguarding boards.

The SAB leads adult safeguarding arrangements across the Leicestershire and Rutland areas and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. The LRSAB has to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles of 'Making Safeguarding Personal'. It should also concern itself with a range of issues which can contribute to the well-being of its community and the prevention of abuse and neglect, such as:

- The safety of people who use services in local health settings, including mental health
- The safety of adults with care and support needs living in social housing
- Effective interventions with adults who self-neglect, for whatever reason
- The quality of local care and support services
- The effectiveness of prisons in safeguarding offenders
- Making connections between adult safeguarding and domestic abuse.

Safeguarding Adults Boards have three core duties. They must:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- Publish an annual report detailing how effective their work has been
- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

Our Business Plans set out our key strategic objectives and how we will meet these. The Annual Report presented here sets out how effective we have been in delivering our objectives. The report also includes an outline of the Safeguarding Adults Reviews and other reviews carried out by the LRSAB, the learning gleaned from these reviews and the actions set in train to secure improvement.

Business Plan Priorities 2015/16

Priorities set by the LRSAB for 2015/16 were to be assured that:

- “Safeguarding is Everyone’s Responsibility”
- Adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers
- Services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe
- Our Learning and Improvement Framework is raising service quality and outcomes for adults
- The workforce is fit for purpose.

In addition a number of cross-cutting priorities were set, as follows:

- Safeguarding services are coordinated
- The voices of children and adults are heard
- The voices of staff are heard
- Sub-regional and regional coordination will be maximised
- Effective communication must underpin all Board activity.



Priority 1:

‘Safeguarding is Everyone's Responsibility’

The LRSAB has met 4 times during 2015/16. The majority of Board members have achieved the targeted 75% attendance rate including those agencies that now have a statutory responsibility to attend – the Local Authorities, Leicestershire Police and the two CCGs. The Prison Service and Public Health are now represented on the Board.

There is a need to improve attendance rates from the Borough and District Councils, East Midlands Ambulance Service and the Community Rehabilitation Company element of probation services. There was a gap in attendance for voluntary, community and private sector representatives, however this was due to a change in representatives during the year and current representatives have achieved full attendance since being appointed.

Care Act Compliance

The LRSAB and individual agencies have carried out assessments of compliance with Care Act requirements using Association of Directors of Adult Social Services (ADASS) and Social Care Institute for Excellence (SCIE) tools.

Against the 49 indicators in the SCIE documents, the LRSAB judged itself to fully meet or be on target to meet 40. Work has been undertaken to address areas for development by incorporating these into our Business Development Plan.

Impact has included:

- Developing the SAB website and communication strategy to raise safeguarding awareness in the community
- Raising safeguarding awareness with vulnerable adults through the Community Agent scheme that formed part of the Better Care Fund Programme in Rutland
- Identified Designated Adult Safeguarding Leads across partner agencies
- Securing formal links between the SAB and the Community Safety Partnerships and Domestic Abuse Strategic Group
- Partnership working between Health and Social Care to discuss cases and how thresholds are applied.

Both County Councils reported that the Care Act has made a notable positive impact on practice and culture across most areas of adult social care including Making Safeguarding Personal.

A major revision of Safeguarding Policies and Procedures has been carried out in collaboration with Leicester City Safeguarding Adult Board in order that safeguarding arrangements are Care Act compliant. This was a major undertaking in which all

partner agencies were engaged. The work has secured frameworks that apply across the sub-region thus securing consistency for those partner agencies that work across all three Local Authority areas.

Other facets of the Board's operation

The LRSAB has secured dynamic relationships with other partnerships, many based on agreed protocols, to ensure reciprocal scrutiny and challenge. Both the annual LRSAB Business Plan and the LRSAB Annual Report were presented to:

- Leicestershire and Rutland Health and Well-Being Boards
- Rutland People Scrutiny Panels (Children and Adults & Health)
- Leicestershire Overview and Scrutiny Committees for Children & Families and for Adults & Communities
- The Rutland & Leicestershire County Council Cabinets

In addition to these meetings, there have been interfaces with the Leicestershire Supporting Families Programme, the Rutland Changing Lives Programme and the Leicester, Leicestershire and Rutland Better Care Together Board.

The LRSAB has now determined that the key focus of our inter-relationship with the Better Care Together (BCT) Programme should focus on the following 'Change and Intervention' areas set out in the five year strategic plan:

- Urgent care
- Frail older people
- Long-term conditions
- Planned care
- Mental health
- Learning Disability.

In addition, there is a joint interest from the LRSAB and LRLSCB in the 'Maternity and Neonates' work stream.

Our next step is to clearly identify the measures and indicators of safeguarding benefits that can be delivered against each of these work streams and agree with BCT a Quality Assurance and Performance Framework that will enable this to be reported appropriately.

Quality Assurance and Performance

Partner agencies' compliance with agreed safeguarding standards was tested using the SAB Compliance Audit of the Safeguarding Adults Assessment Form (SAAF) in the previous year. During 2015/16 these self-assessments were tested through a frontline staff activity that tested the results of agency's own assessments.

- Almost everyone completing the survey knew how to report a safeguarding adult or safeguarding children concern.
- 91% of all respondents stated that safeguarding is a priority.
- 176 of 190 respondents knew how to access the LLR Multi-Agency Policies and Procedures (MAPP).
- 84% of frontline staff knew how to access their agency's Domestic Violence and Abuse Policy and all managers knew how to access this policy.
- 76% of respondents across all agencies felt that the Mental Capacity Act (MCA) applies to their role
- The majority of respondents stated that they felt that the adult at risk is involved in decisions relating to their safety.
- The majority of respondents receive safeguarding adults training at least every three years (78%); 10% had received no safeguarding adults training in the last three years.
- Around 50% of staff received special help and support through supervision by their line managers. 90% have an opportunity to discuss personal development.
- Around two thirds of respondents felt that their agency kept them informed about learning from serious cases.

However:

- One third of respondents did not know about Prevent; although all but two agencies stated that they have a Prevent strategy in place.
- There was limited use of risk assessment tools across some agencies.
- 60% of respondents would not know how to escalate a concern where there is a professional disagreement.
- The majority of staff stated that they did not know if there had been any Safeguarding Adult Reviews (SARs) in the past year

The new Quality Assurance and Performance Management Framework became fully operational during 2015/16. This aligns performance measures with the Business Plan and tests impact in both quantitative and qualitative terms as well as against service user and staff views and opinions. Contributions to the Framework now extend across all partners whereas in the past we relied almost wholly on information from the two County Councils.

All relevant agencies made their financial contribution to the running of the LRSAB in full providing the Board with a budget of £103,153. The budget was spent in full as was a significant proportion of the reserve account that had been challenged in the past.

Community Awareness of Safeguarding

Steps were taken to extend opportunities to secure the engagement and participation of service users including work with HealthWatch. In addition, work has been undertaken to raise safeguarding awareness across the community through a range of media and information leaflets.

The number of enquiries that have resulted from public alerts has not increased; however, the conversion rates have improved on last year, indicating a possible improved understanding of what constitutes a safeguarding concern.

Priorities for 2016/17

Our priorities for further improvement will include:

Care Act Compliance

- Improving our evaluation of the effectiveness and impact of training
- Developing a prevention strategy specifying each agency's responsibilities
- Strengthening arrangements for the involvement of groups and communities that are not members of the LRSAB
- Strengthening arrangements for people with care and support needs and carers to be active participants in the SAB's work
- Partner agencies are fully compliant with the Care Act.

In addition we will want to be assured that:

- Effective Board arrangements remain in place to provide strategic leadership
- The Better Care Together programme incorporates, promotes, measures and evaluates on safeguarding outcomes within its improvement plans
- Members of the public in Leicestershire and Rutland are aware/understand what constitutes a safeguarding concern/alert/referral with a view to increasing appropriate reporting
- We are listening to and reporting what members of the public say about their experience of safeguarding, and evidence how these views impact on Board priorities and plans of action. The engagement activity of the Board will also be increased
- Test by audit compliance with thresholds
- Undertake another strategic SAAF audit during 2016-17 to ensure agencies' compliance with key safeguarding issues.

These will be addressed through SAB Business Priorities 1 (Community Resilience), 2 (Thresholds) and 3 (Making Safeguarding Personal).



Priority 2b:

To be assured that adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers

In Leicestershire:

- There was an increase in the number of safeguarding enquiries (from 892 to 915). This shows greater consistency following the spike in the year before last. The referral rate remains in line with statistical neighbours.
- The ratio of referrals from registered settings and community settings is better balanced with a reduction in referrals from registered settings and an increase in those from community settings. The number of referrals from care home settings has fallen from 606 in 2014/15 to 555 in 2015/16 and the number from community settings has increased from 279 to 348.
- 69% of referrals relate to people over 65 and 41% relate to those over 85.
- The most common type of risk was neglect and omission – present within 48% of all cases. 30% related to physical abuse and 15% to financial or material abuse.
- In a survey of Adults Social Care Service Users, 89% of respondents said that care and support services help them in feeling safer.
- A survey of 900 Carers showed that 80% of those that responded said that they have no worries about their personal safety.

In Rutland

- There was an increase in the number of safeguarding enquiries across the year.
- 47% of referrals were from residential settings and there has been a further increase in the proportion that come from the community; this is an important shift in the profile of alerts.
- Older people continue to be the largest group to which safeguarding referrals relate.
- Neglect and acts of omission together with physical abuse were the most prevalent types of abuse.

Across Leicestershire & Rutland

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

As in many other parts of the country, Leicestershire and Rutland have experienced an increase in the number of DoLS referrals.

The LRSAB has continued to scrutinise performance particularly in relation to:

- Pressures on staff resources both in terms of volumes of activity but also specifically in relation to best interest assessment
- Staff awareness, confidence, competency and compliance in relation to MCA and DoLS across the partnership particularly in the care sector
- Service user experience.

The referral rate across Leicestershire and Rutland has increased from 695 referrals in 2013/14 to 3323 in 2015/16, with 168 of these from Rutland. Although the service was in a strong position to deal with the increase, due to an ongoing commitment to having a DOLS lead, a core team of Best Interests Assessors (BIAs) and availability of signatories, this increase meant that the service was under significant pressure.

