Rutland County Council

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

Ladies and Gentlemen,

A meeting of the **RUTLAND HEALTH AND WELLBEING BOARD** will be held in the Council Chamber, Catmose, Oakham, Rutland, LE15 6HP on **Tuesday, 5th December, 2017** 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/my-council/have-your-say/

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 26 September 2017(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) INTEGRATED POINTS OF ACCESS PROGRAMME UPDATE

To receive Report No. 215/2017 from Mark Dewick, Programme Manager for Leicester, Leicestershire and Rutland Integrated Health and Social Care Points of Access Project.
(Pages 5 - 58)

6) SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GENERAL PRACTICE FIVE YEAR FORWARD VIEW

To receive a verbal update. .

7) LOCAL SAFEGUARDING CHILDREN'S BOARD AND SAFEGUARDING ADULTS BOARD ANNUAL REPORTS

To receive Report No. 218/2017 from Simon Westwood, Chair of the Leicestershire and Rutland Local Safeguarding Children and Adults Boards.
(Pages 59 - 188)

8) BETTER CARE FUND PROGRAMME 2017-19

To receive Report No. 217/2017 from Sandra Taylor, Health and Social Care Integration Manager, Rutland County Council.
(Pages 189 - 214)

9) HEALTHWATCH PROCUREMENT UPDATE

To receive a verbal update from Karen Kibblewhite, Head of Commissioning, Rutland County Council.

10) LEICESTER-SHIRE & RUTLAND PHYSICAL ACTIVITY & SPORT STRATEGY 2017-2021

To receive Report No. 216/2017 from Robert Clayton, Head of Culture & Registration, Rutland County Council
(Pages 215 - 230)

11) ANY URGENT BUSINESS

12) DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board will be on Tuesday, 6 March 2018 at 2.00 p.m. in the Council Chamber, Catmose.

Proposed Agenda Items:

1. Urgent Response – New Services: New Crisis Response Service and Leicester, Leicestershire and Rutland End of Life Programme
2. Sustainability and Transformation Partnership Business: Leicester, Leicestershire and Rutland Dementia Strategy
3. Sustainability and Transformation Partnership Business: Leicester, Leicestershire and Rutland Carers Strategy
4. Better Care Fund: Quarter 2 Update
5. Rutland GP "Primary Care Home" Programme
6. Director of Public Health: Annual Report
7. Routine Patient Transport Contract

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DISTRIBUTION
MEMBERS OF THE RUTLAND HEALTH AND WELLBEING BOARD:

1	Cllr Alan Walters	Rutland County Council
2	Cllr Tony Mathias	Rutland County Council
3	Dr Hilary Fox	East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
4	Fiona Taylor	Spire Homes
5	Gavin Drummond	Leicestershire Constabulary
6	Helen Briggs	Rutland County Council
7	Miles Williamson-Noble	Healthwatch Rutland
8	Mike Sandys	Rutland County Council - Public Health
9	Rachel Dewar	Leicestershire Partnership NHS Trust
10	Roz Lindridge	NHS England Local Area Team
11	Simon Mutsaars	Community & Voluntary Sector Rep
12	Dr Tim O'Neill	Rutland County Council
13	Tim Sacks	East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)

OTHERS FOR INFORMATION

14	Karen Kibblewhite	Rutland County Council
15	Mark Andrews	Rutland County Council
16	Sandra Taylor	Rutland County Council
17	Simon Pizzey	East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
18	Wendy Hoult	NHS England Local Area Team

Report to Rutland Health and Wellbeing Board

Subject:	Integrated Points of Access Programme Update
Meeting Date:	5th December 2017
Report Author:	Mark Dewick. Programme Manager
Presented by:	Mark Andrews/ Programme Board Member for Rutland ASC
Paper for:	Note / Approval / Discussion

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

1. The purpose of this report is to provide an update on the Integrated Points of Access (IPOA) programme which covers:

- Receipt of the IPOA gateway review report and associated recommendations,
- The next steps for the programme, in particular the options appraisal and governance arrangements for the IPOA business case
- Acknowledge the unique position of Rutland Local Authority Adult Social Care in relation to the programme.

Financial implications:

There will only be financial implications for Rutland LA if the authority decide to remain actively committed to the ongoing programme. These will be set out within the refreshed business case if requested by the HWB Board.

Recommendations:

That the board:

a. Note the key findings of the gateway review (see Appendix 2), including the recommendation to refresh the business case.
b. Note the option appraisal completed in support of the business case (Appendix 3)
c. Note the significant risk to the programme continuing owing to the key partner's challenging internal financial constraints.
d. Confirm Rutland's ASC position of wanting its service access to be close to the community and looking at a integrated access for a specific Rutland integrated health and social care team, which will include primary care.
e. Clarify the view of the committee in regard to maintaining a link with the IPOA Programme for professional access so there in "no wrong door" in the future and for access to wider services suitable for Rutland residents that are not integrated locally and for which the IPOA will be the access point.

Comments from the board:

Strategic Lead:		
Risk assessment:		
Time	M	
Viability	L	
Finance	H	
Profile	M	
Equality & Diversity	L	
Timeline:		

Task	Target Date	Responsibility

Programme	System benefit	Case study
Public Health 1st Contact+ & Local Area Co-ordinators	Early intervention & prevention Customer access self help and/or early intervention services before becoming dependant on health and/or social care ➢ Mitigates future costs of care ➢ Develops strength of prevention offering	Audrey lives alone, she has arthritis, she is in pain and often feels the cold. Audrey visits a small craft group at her local library, where she sees a poster advertising First Contact Plus. Audrey goes home and contact s the **IPoA** . The agent, Carrie, taking Audrey's call listens, Carrie asks Audrey how she s feeling and engages her in a conversation. Carrie, from the **IPoA** recommends to Audrey that First Contact Plus can offer some help, Carrie puts Audrey's call through **First Contact Plus.** Soon Audrey has help with managing her heating through Warm Homes, Lightbulb have visited Audrey to make sure she is as safe as possible at home and someone has tended Audrey's garden for her. Audrey still has arthritis, but overall she is happier and her therefore wellbeing is improved,
Home First	IPOA becomes access point for the provision of suite of step up / step down services . **Especially rapid deployment of urgent response.** ➢ A simplified and integrated process to facilitate the timely discharge of patients for appropriate services ➢ A single point from which to organise the provision of care	Arthur's GP makes a home visit to see him. Arthur has COPD and is suffering with a sudden change in weather. Arthur is finding any activity makes him breathless. The GP calls In to the **IPOA** to arrange for an urgent Home First response integrated package of care for Arthur. Within two hours, a nursing team has bought additional equipment, including oxygen, to assist Arthur. At the same time, a carer arrives to start to make Arthur some food and help him get ready for bed,. The package of care continues for 3 days, The GP visits again to review Arthurs condition as the Home First care comes to an end. Arthur is now well enough to resume his normal attendance at the COPD clinic and continue to get well.
Integrated Locality Teams	Integrated referral out of **IPOA** to ILT ➢ Facilitates seamless and faster process for the provision of care ➢ Ensures standardisation and complete referral information	**IPOA** receive a call from 111, the customer is already on the phone . The 111 colleague explains that the customer does not need care at UHL but does require community nursing., the customer is then put through to the IPOA. A discussion follows and the call agent in the **IPoA** establishes that there are some needs for short term self-care help at home whilst the customer recovers, The agent ends the call, once all information is gathered. The referral is sent through to the ILT . The ILT co-ordinate the care and visit the lady to deliver the full and integrated care package.
Clinical Navigation Hub	Provides for system wide integration ➢ Professionals able to refer for non –urgent Health and/or Social Care into **IPOA** for that care to be scheduled ➢ Capacity for warm transfer of call to enable set up of care provision. ➢ Access point to arrange for step up and step down	

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Gateway Review Report

Leicestershire, Leicester and Rutland Integrated Point of Access Programme

Final Version

(Public)

Version control	Date	Key changes made	Author
0.1	07/09/17	First draft for Mark Dewick	ACW/VC/FS
0.2	08/09/17	Including comments from Federica Salvatori	FS
1.0	10/09/17	First draft for circulation to client	ACW
2.0	15/09/17	Updated following feedback from PMO, SRO and Director for Health and Social Care Integration	ACW/VC
Final	21/09/17	Final version	ACW
Public facing	26.09.17	Public facing version created to remove any contents that could be attributed to either an LLR partner organisation or individual.	MCD

Contents

SECTION 1: Executive Summary

1.1 Introduction

This report has been produced for the Programme Board of the Leicester, Leicestershire and Rutland (LLR) Integrated Points of Access (IPoA) Programme and it summarises the findings of the Gateway Review of the programme. Gateway Reviews are used to examine programmes and projects at key decision points in their lifecycle. The review looks ahead to provide assurance that they can progress successfully to the next stage. The review was carried out through:

- A series of one to one interviews with key individuals associated with the programme;
- A number of focus group interviews;
- Reviewing programme and wider-LLR contextual documentation.

The thematic analysis of results identified four dominant themes, which are discussed in later chapters of this report:

- Foundations;
- Complexity;
- Project governance and management;
- Co-production and engagement.

1.2 General perceptions

The programme is aligned to national and local strategy at a "conceptual level". National policy and LLR strategy includes a recurring central theme of aiming for more joined-up service delivery i.e. greater integration across a wide range of publically funded health and social care services. The local vision for integrated care is supported by an extensive evidence base articulating benefits to service users, commissioners and providers. However, evidence for efficiency savings is weaker. The King's Fund and Nuffield Trust recently published a report into London's STPs[1] which observed that "*delivering more co-ordinated care in the community is the right thing to do. But STPs must be realistic about what can be achieved within the timescales and resources available. Significant investment is needed to support these care models to develop and it is not clear where this investment will come from.*" Although the authors were writing about London, the statement could equally apply to LLR.

Nationally integration, particularly of locality-based community services is in the review teams' experience, a central aim of every health and social care community's strategic plans. The IPoA concept is therefore entirely consistent with these high level plans, although explicit reference to the IPoA programme is missing from many of local organisation's individual strategic plans which might suggest that the IPoA programme is not as high profile as it might be within the LLR system and also hints at a lack of buy-in from some organisations.

The programme is more ambitious in its integration aims than many other English health and social care systems in so far as the programme is aiming to create an integrated point of access across a relatively large population and across multiple organisations spanning health and social care provision. Most other systems are focusing their integration projects on the integration of care

[1] Sustainability and Transformation Plans in London, an Independent Analysis of the October 2016 STPs, The King's Fund and Nuffield Trust, September 2017

provision as opposed to points of contact. This scale of ambition is a good thing and it is notable that the LGA report lists "variation in front-line decision making and pathways" as being the largest single area of potential efficiencies – IPoA could enable a reduction in this aspect of variation.

This scale of local ambition is supported at a conceptual level by focus group and interview participants – a sample of comments are provided below.

In contrast to their support at an abstract level, however, the vast majority of the participants credentialised (where a speaker states, I support X but….) their support with statements of concern and scepticism regarding the practical implementation of a single, integrated point of access across LLR.

Owing to this, the general attitude towards the IPoA project can be described as supportive but sceptical.

In summary, the programme is aligned to national and local strategy, but there is an apparent gap in alignment between IPoA and individual organisational strategies which might suggest a lack of organisational level buy-in to the programme and/ or that the programme lacks prominence across the system. The people we spoke to were almost universally supportive of the concept being pursued, but there is a significant level of scepticism about the LLR system's ability to deliver.

1.3 Foundations

The origins of the IPoA programme go back to the Leicestershire County Better Care Fund (BCF) plan which identified the need to consider options for integrating the various points of access for health and social care services operating across the County Council area. In autumn 2014 LLR developed its Better Care Together (BCT) five year strategy and requested that the IPoA programme be extended beyond the original two organisations to also include points of entry provided by Rutland County Council, Leicester City Council and University Hospitals Leicester (UHL).

The original IPoA business case does not follow the HM Treasury's recommended "Five Case Model" and as such fails to provide a clear narrative behind some of the decisions made and lacks sufficient detail about benefits and associated costs. By not following the five case model the process followed appears to have missed steps which are crucial in:

- Making a clear case for change by describing the problem(s) the proposed change is seeking to address;
- Setting out a clear set of ways the problem can be addressed (a long list of options);
- Robustly and transparently appraising these options through reference to the benefits each will deliver; the risks associated with each; and the costs of each – at this stage "whether the problem is worth solving" is also considered;
- Detailing how the solution (the preferred option) will be procured and implemented.

The business case falls short of the detail we would expect to see – crucially there is no detail of risks, costs or associated savings for each option (the business case presents costs, savings and risks for the preferred option only). The options presented for appraisal also appear to fail to make use of the "options framework" which is an important step in defining the options which exist for solving the problem identified in the case for change. Instead the business case jumps to the conclusion that the scope of the business case should be eight existing points of access which are provided by five different organisations. This is a significant problem:

- Because the expansion of the programme scope from two to five organisations has added significant complexity to the programme, however the business case does not provide any justification for selecting this service scope as opposed to a less ambitious integration;

- Equally, we believe that there may be benefit if the programme scope were extended to include older people's mental health services and it is unclear to us why this has been excluded;
- We have seen no reference to other points of access which whilst excluded from the IPoA proposal, might be impacted by the proposed integration. For example we believe call handlers within the County's social care point of access also manage calls relating to entirely separate services e.g. highways.

Our view is that many of the issues the programme is currently facing such as a lack of consistent buy-in across all services and organisations, and the scepticism about ability to deliver above would have been avoided if a detailed evaluation of "scope options" had been carried out, written up and socialised early on in the business case development process.

It is difficult for a programme to proceed to considering "service solution" options without full consideration of scope. In this case, the option appraisal (of four options) undertaken in developing the business case is essentially an assessment of only "service solution" and "service delivery" options – this does not represent a sufficiently broad consideration of options to provide assurance that the option selected is the most appropriate for LLR. The options framework approach should also be used to determine how the programme should be resourced going forward.

There is a further problem in that there should be three elements to a business case options appraisal (the non-financial benefits appraisal, a risk appraisal and the financial/ economic appraisal), but the 4OC business case presents just the non-financial benefits appraisal and this is described as "high level".

Our review of programme's financial papers and interviews, particularly with the programme's finance lead, highlight two issues:

- Uncertainty over the investment required in information technology (IT);
- Potential confusion between cash releasing and efficiency savings, and avoided costs.

There is an extremely wide range of values attributed to potential IT costs which are hindering the ability of the programme board to take decisions about investment. There appears to have been some over optimism about the availability of technology solutions and the cost of these solutions. This uncertainty needs to be reduced as a matter of urgency as part of the ongoing business case refresh process. A related aspect is the need to understand what IT investment is required solely as a result of the IPoA operating model and how much investment would be incurred anyway as a result of STP IT plans.

The 4OC business case predicted cash releasing savings for all five organisations and efficiencies in terms of avoided future costs. Conceptually this is correct and although circumstances have inevitably changed this framework for the financial assessment remains valid. We do, however believe that, subject to the business case refresh, there may be a need for LLR partners to rethink expectations about the financial impact of IPoA. The programme is likely to:

- Require reasonably significant upfront investment in IT and programme delivery;
- Generate only modest direct savings from staff, management, estate etc costs associated with the existing points of contact (cash releasing savings);
- Create non-cashable efficiencies for professionals using the service across LLR (efficiency savings);
- Make a contribution to closing the STP financial gap by reducing the STP "counterfactual" forecast need to employ more staff to meet rising demand by freeing-up existing professionals to absorb growth (cost avoidance).

In order to estimate downstream potential efficiencies, there is a need to undertake more detailed analysis of data than has been done to date. Another related issue is that the business case was done at a point in time and all organisations have been continuing to make "business as usual" savings and efficiencies in the period since May 2016. For example service redesign is already occurring in at least one of the points of access with the result that some anticipated IPoA staff efficiencies may reduce because the current staff costs are already lower than in 2015/16. We understand that a similar situation has arisen with respect to estate savings available to LPT enabled by the transfer of LPT single point of access staff to County Hall. The IPoA partners need to agree a financial framework that does not prevent savings being taken now, but which also recognises the benefit of savings being made now as a result of the IPoA programme – the focus should be on costs and savings to the taxpayer rather than individual organisations in line with the move to system-wide control totals within the NHS. The financial framework should also set out how programme costs are to be funded across the partner organisations.

A separate review of the IM&T work stream was commissioned part way through the gateway review process from Channel 3 Consulting. The review was commissioned because of concerns that the original business case makes unproven assumptions about the availability of an affordable IT system able to support the new operating model by providing a platform able to integrate points of access. Key observations from the review were that:

- The assumed approach that existing systems would be used within the IPoA initially is likely to create a high level of operational disruption unless a mitigation strategy is implemented that off sets this risk. This approach in isolation is unlikely to support the IPoA in achieving its long term goals if no further IT investment is provided;
- It is likely that pursuing a specific shared care record solution to support the IPoA, over the replacement and consolidation of existing operational systems, (e.g. use of SystmOne across multiple organisation) is more likely to be successful and meet the needs of the clinical community involved in the IPoA programme;
- There are no suitable operational systems in the market which provide the coverage needed to achieve a "one system" approach;
- The predictive costs within the IT work stream Gateway report appear to have been set too low by circa 50%;
- IG is a critical work stream, which should form a core part of any programme with an executive level oversight. IG representation should be included from the early procurement stage;
- A phased approach to the implementation of cloud-based IT services would more likely support the goals of the IPoA over the use of internally managed infrastructure;
- Self-service tools such as patient self-help, access to records, libraries of collateral, and appointment booking should be explored further as an opportunity to improve services and shift demand to alternative channels;
- There are numerous approaches to the shared care record challenge. These include:
  - Fully centralised repositories of data - Hampshire Shared Record
  - The basic integration of solutions - Royal National Orthopaedic Hospital Portal
  - A specific shared digital care record solution - Lincolnshire, Doncaster, Dorset
  - One operational system across multiple organisations - None achieved;
- The chosen solution will depend on a number of factors including budget, ability to implement, information governance and existing infrastructure;
- Presently there is no operational electronic patient record solution, which works across all of the care environments covered by the programme;
- An Integrated Digital Care Record based solution, specifically designed to acquire data and construct a composite patient record from multiple source solutions is likely to be the best approach.

Channel 3 were also asked to comment on two specific questions:

- Is there an IT solution system that can write to multiple systems to prevent cut and paste of information by call handlers operating across multiple systems?
- If so, how much do these solutions cost?

Channel 3 advice is that this functionality is theoretically possible but unlikely to be implementable within the reasonable timescales required by this project. The likely cost of this functionality is difficult to assess without a detailed view of the requirements and a market test exercise. However, we suspect that the £1m estimate in the IM&T report is too low.

IT is the workstream with the clearest overlap with the STP. Currently the links between the IPoA programme's IT needs and the STP (and the related LLR local digital roadmap (LDR)) are far too weak despite a commonality of individuals working on both programmes.

In summary, the process followed to develop the business case does not comply with good practice. This has led to the programme proceeding without having set out how crucial decisions were made (the key decision being which points of access are in scope). The business case also fails to provide evidence of anything except a high-level non-financial benefits appraisal of the four shortlisted options. As a result of these omissions our conclusion is that the case for the intended solution has not been proven so we cannot confirm that the programme's strategic vision, benefits and outcomes can be realised within the outlined approach. We strongly suspect that it is this issue which is the root cause of the apparent lack of buy-in from some partners and widespread scepticism about the programme's ability to deliver the desired objectives. The following recommendations are made:

1. The ongoing refresh of the business case is used as an opportunity to "step back" and review the option being pursued – this is a "must do" activity which will need to be completed before the "stop/ go" decision. In particular the refresh should be widened in scope and depth to include:
    - The use of the options framework approach to define a list of options that have the potential to resolve the problems highlighted in the case for change;
    - Options which include explicit consideration of "service scope";
    - An appraisal of risks, costs and financial benefits for all shortlisted options;
    - Determine the scope of IM&T integration required for the IPOA and therefore better understanding of potential IT costs (implementation/ development and ongoing); It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented achieves an LLR wide functionality and efficiencies
    - An assessment of financial benefits for all shortlisted options divided between cash releasing savings and efficiencies, and recognition of future of costs avoided;
    - An assessment of the "programme delivery" options to consider the resourcing of the programme going forward.
2. The options appraisal process is used to gain written partner sign-up to the preferred option.
3. The IPoA and STP (LDR) IT workstreams are brought much closer together so that inter-dependencies and common needs are identified.

4. Workstreams are provided with a clear and detailed brief based on the revised business case in order for them to efficiently progress their contribution to the project.

5. Partners agree a financial framework setting out how programme costs and savings are to be shared.

1.4 Complexity

It was acknowledged by the majority of the participants that there are significant organisational differences between the partners involved that need to be accounted for and worked with in order to ensure effective implementation and delivery of the IPoA. Concern was raised that this issue has not been given enough thought regarding the potential impact on issues such as standardisation and contractual decisions.

Differences between the organisation of the NHS and the local authority partners were also acknowledged as potential barriers, in particular: the commissioner/provider split; differing financial reporting requirements; and differences in organisational culture.

Concern was expressed across a number of the participants that a single point of access risks generalising the diversity of service users across LLR and, therefore, risks loses sight of their specific needs. The needs of the service user must be considered when designing the IPOA. For example – is the service accessible for people with learning disabilities, people who do not speak English as their first language, people who do not have easy access to a telephone or the internet, people of very low income, those who cannot read or right? It is, therefore, recommended that:

6. The IPOA is subject to an equalities impact assessment.

1.5 Programme Governance and Management

The IPoA programme is under the auspices of the BCF and pre-dates the introduction of STPs in 2016. With the move towards strategic planning being led through STPs, we heard several calls for the programme to be moved to be under “the umbrella” of the STP. In our opinion this would be a sensible and straight forward move to make.

We heard some concern that links were not being made between the work of the IPoA and other STP or related workstreams despite the IPoA being an enabler for some STP initiatives. The area of most concern is the apparent lack of read across between the IT workstreams of the IPoA and the STP. Bringing the IPoA programme under the STP “umbrella” could facilitate a greater awareness of inter-dependencies and we welcome recent attempts to identify and highlight project and programme dependencies. On a related note it was not apparent to us that there was sufficiently strong links between the programme and the work of the NHS111 redesign/ Reprocurement programme.

We were supplied with a large quantity of project reports, meeting notes, risk registers, issues logs etc by the IPoA programme management office (PMO). Although whilst there were some gaps and it was clear from the paperwork that some workstreams have been meeting more frequently than others, we concluded that from a programme management perspective the tools required for a well-run programme all exist and are being used by the PMO and workstream leads. The tools and the evidence they provide is sufficient to provide the programme board and other stakeholders with the information they require to assure progress. This is to be commended.

Nevertheless, whilst systems and tools are in place, at focus group meetings and in some interviews, some concern was expressed regarding the project governance and management.

The structure of the programme board was questioned by a significant number of the participants. It was generally thought that the programme board does not contain the right mix of decision makers and experts given the complex nature of the programme.

Concern was also raised by each of the focus groups that the work streams are not working as well together as they could. All of the focus groups recognised the interdependency of their work with the other work streams and the need for them to share progress to ensure a joined up approach to the delivery of the IPoA. Implicit within the talk about working in isolation was a concern that a joined-up approach had not been advocated from the top down.

The programme is resourced from two sources – a dedicated PMO and workstream focused input drawn from individuals across the IPoA partners. The PMO is funded centrally and in our experience whilst a small team, is not unusually small. Other input is from people who are expected to contribute to one or more of the four workstreams as part of "their business as usual role". Whilst the ideal would always be to backfill these individuals, again this approach is not untypical and it could be argued that "business as usual" will normally include some involvement in projects. We explored the potential of additional resources being made available if the programme were to become part of the STP, but unfortunately this shift in governance arrangements would not lead to access to a currently untapped programme resource. Specific comments follow.

This lack of dedicated human resource and expertise was highlighted as a major risk by the majority of the participants and has resulted in feelings of frustration and stress. In particular, concern was also expressed about the need for additional resource nearer to the time of implementation and the cost of this.

In summary it is clear that there is considerable concern about the programme being under resourced and this factor was cited as a reason for slow progress within some workstreams. As part of the refresh of the business case, the programme must consider the future resourcing of the project and the risks associated with not getting this right. The business case refresh should use the options framework approach to consider the options of:

- The current structure of a centrally funded PMO plus workstream staff drawn from permanent employs of the partners;
- A centrally funded PMO plus secondees within workstreams;
- A centrally funded PMO plus interim project managers.

In summary, the programme has the tools to succeed, but potentially not the resources. The governance structure reflects the origin of the programme as part of the BCF and the programme board reflects the partners involved. The difficulties facing the programme are reflected in slow progress against the core operations workstream which is delaying other programmes. We believe the problems largely stem from the way the preferred option for the IPoA was selected. In light of the findings above, the following are recommended:

7. That the IPOA programme is formally located within the STP with the programme board reporting into the STP steering group.

8. Review links into the NHS111 programme to ensure they are strong enough.

9. The make-up of the programme board is reviewed to ensure it has the right mix of technical experts and strategic decision makers.

10. That workstream representatives attend the programme board each month to share and report progress and concerns.

11. The flow of information between workstreams is improved by:

    - Holding frequent "show and tell" sessions at which each workstream can feedback to other workstreams;

    - Embedding key individuals across all workstreams with a clear brief to act as the conduit of information between groups.

12. That “back to basics” briefing events are held for the work streams to reiterate programme objectives and the precise role and scope played by each workstream.

13. That the refresh of business case considers whether additional programme resources are needed and are affordable. This should include the options of:

    - The current structure of a centrally funded PMO plus workstream staff drawn from permanent employs of the partners;

    - A centrally funded PMO plus secondees within workstreams;

    - A centrally funded PMO plus interim project managers.

1.6 Communications, Co-creation and Engagement

The programme has put in place a communications plan which was agreed by the programme board in June 2017. The programme was based on the identification of internal and external stakeholders, and it sets out how each category of stakeholders are to be communicated with. Stakeholders have been categorised into groups using a matrix-based approach assessing their likely relative degree of support for the programme versus the respective level of impact the programme will have on them.

The vast majority of the participants were uncertain about the project’s origins and did not feel like they had been included in the conception of the project. This has caused feelings of a lack of ownership and has created the image of a “County dominated” project. Many of the partners struggled to engage with 4OC and felt that their services had been inadequately represented within the final business case. Consequently, some of the partners feel as though they are positioned as marginal partners rather than equal partners.

The IPoA proposal and target operating model as described in the business case and to some extent the latest iterations, risk being based on provider views of what service users (both citizens and professionals) want. Whilst we would expect people working in the services to have a good understanding of these wants, there appears to have been only limited work so far on establishing if “wants” actually translate to “needs”. We understand that the PMO has started work on analysing call data to establish the degree of duplicate calls to different points of access (a key area of potential efficiency). This work is essential to the business case refresh as without it the programme would be in danger of investing in a solution to a problem that might not actually be as widespread as currently believed.

The following are recommended:

14. The programme is reframed in terms of its integration benefits for the service user (both professional and general public) across LLR and role of the IPoA as an enabler of the other integration STP projects to engage partners, and in doing so the that the business case is refreshed to include a more detailed assessment of benefits.

15. That the programme involves service users in phase two to inform the technical design. This engagement should have an emphasis on co-production in order to ensure that IPoA is a

service that can be used easily by all end users regardless of difference such as: cognitive ability, language spoken etc and as such that the requirements of the Equalities Act are met.

1.7 Conclusion

The project is strategic aligned to LLR strategy and conceptually is "the right thing to do" and whilst the case for change has been made, the business case failed to demonstrate whether or not there is an affordable and implementable solution to the problems the programme is seeking to resolve. Crucially the business case also lacks detail about why the solution being pursued is the right one particularly in relation to the number of points of access IPoA is seeking to integrate. This leaves open the questions, "could sufficient benefits be gained by being less ambitious in the range (scope) of services being brought together?" We believe that most of the difficulties currently being experienced stem from the programme not having fully proven the reasons for selecting the options being pursued – our key recommendation is therefore, that the business case refresh process is used to confirm the preferred way forward in terms of programme service scope and solution.

The programme is also based on a critical assumption that there is an affordable IT solution available to integrate the systems currently used by the different points of access. The Channel 3 Consulting report addresses this issue in detail.

Recommendation 1 (the business case refresh) is the key recommendation. We cannot recommend the programme continues to phase 2 without the business case being refreshed. The refresh is not a minor undertaking as it requires detailed work to make the case for the combination of choices made. This should be done using the options framework process centred on an appraisal event at Programme Board (consideration should be given to extending the invitee list beyond Programme Board members). In order for the Programme Board to be able to make a decision detailed work will need to be carried out by the programme management office and SRO in advance of the appraisal event to:

- Agree where choices exist using the options framework process and which choices need to be made now;
- Define the available choices (the options) under each category of choice in sufficient detail that a choice can be made between them;
- Gather evidence as to how each option might "perform" against the appraisal criteria (the appraisal criteria should be the programme objectives);
- Identify the areas of risk that will vary between options and base the risk appraisal on these;
- Work up costs and savings for each option.

SECTION 2: Introduction

2.1 Purpose of the report

This report has been produced for the Programme Board of the Leicester, Leicestershire and Rutland (LLR) Integrated Points of Access (IPoA) Programme. The IPoA programme has completed phase one and before committing to moving to phase two, programme partners commissioned an independent Gateway Review to evaluate progress. This report summarises the findings of the Gateway Review which was carried out between August and September 2017 by a small team of researchers from the University of Leicester and an independent health and social care experienced, business consultant procured from Rubicon Health Consulting. The report makes a series of recommendations in response to the review's findings.

2.2 Purpose of a Gateway Review

Gateway Reviews are used to examine programmes and projects at key decision points in their lifecycle. The review looks ahead to provide assurance that they can progress successfully to the next stage; the process is best practice in central civil government, the health sector, local government and Defence.

The review delivers a "peer review" in which independent practitioners from outside the programme/project use their experience and expertise to examine the progress and likelihood of successful delivery of the programme or project. The review uses a series of interviews, documentation reviews and the teams experience to provide valuable additional perspective on the issues facing the project team, and an external challenge to the robustness of plans and processes.

A Gateway Review does not provide the programme with the answers to issues raised; it is designed to make recommendations for programme and project leads to consider.

2.3 Methodology

The review was carried out through:

- A series of one to one interviews with key individuals associated with the programme;
- A number of focus group interviews;
- Reviewing programme and wider-LLR contextual documentation.

In total 19 interviews and 3 focus groups were conducted with 38 selected staff across the partner organisations throughout August 2017 (see Appendix 1). The staff chosen for interview and focus group contribution were selected by the IPoA programme team and included: key stakeholders from the programme board; staff from the three longest running work streams – estates, IM&T and operations; the project management team; and other staff key to the project's progress such as the leads for communications and finance. The interviews were semi-structured. The interviews and focus groups were all recorded and transcribed – the Gateway team are not able to make the transcripts or recordings available to the client because some interviewees requested that specific comments made remain anonymous.

Thematic analysis was used to analyse the interview and focus group discussions. Thematic analysis is an iterative process that identifies patterns of meaning across the data. The themes that emerge are closely related to the data, allowing an in-depth focus on the transcripts.

The analysis of interviews and focus groups was then supplemented by conclusions draw from the review team's analysis of documentation. The documents reviewed were grouped under the following headings (a complete list can be found in Appendix 2):

- Strategies – local and national strategic planning documents;
- IPoA programme documents – workstream reports, the business case, meeting notes, risk registers etc;
- Related programme documentation – summary documents from programmes and projects such as the Sustainability and Transformation Plan (STP) and NHS111 redesign;

The review team would like to thank interviewees for their time and commitment to the process, and to thank the IPoA programme team for their support in providing background information and with scheduling meetings.

2.4 Structure of this report

The thematic analysis identified four dominant themes:

- Foundations;
- Complexity;
- Project governance and management;
- Co-production and engagement.

Before each of the themes are discussed, an overview of the general perception of the IPOA project noted across the participants' responses, is provided in order to contextualise the discussion of the themes and the extracts used as evidence. This report is structured around the themes which have also been aligned to the areas typically explored by a gateway review i.e:

- **Business objectives and scope** aligns to the theme of "foundations" as well as "general perceptions";
- **Stakeholder commitment** also aligns to foundations and perceptions as well as "complexity" and "co-production and engagement";
- **Risk and opportunities** are a result of objectives, scope and commitment;
- **Planning and scheduling** is covered in "foundations" and "programme management";
- **Organisational capacity, capability and culture** is considered in the sections on "complexity" and "programme governance and management";
- **Finance** is covered as part of the section on "foundations";
- **Governance arrangements** are considered in the section on "programme governance and management".

The table below cross references the original specification for the Gateway Review with this report.

Table 1: Cross reference report to the specification

Requirement	Section reference
Determine how well the programme aligns to the strategic objectives of each organisation, as well as to national and local strategic intentions	Sections 3.2 and 3.3
Appraise current programme management documents and comment on whether these give stakeholders assurance of the programme progress and benefits?	Section 6.3
Evaluate whether the programme strategic vision, benefits and outcomes can be realised within the outlined approach within the business case and programme plan	Sections 4.3 to 4.7
Review current resource plans and comment on resource requirements to deliver the overall benefits outlined within the identified current timescales	Sections 4.5, 6.4 and 6.5
Evaluate current assurance systems and process within overall programme governance including risk assessment and risk management, issue identification and resolution and partner confidence in delivery	Section 6.3
Evaluate and critique the current programme planning and programme delivery up to the end of phase one and provide recommendations on the planned activity to take place in phase two and beyond	Section 6.5
Provide analysis of the business case and programme requirements for further phases of the programme together with an analysis of the potential effectiveness of delivery against organisational, partnership and programme requirements	Sections 4.3 to 4.8
Provide validation of current financial plans within the business case, both for the programme delivery and also for the realisation and attribution of benefits	Section 4.4
Critically analyse whether the overall benefits of the programme have been well articulated, understood and agreed by all partners, and embedded within the integration plans for LLR	Sections 3.2 and 4.3
Analyse whether the deliverables required in phase 1 been achieved and whether these deliverables support the identified benefits for phase 1, together with a critique of the robustness of plans for delivering benefits in future phases (hard and soft benefits for both service user and system wide benefits)?	Section 6.5
Provide analysis of current stakeholder management and communication strategies in relation to internal organisation communications, external information management and strategic fit	Section 7.1
Identify any issues in partners commitment to the ongoing development and delivery of the programme	Sections 4.2, 4.3, 5.2 and 7.1

Each section ends with a series of recommendations responding to the review team's findings.

SECTION 3: General Perceptions

3.1 Introduction

This section on "general perceptions" focuses on the extent to which the IPoA programme is aligned at a strategic level to national policy and local LLR strategy. The section concludes with some comments from interviews and focus groups which touch upon strategic alignment. The section maps back to the strategic alignment area for review in the gateway review specification – the areas covered are developed further in the next section, "Foundations".

3.2 Strategic alignment

There is no doubt that the programme is aligned to national and local strategy at a "conceptual level". National policy and LLR strategy, as set out in the NHS Five Year Forward View, the LLR STP and LLR's Better Care Together strategy, includes a recurring central theme of aiming for more joined-up service delivery i.e. greater integration across a wide range of publically funded health and social care services. "Integration" has been a theme within health and social care strategy in England for at least a decade and it is mirrored in policy elsewhere in the developed world as well as forming the basic structure of service delivery elsewhere in the United Kingdom (UK).

The local vision for integrated care is supported by an extensive evidence base articulating benefits to service users, commissioners and providers. The evidence base for quality benefits is particularly strong – the "I statements" set out by National Voices in 2012[2] clearly set out why improved co-ordination of care is better for citizens (and many of the statements made apply equally to professional referrers such as GPs). The evidence base for efficiency savings is weaker although it was quantified as being £1bn nationally (7-10% of relevant budgets) in a report by the Local Government Association (LGA) published in June 2016[3]. More recently The King's Fund and Nuffield Trust published a report into London's STPs[4] which observed that *"delivering more co-ordinated care in the community is the right thing to do. But STPs must be realistic about what can be achieved within the timescales and resources available. Significant investment is needed to support these care models to develop and it is not clear where this investment will come from."* Although the authors were writing about London, the statement could equally apply to LLR.

Nationally integration, particularly of locality-based community services is in the review teams' experience, a central aim of every health and social care community's strategic plans. This aim has also been a focus in LLR for at least a decade. The IPoA concept is therefore entirely consistent with these high level plans, although explicit reference to the IPoA programme is missing from many of local organisation's individual strategic plans which might suggest that the IPoA programme is not as high profile as it might be within the LLR system (see section 6.1 for discussion about links with the STP) and also hints at a lack of buy-in from some organisations. In summary our assessment is that the programme whilst aligned to the aims of LLR's BCT programme, this alignment is not fully reflected in each individual organisation's strategic plans: to this extent there is a strategic disconnect between LLR-wide strategies and the strategies of individual organisations across the health and care system.

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[2] A Narrative for Person-Centred Co-ordinated Care, National Voices, 2012.

[3] Efficiency Opportunities through Health and Social Care Integration, The Local Government Association, 2016.

[4] Sustainability and Transformation Plans in London, an Independent Analysis of the October 2016 STPs, The King's Fund and Nuffield Trust, September 2017.

The IPoA programme is more ambitious in its integration aims than many other English (but not necessarily UK) health and social care systems in so far as the programme is aiming to create an integrated point of access across a relatively large population and across multiple organisations spanning health and social care provision. Most other systems are focusing their integration projects on the integration of care provision as opposed to points of contact – for example LLR's integrated locality team (ILT) plans are conceptually very similar to plans in all 44 STPs; what is different is that elsewhere plans to integrate points of contact are typically focused on creating a single access point for individual organisations. This means LLR is being more ambitious than most (although we are aware of similar developments on the Isle of Wight, potentially Dorset and the integrated nature of provision in Scotland and Northern Ireland). This scale of ambition is a good thing and it is notable that the LGA report lists "variation in front-line decision making and pathways" as being the largest single area of potential efficiencies – IPoA could enable a reduction in this aspect of variation.

3.3 Local support

This scale of local ambition is supported at a conceptual level by focus group and interview participants – a sample of comments are provided below.

In contrast to their support at an abstract level, however, the vast majority of the participants credentialised (where a speaker states, I support X but….) their support with statements of concern and scepticism regarding the practical implementation of a single, integrated point of access across LLR.