The Local Authorities have invested to reflect this demand allocating an additional £385k in 2014/15 rising to £1.24 in 2016/17 and an ongoing process of recruitment is underway which it is envisaged will mean the in-house service is able to meet demand for the foreseeable future. This work is in progress and the waiting list has reduced to 1500.

A key opportunity to enhance our response to these and other issues presented in the shape of the NHS MCA Improvement Programme through which we gained access to an additional investment of £471,110 across Leicestershire, Rutland, Leicester and Lincolnshire. The impact of this programme has been:

- User Exchange lessons for commissioners which rapidly converted into a parent-led Transition Project at Rainbows Hospice, expected to become a “national first”
- Three new multi-professional Staff Exchanges (one a dedicated provider forum), mainstreamed to keep staff up-to-date with MCA/DoLS legislation and networking on good practice
- An online Pocket Guide and Learning Pack to support staff understanding and compliance on MCA/DoLS
- 25 (13 Health) BIA trainees, six health BIA undertaking refresher programmes as well as new signatories and an ongoing BIA approval procedures panel – and an innovative health-social care secondment being formulated
- Over 500 staff training episodes (meeting the needs of over 400 participants) in hot houses, face-to-face events and the action learning sets to create Leaders at All Level
- Targeted Professionals’ educational events: ten care home events catering for at least 80 care-home staff; four police events for just under 50 police personnel – and just under 60 General Practice staff at four different events.

Priorities for 2016/17

2016/17 Business Development Plan priorities will continue to focus on:

- Community Safeguarding awareness
- Effective application of thresholds
- Making Safeguarding Personal

- Mental Health
- Ensuring that people with care and support needs contribute to and actively participate in the work of the SAB is required.

DoLS data will continue to be monitored through the Leicestershire and Rutland Executive Group.

In addition, the Learning Disabilities Mortality Review (LeDeR) Programme has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and supported by the Association of Directors of Adult Social Services (ADASS) in response to the Confidential Inquiry into the Premature deaths of people with learning disabilities (CIPOLD).

As part of the LeDeR programme within each local area there will be a review of deaths which will seek to:

- Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities
- Identify variation and best practice in preventing premature mortality of people with learning disabilities
- Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

The LRSAB will be working to support this programme in its initial stages.



Priority 3:

To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

This priority was introduced to test the effectiveness of safeguarding across the children and adult service arenas and to gauge the impact of the closer alignment between the LRSAB and the LRLSCB.

The areas of focus and headline achievements across Leicestershire & Rutland have been:

Female Genital Mutilation (FGM)

- The production and launch of revised FGM procedures
- A FGM communication plan was sent out to all schools across Leicestershire and Rutland raising schools' awareness in recognition and response to FGM prior to the school holidays. This included the LSCB supporting a YouTube FGM awareness video: <https://youtu.be/2XdHwHGJHck>
- A community engagement strategy including a mini 'Engagement Summit' involving members of the Somali community in Leicester.

Evidence suggests awareness and reporting of cases has improved as a result of these initiatives.

Prevent (Preventing Violent Extremism)

- The local Prevent website has been reviewed, revised and improved, following consultation with safeguarding leads across the sub-regional area. The link to this website is: <http://www.leicesterprevent.co.uk/>
- Local Authorities contributed to a partnership Prevent Officer post for the area
- Delivering training to staff working in communities, particularly in schools across Leicestershire & Rutland. In 2015/16 "Workshop to Raise Awareness of Prevent" (WRAP) training was delivered to over 1000 people in over 40 locations. This training has resulted in increased referrals to the Police PREVENT team
- The Leicestershire & Rutland Safeguarding Boards Business Office has developed a webpage providing safeguarding signposting and links to training and the LLR Prevent Website: <http://lrsb.org.uk/prevent>

Transition between children and adult services

The Board explored the transition processes between child protection and adult services and was assured that appropriate and effective measures were in place to ensure successful transition and ongoing safety. Further work regarding children at risk of sexual exploitation and children supported by mental health services will be considered within the Board's priorities for 2016/17.

Think Family approaches including Supporting Leicestershire Families and Changing Lives, Rutland

There is good evidence of partnership working to provide early intervention and support to better safeguard and support families across Leicestershire and Rutland. Examples include:

- Midwives from the University Hospitals of Leicester (UHL) ensuring that women identified as vulnerable during their pregnancy are appropriately referred for support and discussed with Leicestershire and Rutland Children's Social Care and relevant health staff by the 30th week of pregnancy. The UHL team received 815 such referrals during 2015/16.
- The Early Start Programme provided by Leicestershire Partnership NHS Trust (LPT). Working across Charnwood, it provides intensive health visiting support to vulnerable pregnant women and their partners (including those with a Learning Disability) who are first time parents, prior to 24 weeks pregnancy. The scheme is integrated into mainstream health visiting, Children's Centres and Early Help Services. Parents are reporting satisfaction with Children's Centre services that offer Early Help and support across Leicestershire and Rutland.
- A survey of parents during October to December 2015 shows that 74% of Leicestershire families and 75% of Rutland families who engage with the Children's Centres are reporting that their needs have been fully met.
- The Supporting Leicestershire Families (SLF) and Changing Lives Rutland (CLR) services provide early intervention to families in need of support. A survey of parents who accessed these services between July-September 2015 showed that 98% of Leicestershire families and 96% of Rutland families reported improvements in their parenting confidence and capacity.

Domestic Abuse

The Safeguarding Boards have scrutinised and challenged domestic abuse work since this is a key safeguarding risk area in Leicestershire and Rutland.

Examples of impact and outcomes include:

- There were more requests for support from the new domestic abuse and sexual violence support service: 778 calls to new helpline from Leicestershire & Rutland in 4 months (Dec 2015 to March 2016) compared with 408 in 8 months (April to November 2015) under previous arrangements.
- In the first 4 months of the new LLR support service, all Leicestershire and Rutland service users felt safer following support and 87.5% had experienced a reduction in violence following support.
- In Leicestershire information was shared with schools regarding domestic abuse in the homes of 360 children between September 2015 and March 2016 through Operation Encompass. The scheme is being considered further in Rutland.
- There was an increase in referrals to the Multi-Agency Risk Assessment Conference (MARAC) regarding young people under 18 (7 last year to 11 this year).

- There were early signs of reduction in offending by priority domestic abuse perpetrators who had been worked with through the Integrated Offender Management (IOM) framework.
- There was good attendance from all agencies at MARAC.
- Approximately 1400 people across Leicestershire & Rutland were supported by domestic abuse support services including the Independent Domestic Violence Advisors (IDVAs) and outreach services.
- 396 cases were considered at MARAC compared to 336 in 2014.
- A service user panel is in place as part of the contract management of the new support services. The panel has fed their views into the progress of the LLR service, including areas for improvement, such as call answering and waiting times for therapeutic support.
- Service user feedback on the new United Against Violence and Abuse (UAVA) services shows that 81% of service users surveyed feel their needs have been met. It also identified the need for joined up support for child secondary victims in Leicestershire & Rutland.
- Schools have given positive feedback about the Operation Encompass scheme in Leicestershire, and the additional information provided to support their pupils.
- The Domestic Abuse Champions in Leicestershire Children & Family service have welcomed the opportunity to develop practice with regards to work around domestic abuse.

Priorities for 2016/17

The Joint Business Development Plan between the LRSAB and LRLSCB for 2016/17 identifies three key areas for improvement:

- Domestic Abuse – to be assured that there are robust and effective arrangements to tackle domestic abuse.
- Mental Health and safeguarding risk – to be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults in particular areas: e.g. Suicide, Self-Harm, Emotional Wellbeing, Adolescent Mental Health, those supported through MCA/DoLS and the Learning Disability Pathway.
- Prevent – to be assured that the Safeguarding element of the Prevent strategy is effective and robust across Leicestershire and Rutland.



Priority 4:

To be assured that our Learning and Improvement Framework is raising service quality and outcomes for vulnerable adults

The Learning and Improvement Framework has been updated and is now compliant with the Care Act. Work was also undertaken to reflect the various review methods we use to undertake both SARs and Alternative Reviews. The new LLR Referral Form is reflected in the Framework. This has been a very successful method of capturing potential cases requiring either a formal or informal review from member agencies. The Learning and Improvement Framework is available on the Safeguarding Boards website at: <http://lrsb.org.uk/seriouscasereviews>

The Board has considered a range of national reports with a view to ensuring provision in Leicestershire and Rutland is addressing key learning and acting to drive up quality. We have continued to focus on the impact of work arising from the Winterbourne View and Mid-Staffordshire Hospital action plans. Regular reporting has taken place that has assured the LRSAB that local actions are meeting national requirements and recommendations.

One Safeguarding Adult Review (SAR) was undertaken by the LRSAB in 2015/16. This related to the serious abuse of an elderly woman by her son, resulting in significant injury and threats to her life. Learning from this review included the need for workers to have 'better conversations' around what they mean by the term "vulnerable", agreeing at an earlier stage what action can be taken or not, recognition of Domestic Abuse involving elderly service users and recording information regarding involvement with Multi-Agency Risk Assessment Conference (MARAC).

Significant work has been done to ensure that key learning and recommendations from reviews for practice are disseminated to frontline staff through the revised Leicestershire & Rutland Safeguarding Boards website and through our regular newsletter 'Safeguarding Matters'.

In March 2016 a LSCB/SAB Learning Event, attended by 143 delegates, focused on Building Confidence in Practice and Learning Lessons from SCRs/SARs and DHRs (please see the report from the SAB Serious Case Review (SCR) Subgroup in Chapter 4 of the main report for further information on this event).

In Spring 2016, the LSCB Safeguarding Matters special edition publication focused upon Building Confidence in Practice again based on Learning from Case Reviews.

The new Adult Safeguarding Policies and Procedures, including the Multi-Agency Policy and Procedures (MAPP), also reflected learning and improvement from earlier reviews.

A key element of our Learning and Improvement Framework is the new Quality Assurance and Performance Management Framework that has sought to provide a more holistic account of impact.