Owing to this, the general attitude towards the IPoA project can be described as supportive but sceptical.

3.4 Conclusion

The IPoA programme is aligned to national and local strategy (as set out in the BCT strategy). There is an apparent gap in alignment between IPoA and individual organisational strategies which might suggest a lack of organisational level buy-in to the programme and/ or that the programme lacks prominence across the system.

The people we spoke to were almost universally supportive of the concept being pursued, but there is a significant level of scepticism about the LLR system's ability to deliver.

SECTION 4: Foundations

4.1 Introduction

This section on "foundations" focuses on the development of the business case for the IPoA programme. The section maps back to the "investment and outcomes" area for review in the gateway review specification as well as linking across the areas covering partner confidence and engagement.

4.2 The origins of the programme

The origins of the IPoA programme go back to the Leicestershire County Better Care Fund (BCF) plan submitted in September 2014 which identified the need to consider options for integrating the various points of access for health and social care services operating across the County Council area (not the city) – in effect the focus was on looking at ways services provided by Leicestershire Partnership Trust (LPT) and Leicestershire County Council ("County") could be better joined-up.

In autumn 2014 LLR developed its Better Care Together (BCT) five year strategy which highlighted the need to consider how points of access across the whole of LLR could be simplified and reconfigured in support of demand management and the "left shift" so that professionals and service users make the best use of the most appropriate service in the most appropriate setting of care, and that the information and signposting provided is responsive and consistent with local pathways. The proposal formed part of the urgent care workstream where partners committed to "improving system navigation by boosting NHS111, out of hour's medical cover, ***local single point of access (SPA) triage***".

The BCT set out an ambitious timeline for the SPA intervention stating that "a model for system navigation including 111, out of hour's medical cover and SPA triage" would be agreed by the end of March 2015. BCT initiated a workshop at which broad support was given for working collaboratively, improving performance and coverage collectively, sharing skills and knowledge, and where possible pursuing an LLR-wide approach. In parallel other related work was beginning across LLR - the nationally mandated reprocurement of NHS111 (the relevant NHS111 contract operates over the whole of the East Midlands) and the development of an LLR-wide adult social care strategy.

As a result of these wider LLR developments, the BCT programme requested that the IPoA programme be extended beyond the original two organisations (LPT and County) to also include points of entry provided by Rutland County Council, Leicester City Council and University Hospitals Leicester (UHL). The decision about which points of access operated by the five organisations would be "in scope" was to be worked through as part of the new IPoA programme.

4.3 The business case – the process followed

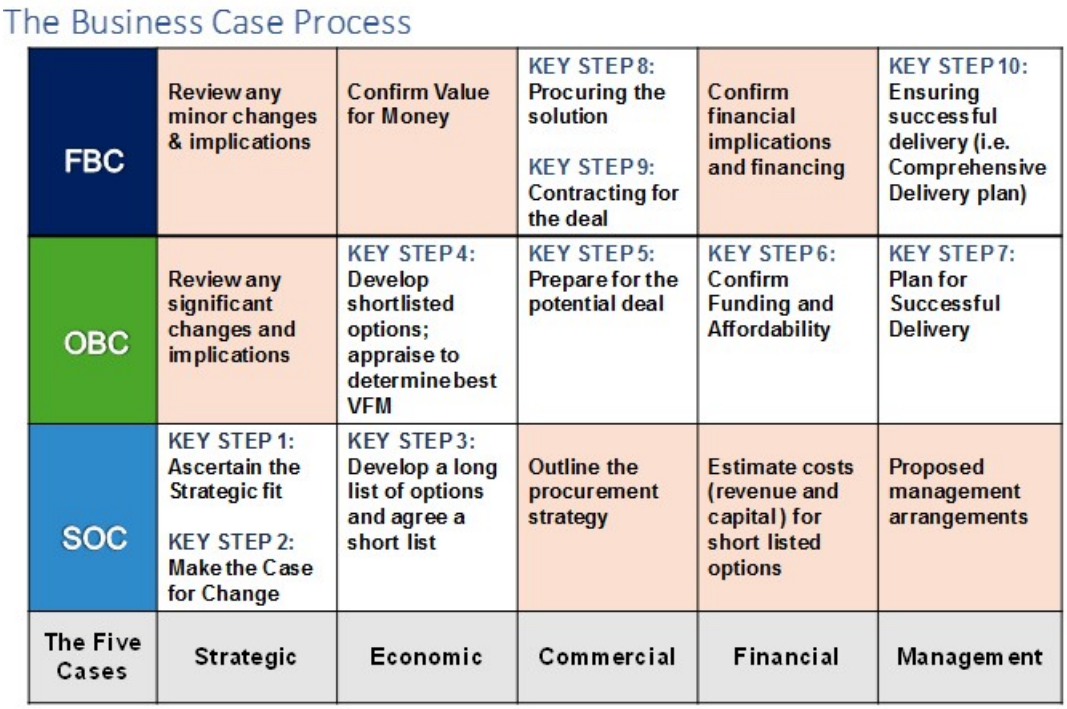
In late 2015 4OC were appointed to assist with developing a "full business case" for integrating LLR points of access i.e. what became the IPoA programme. The business case was published in May 2016. The business case does not follow the HM Treasury's recommended "Five Case Model" which represents good practice across the public sector and as such fails to provide a clear narrative behind some of the decisions made and lacks sufficient detail about benefits and associated costs. The Five Case Model takes the reader through a structured approach as follows:

- The **strategic case** sets out the strategic context and the case for change together with the supporting investment objectives for the scheme;
- The **economic case** demonstrates that the Trust has selected the option which best meets the existing and future demands of the service and optimises value for money;

- The **commercial case** outlines procurement and contractual issues associated with the development;
- The **financial case** confirms the funding arrangements and affordability, and summarises the impact on the balance sheet;
- The **management case** demonstrates that the scheme is achievable and can be delivered successfully to time, cost and quality.

The "cases" are developed over time as the programme moves from "concept" to "delivery" (strategic outline case, outline business case and full business case) as illustrated in the diagram below.

Figure 1: The business case process



By not following this approach and producing one "full business case" which is not a five case model compliant business case, the process followed appears to have missed steps which are crucial in:

- Making a clear case for change by describing the problem(s) the proposed change is seeking to address;
- Setting out a clear set of ways the problem can be addressed (a long list of options);
- Robustly and transparently appraising these options through reference to the benefits each will deliver; the risks associated with each; and the costs of each – at this stage "whether the problem is worth solving" is also considered;
- Detailing how the solution (the preferred option) will be procured and implemented.

"Key steps" three and four in the diagram above are vital and our review suggests these have not been carried out in sufficient depth. The business case incorporates an appendix (the high level options appraisal) which sets out the benefits, advantages and disadvantages associated with four options, but as presented this analysis falls short of the detail we would expect to see – crucially there is no detail of risks, costs or associated savings for each alternative option (the business case presents costs, savings and risks for the preferred option only).

The options presented for appraisal also appear to fail to make use of the "options framework" which is an important step in defining the options which exist for solving the problem identified in the case for change. The options framework considers the various dimensions where there is a "choice". The diagram below sets out potential areas where there is typically a choice.

Figure 2: Areas of choice

Category of Choice	Brief Description
Scoping options	In relation to the proposed scheme, 'the what in terms of coverage' (for example, levels of functionality; geographic coverage; population/user base; organisation etc).
Service solution options	In relation to the preferred scoping option, 'the what in terms of the how' (for example, potential solutions and answers, use of technologies etc).
Service delivery options	In relation to the preferred service solution, 'the what in terms of the who' for service delivery (for example, in-house; outsource; PPP etc).
Implementation options	In relation to the preferred method of service delivery, 'the what in terms of the when' for the rollout and delivery of the scheme (for example, big bang, phased, modular delivery etc).
Funding options	In relation to the preferred method of implementation, 'the what in terms of the funding'. For example, the use of capital v revenue; private v public finance (see action10, the use of PPPs/PFI); national v local funding etc.

The existing business case does not use this approach with the result that it immediately jumps to conclusion that the scope of the business case should be eight existing points of access which are provided by five different organisations. This is a significant problem:

- Because the expansion of the programme scope from two to five organisations and from four to eight points of access has added significant complexity to the programme (see section 4), however the business case does not provide any justification for selecting this service scope as opposed to a less ambitious integration;
- Equally, we believe that there may be benefit if the programme scope were extended to include older people's mental health services and it is unclear to us why this has been excluded;
- We have seen no reference to other points of access which whilst excluded from the IPoA proposal, might be impacted by the proposed integration. For example we believe call handlers within the County's social care point of access also manage calls relating to entirely separate services e.g. highways.

Our view is that many of the issues the programme is currently facing (described in sections 4 to 6 below) such as a lack of consistent buy-in across all services and organisations, and the scepticism about ability to deliver described in section 3.3 above would have been avoided if a detailed evaluation of "scope options" had been carried out, written up and socialised early on in the business case development process.

It is difficult for a programme to proceed to considering "service solution" options without full consideration of scope. In this case, the option appraisal (of four options) undertaken in developing the business case is essentially an assessment of only "service solution" and "service delivery" options – this does not represent a sufficiently broad consideration of options to provide assurance that the option selected is the most appropriate for LLR.

The options framework approach should also be used to determine how the programme should be resourced going forward (see section 6.4).

There is a further problem in that there should be three elements to a business case options appraisal (the non-financial benefits appraisal, a risk appraisal and the financial/ economic appraisal), but the 4OC business case presents just the non-financial benefits appraisal and this is described as "high level". The business case does not present any assessment of relative risks between options or the relative costs. Instead the business case only details risks and financials for the preferred option. If this means no comparison of costs, savings and risks was undertaken on the three rejected options (and we have seen no evidence that this work was done), this means the preferred option was selected on the basis of a non-financial appraisal only. If correct, the process followed was not compliant with good practice and there is a substantial risk that the programme is proceeding with an option that does not represent the best overall value for money.

4.4 The business case financials

Our review of programme papers and interviews, particularly with the programme's finance lead, highlight two issues:

- Uncertainty over the investment required in information technology (IT);
- Potential confusion between cash releasing and efficiency savings, and avoided costs.

There is an extremely wide range of values attributed to potential IT costs which are hindering the ability of the programme board to take decisions about investment. There appears to have been some over optimism about the availability of technology solutions and the cost of these solutions (see Appendix 3). This uncertainty needs to be reduced as a matter of urgency as part of the ongoing business case refresh process. Section 4.5 below provides a brief summary of a review of IT solutions which was undertaken by Channel 3 Consulting in connection with this gateway review and which included consideration of likely IT costs.

A related aspect is the need to understand what IT investment is required solely as a result of the IPoA operating model and how much investment would be incurred anyway as a result of STP IT plans – the IPoA business case financial appraisal should only reflect the additional IPoA related cost, whilst noting that this investment would be dependent upon wider STP investments going ahead.

The 4OC business case predicted cash releasing savings for all five organisations and efficiencies in terms of avoided future costs. Conceptually this is correct and although circumstances have inevitably changed this framework for the financial assessment remains valid. We do, however believe that, subject to the business case refresh, there may be a need for LLR partners to rethink expectations about the financial impact of IPoA. The programme is likely to:

- Require reasonably significant upfront investment in IT and programme delivery;

- Generate only modest direct savings from staff, management, estate etc costs associated with the existing points of contact (cash releasing savings);
- Create non-cashable efficiencies for professionals using the service across LLR (e.g. GPs, other referrers etc) and in relation to the costs of assessment activities across health and social care (efficiency savings). For example savings in professionals' time spent contacting more than one contact centre (these savings may be a matter of minutes only, but are linked to the next category);
- Make a contribution to closing the STP financial gap by reducing the STP "counterfactual" forecast need to employ more staff to meet rising demand by freeing-up existing professionals to absorb growth (cost avoidance) i.e. reducing the time existing professionals spend contacting points of access will free-up time for these professionals to see more patients.

Our understanding is that some partners' focus is only on cashable savings and the short-term. Whilst the constraints of the NHS finance regime in this regard are appreciated, we believe this is a mistake because the IPoA's cost avoidance opportunities and contribution towards closing the STP financial gap, should be better recognised. The 2016 LGA report into potential efficiencies from integration supports this conclusion in its discussion of efficiencies being available from reducing variation in front line decision making about pathways. The report states that "*up to 45% of pathway decisions could be improved*" and lists three barriers to this happening:

- How the system responds to risk i.e. it is "risk averse";
- How decisions are made at key decision points – decisions lead to inefficiency due to factors such as professionals being unaware of the full range of available services and decisions not being made by the most appropriate decision maker;
- There often being an over complicated, sometimes overlapping "menu of services" available which makes navigation challenging.

We believe IPoA can contribute towards resolving these barriers thereby enabling pathway efficiencies, but IPoA itself will not make significant cashable savings – it can in effect be regarded as "invest to save" programme in so far as the main financial benefit is likely to be in the form of time savings to the professionals using the service and that these time efficiencies will mitigate the need to increase the number of professionals employed across LLR as demand rises (i.e. the programme will mitigate some of the increase in staff predicted under the STP "counterfactual").

In order to estimate downstream potential efficiencies, there is a need to undertake more detailed analysis of data than has been done to date. We understand that work has started on combining call data sets to quantify the volume of duplicate calls: this is welcome as eliminating duplicate calls is a major contributor towards efficiencies. But, this work must be done as part of the evaluation of service scope options (see above) and not solely on the preferred option because the assessment will form a key element in assessing the potential benefits of a wider rather than narrow service scope.

We understand that some of the existing contact points are considered to be understaffed and that this initial understaffing has led to cashable savings associated with IPoA being scaled back. We are not able to and have not been asked, to verify these claims, but they add weight to the need to refresh the business case financials.

Another related issue is that the business case was done at a point in time and all organisations have been continuing to make "business as usual" savings and efficiencies in the period since May 2016. For example service redesign is already occurring in at least one of the points of access with the result that some anticipated IPoA staff efficiencies may reduce because the current staff costs are already lower than in 2015/16. We understand that a similar situation has arisen with respect to

estate savings available to LPT enabled by the transfer of LPT single point of access staff to County Hall. The IPoA partners need to agree a financial framework that does not prevent savings being taken now, but which also recognises the benefit of savings being made now as a result of the IPoA programme – the focus should be on costs and savings to the taxpayer rather than individual organisations in line with the move to system-wide control totals within the NHS.

The financial framework should also set out how programme costs are to be funded across the partner organisations - section 6.4 discusses programme resourcing within the context of programme governance.

4.5 The business case – IM&T solution

A separate review of the IM&T work stream was commissioned part way through the gateway review process from Channel 3 Consulting who are a strategic partner of Rubicon Health Consulting. The review was commissioned because of concerns that the original business case makes unproven assumptions about the availability of an affordable IT system able to support the new operating model by providing a platform able to integrate points of access. The full Channel 3 report is available in Appendix 3. This section summarises Channel 3's key observations.

4.5.1 Strategic Approach and General Observations

- To be successful, the IPoA programme should be led by senior clinical/ professional and business leaders, along with close engagement of all other stakeholder areas. The IM&T functions are of course important, but their purpose should be to focus on the commissioning and delivery of solutions. It is vital that the business requirements of the clinical/professional community are understood and then reflected within the IT system requirements. Scope creep may sometimes occur when clinical/professional stakeholders drive the worklist. This can be managed through a well-structured engagement programme to catalogue the mandatory, nice-to-have and blue sky ideas and form a roadmap for the solution. This will enable the services involved to start delivering the overall aims of the Integrating LLR Points of Access programme which have been outlined in the Business Case and plan to meet future needs and support innovation;
- The assumed approach that existing systems would be used within the IPoA initially is likely to create a high level of operational disruption without a suitable mitigation plan and in the long run is unlikely to support the IPoA in achieving its goals. The impact of training staff to use multiple systems will create a high overhead during the training period and operational performance is likely to be affected. When using multiple systems, call centre workers are unlikely to be able to handle as high a volume of call's as they would with an integrated system. Input errors are also more likely;
- It is likely that pursuing a specific shared care record solution (an Integrated Digital Care Record (IDCR) that uplifts predetermined information from multiple electronic records and presents it in a single viewer) to support the IPoA, over the replacement and consolidation of existing operational systems, (e.g. use of SystmOne across multiple organisation) is more likely to be successful and meet the needs of the clinical/professional community involved in the IPoA programme. This approach will:
  - Reduce negative impact on the partner operations which fall outside of the IPoA
  - Have less of an impact on the operational systems currently in place
  - Be more agreeable to the partner providers involved
  - Be more cost effective than adopting a "one system" approach;
  - Likely result in a more successful procurement and deployment;
- There are no suitable operational systems in the market which provide the coverage needed to achieve a "one system" approach. Additionally, securing buy-in, undertaking procurement

and deploying is likely to be a near impossible task. Many other devolved healthcare systems and programmes have explored this option and have deemed it to be unfeasible;

- The IDCR based solution should however, not be seen as a panacea. These solutions are also complicated to procure and deploy and require a reasonable amount of knowledge and planning. Scope creep may also be an issue which will require management, as the IPoA will only require the basic functionality to view a composite record and book referrals. If this approach is considered, it should be managed as a project in isolation from the IPOA and across LLR as a whole to ensure system wide functionality and benefits are achieved;
- Channel 3 provided a table with our high level view of the options under consideration below:

Option / Phase	Estimated Capital	Estimated Revenue	Business Impact	Project Resource	Fit to Requirements
Option One: No Technical Integration	£50k	£85k p.a.	HIGH (Negative)	LOW	POOR
Option Two: Light Technical Integration	£500k	£250k p.a.	MEDIUM	MEDIUM	POOR-BASIC
Option Three: Heavy Technical Integration	£1500k +	£500k p.a.+	MEDIUM-LOW	MEDIUM	GOOD

Channel 3 concluded the following review of the programme IM&T phase 1 close out report:

- The costs in the report appear to have been set too low by circa 50%;
- Some internal costs should be uplifted where they have been assumed to be low (particularly process costs such as procurement, IG and legal support);
- The report contains some unknown or un-costed items. These need further qualification in order to reduce the risk exposure to the programme;
- The role and value of procurement processes seem to be underplayed in the report. This is perhaps due to the types of technologies and approach that are favoured in the report. An OJEU-compliant procurement programme run on a strategic, outcomes based approach will secure the best partner, solution, and risk-transfer to a strategic supplier;
- IG is a critical work stream, which should form a core part of any programme with an executive level oversight. IG representation should be included from the early procurement stage;
- The consent model for these solutions can be fairly simple to design (normally implied consent to share, explicit consent to view) but the cross-organisational policies and processes are often difficult to set up and implement;
- The IT report's recommendation to engage with the STP is correct. It may be that the STP has a solution or funding available to support the project to delivery something that is aligned with the overall strategy for the region. However, it may be necessary for the programme to go in their own direction should this not be forthcoming.

4.5.2 Technology Observations

- A phased approach to the implementation of cloud-based IT services would more likely support the goals of the IPoA over the use of internally managed infrastructure. This would support flexibility and may reduce costs and dependencies on limited resources;
- Unified Comms solutions should almost certainly be explored as part of the project and could support alternative channels or shift. These solutions are often cloud-based and easy to implement. They support multi-channel communication between users of the IPoA and

service users including email, SMS, web-channel and chat. These solutions can be fully integrated with the information system used by the IPoA;

- A Unified Comms solution is also likely to support the use of flexible working practices such as virtual workers, teams and home working;
- Computer telephony integration - which links the telephone system with the information of the person calling is also likely to be a requirement. This is going to be difficult to achieve with a healthcare based system and is more likely to require the use of a CRM;
- Self-service tools such as patient self-help, access to records, libraries of collateral, and appointment booking should be explored further as an opportunity to improve services and shift demand to alternative channels.

4.5.3 Shared Care Record Observations

- There are numerous approaches to the shared care record challenge. These include:
  - Fully centralised repositories of data - **Hampshire Shared Record**
  - The basic integration of solutions - **Royal National Orthopaedic Hospital Portal**
  - A specific shared digital care record solution - **Lincolnshire, Doncaster, Dorset**
  - One operational system across multiple organisations - **None achieved**;
- The chosen solution will depend on a number of factors including budget, ability to implement, information governance and existing infrastructure;
- Presently there is no operational electronic patient record solution, which works across all of the care environments covered by the programme;
- There are some suppliers that claim to be developing such a system but the procurement and implementation of a single solution across these multiple care environments would represent the costliest option and present the highest risk. Some areas of the country such as Manchester and Liverpool have begun to explore this option but have not made any real progress;
- An Integrated Digital Care Record based solution, specifically designed to acquire data and construct a composite patient record from multiple source solutions is likely to be the best approach. These solutions are high cost, but compared to a single operational system implementation is a more viable option;
- A CRM system is highlighted to be a requirement to support call centre activity. Implementation of these in a healthcare environment is particularly challenging because these solutions are not readily used in health informatics environments nor do they fit well in an integrated architecture. A detailed assessment of requirements and feasibility should be undertaken. It is unlikely that any of the incumbent solution providers will be capable or willing to develop this functionality. It may be possible for an IDCR solution to provide the functionality that would be expected of a CRM;
- Any areas where incumbent system providers are expected to develop functionality which is specifically required by the programme should be treated as high risk. These providers are normally operating on limited resources and are focussed on the delivery of a product roadmap that is whole market focussed. They are therefore often reluctant to undertake specific customer developments;
- All suppliers in this market space are generally highly subscribed and once a procurement has been undertaken and supplier selected, a commercial agreement with appropriate leverage and payment milestones in favour of the contracting Authority is essential to drive performance.

4.5.4 Integration Challenges

- Full architectural design is going to be necessary before any procurement and as part of the implementation. We would suggest this being initiated as part of a strategy development and options assessment exercise which is likely to take around 8 weeks;
- The solution chosen will require a specific element, which manages multiple patient identifiers, known as a Master Patient Index. The MPI takes demographic feeds from multiple organisations within the region and uses an algorithm to identify a single patient from these sources. Any clinical patient record relevant to that patient is then correctly attached for viewing as a shared record;
- It is strongly recommended that the Authority and its regional partners avoid internal development of interfaces or interface components. The onus of designing, developing and deploying interfacing should be transferred onto the supplier of the solution through a robust outcomes-based procurement process. Suppliers in this space are familiar with this concept and will assume the risk of working with incumbent system suppliers, selecting and deploying the right integration solution.

4.5.5 Further points

Channel 3 were also asked to comment on two specific questions:

- Is there an IT solution system that can write to multiple systems to prevent cut and paste of information by call handlers operating across multiple systems?
- If so, how much do these solutions cost?

Channel 3 advice is that this functionality is theoretically possible but unlikely to be implementable within the reasonable timescales required by this project. The Integrated Digital Care Record (IDCR) based solutions are essentially a web portal which sits over a set of integration technologies. They will pull relevant data from the systems across a Trust or region and present a composite patient record comprised of records from different care settings, for use at the point of care. IDCR solutions do not replace the operational systems in use at each provider organisation, but rather overlay them to present an integrated record to a delivery team. IDCR solutions are generally designed around messaging and integration standards that would allow the "upward flow" of new or updated information to the source systems owned by the providers. However, they are generally implemented as a read-only viewer with some basic clinical workflow embedded (such as order comms, prescribing, appointment booking). The "write" based approach requires significant effort and investment around design, technology and change management which may be cost and resource prohibitive. Also, there are certain systems in the provider IT estate which are unlikely to support this level of integration (e.g. SystmOne). Should the IDCR type approach be favoured, our recommendation would be to follow a three stage process:

- Phase 1: Begin with a read-only based solution where a composite record is presented to users within the IPoA. Incumbent systems may be needed to undertake certain actions. It may be possible to implement desktop-level integration (where a user can launch an operational system with one click within the shared record portal) to improve user workflow and information transfer;
- Phase 2: Implement clinical workflows and information collation on an incremental basis. These may include, for example referrals and assessments;
- Phase 3: In the longer term it may be possible to then work towards a tightly integrated bi-directional solution where information flows to and from all solutions within the regions' estate.

The likely cost of this functionality is difficult to assess without a detailed view of the requirements and a market test exercise. However, we suspect that the £1m estimate in the IM&T report is too low (for example, the report refers to the anticipated Dorset solution investment figure of £7.8m over 5 years, with an estimated total 10 year cost of £20m across all parties, and gives an indication of what other organisations are finding). It should be noted that the upfront costs of these type of project are always very high as a result of the integration overheads, which are completed in the first phase of the project. Incremental changes to the solution (such as workflow changes or UI changes) should be lower. A good commercial deal, which secures the best partner, price, solution and risk transfer can be secured through a robust outcomes-based procurement exercise.

With such a degree of uncertainty remaining about likely IT costs, it is not possible to comment on the investment required to deliver the overall benefits outlined in the business case.

IT is the workstream with the clearest overlap with the STP. Currently the links between the IPoA programme's IT needs and the STP (and the related LLR local digital roadmap (LDR)) are far too weak despite a commonality of individuals working on both the programme and membership of the STP IM&T delivery group. This risks solutions being introduced which are inconsistent and misses opportunities for joint funding of IT investments.

4.5.6 Conclusion

The IM&T component of the programme is doubtless complex and to date has suffered from competing requirements by the clinical/professional and the work stream tasked with delivering the solutions. As part of the business case refresh process the programme must determine the scope of IM&T integration required for the IPOA. It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented achieves an LLR wide functionality and efficiencies.

4.6 Views of interviewees about the business case

Three main issues emerged in relation to the business case:

- The "quality" of the business case;
- Partner commitment to the business;
- A lack of clarity around what the programme was trying to achieve.

A lack of confidence in the business case was expressed by the majority of the participants. The 4OC business case was considered to be too simplistic. Many practical, financial, operational, IT and estate risks were felt to have been neglected thereby creating a false image of a project that will efficiently deliver significant cost savings, require little resource and be achievable within a relatively short period of time. Specific detail of the risks and challenges outlined in the interviews and focus groups are too many and too detailed to fully discuss here, however, the specific work stream gateway reports detail these issues comprehensively. Set out below are some examples of the general concerns expressed regarding the business case.

Consequently, the majority of the participants lacked confidence in the business case which in turn affected their commitment and belief in the actualisation of the project. Those working to implement the business plan have felt frustrated by its simplicity and expressed concerns that its content is unachievable. It was generally felt that because the business case had been commissioned to be provided by external consultants that the programme board were overly committed to its claims, resulting in feelings of pressure and stress on the part of those asked to deliver its claims.

Participants from all three work stream focus groups expressed a concern that they have not been provided with the necessary background information about the IPoA to enable them to fully understand and carry out their contribution to the implementation.

4.7 Conclusion

The process followed to develop the business case does not comply with good practice. This has led to the programme proceeding without having set out how crucial decisions were made (the key decision being which points of access are in scope). The business case also fails to provide evidence of anything except a high-level non-financial benefits appraisal of the four shortlisted options. As a result of these omissions our conclusion is that the case for the intended solution has not been proven so we cannot confirm that the programme's strategic vision, benefits and outcomes can be realised within the outlined approach. We strongly suspect that it is this issue which is the root cause of the apparent lack of buy-in from some partners and widespread scepticism about the programme's ability to deliver the desired objectives.

4.8 Recommendations

The following recommendations are made:

1. The ongoing refresh of the business case is used as an opportunity to "step back" and review the option being pursued – this is a "must do" activity which will need to be completed before the "stop/ go" decision. In particular the refresh should be widened in scope and depth to include:

    a. The use of the options framework approach to define a list of options that have the potential to resolve the problems highlighted in the case for change;

    b. Options which include explicit consideration of "service scope";

    c. An appraisal of risks, costs and financial benefits for all shortlisted options;

    d. Determine the scope of IM&T integration required for the IPOA and therefore better understanding of potential IT costs (implementation/ development and ongoing); It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented is achieved as a programme in its own right and achieves an LLR wide functionality and efficiencies

    e. An assessment of financial benefits for all shortlisted options divided between cash releasing savings and efficiencies, and recognition of future of costs avoided;

    f. An assessment of the "programme delivery" options to consider the resourcing of the programme going forward.

2. The options appraisal process is used to gain written partner sign-up to the preferred option.

3. The IPoA and STP (LDR) IT work streams are brought much closer together so that inter-dependencies and common needs are identified.

4. Work streams are provided with a clear and detailed brief based on the revised business case in order for them to efficiently progress their contribution to the project.

5. Partners agree a financial framework setting out how programme costs and savings are to be shared.

Recommendations 1, 3 and 5 should be considered **"Do Now"**. Recommendations 2 and 4 should be undertaken once the business case has been refreshed.

SECTION 5: Complexity

5.1 Introduction

Complexity was discussed at length by all of the participants, including; the complexity of the project and the detail required to fully integrate; the complexity of the individual partners; and the complexity of the demographics and health and social care needs of the service users. The complex nature of the implementation of the IPOA project was expressed by all participants as a major concern regarding the deliverability of the programme.

5.2 Complex partners

It was acknowledged by the majority of the participants that there are significant organisational differences between the partners involved that need to be accounted for and worked with in order to ensure effective implementation and delivery of the IPoA. It was noted across the interviews and focus groups that the three local authorities are subject to their members. The differing political leadership of the local authorities was acknowledged as a potential barrier to a standardised and consistent approach within a single point of access across LLR that was not considered within the 4OC business case. Concern was raised that this issue has not been given enough thought regarding the potential impact on issues such as standardisation and contractual decisions.

Differences between the organisation of the NHS and the local authority partners were also acknowledged as potential barriers, in particular: the commissioner/provider split; differing financial reporting requirements; and differences in organisational culture.

5.3 Complex service users

Concern was expressed across a number of the participants that a single point of access risks generalising the diversity of service users across LLR and, therefore, risks loses sight of their specific needs. There was also concern that the potential loss of face to face contact may further disadvantage the most vulnerable service users whose needs require the presence of a walk in centre (it was subsequently clarified to the review team that the IPoA will not replace any walk-in contact centres).

5.4 Recommendations

The needs of the service user must be considered when designing the IPOA. For example – is the service accessible for people with learning disabilities, people who do not speak English as their first language, people who do not have easy access to a telephone or the internet, people of very low income, those who cannot read or right? It is, therefore, recommended that:

6. The IPOA is subject to an equalities impact assessment.

This recommendation is a **"do later"** recommendation.

SECTION 6: Programme Governance and Management

6.1 Introduction

This section of the report considers links into other programmes happening across the system as well as the governance and programme management of the IPoA programme itself.

6.2 Links to the STP and other programmes

The IPoA programme is under the auspices of the BCF and pre-dates the introduction of STPs in 2016. With the move towards strategic planning being led through STPs, we heard several calls for the programme to be moved to be under "the umbrella" of the STP. In our opinion this would be a sensible and straight forward move to make which would bring the following benefits:

- Giving the programme greater visibility with key leaders which should also raise the profile of the programme across LLR;
- Greater visibility should contribute to the programme being seen to have the clear support of senior LLR leaders
- Facilitating "joining of the dots" between projects and programmes including helping to make sure the programme is fully reflected in individual organisational strategies and operational plans.

Raising the profile of the programme would be beneficial because we suspect that some of the apparent lack of buy-in to the work (which can lead to a lack of attendance at workstream meetings), could be linked to a lack of prominence due to the new focus on STPs.

We heard some concern that links were not being made between the work of the IPoA and other STP or related workstreams despite the IPoA being an enabler for some STP initiatives. The area of most concern is the apparent lack of read across between the IT workstreams of the IPoA and the STP - as referenced in section 4.4 IPoA investment in IT solutions is closely related to wider STP IT investment and the associated development of the LLR Local Digital Roadmap. Bringing the IPoA programme under the STP "umbrella" could facilitate a greater awareness of inter-dependencies and we welcome recent attempts to identify and highlight project and programme dependencies.

Interviewees made the following comments in relation to the link, or lack of, to the STP.

On a related note it was not apparent to us that there was sufficiently strong links between the programme and the work of the NHS111 redesign/ Reprocurement programme which we understand to be out with the STP (due to its East Midlands-wide coverage). The same need to firm up links through programme governance and reporting arrangements, arises.

6.3 Programme governance and management

We were supplied with a large quantity of project reports, meeting notes, risk registers, issues logs etc by the IPoA programme management office (PMO). Although there were some gaps and it was clear from the paperwork that some workstreams have been meeting more frequently than others, we concluded that from a programme management perspective the tools required for a well-run programme all exist and are being used by the PMO and workstream leads. The tools and the evidence they provide is sufficient to provide the programme board and other stakeholders with the information they require to assure progress. This is to be commended.

Nevertheless, whilst systems and tools are in place, at focus group meetings and in some interviews, some concern was expressed regarding the programme governance and management.

The structure of the programme board was questioned by a significant number of the participants. It was generally thought that the programme board does not contain the right mix of decision makers and experts given the complex nature of the programme. Frustrations were raised concerning the programme board's lack of understanding of some of the specialist requirements within the proposed IPoA and also its sometimes slow or superficial decision making. These concerns are consistent with the views discussed earlier that whilst high level sign-up was in place, there is a lack of appreciation of the complexity involved.

Concern was also raised by each of the focus groups that the work streams are not working as well together as they could. All of the focus groups recognised the interdependency of their work with the other work streams and the need for them to share progress to ensure a joined up approach to the delivery of the IPoA. Implicit within the talk about working in isolation was a concern that a joined-up approach had not been advocated from the top down. This was compounded by work stream leads not always attending the programme board (we understand that since May, the estates and IT work stream leads have been mandated to attend all programme board meetings) – it might also be helpful to consider:

- Holding frequent "show and tell" sessions at which work streams can feedback to other work streams;
- Embedding key individuals across all work streams with a clear brief to act as the conduit of information between groups.

We understand that attempts have been made recently to identify inter-dependencies more clearly both within the IPoA programme and with STP work streams. Comments made are shown below.

6.4 Programme resourcing

The programme is resourced from two sources – a dedicated PMO and work stream focused input drawn from individuals across the IPoA partners. The PMO is funded centrally and in our experience whilst a small team, is not unusually small. Other input is from people who are expected to contribute to one or more of the four work streams as part of "their business as usual role". Whilst the ideal would always be to backfill these individuals, again this approach is not untypical and it could be argued that "business as usual" will normally include some involvement in projects.

We explored the potential of additional resources being made available if the programme were to become part of the STP, but unfortunately this shift in governance arrangements would not lead to access to a currently untapped programme resource – in other words the STP programme is operating in an equally resource constrained environment.

It should be recognised that all of the interview and focus group participants expressed concern regarding the lack of dedicated human resource allocated to this project. It was felt that the project management team, while hard working, were understaffed and lacking in some of the specific expertise needed (although the recent appointment of a subject matter expert should improve this situation). Added to this, those working on the implementation of the project specifics, and also at a programme board level, were struggling to commit to their role in the project alongside their day to day work. Specific comments follow.

This lack of dedicated human resource and expertise was highlighted as a major risk by the majority of the participants and has resulted in feelings of frustration and stress.

In particular, concern was also expressed about the need for additional resource nearer to the time of implementation and the cost of this. Participants who expressed this concern were unsure if this has been considered in the project planning at programme board level or in the 4OC business case.

In summary it is clear that there is considerable concern about the programme being under resourced and this factor was cited as a reason for slow progress within some work streams. As part of the refresh of the business case, the programme must consider the future resourcing of the project and the risks associated with not getting this right. There are a number of alternatives available, all of which bring risks and benefits: it is not the place of the Gateway Review to recommend which is followed, but the business case refresh should use the options framework approach to consider the options of:

- The current structure of a centrally funded PMO plus work stream staff drawn from permanent employs of the partners;
- A centrally funded PMO plus secondees within work streams;
- A centrally funded PMO plus interim project managers.

The business case refresh will also need to reforecast implementation costs relating to phase three of the programme.

6.5 Work stream progress

We reviewed work stream papers for the operations, IT, estates and finance work streams (the human resources work stream has not yet started). There are inter-dependencies between work streams (see discussion above) which broadly mean that the IT and estates work streams need to respond to the operating model set out and that the finance work stream follows behind the rest. However, this does not mean that the IT, estates and finance work streams can "do nothing" until the work of the operations group is complete – there will be many areas where the three work streams can make progress based on what is known and prudent assumptions as long as there is a clear and timetabled feedback loop built into the programme plan allowing time for work to be amended to take account of changes in other work streams. We heard some concern that work streams were "straying" outside of their core brief with the result that progress was slower than necessary. The review team were unable to test whether this was/ is the case of not, but the Programme Board should consider whether the start of phase two might be an opportune time to reiterate the scope of each work stream in conjunction with strengthening cross work stream working and communications.

The operations work stream has experienced a number of problems which have stalled process in phase one[5], as a result progress has been rated as "red". The work stream's phase one close out report makes recommendations to address issues including increasing resources by allowing each work stream member to be *"resourced beyond their normal day job to carry out the required activities without distraction or disruption"*. Whilst not disagreeing with this recommendation, we believe there needs to be a "plan B" about how to proceed without additional resources given the resource constrained environment across all partners (see discussion above about programme resourcing).

The other three recommendations made in the close out report are linked to what can be described as cultural and empowerment issues linked to delivery: we believe these flow from the fundamental weakness within the problem i.e. a lack of depth and transparency in selecting the preferred solution which has led to a lack of buy-in to the programme.

[5] IPoA, Operations Group Phase One Close Out Report Summary, July 2017.

The estate work stream has made better progress. The phase one close out report[6] confirms good progress has been made and crucially that a single location for the IPoA has been identified. The report also sets out issues to be resolved and future costs.

The IT work stream phase one close out report[7] was reviewed by Channel 3 Consulting (see section 4.5). A key recommendation is that "*there needs to be a clear understanding of ways of working. An early decision is needed on the operating model and processes that are to be aligned. An example would be a decision on call handling and on-going workflows as currently each SPA has distinct operational models*". Without clarity from the operations work stream, further progress against this work stream will stall and programme deadlines risk being missed.

6.6 Conclusion

The programme has the tools to succeed, but potentially not the resources (resourcing needs to be reviewed as part of the refresh of the business case). The governance structure reflects the origin of the programme as part of the BCF and the programme board reflects the partners involved. Programme work streams are those we would expect to see.

The difficulties facing the programme are reflected in slow progress against the core operations work stream which is delaying other programmes. We believe the problems largely stem from the way the preferred option for the IPoA was selected (see section 4.3).