Priorities for 2016/17

The priorities under this heading for 2016/17 are to:

- Enhance the Board's capacity to test that the recommendations and actions arising from SARs and other case reviews are effectively implemented in practice and reflected in improved safeguarding outcomes for adults.
- Be better sighted on the outcomes of reviews undertaken in other parts of the country and test whether our performance in areas identified for improvement needs to improve. This will be assisted with our enhanced focus on comparative performance with benchmark authority areas.



Priority 5:

To be assured that the workforce is fit for purpose

Training and workforce development has continued to be a key priority for the LRSAB to ensure that staff are able to deliver safeguarding expectations with confidence and high levels of competence.

The Safeguarding Adults Competency Framework was introduced in April 2014 and has subsequently been updated to be Care Act Compliant.

The Safeguarding Boards Website provides documents that outline the Competency Framework, how it can be used, how to assess competency and a best practice guide to the commissioning, delivery and evaluation of safeguarding learning: <http://lrsb.org.uk/safeguarding-adults-training>

Safeguarding Adults Trainers Network

The Trainers Network meets on a quarterly basis and is open to staff from the Independent, Statutory and Voluntary Sector who have a responsibility for developing and delivering Learning and Development Opportunities.

The Network is an opportunity to share the following:

- National Developments
- Learning from Reviews (National and Local)
- Learning Delivery methods and embedding the Competency Framework
- Problem solving.

Performance monitoring by the Safeguarding Effectiveness Group (SEG) has indicated that most agencies have embedded the Competency Framework but further assurance is required from the two County Councils in 2016/17.

A range of training has been put in place both by individual organisations and multi-agency, the latter primarily through the Leicestershire Learning and Development team. Evaluations of training delivered have been positive.

As part of the Performance Reporting Framework (PRF), the Safeguarding Effectiveness Group (SEG) asks “To be assured that the workforce is fit for purpose: to be assured that caseloads are appropriate and manageable”. Throughout 2015-16, agencies were able to provide full assurance that all caseloads are allocated and managed.

Priorities for 2016/17

As workforce development is a cross cutting theme in our 2016/17 Business Development Plan, it is a priority that:

- A Leicestershire and Rutland Safeguarding Adults Board training strategy is produced
- Closer working relationships with Leicester City SAB are pursued
- Partner agencies, in particular Local Authorities, are able to supply data regarding training and workforce competence.
- We are assured that all agencies are able to assess, design, deliver and evaluate use of the Competency Framework.



Domestic Homicide Reviews and Making Safeguarding Personal

Domestic Homicide Reviews

The Joint Serious Case Review (SCR) Subgroup has delegated responsibility for Domestic Homicide Reviews (DHRs) commissioned by Community Safety Partnerships in Leicestershire.

In 2015/16, two DHRs were commissioned and have yet to be completed.

The Joint Subgroup has also begun to consider alternative reviews that involve young people who have recently moved into adulthood.

Making Safeguarding Personal (MSP)

The MSP programme was established in 2012 by the Local Government Association (LGA), supported by the Association of Directors of Adult Social Services (ADASS). The focus for the project was to develop an approach for safeguarding practice which was person-led and outcome focused, to enhance choice and control and to improve quality of life and well-being as well as safety.

Leicestershire County Council was one of 53 Local Authorities to sign up to the project in 2013/14. Rutland County Council signed up to MSP in 2014. From 2014/15, as part of the Care Act 2014 implementation, all Local Authorities have been expected to engage with the MSP approach.

Rutland

Rutland County Council adopted MSP in early 2014 and it was implemented into practice as part of a restructure of Adult social care services with the emphasis being shifted to the overall personalisation agenda and person-centred practice in the new safeguarding and prevention team. This has been ongoing since and has been embedded into practice using at first MSP champions from all teams and latterly developed into CPD groups.

An early evaluation of this work by peer review was favourable and judged Rutland to have “Strong feedback from customers and providers that interventions were person-centred, focussed on outcomes, with right balance of support and challenge”.

The county has further developed MSP in 2015/16 and is incorporating the principles into its new integrated team with health colleagues and has adopted Liquid logic and is designing ways to evidence MSP application from practitioners, therapists and service users.

Leicestershire

Within Leicestershire County Council, a MSP working group was established and a questionnaire was developed to ensure workers were considering MSP principles when undertaking safeguarding enquiries and discussing outcomes with individuals involved. In 2014 the Anne Craft Trust was commissioned to undertake an

evaluation of this work and this was completed in August 2015. There were a number of challenges in engaging individuals involved in safeguarding enquiries within this evaluation, mainly due to issues of mental capacity in being able to consent to their involvement, and also not wanting to be reminded of a difficult time in their lives, so responses were limited. However it was identified that further work was required in relation to ensuring the principles of the Mental Capacity Act were kept central within the safeguarding process, and also around how enquires were recorded and reported, training for frontline staff in MSP principles, and ensuring the use of advocacy was considered.

Leicestershire & Rutland

In response to the outcomes of the Anne Craft Trust evaluation, and also the ADASS MSP Toolkit for Responses, published in January 2015, it was agreed by the Local Authorities and the Leicestershire and Rutland Safeguarding Adults Board that embedding the MSP approach was a priority, and that this should be achieved by April 2017. This has resulted in the development a MSP Business Plan, which covers:

- Preparing the Workforce
- Embedding MSP Principles into Practice
- Measuring Effectiveness.

Making Safeguarding Personal is a key priority in our Business Development Plan 2016/17.

Business Plan Priorities 2016/17

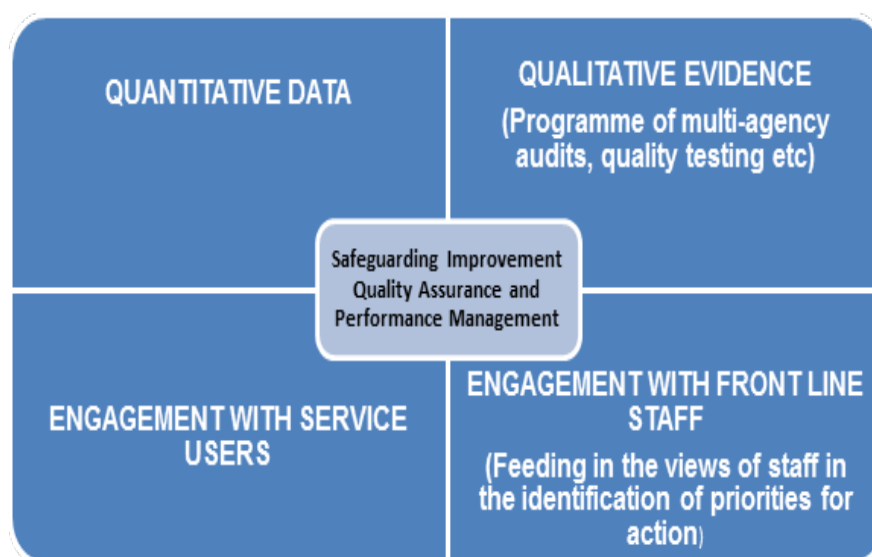
Within the broader core business of the LRSAB the following specific priorities have been identified:

- To build **Community safeguarding** resilience and be assured that people living in the community who may be experiencing harm or abuse are aware and know how to seek help
- To be assured that **Thresholds** for Safeguarding Adult Alerts are appropriate, understood and consistently applied across the partnership
- To champion and support the extension of **Making Safeguarding Personal** (MSP) across the Partnership and secure assurance of the effectiveness of multi-agency processes/working and evidence of positive impact for service users
- Assure robust **Safeguarding in care settings** – including health and social care at home, residential and nursing care settings.

The following joint priorities, with Leicestershire & Rutland Safeguarding Children Board, have been identified:

- To be assured that there are robust and effective arrangements to tackle **Domestic abuse**.
- To be assured that **Mental Health** Services incorporate robust arrangements to reduce **safeguarding risk** to children and adults in particular areas, including those supported through MCA/DoLS and the Learning Disability Pathway.
- To be assured that the Safeguarding element of the **Prevent** strategy is effective and robust across Leicestershire and Rutland.

Against each of these priorities the Boards have identified key outcomes for improvement and the actions that will need to be taken over the next year to achieve these improved outcomes. The Quality Assurance and Performance Management Framework for the Boards will be revised to ensure that they reflect the new Business Development Plans and enable ongoing monitoring of performance of core business that is not covered in them. Quality Assurance and Performance Management will continue to be framed around our 'four-quadrant' model:



Membership of the Leicestershire & Rutland Safeguarding Adults Board 2015/16

Independent Chair

Borough and District Councils (represented by Melton Borough Council)
Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)
East Leicestershire and Rutland Clinical Commissioning Group (CCG)
East Midlands Ambulance Service (EMAS)
East Midlands Care Association (EMCARE)
Leicestershire County Council
Leicestershire Fire and Rescue Service (LFRS)
Leicestershire Partnership NHS Trust (LPT)
Leicestershire Police
National Probation Service (NPS)
Prison Service
Rutland County Council
University Hospitals of Leicester NHS Trust (UHL)
Voluntary Action LeicesterShire (VAL)
West Leicestershire Clinical Commissioning Group (CCG)

Observer status

Leicestershire County Council Lead Member
Rutland County Council Lead Member

Professional Advisers to the Board:

Boards Business Office Manager
Legal Services for the Safeguarding Boards
Adult Safeguarding Leads in the two Local Authorities
Designated Nurse Children and Adult Safeguarding – CCG hosted Safeguarding Team

NB: the local NHS England Area Team has informed local SABs that NHS England will only attend Boards where there are specific concerns that require NHS England oversight or action, for example where an improvement board is in place. At other times, NHS England will be represented by the Designated Professional from East Leicestershire and Rutland or West Leicestershire CCG utilising the clear communication routes back to NHS England.

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Specialised Commissioning
London Region
Mezzanine Floor
Southside
105 Victoria Street
London SW1E 6QT
0113 807 0909
will.huxter@nhs.net

5 August 2016

Cllr Terry King, Leader
Cllr Richard Clifton, Health and Social Care Portfolio Holder
Rutland County Council
Catmose
Oakham
Rutland LE15 6HP

Dear Cllr King and Cllr Clifton

Proposal to cease commissioning CHD services at University Hospitals of Leicester NHS Trust

Thank you for your letter of 22 July 2016. I welcome the opportunity to clarify the position in relation to NHS England's proposals on congenital heart disease services.

The first thing to say is that no final decisions have been taken about the future of University Hospitals of Leicester NHS Trust or any of the other congenital heart diseases services in England. NHS England has set out proposals, based on the findings of the recent assessment exercise. Whether or not these proposals are taken forward will be subject to further stakeholder engagement, as well as the outcome of public consultation, which will begin later this year.

I recognise the strength of feeling of the County Council in relation to these proposals and their potential consequences. We are currently in the pre-consultation engagement stage, and we wish to discuss with yourselves and other stakeholders your concerns and questions, and the approach to consultation.

NHS England published its new standards for CHD services in July 2015. These standards – almost 200 of them – were collaboratively developed over a two-year period, by patients and their families/carers; clinicians; commissioners, and other experts. They were the subject of extensive public consultation, and all the views put forward were considered before the standards were finalised.

Information regarding consultation about our proposals will be communicated as widely as possible, well in advance of consultation starting. NHS England will make sure that the consultation takes account of those services which could be impacted by changes to CHD services, including wider paediatric services.

You raise in your letter questions about the relationship between our proposals on congenital heart disease services and the development and finalisation of the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan (STP).

The services which will be the subject of consultation are nationally designated as specialised services, and therefore commissioned by NHS England. The congenital heart disease review, including the development of and consultation on standards, has been carried out as a national programme. The changes being proposed therefore fall outside the scope of local STPs. However, I can confirm that our thinking about CHD services is informed by and takes account of the wider strategic picture in the area.

You also ask for a commitment in relation to 4 points:

- I can confirm that NHS England will attend a suitable meeting of the Rutland Health and Wellbeing Board
- I can confirm that no final decisions on changes to commissioning of CHD services will be taken until after the end of public consultation
- I can confirm that NHS England will keep its proposals under review throughout pre-consultation engagement and public consultation, including discussions with the Rutland Health and Wellbeing Board
- I can confirm that NHS England will undertake full public consultation on the proposals before they are implemented.

NHS England, through our regional specialised commissioning team and the national congenital heart disease programme team, will follow up on your letter to discuss the detail of engagement with the Health and Wellbeing Board.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Will Huxter', written in a cursive style.

Will Huxter
Regional Director of Specialised Commissioning (London)
SRO, Congenital Heart Disease Programme



Rutland
County Council

Rutland County Council
Catmose
Oakham
Rutland
LE15 6HP

telephone: 01572 722 577
fax: 01572 758 307
email: enquiries@rutland.gov.uk
web: www.rutland.gov.uk
DX: 28340 Oakham

22 July 2016

Will Huxter
Regional Director of Specialised Commissioning NHS England
Mezzanine Floor
Southside
105 Victoria St
London
SW1E 6QT

BY EMAIL to will.huxter@nhs.net

Dear Mr Huxter,

Re: Proposal to cease commissioning CHD services at University Hospitals of Leicester NHS Trust.

On behalf of Rutland County Council and the community we serve, we wish to make you aware that we oppose your proposed commissioning decision relating to CHD services based in Leicester.

We would ask you to reconsider this decision in the interests of maintaining this lifesaving service in a location that is accessible to our rural community. Expecting patients and families to travel to Birmingham or London will significantly undermine patient safety and overall wellbeing. This proposed change to service would also lead to increased and unnecessary emotional trauma for current and future patients and their families.

The East Midlands Congenital Heart Centre (EMCHC) based in Leicester, from the information we have seen, has made excellent progress over the last 18 months. Local evidence shows the increase in bed numbers, improvements in outcomes, investment in staffing and the creation of a new adolescent unit.

The future plans of a new single site children's hospital which would include the EMCHC and provide a wonderful new environment for the care of all our younger patients, could now be put at risk by your commissioning decision. Commissioning needs to look at the wider picture and the knock-on impacts, we fear this decision could lead to a wider reduction in services and patient care.

It is of concern that NHS England has not consulted any of the County or City Councils representing the communities that use the CHD services you are planning to cease commissioning. Additionally, the Rutland Health and Wellbeing Board (RHWB) would have expected that NHS England would present commissioning proposals like these in advance, which did not happen in this case.

This would enable the RHWB to ensure that the views and wishes of the community are considered. The RHWB enables all commissioners of health and care services to work together to ensure the highest quality and sustainable solution for the whole health and care system are implemented.

It is hard to understand how NHS England can be making such a significant commissioning decision at a time when you have not completed your consideration of the Leicester, Leicestershire and Rutland Sustainability and Transformation Plans (STP). Again we would ask that your decisions on commissioning of CHD services are not finalised until the STP process has been completed.

We hope you can appreciate our concern with your proposals and would ask for your commitment to the following:

- Meet with the Rutland Health and Wellbeing Board to present you proposals, the evidence that supports these and answer the questions and concerns from the Rutland Community.
- Put a hold on any final decision on changes to commissioning of CHD services until the STP process has been completed.
- Review and update your proposals based on consultation with the Rutland Health and Wellbeing Board and the outcome of the STP process.
- Enter into a full public consultation on your final proposals before they are implemented.

We look forward to receiving your response and we truly believe you have a duty to consult with patients and families, as well as those that represent and support them.

Yours sincerely



Cllr Terry King
Leader Rutland County Council



Cllr Richard Clifton
Health and Social Care Portfolio Holder

Report to Health and Wellbeing Board

Subject:	Better Care Fund Programme Update
Meeting Date:	27 September 2016
Report Author:	Sandra Taylor
Presented by:	Mark Andrews
Paper for:	Noting

1. Context, including links to strategic objectives and/or strategic plans:

- 1.1 This report updates Health and Wellbeing Board (HWB) members on progress with the 2016-17 Rutland Better Care Fund (BCF) Programme at its mid way point.
- 1.2 The Better Care Fund Programme is a joint health and social care integration programme managed operationally by the Rutland County Council People Directorate, in conjunction with the East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), and delivered under the oversight of the Rutland HWB.

2. The BCF calendar

- 2.1 Final stages of 2016-17 programme approval have taken place as follows:
 - 2.1.1 The financial agreement provided for in Section 75 of the NHS Act 2006 was put in place on schedule on 30 June.
 - 2.1.2 Following national moderation, the Rutland BCF plan was formally approved nationally on 5 July 2016, one of the first approvals in the East Midlands, allowing draw down of funds.
 - 2.1.3 In July/August NHS England provided updated population estimates for reporting frameworks and built in final 2015-16 Q4 performance figures which were unavailable when 2016-17 targets were initially proposed.
 - 2.1.4 Because Rutland's 2015-16 Q4 delayed transfers of care (DTCs) were higher than anticipated, the targets originally set were extremely stretching. Therefore, the Council and CCG have opted to revise the Rutland DTC targets so that they remain ambitious but are more realistic. The new target equates to 2% fewer DTCs than last year's plan (rather than 5% fewer than last year's plan as initially anticipated). This still equates to an ambitious 9% improvement relative to 2015-16 actuals.
- 2.2 The programme's Q1 performance report was submitted to NHS England on 9 September. Charts setting out performance are presented at Appendix A.
- 2.3 Attention is already turning nationally to planning the follow-on programmes for 2017 onwards. NHS planning guidance is expected in September with a requirement for two year plans for 2017-19. The National BCF team's intention is that BCF planning guidance will be published as soon as possible after the main NHS planning guidance. Two year BCF plans are being assumed at this stage (rather than the three year plans

anticipated previously), in line with the NHS planning guidance.

3. Programme Implementation via the Priority Level Business Plans

3.1 The Health and Wellbeing Board approved four business plans in June to take forward the 2016-17 BCF programme. Delivery of these plans is progressing well, with continuations of established schemes alongside the development of a number of new projects, including online information and advice and user engagement projects. The majority of the as yet uncommitted funds have been earmarked to support a GP wraparound project which is under development (see 1.20 below).

3.2 Progress per priority is set out below.

Priority 1: Unified Prevention

3.3 The strong emphasis on prevention is a distinctive aspect of Rutland's BCF programme.

Ongoing schemes

3.4 Some Unified Prevention services have been continued from 2015-16, including the Community Agents scheme, which provides support in the community to help people tackle wellbeing issues. They received 183 referrals in in Q1, of whom 92% (169) were single contact clients – short advice - and 8% (14) were more intensive clients. The Health Agent has increasingly been supplementing health and social care hospital discharge activity, particularly for people living alone. The Community Agents also continue to build community capacity by initiating social groups in localities.

3.5 Under the 'Life Planning' heading, the assistive technology service and a number of falls prevention projects are continuing, aiming to maintain independence. Tailored falls training has been delivered to most care homes and care providers operating the County (almost 200 trained) and the six planned 'falls fetes' have all been delivered. The FaME falls exercise research project has two exercise courses currently running with 20 people subscribed.

3.6 Falls admissions were on target in Q1 (Appendix A): there were 357 hospital admissions for injuries due to falls per 100,000 population over 65 in Q1 of 2016-17, relative to a pro rata Q1 target of 414.

New projects and approaches

3.7 A frequent complaint in Rutland is that it is difficult for 'navigators' and individuals to identify health and wellbeing services and opportunities. To develop a shared view of services and opportunities, the July Integration Executive approved a £27k project to improve the Rutland Information Service for online signposting of services, organisations and activities, including by engaging end users in the redesign. The site will serve both signposting/service navigation professionals and the public, so that consistent information is available to all.

3.8 As part of community capacity building under the Community Agents heading, a pilot telephone befriending service by Citizens Advice Rutland will provide social follow on from Community Agent support, and a pilot Rutland 'Men in Sheds' project is in development offering older men practical social activities.

3.9 Disabled Facilities Grant monies were increased for 2016-17 to £186k (previously

£104k) and here a number of routes have been identified to take advantage of this increased funding.

- 3.10 In parallel with these prevention activities, a co-design based procurement process is underway involving BCF, Public Health Grant and local authority funding streams, to coordinate community prevention and wellness services from 2017-18.