6.7 Recommendations

In light of the findings above, the following are recommended:

7. That the IPOA programme is formally located within the STP with the programme board reporting into the STP steering group.

8. Review links into the NHS111 programme to ensure they are strong enough.

9. The make-up of the programme board is reviewed to ensure it has the right mix of technical experts and strategic decision makers.

10. That work stream representatives attend the programme board each month to share and report progress and concerns.

11. The flow of information between work streams is improved by:

    - Holding frequent "show and tell" sessions at which each work stream can feedback to other work streams;

    - Embedding key individuals across all work streams with a clear brief to act as the conduit of information between groups.

12. That "back to basics" briefing events are held for the work streams to reiterate programme objectives and the precise role and scope played by each work stream.

13. That the refresh of business case considers whether additional programme resources are needed and are affordable. This should include the options of:

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6 IPoA, Estates Work stream, Gateway Review Submission, August 2017.
7 IPoA, I&T Work stream, Gateway Review Submission, August 2017.

- The current structure of a centrally funded PMO plus work stream staff drawn from permanent employs of the partners;
- A centrally funded PMO plus secondees within work streams;
- A centrally funded PMO plus interim project managers.

Recommendations 7, 8, 9, 10, 11 and 13 should be considered **"Do Now"**.

SECTION 7: Communication, Co-production and Engagement

7.1 Communications

The programme has put in place a communications plan which was agreed by the programme board in June 2017. The programme was based on the identification of internal and external stakeholders, and it sets out how each category of stakeholders are to be communicated with. Stakeholders have been categorised into groups using a matrix-based approach assessing their likely relative degree of support for the programme versus the respective level of impact the programme will have on them. As an example the stakeholders most impacted and most supportive are the related STP programmes – urgent care, ILT and HomeFirst. By contrast those most affected, but least supportive are expected to be existing points of access staff, patients/ citizens and referrers. The categorisation of existing points of access staff and the two potential service users (referrers and patients/ citizens) as being least supportive is a very clear indication of the challenges faced by the programme.

The communications plans was relatively recently agreed so it is difficult to comment more fully on the stakeholder management and communications strategy put in place, except to say that best practice has been followed in identifying and categorising stakeholders. The plan now needs to be enacted.

7.2 Partner engagement

The vast majority of the participants were uncertain about the project's origins and did not feel like they had been included in the conception of the project. This has caused feelings of a lack of ownership and has created the image of a "County dominated" project. Many of the partners struggled to engage with 4OC and felt that their services had been inadequately represented within the final business case. Consequently, some of the partners feel as though they are positioned as marginal partners rather than equal partners.

7.3 End user inclusion

There was much uncertainty regarding the involvement of end users in the planning stage of the IPoA programme. Some participants thought that perhaps end users had been involved while others were sure that they had not. Consequently, participants made guesses and assumptions that an IPoA is a service that is wanted by the end user but they lacked evidence to draw on to support these claims. There is also a risk that these assumptions, whilst likely to be correct, are based on anecdote and not hard facts – the business case refresh is an opportunity to better involve service users in design and must include analysis of data to test some of the assumptions being made.

We do however, understand that there was substantial engagement with service users during the development of the BCT strategic plans and that the desire to have one "single point of contact" rather than multiple contact points, was frequently stated.

What was consistent across the majority of the participants was the belief that co-production is a beneficial process when designing customer facing processes and that it helps to centre the project's focus on the customer/patient.

The IPoA proposal and target operating model as described in the business case and to some extent the latest iterations, risk being based on provider views of what service users (both citizens and professionals) want. Whilst we would expect people working in the services to have a good understanding of these wants, there appears to have been only limited work so far on establishing if "wants" actually translate to "needs". We understand that the PMO has started work on analysing

call data to establish the degree of duplicate calls to different points of access (a key area of potential efficiency). This work is essential to the business case refresh as without it the programme would be in danger of investing in a solution to a problem that might not actually be as widespread as currently believed.

7.4 Recommendations

The following are recommended:

14. The programme is reframed in terms of its integration benefits for the service user (both professional and general public) across LLR and role of the IPoA as an enabler of the other integration STP projects to engage partners, and in doing so the that the business case is refreshed to include a more detailed assessment of benefits.

15. That the programme involves service users in phase two to inform the technical design. This engagement should have an emphasis on co-production in order to ensure that IPoA is a service that can be used easily by all end users regardless of difference such as: cognitive ability, language spoken etc and as such that the requirements of the Equalities Act are met.

Recommendation 14 should be considered **"Do Now"**. Recommendation 15 should form part of phase two.

SECTION 8: Conclusion

The project is strategic aligned to LLR strategy and conceptually is "the right thing to do" and whilst the case for change has been made, the business case failed to demonstrate whether or not there is an affordable and implementable solution to the problems the programme is seeking to resolve. Crucially the business case also lacks detail about why the solution being pursued is the right one particularly in relation to the number of points of access IPoA is seeking to integrate. This leaves open the questions, "could sufficient benefits be gained by being less ambitious in the range (scope) of services being brought together?" We believe that most of the difficulties currently being experienced stem from the programme not having fully proven the reasons for selecting the options being pursued – our key recommendation is therefore, that the business case refresh process is used to confirm the preferred way forward in terms of programme service scope and solution.

The programme is also based on a critical assumption that there is an affordable IT solution available to integrate the systems currently used by the different points of access. The Channel 3 Consulting report addresses this issue in detail.

We are therefore making the following recommendations:

1. The ongoing refresh of the business case is used as an opportunity to "step back" and review the option being pursued – this is a "must do" activity which will need to be completed before the "stop/ go" decision. In particular the refresh should be widened in scope and depth to include:
    - The use of the options framework approach to define a list of options that have the potential to resolve the problems highlighted in the case for change;
    - Options which include explicit consideration of "service scope";
    - An appraisal of risks, costs and financial benefits for all shortlisted options;
    - Determine the scope of IM&T integration required for the IPOA and therefore better understanding of potential IT costs (implementation/ development and ongoing); It is further recommended that the requirement for any level of Integrated Digital Record Solution is included within the LLR Digital Road Map activities ensuring any solution procured and implemented achieves an LLR wide functionality and efficiencies and is managed as a project in its own right;
    - An assessment of financial benefits for all shortlisted options divided between cash releasing savings and efficiencies, and recognition of future of costs avoided;
    - An assessment of the "programme delivery" options to consider the resourcing of the programme going forward.
2. The options appraisal process is used to gain written partner sign-up to the preferred option.
3. The IPoA and STP (LDR) IT work streams are brought much closer together so that inter-dependencies and common needs are identified.
4. Work streams are provided with a clear and detailed brief based on the revised business case in order for them to efficiently progress their contribution to the project.
5. Partners agree a financial framework setting out how programme costs and savings are to be shared.

6. The IPOA is subject to an equalities impact assessment.

7. That the IPOA programme is formally located within the STP with the programme board reporting into the STP steering group.

8. Review links into the NHS111 programme to ensure they are strong enough.

9. The make-up of the programme board is reviewed to ensure it has the right mix of technical experts and strategic decision makers.

10. That work stream representatives attend the programme board each month to share and report progress and concerns.

11. The flow of information between work streams is improved by:

    - Holding frequent "show and tell" sessions at which each work stream can feedback to other work streams;

    - Embedding key individuals across all work streams with a clear brief to act as the conduit of information between groups.

12. That “back to basics” briefing events are held for the work streams to reiterate programme objectives and the precise role and scope played by each work stream.

13. That the refresh of business case considers whether additional programme resources are needed and are affordable. This should include the options of:

    - The current structure of a centrally funded PMO plus work stream staff drawn from permanent employs of the partners;
    - A centrally funded PMO plus secondees within work streams;
    - A centrally funded PMO plus interim project managers.

14. The programme is reframed in terms of its integration benefits for the service user (both professional and general public) across LLR and role of the IPoA as an enabler of the other integration STP projects to engage partners, and in doing so the that the business case is refreshed to include a more detailed assessment of benefits.

15. That the programme involves service users in phase two to inform the technical design. This engagement should have an emphasis on co-production in order to ensure that IPoA is a service that can be used easily by all end users regardless of difference such as: cognitive ability, language spoken etc and as such that the requirements of the Equalities Act are met.

Recommendation 1 is the key recommendation. We cannot recommend the programme continues to phase 2 without the business case being refreshed. The refresh is not a minor undertaking as it requires detailed work to make the case for the combination of choices made. This should be done using the options framework process centred on an appraisal event at Programme Board (consideration should be given to extending the invitee list beyond Programme Board members). In order for the Programme Board to be able to make a decision detailed work will need to be carried out by the programme management office and SRO in advance of the appraisal event to:

- Agree where choices exist using the options framework process and which choices need to be made now;
- Define the available choices (the options) under each category of choice in sufficient detail that a choice can be made between them;

- Gather evidence as to how each option might “perform” against the appraisal criteria (the appraisal criteria should be the programme objectives);
- Identify the areas of risk that will vary between options and base the risk appraisal on these;
- Work up costs and savings for each option.

Appendix 1 – list of interviewees and focus groups

List of interviewees

Partner Organisation	POA	Role
Leicestershire County	County Adult Social care	1. Director of Adults & Communities 2. Director of Health & Care Integration 3. Assistant Director - Commercial & Customer Services
	Corporate Resources and Transformation	Director of corporate resources
	City Adult Social Care including C&R and ICRS	Director, Adult Social Care and Safeguarding
	Programme Comms	Leicestershire County Council – Comms. Rep
	Programme Finance	Finance Lead
	None: Programme Team	1.Programme Manager 2.Change Manager 3. Subject Matter Expert 4. Project Officer
East CCG & LPT	None : Commissioners	East CCG and LPT contracting lead commissioner
LPT	Community Health SPA (community nursing and therapists) and Adult mental health	1. Head of Business Development and Transformation (CHS) 2. Director Community Health Services 3. CHS SPA Operations Manager
West CCG	None : Commissioners	1. Service Improvement Manager West CCG Lead 2. LLR Urgent Care Programme Delivery Lead 3. Clinical Navigation Lead 4. Chair of STP
Rutland Council	Rutland Adult Social Care	Deputy Director for People, Rutland County Council
Public Health	First Contact Plus	Head of Business Services – Public Health
Leicester City CCG	None : Commissioners	City Commissioning Group Lead
UHL	Bed Bureau	UHL Rep
Leicester City Council		

Focus Groups:

1. Operations Board
2. IM&T Work stream
3. Estates Work stream

Appendix 2 – documents reviewed

Documents requested & receive

Appendix 3 – Channel 3 Consulting report

IPoA IMT Work Stream Document - I

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IPOA Programme Objectives

		Weighting
1	To improve patient outcomes, especially those that deliver better patient centered care. The agreed IPOA solution should support the following service user requirments: I am always kept informed about what the next steps will be The professionals involved with my care talk to each other When I use a new service, my care plan is known in advance and respected When I move between services or settings, there is a plan in place for what happens next I know in advance where I am going, what I will be provided with, and who will be my main point of professional contact If I still need contact with previous services/professionals, this is made possible	25.0%
2	The need to reduce waiting times by providing transparent and accessible data and advice about health and services	18.3%
3	The need to manage the impact of a predicted skills shortfall by effectively managing the workforce, through different ways of working and better supporting technology	20.0%
4	The need to meet rising demand for health and social care	18.3%
5	The need to drive better value for money and achieve financial sustainability	N/A for OA event
6	The need to deliver integrated care by optimising the use of estates, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste	18.3%
		100.0%

Critical Success Factors

		Weighting
1	**Acceptability**-will the option be acceptable to key stakeholders? This is particularly relevant where stakeholder/ partner support is critical to the scheme.	33.3%
2	**Achievability**-will the option be achievable? This might include, for example considerations such as physical space; likely planning constraints; resource issues such as staffing; amongst others.	33.3%
3	**Strategic Fit**-how well does the option fit with the strategic direction of travel for the organisation's and wider LLE economy?	33.3%

4	**Affordability**-in terms of both capital and revenue. How will in programme investment be realised from partners or will the programme need to be centrally funded to achieve partner commitment.	N/A for OA event
5	**Value for Money**-which brings together revenue and capital considerations. Will ongoing costs to partners represent a saving verses existing costs? Will partners be able to justify investment compared against the amount of service user benefit created that may or may not be cashable to the investing partners?	N/A for OA event
		99.9%

Range of potential integration by existing Points of Access - weighted scores

	Range of potential integration by existing Points of Access .		i	ii	iii	iv	v	vi
		Weighting	remain as is and don't integrate	County ASC (inc FC+) and CHS	County ASC (inc FC+), City ASC and CHS	County ASC (inc FC+), City ASC, Bed Bureau and CHS	County ASC (inc FC+), City ASC, Bed Bureau, Rutland ASC and CHS	County ASC (inc FC+), City ASC, Bed Bureau, Rutland ASC, AMH and CHS
	Objectives							
1	To improve patient outcomes, especially those that deliver better patient centered care.	25%	1.00	1.50	2.00	2.00	2.00	2.00
2	The need to reduce waiting times by providing transparent and accessible data and advice about health and services	18%	0.18	1.10	1.19	1.19	1.28	1.47
3	The need to manage the impact of a predicted skills shortfall by effectively managing the workforce, through different ways of working and better supporting technology	20%	1.00	1.05	1.10	1.15	1.20	1.25
4	The need to meet rising demand for health and social care	18%	0.55	0.60	0.64	0.69	0.73	0.78
5	The need to drive better value for money and achieve financial sustainability	N/A for OA event						
6	The need to deliver integrated care by optimising the use of estates, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste	18%	0.18	1.28	1.28	1.38	1.38	1.38
	Sub total objectives score		**2.92**	**5.53**	**6.22**	**6.40**	**6.59**	**6.87**
	Success Factors							
1	Acceptability-will the option be acceptable to key stakeholders? This is particularly relevant where stakeholder/ partner support is critical to the scheme.	33%	1.67	3.33	2.66	2.66	1.00	1.00
2	Achievability-will the option be achievable? This might include, for example considerations such as physical space; likely planning constraints; resource issues such as staffing; amongst others.	33%	3.33	2.66	2.33	2.33	2.00	1.33
3	Strategic Fit-how well does the option fit with the strategic direction of travel for the organisation's and wider LLE economy?	33%	2.00	2.66	2.75	2.83	2.91	3.00

	Range of potential integration by existing Points of Access .		i	ii	iii	iv	v	vi
		Weighting	remain as is and don't integrate	County ASC (inc FC+) and CHS	County ASC (inc FC+), City ASC and CHS	County ASC (inc FC+), City ASC, Bed Bureau and CHS	County ASC (inc FC+), City ASC, Bed Bureau, Rutland ASC and CHS	County ASC (inc FC+), City ASC, Bed Bureau, Rutland ASC, AMH and CHS
4	Affordability-in terms of both capital and revenue. How will in programme investment be realised from partners or will the programme need to be centrally funded to achieve partner commitment.	N/A for OA event						
5	Value for Money-which brings together revenue and capital considerations. Will ongoing costs to partners represent a saving verses existing costs? Will partners be able to justify investment compared against the amount of service user benefit created that may or may not be cashable to the investing partners?	N/A for OA event						
	Total CSF score		**6.99**	**8.66**	**7.74**	**7.83**	**5.91**	**5.33**
	GRAND TOTAL SCORES		**9.91**	**14.19**	**13.96**	**14.23**	**12.50**	**12.20**
	RANK		**6.00**	**2.00**	**3.00**	**1.00**	**4.00**	**5.00**

Report to Rutland Health and Wellbeing Board

Subject:	**Annual Reports of the Leicestershire & Rutland Safeguarding Adults Board and Leicestershire & Rutland Local Safeguarding Children Board 2016/17**
Meeting Date:	**5 December 2017**
Report Author:	**Simon Westwood**
Presented by:	**Simon Westwood**
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 Annual Reports 2016/17 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 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.

The Children and Social Work Act 2017 abolishes LSCBs, but requires local authorities, the Police and Clinical Commissioning Groups to set up local partnership arrangements for safeguarding children. Statutory guidance on this Act, including timescales for new partnership arrangements to be put in place, is expected in early 2018. Until this time, the LRLSCB will continue to operate as normal.

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 2017/18 were presented to the Health

and Wellbeing Board on 28th March 2017. The Board will, therefore, be aware of some of the strengths and areas for development that arose from the assessment of performance in 2016/17 since this informed the framing of those Business Plans. However, the Annual Reports provide a full assessment of performance.

The key purpose of the Annual Reports is to assess the impact of the work we have undertaken in 2016/17 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 2016/17 and against other statutory functions that the LSCB and the SAB must undertake.

These are, necessarily, detailed reports, but have been significantly reduced in length compared to previous years. As such two-page summaries are included in the reports in place of separate Executive Summaries which have previously been produced.

The key messages from the LRSAB regarding Rutland are:

a. Workers and agencies work well together to safeguard adults in Rutland.
b. 'Making Safeguarding Personal' (MSP) is influencing practice across agencies and more people in Rutland have more say in the enquiries into their safeguarding.
c. Financial Abuse and Domestic Abuse are becoming more prevalent in safeguarding adult enquiries in Rutland.
d. More work is required to gain assurance regarding oversight of adult safeguarding enquiries carried out in Health settings.
e. The Board will continue to challenge and drive improvement in the safeguarding of adults, including developing its own approach to engagement and participation of adults with care and support needs.

The key messages from the LRLSCB regarding Rutland are:

a. Workers and agencies work well together to safeguard children in Rutland.
b. Early Help and other services in Rutland are improving outcomes for children and young people.
c. Partnership working on Child Sexual Exploitation is strong.
d. Consistency of practice within agencies across a range of areas of work requires improvement. This includes quality of assessment, recording, information sharing and hearing and responding to the voice of children.
e. The Board will continue to challenge and drive improvement in safeguarding of children, including developing its own approach to engagement and participation of children and young people, and quality assurance.

The full Annual Reports for the LRLSCB and LRSAB are attached as Appendices 1 and 2.

Financial implications:

There are no financial implications arising from this report, as this is a retrospective report. Both the LRLSCB and LRSAB operate within a budget to which partner agencies contribute.

The total budget within which the Boards are operating in 2017/18 is £341,650. The LRLSCB has a budget of £240,812 and the LRSAB a budget of £100,838.

Recommendations:

1. That the Board notes the content and key messages of the LSCB and SAB Annual Reports.

2. The Board considers any action it wishes to take in support of priorities for improvement that are identified in the Annual Reports for 2016/17 and in the Business Plan priorities for 2017/18.

Risk assessment:

Time	L	The annual reports were published in October, having been agreed 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 2017/18. 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 outlined under Financial Implications. Agency contributions for 2017/18 are agreed at the same level as last year and the Business Plan will be delivered within these resources.
Profile	L	Following the Ofsted inspection in 2016 the LRLSCB will no longer be subject to a review by Ofsted. There is currently no regulatory framework in place to judge LRSAB performance.
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	20th October 2017	Simon Westwood
Publication of Annual Reports	23rd October 2017	Simon Westwood

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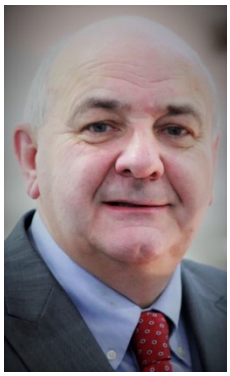
LEICESTERSHIRE AND RUTLAND LOCAL SAFEGUARDING CHILDREN BOARD (LRLSCB)

Annual Report 2016/17

Document Status

First draft completed:	24/08/2017
Approved by Executive:	04/09/2017
Approved by Board:	20/10/2017
Published:	23/10/2017
Report Author:	Safeguarding Boards Business Office, Leicestershire & Rutland LSCB and SAB
Independent Chair:	Simon Westwood

Foreword



As the new Independent Chair of the Leicestershire and Rutland Safeguarding Boards from April 2017, I am pleased to present the Annual Report for the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB) 2016/17. I would like to record thanks to Paul Burnett, the previous Chair for his leadership of the Board during the period this report relates to.

On behalf on the Board I want to thank all those; particularly parents and carers, front line staff and volunteers who day in and day out support vulnerable children, families and adults to improve their lives. The Board will continue to play its part in building a culture where vulnerable adults, children, young people, carers and families are listened to and their views influence practice.

The report is published at the same time as the Annual Report for the Safeguarding Adults Board. The reports include commentary on areas of cross-cutting work we have undertaken through our joint business plan.

The key purpose of the report is to assess the impact of the work we have undertaken in 2016/17 on safeguarding outcomes for children and young people in Leicestershire and Rutland.

There is clear evidence of sustained strong partnership working across the safeguarding communities of Leicestershire and Rutland. In the recent Ofsted review of the LRLSCB the report stated “The board has developed an ethos of constructive challenge and support. It has taken a thoughtful and flexible approach, sensibly working closely with the Safeguarding Adults Board and Leicester City LSCB in areas of common concern.”

Though the report is joint for the areas of Leicestershire and Rutland it provides distinct findings about practice and performance in each area.

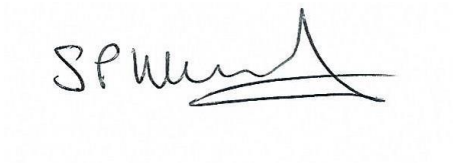
The Safeguarding Boards exist to provide support and critical enquiry to ensure that organisations work together to reduce or prevent possible abuse and neglect.

The Board was reviewed by Ofsted during 2017 and judged as ‘Good’. The report stated that the Board’s scrutiny and influence have had a positive impact on front-line practice, facilitating better understanding of the threshold into children’s social care, more timely identification of the health needs of children looked after and the improving response when children are at risk of sexual exploitation. Each year brings additional challenges; the Children and Social Work Act 2017 made legislative changes to the role of LSCBs which the Board and partners will need to respond to once detailed guidance is published in the autumn. It is critical that through this period of change we continue to keep safeguarding as a top priority for all.

We can never eliminate risk entirely. We need to be as confident as we can be that every child and vulnerable adult, are supported to live in safety, free from abuse and neglect. The Board is assured that, whilst there are areas for improvement, agencies are working well together to safeguard children in Leicestershire and Rutland.

I hope that this Annual Report will help to keep you informed and assured that agencies in Leicestershire and Rutland are committed to continuous improvement, being open about what needs to improve and transparently identifying the challenges in achieving this, not least the continuing pressure to do more with less resources.

Finally, if you have safeguarding concerns about any vulnerable adult or child please act on them; you might be the only one who notices.



Simon Westwood

Independent Chair

Contents

Summary

The Board is assured that, whilst there are areas for improvement, workers and agencies are working well together to safeguard children in Leicestershire and Rutland.

In reaching this conclusion, we have:

Sought assurance that those who work directly with children listen to what they are saying and to respond to them appropriately. This can be found throughout this report;

Monitored data and information on a regular basis. Sections of this report on *Safeguarding Children in Leicestershire* and *Safeguarding Children in Rutland* tell you what we have learnt from this including:

- More contacts from members of the public resulted in referrals to social care in Leicestershire and Rutland
- There has been an overall increase of around 20% in referrals and cases for children in need and child protection in Leicestershire
- The proportion of repeat child protection plans in Leicestershire has reduced
- Identification of neglect increased in the year in Leicestershire and Rutland
- Initial Health Assessments for Looked After Children are not always being completed on time
- There was a significant increase in the number of children recorded as home educated in Leicestershire.

Reviewed how we are doing as a partnership, including an assessment on progress against our Business Development Plan for 2016/17;

Conducted a series of formal audits of our safeguarding arrangements, including:

- A 'Section 11' audit process of organisations safeguarding approaches
- Case reviews of frontline practice which have included themes, such as Repeat Child Protection Plans, Neglect and Child Sexual Exploitation;

Our formal audit activity is covered in the *Challenge and Assurance* section of the report;

Carried out Serious Case Reviews and other reviews of cases and disseminated learning from these across the partnership. A summary of this is found in the *Learning and Improvement* section of this report;

Further extended the "CEASE" campaign to raise awareness of and gain commitment to ending abuse and sexual exploitation of children;

Supported a campaign initiated by the Child Death Overview Panel to raise awareness of the danger of ingesting button batteries;

Developed procedures in relation to bruising to pre-mobile babies;

Provided training, in partnership with Leicester City LSCB, on a number of topics relevant to safeguarding including our Safeguarding Children Competency

Framework, learning from Serious Case Reviews and our Neglect Toolkit. This is outlined in the *Training and Development* section of this report;

Considered the outcome of and recommendations from the Ofsted inspections into the two Local Authorities' children's services and the LSCB and resultant improvement action.

The nature of the Board is of holding partners to account and promoting learning and improvement. Therefore the Board is always considering how it can further improve safeguarding practice. The key areas for further development arising from the inspections and ongoing work of the LSCB include:

- Strengthening participation of and engagement with children and young people in the work of the Board to enable children to influence the LSCB's priorities and their delivery more fully.
- Increasing assurance regarding children missing from home and care and the robustness of the partnership response to this.
- Further strengthening our audit approach, including Section 11 audits to ensure that these audits are sufficiently probing and robust.
- Gaining assurance regarding the understanding of risk regarding Children with Special Educational Needs and Disabilities across the partnership.
- Hold partners to account to ensure that the quality and effectiveness of return home interviews and risk management when children are going missing from home or care are evaluated.
- Seeking assurance about the effectiveness of the partnership response to the Trilogy of Risk (domestic abuse, substance misuse and mental health).
- Improve awareness raising of private fostering across the partnership and wider community.

<u>Key Messages</u>

- Workers and agencies work well together to safeguard children in Leicestershire and Rutland.
- Early Help and other services in Leicestershire and Rutland are improving outcomes for children and young people.
- Partnership working on Child Sexual Exploitation is strong.
- Consistency of practice within agencies across a range of areas of work requires improvement. This includes quality of assessment, recording, information sharing and hearing and responding to the voice of children.
- The Board will continue to challenge and drive improvement in safeguarding of children, including developing its own approach to engagement and participation of children and young people, and quality assurance.

Board Background

The LRLSCB serves the counties of **Leicestershire** and **Rutland**. It is a statutory body established in compliance with The Children Act 2004 (Section13) and The Local Safeguarding Children Boards Regulations 2006. Its work is governed by 'Working Together to Safeguard Children 2015' statutory guidance.

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.

During 2016/17 the Board operated under this legislation. The Children and Social Work Act 2017 abolishes Local Safeguarding Children Boards and requires new statutory requirements regarding partnership arrangements for Safeguarding Children to be published. New guidance will be issued in 2017/18 and the new arrangements will be required to be in place during 2019.

The LRLSCB normally meets four times a year alongside its partner Board: the Leicestershire and Rutland Safeguarding Adult Board. Each of the four meetings comprises a Children's Board meeting, an Adults' Board meeting and a Joint meeting of the two Boards. The Board is supported by an integrated Safeguarding Adults and Children Executive Group and a range of subgroups and task and finish groups to deliver the key functions and Business Plan priorities.

The LRLSCB works closely with Leicester City Safeguarding Children's Board (LCLSCB) on several areas of work to ensure effective working across the two areas. The LRLSCB and the LCLSCB have established a joint executive that oversees joint areas of business for the two Boards.

The LSCB is funded through contributions from its partner agencies. In addition to financial contributions, in-kind contributions from partner agencies are essential in allowing the Board to operate effectively. In-kind contributions include partner agencies providing training resource for the inter-agency programme and chairing and participating in the work of the Board and its subgroups and Leicestershire County Council hosting the Safeguarding Boards Business Office. The income and expenditure of the Board is set out on Page 53 of this report.

Independent Chair

The LRLSCB and the LRSAB are led by a single Independent Chair. The Independence of the Chair of the LSCB is a requirement of Working Together 2015.

The Board's former Independent Chair, Mr Paul Burnett, stepped down at the end of March 2017 after almost six years in the role. Leicestershire and Rutland have agreed to continue to have a joint Chair for both Safeguarding Boards to reflect the need for cross-cutting approaches to safeguarding. Simon Westwood has been appointed as Independent Chair of both Boards commencing in April 2017, initially

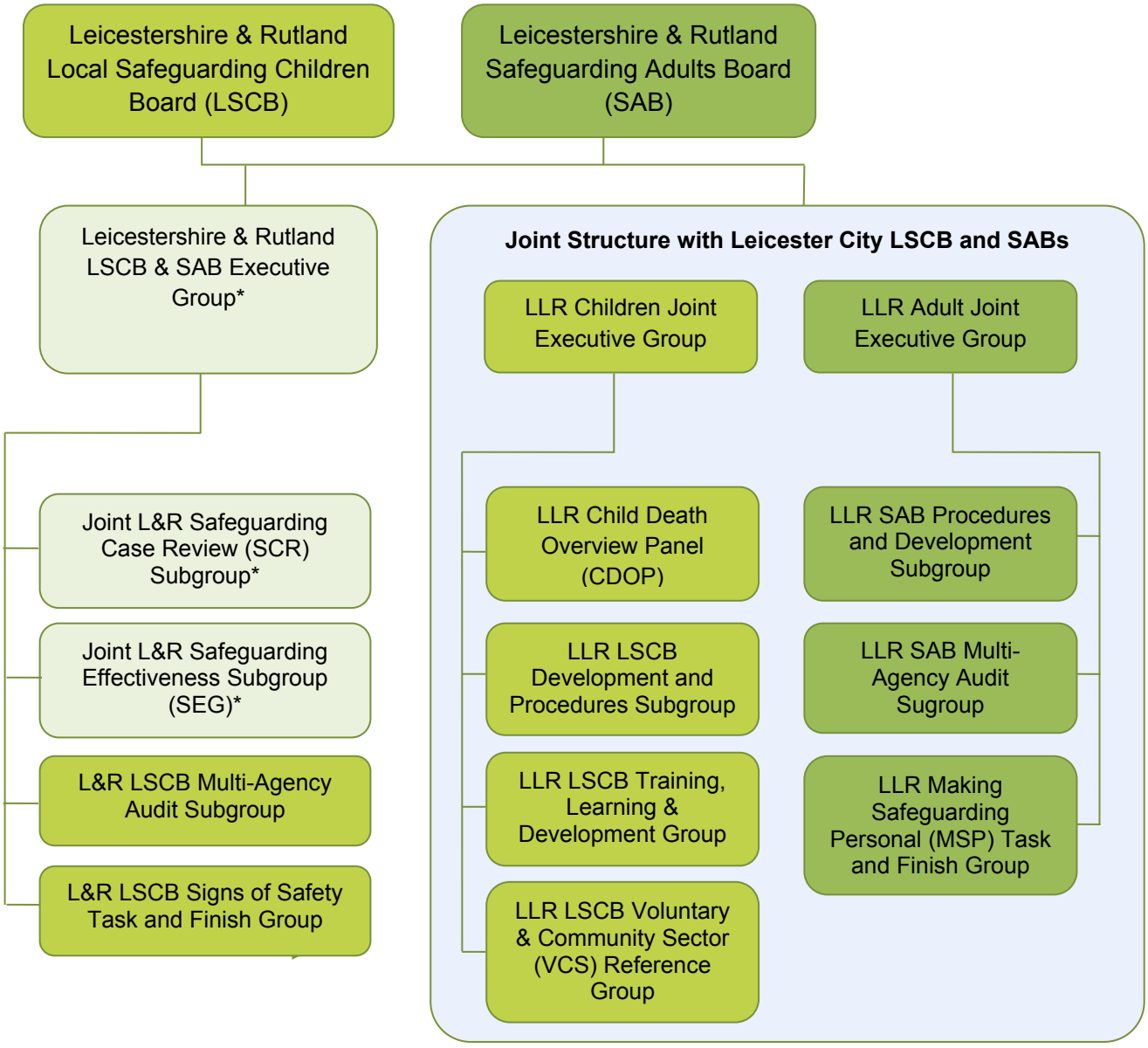
for one year while the implications of the Children and Social Work Act 2017 and the future of partnership arrangements for Safeguarding Children and Adults in Leicestershire and Rutland are considered.

The Independent Chair provides independent scrutiny and challenge and better enables each organisation to be held to account for its safeguarding performance.

The Independent Chair is accountable to the Chief Executives of Leicestershire and Rutland County Councils. They, together with the Directors of Children and Adult Services and the Lead Members for Children and Adult Services, formally performance manage the Independent Chair.

Structure of the Board

The Board has established subgroups and task and finish groups to function effectively and achieve its objectives. The structure of the LRLSCB and LRSAB at the end of 2016/17 can be seen below. Membership of the Board can be found at Appendix 1.



Characteristics of Leicestershire & Rutland

Leicestershire is a two-tier authority area with a population of 667,905. There are 134,800 children and young people aged under-18 living in Leicestershire[1].

Rutland is a unitary authority area with a population of 38,022. There are 7,685 children and young people aged under-18 living in Rutland[2].

In Leicestershire, 11.1% of the population identify as from a Black or Minority Ethnic (BME) background. The proportion of children and young people aged 0-17 who are BME is 13.7%, slightly higher than the general population.

In Leicestershire, of those that do not identify as 'White British', the largest groups identify as 'Asian or Asian British' (6.3%) or 'White other' (1.9%).

In Rutland, the percentage of the population who identify as BME is 5.7%. The largest ethnic monitory group identified in Rutland is 'White other' at 2.1%.

Leicestershire and Rutland both have lower than national averages of children living in poverty.

LSCB Business Plan Priorities 2016/17

Priorities set by the LRLSCB for development and assurance in 2016/17 were to:

- Secure robust and effective arrangements to tackle Child Sexual Exploitation (CSE), Missing and Trafficking
- Maximise the impact of learning from Serious Case Reviews (SCRs) and other reviews
- Champion and support the extension of Signs of Safety (SoS) across the Partnership
- 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
- Be assured that the LLR Neglect strategy increases understanding, identification, risk assessment and management of neglect and reduces prevalence in Leicestershire & Rutland.

In addition the LRLSCB shared the following priorities for joint development and assurance with the LRSAB:

- 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
- To be assured that the Safeguarding element of the Prevent strategy (Preventing Violent Extremism) is effective and robust across Leicestershire and Rutland.

[1] ONS mid-year population estimates 2014
[2] ONS mid-year population estimates 2014

Safeguarding Children in Leicestershire

From its scrutiny, assurance and learning work the LSCB assesses that whilst there are some areas for improvement organisations are working well together in Leicestershire to safeguard children.

In the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the LSCB in Leicestershire Ofsted rated Leicestershire County Council's services overall as 'Requiring Improvement.' In the inspection report they identified that "Children who are at risk of significant harm are identified and protected. However, children potentially in need are not seen in a timely manner and experience delay in receiving the help that they need."

This section outlines developments and data for elements of safeguarding and children services in Leicestershire.

Contact and Assessment

Leicestershire data shows the total number of safeguarding children contacts and enquiries stayed level, with 12,805 in 2016/17 compared to 12,772 in 2015/16. Numbers of contacts from the public reduced overall by 15% compared to the previous year, from 2,051 to 1,702.

A significantly larger proportion of these contacts were referred to Social Care this year. For all contacts, 55% became referrals in 2016/17 compared with 32% in the previous year, and for the public the proportion also increased from 26% to 50% in 2016/17. The increase took place in the second half of the year linked to the introduction of more robust practice in the contact and assessment service, First Response, following the Ofsted inspection of Leicestershire, and the rate of referrals in Leicestershire is now closer to, but still below, the national average.

An initial single assessment is required to take place following each safeguarding referral, within 45 days of the referral. Timely assessments of need support effective safeguarding. The increase in referrals and addressing a backlog of referrals led to a reduction in the proportion of assessments being completed within 45 days from 92% the previous year to 77% in 2016/17. It is anticipated that this is an anomaly, but will continue to be monitored by the Board.

The rate of re-referrals to Social Care in Leicestershire remained low at 17%, compared to 18% the previous year.

Ofsted identified concerns regarding the contact and assessment process in Leicestershire that it did "not provide an effective enough response to contacts and referrals to ensure that all vulnerable families receive a timely response to concerns and needs".

Following Ofsted's inspection, Leicestershire County Council have revised all aspects of the First Response service and implemented an action plan to ensure it is more effective, with a new operational model put in place for May 2017. Developments include: additional social worker and management capacity alongside

administrative resource and further support for less experienced social workers; ICT infrastructure development; practice standards; a revised quality assurance and learning model and improved performance management.

Routine internal audit in Leicestershire will monitor improvements in First Response, looking for consistent application of thresholds, improved quality of assessments and care planning and strong management oversight. Assurance on this will be sought by the Board.

Leicestershire are piloting a joint approach between Social Care and the Police to direct contacts from the Police to the appropriate service. This has corresponded with an increase in referrals to Social Care and a decrease in referrals to Early Help from the Police in the final quarter of the year. The LSCB will continue to monitor the impact of this.

The LSCB thresholds document was updated in July 2016 and new panel structures implemented in Leicestershire to strengthen key decision-making points, including Family Care and Protection meetings, Placement and Additional Resource Panels, Permanence Panels and Integrated Family Panels.

Early Help

In the Inspection in 2016, Ofsted identified that "The local authority's early help offer provides a broad range of effective support and preventative services for children and their families and includes provision of intensive family support. This is having a positive impact on preventing the need for children to become looked after."

The Board reviewed a report on performance and outcomes from Early Help in January 2017.

The number of children and families supported by the Children Centre's Programme, which focuses on supporting families needing extra help especially in the first 1001 days from pregnancy until the child's second birthday, increased. Across the whole programme 10,842 children were supported and 1,423 families were supported on the intensive pathway in 2016/17.

Partnership working between University Hospitals of Leicester (UHL) Midwife service and Children's Centre services has supported an increase in the proportion of families registered with Children Centres to 93%, extending the potential reach of support provided by this programme.

In 2016/17

- The programme was involved with (4,060) 38% of the total number of children living in the 30% most deprived neighbourhoods in the county
- There were 106 Parent Volunteers running 1,557 universal parent led sessions
- The programme worked with 1,296 families known to Social Care.

Feedback from parents accessing the Children Centres programme consistently identifies good outcomes, for example:

- 98% of parents thought that their children were better prepared for school/nursery
- 98% of parents said that they felt better prepared as parents
- 99% of parents reported an improvement in their emotional and mental health

The Supporting Leicestershire Families (SLF) service aims to improve the lives of families by undertaking intensive work with them tackling a range of issues including: unemployment, domestic abuse, truancy, health problems, drugs, and anti-social behaviour. During 2016/17, the service worked with 885 vulnerable families and 498 young people across the county on a one-to-one basis or in groups.