Priority 2: Long term condition (LTC) management

Ongoing schemes

- 3.11 The 2016-17 BCF programme places a stronger emphasis on helping people to manage better with multiple LTCs and to prevent exacerbation of health conditions.
- 3.12 Carers support and coordinated dementia services continue to provide valuable support. In addition, complementing the Community Agents in the community, the County's Integrated Care Coordinator continues to work out of GP surgeries assisting patients with complex health needs who are prioritised via multi-disciplinary meetings.

New projects and approaches

- 3.13 Marking the next stage in core health and care integration, a joint management post has been established and recruited to for a now combined community health and social care Hospital and Discharge Team. This joint management is anticipated to deepen integrated working. The Leadership Development programme continues alongside this, helping to empower teams involved with reablement, therapies, discharge, and long term health and care support to design and progress service improvement changes.
- 3.14 Reflecting effective working in this area, targets to reduce hospital admissions were met in Q1– see Appendix A. There were 1807 emergency admission nights per 100,000 population in Q1 of 2016-17, relative to a ceiling target for the quarter of 2226.
- 3.15 Under the commitment to deliver a more person-centric model of care which is coordinated effectively around the individual, the largest new project in the 2016-17 programme, is a pilot service in GP surgeries providing further complementary support to patients to tackle non-health related issues that are a cause of GP visits and/or to better manage complex health needs. This is anticipated to be funded jointly by the Unified Prevention and Long Term Condition Management Priorities. It will include social prescribing approaches, and will also help to articulate a clearer relationship between primary and community health services, social care and the voluntary sector and how they coherently work to support patients. This proposal is currently under development, led by East Leicestershire and Rutland CCG. The Integration Executive will receive a proposal on 29 September.

Priority 3: Crisis response, transfer of care and reablement

Ongoing schemes

- 3.16 Crisis response services continue to help with avoiding some potential emergency admissions, where alternative assistance can be provided that is more appropriate. We are also feeding into design work to reshape the 111 service across Leicester, Leicestershire and Rutland as part of the Urgent Care Vanguard programme. This is also anticipated to contribute to this aim.
- 3.17 Reablement services are operating effectively, reflected in the Q1 target being met for the percentage of people who have had reablement and are still at home 3 months after

discharge (Appendix A) – 90% still at home against a minimum target of 83.3%.

New approaches

- 3.18 Delayed Transfers of Care are the most challenging area of the Rutland BCF programme. In spite of marked progress in the management of some DTOCs, this target is the only one currently not being met: there were 1411 DTOC days per 100,000 population over 18 in Q1, relative to a target of 825. However, there is some evidence that this situation is turning around: July 2016 data, the first of Q2, shows a net improvement in Rutland DTOCs relative to monthly performance in April to June (See Appendix A – DTOC detail).
- 3.19 In response to rising delayed transfers of care for Rutland patients out of Peterborough City Hospital (PCH), changes were implemented in May which were reflected in June's delay figures, which were more than halved for PCH. Actions comprised a new Case Management role which complements hospital based discharge nurses and social workers and the flexible call-off of interim beds in care homes for patients ready for discharge from acute care but not to return directly home. The Council has also been handling all relevant discharges whether needs are health or social care focussed to provide an efficient and consistent local response. These successful new approaches have received wider interest from other authorities seeking to reduce DTOCs.
- 3.20 Significant performance gains at Peterborough were cancelled out in Q1 by a new pattern of DTOCs from both Kettering and Lincolnshire hospitals, alongside a sustained increase in DTOCs at LPT, some of which related to mental health discharge. These patterns are being investigated under the DTOC action plan, with a view to making further adjustments so we learn of more potential delays sooner and address them more rapidly and consistently, whichever Trust is involved.

Priority 4: Enablers

- 3.21 Following through on a commitment to strengthen the patient and service user voice in the programme, a user engagement project with Healthwatch Rutland has been commissioned which will gauge user views of transfer of care processes as they evolve. This has two aims: to inform transfer process improvements and to shape more effective communications materials for patients about transfers of care.
- 3.22 Other work is progressing in Information Governance. To support information sharing and trusted working between health and social care teams, Rutland County Council has submitted its first IG Toolkit submission to NHS Digital (formerly HSCIC), demonstrating that its Information Governance arrangements meet the same standards recognised by health providers.
- 3.23 We are also broadening the range of workforce training available in Rutland and encouraging local take-up, including via the recently restarted Provider Forum and by asking the Council's nominated provider (LSCDG) to deliver courses directly in Rutland for ease of access.

4. Financial implications

- 4.1 The 2016-17 programme consists of a minimum pooled fund between RCC and ELRCCG of £2.061m, supplemented by £317k of carry forward funding from 2015-16. £200k of this carry forward is allocated to one-off projects, with the remaining £117k

providing a contingency fund for the programme. Alongside this, there is an RCC capital fund of £186k for Disabled Facilities Grants. Excluding the contingency fund, the value of the programme in 2016-17 is £2.447m.

- 4.2 Whilst the forecast at Q1 is that the full allocation will be spent, spending plans for £265k of the revenue funding allocation have still to be agreed, with the majority of this earmarked for GP wraparound services. Also, while there are a number of grant projects in the pipeline, the 2016-17 Disabled Facilities Grant (DFG) had seen limited capital spent by the end of July 2016 (£15k of the new allocation). As noted above, options have been identified to diversify the use of DFG funding and these are now being reviewed.
- 4.3 The risk sharing fund of £101k that was agreed by the partnership, to be associated with emergency admission rates has so far not been required due to good performance in Q1.

Financial position at the end of Q1 2016-17 (April to June 2016)

BCF project	Lead	Funding Allocation £'000	Spend to Date £'000	Forecast £'000	Variance £'000	Comments
UPS1 Coordination & Communication	RCC	30	0	30	0	Project proposal approved by Integration Executive 28 July
UPS2 Community Prevention & Wellbeing	RCC	187	70	187	0	£147k allocated to Community Agents, £40k earmarked for GP wraparound
UPS3 Life Planning - Preventative	RCC	125	24	125	0	£65k allocated £60k available – Anticipate GP wraparound and new projects, inc. falls management, carers event, top up funding for Men in Sheds.
UPS4 Life Planning- Disabled Facilities Grants (Capital)	RCC	186	0	186	0	DFG business as usual grant activity continuing. By the end of July, £24.5k had been spent, £15k of this from the 2016-17 allocation, with further spend in the pipeline. Proposals under development to accelerate and broaden DFG benefits.

BCF project	Lead	Funding Allocation £'000	Spend to Date £'000	Forecast £'000	Variance £'000	Comments
LTC1 Integrated Case Management	RCC CCG	RCC 40 CCG 100 Total 140	RCC 7 CCG 0 Total 7	140	0	Uncommitted £100k earmarked for GP wraparound
LTC2 Integrated Community Health & Care	CCG	CCG 405 RCC 113 Total 518	CCG 101 RCC 11 Total 112	518	0	All committed and anticipated to be on budget
LTC3 Innovation Fund	RCC	55	0	55	0	£32k as yet uncommitted, some earmarked for GP wraparound.
LTC4 Dementia Care	RCC	100	19	100	0	Funding is fully committed and expected to be on budget
LTC 5 Care Act – Carers Support	RCC	85	21	85	0	Contribution to Carer Support budget. Will be spent.
CTR1 Crisis Response	CCG RCC	CCG 125 RCC 115 Total 240	CCG 31 RCC 53 Total 84	240	0	Allocation fully committed and expected to be on budget
CTR2 Transfer of Care & Reablement	RCC CCG	RCC 561 CCG 135 Total 696	RCC 140 CCG 0 Total 140	696	0	CCG allocation has now been agreed and actual spend will be updated at Q2. Estimated Q1 CCG spend £42.5k.
E1 Enablers Activity	RCC	34	5	34	0	Costs of £31.8k approved - £2.2k still to be allocated.
E3 Programme Management	RCC	51	13	51	0	Expected to be on budget.
Total		2,447	496	2,447	0	

5. Recommendations

3.1 That the HWB:

1. Note progress on implementing the Rutland 2016-17 Better Care Fund plan and performance to date.

6. Risk assessment		
Time	M	The programme period is now almost halfway through. See risks under <i>Finance</i> .
Viability	L	The 2016-17 BCF programme builds on the partnership developed and progress made in 2015-16.
Finance	M	<p>Most remaining uncommitted funds have been ringfenced for a GP wraparound project providing a wider range of personalised support via the GP surgery. This project is likely to be planned to run beyond the duration of the current BCF programme to ensure worthwhile pilot.</p> <p>Disabled Facilities Grant projected spend is under budget. Work is underway to define additional adaptation related service options, alongside the continuing delivery of standard DFGs, to accelerate spend and impact.</p> <p>Underspend can be ring-fenced for future use.</p>
Profile	L	<p>The programme has a high profile at national, regional and local level and is well integrated as a complementary part of Leicester, Leicestershire and Rutland Better Care Together activity.</p> <p>The HWB will hold both RCC and ELRCCG to account for the delivery of the BCF.</p>
Equality & Diversity	L	The BCF plan will have a positive impact on members of the Rutland community requiring health, care and wellbeing services and opportunities.