Leicestershire will be further publicising the Children Centres Pathway to Social Care managers and teams, so that children subject to a Child Protection plan are routinely referred for targeted support.

Children in Need and Child Protection

The increase in the number of referrals to social care in Leicestershire led to a 24% increase in the number of Children in Need and the number of children subject to Child Protection Plans.

The number of Children in Need in Leicestershire was 3,015 at the end of the 2016/17. This remains below the national rate, but the Board will continue to monitor this.

In Leicestershire a large part of safeguarding for Children in Need has been to:

- Improve the quality of Child in Need plans and ensure their effectiveness with a particular focus on cases stepped down from Child Protection Plans
- Make clear the Child in Need offer and practices across teams
- Ensure Early Help step up cases appropriately and without delay.

Leicestershire County Council has developed and implemented Children in Need Practice Guidance, appointed three Early Help Senior SW Practitioners and clarified the Early Help pathway. Leicestershire report that teams are starting to manage throughput of work better and families who are likely to need a Child in Need service receive a more timely service and do not have unnecessary changes of Social Worker and team.

Leicestershire County Council are planning to carry out further work to ensure caseloads are consistently manageable, and routine audit shows consistent application of thresholds, improved quality of assessments and care planning and strong management oversight. The Strengthening Families service will be reviewed to ensure a robust Child in Need Service.

Midwives hold a meeting during the thirtieth week of pregnancy for all women identified during pregnancy as requiring additional support and protection for their unborn child. Representatives of the health visitor and social worker attend the meeting that discusses the arrangements for the safe discharge of the woman and baby following the child's birth. During the year, 233 cases were discussed at this forum. This contributes to improved safety and protection for vulnerable babies in

addition to the statutory child protection planning processes and is an example of early identification of vulnerability and good partnership working.

The number of Children subject to Child Protection plans also increased by 24% to 434 (provisional figure) at the end of 2016/17.

The proportion of children on Child Protection Plans from a Black and Minority Ethnic (BME) background is 14%, in line with the proportion of the total child population in Leicestershire (13.7%).

In Leicestershire, the largest categories of abuse continued to be neglect and emotional abuse, which featured in 215 and 157 of the 526 Child Protection Plans that commenced in 2016/17 respectively. In the last quarter of the year emotional abuse overtook neglect as the largest category of abuse.

Almost all (96.4%) of Initial Child Protection Conferences (ICPCs) were held within statutory timescales and all child protection cases were reviewed within statutory timescales. This protects against cases being subject to drift or delay in achieving protection for children.

As identified in the last Annual Report of the Board, the rate of repeat child protection plans had risen markedly over an 18-month period to 30.5%, above those of statistical neighbours, and a number of steps were needed to reduce this to ensure robust and lasting outcomes for this cohort of children.

Leicestershire undertook thematic and senior management audits on repeat plans in 2016, followed by a staff conference and discussion at the LSCB to better understand the issues.

This work identified a need to reinforce the procedures and oversight provided in the step-down phase from Child Protection to Child in Need services. In particular there was a need to pay more focused attention to those cases where the ‘trilogy of risk’ of domestic violence, substance misuse and parental mental health problems are factors and to engage collaboratively with partners.

Children in Need practice guidance was developed and issued and measures put into place to ensure children receive the right service at the right time, reducing the need for repeat Child Protection Plans.

At the end of 2016/17, the average proportion of repeat Child Protection plans was 18.7%, in line with Leicestershire’s statistical neighbours (18.1%).

Single agency and multi-agency audits of repeat Child Protection Plan files have assured the LSCB that Child in Need processes once a child is removed from a Child Protection Plan are now more robust, however there is still inconsistency in practice in a few areas, such as recording and information sharing, that requires further work and further review by the Board.

Leicestershire County Council has assessed what has worked well to contribute to this improvement and is using this learning to ensure this progress is sustained

moving forward. This includes a focus on performance management, strengthening management oversight and using practice summits.

The LSCB has been monitoring attendance at ICPCs by partner agencies during the year and identified that recording of attendance did not take place at all ICPCs, but where it did there were gaps in attendance by Police, Education and Health representatives. The Police send reports to almost all conferences they do not attend, and multi-agency audits identify that the sending and timeliness of invitations to partners may be one factor in gaps in attendance. Further analysis is required and the Board will continue to monitor this through its Safeguarding Effectiveness Group.

Whilst there has been an improvement in parents receiving reports for ICPCs two days in advance in line with LSCB procedures, this occurred in 49.4% of ICPCs and there is further improvement required.

Feedback from children and families regarding the Children's Rights Service (CRS) that supports children's participation in reviews and access to the appeal and complaints procedure is very positive. Children, young people and their families are reporting that they better understand what is going on, feel heard and well represented due to the CRS and particularly the use of Signs of Safety (SoS).

Leicestershire County Council has introduced a Quality Assurance Alert process into the Independent Reviewing Officer (IRO) service that supports concerns to be escalated and good practice to be recognised.

Fostering and Adoption / Private Fostering

In Leicestershire County Council, the First Response Team, Strengthening Families Teams, Fostering and Adoption Assessment Team and the Team around the Child Teams are jointly responsible for private fostering arrangements taking place in the County.

Leicestershire County Council with the LSCB promotes awareness of the requirement to notify the Local Authority regarding private fostering in the following ways:

- Targeted information is distributed to professionals who may come into contact with privately fostered children such as teachers, GPs, Health Visitors, and School Nurses.
- Internal communication with employees across the County Council.
- Information for the public, such as publicity leaflets are made available in public places such as libraries and health centres.

Compared to our statistical neighbours, Leicestershire should expect to be assessing and supporting up to 50 private fostering arrangements per year.

Despite this work during the year, Leicestershire received only eight new notifications of an arrangement meeting the definition of private fostering, and all of these related to accommodation arrangements for overseas students whilst studying at a single college in the County. Arrangements are made between the school and

parent for the care of the child which may include the use of a host family and do constitute a private fostering arrangement.

Ofsted noted that 'numbers of cases being identified in which children are living in private fostering arrangements have remained stubbornly low'.

Leicestershire have developed an action plan to improve numbers of notifications that covers:

a. Further promotion through leaflets, head teacher briefings, communications to colleges and assisted boarding schools, use of social media and radio interviews
b. Provision of information for carers
c. Development of procedures and performance management to support effective working across teams
d. Governance – quarterly report to senior management within the Council and ongoing monitoring by the LSCB.

The Foster Carers Support Team made several improvements during the year to support carers, including establishing a duty system, improved links with Child and Adolescent Mental Health Services (CAMHS) and additional training input.

During the year Support Workers have offered themed individual and group work with young people, for example, safety and Child Sexual Exploitation, building self-esteem, friendships, and have supported young people and carers with CAMHS meetings. The team has 33 Independent visitors who have been matched to young people.

Looked after Children

The number of children looked after by Leicestershire County Council has continued its gradual increase over the past few years to 501 at the end of 2016/17 (provisional figure).

Placement stability has improved with 8% of children having more than 3 placements in a year, compared to 13% in 2015/16. The proportion of those that have been in care for more than 2.5 years that have been in one placement for over 2 years or placed for adoption than last year has increased slightly to 69%.

At the end of the year, 99.4% of cases had been reviewed within the required timescales compared to 98.1% the previous year.

Overall, 95.3% of children over 4 participated in their LAC review, compared with 90.2% in 2015/16, with 50.5% of those over 4 attending and speaking for themselves and many involved in co-chairing the review meeting with the IRO (Independent Reviewing Officer).

Children's involvement and participation is supported by the Children's Rights Service (CRS) which continues to empower children and young people to have their voices heard and provides quarterly reports on messages from Children in Care to the LSCB

However Ofsted identified that "while IROs work hard to involve children in review processes appropriately…" "…a number of children and young people spoken to describe them as too adult-oriented." The IRO service will look to address this concern in 2017/18.

The CRS will carry out work to increase accessibility to the CRS for younger children, children with disabilities and Unaccompanied Asylum Seeking Children. The service is also developing its evaluation process to help understand performance and support improvement.

Despite improved stability and review outputs, outcomes for care leavers have declined slightly with 79% of care leavers in suitable accommodation compared to 82% last year and 50% of care leavers in education, employment or training compared to 52% last year. These levels are above average compared to statistical neighbours. The LSCB anticipate this will be monitored by the Corporate Parenting Board.

The Virtual School which looks after education for Looked After Children has delivered bespoke attachment, trauma and emotion coaching and training in primary, secondary and special schools across the county to ensure Looked After Children's needs and education is supported.

A pilot project in Spring 2017 term enabled some children and young people to access a variety of therapeutic interventions, such as play-, art-, dog-, and equine-therapy. Twenty-nine therapeutic interventions lasting between six and ten weeks are now in place for these children in care.

Ofsted identified that the Virtual School was 'highly effective' and that 'the local authority has invested well' in the service, whilst 'children's progress is extremely well monitored' and that 'many make good progress socially, emotionally, and educationally, considering their starting points'.

Performance in completing Initial Health Assessments for Looked After Children within statutory timescales has been scrutinised by the LSCB during the year. Timely health assessments are important to allow needs of looked after children to be met effectively. Despite improvements in performance part way through the year in Leicestershire, a low proportion were completed within the 28-day statutory timescale and this remains an area for further scrutiny by the LSCB.

Leicestershire County Council has introduced a Quality Assurance Alert process into the Independent Reviewing Officer (IRO) service that supports concerns to be escalated and good practice to be recognised.

The IRO service has highlighted the need for a formal process for oversight of Special Guardianship Order assessments and plans. Further work is to be carried out in the service to ensure drift in cases is challenged by the IRO.

<u>Safeguarding in Education</u>

The numbers of safeguarding children contacts and enquiries from schools increased slightly (4%) in 2016/17 to 2,171 from 2,084 the previous year. However,

a significantly larger proportion resulted in a referral to Children's Social Care for further investigation compared to the previous year (61% compared with 38%). This increase is in line with the general increase in referrals to Social Care in the latter half of the year following changes to practice in First Response. In addition, schools safeguarding training remains well attended with excellent feedback.

The Safeguarding in Education service has provided training to almost 1,000 Designated Safeguarding Leads in schools in Leicestershire.

E-safety surveys were completed by about 5,000 pupils and the e-safety award has been taken up by ten further schools to take the total to 138 schools in the area.

Safeguarding annual returns were completed by all maintained schools and academies in Leicestershire along with 20 Leicestershire based Independent schools, 305 schools in total, in 2016. These showed good compliance with safeguarding policies, procedures and practice. The Council and LSCB will continue to develop links with Further Education, Sixth Form colleges and independent schools for safeguarding compliance. We will also establish how well madrasah understand and comply with safeguarding responsibilities and offer appropriate support.

The Anti-Bullying Team at Leicestershire County Council continues to provide anti-bullying advice, guidance, support and training primarily to schools and has supported many schools to achieve the 'Beyond Bullying' Award.

Leicestershire County Council launched a Pupils Missing Education (PME) Operating Framework in autumn 2016 and Ofsted assessed that the Authority had a 'good grasp of PME'.

Under the Prevent Duty (Section 29 of the Counter-Terrorism and Security Act), the Local Authority is working with schools to support the delivery of packages they have developed for young people to divert them away from extremism.

Over 82 WRAP (Workshop to Raise Awareness of Prevent) sessions have been delivered to 60 schools across Leicestershire and compliance with the Prevent duty is high. Leicestershire's Community Safety Team have received calls from schools wanting to discuss concerns about particular young people, again indicating a raised level of awareness of who to contact in the event of concerns.

Police neighbourhood teams provide inputs to children on several topics with links to safeguarding.

Schools have been helped to achieve successful outcomes in safeguarding with all schools inspected being rated 'effective'.

'Beyond Bullying' is cited as an example of good practice nationally.
The schools survey 2016 found that school staff and governors are confident in tackling different types of bullying and young people have championed anti-bullying in schools.

Further work will take place to develop additional resources to help schools support pupils with mental health issues, continue established anti-bullying strategies and develop work with Early Years.

Children Home Educated

In Leicestershire there was a significant increase in the number of children recorded as in Elective Home Education (EHE), with 440 at the end of 2016/17 compared to 321 at the end of the previous year. The Council report this is an issue seen in other areas, and the causes are uncertain, but being explored. The proportion receiving their required visits has reduced from 87% at the end of last year to 81% at the end of 2016/17.

During the year the externally provided EHE visits service developed closer working relationships with the Medical Needs Practitioners. Joint visits between the two services have been undertaken to assess the education and the impact of their medical needs.

Families are visited annually, with families who are 'suitably' and 'efficiently' educating their children receiving a questionnaire after six months, and more frequent follow up where this is not the case. Parents are asked to complete the questionnaire and return it with work samples.

Leicestershire have embedded 'Signs of Safety' in the EHE referral process and at the point of case closure and all cases are now risk assessed and regularly prioritised using a RAG rating system.

The Council with the visits service have worked hard to identify which families need referring to the Court Team for the issue of a School Attendance Order when appropriate.

One officer in the visits service is concentrating their time on work with the traveller community and this targeted work is working well, with risks for all children managed appropriately.

In the autumn term in 2017, Leicestershire County Council are planning to hold twilight meetings for families educating children at home to:

- Enable families to network
- Provide relevant information for families
- Provide some basic training.

Special Educational Needs and Disabilities (SEND)

During the year, the LSCB and Leicestershire County Council have used learning from national reports to progress safeguarding of children with SEND. Of particular concern were the low numbers of children with SEND on child protection plans.

The Council carried out an initial audit in June 2016 that found good practice in identifying and considering children's disabilities, however there was some inconsistency, particularly in recording regarding disabilities.

The Council held a 'practice summit' in July 2016 to gather the views of professionals in this area, which identified that stronger arrangements between the IRO service and the Disabled Children Service would help ensure that information regarding children with disabilities was correctly recorded to support good outcomes. Following the summit, the council report that the issue of safeguarding children with SEND has a much higher profile and practitioners clearly identify it as a priority for improvement, both in terms of identification, recording and multi-agency working. The number of children with SEND on Child Protection Plans in Leicestershire has increased since this focus.

The Council has developed practice standards for assessments, plans and section 47 inquiries regarding children with SEND which will be rolled out in 2017 with follow up audits being planned.

As part of the LSCB's 2017-18 Business Plan priority regarding Safeguarding children with SEND the LSCB will carry out a multi-agency organisational self-assessment, which will more clearly identify weaknesses or gaps that need to be addressed.

Local Authority Designated Officer (LADO)

The Local Authority Designated Officer (LADO) gives advice or deals with allegations against adults who are working or volunteering in a position of trust with children or young people in line with the Working Together 2015 requirement for local authorities to have a designated officer to manage allegations against people who work with children.

During 2016/17 the numbers of contacts and referrals to the LADO in Leicestershire stayed level at around 500 contacts and 250 referrals (242). These have resulted in 102 allegations being considered at a strategy meeting compared to 125 in 2015/16.

Over the last couple of years the nature of allegations has not varied significantly. Physical abuse remains the most frequent allegation. The Leicestershire LADO has analysed this and identified that this is related to the number of allegations made by children in residential care placements, following being physically restrained, but that there is little evidence that residential staff members are inappropriately overusing restraint.

As in previous years allegations against teaching staff continue to represent the most frequent source of referrals, however the number of referrals relating to child minder, nursery or playgroup staff has steadily increased over the past couple of years and is now the second most frequent.

In Leicestershire there have been increases in allegations against individuals in a role classified as "health care worker/GP" and "Taxi Driver/Escort" though numbers are low (13 and 10 respectively) so a trend cannot be determined at this time.

Just under a third of the 102 allegations (28 – 27.5%) were deemed to be substantiated. This is lower than the previous year (39 – 31.2%), but otherwise there are no significant variations in outcome compared with previous years.

In the majority of cases a strategy meeting takes place within 3 days of the decision that one is required, in line with local procedures. In Leicestershire 74% took place within 3 days in 2016/17 compared to 72.1% in 2015/16. A smaller proportion took place ten or more days after the decision, 12% compared to 13.8% in 2015/16.

More than 60% of all allegations that proceed to a strategy meeting are resolved at the first meeting, with less than 2% of allegations requiring more than three meetings. These figures represent a reduction in the number of meetings held per allegation compared to previous years.

The Leicestershire LADO is part of East Midlands and National networks to ensure continued learning and sharing of good practice and the LADO is involved in national development of guidance and procedures, particularly regarding cross-border working.

The Ofsted inspection of Leicestershire children's services concluded that "Allegations of abuse, maltreatment or poor practice by professionals or carers are taken seriously and, in all cases examined, the appropriate threshold was applied and a timely response was evident."

Further work to be carried out in 2017/18 will include developing a suite of closure letters to round off the process for individuals involved and improving consistency in recording regarding allegations relating to households.

Safeguarding Children in Rutland

From its scrutiny, assurance and learning work the LSCB assesses that whilst there are some areas for improvement organisations are working well together in Rutland to safeguard children.

In the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the LSCB in Rutland Ofsted rated Rutland County Council's services overall as 'Requiring Improvement.' In the inspection report they identified that "While no children were found to be at immediate risk of harm and most have improving outcomes, the quality of practice in assessment, planning and management oversight is too variable. When immediate risks are identified, child protection enquiries are timely and thorough. However, emerging risks and concerns are often not recognised or addressed as swiftly as they could be, leaving some children vulnerable to further harm."

This section outlines developments and data for elements of safeguarding and children services in Rutland

Contact and Assessment

Rutland data shows a slight increase in the total number of safeguarding children contacts and enquiries from 901 during 2015/16 to 932 during 2016/17 (3.5%). The conversion rate from contacts to referral to Social Care in Rutland remained at a similar level to the previous year, at 39%.

The number of contacts for the public increased during the year, and 29% of the 93 contacts were referred on to Social Care.

An initial single assessment is required to take place following each safeguarding referral within 45 days of the referral. Rutland completed 80% of single assessments within 45 days, an increase compared to 68% in 2015/16, and in line with levels in previous years. In the last half of the year, 94% of assessments were completed within 45 days.

The rate of re-referrals to Social Care in Rutland was slightly lower than last year at 26%, but had increased in the last quarter. This will continue to be reviewed.

During the year Rutland County Council have appointed a permanent head of service and service manager, increased support for services through Business Intelligence and set out clear expectations around practice and performance. Assessment quality, identified as a concern in LSCB and Rutland County Council audits, and by Ofsted in their inspection, was improving at the end of the year.

The Council are continuing to develop group supervision in the service to support good practice and management oversight.

Early Help

The Ofsted inspection reported that “Early help services are effective. A wide range of evidence-based interventions provided are successfully helping to improve circumstances for children and families.”

The Board reviewed a report on performance and outcomes from Early Help in January 2017.

The number of families receiving support through Early Help services increased from 119 at the end of 2015/16 to 198 at the end of 2016/17.

Partnership working between University Hospitals of Leicester (UHL) Midwife service and Children’s Centre services has supported a significant increase in the proportion of families registered with Children Centres from 82% at the end of 2015/16 to 96% at the end of 2016/17.

Rutland has seen improved levels of engagement in the Children’s Centres, from 68% to 75% of families and 85% of families within the Children Centres programme report that their needs have been fully met.

The ‘Changing Lives Rutland’ Troubled Families programme were supporting 78 families at the end of the year compared to 17 at the end of 2015/16 and 52 children were receiving targeted one-to-one Children’s Centres involvement in Rutland. Sixteen additional families achieved planned payment by results outcomes on the ‘Changing Lives Rutland’.

Signs of Safety has been embedded across the Early Help service and Early Help co-ordinators continue to offer support and case discussions to partner agencies, including schools, health visitors and Police.

Rutland County Council Early Help worked jointly on 35% of their cases with Social Care and fewer cases were ‘stepped up’ from Early Help to Social Care (3) than the previous year (28).

Early Help cases are subject to the Quality Assurance and Performance process and cases are audited monthly by the Council. The Council also carries out a quality check on external Early Help assessments to ensure children and families get the right support.

Rutland internal quality audits of Early Help have shown an improvement in capturing and responding to Voice of the Child and focus of assessments.

The Early Help workforce is stable and families receive a consistent worker. Partner agencies, especially schools, report high levels of confidence and feel supported by Early Help services in Rutland.

Caseloads remain stable at 16.5 children and staff report feeling supported and receiving training and development.

Rutland will further quality test the Early Help Care Pathway in 2017/18 to ensure it is robust and focused on outcomes.

Children in Need and Child Protection

Despite the number of referrals to social care remaining at a similar level there has been a reduction in the number of Children in Need and the number of Children Subject to Child Protection Plans in Rutland.

The number of Children in Need in Rutland at the end of the 2016/17 was 90, this is well below the national rate. This figure is lower than the previous year, but is not comparable due to improvements in recording for 2016/17.

Rutland County Council Social Care and midwives have telephone contact during the thirtieth week of pregnancy for all women identified during pregnancy as requiring additional support and protection for their unborn child. This contributes to improved safety and protection for vulnerable babies in addition to the statutory child protection planning processes and is an example of early identification of vulnerability and good partnership working.

The number of children subject to Child Protection Plans dropped from 29 to 22 at the end of the year. No children have been subject to a Child Protection Plan for more than two years and the percentage of repeat Child Protection Plans in Rutland is 20%.

In Rutland, the largest categories of abuse were neglect and emotional abuse, featuring in 16 and 15 of the 41 Child Protection Plans that commenced during 2016/17 respectively.

All child protection cases were reviewed within statutory timescales. This protects against cases being subject to drift or delay in achieving protection for children.

The LSCBs multi-agency audits identified inconsistency in practice in a few areas, such as recording, information sharing and hearing the voice of children. Rutland County Council have introduced developments to support this, including group supervision, practice workshops and clear expectations around practice and performance. This is showing some improvements by the end of the year, but requires further work and further review by the Board.

The LSCB has been monitoring attendance at ICPCs by partner agencies during the year.

At the beginning of the year, Rutland developed and delivered multi-agency training to embed the solution focused approach to the Child Protection Conferences which has resulted in improved engagement of parents, understanding the risks and contributing to the formulation of the plan. The ownership of the plan has in turn seen actions being progressed and completed thus preventing drift and children remaining subjects of Child Protection Plans for long periods.

The training has also improved the quality of reports to conference, embedded Signs of Safety in the approach and resulted in improved attendance from partner agencies

and information being provided in a timely manner when they were unable to attend. During the year, all but one ICPC had Health and Education representatives. The Police attended nine of the nineteen ICPCs and, in line with local agreements, sent reports to all the others.

Fostering and Adoption

Ofsted identified some shortfalls regarding fostering in Rutland including assessment of carers and challenge within fostering panels. Rutland County Council have reviewed the fostering and adoption service, have set clear expectations regarding practice and performance. By the end of the year the service had ensured all reviews of foster carers were up to date and had resolved all complaints.

Rutland County Council have developed an annual training programme for Foster Carers and updated the Statement of Purpose and Foster Carer Charter.

Under-reporting of private fostering is an ongoing concern. Despite further awareness work during the year Rutland had no referrals for Private Fostering in 2016/17.

In response to this Ofsted made a recommendation for the LSCB in its inspection report for Rutland to “Improve awareness raising of private fostering across the partnership and wider community.” This is being taken forward as part of the Board’s improvement plan.

Rutland County Council is reviewing its processes for oversight of foster panels, developing group supervision, looking to embed Signs of Safety and reviewing its Service Level Agreement with Leicestershire County Council regarding Private Fostering to ensure good quality practice and services for Children Looked After.

Children Looked After

The number of children looked after by Rutland County Council has continued its gradual increase over the past few years to 42 at the end of 2016/17. Placement stability has continued to be good with no children having more than 3 placements in a year, and though a lower proportion of those that have been in care for more than 2.5 years have been in one placement for over 2 years or placed for adoption than last year (73% compared to 88%) this remains above the national average.

During the year all cases were reviewed within required timescales.

Ofsted recognised that the service for care leavers is good. All care leavers are in suitable accommodation, and while there has been a drop in the proportion of care leavers in education, employment or training (to 78% from 87% last year) this remains high compared to the national average.
Performance in completing Initial Health Assessments for Children Looked After, within statutory timescales has been scrutinised by the LSCB during the year. Timely health assessments are important to allow needs of children looked after to be met effectively. A low proportion were completed within the 28-day statutory timescale at the start of the year, however in the last quarter of the year all were completed in that timescale in Rutland.

Safeguarding in Education

The number of contacts and enquiries to Rutland County Council from schools increased (15%) in 2016/17 to 185 from 161 the previous year. A slightly lower proportion resulted in a referral to Children's Social Care for further investigation as the previous year (51% compared with 55%).

A survey of schools and early years establishments in Rutland was carried out in autumn 2016 to establish compliance regarding safeguarding in these places.

Safeguarding annual returns were completed for most schools in 2016 showing good compliance with safeguarding policies, procedures and practice.

Training for schools in Rutland through the adult learning support service reflects the national agenda, offering nationally accredited training, including:

- Designated Person training
- Prevent training

The Virtual School which looks after education for Children looked after (CLA) to ensure their needs and education is supported in their education settings has run a programme of training which has included:

- Trauma training for the Virtual School Head
- Carers workshop
- Designated Teacher for CLA annual training

Headteacher strategy meetings have included:

- Training for headteachers on building school resilience in managing pupils with mental health issues and SEND.
- Training on attachment disorders

Children Home Educated

At the end of the year five children in Rutland were registered as Home Educated. For all Children Home Educated a visit is made on a date mutually agreed at the start of the process and follow up visits annually by arrangement. All children in Rutland had received their annual visit during the year.

During the year Rutland have developed their process regarding Children Home Educated to ensure checks are carried out with Social Care and The Voice of the child is always captured where possible.

This work has increased opportunities for children and families to have access to other agencies e.g. Early Help, Aiming High, Youth Options.

Special Educational Needs and Disabilities

Rutland County Council audited all Children with Disabilities cases in April 2016 to ensure there were no safeguarding concerns. A report was submitted to the LSCB to support the development of the Business Plan Priority for 2017/18 and an action plan in response to this audit and the Ofsted Safeguarding children with disabilities report is being implemented.

Rutland County Council are undertaking a Self-assessment of the SEND and Inclusion service, from which an action plan will be developed and a set of practice standards. The Council's review of the 'front door' process and pathway will include looking to ensure a timely response to children with additional needs

Independent Reviewing Officer (IRO)

Rutland appointed a permanent Safeguarding and Quality Assurance Manager during the year. They have worked to develop the safeguarding service including:

- Processes for improved communication with parents
- Improving case auditing
- Processes for escalating and resolving practice alerts
- Developing workshops for practitioners
- Improving engagement and participation of children and families and seeking their feedback.

Children and their families are providing feedback following the Child Protection Conferences and CLA reviews which is showing an improving picture. The following Case study outlines the improvements:

One mother recently attended an Initial Child Protection Conference for her three children who had previously been subjects of Child Protection plans. She felt very angry and negative towards CSC and partner agencies and spoke about how she had become upset and had stormed out of the meeting previously. Time was invested to prepare her for the ICPC, she was encouraged to contribute and her views were respected. The Signs of Safety visual model enabled her to process the information and to recognise the risks. The many strengths were acknowledged " I'm liking this….I'm liking this lot " mother exclaimed. Her body language was positive. She was in the meeting, an integral part and did not leave feeling 'done-to,' as she previously had. The mother was able to manage the whole meeting and felt heard. She was also able to hear and respect the professionals concerns. She identified actions for herself and her partner, set clear timescales and was holding the professionals to account regarding them providing the support that had been identified. The mother and the Social Worker who requested the ICPC were able to leave the meeting together (Social Worker offered to transport mother to school to collect her children) thus showing the importance of respect and engagement for healthy relationship building which results in better outcomes for children and their families.

Rutland County Council has established an ARC (At Risk Children)/CLA (Children Looked After) Panel, which is chaired by the Head of Children's Social Care and reviews all children subject to Child Protection Plans over 12 months, ensures oversight of all children looked after as well as agreeing and ratifying decisions made around children becoming looked after. Education and Health Partners are engaged with this process and attend the panel.

The ARC/LAC panel supports good management oversight and timely decision making along with creative solutions to complex situations being explored and implemented.

Further work will be undertaken with social care workers to build upon the progress that has been made particularly in regards to engaging children, parents and the extended family.

LADO

The Local Authority Designated Officer (LADO) gives advice or deals with allegations against adults who are working or volunteering in a position of trust with children or young people in line with the Working Together 2015 requirement for local authorities to have a designated officer to manage allegations against people who work with children.

During 2016/17 the numbers of enquiries to the LADO in Rutland increased by from fourteen to twenty-three (64% increase). This is similar to the level two years ago, although Rutland County Council reports that during the first half of 2016/17 recording and analysis of information was not consistent. These enquiries have resulted in eight allegations being considered at a complex strategy meeting compared to five in 2015/16. Nine contacts were enquiries for advice, and the other six contacts were logged and closed following consultation by the LADO and advice given.

Over the last couple of years the nature of allegations has not varied significantly. Physical abuse remains the most frequent allegation.

Staff in children's residential care represented the most frequent subject of enquiries, however all but one related to a single establishment. Advice and guidance has been given to that establishment regarding robust reporting and further training followed by education staff in nurseries, schools and colleges.

Four of the eight allegations were deemed to be substantiated, one fewer than the previous year.

The Rutland LADO is part of East Midlands network. The LADO has been raising awareness of the role through local professional groups, and plans to expand this further by facilitating training sessions over the next year. The LADO is also working with the IT and performance teams to develop effective recording on the social care management system to enable capture of reliable data, to support robust analysis of themes.

Safeguarding Children in Leicestershire and Rutland

Voluntary Sector Safeguarding Assurance

As part of its assurance work the Board has commissioned Voluntary Action LeicesterShire (VAL) to carry out a survey to assess safeguarding approaches across the community, voluntary and independent sector.

The project commenced in August 2016 to run for two years. The project has been promoted through voluntary sector communication channels, newsletters and forums encouraging voluntary sector groups across the two Counties to complete the questionnaire in a paper, online format or by telephone. In addition, VAL has been contacting and following up agencies directly by telephone to encourage completion. The questionnaire contains questions to ascertain safeguarding practice in voluntary and community sector agencies and VAL provide follow-up advice to agencies where gaps in knowledge and practice are identified by the return of the survey.

For the nine months to April 2017, 150 organisations had responded to the survey covering 7,438 volunteers and 1,962 paid staff across the two counties.

The key findings for those agencies include:

- Staff or volunteers have received safeguarding training in 86% of organisations
- 85% of organisations have a designated lead person for safeguarding concerns
- 87% of organisations have carried out DBS checks, though only 62% have carried out DBS checks for both relevant staff and volunteers, though this may be impacted by their workforce make up.
- 47% of organisations were aware of the LSCBs online procedures and only 34% of the Threshold guidance
- 24% of agencies use the Leicestershire & Rutland Safeguarding Competency framework.
- 15% of organisations do not have policies in place for Allegations against members of staff.
- 28% of organisations do not have policies in place for Whistle Blowing volunteers.

These findings suggest good coverage of safeguarding training and awareness in the voluntary and community sector, but a small minority of organisations that do not have robust safeguarding training, understanding or procedures. The nature of the project means that VAL has been able to signpost and support organisations to improve their procedures and practice and gain training as required.

The full findings of the project will be analysed when the project finishes in 2018.

Business Development Plan Priorities

LSCB Priority 1 – Secure robust and effective arrangements to tackle Child Sexual Exploitation (CSE), Missing and Trafficking

We planned to…

- Develop a programme of communication activity and training initiatives appropriate and relevant to a wide range of individuals and groups
- Develop and implement a specialist response to those children going missing from home or care, at the highest risk
- Ensure learning from return interviews for children going missing is collated and acted upon
- Identify audit opportunities to test improved safeguarding outcomes
- Monitor and review progress of Strategic Partnership Development Fund (SPDF) CSE programme implementation
- Review current commissioning arrangements for post-abuse services to determine whether they are well planned, informed and effective
- Assess and evaluate the sufficiency of current services to offer specialist interventions, specifically post abuse
- Ensure the needs of children and young people regarding CSE are represented in the Health and Well-Being Strategy

We did…

- Transferred the ownership of the development work on CSE to a CSE, Trafficking and Missing Executive and Operational Group outside of the LSCB structure but reporting into the LSCB for assurance.
- Built on joined up approaches through integration of specialist CSE Nurses into the already established multi-agency CSE team and co-location of City Council staff with the team.
- Through the LLR Strategic Partnership Development Fund (SPDF) CSE:
- Extended the CEASE (Commitment to Eradicate Abuse and Sexual Exploitation) campaign
- Rolled out the Kayleigh's Love Story film to local school children
- Extended the 'Warning Zone' safety education centre to incorporate an e-Safety zone
- Strengthened the CSE multi-agency team with an intelligence analyst; a psychologist; a parenting support coordinator; and a service manager to jointly oversee the team with the Detective Inspector
- Relaunched the CSE information sharing form to enable partners to more easily share soft intelligence about CSE concerns
- Ensured children at risk of CSE are flagged on health records visible to GPs, school nurses, health visitors, CAMHS, out of hours services and integrated sexual health services.
- Supported single agency training and the embedding of CSE champions in services.

For impact and further developments required, see overleaf.

The impact was…

- Ofsted found that work with children at risk of CSE is strong, both strategically and operationally, through both mainstream and dedicated services.
- The number of referrals to the multi-agency team where CSE concerns were identified levelled off in Leicestershire at around 300 and increased in Rutland from 8 to 29. The profile of referrals has changed with an overall reduction in the level of risk and harm identified. Further research needs to be undertaken but suggests a successful outcome of the local strategy i.e. children at risk of harm are being identified earlier and intervention to reduce risk and harm to children is effective.
- The number of referrals where online CSE is a feature has increased by 100% over the past 12 months mirroring the national trend. There has been increasing numbers of referrals related to children under the age of 12, with the majority of these referrals linked to online CSE. Over 70% of all referrals related to children living at home highlighting the importance of raising awareness with parents and carers.
- The quality of referrals has improved following practice developments such as training and internal processes.
- A wider range of professionals have directly contacted the multi-agency CSE team for consultation. There have been more direct referrals from health professionals following the introduction of specialist CSE Nurses to the team.
- Co-location of partners in the multi-agency CSE team has significantly assisted in the development of the collective understanding of those at risk of CSE resulting in direct allocations to the team for support. Profiling of suspects, perpetrators and locations has been instrumental in the development of increasing numbers of joint investigations, increased levels of enforcement activity and more trials resulting in successful prosecutions.
- The level of post-trial support and recovery for victims of CSE has improved due to the specialist CSE Nurses identifying clearer pathways for children.
- The Kayleigh's Love Story film was rolled out to over 55,000 school children across Leicester, Leicestershire & Rutland leading to over 30 substantial disclosures. The award winning film has been viewed by over 30 million people worldwide on social media and has been rolled out in many other local areas as part of their prevention campaigns.
- During 2016-17 the total number of children reported missing in Leicestershire and Rutland has remained comparable to 2015-16; however, overall the total number of times children have been reported missing has been reducing. This change requires further investigation although it is believed to be as a result of the effectiveness of earlier intervention with children going missing for the first time and more targeted responses where children have been frequently missing. Over 30% of reports of missing children in Leicestershire are related to children placed in the area in private children's homes by other local authorities.
- Central coordination of the response to missing children through the multi-agency CSE team has led to improvements in the follow up to the report of missing episodes. Return interviews are now being allocated and completed in a more timely way, in most cases within the 72 hour timespan identified in statutory guidance.

Further development required…

- Full integration of LLR partners into the multi-agency CSE team – children, families and perpetrators all cross borders
- A programme of school prevention activity is planned during 2017-18 encompassing the continued roll out of the Kayleigh's Love Story film, the development of a CSE toolkit for schools and the re-commissioning of Chelsea's Choice to tour in the Autumn term.
- Develop work with primary age children in relation to reducing the risk of online CSE
- Build the intelligence picture in relation to risky persons and offenders to enable a more targeted approach in managing threat and risk
- Collate the information gathered from missing children return interviews to support the development of shared intelligence in line with Ofsted recommendations
- A partnership forum with local children's homes providers is planned as part of the strategy to reduce the risk of harm to children in care placed by other local authorities in the area
- Continue to monitor the type and level of support and recovery services offered to victims of CSE including a specialist parents support worker and peer support group following feedback from several families affected by CSE
- Continue awareness raising campaigns aimed at and co-designed with parents and carers.

LSCB Priority 2 – Maximise the impact of learning from Serious Case Reviews (SCRs) and other reviews

We planned to…

- Ensure that recommendations from SCRs and other reviews locally and nationally are disseminated, acted upon and positively impact on the quality of safeguarding services and their outcomes for children, young people and families.
- Ensure that appropriate workforce development takes place to ensure staff can implement required change
- Incorporate specific learning themes into the Quality Assurance and Performance Management Framework to test impact on service quality and outcomes for children, young people and families:
    - Young people 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

We did…

- Used our Safeguarding Matters publication and ran two multi-agency learning events to highlight the learning from SCR's and alternative reviews to the partnership workforce.
- Collated and distributed learning from SCR's across the country to local agencies through the SCR sub group, incorporating themes that needed further work in Leicestershire and Rutland into the Business planning process.
- Worked to respond to early learning from reviews to ensure any necessary changes to procedures or practice is timely. This included identification of a need for a Children in Need (CIN) protocol and developing solutions for people whose first language is not English.
- Monitored data regarding Bruising to non-mobile babies.
- Incorporated Effective Information Sharing and Case Supervision as key parts of all multi-agency case file audits undertaken by the Board. Specific work was undertaken to increase GP awareness regarding effective information sharing for safeguarding children.
- Ran a quarterly partnership Looked After Children (LAC) networking meeting across Leicester, Leicestershire and Rutland troubleshooting individual cases and sharing good practice.
- The Local Authorities undertook single audits of their practice with regard to Looked After Children.
- Included Cross border protocol for LAC in the multi-agency LSCB procedures
- Operation Encompass which improves information sharing with schools regarding domestic abuse where children are present commenced in Rutland, having been implemented in Leicestershire in 2015.

The impact was…

- It is too early to measure impact of many of the approaches put into place.
- A recent multi agency review of a live case regarding self-harm showed that the young person involved had received a formal diagnosis in respect of their mental health needs and is receiving the correct medication to support them coping with their condition.
- Case audits show greater confidence in the workforce regarding information sharing and what can be shared appropriately.
- A review carried out in 2016 showed evidence of improvements in practice and outcomes with regard to Vulnerable Looked after Children

Further development required…

- Practice regarding Vulnerable Looked after Children to be tested further by multi-agency and single agency case file audit.
- Continue to follow up routes for providing information to people whose first language is not English.
- A multi-agency audit of practice regarding domestic abuse will take place following implementation of the domestic abuse information sharing pathways, which remain in development.
- Final sign off of the regional protocol for children on Child in Need plans is awaited, however local procedures for Children in Need will be updated in line with the proposed protocol in the meantime.

LSCB Priority 3 – Champion and support the extension of Signs of Safety (SoS) across the Partnership

We planned to…

- **Workforce Learning & Development**
  To introduce the SoS approach to agencies across the LSCB partnership so that professionals have a clear understanding of the ethos, use a common language and are familiar with the processes and the disciplines of the approach and all partners can contribute effectively in all meetings
- **Organisational Alignment**
  Ensure that relevant LSCB processes, systems and forms align with and support Signs of Safety practice across the partnership
- **Leadership**
  Across the LSCB, leaders and managers understand, support and actively promote the Signs of Safety approach
- **Meaningful Measurement**
  Ensure LSCB Quality Assurance processes are in place to assess and measure the quality across the partnership and the impact of the extension of the SoS approach.

We did…

Workforce Learning & Development

- Held 3 Introduction to Signs of Safety Briefing sessions open to partner agencies and 1 Introduction to Words and Pictures session
- Set up a SoS webpage on the Safeguarding Boards website containing links, information and PowerPoint: http://lrsb.org.uk/signs-of-safety
- Used the Appreciative Inquiry methodology to review cases
- Shared tools including surveys and audits developed across the partnership.

Organisational Alignment

- Leicestershire and Rutland worked together to develop and align their approach in relation to case conferences
- Developed and piloted of SoS compliant report to conference and associated Guidance Notes

Leadership

- Held a Deliberative Inquiry on SoS at an LSCB meeting to help develop a shared understanding

Meaningful Measurement

- Incorporated consideration and testing of SoS in design of single agency and LSCB audit tools
- Reviewed feedback from parents through the Safeguarding Effectiveness Group (SEG).

The impact was…

- Of the 80 practitioners who attended the Signs of Safety briefings all rated a significant increase in their knowledge, skills and confidence in the approach with specific points to improve practice.
- In Rutland, the Local Authority has trialled a young person chairing their own CP conference, and all CP conferences follow a Strengthening Families format, which is more inclusive for the young person and family, and supports the family and young people to put forward their own views and opinions.
- In Leicestershire, the majority of children (81%) rate the extent to which people who are working with them are listening to and acting on what they said as over 7 out of 10.

Further development required…

- Embedding Signs of Safety is acknowledged as requiring more than short term intensive action, and the need for further development to embed Signs of Safety across the partnership has been identified.
- The Deliberative Inquiry at the Board identified a gap in understanding of and support for the Signs of Safety approach at a Leadership level.
- Further work is required to gain evidence that the extension of the SoS approach across the partnership has value and positive impact for families.
- In addition, further work is required to ensure that practitioners across agencies understand how Signs of Safety is used in practice and can contribute effectively at all key decision making points and to gain feedback from staff of the SoS methodology on their practice.
- In April 2017, Leicester City Local Authority Children's Services signed up to the implementation of Signs of Safety so future multi-agency developments will be implemented across Leicester, Leicestershire and Rutland including the Multi-agency referral form.

LSCB Priority 4 – Be assured that thresholds for services are understood across the partnership and applied consistently

We planned to…

- Test multi-agency understanding and application of safeguarding thresholds in Leicestershire and Rutland through the four quadrant QAPM framework, tracking the data through the Safeguarding Effectiveness Group (SEG) and reporting issues to the Executive Group and the Board
- Ensure that referrals to Children's Social Care (CSC) are made in accordance with current thresholds
- Ensure that appropriate referrals are being made to Early Help from the Healthy Child programme
- Establish the levels of referrals to CSC from the public and encourage appropriate referrals by an awareness campaign
- Establish and report on what constitutes No Further Action in regard to referrals and encourage a shared consistent language across LLR.

We did…

- Put the updated Thresholds document on the LSCB website
- Distributed thresholds business cards to staff across agencies with clear 'signpost' to the Thresholds document on the website
- Undertook a multi-agency audit into repeat or subsequent Child Protection Plan (CPP).
- SEG now obtains data from the Health Visitor Healthy Child programme of Universal, Universal Plus and Universal Partnership Plus levels of service and monitors through the SEG dataset.
- We have established the levels of referrals to CSC from the public
  A report on No Further Actions (NFAs) was completed and a better understanding of what constitutes NFA has been established across LLR

The impact was…

- Feedback on referrals that don't meet the thresholds is provided to agency managers
- There is now consistent reporting through SEG regarding thresholds and through the partnership.
- Referrals from the public are good so no campaign is needed at this time.

Further development required…

- Audit revealed the requirement to strengthen Child in Need action plans and multi-agency commitment to recognise this when children are removed from Child Protection Plans. This work is being progressed as part of the Children in Need multi-agency protocol.
- Ofsted identified gaps in quality and consistency of assessment in Leicestershire & Rutland and the LSCB will continue to monitor developments on this

LSCB Priority 5 – 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

We planned to…

- Deliver a robust Early Help offer across Leicestershire and Rutland through integrated working and implementation of the Early Help Assessment (EHA) and team around the family approach
- Devise an outcomes framework for Early Help
- Review and evaluate local programmes once a year in order to ensure quality, equity and value for money
- Monitor performance of delivery plans that support local area strategic priorities regarding Early Help.

We did…

- Developed a common Early Help scorecard
- Local Authorities created and implemented common referral, triage, assessment and support planning procedures to support the multi-agency system
- The LSCB received a report in January 2017 regarding progress and performance of Early Help in the two Local Authority areas, in addition to incorporation of Early Help metrics in the performance framework.

The impact was…

- The Board is assured that Early Help is having an impact on outcomes for children – for example, of the cases closed in the year in Rutland, 83% have had needs met and, in Leicestershire, 60% of families made positive progress across a range of areas.
- There has been a reduction in the number of cases stepped up to Social Care in both Leicestershire and Rutland.
- The step-up and step-down process is embedded and thresholds for Early Help intervention are appropriate
- Ofsted's inspections in Leicestershire and Rutland identified Early Help services to be effective and improving outcomes.

Further development required…

- The Early Help evidence base needs developing to be able to identify 'promising' interventions and test their impact.
- Some inconsistency of partner engagement in Early Help remains and systems are not uniformly 'integrated'. The Heads of Early Help services are creating an Early Help Framework across the partnership to move this forward.
- Information sharing remains a practical barrier to multi-agency working for both technical and cultural reasons. Some solutions will be considered through the Training and Development Subgroup in 2017/18.
- Testing of step-up and step-down processes will be part of the LSCB business as usual and will be monitored through a multi-agency audit and assurance data being reviewed by the Safeguarding Effectiveness Group (SEG).

LSCB Priority 6 – Be assured that the LLR Neglect strategy increases understanding, identification, risk assessment and management of neglect and reduces prevalence in Leicestershire & Rutland

We planned to…

- Develop and publish the Neglect Strategy to create a standard across partnership agencies to identify, assess risk and manage Child Neglect
- Develop and launch Neglect Toolkit to ensure improved and consistent identification, risk assessment and management of Child Neglect across Leicester, Leicestershire & Rutland (LLR) partnership agencies and review LLR procedures
- Promote LLR Practice Guidance to ensure buy-in of frontline practitioners

We did…

- Launched the LLR Neglect Strategy, Practice Guidance and Toolkit in July 2016, at a multi-agency and community event.
- Ran seven training sessions on the toolkit attended by 404 people.
- Following an initial six-month period of embedding the Toolkit into frontline practice, we conducted a survey of practitioners to assess the impact on the detection and assessment of neglect.
- Agencies, such as LPT, have incorporated the Neglect toolkit into training and internal processes

The impact was…

- Both Leicestershire and Rutland saw an increase in cases where Neglect was a factor during 2016 following the launch and training.
- The survey found that:
  - The LLR LSCB Neglect Toolkit is still being embedded and it is too soon to measure the impact and also obtain the voice of the child
  - Practitioners report the Toolkit is useful in identifying and evidencing neglect, as well as for explaining neglect and the areas that parents need to improve.
  - Practitioners will require ongoing reminders regarding the toolkit
- A multi-agency case file audit regarding Neglect in March 2017 found that where the Toolkit had been used this had improved the practice in supporting the child.

Further development required…

- Further work is required to embed the toolkit in practice. Numbers of neglect cases dropped to previous levels in the last quarter of the year and the multi-agency case file audit regarding Neglect found that the toolkit had not been used in the majority of cases.
- Managers and professionals need to continue to raise awareness of the LLR Neglect Practice Guidance, procedures, toolkit and escalation policy, particularly through supervision.
- The LSCB will continue to promote the toolkit and its benefits and carry out further work to support embedding of this approach in practice.
- A further survey will be carried out in 2017/18 to identify progress and gain practitioner feedback on the toolkit.

In addition the LRLSCB shared three priorities for development and assurance with the LRSAB:

LSCB / SAB Priority 1: To be assured that there are robust and effective arrangements to tackle domestic abuse

We planned to…

- Scrutinise the new Domestic Abuse Pathway for services for victims (including children, young people and adults) ensuring it is fit for purpose and embedded across the partnership (UAVA)
- Ensure that there are effective information sharing arrangements in place to support the effective delivery of the pathway for services
- Be assured that there are effective preventative processes and intervention services in place for domestic abuse perpetrators.

We did…

- Reviewed progress on the domestic abuse pathway work and domestic abuse data and identified key gaps between the capacity of Independent Domestic Violence Advocate (IDVA) services and the demands being placed upon those services.
- The work on domestic abuse pathways has identified some elements of the system where Domestic Abuse related information sharing pathways work effectively, and where there are some high profile gaps.
- The Leicester, Leicestershire and Rutland Domestic Violence Delivery Group (DVDG) has worked to develop the use of Integrated Offender Management (IOM) to reduce the harm caused by DV perpetrators.

The impact was…

- Partners secured additional funding to increase IDVA services from April 2017.
- Reports of DA to the Police reduced compared to the previous year in both Leicestershire and Rutland, but referrals to MARAC increased.
- The majority of people from Leicestershire and Rutland receiving support regarding domestic abuse felt safer (88% and 98% respectively)
- Data is not yet available to measure effectiveness of the IOM approach.

Further development required…

- The DVDG is seeking further funding to increase the capacity of the Multi-Agency Risk Assessment Conference (MARAC) and its support functions to improve the overall response to domestic abuse across the partnership landscape.
- The Task and Finish Group were unable to complete work on the pathways, affected by complexity of pathways and capacity within agencies. This is being further considered by the Community Safety Partnerships.
- A Priority Perpetrator Intervention Tool and the CARA (Conditional Cautioning and Relationship Abuse) programme are being introduced in the area in 2017 to enhance the range of options and consistency of practice with regard to domestic abuse perpetrators.
- The LSCB will continue to monitor domestic abuse impact and further develop approaches through the joint priority on the Trilogy of Risk (Domestic Abuse, Substance Misuse and Mental Health).

LSCB / SAB Priority 2: To be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults

We planned to…

- Seek assurance from the **Suicide** Prevention Plan Strategy Group that the strategy is reducing risk
- Seek assurance that current information and resources available to children, young people and adults on **Self-Harm** are used across the LSCB and SAB partnership
- Seek assurance that the **Emotional Health and Well-being** pathway is robust and fit for purpose
- Seek assurance that the **CAMHS (Child and Adolescent Mental Health Service)** review includes improved safeguarding outcomes
- Seek assurance from agencies that their workforce, across both Children and Adult services, have an appropriate understanding of the **Mental Capacity Act and Deprivation of Liberty Safeguards (MCA DoLS)**
- Seek assurance that the **Learning Disability Pathway** includes safeguarding outcomes.

We did…

- The initial plan made very slow progress due to the breadth of the scope of the priority and delay in identifying a lead to drive this forward. The plan was revised in early 2017 to gain assurance through a series of assurance questions from key agencies and partnerships leading work on these areas.
- The Board received a report on the developing Adult mental health pathways in March 2017.

The impact was…

- The Board gained assurance that the Leicester, Leicestershire & Rutland (LLR) Suicide Audit and Prevention Group oversee and analyse suicide data and consider safeguarding issues within the revised Suicide Strategy and Action Plan (2017-2020).
- Safeguarding and Child Protection will be explicitly included the revised Children and Young People Mental Health Transformation Plan
- The Board gained assurance that the adult mental health pathway was robust.

Further development required…

- Reports to the Board on Child Mental health pathways, MCA DoLS and Transforming Care regarding Learning Disability, were scheduled for the June 2017 LSCB and SAB meetings.
- The Board has recommended that safeguarding is explicitly considered within any revisions to the Sustainable Transformation Plan (STP) within Health.
- Audit of deaths by suicide being carried out for the Child Death Overview Panel (CDOP) to come to the LSCBs Safeguarding Effectiveness Group (SEG).
- Significant further work is required to gain assurance on these areas. These have been incorporated in the Joint Business Development Plan Priority for 2017/18 on Emotional Health and Well-Being.

LSCB / SAB Priority 3: To be assured that the Safeguarding element of the Prevent strategy (Preventing Violent Extremism) is effective and robust across Leicestershire and Rutland

We planned to…

- Receive regular reports on Prevent work and safeguarding, including training and awareness raising
- Support and promote Prevent awareness to the public and particular groups of professionals.

We did…

- The Board considered safeguarding assurance with regard to Prevent through a deliberative inquiry at its meeting in July 2016.
- Showcased the Alter Ego "Going to Extremes" theatre production during its development at a joint City and Counties LSCB learning event to promote this to frontline staff and gain their input into its development.
- Two Prevent awareness sessions were delivered to foster carers and prospective adopters in 2016.
- The Board supported a local funding bid to support the promotion of Prevent awareness sessions with young people and training of carers and parents of people with learning disabilities.

The impact was…

- Across Leicestershire and Rutland over 6,000 people have now been WRAP (Workshop to Raise Awareness of Prevent) trained.
- The "Going to Extremes" production started touring Leicestershire and Rutland in March 2017 with 41 performances booked in schools and public locations between March and May 2017. This production has been well received by schools and pupils and is being considered by other areas.
- The Leicestershire schools annual safeguarding survey in 2016 identified that compliance with the new Prevent duty in schools is high and almost all schools (91.2%) had or were in the process of completing a Prevent risk assessment.
- The number and quality of Channel referrals from the County have increased, particularly from schools.
- In Leicestershire's inspection Ofsted noted that "The 'Prevent' duty work and agenda are embedded and continuing to develop in Leicestershire. There is clear strategic governance, and creative operational work is being undertaken to raise awareness and identify and respond to risks. There is a good understanding of the nature of potential extremism in the area, and effective individual work with young people is described."

Further development required…

- Funding for the Counties' Prevent Officer comes to an end in October 2017. An exit strategy is being planned in preparation for this to continue the partnership work on Prevent through the Hate and Prevent Delivery Group.
- The work of Prevent linked to safeguarding will continue to be monitored by the Board as business as usual.

Operation of the Board

The Board was reviewed by Ofsted during 2017 and was judged Good. The report praised the leadership of the Board, its ethos of constructive challenge and focus on the needs of children. The report also identified strengths in the evaluation of training and effectiveness of the Child Death Overview Panel (CDOP). The report stated that the board's scrutiny and influence have had a positive impact on front-line practice, facilitating better understanding of the threshold into children's social care, more timely identification of the health needs of children looked after and the improving response when children are at risk of sexual exploitation.

The report also identified four areas for improvement;

- Strengthening participation of and engagement with children and young people in the work of the Board to enable children to influence the LSCB's priorities and their delivery more fully.
- Further strengthening our audit approach, including Section 11 audits to ensure that these audits are sufficiently probing and robust.
- Hold partners to account to ensure that the quality and effectiveness of return home interviews and risk management when children are going missing from home or care are evaluated.
- Improve awareness raising of private fostering across the partnership and wider community.

The Board has developed an improvement plan to address these, linked to its Business Development Plan for 2017/18.

Partner and Public Engagement and Participation

Partner Engagement and Attendance

Due to changes in meeting scheduling in 2017 the Board met five times during 2016/17 with an additional two extraordinary meetings to discuss final reports for Serious Case Reviews.

Leicestershire and Rutland County Councils, the District Council representatives, the Police, and East Leicestershire & Rutland Clinical Commissioning Group attended all ordinary Board meetings during the year. Schools were also represented at all ordinary Board meetings.

Attendance by other members at Board meetings remain good across most other partners, with some exceptions. The Community Rehabilitation Company only attended one ordinary meeting, as per the previous year. Attendance by CAFCASS and East Midlands Ambulance Service dropped significantly this year to one and two ordinary Board meetings respectively.

Attendance at subgroups of the Board is good across agencies.

The membership of the Board can be seen in Appendix 1.

Public Engagement & Participation

The Board reviewed its approach to Engagement and Participation at the start of the year tasking individual Business Plan priority leads with incorporating this in their work on the priorities, rather than through a separate group.

Practitioners were engaged in the work of the Board in several ways including feedback into development of resources through the large-scale learning events and the survey regarding the Neglect toolkit.

Working with colleagues at Leicestershire County Council the Board involved children in the recruitment of the new Independent Chair of the Board.

Agencies are listening to and responding to the voice of children to support safeguarding, for example through Police and Crime Commissioner's Youth Commission. The LSCB has received reports on the voice of children and families and how agencies are recording and responding to these through its Safeguarding Effectiveness Group.

However direct engagement with and participation of children and young people within the work of the Board on the business plan priorities has otherwise been challenging. Ofsted also identified this gap in their inspection of the Board.

Further work is required on this and the development of engagement and participation has been identified as a Priority for the LSCB shared with the SAB.

Assurance – Challenges and Quality Assurance

Challenge Log

The Board keeps a challenge log to monitor challenges raised by the Board and the outcomes of the challenges. During the year the following challenges were raised by the Board with safeguarding partners regarding the following topics:

- High rates of Repeat Child Protection Plans. The Board challenged partner agencies to take a multi-agency approach to effective and robust planning and intervention for children subject to child protection plans, child in need and early help plans.
- Child Sexual Exploitation partnership governance arrangements. The Board challenged partners to ensure the new arrangements for overseeing work on Child Sexual Exploitation across Leicester, Leicestershire and Rutland were clarified and functioning effectively to secure effective delivery and impact of our collective arrangements for CSE, Missing and Trafficking work.
- Multi-Agency Audits. The Board Chair challenged Board members to work together to implement an effective approach to multi-agency audits that supported a comprehensive assurance framework for the Board.
- Delays in notifications, leading to delays in carrying out Initial Health Assessments of Looked After Children. The Board challenged Leicestershire County Council Children's Social Care to address the delays in notification that had continued despite previous identification of this issue and assurances that it was being addressed.

- Contributions of agencies to the budget of the Board and potential budget reductions. The Board challenged partners to strategically consider their budget contributions to the Board.
- Gaps in quality and accuracy of data provided to the Board and its SEG subgroup. The Board challenged all partners to review and ensure accuracy of data provided to the Board.

Following these challenges:

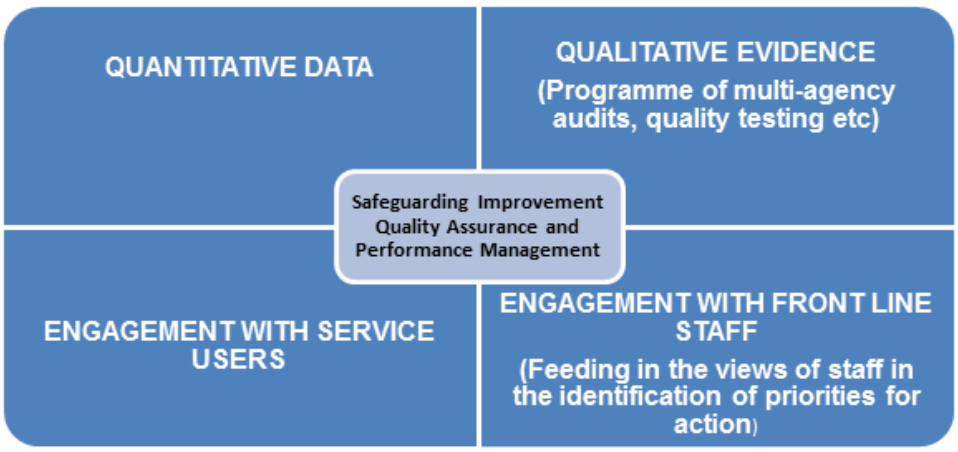
- Rates of Repeat Child Protection Plans in Leicestershire (& Rutland) have reduced in line with national and regional averages
- CSE work has continued to progress and a reporting structure into the Boards is in place for 2017/18
- A robust framework for multi-agency audits is in place and four multi-agency audits were carried out by the LSCB in 2016/17
- Some improvements have been seen in timescales for initial health assessments and ongoing updates are scheduled so the Board can be assured of improvements
- Further discussions are taking place regarding the future structures of the Board and the arrangements for setting agency contributions to the Board, and
- Partners have undertaken to ensure accurate data is provided, with no data issues identified in the quarter following the challenge.

Quality Assurance and Performance Management Framework

The Board operates a four quadrant Quality Assurance and Performance Management Framework as outlined below. This is overseen by the Boards Safeguarding Effectiveness Group (SEG) shared with the SAB. The outcomes of and findings from this performance framework are incorporated in the relevant sections within the report.

The detailed elements of this are reviewed each year to ensure this provides assurance regarding core safeguarding business as well as business plan priorities and other emerging issues.

The overall model is also reviewed and engagement elements of the framework, both with staff and service users require some further development in the coming year.



Audits

During 2016-17 the LSCB carried out a 'Section 11' audit that tests agencies compliance against their duties within Section 11 of the Children Act 2004 through an organisational assessment against safeguarding standards.

Audit returns from agencies identify that the vast majority of agencies consider that they are 'fully' or 'mostly' compliant against all nine standards. Public Health identified they are partly compliant with Standard 9 regarding partnership priorities as all LSCB priority areas were not yet embedded within service specifications, but work on this was underway.

The LSCB carries out a front-line practitioner audit bi-annually to check the findings of the 'Section 11' audit, however there is currently no direct challenge element to self-reporting of progress. The LSCB process for Section 11 compliance assurance will be revised in 2017/18 to reduce the burden on agencies and incorporate more peer review and challenge of compliance findings.

In 2016/17 the Board introduced a new approach to multi-agency auditing, with a plan of case file audits during the year. During the year four multi-agency audits were carried out focussing on the following priorities:

- Child Protection plans.
- Repeat and Multiple Child Protection Plans
- Child Sexual Exploitation
- Neglect

The audit process follows a Multi-Agency Case File Audit approach. All relevant agencies audit their practice and involvement in a set number of identified cases. Each case and the findings of each individual agency's audit of that case are reviewed in a multi-agency meeting to discuss practice and identify further single-agency and multi-agency learning.

The two audits on Child Protection plans covered twelve cases and were analysed together finding that:

- There was inconsistency in recording across the partnership in some cases.
- There was a gap in GPs being invited to or attending CP conferences.
- Substance Misuse and Domestic abuse remain key common issues. There is a need to ensure recognition that outcomes for parents impacts upon the outcomes for children.
- There are some gaps in understanding of and response to risk factors regarding domestic abuse, e.g. separation.
- Disguised compliance was an issue in some cases.
- The role of statutory services to support engagement in voluntary services (for example substance misuse support) is not clear.

The following actions were agreed following the findings of audits from the first two quarters:

- Agencies to ensure SMART planning, based on outcomes, with management oversight / consistent supervision around planning.

- The Clinical Commissioning Groups (CCGs) and local authorities to work on engagement with GPs – asking them how they want to be engaged, providing clarity around their role and communicating the partnership process.
- All partners to acknowledge there is multi-agency responsibility around Core Groups, challenge each other and be aware of the escalation process.

The Child Sexual Exploitation audit considered seven cases across Leicester, Leicestershire & Rutland and found:

- Gaps and inaccuracies identified in the information and intelligence concerning critical information.
- Lack of use of the CSE risk assessment tool, with a continued focus on single agency rather than holistic assessments.
- Information was not always shared, and agencies were not always contacted for information or engagement to support assessment. This was particularly notable with regard to transitions to adult services, cross-border looked after children placements and involvement of GPs and health agencies.
- Challenge of gaps in information and action should be improved.
- Practitioners need to hear the voice of the child more consistently.
- Gaps in informing Local Authorities about cross border/agency looked after Children (LAC) placements.

Individual agencies took forward individual actions and multi-agency actions have been incorporated into the CSE Operational Group plan.

The Neglect Audit of ten cases, across Leicester, Leicestershire & Rutland, found that:

- The neglect toolkit has not been embedded and therefore not used in practice as well as expected within agencies across LLR.
- There was evidence of drift in majority of the cases, potentially allowing neglect to become prolonged and in some cases started to become normalised behaviour.
- Voice of the Child was obtained in some, but not all of the cases audited.
- Multi-agency information sharing was inconsistent and administration around Child Protection Conferences and Core group needs improving to support attendance and effectiveness.
- Overall escalation of concerns was taking place, but timeliness and robustness of escalation could be improved.

Agencies have taken away these learning points to embed appropriate responses within their practice and further work is planned to increase awareness and use of the neglect toolkit.

A multi-agency audit plan has been set for the coming year linked to the Board's priorities.

Learning and Improvement

Serious Case Reviews and other Learning Reviews

Serious Case Reviews (SCRs) are described within *Working Together to Safeguard Children 2015* and are statutory reviews undertaken by Local Safeguarding Children Boards (LSCBs) for cases where abuse or neglect is known or suspected and either:

- A child dies; or
- A child is seriously harmed and there are concerns as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

The LSCB has a well-used referral process into its Safeguarding Case Review Subgroup that considers whether cases meet SCR criteria or may otherwise be appropriate and beneficial to review to support learning and improvement across the partnership. Decisions regarding cases to review and appropriate types of review are supported by the Learning and Improvement Framework, shared with between the two LSCBs and two SABs across Leicester, Leicestershire & Rutland.

The Board completed and published two SCRs in line with Working Together 2015 guidance during the year:

- Child B - Published May 2016
- Baby C - Published October 2016

Two further SCRs were underway at the end of the year.

The LSCB took the opportunity to gain learning regarding multi-agency safeguarding practice from five cases that did not meet the criteria for a SCR. The LSCB utilised alternative review methods including Appreciative Enquiry learning events, Multi-Agency Panel review of the work undertaken by single agency, Case Management Review and Multi-Agency Case Audit.

Learning from reviews

The following arose in the learning and recommendations from all reviews:

- The importance of the use of threshold guidance in reviewing risk
- The category of harm for children on Child Protection Plans should reflect fundamental risk and not be changed without sufficient evidence.
- Recognising that pre-mobile babies are particularly vulnerable to harm and abuse (including premature babies)
- The importance of considering the impact of a parents care history and experience in assessment and support
- The voice of the child is an important factor in safeguarding and not always included in assessments
- Key people from different agencies were not present at some meetings such as Strategy meetings, Child Protection Conference and Core Groups
- Making sure that communication with parents with Learning Disabilities is accessible and processes are understood
- The importance of understanding a child or young person's underlying vulnerability to child sexual abuse and exploitation and recognition of early indications of CSE.

- Sharing information regarding domestic abuse where it is present does not always take place, but is important to enable effective responses
- The need to develop good quality supervision in order that staff are professionally challenged and supported to develop Professional Curiosity

The influence of this learning can be seen in the work of the Board in its priorities (e.g. Domestic Abuse), Training and Development and Development of Procedures this year and in priorities and areas for development for future years.

The Safeguarding Case Review Subgroup also considered an alternative joint Children and Adults review involving a young person who had recently moved into adulthood but were satisfied with the findings of both Local Authority and Mental Health Service internal reports, and identified no further learning.

The Safeguarding Case Review Subgroup monitors a master action plan containing recommendations and actions arising from all reviews.

Domestic Homicide Reviews

The LSCB and SAB manage the process for carrying out Domestic Homicide Reviews (DHRs) on behalf of and commissioned by the Community Safety Partnerships in Leicestershire and Rutland. This is managed through the joint Children and Adults section of the Boards' SCR Subgroup.

Two DHRs were completed during the year and the Community Safety Partnerships were awaiting feedback from the Home Office Quality Assurance Panel on these at the end of the year. Three further potential Domestic Homicide Reviews were considered, two did not meet the criteria, however an alternative review was carried out on one of these cases, and the third was in consideration at the end of the year.

Development Work and Disseminating Learning

The SCR Subgroup also reviewed the Boards' Learning and Improvement Framework and updated the referral form and the Domestic Homicide Review Procedures.

The LSCB produces a quarterly newsletter –Safeguarding Matters to disseminate key messages, including from reviews and audits across the partnership and to front-line practitioners.

Learning has also been shared through single agency internal processes, Learning Events and the Trainers Network.

<u>Child Death Overview Panel (CDOP)</u>

The detailed functions of the CDOP are set out in Chapter five of Working Together 2015. It is a key part of the LSCB's Learning and Improvement Framework since it reviews all child deaths in the Local Authority areas and identifies any modifiable factors, for example, in the family environment, parenting capacity or service provision and considers what action could be taken locally, regionally and nationally to address these.

The local CDOP covers Leicester, Leicestershire and Rutland and held nine panels reviewing 70 cases in 2016/17. Thirty-four of these cases related to Leicestershire and Rutland.

As a result of the panels held the following areas are being progressed;

- A database is currently under development that will allow a more comprehensive analysis of the learning identified for cases and therefore serve to inform the work plan of CDOP.
- A campaign was undertaken to raise awareness (amongst the public and professionals) regarding the dangers associated with the ingestion of disc button batteries.
- CDOP worked with partners to develop a strategy for reducing infant mortality.
- CDOP presented at a conference during 'Safer Sleep week' to raise awareness amongst professionals regarding associated risk factors for sudden infant death syndrome and outline learning identified within CDOP.
- CDOP have supported awareness raising (among health, education and public forums) to raise awareness with regard to;
    - Spotting the signs of sepsis
    - Headsmart (early recognition of brain tumours)

Public health supported CDOP to undertake a piece of work to review cases where suicide or self-harm was categorised as the cause of death to ascertain if there are any additional areas of learning for organisations and identify any underlying themes.

CDOP are also revisiting cases where consanguinity has been identified as a modifiable factor. Again, it is hoped that by undertaking further analysis additional learning may be identified that would help to inform future strategies.

During the year the Ofsted inspection for Leicestershire and Rutland noted;
"The child death overview panel is highly effective. Careful analysis of findings over the longer term has enabled the panel to identify patterns that might otherwise be missed. It uses this intelligence well to raise awareness of safety risks for children, inform improvements and influence wider health and wellbeing priorities. This is a particularly strong element of the LSCB's work."

In addition CDOP received a nomination (within Leicestershire Partnership Trust) for an Excellence in Partnership Award, which recognised the work of CDOP as being 'exemplary'.

The Child Death Review (CDR) Manager is engaging in national discussions regarding changes to CDOP following the Wood Review and Children and Social Work Act 2017.

These discussions have highlighted that, as a whole, CDOPs could strengthen processes to ensure families form part of the review process. LLR CDOP had previously recognised and raised this as part of the work plan for 2017/18.

An audit has been being undertaken by the CDR manager to provide an overview of the ongoing contact families receive from the named nurses following the unexpected death of a child. This ongoing contact would allow families a greater opportunity to form part of the review process.

From April 2017 onwards processes will be established for families of children where the death was felt to be expected to be offered the opportunity to participate within the CDOP process.

Co-ordination of and Procedures for Safeguarding Children

The Board shares its Multi-agency procedures with the Leicester City LSCB. Throughout the year the Board has reviewed and revised Multi-Agency Procedures in line with developments in practice and learning from reviews and audits.

The Board has developed procedures regarding bruising and injuries in babies and children who are not independently mobile.

The Board updated the thresholds document for referral to children's services and has also revised procedures relating to:

- Domestic Abuse
- Neglect
- E-safety
- Child Protection Conferences

Changes to procedures have been communicated through bulletins, the LSCB and SAB's Safeguarding Matters newsletter and through training events.

Training and Development

The LSCB, through its Safeguarding Effectiveness Group regularly requests information from its partners regarding the effectiveness of their safeguarding training programmes in line with the Leicestershire & Rutland Safeguarding Competency Framework.

During the year the LSCB has challenged the Local Authorities and Police regarding the lack of information they were able to provide to give assurance on training and competency. At the end of the year assurance was still outstanding from the Police and Leicestershire County Council.

The Competency Framework, prepared in accordance with 'Working Together 2015' sets out minimum competencies and standards across the children's workforce and supports practitioners, managers and organisations in the identification of which safeguarding competencies are required. It gives advice as to how practitioners can meet these requirements through learning, development and training.

The Board has continued implementation of this competency based approach through the delivery of a range of activities including briefing sessions, bespoke training, consultation and advice.

The Boards Training and Development Work is led by the Multi-Agency Training, Learning and Development Commissioning and Delivery Group, which is shared with Leicester City LSCB.

The group leads development and delivery of an annual training and development programme. This reflects the priority elements within the two LSCB's business plans and national priorities, as well as the learning from national and local Serious Case Reviews. The training programme is delivered through a 'mixed economy' of partner contributions, commissioned training and national training opportunities, as set out in a Partnership Agreement.

The LSCB facilitates a local trainers' network, which supports development of local safeguarding trainers through development sessions and networking.

During the year the following training and development activity took place:

- 64 themed training events took place within the LSCB Interagency programme across Leicester, Leicestershire and Rutland with 1698 attendees, a 32% increase compared with 2015/16 and back in line with increases in previous years.
- Six strategy briefing sessions regarding the safeguarding competency framework, offering 300 delegate spaces in total.
- Six 'Strengthening practice – supporting safer organisations' sessions for competency group 7& 8 offering 305 spaces in total.
- Trainers Network sessions offering up to 80 spaces in total.
- Fifteen LSCB funded Essential Awareness training sessions for the voluntary and independent sector – offering 375 spaces in total supporting consistency in knowledge and skills across the wider workforce across Leicester, Leicestershire and Rutland.
- The Neglect Toolkit events achieved high levels of attendance,

Evaluation of the effect of the interagency training programme is undertaken by Voluntary Action LeicesterShire (VAL), on behalf of the two LSCBs and is reported quarterly to the LSCB. This evaluation includes a six-month follow-up of attendees to support the assessment of the impact of training and development on practice.

Analysis of this feedback shows that participants commented very positively that they had been able to improve the practical quality of their practice as a result of training and development events. There is also a clear change in reported follow up action from the majority of attendees solely 'cascading' learning to 'cascading and taking personal and positive action' in their practice.

The Ofsted inspection of the LSCB included very positive comments about the training programme identifying the evaluation of this as 'sophisticated' and a 'significant strength.'

The effectiveness of the Competency Framework was increasingly acknowledged by participants, as was the positive effect on the programme of the recall days. Evaluation of the specialist competency sessions is undertaken, and the implementation plan is developed to reflect feedback and emerging need.

The newly commissioned strengthening practice course received excellent feedback, and supported mangers and those involved in governance functions across the workforce.

The use of large scale events to disseminate the learning from Serious Case Reviews was supported, along with the use of other programme events to give early prominence to and to reinforce specific messages, where relevant to that event. The group is continuing to develop different methodologies (in liaison with SCR groups) to support SCR learning.

The charging regime for 'no-shows' appears to have had a positive effect on attendance with fewer no shows by people who have booked places. Charging for attendance of agencies who do not otherwise contribute to the programme is being considered by the Boards.

The Board has put in place a well-populated and responsive programme for 2017/18, with continuity for priority areas, such as domestic abuse.

As part of its plan for 2017/18 the LSCB will continue to increase and focus assurance activity on the impact of the use and the effectiveness of learning within the competency based approach, particularly focussing on increased engagement with specific sectors – i.e. education.

The LSCB will take early steps to confirm with funding partners the position regarding resource to support the necessary training and development commitments and co-ordination of the interagency programme for the future. The Board will also further explore the 'virtual college' concept on a practical basis, to enhance training and development opportunities and consider other blended approaches to learning.

The Board will continue to reinforce the need for individual agencies to undertake meaningful and effective supervision and appraisal, to ensure that practitioners have the fullest opportunities to put their training and development to maximum effect.

The LSCB would like to express its appreciation to organisations that have contributed to the partnership training programme through trainer time or venues; in particular Leicester City Council which has made significant contributions of venues, and the contribution of local authorities' early years teams who have supported the delivery of the sessions and the engagement of the workforce. The estimated value of the in-kind contribution to the programme from all agencies is over £10,000.

Leicestershire & Rutland SAB and LSCB Finance 2016-17

	£
SAB Contributions	
Leicestershire County Council	52,830
Rutland County Council	8,240
Leicestershire Police	7,970
Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland)	18,386
University Hospitals of Leicestershire NHS Trust	7,970
Leicestershire Partnership NHS Trust	7,970
Total SAB Income	**103,366**
LSCB Contributions	
Leicestershire County Council	123,390
Rutland County Council	52,250
Leicestershire Police	43,945
Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland)	55,004
Cafcass	1,650
National Probation Service	1,347
Derbyshire, Leicestershire, Northamptonshire and Rutland Community Rehabilitation Company (Reducing Re-offending Partnerships)	7,778
Total LSCB Income	**285,364**
Total Income (LSCB & SAB)	**388,730**

	£
SAB and LSCB Operating Expenditure	
Staffing	205,496
Independent Chairing	49,115
Support Services	38,234
Operating Costs	14,831
Case Reviews	11,870
Training Co-ordination and Provision (LSCB)	55,641
Voluntary Sector Assurance Project (LSCB)	11,850
Total SAB & LSCB Operating Expenditure	**387,037**

Surplus	**£1,693**

LSCB & SAB Reserve account at end of year	**£59,930**

Partner updates

Our partners provide assurance regarding safeguarding practice and development throughout the year. Key achievements and areas for development for partners are outlined in Appendix 2 to this report.