7. Timeline (including specific references to forward plan dates):

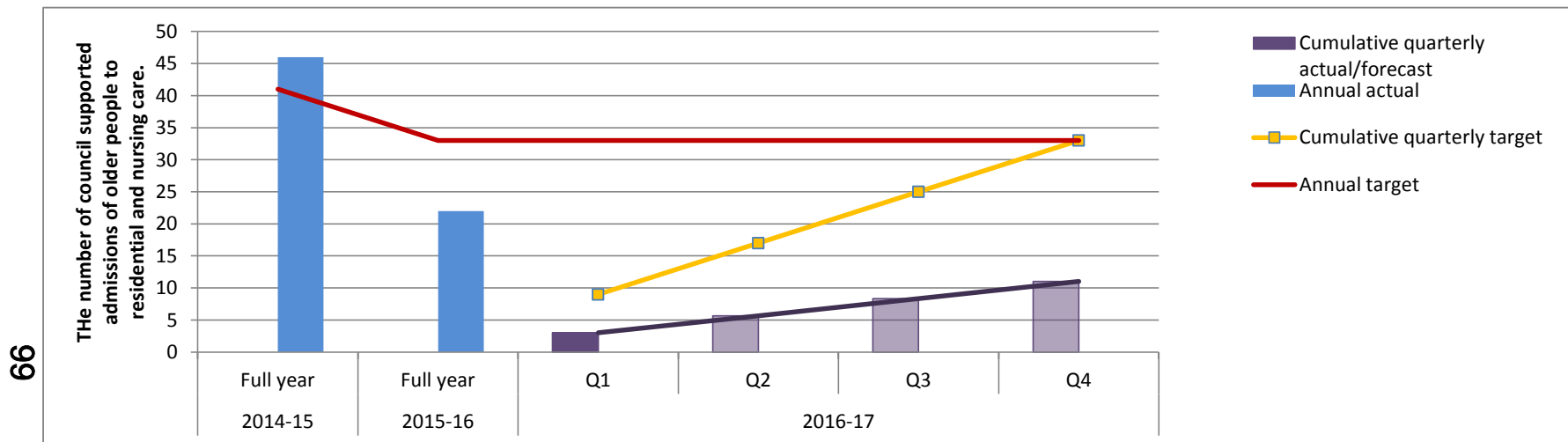
Task	Target Date	Responsibility
HWB update on 2016-17 performance and new programme planning	29 November 2016	Health and Social Care Integration manager

**Appendix A. Rutland 2016-17 Better Care Fund (BCF) Q1 Programme
Performance**

Metric 1 - Residential Admissions

GREEN: Well established good performance against this metric has continued into 2016-17, with just 3 people permanently entering residential or nursing care in Q1 (a third of the Q1 target of 9).

Permanent admissions of older people (aged 65 and over) to residential and nursing care homes



Outcome Sought:

Reducing inappropriate admissions of older people (65+) in to residential care

Rationale:

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care.

Definition:

The number of council-supported permanent admissions of older people to residential and nursing care, excluding transfers between residential and nursing care (aged 65 and over).

Reporting Schedule:

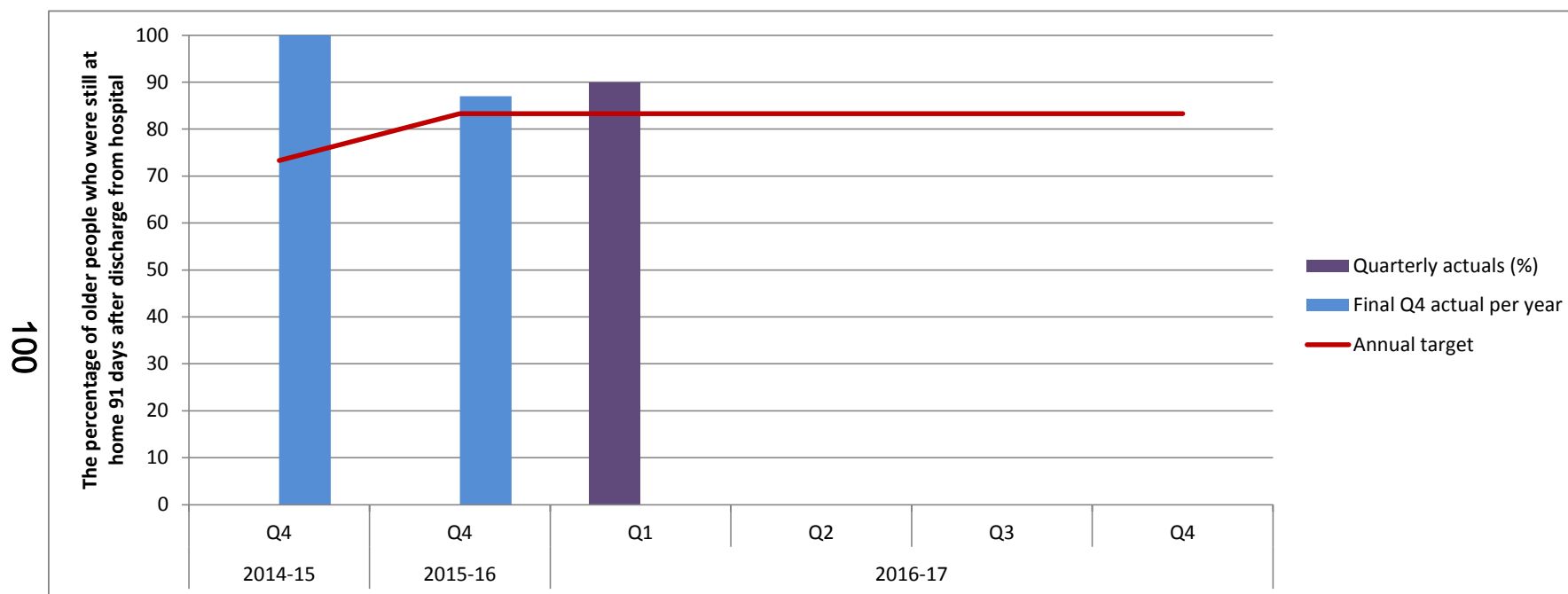
Metric will be reported quarterly. Q2 update late October 2016.

Metric 2 - Reablement

GREEN: Following on from good performance in 2015-16, the pattern of people receiving reablement services and remaining at home 91 days after discharge remains above target, at 90% in Q1 of 2016-17, relative to a minimum target of 83.3%. Formal final BCF reporting will be based on Q4 performance.

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

NB: Q4 data forms the official annual return



Outcome Sought:

Increase in effectiveness of these services whilst ensuring that those offered service does not decrease

Rationale:

Improving the effectiveness of these services is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Ensuring that the rate at which these services are offered is also maintained or increased also supports this goal

Definition:

This measures the number of older people aged 65 and over discharged to their own home or to a residential or nursing care home during a 3 month period (October-December), who are at home or in extra care housing or an adult placement scheme setting three months (91 days) after the date of their discharge from hospital as a percentage of all those who were offered rehabilitation services following discharge from hospital.

Reporting Schedule:

Formally, the metric is updated annually. The number of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital is collected **1st October to 31st December** for the relevant year. Same individuals are then checked 91 days later (i.e. January to March). Next formal update March 2017.

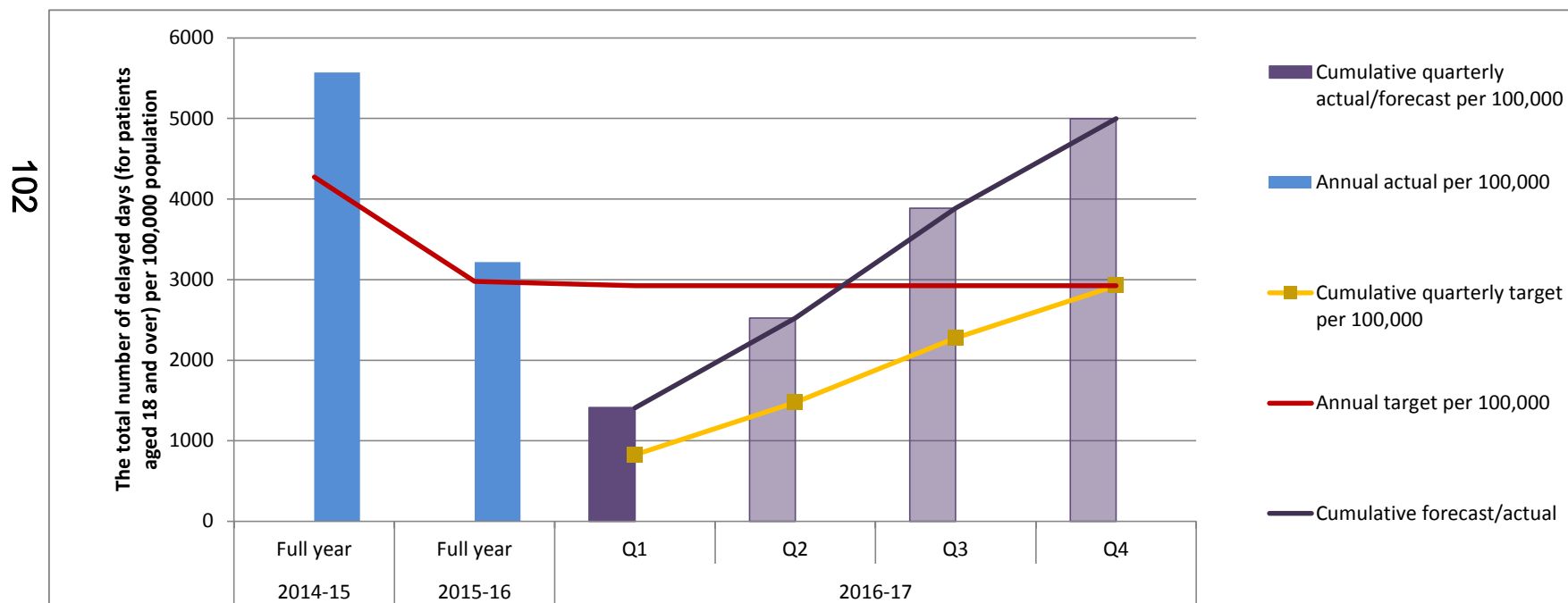
Local quarterly updates are calculated alongside this. Q2 update end of October 2016.

Metric 3 - Delayed Transfers of Care

AMBER: There were 1411 DTOC days per 100,000 18+ population in Q1, relative to a target of 826. Changes introduced in May which focussed on Peterborough hospital (a care coordination role and use of interim care home beds) are bearing fruit: DTOCs reduced markedly there in June to the lowest level for a year – 31 actual days in June relative to an average of 70 days for April and May. Social care attributable delays also remain negligible across the board (3 actual days in Q1). However, very good progress in some areas is being cancelled out by a diversification in the source of delays: LPT delays doubled between Q4 of 2015-16 and Q1 of 2016-17 from 77 to 158 actual days, in part due to mental health related discharge delays, while mainly NHS attributable delays at other out of area hospitals (in Lincolnshire and Northamptonshire) went up by 77% in the same period (from 44 to 78 actual days). These patterns, shown in the recently released June data, are currently being investigated further, with information flows being improved across an enlarged network of hospitals to ensure more timely sight of future potential delays.