Business Plan Priorities 2017-18

From analysis of current and emerging issues the following have been identified as our priorities for 2017-18:

Development Priority	Summary
1. CSE, Trafficking & Missing (Missing and online safety)	Developing assurance regarding missing children process and intervention and developing online safety responses.
2. Safeguarding Children with Disabilities	Assessing organisational responses and safeguarding risk understanding with regard to these children and their families.
3. Signs of Safety	Further embedding this approach across the partnership, particularly in schools.

In addition the following priorities are shared with the Leicestershire & Rutland Safeguarding Adults Board for 2017-18:

Development Priority	Summary
1. The 'Trilogy of Risk'	Assessing approaches to safeguarding adults and children where domestic abuse, substance misuse and mental health issues are present.
2. Participation and Engagement	Establishing visible effective participation by children and vulnerable adults at Board level.
3. Emotional Health & Wellbeing	Develop understanding of emotional health and well-being across the partnership and gain assurance regarding Better Care Together (BCT) and the Sustainable Transformation Plan (STP) that work is addressing safeguarding issues, particularly re: mental health
4. Multi-Agency risk management / Supervision	Develop a multi-agency supervision approach for risk management in safeguarding adults and children.

Appendix 1 - Membership of the LSCB 2016/17

Independent Chair

Statutory Members:
Borough and District Councils (initially represented by Hinckley and Bosworth Borough Council, transferring to Charnwood Borough Council at the end of the year)
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 Member: Leicestershire
Lay Member: Rutland
Leicestershire County Council
Leicestershire Partnership NHS Trust (LPT)
Leicestershire Police
National Probation Service (NPS)
Rutland County Council
Rutland County Council Lead Member for Children & Young People
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 (VAL)
Armed Forces – Kendrew Barracks

Participant Observer:
Leicestershire County Council Lead Member for Children & Families

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

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.

Appendix 2 - LSCB Partner updates in full

Cafcass (Children and Family Court Advice and Support Service)

Developments with regard to the agencies approach to safeguarding in the year:

Cafcass have faced a significant increase in demand locally and across the Country. The cause is likely to be multi-faceted, but may include better understanding of the damaging impact of domestic abuse and neglect, and squeezing of resources away from early support into child protection.

Recent research by Broadhurst and colleagues, which made use of Cafcass data, suggests that a huge amount of court time is taken up with mothers who have had children previously removed.

Cafcass continues to invest in staff learning and development to support ongoing quality and have developed a Network of diversity champions to support staff, for example *Communicating with Deaf Parents* work.

Cafcass are also developing our use of technology to promote efficiency.
In recognition of the significant issue of domestic abuse Cafcass has developed internal practice pathway regarding domestic abuse.

We have continued to work on our exploitation strategy, which incorporates sexual exploitation, radicalisation and trafficking. We have introduced a network of ambassadors and champions to collate knowledge and to disseminate this to practice staff.

A research project into 82 Cafcass cases involving trafficking identified that 87% were public law cases. 70% of the cases involved girls. In most cases children were trafficked for sexual purposes, but some for benefits, domestic slavery or transporting drugs.

Following the research project Cafcass have developed an assessment tool to help identify trafficked children, especially in private law cases.

Impact of developments and work carried out

Notwithstanding the pressures, quality is being maintained, borne out by the findings of audits of work, area quality reviews and thematic audits.

Areas for further development or action to support safeguarding

A Sector-Led Inquiry into rising care demand has been announced to explore options to tackle the rising number of public law applications, this includes Cafcass, ADCS, Nuffield, Family Rights Group and the Children's Commissioner.

Cafcass are contributing to private law reform including:

Supporting Separating Parents in Dispute Helpline

- Five pilots, signposting separated parents to ways to resolve disputes.

Parenting Plan Meetings and Discussions

- Supporting parents pre-court to agree a one-year plan.
- Two face-to-face pilots, one telephone.

Out of court pathway

- Working with the Ministry of Justice to increase pre-court information and assistance, where appropriate.

Cafcass are contributing to public law reform including:

Settlement conferences

- Involves a Judge and Guardian conducting an evaluation of the local authority's case, and talking directly to parties.
- Three pilots, now being extended.

Cafcass Plus

- Aimed at diverting cases or narrowing issues.
- Three pilots extending to five.

Viability assessments

- Guidance issued by Family Rights Group to set consistent expectations.

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG)

Developments with regard to the agencies approach to safeguarding in the year:

Maintaining Statutory Responsibilities: During 2016/17 West Leicestershire CCG and East Leicestershire and Rutland CCG (hereafter known as the CCGs) continued to exercise their statutory responsibility towards safeguarding children and vulnerable Adults. The CCG Chief Nurses represented their CCG as a statutory member of the Leicestershire and Rutland Safeguarding Children Board and the Safeguarding Adult Board. The CCG Deputy Chief Nurses represent their CCG at the Leicestershire and Rutland Safeguarding Children and Adult Executive.

LSCB/SAB support from CCG Designated Professionals: The CCGs have maintained the expertise of Designated Nurses Safeguarding Children and a Designated Doctor Safeguarding Children. The CCGs commit the Designated Nurse role and the CCG Safeguarding Team to provide extensive support to the LSCB/SAB. During 2016/17 this has been in terms of: chairing the LSCB/SAB Safeguarding Effectiveness Group; membership of a number of LSCB/SAB Sub Groups including the Safeguarding Case Review Sub Group; Chairing a LSCB Child Alternative Review; Panel member of the 2016/17 Child Serious Case Reviews, Adult Reviews and Domestic Homicide Reviews. Taking a leading role in the promotion of the Neglect Toolkit.

The Designated Nurse Safeguarding Children and Adults has contributed to the LSCB/SAB 2017 Safeguarding Matters publication promoting Safeguarding Supervision.

The work of the CCG Named GP's Safeguarding Children This role ensures that the GP safeguarding leads in all of the GP Practices (across Leicestershire, Rutland and Leicester City) receive consistency in safeguarding information and support in addition to mandatory safeguarding training. The CCG Named Safeguarding GP's delivers children's safeguarding training to GPs and leads the GP Safeguarding forums and GP Safeguarding Bulletins

The GP Safeguarding Forums 2016/17 have included the following topics.

- Meeting with Social Care Managers
- Complaints from GPs regarding the lack of continuity regarding access to Children's Social Care
- The quality of GP referrals to Children's Social Care

The GP Forums provide a venue for discussion for information the LSCB/SAB disseminate to GP Practices in addition to emailed information.

The CCG Heads of Safeguarding Children and Adults support the Designated Professionals to ensure effective interface with the Safeguarding Boards is maintained and delivery of the priorities for the CCG Hosted Safeguarding Team continue to be met.

GP Safeguarding Children Quality Markers Tool: Since 2014 GP Practices have received a safeguarding self- assessment tool. This has been developed into the 'GP Quality Safeguarding Children Markers'. In 2017 GP Practices are asked to return completed GP Quality Safeguarding Children Markers to the CCG Safeguarding Team to identify GP Practices where support may be required to enhance safeguarding processes.

GP Safeguarding Advice Line. Provided by the CCG Hosted Safeguarding Team this is available to all GPs across Leicester, Leicestershire and Rutland

Child Sexual Exploitation Hub: The CCG has contributed to commissioning two nurses to work to support inter-agency work within the hub.

Engagement with LSCB Audits. The CCG Safeguarding Team supported the LSCB Audit Programme with regards to the audit including GP records

CCG Safeguarding Assurance: throughout 2016/17 the CCG Quality and Assurance Group and Governing Body has received assurance the status of how commissioned health services have in place key safeguarding requirements for adults and children

Impact of developments and work carried out

Designated Nurse Chair of LSCB Safeguarding Effectiveness Group has maintained a focus on continuous improvement with regards to reporting from meaningful and accurate data to demonstrate the effectiveness of partnership working. This has enabled discussion and partnership challenge at the LSCB. Key results include raising the profile of: the Voice of the Child; strengthening multi-agency care planning for Children in Need; Establish the level of children and adult safeguarding training across the partnership; the lack of an agreed information sharing pathway for Domestic Violence; compliance with the Care Act 2014.

CCG Named Safeguarding Children GPs The impact of the work of the CCG Named Safeguarding GP's is evidenced by well attended and evaluated GP Forums and above 90% uptake of children and adult safeguarding training for all GPs across the CCG. To this end the role has raised the profile of safeguarding across the CCG.

GP Advice Line The introduction of the GP advice line providing support and guidance to GPs this has been well received and GPs acknowledge it helpfulness – evidenced by GPs contacting Social Care with safeguarding concerns.

The audit work with GP Practices has resulted in:

- Domestic Violence/ Abuse – GP Policy and Guidance being developed and training commissioned
- Pre-birth – Midwifery team refreshed content of letter to GPs to provide clarity following GP involvement with the Pre-Birth audit
- Work to improve the quality of referrals from GP's to first response in Leicestershire and Duty Team in Rutland
- GPs have easy access to GP Referral form via PRISM. This has provided evidence of both the good work currently being undertaken by GPs and areas

for improvement. To increase in knowledge and confidence will have enabled GPs to make better decisions regarding Safeguarding.

Child Sexual Exploitation Hub: Icons on GP Electronic Record Systems alert GPs to children at risk of CSE known to the CSE LLR Hub- GPs reminded of CSE material available on PRISM

Areas for further development or action to support safeguarding

- Supporting the GP practices as required following submission of the GP Quality Safeguarding Markers.
- Continued dissemination of learning from LSCB /SAB to GP Practices
- During 2017 to 2018 the Safeguarding Children Training strategy is to be refreshed with clear guidance for GPs and CCG staff.
- Further Quality audits on GP referral to Children's Social Care
- A Domestic Violence/Abuse Policy will be available for GP practices

Leicestershire County Council

Developments with regard to the agencies approach to safeguarding in the year:

Leicestershire County Council have developed a 'Road to Excellence 2017 to 2020' continuous improvement plan across the Children and Family service that summarises how we will be improving the experiences and outcomes of children in need of help and protection, children looked after and care leavers. And incorporates developments in line with recommendations from Ofsted, following their inspection.

The plan is based around the four building blocks of:

- Being a Learning Organisation
- Embedding Excellent Practice
- Taking the Right Action at the Right Time, and
- Developing Policy and Performance

And is underpinned by four behaviours for all staff:

- Voice; Listening and responding to what children and families say
- Signs of Safety; doing with, rather than 'for' or 'to'
- Outcome focussed; striving to improve children and families lives
- Leadership; everyone is responsible and accountable

The development of the action plan has been overseen by a project board chaired by the Assistant Director for Children's Social Care that has reviewed all aspects of the service, including processes, staffing, caseloads and performance management.

To develop the contact and assessment approach additional social worker and management capacity has been put in place alongside administrative resource and further support for less experienced social workers. Developments to Framework-i have also been delivered to support any changes within First Response.

Contact and Assessment have also been the focus for the development of practice standards that have been recently published and First Response is piloting a revised quality assurance and learning model to ensure standards are embedded.

The Council has worked to ensure that rigorous management oversight is supported by improved performance management arrangements.

Impact of developments and work carried out

Following developments in First Response caseload numbers are appropriate, assessment timeliness is better monitored and repeat referrals are less likely.

Areas for further development or action to support safeguarding

The Road to Excellence plan will develop approaches to safeguarding across Leicestershire. The plan incorporates strengthening of performance management

and management oversight and routine internal audit in Leicestershire will monitor improvements across services, including First Response.

Leicestershire will also work to ensure that the Listening Support Service's return interviews for children going missing from home and care are timely and that the quality of these is consistent, monitoring demand to ensure resourcing of the service is sufficient.

Leicestershire Fire and Rescue Service

Developments with regard to the agencies approach to safeguarding in the year

Our service for juvenile fire setters is now running much more effectively following recruitment and training of new staff.

Nationally, fire services are moving towards the production of standard safeguarding best practice advice for this sector, which will be very welcome. The Safeguarding Manager recently attended a National Conference.

Impact of developments and work carried out

Our Firecare interventions are working much better as staff can now offer multiple visits, often visiting jointly with external agencies.

We know that our operational crews are much more aware of safeguarding responsibilities as our Designated Safeguarding Officer is receiving much more frequent enquiries and requests for advice.

Areas for further development or action to support safeguarding

New scenario based Safeguarding training package is being developed – we aim to launch it by September.

We are currently looking at the structure of our internal safeguarding /vulnerable people team to ensure that we have an adequate number of people who can respond appropriately to alerts from firefighters and referrals from external agencies.

Mental health first aid training for operational managers rolled out across the service.

The set-up of a new national fire service safeguarding group, which our Safeguarding manager will attend, should support us in improving our practice.

Leicestershire Partnership NHS Trust (LPT)

Developments with regard to the agencies approach to safeguarding in the year

Feedback from a CQC review of health services for Children Looked After and Safeguarding in Leicester City was the catalyst for strengthening the implementation of the Whole family approach to safeguarding. LPT adopted a Whole Family Approach to Safeguarding in 2016/17, building on the Think Family work already underway in LPT. Implementation will include replacing the traditional level 2 adults safeguarding training and level 3 safeguarding children training with the combined 'Whole Family' safeguarding training. LPT have also implemented systems to improve communication across adult & children's services within LPT and promoted the 'Whole Family Approach' via posters and monthly bulletins and changes to electronic systems.

It was identified by the CQC that the quality of Inter-agency referral forms submitted by School Nurse, CAMHS practitioners and Adult Mental Health practitioners required improvement. LPT have developed and implemented an Inter-Agency Referral Standard Operating Guidance to improve the quality of inter-agency referrals submitted to Children's Social Care. Quality reviews of Inter-agency referral forms submitted to Children's Social Care by school nurses, CAMHS and adult mental health staff are conducted quarterly.

Strengthening CSE response across LLR was an LSCB priority: CSE nurses were co-located with other agencies in the CSE multi-agency hub.

Neglect toolkit developed and launched in July 2016 in response to recommendations from Serious Case Reviews (SCR). LPT have uploaded the Neglect risk assessment summary document onto the electronic child health record and the Neglect toolkit was included in Level 3 Safeguarding Children training. From April 2017 Neglect & use of the Neglect Toolkit will be promoted during Whole Family safeguarding training delivered to all LPT adult & children clinical staff.

Pre-mobile baby and Resolving Professional Disagreement (escalation) procedures and guidance in response to recommendations from Serious Case Reviews. LPT have contributed to the development of the LSCB pre-mobile baby procedures and have developed a pathway for health visitors to ensure the response to a mark/bruise observed in a pre-mobile baby receives the appropriate response. LPT have also developed a leaflet that is given to parents which explains why a referral to Children's Social Care is required.

LPT have contributed to the LR LSCB Repeat Child protection plan audit and the LLR LSCB Child Sexual Exploitation (CSE) & Neglect audit. All recommendation in action plans for Repeat Children Protection Plan and CSE have been completed by LPT. Neglect audit recommendations in progress as audit submitted 31st March 2017

Impact of developments and work carried out

Inter-agency referrals. The quality reviews will measure the level of improvement in relation to inter-agency referrals submitted to children's social care, helping to ensure the right service is provided at the right time.

Whole family. Adult staff are now able to access details of a child's health visitor or school nurse where necessary and appropriate via a single point of contact.

CSE nurses now provide CSE training to health staff within LPT to increase awareness of CSE signs and risk factors. LPT practitioners can contact the CSE nurses for advice.

Resolving Professional Disagreements. Assurance provided to the LSCB Safeguarding Effectiveness Group included cases where health visitors have used the Resolving Professional Disagreements to challenge Children's Social Care decision and response to a mark/bruise to a pre-mobile baby.

Areas for further development or action to support safeguarding

LPT pre-mobile baby audit planned for Quarter 2 2017-18 to provide assurance that pre-mobile procedures, health visitor pathway and leaflet are implemented in practice.

From April 2017 LPT will deliver Level 3 Whole Family safeguarding training to all LPT adult & children clinical staff.

Further work in embedding the Whole Family approach to Safeguarding and MCA improvement.

Leicestershire Police

Developments with regard to the agencies approach to safeguarding in the year

Kayleigh's Love Story: Leicestershire Police, with the support of Kayleigh's family, made a short video to highlight the dangers of internet based communication and social media; it is highly impactive and has reached 50,000 young people through showings at school (1,079 school inputs over a 19 week period) and there have been 30 million hits on YouTube, reaching a global audience.

Police engagement with Young People Looked After Children: A local Looked After Children & Care Leavers Board has been set up in Leicestershire Police force area, involving key representatives from Police and partners, including DLNR Probation, NHS and the Local Authority, as well as other bodies such as the Young Adults Project and the Youth Commission. The fundamental aim of the Board is to reduce the number of children in care and care leavers in the Criminal Justice system.

School/Educational Packages: Neighbourhood Teams experience significant demand from schools and other youth groups to deliver educational awareness packages/presentations to children and young people. The Force Children & Young Person's Officer (Katie Hudson) is updating existing packages and creating new ones where gaps exist. Consultation with young people has been key to the packages being appropriate and engaging for the target audience.

Youth Court Project: A pilot court project is being worked upon in five Court areas, one being Leicester, supported by the Barrow Cadbury Trust. Young adults are a distinct group with needs that are different both from children under 18 and adults older than 25; when the criminal justice system adjusts its response it can be more effective. Currently in the planning phase, implementation target date is September/October 2017, followed by evaluation in late 2019.

Youth Commission: Youth Commission currently has 29 members of young people aged 14-25 years. It has engaged with 1800 young people in 2015/2016 through workshops and presentations at schools/colleges. There has also been a specific focus on "hard to engage with" groups by working with specialist education projects e.g. TwentyTwenty (specialising in education and work training for disengaged young people), Glen Parva Young offenders Institute and links made to work with YOS and the Y in Leicester. There is continuing engagement through social media – Facebook, Twitter and Instagram. Youth Commission has also been involved in large events such as PRIDE and the Caribbean Carnival; and has a representative sitting on the Stop Search Reassurance Group.

Social Media Communications – Twitter Accounts: Social media accounts have been established and will be updated and maintained to provide an update on the Youth Commission and its work, along with providing an additional channel for youth engagement. Web forums are also to be developed to give an additional consultation platform.

CEASE campaign: Continued during 2016/17, with over 18,000 CEASE Hands now signed to pledge support.

Additional resourcing within specialist Child Protection departments: Recognising increasing demand, Leicestershire Police have restructured departments and increased establishment within specialist child protection departments.

Vulnerability Hub: Leicestershire Police have recently created a multi-agency Vulnerability Hub by relocating the CSE team, the Missing from Home team and the Adult Referral Team to Wigston Police Station to work alongside the Child Abuse Investigation Unit, the Child Referral Desk and multi-agency partners. These include a health-based CSE administrator, a Drug & Alcohol Worker, Social Care representation from Leicester City and Leicestershire County and Leicestershire Fire & Rescue Service.

Cyber Hub: The Paedophile On Line Team (POLIT), High Tech Crime Unit (HTCU), Digital Media Investigation Team and Cyber Crime Team have also recently been co-located to create a Digital Hub, improving the capacity and capability to identify victims of abuse, safeguard those victims and prosecute offenders.

Impact of developments and work carried out

- Kayleigh's Love Story has been recognised with national awards, and the screening has led to 45 young people coming forward to make disclosures around grooming and sexual abuse.
- There has been positive feedback from the HMIC about the vulnerability culture Leicestershire Police operates within, including confirmation that there is a good understanding of vulnerability at all levels within the Force.
- HMIC have commented on the high quality of the service provided to high risk child victims within specialist child protection departments.
- Improved service for child victims of sexual assault, with excellent paediatric services being offered in via Serenity SARC in Northampton

Areas for further development or action to support safeguarding

- To identify smarter ways to meet demand in a world of ever decreasing resources both within our organisation and the demand impact from partners.
- To better identify hidden demand again looking at smarter ways to reduce / remove this demand.
- To better engage with private sector partners with a view of sharing reducing demand.
- Leicestershire Police recognises there is still room for improvement around the service provided to lower risk missing children and children associated with incidents of domestic abuse. All HMIC feedback from PEEL and CPI has been incorporated into the Force's Vulnerability Action Plan for 2017-18.
- The Force is also developing an overall Vulnerability Strategy and a Children's Strategy to ensure the voice of the child is incorporated into every strand of policing.

- A review of the Force's MFH Process has just been completed, and new working practices are awaiting finalisation, following consultation at local level through to the National Police Chiefs Council.
- Police and Crime Plan 2017-21 includes a focus on specific areas where children are affected: Alcohol and drug related incidents; Children and Crime including Child Sexual Exploitation (CSE); Domestic violence and abuse including coercion; Human trafficking and modern day slavery; Mental health; Missing from home individuals; Prevent strategy and Sexual violence.
- Leicestershire Police will maintain the regime of internal audits and co-operation with reviews (both internal and external, eg SCRs, DHRs, SILPs etc) to ensure continued compliance with the need to recognise, identify and report vulnerability.

Rutland County Council

Developments with regard to the agencies approach to safeguarding in the year

We over the last year secured the following permanent posts:

- Head of Service; Children Social Care
- Service Manager; Children Social Care
- Safeguarding and Quality Assurance Manager
- Team Managers; Long Term Team and Duty Team

Securing such posts has enabled us to develop our structure further and begin to embed good practice. Over the last 6 months we have significantly reduced agency staff, which enables us to develop the service further with permanent members of the team.

We have fully implemented and continue to embed Signs of Safety within day to day practice, it is fully embedded in our Early Help Teams and our Child Protection Process and we continue to develop this further in Children's Social Care.

We have introduced and further built on ARC (At Risk Children)/CLA (Children Looked After) Panel, which is chaired by the Head of Children's Social Care and reviews all children subject to CPP's over 12 months, ensure oversight all children looked after as well as agreeing and ratifying decisions made around children becoming looked after. We have also secured attendance at this panel from education and health partners, which is positive.

We have regular workshops which over the last couple of months have focused on Permanency and looked after processes. We will continue to develop these to develop further and embed good social work practice.

Sign of Safety training is offered to partner agencies working with children, young people and families.

We ensure monthly audits are undertaken which offer an oversight of areas needing improvement as well as areas which are working well – we have seen significantly improved practice post Ofsted and audits evidence this further since January.

We had our Ofsted inspection in November 16 (report published in February 17), Ofsted considered that we required improvement to be good, but did not consider we had any children which were left at risk of harm.

We have a Next Steps Action plan, which has taken the 17 recommendations from Ofsted report and outlined action to ensure these are addressed.

We have worked with partner agencies regarding referrals to ensure quality and detail which is aiding an appropriate and timely response to concerns raised, also opening lines of communication further to enable positive information sharing.

We are embedding use of the neglect toolkit to improve outcomes where neglect is a concern for children.

Improved joint working between Social Care and Early Help to ensure joint working where appropriate to reduce risks to children, alongside review of SEND/Inclusion to share information to identify hidden risk or welfare concerns.

We are working hard to develop our fostering service further to ensure that if a child needs to be Looked After their needs are better met within the local community.

Impact of developments and work carried out

Having recruited more permanent staff and reduced the number of agency staff has had a positive impact on children and families as it enables there to be consistent people in posts and supporting the development of the service.

We have seen excellent performance being developed, assessments, ICPC, RCPC, all remain at 100% being completed in timescale. Audits evidence improvement in quality in assessments and assessment of risk is clear and concise.

We have collated family feedback, and whilst we continue to develop this we have seen good family feedback gathered which has further supported the development of the service.

Foster carers have fed back that they are seeing positive changes and communication and support strengthening.

Families have fed back that they feel supported and feel we have made a difference to their lives.

Areas for further development or action to support safeguarding

We are in the process of restructuring children social care to further strengthen the team and the practice we deliver.

We continue to develop practice in all areas to improve outcomes for the children we work with.

We want to further develop and embed Signs of Safety across the service which will continue further to safeguarding children.

We have just begin SCR learning reviews, these will be held bi-monthly and intend to review any new themes from SCR nationally, the group is a debate and reflective arena to consider how we bring learning back in to our own service.

The ‘Next Steps Ofsted Action Plan’ is our focus for the next 6 months to ensure we address all recommendations outlined which will further improve practice.

We have started to collate feedback and want to develop this further, ensuring we gain feedback from all families and children throughout their journey, we have started with all case closes and those cases randomly selected for audit.

University Hospitals of Leicester NHS Trust (UHL)

Developments with regard to the agencies approach to safeguarding in the year

University Hospitals of Leicester NHS Trust is a large organisation that employs around 15,000 staff. Safeguarding patients and protecting them from harm and abuse is integral to the work that we do.

The Trust has supported the work of the Leicestershire and Rutland LSCB, in particular:

- We have been involved in the new multiagency audits developed by the board, overall these have provided additional assurance that our practices are generally robust
- We have supplied quarterly performance data to help build up a greater understanding of safeguarding performance and we introduced a patient partner

In 2016 the Trust had two comprehensive inspections by the Care Quality Commission, which considered the Trusts approach to safeguarding. Their findings led to the development of an action plan and as a consequence the following changes to practice were made:

- We reviewed our approach to safeguarding children's training
- Introduced new guidance and training for staff on the use of the mental capacity act
- Increased the capacity of our maternity safeguarding team in response to increasing levels of referrals

As a Trust to strengthen the voice of service users in November 2016 we secured a patient partner to sit on our internal safeguarding assurance group. This helps ensure that a service user perspective is considered in any safeguarding work undertaken within the Trust

In partner with the local CSE hub in August the trust began to put alerts onto our emergency department system of any children at risk of CSE

We also secured funding for a hospital based Domestic Violence advocate to work in our Emergency Department.

Impact of developments and work carried out

In response to the issues raised above we believe we have changed practice in the following areas:

- We have been able to improve the quality and input we can provide to midwifery safeguarding cases. Ensuring quicker response times and improved representation at partnership meetings
- Audits are beginning to demonstrate greater understanding by staff of the use of mental capacity assessments and their application when consenting patients for treatment.

- The voice of the patient is being to be firmly embedded in the work the trust does, making sure we consider the impact of our work on patient care.

In response to recommendations made by the CQC our completion of actions has strengthened our internal safeguarding systems to ensure that best practice is followed.

The role of the IDVA is to provide early support and advice to victims of domestic violence whilst they are considered in a place of safety, helping them to make decisions about personal safety.

Areas for further development or action to support safeguarding

As a Trust we strive constantly to improve our practice, for the new financial year we are going to undertake further work in the following areas:

- We are going to review our approach to information sharing and liaison work for children's and families requiring early help.
- Complete further work to introduce the national child information sharing project.
- Complete further internal audits to ensure that practice in consent to treatment and detecting safeguarding issues in our emergency department are embedded.

LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD (LRSAB)

Annual Report 2016/17

Document Status

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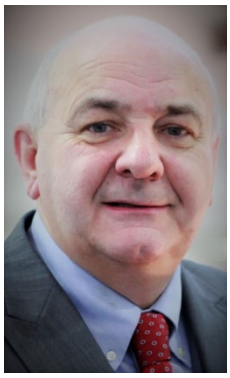
Report Author:	Safeguarding Boards Business Office, Leicestershire & Rutland LSCB and SAB
Independent Chair:	Simon Westwood

Foreword



As the new Independent Chair of the Leicestershire and Rutland Safeguarding Boards from April 2017, I am pleased to present the Annual Report for the Leicestershire and Rutland Safeguarding Adult Board (LRSAB) 2016/17. I would like to record thanks to Paul Burnett, the previous Chair for his leadership of the Board during the period this report relates to.

On behalf on the Board I want to thank all those; particularly parents and carers, front line staff and volunteers who day in and day out support vulnerable children, families and adults to improve their lives. The board will continue to play their part in building a culture where vulnerable adults, children, young people, carers and families are listened to and their views influence practice.

The report is published at the same time as the Annual Report for the Safeguarding Children Board. The reports include commentary on areas of cross-cutting work we have undertaken through our joint business plan.

The key purpose of the report is to assess the impact of the work we have undertaken in 2016/17 on safeguarding outcomes for vulnerable adults in Leicestershire and Rutland.

There is clear evidence of sustained strong partnership working across the safeguarding communities of Leicestershire and Rutland. In the recent Ofsted review of the LRLSCB the report stated “The board has developed an ethos of constructive challenge and support. It has taken a thoughtful and flexible approach, sensibly working closely with the Safeguarding Adults Board and Leicester City LSCB in areas of common concern.”

Though the report is joint for the areas of Leicestershire and Rutland it provides distinct findings about practice and performance in each area.

The Safeguarding Boards exist to provide support and critical enquiry to ensure that organisations work together to reduce or prevent possible abuse and neglect.

The Leicestershire vision and strategy for adult social care 2016 – 2020 is to promote, maintain and enhance people’s independence so that they are healthier, stronger, more resilient and less reliant on formal social care services.

In Rutland, a peer review in March 2017 found there is a good awareness of the principles of Making Safeguarding Personal and the overriding ethos that “safeguarding is everyone’s business” being a clear message to and owned by the workforce.

During a continuing period of change the Board will continue to focus attention on keeping adults' safe through promoting the expectations on partners of; helping people and supporting communities to stay well and independent; enabling maximum choice and control and ensuring people have a positive experience of care and support.

We can never eliminate risk entirely. We need to be as confident as we can be that every child and vulnerable adult, are supported to live in safety, free from abuse and neglect. The Board is assured that, whilst there are areas for improvement, agencies are working well together to safeguard adults in Leicestershire and Rutland.

I hope that this Annual Report will help to keep you informed and assured that agencies in Leicestershire and Rutland are committed to continuous improvement, being open about what needs to improve and transparently identifying the challenges in achieving this, not least the continuing pressure to do more with less resources.

Finally, if you have safeguarding concerns about any vulnerable adult or child please act on them; you might be the only one who notices.

Simon Westwood

Independent Chair

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Summary

The Board is assured that, whilst there are areas for improvement, agencies and workers are working well together to safeguard adults in Leicestershire and Rutland.

In reaching this conclusion, we have:

Challenged those who work directly with adults with care and support needs to listen to what they are saying, respond to them appropriately and Make Safeguarding Personal, including through a workshop with care providers to improve working with local authorities. Information on this can be found throughout this report;

Monitored data and information on a regular basis**.** The *Safeguarding Adults in Leicestershire* and *Safeguarding Adults in Rutland* sections of this report tell you what we have learnt from this including, in both areas:

- Increases in safeguarding 'cause for concern' alerts
- A shift towards a lower proportion of safeguarding enquiries regarding residential settings and more in community settings
- An emergence of financial abuse and domestic abuse in safeguarding enquiries
- An increase in the proportion of people being asked about their outcomes and whose desired outcomes are met in safeguarding enquiries throughout the year
- An increase in the proportion of social care services users that feel safe and that say services make them feel safe.

Reviewed how we are doing as a Partnership, including an assessment on progress against our Business Development Plan for 2016/17;

Conducted a series of formal audits of our safeguarding arrangements, including:

- A Safeguarding Adults Audit Framework (SAAF) process;
- Case reviews of frontline practice which have included considering safeguarding thresholds and Making Safeguarding Personal.

Our formal audit activity is covered in the *Challenge and Assurance* section of this report;

Carried out Safeguarding Adult Reviews (SAR), other reviews of cases and disseminated learning from these across the partnership**.** This is summarised in the *Learning and Improvement* section of this report;

Supported the development of a Vulnerable Adults Risk Management (VARM) tool to support consistent responses to vulnerable adults who do not meet thresholds for access to safeguarding services, particularly in relation to self-neglect;

Invited our partners to contribute accounts of the work they have carried out over the year to safeguard adults with care and support needs;

The nature of the Board is holding partners to account and promoting learning and improvement therefore the Board is always considering how it can further improve safeguarding practice. The key areas for further development include:

- Developing a clear effective approach to prevention
- Ensuring thresholds are understood and agencies are compliant with the Care Act with respect to safeguarding enquiries
- Further embedding of Making Safeguarding Personal principles and the VARM
- Strengthening the participation of and engagement with adults with care and support needs and frontline practitioners in the work of the Board.

Key Messages

- Workers and agencies work well together to safeguard adults in Leicestershire and Rutland.
- 'Making Safeguarding Personal' (MSP) is influencing practice across agencies and more people in Leicestershire and Rutland have more say in the enquiries about their safeguarding.
- Financial Abuse and Domestic Abuse are emerging areas of abuse of adults in Leicestershire and Rutland.
- Oversight of enquiries carried out in Health settings requires more work to gain assurance.
- The Board will continue to challenge and drive improvement in safeguarding of adults, including developing its own approach to engagement and participation of adults with care and support needs.

Board Background

The Leicestershire & Rutland Safeguarding Adults Board (LRSAB) serves the counties of **Leicestershire** and **Rutland**. It became a statutory body on 1st April 2015 as result of the Care Act 2014.

Characteristics of Leicestershire & Rutland

Leicestershire is a two-tier authority area with a population of 667,905. Whilst we are not aware of the total number of adults with care and support needs there are 105,423 individuals who report their day-to-day activities are limited and 130,084 adults aged 65 and over living in Leicestershire[1].

Rutland is a unitary authority area with a population of 38,022. There are 5,788 individuals who report their day-to-day activities are limited and 8,830 adults aged 65 and over living in in Rutland[2].

In Leicestershire, 11.1% of the population identify as from Black / Minority / Ethnic Groups (BME). Of those that do not identify as 'White British', the largest groups identify as 'Asian or Asian British' (6.3%) or 'White other' (1.9%).

In Rutland, the percentage of the population who are BME is 5.7%. The largest ethnic monitory group identified in Rutland is 'White other' at 2.1%.

The Joint Strategic Needs Assessment for Leicestershire identifies that by 2037 the total population is predicted to grow by 15%. However, the population aged over 85 is predicted to grow by 190%, from 15,900 to 45,600 people, and the population aged 65 to 84 is predicted to grow by 56%, from 106,000 to 164,900 people.

It is estimated that there are around 9,700 people aged 18-64 with learning disabilities in Leicestershire and 500 in Rutland[3]. These numbers are predicted to stay fairly stable in Leicestershire over the next 15 years to 2030, but to drop by around 7% in Rutland over that period.

Safeguarding Adults Board Arrangements

The Care Act requires that the SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. It requires the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in '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

[1] ONS mid-year population estimates 2014
[2] ONS mid-year population estimates 2014
[3] Figures from www.pansi.org.uk

- The effectiveness of prisons in safeguarding offenders
- Making connections between adult safeguarding and domestic abuse.

The LRSAB Business Plan sets out the key strategic objectives of the Board and how these will be met. The Annual Report presented here sets out how effective the Board has been in delivering its objectives. The report also includes an outline of the Safeguarding Adult Reviews (SARs) and other reviews carried out by the LRSAB, the learning gained from these reviews and the actions put in place to secure improvement.

The LRSAB normally meets four times a year alongside its partner Board: the Leicestershire and Rutland Local Safeguarding Children Board. Each of the four meetings comprises an Adults Board meeting, a Children Board meeting and a Joint meeting of the two Boards. The Board is supported by an integrated Safeguarding Adults and Children Executive Group and a range of subgroups and task and finish groups formed to deliver the key functions and Business Plan priorities.

The LRSAB works closely with Leicester Safeguarding Adults Board (LCSAB) on many areas of work to ensure effective working across the two areas. The LRSAB and the LCSAB have established a joint executive that oversees joint areas of business for the two Boards.

The SAB is funded through contributions from its partner agencies. In addition to financial contributions, in-kind contributions from partner agencies are essential in allowing the Board to operate effectively. In-kind contributions include partner agencies chairing and participating in the work of the Board and its subgroups and Leicestershire County Council hosting the Safeguarding Boards Business Office. The income and expenditure of the Board is set out on Page 37 of this report.

Independent Chair

The LRSAB and the LRLSCB are led by a single Independent Chair. The independence of the Chair of the SAB is a requirement of the Care Act 2014.

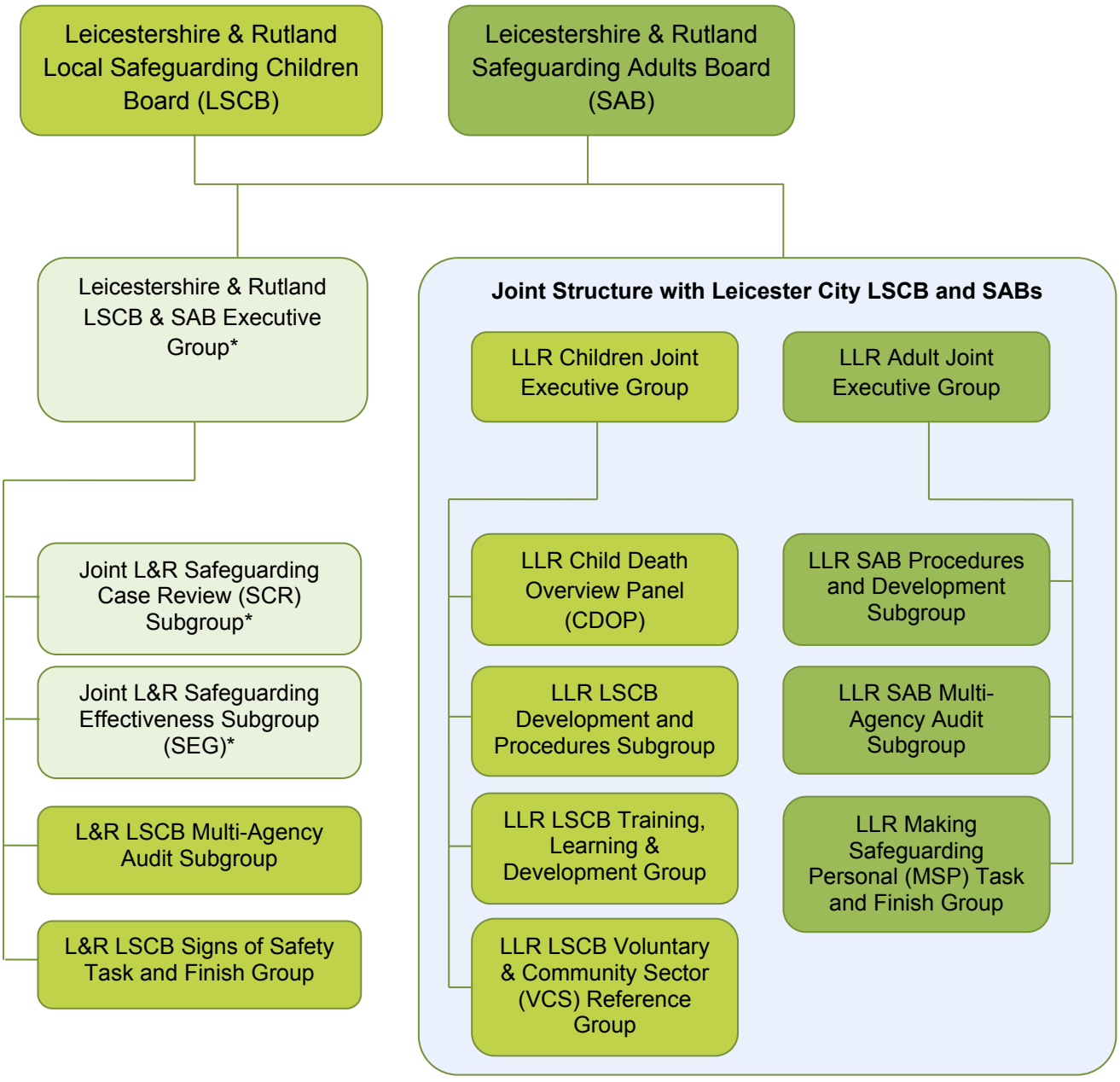
The Board's former Independent Chair, Mr Paul Burnett, stepped down at the end of March 2017 after almost six years in the role. Leicestershire and Rutland have agreed to continue to have a joint Chair for both Safeguarding Boards to reflect the need for cross-cutting approaches to safeguarding. Mr Simon Westwood has been appointed as Independent Chair of both Boards commencing in April 2017, initially for one year while the implications of the Children and Social Work Act 2017 and the future of partnership arrangements for Safeguarding Children and Adults in Leicestershire and Rutland are considered.

The Independent Chair provides independent scrutiny and challenge of agencies, and better enables each organisation to be held to account for its safeguarding performance.

The Independent Chair is accountable to the Chief Executives of Leicestershire and Rutland County Councils. They, together with the Directors of Children and Adult Services and the Lead Members for Children and Adult Services, formally performance manage the Independent Chair.

Structure of the Board

The Board has established subgroups and task and finish groups to function effectively and achieve its objectives. The structure of the LRSAB and LRLSCB at the end of 2016/17 can be seen below. Membership of the Board can be found at Appendix 1.



SAB Business Plan Priorities 2016/17

Priorities set by the LRSAB for development and assurance in 2016/17 were 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
- Be assured that thresholds for Safeguarding Adult alerts are appropriate, understood and consistently applied across the partnership
- 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.

In addition, the LRSAB shared the following priorities for development and assurance with the LRLSCB:

- 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 including those supported through the Mental Capacity Act, Deprivation of Liberty Standards (MCA, DoLS) and the Learning Disability Pathway
- To be assured that the Safeguarding element of the Prevent strategy (Preventing Violent Extremism) is effective and robust across Leicestershire and Rutland.

Safeguarding Adults in Leicestershire

From its scrutiny, assurance and learning work the Leicestershire and Rutland SAB assesses that organisations are working well together in Leicestershire to safeguard adults with care and support needs.

This section provides a detailed overview of the performance information and activity in Leicestershire regarding Safeguarding Adults.

Prevention activity

Prevention activity in Leicestershire has focused on work with Trading Standards and Providers of Care and Support.

Work with Trading Standards

A piece of scoping work in Leicestershire identified that around 40% of the people Trading Standards are alerted to by the national Scam Hub are known to Adult Social Care. A joined-up prevention approach is being developed with Trading Standards to address this including locating a member of the Trading Standards Team within the Customer Service Centre for one day a week on a trial basis to respond to referrals which are received around fraud or scams where safeguarding thresholds are not met. Planned prevention work also includes an awareness session for Service Managers to support their teams to recognise potential scams and to be aware of which groups may be particularly vulnerable to being targeted by scams.

An internal audit of such cases by Leicestershire County Council found that appropriate safeguarding enquiries have been undertaken where required.

Work with independent provider services

Leicestershire County Council has facilitated several events working with providers, including workshop sessions using case studies to support understanding around Making Safeguarding Personal (MSP) at the Leicestershire county Council Residential and Domiciliary Care provider forums and presenting to the recent East Midlands Care Association (EMCARE) conference.

The LRSAB ran a workshop with providers of residential and domiciliary care in early 2017. The workshop incorporated providers' role in applying safeguarding thresholds to determine whether a safeguarding referral is required or whether an alternative response may be more appropriate and also in relation to the emphasis within the Care Act guidance on service providers undertaking more safeguarding enquiries.

The workshop received positive feedback and several providers have requested follow up sessions, which the Council are looking to facilitate. In addition Leicestershire County Council is carrying out ongoing work to audit incident forms from provider services to better understand where the Council can best focus support to providers to ensure they report appropriate incidents. This will allow a focus on incidents where Council input is required to reduce risk, supporting effective use of resources.

Safeguarding data indicates that the Council has effectively worked with Residential Care Providers to reduce risk in recent years as the percentage of safeguarding enquiries undertaken in care homes in Leicestershire has dropped from 61.6% in 2015/16 to 38.9% in 2016/17, with a reduction of 134 (23.5%) enquiries from those settings. This work continues and there is also a focus on work with domiciliary and supported living provider services.

Leicestershire Fire and Rescue Service commenced a pilot seconding a member of staff to work with the police Adult Referral Team to improve information sharing and joint working.

Contacts and Assessment

There has been a 30% increase in safeguarding and concern for welfare alerts made to Leicestershire County Council from 2015/16 to 2016/17, with 4,406 alerts received in 2016/17. A similar proportion of alerts proceeded to enquiries as the previous year (29% compared to 28%).

The number of alerts from the public has increased by 1% (ten alerts) compared to the previous year however a higher proportion of these alerts are proceeding to enquiries – 233 compared to 132 (16.9% to 29.5%).

In 2016 a provider withdrew from the new Help to Live at Home (HTLAH) service in Leicestershire shortly prior to its launch. This may have been the cause of part of the increase in alerts. The Board was assured that, though some delays in visits had taken place, the Council's contingency plan had been effective in minimising the disruption as much as possible and ensuring the safety of adults receiving services. The Board also noted the hard work of Leicestershire County Council staff to achieve this.

The Council have undertaken several internal safeguarding audits. Based upon the outcomes from these audits and the increasing referral numbers, it has been identified that that a key area of focus should be continuing to develop consistent and robust approaches to applying safeguarding thresholds and addressing initial areas of risk relating to safeguarding adult referrals. In response to this, within the restructure of the Adult Social Care pathway the focus of the Leicestershire Safeguarding Adults Team has been revised, as outlined in the partner update section.

Safeguarding Enquiries

The number of alerts that proceeded to a safeguarding adult enquiry in Leicestershire increased by 15% to 1,012, and the number of enquiries that found that abuse probably took place (enquiries that were fully or partially substantiated) fell by 4% to 553.

The number of enquiries ceased at the individuals' request increased each quarter, in line with the roll out of MSP and people having more say in enquiries, with 11% of all enquiries ceased at the individuals request during the year.

There has been a significant increase in the proportion of enquiries within community settings rather than residential settings from 40% to 66% within community settings in 2016/17.

The three main types of abuse across all enquiries in Leicestershire were Physical Abuse, Emotional Abuse and Neglect & Omission, with notable decreases in Neglect & Omission and notable increases in Financial Abuse, Domestic Abuse and Self-Neglect.

There has been ongoing work between Leicestershire County Council, UHL and LPT Safeguarding Teams since June 2015 when the Local Authorities became responsible for oversight of safeguarding enquiries where alleged abuse or neglect has occurred in in-patient settings.

Since the commencement of this responsibility there have been some issues in relation to low referral numbers, and measures have been put into place to try and address this. This has included clear oversight guidance being put in place, led by Leicestershire County Council, regular joint threshold application meetings and independent investigation by the Council in some enquiries.

The Council, working with Leicester City Council, has also facilitated training for LPT Unit Managers and Patient Safety Teams around safeguarding thresholds which has been well received and further sessions are planned. There has been some increase in referral numbers this year; however, numbers remain lower than expected so this work will continue and the issue has been escalated to the Safeguarding Adults Board for ongoing monitoring.

Implementation of Making Safeguarding Personal (MSP)

The Leicestershire County Council MSP action plan, developed in June 2016, was almost complete by the end of the year. To support staff to embed the principles of MSP in safeguarding practice there have been over twenty training sessions delivered within the Council to staff and managers. Changes to the council's case management system also support staff to evidence this in case recording.

The changes support the Council and SAB to more easily audit whether outcomes of people involved in safeguarding enquiries are being achieved and whether individuals felt involved and informed within the enquiry. Multi-agency actions have been taken forward through the Leicester, Leicestershire & Rutland (LLR) SAB MSP Task and Finish Group. More information on this can be found in the Business Plan Priority section on Making Safeguarding Personal.

The SAB has been able to review data regarding views of people involved in enquiries for the first time this year. Through the year an increasing proportion of people were asked about the outcomes they wanted from the enquiry, from 58% in the first quarter of the year to 71% in the last quarter and there was an 18% increase in the numbers of cases where outcomes were recorded.

The desired outcomes were achieved (fully or partly) in 95% of enquiries throughout the year.

The SAB multi-agency audit regarding MSP found there was good progress in Leicestershire with regard to embedding these principles in practice. The findings of this are outlined in more detail in the Challenge & Assurance section of this report.

Safeguarding Adults in Rutland

From its scrutiny, assurance and learning work the Leicestershire and Rutland SAB assesses that organisations are working well together in Leicestershire to safeguard adults with care and support needs.

This section provides a detailed overview of the performance information and activity in Rutland regarding Safeguarding Adults.

Prevention activity

The Council report that prevention is embedded within the Adult Social Care and Safeguarding approach in Rutland.

A peer review of Rutland Adult Social Care in March 2017 particularly noted the "focus on non-eligible citizens and developing approach to working with those people who have been institutionalised historically", within an overall "excellent offer to the people of Rutland" where "outcomes are good."

Rutland County Council has embedded a new Adult Social Care role, Assistant Care Manager (ACM), within the Prevention and Safeguarding Team who can provide time limited and person centre outcomes for those adults who are deemed at risk of being re-referred as a Safeguarding Adult's enquiry. This service is non-means-tested to encourage those at risk of self-neglect to engage with support.

This approach has contributed to a reduction in referrals to the long-term team with less than 10% of all new contacts transferred for long term intervention.

Leicestershire Fire and Rescue Service commenced a pilot seconding a member of staff to work with the police Adult Referral Team to improve information sharing and joint working.

Contacts and Assessment

Rutland has seen a slight reduction in safeguarding cause for concern alerts compared to the previous year (29), but a significant (171%) increase in alerts from the public (24 to65) and a similar proportion of public alerts become enquiries as the previous year (13% compared with 16%).

All cause for concern alerts in Rutland are screened and triaged through the single point of contact. If threshold for a formal investigation is met then they are allocated within 24 hours to workers across the three teams in Adult Social Care.

The Council's Prevention and Safeguarding Team operate a duty function provided by Adult Social Care practitioners. This allows for immediate engagement with the adult at risk. All assessments and safeguarding documentation require management oversight prior to sign off so all work is scrutinised to promote best practice.

The Multi-Agency Audits carried out during the year evidenced positive practice in Rutland in relation to application of safeguarding thresholds recorded on the contacts and evidenced Making Safeguarding Personal (MSP) and Adult at risk outcomes being recorded throughout contact and assessment.

Safeguarding Enquiries

The number of safeguarding enquiries carried out in Rutland has increased by 71% to 77 in 2016/17. Just over a third (34%) of all enquiries found that abuse probably took place (enquiries that were fully or partially substantiated), this compares with just under half (44%) of the 45 enquiries in 2015/16.

The number of enquiries ceased at the individuals' request increased each quarter, in line with the roll out of MSP and people having more say in enquiries, with 12% of all enquiries ceased at the individuals request during the year.

There has been a continued increase in the proportion of enquiries within community settings rather than residential settings from 53% in 2015/16 to 72% within community settings in 2016/17.

The two main types of abuse in enquiries were Financial Abuse and Neglect & Omission. Domestic abuse is becoming more common.

The County Council have made significant changes to their case management system during the year to enable better capture and recording of the views and wishes of those involved in safeguarding enquiries in line with the principles of the Mental Capacity Act and to ensure that risk is appropriately assessed and managed within the enquiry.

The council's learning approach with safeguarding Continuous Professional Development (CPD) sessions for all Adult Social Care practitioners and integrated Health colleagues supports good safeguarding enquiry processes.

Implementation of Making Safeguarding Personal (MSP)

The SAB has been able to review data regarding views of people involved in enquiries for the first time this year. Through the year, an increasing proportion of people were asked about the outcomes they wanted from the enquiry, from 50% in Q1 to 100% in Q4 and there was an increase in the numbers of cases where outcomes were recorded.

The desired outcomes were achieved in a large majority (94%) of enquiries throughout the year.

Rutland County Council has made changes to its Safeguarding Adults information system to include mandatory sections on the wellbeing principles and outcomes and MSP, which have supported the embedding of these principles and recording and evidencing of outcomes. Personalisation surveys are completed at the end of the safeguarding episode and record the adult's satisfaction with the process.

MSP has been embedded throughout training and guidance within Rutland including within

- Rutland County Council Safeguarding Guidance
- New Starter Induction training
- The E-Learning module on safeguarding adults for all new starters.

The Peer Review of Rutland Adult Social Care found that the positive journey towards greater personalisation was evidenced in case examples, case audit and the values of the members of the workforce that the reviewers met.
Rutland have used the East Midlands Safeguarding Adults Network Regional Benchmarking Tool and the ADASS Temperature Check to assess progress on embedding MSP, comparing favourably in these with positive outcomes.

The SAB multi-agency audits during the year have found Rutland County Council to be clearly undertaking and evidencing MSP principles with no recommendations to change practice.

In addition to these independent audits, RCC have recently developed a Quality Assurance Framework that allows staff to undertake structured reviews of casework, which includes reviewing the case from a MSP perspective as a standard in all audits to ensure MSP is embedded into general practice and identify opportunities for improvement.

MSP is a core agenda item on the monthly Continuing Professional Development (CPD) sessions conducted with the RCC ASC teams and the council is looking to promote MSP at the Learning Disability Forum.

Rutland County Council are looking to commission training for providers to promote personalisation through the use of commissioning and direct payments.

Multi-agency actions have also been taken forward through the SAB Task and Finish Group. More information on this can be found in the Business Plan Priority section on Making Safeguarding Personal.

Transforming Care

As part of the LLR Transforming Care programme Rutland County Council are embedding Positive Risk Behavioural Support with a focus on supporting Service Users, providers, transfer of care services and lessening the impact of behaviours that challenge, thereby supporting the management of risk.

- Accessible Information has been embedded in the Councils' case management system which considers preferred communication format in relation to initial contacts taken via the Prevention and Safeguarding Team.
- Promoted awareness with specialist workers by attending workshops and training events
- Promoted awareness across SEND and Children's services on Transforming Care Agenda and safeguards
- The use of the Admittance Avoidance Register has promoted prevention work and joint working with health.

Safeguarding Adults across Leicestershire and Rutland

The Police have seen a 66% rise in the number of adult safeguarding referrals they have made across Leicester, Leicestershire & Rutland to nearly 13,000. It is believed this is related to greater recognition of vulnerability by frontline officers, following training.

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

The Mental Capacity Act, Deprivation of Liberty Safeguards (MCA, DoLS) provide a legal framework around the deprivation of liberty designed to protect the interests of vulnerable adults without the capacity to consent to care and treatment.

The DoLS service is hosted by Leicestershire County Council on behalf of Leicestershire and Rutland.

Following the significant increases in previous years, referrals for DoLS in Leicestershire & Rutland continued to increase from 3,395 in 2015/16 to 3,944 in 2016/17. Referrals have increased across all settings. Care homes are the main source of referrals (2,849), though referrals from private hospitals doubled from 55 (2015/16) to 106 (2016-17).

The increase, in part, is due to proactive work by the DoLS service and the Safeguarding and Compliance teams in Leicestershire and Rutland, with care providers and hospitals, and the number of providers and hospitals with no or low referrals has reduced.

Referral rates in Leicestershire and Rutland have remained high in comparison with other areas, which is identified as a result of careful interpretation of case law and good stakeholder relationships. Despite this and the proactive work mentioned, it is considered that the number of referrals does not represent the number of people who should have a DoLS assessment, given the number of care homes and hospital beds in Leicester, Leicestershire and Rutland.

As reported last year, additional financial resource to support the extension of this service to cope with the demand has been provided by the Local Authorities. At the end of March, the service had 14.5FTE (Full Time Equivalent) Best Interest Assessors, 10 more than in 2015/16 and are recruiting to have a team of 19.

The increase in resource has resulted in a reduction in the size of the waiting list, from 1,897 at the end of March 2016 to 973 at the end of March 2017. This included 784 urgent assessments in Leicestershire and 24 urgent assessments in Rutland that were outstanding. Most assessments have a wait of at least nine days. The SAB has received assurance that cases are being risk assessed and the most serious cases are being prioritised.

There has been an increase in Paid Advocates (Paid Persons Representative [PPR]) from 15% of cases to 40% of cases following case law in 2016. Leicestershire have devised what is thought to be the first procurement framework nationally to ensure service users have access to a diverse range of PPRs. Due to the national increase

in demand, Leicestershire have revised the frequency of visits in certain circumstances to release capacity within the current PPR providers.

Guidance continues to change and the Law Commission has recently given formal feedback from its review of the legislation and proposed new Liberty Protection Safeguards.

Transforming Care

Transforming Care is focussed on making sure there is the right support for people to be discharged from inpatient hospital care and helping people who are at risk being admitted. This incorporates learning from national reviews and includes working towards the minimal number of arrangements where people are placed or receive their support out of the Leicestershire and Rutland area.

An on-line Risk Admission Avoidance register was introduced locally in January 2016 and has resulted in many more people (increased from five at the end of December 2015 to 78 in January 2017) identified as at risk of admission to inpatient settings due to their learning disability or autism and receiving support to prevent unnecessary admission.

The Safeguarding Board reviewed progress on the Transforming Care Plan and safeguarding impact during the year and noted that:

- Progress on reducing the number of inpatients was behind the planned schedule
- There is a broad level of support in place for people at risk of admission
- Procedures to prevent unnecessary admission into inpatient settings: Care Treatment Review and Blue Light meetings are preventing unnecessary admissions (63 across Leicester, Leicestershire and Rutland in the year to May 2017)
- A lack of appropriate accommodation for people waiting to be discharged from in-patient settings is a key risk to progress in providing appropriate and effective care and support.

The Board will continue to seek assurance regarding how this programme is supporting safeguarding of people with care and support needs, particularly with regard to learning disability and autism.

Business Development Plan Priorities

SAB Priority 1 – 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

We planned to…

- Survey public understanding of safeguarding adults (abuse and harm)
- Initiate campaigns including awareness raising process
- Analyse existing referral information and data to understand the trajectory of contacts from the public and conversion to referrals
- Identify strategies and approaches to build resilience and raising safeguarding awareness

We did…

- Produced awareness publicity on adult safeguarding and distributed this through partners and community locations across the country.
- Carried out campaigns on financial scams with specific work with Social Care staff in Leicestershire.
- Reviewed data on contacts from the public and conversion of these to referrals was included in the dataset through the Safeguarding Effectiveness Group (SEG) of the Board.
- A piece of work was carried out in Leicestershire regarding alerts to Trading Standards regarding scams which found 40% of these were known to Adult Social Care.

The impact was…

- An increase in alerts from the public in both Counties, more significantly in Rutland (212% increase from 24 to 75).
- In both areas the number of enquiries that arose from alerts from the public increased.
    - In Leicestershire there were 233 compared to 132, conversion rate of 30% compared to 17% the previous year.
    - In Rutland there were 10 compared to 4, conversion rate of 13% compared to 16% the previous year.

Further work required…

- Further work is required to understand understanding and awareness regarding adult safeguarding in the public. This will be considered within the forward Board Priority on Prevention.

SAB Priority 2: Be assured that thresholds for Safeguarding Adult alerts are appropriate, understood and consistently applied across the partnership

We planned to…

- Test out, through case audits, how thresholds are currently applied
- Ensure the updated document is available to staff
- Continue to monitor the number of Safeguarding cause for concern alerts from Health providers raised with the Local Authorities in Leicestershire and Rutland
- Develop an effective escalation procedure for staff to use regarding referrals to Adults Social Care to ensure consistent thresholds.

We did…

- Reviewed the Thresholds document, published it on the SAB Procedures website and distributed Thresholds business cards to frontline practitioners across agencies providing a clear 'signpost' to the Thresholds document on the website.
- Carried out a multi-agency case audit with a focus on thresholds.
- Developed 'Guidance for the Oversight Process of 'Section 42' NHS Safeguarding Enquiries in Leicester City, Leicestershire and Rutland', with implementation supported by training and regular operational meetings between health agencies and Local Authorities.

The impact was…

- There is now consistent reporting on alerts to the Safeguarding Effectiveness Group (SEG).
- The number of alerts from Health providers to the Local Authorities has increased by around 50% compared to the previous year, from 79 to 123 in Leicestershire, and from 21 to 29 in Rutland, though the numbers dropped off at the end of the year after an initial increase.

Further development required…

- Data on referrals, including from Health providers, suggests that there may still be elements of under-reporting and over-reporting into Adult Safeguarding in some areas. Therefore, Safeguarding Adult Thresholds will continue as a priority into 2017/18.
- Cause for concern alerts from different sources will continue to be analysed and the dataset to the SEG will be revised to include:
    - The total number of cases received by Health Safeguarding Teams and subsequently discussed at the meetings between Adults Social Care and Health providers
    - The number of cases which met the higher level or serious safeguarding concern and result in enquiries
    - How many of the enquiries were substantiated.
- The Board will continue to review progress with regard to oversight of Section 42 NHS safeguarding enquiries.

SAB Priority 3: 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

We planned to…

- **Preparing the Workforce:** Ensure all agencies involved in safeguarding enquiries to have a clear plan of how MSP principles will be embedded in practice within their agency.
- **Embedding MSP Principles in Practice:** Ensure Safeguarding Adults Reviews (SARs) include consideration of how MSP principles were applied in each case. Consider and make any amendments required to Multi-Agency Policy and Procedures and internal processes. Keep informed of Local, Regional and National multi-agency picture relating to MSP.
- **Measuring Effectiveness:** Collate information to give assurance of the effective embedding of MSP principles in practice.
- **MSP Tasks Relating to Provider Services:** Raise awareness of MSP principles within provider services in Leicester, Leicestershire and Rutland and their role within this.
- Identify how the SAB will support provider services in addressing workforce development needs relating to embedding MSP principles in safeguarding practice.
- Evaluate and review how provider services are supporting individuals within safeguarding enquiries in line with MSP principles.

We did…

- **Preparing the Workforce:** Undertook a Deliberative Inquiry at L&R SAB to ensure all agencies are aware of the requirement and signed up.
- Assessed and challenged each agencies implementation of MSP.
- Communicated MSP principles with the Independent and Voluntary sectors through briefings and Trainers Network.
- **Embedding MSP Principles in Practice:** Added MSP questions as a standing item to the Terms of Reference for Safeguarding Adult Reviews.
- Completed the Association of Directors of Adult Social Services (ADASS) MSP Temperature Check.
- Added a section on MSP to Multi-Agency Policies and Procedures (MAPP).
- Added a library of MSP tools to the Board's website, with links from the MAPP.
- **Measuring Effectiveness:** Carried out a Multi-Agency audit process regarding MSP with Leicester City SAB, including active safeguarding enquiries to ensure feedback from the individual.
- **MSP Tasks Relating to Provider Services:** Presented on and discussed MSP with representatives from a number of provider services through the Trainers Network and the EMCARE Annual Conference in March 2017.
- Included MSP as a topic in the SAB Safeguarding Effectiveness Workshop – Supporting Care Providers in March 2017.
- The Leicestershire Social Care Development Group (LSCDG) and Learning and Development reviewed current multi-agency safeguarding training to ensure MSP principles are reflected.

The impact was…

- The number of cases where desired outcomes were asked and where those outcomes were met increased through the year in Leicestershire and Rutland.
- There was an increase in the proportion of service users reporting that they feel safe and that services have made them feel safe in Leicestershire and Rutland, and an increase in the proportion that feel they have control over their daily lives in Leicestershire.
- The live and case file audit found that the practice of the workers observed or spoken to was in line with MSP principles and workers were positive about the principles of MSP.
- The audit also found that on the whole people are being kept involved and informed within the enquiries, and effective work to engage people in understanding enquiries can gain agreement to continue.
- The ADASS MSP Temperature Check identified that Local Authorities and the Police have made significant progress on embedding MSP in many areas. University Hospitals of Leicester (UHL) have embedded this in a proportional way, and further support for development was required for the Clinical Commissioning Groups (CCGs).
- ADASS and the Local Government Association (LGA) expressed interest in the audit model used in Leicestershire & Rutland with its element of getting feedback directly from those involved in the enquiry. Leicestershire has also been asked to present the audit model to the East Midlands Safeguarding Adults Network

Further development required…

- As the live audits and temperature check were positive and everything had been progressed on the action plan, the work of the Task and Finish Group was completed by the end of the year.
- All future SAB multi-agency audits will incorporate MSP to test that MSP principles remain embedded, and the SAB will continue to seek assurance and support practice development regarding MSP as part of core business
- The MSP tool library on the SAB website will continue to be updated.

SAB Priority 4: Assure robust safeguarding in care settings – including health and social care at home, residential and nursing care settings

We planned to…

- Clarify safeguarding frameworks in both Care Home and Domiciliary Care settings and secure assurance that there is appropriate practice guidance in place
- Review Quality Assurance and Performance Management Framework to test effectiveness of safeguarding in care settings to include home care settings
- Identify any workforce development requirements to support improved quality and performance and be assured that this is delivered
- Assess and analyse current data to establish a targeted response to awareness raising and training needs.

We did…

- Updated the Performance Reporting Framework (PRF), monitored by the Safeguarding Effectiveness Group (SEG), with new indicators under this Priority to ensure that relevant data is collected
- Reviewed the Care Homes training matrix used by the CCG, CQC and Local Authorities to check compliance.
- Ran a Safeguarding Workshop for residential and community care providers in March 2017 attended by 52 participants from the Adult Sector workforce, including Independent Providers, Contracting and Compliance Officers, Safeguarding Leads and Quality and Assurance Leads. The workshop provided input to providers on key areas regarding safeguarding and provided a forum for providers, the Local Authorities and the Board to identify ways to improve safeguarding practice together. The topics covered included: Developing your competency; Provider Role in Safeguarding Enquiries; Thresholds; and Making Safeguarding Personal.

The impact was…

- The SAB has a fuller picture of safeguarding issues in care settings including health and social care at home, care home and nursing care settings.
- A significant reduction in safeguarding enquiries in residential settings in both Leicestershire and Rutland, alongside a slight reduction in the proportion of enquiries that were fully or partially substantiated in those settings.
- The provider workshop identified ways in which the providers, Local Authorities and the SAB can work together to improve practice when safeguarding concerns are identified:
    - The importance of continual two way feedback throughout the enquiry between the provider and Council
    - Introduce more descriptive enquiry outcomes to inform current practice and future risk
    - Build familiarity with the Thresholds Guidance to aid decision making
    - Attend appropriate training to develop competence and confidence.

Further development required…

- Potential data sets regarding domiciliary care settings will be considered by the Safeguarding Effectiveness Group (SEG) for the 2017/18 performance framework.
- Follow up progress with providers and the Local Authorities on ways forward agreed at the workshop

In addition the LRLSCB shared three priorities for development and assurance with the LRSAB:

LSCB / SAB Priority 1: To be assured that there are robust and effective arrangements to tackle domestic abuse

We planned to…

- Scrutinise the new Domestic Abuse Pathway for services for victims (including children, young people and adults) ensuring it is fit for purpose and embedded across the partnership (UAVA)
- Ensure that there are effective information sharing arrangements in place to support the effective delivery of the pathway for services
- Be assured that there are effective preventative processes and intervention services in place for domestic abuse perpetrators.

We did…

- Reviewed progress on the domestic abuse pathway work and domestic abuse data and identified key gaps between the capacity of Independent Domestic Violence Advocate (IDVA) services and the demands being placed upon those services.
- The work on domestic abuse pathways has identified some elements of the system where Domestic Abuse related information sharing pathways work effectively, and where there are some high profile gaps.
- The Leicester, Leicestershire and Rutland Domestic Violence Delivery Group (DVDG) has worked to develop the use of Integrated Offender Management (IOM) to reduce the harm caused by DV perpetrators.

The impact was…

- Partners secured additional funding to increase IDVA services from April 2017.
- Reports of DA to the Police reduced compared to the previous year in both Leicestershire and Rutland, but referrals to MARAC increased.
- The majority of people from Leicestershire and Rutland receiving support regarding domestic abuse felt safer (88% and 98% respectively)
- Data is not yet available to measure effectiveness of the IOM approach.

Further development required…

- The DVDG is seeking further funding to increase the capacity of the Multi-Agency Risk Assessment Conference (MARAC) and its support functions to improve the overall response to domestic abuse across the partnership landscape.
- The Task and Finish Group were unable to complete work on the pathways, affected by complexity of pathways and capacity within agencies. This is being further considered by the Community Safety Partnerships.
- A Priority Perpetrator Intervention Tool and the CARA (Conditional Cautioning and Relationship Abuse) programme are being introduced in the area in 2017 to enhance the range of options and consistency of practice with regard to domestic abuse perpetrators.
- The LSCB will continue to monitor domestic abuse impact and further develop approaches through the joint priority on the Trilogy of Risk (Domestic Abuse, Substance Misuse and Mental Health).

LSCB / SAB Priority 2: To be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults

We planned to…

- Seek assurance from the **Suicide** Prevention Plan Strategy Group that the strategy is reducing risk
- Seek assurance that current information and resources available to children, young people and adults on **Self-Harm** are used across the LSCB and SAB partnership
- Seek assurance that the **Emotional Health and Well-being** pathway is robust and fit for purpose
- Seek assurance that the **CAMHS (Child and Adolescent Mental Health Service)** review includes improved safeguarding outcomes
- Seek assurance from agencies that their workforce, across both Children and Adult services, have an appropriate understanding of the **Mental Capacity Act and Deprivation of Liberty Safeguards (MCA DoLS)**
- Seek assurance that the **Learning Disability Pathway** includes safeguarding outcomes.

We did…

- The initial plan made very slow progress due to the breadth of the scope of the priority and delay in identifying a lead to drive this forward. The plan was revised in early 2017 to gain assurance through a series of assurance questions from key agencies and partnerships leading work on these areas.
- The Board received a report on the developing Adult mental health pathways in March 2017.

The impact was…

- The Board gained assurance that the Leicester, Leicestershire & Rutland (LLR) Suicide Audit and Prevention Group oversee and analyse suicide data and consider safeguarding issues within the revised Suicide Strategy and Action Plan (2017-2020).
- Safeguarding and Child Protection will be explicitly included the revised Children and Young People Mental Health Transformation Plan
- The Board gained assurance that the adult mental health pathway was robust.

Further development required…

- Reports to the Board on Child Mental health pathways, MCA DoLS and Transforming Care regarding Learning Disability, were scheduled for the June 2017 LSCB and SAB meetings.
- The Board has recommended that safeguarding is explicitly considered within any revisions to the Sustainable Transformation Plan (STP) within Health.
- Audit of deaths by suicide being carried out for the Child Death Overview Panel (CDOP) to come to the LSCBs Safeguarding Effectiveness Group (SEG).
- Significant further work is required to gain assurance on these areas. These have been incorporated in the Joint Business Development Plan Priority for 2017/18 on Emotional Health and Well-Being.

LSCB / SAB Priority 3: To be assured that the Safeguarding element of the Prevent strategy (Preventing Violent Extremism) is effective and robust across Leicestershire and Rutland

We planned to…

- Receive regular reports on Prevent work and safeguarding, including training and awareness raising
- Support and promote Prevent awareness to the public and particular groups of professionals.

We did…

- The Board considered safeguarding assurance with regard to Prevent through a deliberative inquiry at its meeting in July 2016.
- Showcased the Alter Ego "Going to Extremes" theatre production during its development at a joint City and Counties LSCB learning event to promote this to frontline staff and gain their input into its development.
- Two Prevent awareness sessions were delivered to foster carers and prospective adopters in 2016.
- The Board supported a local funding bid to support the promotion of Prevent awareness sessions with young people and training of carers and parents of people with learning disabilities.

The impact was…

- Across Leicestershire and Rutland over 6,000 people have now been WRAP (Workshop to Raise Awareness of Prevent) trained.
- The "Going to Extremes" production started touring Leicestershire and Rutland in March 2017 with 41 performances booked in schools and public locations between March and May 2017. This production has been well received by schools and pupils and is being considered by other areas.
- The Leicestershire schools annual safeguarding survey in 2016 identified that compliance with the new Prevent duty in schools is high and almost all schools (91.2%) had or were in the process of completing a Prevent risk assessment.
- The number and quality of Channel referrals from the County have increased, particularly from schools.
- In Leicestershire's inspection Ofsted noted that "The 'Prevent' duty work and agenda are embedded and continuing to develop in Leicestershire. There is clear strategic governance, and creative operational work is being undertaken to raise awareness and identify and respond to risks. There is a good understanding of the nature of potential extremism in the area, and effective individual work with young people is described."

Further development required…

- Funding for the Counties' Prevent Officer comes to an end in October 2017. An exit strategy is being planned in preparation for this to continue the partnership work on Prevent through the Hate and Prevent Delivery Group.
- The work of Prevent linked to safeguarding will continue to be monitored by the Board as business as usual.

Operation of the Board

Partner and Public Engagement and Participation

Partner Engagement and Attendance

Due to changes in meeting scheduling in 2017 the Board met five times during 2016/17. The membership of the Board can be seen in Appendix 1.

Whilst the Police, Rutland County Council, and the Fire Service attended all meetings, attendance for other agencies was mixed.

Leicestershire County Council and the two Clinical Commissioning Groups each attended the majority of meetings and sent apologies for any missed. Attendance by the District Councils improved during the year with the appointment of a new representative, who attended both meetings following their appointment.

Other Health partners and the Voluntary Sector representatives attended around half the meetings during the year. Engagement with the Criminal Justice Sector remains poor. Whilst the Community Rehabilitation Company attended one meeting and sent apologies to another, there was no attendance from the Prison Service or the National Probation Service to any SAB Board meetings during the year.

Attendance by the Private sector also remained low with attendance at only one meeting.

Agencies consistently engage well in the subgroups of the Board.

In 2017/18 the Board will look to develop links with Universities in the area regarding their approaches to safeguarding adults.

The new Independent Chair of the Board will engage with agencies to ensure appropriate attendance.

Public Engagement & Participation

The Board reviewed its approach to Engagement and Participation at the start of the year tasking individual Business Plan priority leads with incorporating this in their work on the priorities, rather than through a separate group.

The Making Safeguarding Personal Multi-agency audit included specific feedback from the people subject to the cases being audited.

Working with the co-production service at Leicestershire County Council, the Board involved adults with care and support needs in the recruitment of the new Independent Chair of the Board.

Agencies have identified how they are hearing and responding to the voice of service users, for example, University Hospitals of Leicester have recruited a patient partner to sit on their internal Safeguarding Assurance Group to ensure that a service user perspective is considered in any safeguarding work undertaken within the Trust.

However, engagement with and participation of vulnerable adults within the work of the Board on the Business Plan priorities has otherwise been challenging.

Further work is required on this and the development of engagement and participation has been identified as a Priority for the SAB shared with the LSCB.

Assurance – Challenges and Quality Assurance

Challenge Log

The Board keeps a challenge log to monitor challenges raised by the Board and the outcomes of the challenges. During the year the following challenges were raised by the Board with safeguarding partners regarding the following topics:

- Multi-Agency Audits: at the start of the year the Board Chair challenged Board members to work together to implement an effective approach to multi-agency audits that supported a comprehensive assurance framework for the Board.
- Contributions of agencies to the budget of the Board and potential budget reductions; the Board challenged partners to strategically consider their budget contributions to the Board.
- Gaps in quality and accuracy of data provided to the Board and its Safeguarding Effectiveness Group (SEG); the Board challenged all partners to review and ensure accuracy of data provided to the Board.

Following these challenges:

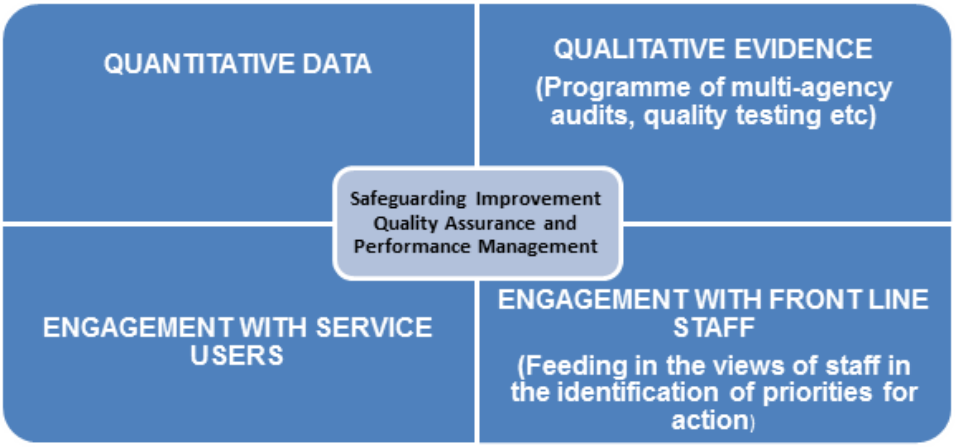
- A robust framework for multi-agency audits is in place and two multi-agency audits were carried out by the SAB in 2016/17.
- Further discussions are taking place regarding the future structures of the Board and the arrangements for setting agency contributions to the Board, and
- Partners have undertaken to ensure accurate data is provided, with no data issues identified in the quarter following the challenge.