****Update**** Just released July DTOC data, the first of Q2, has shown a net improvement against previous months in 2016-17.

Delayed transfers of care (delayed days) from hospital (aged 18+), per 100,000 population - performance by quarter



Outcome Sought:

Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.

Rationale:

This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

Definition:

Delayed transfer of care per 100,000 population per month.

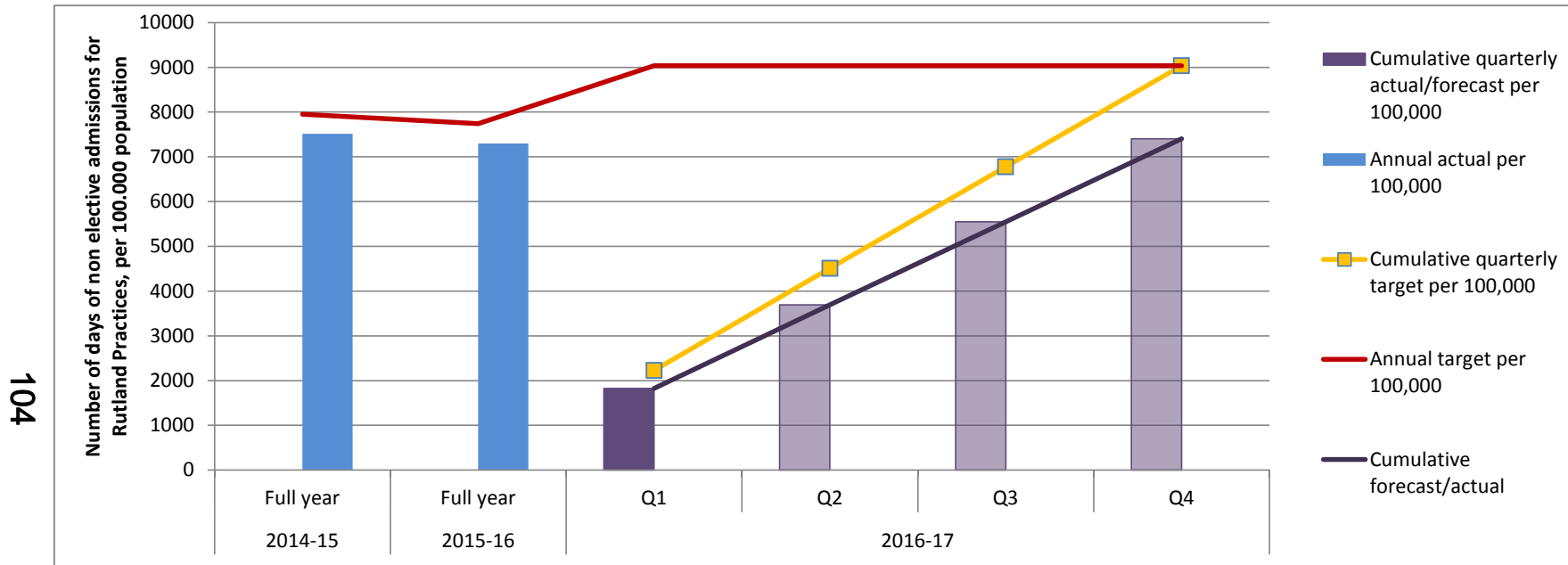
Reporting Schedule:

Next quarterly update released November 2016.

Metric 4 - Non-Elective admissions (general and acute) - Risk share associated metric

GREEN: Rutland met its pay for performance targets for non-elective admissions (NEAs) last year and positive performance has continued into Q1 of 2016-17, when Rutland had 1823 days of emergency admissions per 100,000 population over 18, relative to a target for the first quarter of 2226 days.

Total non-elective admissions in to hospital (general and acute), all ages. Per 100,000 population



Outcome Sought:

Reduce non-elective admissions which can be influenced by effective collaboration across the health and care system

Rationale:

Good management of long term conditions requires effective collaboration across the health and care system to support people in managing conditions and to promote swift recovery and reablement after acute illness. There should be shared responsibility across the system so that all parts of the health and care system improve the quality of care and reduce the frequency and necessity for non-elective admissions

Definition:

Non-Elective admission data are derived from the Monthly Activity Return, which is collected from the NHS. It is collected by providers (both NHS and IS) who provide the data broken down by Commissioner.

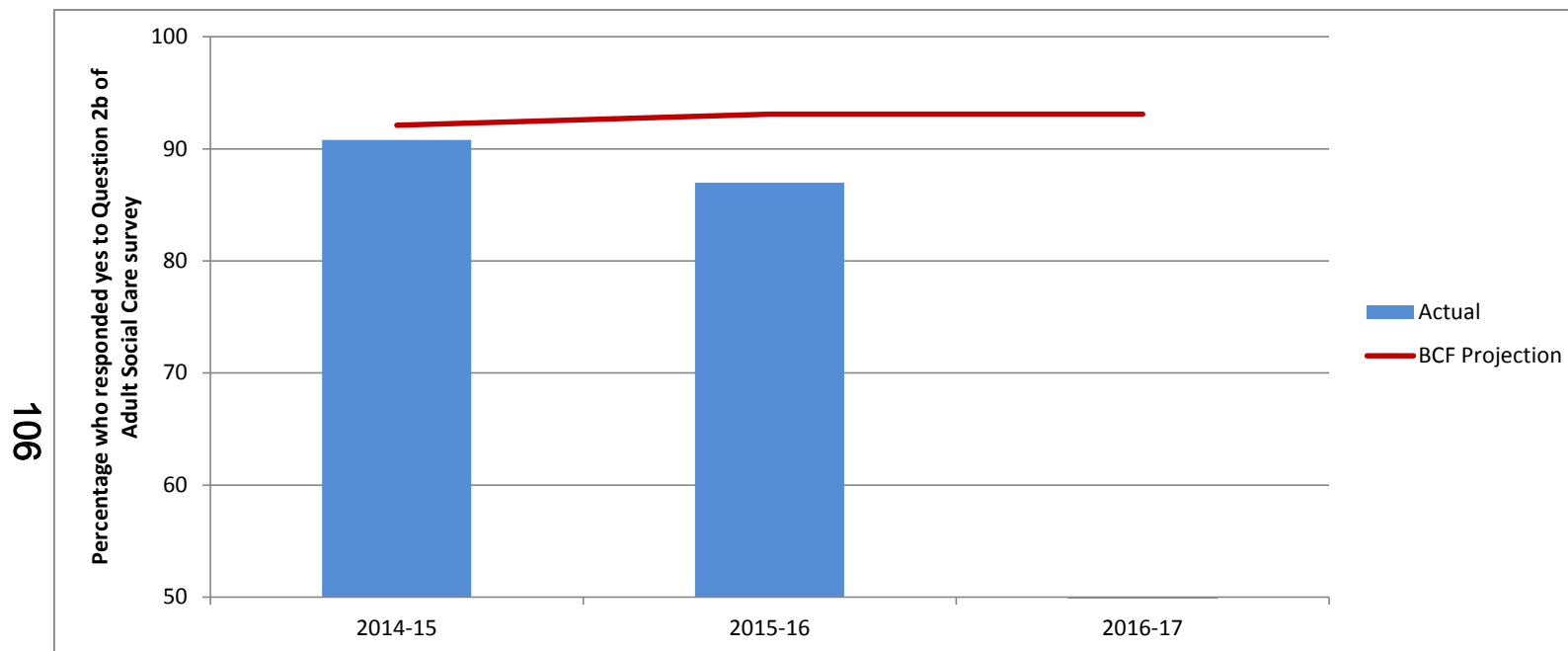
Reporting Schedule:

Updated quarterly from non elective admission statistics for Rutland practices supplied by GEM CSU (Greater East Midlands Commissioning Support Unit). Next quarter available November 2016.

Metric 5 - Patient/Service User Experience

GREY: In 2015-16, although 87% of service users who answered the annual social care survey responded positively to the question "Do Care and Support Services help you to have a better quality of life?", this was relative to a target of 93.1%, which means that Rutland did not meet its target last year. To gain further insight into the customer experience, the Council will be looking at ways to learn more about user experience and user satisfaction across 2016-17, including under the Enablers priority.

Do care and support services help you to have a better quality of life?



Outcome Sought:

To take steps to begin to understand patient experience in relation to the delivery of integrated care.

Rationale:

Effective engagement of patients, the public and wider partners in the design, delivery and monitoring of services.

Definition:

Based on the percentage who responded yes to survey Adult Social Care survey question 2b. " Do Care and Support Services help you to have a better quality of life".

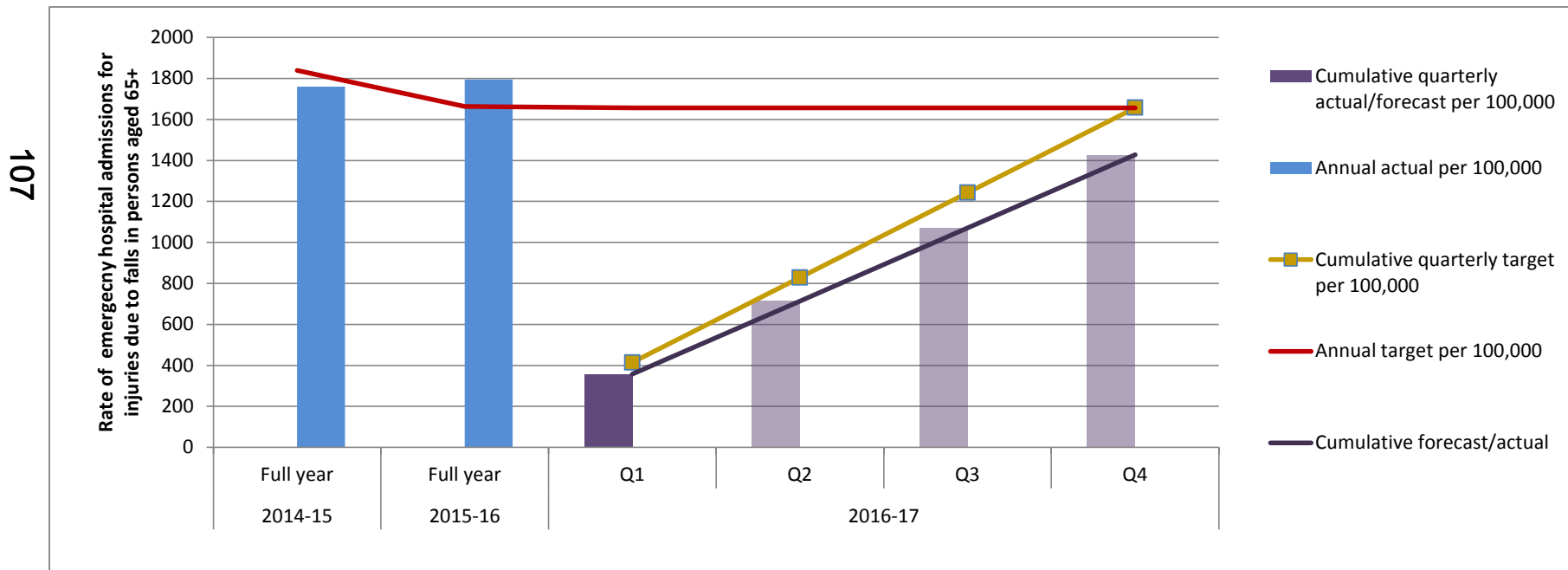
Reporting Schedule:

Data reported from annual Adult Social Care users survey. Next update will be March/April 2017.

Metric 6 - Local Metric - Over 65s Falls

GREEN: GEM CSU figures for 2015-16 indicate that last year's falls target was not met, although, without the programme, this level of falls would almost certainly have been higher. Falls prevention interventions were commissioned during 2015-16 following the Falls Summit, and are being progressed during the current programming period. Levels of falls are currently on track: the pro rata falls target per quarter is 414 falls per 100,000 over 65 population. This target was met in Q1 of 2016-17, with 357 falls admissions per 100,000 over 65s. However, given the high variability that characterises an area of small population, there is no case at this early stage in the year to assume that overall targets will be met and to reduce the focus on falls prevention interventions.

Rate of emergency hospital admissions for injuries due to falls in persons aged 65+, per 100,000 population (annual targets/totals only shown)



Outcome Sought:

To reduce the number of admissions for injuries due to falls

Rationale:

Falls are frequent but often preventable events, rather than an inevitable part of ageing, and preventing them supports the other objectives of the BCF plan, including the prevention agenda, avoiding non-elective admissions to hospital and avoiding or postponing permanent admissions to residential homes. Once a fall has occurred, rehabilitation activities can also help to ensure people remain out of hospital once discharged.

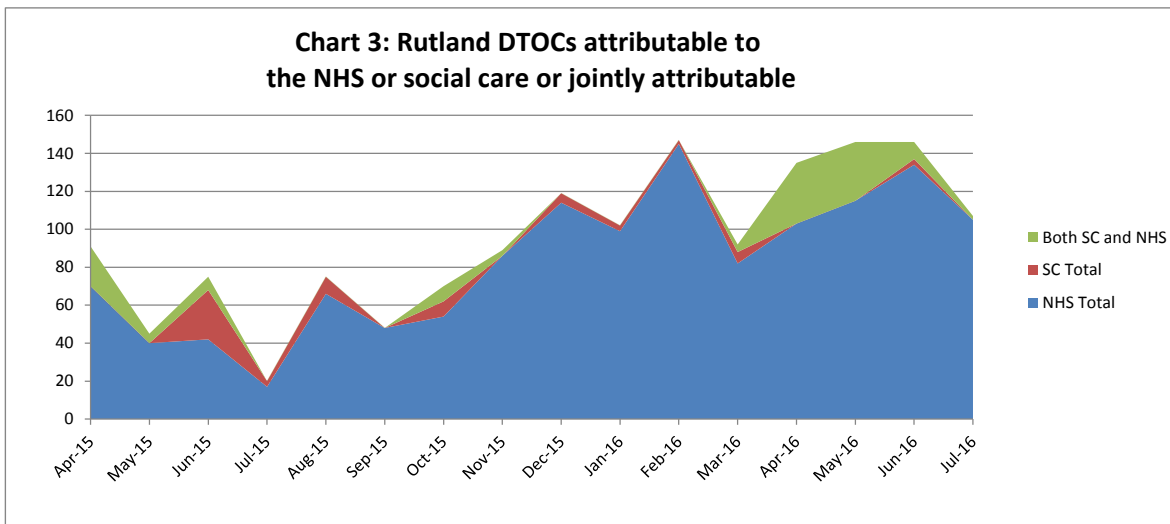
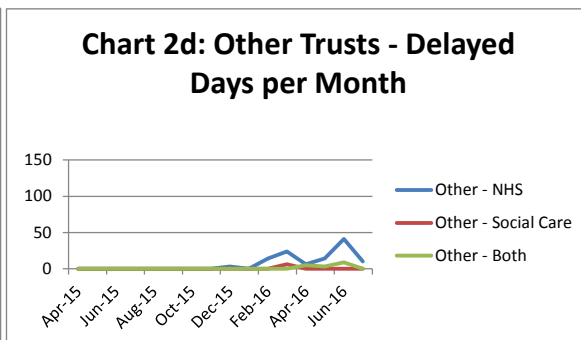
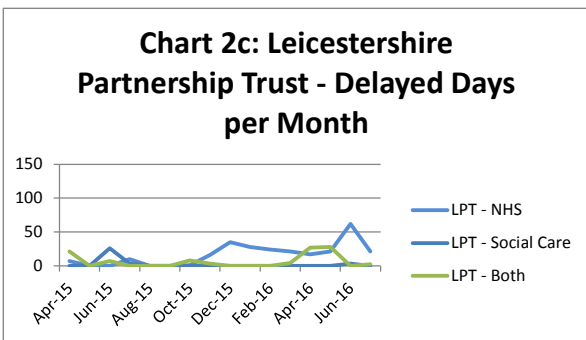
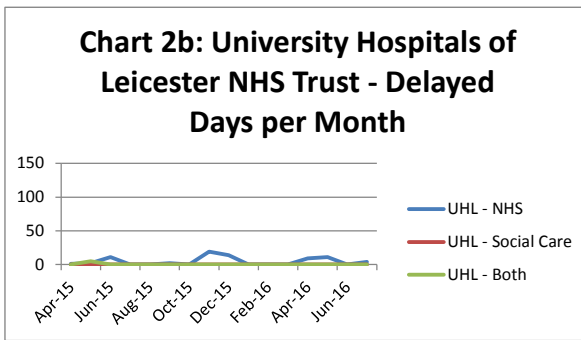
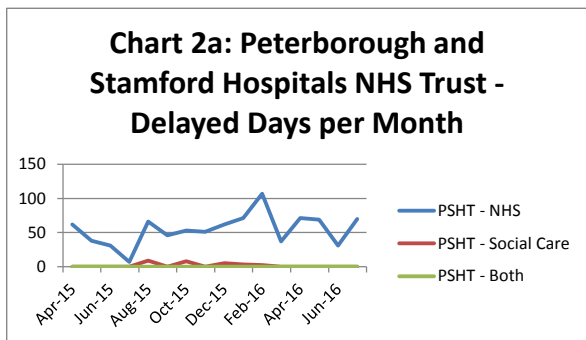
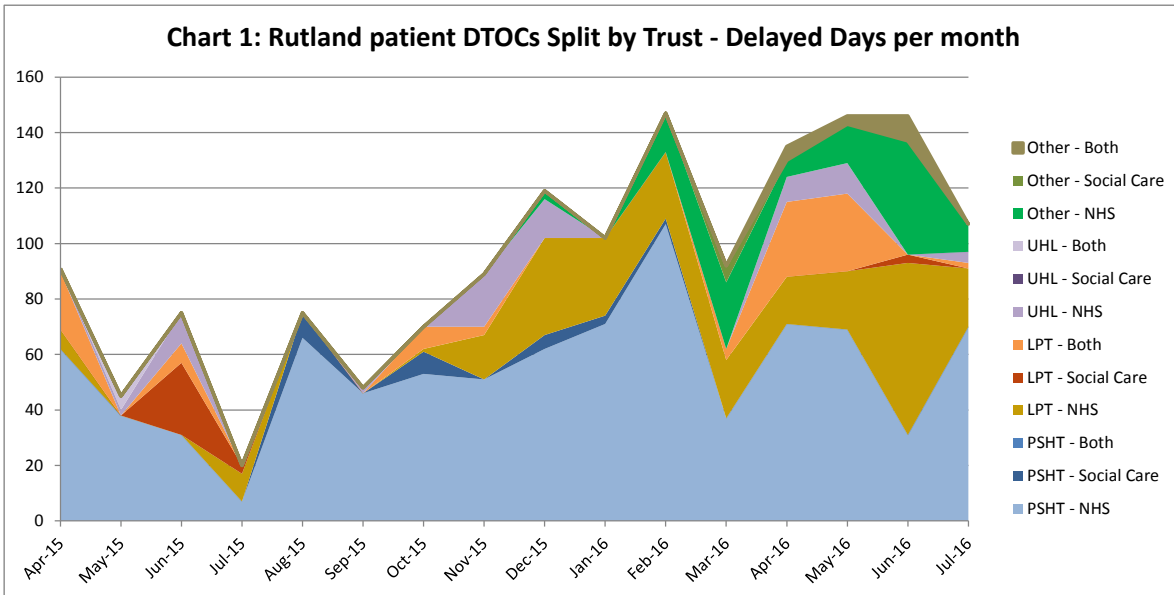
Definition:

Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+, per 100,000 population

Reporting Schedule:

Sourced from Public Health Outcomes Framework, last update 14/15. Currently working with GEM CSU data processed by Leicestershire County Council Public Health analysts.

Delayed Transfers of Care (DTOCs) involving Rutland Patients - Detailed view to July 2016



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