Quality Assurance and Performance Management Framework

The Board operates a four quadrant Quality Assurance and Performance Management Framework as outlined overleaf. This is overseen by the Boards' Safeguarding Effectiveness Group (SEG) shared with the LSCB. The outcomes of and findings from this performance framework are incorporated in the relevant sections within the report.

The detailed elements of this are reviewed each year to ensure this provides assurance regarding core safeguarding business as well as Business Plan priorities and other emerging issues.

The overall model is also reviewed and engagement elements of the framework, both with staff and service users, require some further development in the coming year.



Audits

During 2016-17 the SAB carried out a Safeguarding Adults Audit Framework (SAAF) Audit that tests agencies compliance against their safeguarding duties within Care Act 2014 through an organisational assessment against safeguarding standards.

Audit returns from the nine agencies that work in Leicestershire or Rutland identify that most agencies consider that they are 'effective' or 'excelling' across the majority of the compliance questions that are relevant to them.

- District and Borough Councils identify they have further work to do to be effective in embedding safeguarding effectively in procurement and contract management.
- Public Health identify that Prevent and MSP principles are not effectively embedded in their planning, but these will be considered in their review of clinical governance arrangements. They do not yet have effective 'whistleblowing' procedures, but these are planned.
- University Hospitals of Leicester NHS Trust (UHL) are working towards compliance regarding benchmarking safeguarding concerns and enquiries
- Leicester Partnerships NHS Trust (LPT) are working towards effectiveness regarding MSP, MCA DoLS, restrictions and restraint, supervision and escalation, and addressing historical allegations, but report that safeguarding is not effectively integral in evaluation of services.

Commentary on audit returns from agencies identifies that a good level of testing is taken out in completing the audit. The SAB carries out a front-line practitioner audit bi-annually to check the findings of the SAAF audit, however there is currently no direct challenge element to self-reporting of progress. The SAB process for SAAF compliance assurance will be revised in 2017/18 to reduce the burden on agencies and incorporate more peer review and challenge of compliance findings.

In 2016/17 the Board introduced a new approach to multi-agency auditing, with a plan of case file audits during the year. During the year, two Multi-agency audits were carried out focussing on the following priorities:

- Use of thresholds for adult safeguarding
- Making Safeguarding Personal.

The audit process involves individual agencies auditing a sample of their own case files using a common tool, and bringing audits and learning to a multi-agency

meeting to be reviewed across partners. The cases are selected at random by the individual agencies. An independently selected random case sample will be considered by the SAB in future.

The Making Safeguarding Personal audit added a live audit element. This included direct observation of agency practice, discussions with service users about their experience of the enquiry and with workers about their understanding of MSP. This approach has gained much interest from other authorities and SABs in the region and national bodies such as the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS).

The Thresholds audit of 24 cases found that:

- In the majority of cases thresholds were being appropriately applied with some inconsistencies in recording within LPT
- There is potential to improve information sharing in cases where both LPT and UHL are involved, and are overseen by Adult Social Care
- Recording in case notes regarding decision making about proceeding to 'Section 42' enquiries could be improved across agencies, referencing safeguarding thresholds
- There may be benefit in further work regarding joint responses between Leicestershire Police and Adult Social Care regarding safeguarding referrals involving known domestic abuse cases.

The outcome of the audit includes

- Three-way meetings with LPT, UHL and local authorities have been set up and are operating well.
- Domestic abuse has been adopted as a priority for the SAB for 2017/18 (within Trilogy of Risk).

The Making Safeguarding Personal Audit of nineteen cases, four of which were the live audits, found that:

- On the whole, people are being kept involved and informed within enquiries. A further area of work within agencies may be to ensure that the worker has a clear focus on establishing the extent the person wishes to be updated about the safeguarding enquiry, which will clearly vary, to avoid any further anxiety.
- Some people will change their minds about wishing the enquiry to cease, where workers establish their reasons for this, and talk to them about benefits of the enquiry and alternative outcomes (negotiated outcomes).
- Evidencing support to involve and inform people in the enquiry is important alongside achieving outcomes, as the desired outcomes for an individual will not always be possible to be achieved – for example when they do not want an enquiry and this needs to go ahead due to risk to others.
- It remains difficult to engage with people about their experience of safeguarding enquiries. Agencies should focus on establishing this whilst the enquiry is ongoing, with a worker the person has established a working relationship with, to have the best opportunity of supporting the person to express their views.

Agencies have taken away these learning points to embed this within their practice. Progress will be tested with a follow up audit on MSP in 2018. Thresholds will be considered as a key part of multi-agency audits in 2017.

Learning and Improvement

Safeguarding Adults Reviews and other Learning Reviews

The SAB Safeguarding Case Review Subgroup (SCR Subgroup) receives information from agencies about serious incidents of abuse and considers if a Safeguarding Adult Review (SAR) or alternative review process is required to ensure multi-agency learning is captured and implemented. The group has provided a forum for professional scrutiny, advice and guidance to safeguarding leads for organisations. Single agency reviews have been discussed and felt by all members to be a valuable resource provided by the group as an opportunity for partnership reflection and support.

The Subgroup continues to retain full and appropriate membership from key partners and attendance levels have been good.

The Board have agreed to incorporate the following MSP questions into all reviews:

- Was the service user consulted?
- Were they listened to?
- Did they contribute?
- Did they feel safer?

In 2016/17, the SCR Subgroup received the following referrals for consideration and the table below outlines their progress as of March 2017:

Gender	Harm Factors	Type of Review	Progress
Female	Mental Health / Domestic Abuse / Substance Misuse	SAR (Appreciative Inquiry)	Review completed
Female	Alcohol misuse / Self Neglect	Alternative Review (Appreciative Inquiry)	Review completed
Female	Mental Health	SAR	Review underway
Male	Neglect	SAR	Awaiting Crown Prosecution Service decision
Female	Self-Neglect	Independent Review of work undertaken by Multi-Agency Safeguarding Group	In progress
Female	Substance Use	To be decided	Collating information
Female	Mental Health	Single agency review	Closed - satisfied with the findings of agency report and action plan
Female	Drugs / Alcohol	No review - did not meet criteria	Closed

Learning from reviews

The two reviews completed in 2016/17 have focussed on issues of Mental Health, Alcohol Misuse, Domestic Abuse and refusal of services. Whilst the circumstances surrounding the cases were different, six themes have been drawn together.

Theme 1 – 'Better Conversations': Staff in all agencies to be reminded of the importance of 'Better conversations' at the point of referral so they result a shared understanding of what the concerns, desired outcome for service user and next steps are.

Theme 2 – 'Service users reluctant to engage': This can be a very complex and challenging area for staff to deal with. Staff should consider creative and partnership solutions to development engagement.

Theme 3 – 'Understanding Domestic Abuse and Older People': Staff to be reminded that in assessing Domestic Abuse situations they have a good understanding of aspects and impact of domestic abuse and consider specific vulnerabilities and relationship dynamics for individuals.

Theme 4 – 'Understanding Mental Capacity': Staff should have knowledge of the Mental Capacity Act relevant to their role; however, in practice, staff are supporting decision making all the time, so need to assume capacity unless there are indicators to the contrary for that individual and be clear who is accessing capacity, and what is the impact of Mental ill-health on daily living.

Theme 5 – 'The impact of Alcohol misuse': Supporting people who misuse drugs and alcohol can be challenging, complex and unpredictable. The issues are closely linked to **Themes 1, 2 and 4.** Staff should additionally consider resources and expert advice available and how they may be accessed.

Theme 6 – Self-Neglect: Staff need to be able to recognise Self-Neglect and be familiar with how to respond

The importance of use of the Threshold Guidance for Adult Safeguarding was highlighted through these themes.

The SCR Subgroup also considered an alternative joint Children and Adults review involving a young person who had recently moved into adulthood but were satisfied with the findings of both Council and Mental Health Service internal reports, and identified no further learning.

Domestic Homicide Reviews

The LSCB and SAB manage the process for carrying out Domestic Homicide Reviews (DHRs) on behalf of and commissioned by the Community Safety Partnerships in Leicestershire and Rutland. This is managed through the joint Children and Adults section of the Boards' SCR Subgroup.

Two DHRs were completed during the year and the Community Safety Partnerships were awaiting feedback from the Home Office Quality Assurance Panel on these at the end of the year. Three further potential Domestic Homicide Reviews were considered, two did not meet the criteria, however an alternative review was carried out on one of these cases, and the third was in consideration at the end of the year.

Development Work and Disseminating Learning

The SCR Subgroup also reviewed the Boards' Learning and Improvement Framework and updated the referral form and the Domestic Homicide Review Procedures.

The LSCB produces a quarterly newsletter –Safeguarding Matters to disseminate key messages, including from reviews and audits across the partnership and to front-line practitioners. Issues of Safeguarding Matters can be found on the SAB website: http://lrsb.org.uk/newsletters

Learning has also been shared through single agency internal processes, Learning Events and the Trainers Network.

Learning Disability Mortality Review (LeDeR) Programme

In response to the Confidential Inquiry into the deaths of people with learning disabilities (CIPOLD) that found that 42% of such deaths were deemed to be "premature" a national project was set up to review deaths of people aged 4 and above with learning disabilities to identify learning to:

- Drive improvement in the quality of health and social care service delivery for people with learning disabilities
- Help reduce premature mortality and health inequalities in this population
- To influence practice at service, individual practice and professional level

This programme links into the wider framework for mortality reviews outlined in the National Guidance of Learning from Deaths framework produced by NHS England in March 2017.

Leicester, Leicestershire & Rutland was one of the original pilot sites for this review programme. A steering group with membership across agencies including a number of providers was set up in 2016 and reviews commenced from 1st November 2016.

Oversight for the steering group is provided through the Joint Executive of the Leicester City and Leicestershire and Rutland Safeguarding Adults Boards.

Deaths of children with learning disabilities continue to be reviewed by the Child Death Overview Panel (CDOP) in line with its statutory function, and learning from these is shared with the LeDeR programme.

During 2016/17 two reviews were commenced, both were still in progress at the end of the year.

The first thematic safeguarding report from the national programme indicates learning around the following themes:

- Main causes of death as pneumonia, aspiration pneumonia and sepsis.
- Systems issues
- Interagency communication and working
- The direct provision of care
- Adherence to legislation and guidance on the Mental Capacity Act 2005
- The need for training, such as regarding learning disability awareness, mental capacity and bowel health.
- Communication with families, carers, and people with learning disabilities.

These are being considered by the steering group to identify any action to be taken locally.

Co-ordination of and Procedures for Safeguarding Adults

In response to learning from the reviews and audits of practice, alongside research findings and review findings nationally, the Board has developed and updated safeguarding procedures as follows:

- Made changes to the Multi-Agency Policy and Procedures to improve accessibility and allow more timely changes to local documents
- Development of a Vulnerable Adults Risk Management (VARM) process to enable multi-agency working to identify risk and look for creative solutions particularly in cases of Self-Neglect
- Ensuring the procedures reflect the principles of Making Safeguarding Personal
- Updating the Escalation and Professional Disagreement Process
- Added signposts with the Multi-Agency Policy and Procedures to additional information on Forced Marriage, Human Trafficking and Modern Slavery and Preventing Violent Extremism
- Thresholds guidance updated to include Domestic Abuse
- Reviewed templates for Record of Strategy meeting, Conference agenda and Professional Report to Conference
- Commenced development of a Memorandum of Understanding between the Councils and Health where abuse is alleged to have occurred within a health setting.

Future Work planned includes:

- Completion and final sign off the Information Sharing Agreement (ISA)
- Final sign off of the Council and Health Memorandum of Understanding
- Further development of guidance on Modern Slavery, Human Trafficking and Prevent
- Reviewing guidance regarding allegations made against staff.

Vulnerable Adults Risk Management Process (VARM)

In response to the increase in alerts regarding self-neglect and an identified need for a consistent response to the often complex nature of these cases with a lack of engagement; Vulnerable Adults Risk Management Process (VARM) Guidance has been developed by the three Local Authorities in Leicester, Leicestershire and

Rutland, with assistance from Leicestershire Police. This has been considered by and is supported by the LRSAB.

The guidance focuses on co-ordinating a multi-agency approach to provide more consistency in working with people in situations of risk, where they are not engaging with agencies and in particular for working with people at high risk in relation to self-neglect. It is felt this approach is likely to be more effective than using the safeguarding process for self-neglect, where the person is felt to have capacity to understand the risks involved, given there is no abuse by a third party. This is an LLR approach, which will support partner agencies working across all three areas.

Initial training has been undertaken on the VARM with Council Service Managers and feedback from this shows this approach is welcomed as being a positive development to better support operational practice when working with people who are at risk through self-neglect.

Training and Development

The SAB, through its Safeguarding Effectiveness Group regularly requests information from its partners regarding the effectiveness of their safeguarding training programmes.

During the year the SAB has challenged the Local Authorities regarding the lack of information they were able to provide to give assurance on workforce training and competency. At the end of the year assurance had been received from all partners regarding the safeguarding training and competence of their workforce.

The Trainers Network has met four times with regular attendance of forty staff from the Independent, Statutory and Voluntary Sector who have a responsibility for developing and delivering learning and development opportunities.

The Network continues to give participants the opportunity to discuss and develop their organisations approach in light of : National and local developments in practice and procedures; Learning from reviews (national and local); Embedding the Competency Framework and updates to Training materials and resources.

During 2016/17, the focus has been on Making Safeguarding Personal, updating of Training material for ‘Reporting concerns, allegations or disclosures of abuse’ and finding creative ways to embed the competency framework into staff development

The Network supports dissemination of information and awareness raising materials such as Safeguarding Matters, Leaflets and training events.

Feedback from the group has been sought on levels of understanding of MSP and ease of access to the procedures.

Leicestershire & Rutland SAB and LSCB Income and Expenditure 2016-17

	£
SAB Contributions	
Leicestershire County Council	52,830
Rutland County Council	8,240
Leicestershire Police	7,970
Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland)	18,386
University Hospitals of Leicestershire NHS Trust	7,970
Leicestershire Partnership NHS Trust	7,970
Total SAB Income	**103,366**

LSCB Contributions	
Leicestershire County Council	123,390
Rutland County Council	52,250
Leicestershire Police	43,945
Clinical Commissioning Groups (West Leicestershire and East Leicestershire & Rutland)	55,004
Cafcass	1,650
National Probation Service	1,347
Derbyshire, Leicestershire, Northamptonshire and Rutland Community Rehabilitation Company (Reducing Re-offending Partnerships)	7,778
Total LSCB Income	**285,364**

Total Income (LSCB & SAB)	**388,730**

	£
SAB and LSCB Operating Expenditure	
Staffing	205,496
Independent Chairing	49,115
Support Services	38,234
Operating Costs	14,831
Case Reviews	11,870
Training Co-ordination and Provision (LSCB)	55,641
Voluntary Sector Assurance Project (LSCB)	11,850
Total SAB & LSCB Operating Expenditure	**387,037**

Surplus	**£1,693**

LSCB & SAB Reserve account at end of year	**£59,930**

Partner updates

Our partners provide assurance regarding safeguarding practice and development throughout the year. Key achievements and areas for development for partners are outlined in Appendix 2 to this report.

Business Plan Priorities 2017-18

Review and analysis of learning, performance information and emerging issues have led us to identify the following priorities for 2017-18:

Development Priority	Summary
1. Prevention	Developing a prevention strategy, assurance regarding safeguarding elements of local prevention strategies and developing community awareness
2. Making Safeguarding Personal (MSP)	Continuing development of MSP across partners
3. Thresholds	Identifying and addressing gaps regarding over and under-reporting
4. Self-Neglect	Establishing and embedding a robust process for practitioners to respond to self-neglect

The following priorities are shared with the Leicestershire & Rutland Local Safeguarding Children Board for 2017-18:

Development Priority	Summary
1. The 'Trilogy of Risk'	Assessing approaches to safeguarding adults and children where domestic abuse, substance misuse and mental health issues are present
2. Participation and Engagement	Establishing visible effective participation by children and vulnerable adults at Board level
3. Emotional Health & Wellbeing	Develop understanding of emotional health and well-being across the partnership and gain assurance regarding Better Care Together (BCT) and the Sustainable Transformation Plan (STP) that work is addressing safeguarding issues, particularly re: mental health
4. Multi-Agency risk management / Supervision	Develop a multi-agency supervision approach for risk management in safeguarding adults and children

Appendix 1 - Membership of the SAB 2016/17

Independent Chair

Members

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 for Adult Social Care
Rutland County Council Lead Member for Adult Social Care and Health

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

Appendix 2 - LSCB Partner updates in full

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG)

Developments with regard to the agencies approach to safeguarding in the year:

Maintaining Statutory Responsibilities: During 2016/17 West Leicestershire CCG and East Leicestershire and Rutland CCG (hereafter known as the CCGs) continued to exercise their statutory responsibility towards safeguarding children and vulnerable Adults. The CCG Chief Nurses represented their CCG as a statutory member of the Leicestershire and Rutland Safeguarding Children Board and the Safeguarding Adult Board. The CCG Deputy Chief Nurses represent their CCG at the Leicestershire and Rutland Safeguarding Children and Adult Executive.

LSCB/SAB support from CCG Designated Professionals: The CCGs have maintained the expertise of Designated Nurses Safeguarding Children and a Designated Doctor Safeguarding Children. The CCGs commit the Designated Nurse role and the CCG Safeguarding Team to provide extensive support to the LSCB/SAB. During 2016/17 this has been in terms of: chairing the LSCB/SAB Safeguarding Effectiveness Group; membership of a number of LSCB/SAB Sub Groups including the Serious Case Review Sub Group; Chairing a LSCB Child Alternative Review; Panel member of the 2016/17 Child Serious Case Reviews, Adult Reviews and Domestic Homicide Reviews. Taking a leading role in the promotion of the Neglect Toolkit.
The Designated Nurse Safeguarding Children and Adults has contributed to the LSCB/SAB 2017 Safeguarding Matters publication promoting Safeguarding Supervision.

The work of the CCG Named GP's Safeguarding Children This role ensures that the GP safeguarding leads in all of the GP Practices (across Leicestershire, Rutland and Leicester City) receive consistency in safeguarding information and support in addition to mandatory safeguarding training. The CCG Named Safeguarding GP's delivers children's safeguarding training to GPs and leads the GP Safeguarding forums and GP Safeguarding Bulletins
The GP Safeguarding Forums 2016/17 have included the following topics.

- Meeting with Social Care Managers
- Complaints from GPs regarding the lack of continuity regarding access to Children's Social Care
- The quality of GP referrals to Children's Social Care

The GP Forums provide a venue for discussion for information the LSCB/SAB disseminate to GP Practices in addition to emailed information.

The CCG Heads of Safeguarding Children and Adults support the Designated Professionals to ensure effective interface with the Safeguarding Boards is maintained and delivery of the priorities for the CCG Hosted Safeguarding Team continue to be met.

GP Safeguarding Advice Line. Provided by the CCG Hosted Safeguarding Team this is available to all GPs across Leicester, Leicestershire and Rutland

MCA/DoLs - Rainbows Project: My Adult My Child- website
The NHS England MCA Improvement Programme was launched across Leicestershire, Lincolnshire and Rutland in 2015 the aim is to increase understanding about and implementation of the Mental Capacity Act by adding value to existing local activity and plans. This initiative was fully supported by the LSCB/SAB. A Designated Nurse Safeguarding led the User Group work stream for the Improvement Programme that developed the website My Adult- Still My Child.

The website was launched in September 2016, it is aimed at those new to making Best Interest Decisions and especially those caring for a young person in transition to adult services. To this end it is a valuable resource for parents/carer and professionals. Parents and carers from Rainbows Hospice Loughborough and Together for Short Lives ensured that the website was co-produced and inspired by those who have experienced decision making within health and welfare settings and felt unprepared or challenged without such guidance.

CCG Safeguarding Assurance: throughout 2016/17 the CCG Quality and Assurance Group and Governing Body has received assurance the status of how commissioned health services have in place key safeguarding requirements for adults and children

Impact of developments and work carried out

Designated Nurse Chair of LSCB Safeguarding Effectiveness Group has maintained a focus on continuous improvement with regards to reporting from meaningful and accurate data to demonstrate the effectiveness of partnership working. This has enabled discussion and partnership challenge at the LSCB. Key results include raising the profile of: the Voice of the Child: strengthening multi-agency care planning for Children in Need: Establish the level of children and adult safeguarding training across the partnership: the lack of an agreed information sharing pathway for Domestic Violence: compliance with the Care Act 2014.

CCG Named Safeguarding Children GPs The impact of the work of the CCG Named Safeguarding GP's is evidenced by well attended and evaluated GP Forums and above 90% uptake of children and adult safeguarding training for all GPs across the CCG. To this end the role has raised the profile of safeguarding across the CCG.

GP Advice Line The introduction of the GP advice line providing support and guidance to GPs this has been well received and GPs acknowledge it helpfulness – evidenced by GPs contacting Social Care with safeguarding concerns.

The audit work with GP Practices has resulted in:

- Domestic Violence/Abuse – GP Policy and Guidance being developed and training commissioned
- GPs have easy access to GP Referral form via PRISM. This has provided evidence of both the good work currently being undertaken by GPs and areas for improvement. To increase in knowledge and confidence will have enabled GPs to make better decisions regarding Safeguarding.

Areas for further development or action to support safeguarding

- Supporting the GP practices as required following submission of the GP Quality Safeguarding Markers.
- Continued dissemination of learning from LSCB /SAB to GP Practices
- Continues application of the locally agreed Safeguarding Adults Thresholds with health commissioned services
- A Domestic Violence/Abuse Policy will be available for GP practices

Leicestershire County Council

Developments with regard to the agency's approach to safeguarding in the year:

In response to internal safeguarding audit findings, the focus of the LA Safeguarding Adults Team has been revised within the restructure of the Adult Social Care pathway.

Threshold assessment will be carried out by the Customer Service Centre.
Local Area teams will have an increased role in safeguarding enquiries, with the safeguarding team only involved in brief interventions establishing enquiries, desired outcomes and initial strategy meetings where an individual is not already known to services.

This approach is intended to ensure that immediate risk is consistently addressed, and that the adult at risk's views and wishes are established as soon as possible. It will also ensure that ongoing resources are prioritised appropriately according to levels of risk. Additional practice guidance has been developed to support the safeguarding and Locality Teams around the changes, including for Locality Teams around undertaking Organisational Safeguarding enquiries which were previously undertaken primarily by the Safeguarding Team.

The County Council have made significant changes to the safeguarding enquiry 'forms' on their case management system during the year to enable better capture and recording of the views and wishes of those involved in safeguarding enquiries in line with the principles of the Mental Capacity Act and to ensure that risk is appropriately assessed and managed within the enquiry. Developments include:

- New Making Safeguarding Personal screens where details are captured about how the individual's outcomes are discussed with them and how these will be achieved
- Requirements to evidence that Mental Capacity Assessments have been undertaken where there are doubts about the person's capacity to make decisions about the enquiry and how best interests decisions have been made
- Mandatory risk assessments and manager oversight and approval
- Consultation with the adult at the conclusion of the enquiry to capture their views about how involved and informed they felt within the enquiry, and whether their outcomes have been achieved.

Based on the outcome of safeguarding audits and feedback from staff, the Leicestershire safeguarding training programme, which had been delivered by an external agency, has been reviewed. Delivery has been moved in-house within the Council to ensure that local processes and practice requirements are reflected, as well as statutory duties under the Care Act.

The new training offer is more aligned to the SAB training competencies. It will move away from the previous model of a mandatory day of training every 3 years, and focus on a core day around statutory responsibilities, with a series of shorter 'bolt on' modules, focussed on areas identified through audit as key areas of focus for

practice. These will include risk assessment, mental capacity assessment within safeguarding enquiries, supervision, effective safeguarding meetings, working with service providers in enquiries and domestic abuse and coercive control. The Council's approach to the Competency Framework around safeguarding is also being developed to support managers and staff to easily review and assess competency in these areas within supervision.

This model of training will ensure that learning is ongoing throughout the year, and there is a focus on practical support as well as on statutory duties and theoretical models. There will also be work undertaken by Lead Practitioners to help facilitate workshop type sessions on particular themes using case studies in team meetings to learning and development around safeguarding is not only reliant on formal training sessions.

Safeguarding Training sessions for the new Service Managers have already been undertaken and feedback from this has been very positive, with consistent comments that this approach feels more relevant to operational safeguarding practice. New practice guidance is also in place in light of the changing focus of the Safeguarding Team in the new structure, and work has been undertaken by the Safeguarding Lead Practitioner around managing safeguarding case with social workers across the care pathway.

Impact of developments and work carried out

The impact of the restructure of Adult Social Care will not be seen until 2017-18. The developments of the Council's information system have supported the increase in recording of desired outcomes in safeguarding enquiries and ensured the Council is able to report on Making Safeguarding Personal data, both internally to the SAB and, as required, to the East Midlands Safeguarding Adults Network.

Areas for further development or action to support safeguarding

In response to feedback from staff, the Council is looking to make the training for recording safeguarding enquiries more relevant to practice by basing this on case examples.

Leicestershire Fire and Rescue Service

Developments with regard to the agency's approach to safeguarding in the year:

A full time member of staff has been seconded to work with the police Adult Referral Team. This is a pilot project to look at how we can improve information sharing and joint working. This is the first time that we have had a named person who can manage ongoing cases.

We have developed a new partner referral form and risk matrix for prioritising requests for home fire safety checks, so our work can be targeted at the most vulnerable.

Hoarding risk matrix is being used widely by our crews.

Community safety staff attended mental health first aid training. We are now looking at rolling it out to the wider work force.

Two practitioners attended training for adult fire setters with a view to working with mental health professionals and/or prisons when appropriate.

Nationally, fire services are moving towards the production of standard safeguarding best practice advice for this sector, which will be very welcome. The Safeguarding Manager recently attended a National Conference .

Impact of developments and work carried out

Our new VP officer is attending incidents together with police officers and other agencies – e.g. housing and ASC. We have good examples of multi-agency working in cases of self-neglect.

We know that our operational crews are much more aware of safeguarding responsibilities as our Designated Safeguarding Officer is receiving much more frequent enquiries and requests for advice.

Areas for further development or action to support safeguarding

New scenario based Safeguarding training package is being developed – we aim to launch it by September.

We are currently looking at the structure of our internal safeguarding / vulnerable people team to ensure that we have an adequate number of people who can respond appropriately to alerts from firefighters and referrals from external agencies.
Mental Health first aid training for operational managers – see above comments.
After the pilot secondment project with the Police, we will make a decision as to the best case management system to use for VPs – i.e. one which will support multi-agency working.

The set-up of a new national fire service safeguarding group, which our Safeguarding manager will attend, should support us in improving our practice.

Leicestershire Partnership NHS Trust (LPT)

Developments with regard to the agencies approach to safeguarding in the year

Feedback from a CQC review of health services for Children Looked After and Safeguarding in Leicester City was the catalyst for strengthening the implementation of the Whole family approach to safeguarding. LPT adopted a Whole Family Approach to Safeguarding in 2016/17, building on the Think Family work already underway in LPT. Implementation will include replacing the traditional level 2 adults safeguarding training and level 3 safeguarding children training with the combined 'Whole Family' safeguarding training. LPT have also implemented systems to improve communication across adult & children's services within LPT and promoted the 'Whole Family Approach' via posters and monthly bulletins and changes to electronic systems.

It was identified by the CQC that the quality of Inter-agency referral forms submitted by School Nurse, CAMHS practitioners and Adult Mental Health practitioners required improvement. LPT have developed and implemented an Inter-Agency Referral Standard Operating Guidance to improve the quality of inter-agency referrals submitted to Children's Social Care. Quality reviews of Inter-agency referral forms submitted to Children's Social Care by school nurses, CAMHS and adult mental health staff are conducted quarterly.

MAPPA: A MAPPA Audit tool developed, improving on a pre-existing audit tool developed in 2013/14. The audit was carried out in June 2016.

Section 42 Enquires: An improved process for Council Oversight and effective multi-agency working in relation to Safeguarding enquires under section 42 of the Care Act was developed. Improved internal processes, which ensure more robust governance relating to Section 42 enquires, were also put in place.

Mental Capacity Act: A MCA improvement plan was developed and supported by the LPT Chief Nurse.

Impact of developments and work carried out

Inter-agency referrals: The quality reviews will measure the level of improvement in relation to inter-agency referrals submitted to Children's Social Care, helping to ensure the right service is provided at the right time.

Whole family: Adult staff are now able to access details of a child's health visitor or school nurse where necessary and appropriate via a single point of contact.

MAPPA Audit: this was targeted more specifically to relevant Mental Health / Learning Disability services. Results provided some supporting evidence that LPT MAPPA cases were largely correctly identified by category and level, and that cases that were not correctly identified were subsequently corrected and alert wording changed to ensure future cases were recorded correctly.

Section 42: Improved processes have resulted in more robust systems to support implementation of Making Safeguarding Personal.

MCA: Greater assurance that principles of the MCA are fully applied within LPT clinical areas.

Areas for further development or action to support safeguarding

From April 2017, LPT will deliver Level 3 Whole Family safeguarding training to all LPT adult & children clinical staff.

Repeat MAPPA Audit June 2017 to compare results.

Further work in embedding the Whole Family approach to Safeguarding and MCA improvement.

Leicestershire Police

Developments with regard to the agencies approach to safeguarding in the year

In 2015/2016, we made 7,782 adult safeguarding referrals across Leicester, Leicestershire and Rutland; in 2016/2017, we have seen a 66% rise to nearly 13,000 referrals. The trend continues to show an increase of reports monthly.

We are still analysing the full reasons behind this increase but currently we believe this to be down to our Protecting Vulnerable Persons (v4) training programme. This has led to increased recognition of vulnerability by frontline officers.

We have also seen that, as partner agencies' resources are declining, we are being called upon by the public and those agencies to respond. As Policing duties are to protect life and property, this often can mean that we are charged with responding to calls that aren't to investigate crime. We see a particular rise in demand in the evenings and at the weekend.

This has led to 98 multi-agency investigations. This is a 23% drop from 2015/2016. This supports the theory that we are not seeing a rise in vulnerable adults who are the victims of crime, but we are seeing a rise in the number of vulnerable adults who are in need of partner services' support but have called upon the police to attend.

We have issued 84 domestic violence prevention orders. Following a HMIC review, Leicestershire Police has stopped reviewing High-risk assessments domestic incidents. This has seen a 50% increase in the number of high-risk assessments following a domestic incident. In order to manage this we have had to move to a weekly MARAC.

A Multi-Agency DV Executive group has been formed, chaired by Assistant Chief Constable Rob Nixon.

To meet the increasing demand upon the Domestic Abuse Investigation Unit, there has been an active recruitment to increase the establishment. Some work has also been completed within the localised Force Investigation Units to ensure officers' awareness with dealing with Domestic Abuse cases.

We have introduced the Herbert Protocol: a missing form which is completed when someone is diagnosed with Dementia. If they go missing and the police are needed to help find them, the form is handed over, detailing a current photograph, hobbies and previous jobs. This assists us to find the missing individual as soon as possible. We have worked closely with the Alzheimer's Society who have helped us to design the form and will assist with the completion of it.

Impact of developments and work carried out

There has been positive feedback from the HMIC about the vulnerability culture Leicestershire Police operates within, including confirmation that there is a good understanding of vulnerability at all levels within the Force.

During the cold winter months, local Police Community Support officers found an elderly male drunk in the city. They engaged with him and agreed to get him home safely. When at his premises it was highlighted that he had no gas or electric; they noted the house was cold due to having broken widows and there was evidence of extreme damp in the property along with evidence of no personal care, with the property being in a poor and dirty state presenting a health hazard. The PCSOs engaged the following day with the Adult Referral Team who called for an urgent multi-agency response. The male was identified as suffering with the effects of hypothermia and was hospitalised. The house being privately owned posed problems but these were overcome to make repairs; support was given around finances and paying the amenities bills to ensure a better quality of life for the gentleman. The reason for the male going out to public houses and getting drunk was due to the public houses being warm.

Areas for further development or action to support safeguarding

- To identify smarter ways to meet demand in a world of ever decreasing resources both within our organisation and the demand impact from partners.
- To better identify hidden demand again looking at smarter ways to reduce or remove this demand.
- To better engage with private sector partners with a view of sharing and reducing demand.
- The Force is developing an overall Vulnerability Strategy and a Children's Strategy to ensure the voice of the child is incorporated into every strand of policing.
- A review of the Force's Missing from Home process has just been completed, and new working practices are awaiting finalisation, following consultation at local level through to the National Police Chiefs Council.
- Police and Crime Plan 2017-21 includes a focus on specific areas with links to safeguarding adults: Alcohol and drug related incidents; Domestic Violence and Abuse including coercion; Human Trafficking and Modern Day Slavery; Mental Health; Missing from home individuals; Prevent strategy and Sexual violence.
- Leicestershire Police will maintain the regime of internal audits and co-operation with reviews (both internal and external, eg SCRs, DHRs, SILPs etc) to ensure continued compliance with the need to recognise, identify and report vulnerability.

Rutland County Council

Developments with regard to the agencies approach to safeguarding in the year

RCC has embedded a new Adult Social Care role – Assistant Care Manager (ACM) – within the Prevention and Safeguarding Team who can provide time limited and person centre outcomes for those adults who are deemed at risk of being re-referred as a Safeguarding Adult's enquiry. This service is non-means-tested to encourage those at risk of self-neglect to engage with support.

Currently there are three ACM posts and Rutland plans to recruit one more ACM and a social worker to extend capacity and provide a more rapid response to enquiries where safeguarding, neglect and self-neglect are indicated. The ACMs are managed and supported by a Senior Practitioner to provide professional support and development.

Rutland County Council has made changes to its Safeguarding Adults case management system to include mandatory sections on the wellbeing principles and outcomes and MSP. Accessible Information standards are now embedded within the system which considers preferred communication format in relation to initial contacts taken via the Prevention and Safeguarding Team.

These system changes mean outcomes now follow through to point of closure within the safeguarding episode and practitioners are required to record and evidence whether outcomes have been achieved for the adult and how they were achieved. Personalisation surveys are completed at the end of the safeguarding episode and record the adult's satisfaction with the process. Rutland County Council's performance team regularly review this data and identify trends and themes in order to shape service development moving forward.

All Adult Social Care practitioners who are responsible for processing enquiries have completed safeguarding adults training at an investigator level.

All practitioners within the Adult Social Care service in Rutland, including integrated Health colleagues, attend Safeguarding Continuous Professional Development (CPD) sessions bi-monthly. These sessions include updates in relation to MSP and provide support and guidance on any MSP related issues within care management. Any feedback from audits and system changes are disseminated and discussed and workers are encouraged to present case studies for peer review and peer shared learning.

Adult Safeguarding Basic Awareness Training (In House) is provided to all new starters within Adult Social Care and refresher training ongoing for current employees – 7 sessions in the last year, two more booked. Attendees include REACH team, PAs, Social Workers, OTs, Case Managers, Hospital Discharge Team (all disciplines), Team Assistants and staff recently new in post.

Staff Health Check (Adult PSW Health Check) completed by frontline workers to encourage them to discuss professionalism within practice and how they would like RCC to move forward in relation to developing their skills as practitioners.

Impact of developments and work carried out

The prevention approach with the ACMs has contributed to a reduction in referrals to the long term team with less than 10% of all new contacts transferred for long term intervention.

The changes to the Case Management System mean outcomes now follow through to point of closure within the safeguarding episode and practitioners are required to record and evidence whether outcomes have been achieved for the adult and how they were achieved. Personalisation surveys are completed at the end of the safeguarding episode and record the adult's satisfaction with the process. Rutland County Council's performance team regularly review this data and identify trends and themes in order to shape service development moving forward.

Training feedback forms have rated the training highly and indicate that attendees have felt that it will beneficial to their roles. Localised training with relevant links and case studies have proved popular.

A peer review of Rutland Adult Social Care in March 2017 found:

- Overall there is an excellent offer to the people of Rutland and outcomes are good
- Reviewers were impressed with commitment, enthusiasm, values and attitude of all the staff we met, at all levels
- Reviewers were particularly impressed with the whole council approach around support into employment encouraged directly by the Chief Executive
- The focus on non-eligible citizens (prevention) and developing approach to working with those people who have been institutionalised historically was particularly noted
- Strong focus on personalisation moving forward in relation to all areas of practice (embedding personalisation within all aspects of social care)
- Good leadership in relation to professional development and positive that Health colleagues are invited into and attend continuous professional development sessions.

Areas for further development or action to support safeguarding

A programme of internal audits will always consider MSP, outcomes and the quality of the documentation linked to the safeguarding episode. Further development of the Liquid Logic information system, contacts and safeguarding documentation will be looked at on an ongoing basis. Training will be developed internally around completion of the safeguarding episode with supporting guidance for all staff within the social care team.

Further development will be ongoing regarding legal literacy, coercion and control, VARM and criminal / civil law interactions. The additional ACM and Social Worker to be recruited will also enhance the response to safeguarding enquiries in Rutland.

Increased quality assurance around personalisation within multi-disciplinary teams.

Forward development of training:

- CPD Meetings to be unified with OTs and also include general “Social Care CPD” meetings now as well as “Safeguarding CPD” meetings
- Ongoing refresher sessions of Adult Basic Awareness for Social Care staff
- Working with HR to ascertain which RCC staff have completed e-learning so that future training can be tailored to meet unmet needs
- Senior Practitioner will be working across Adult Social Care to evaluate the Adult Safeguarding Competency Framework and this will take into account practitioner’s use of MSP
- Asset Strength Based Training will be delivered within the next 3 months.

University Hospitals of Leicester NHS Trust (UHL)

Developments with regard to the agencies approach to safeguarding in the year

University Hospitals of Leicester NHS Trust is a large organisation that employs around 15,000 staff. Safeguarding patients and protecting them from harm and abuse is integral to the work that we do.

The Trust has supported the work of the Leicestershire and Rutland Safeguarding Boards, in particular:

- We have been involved in the new multi-agency audits developed by the Boards; overall these have provided additional assurance that our practices are generally robust
- We have supplied quarterly performance data to help build up a greater understanding of safeguarding performance and we introduced a patient partner
- Undertaken work to implement 'Making Safeguarding Personal'; therefore strengthening the voice of service users during adult safeguarding investigations.

In 2016, the Trust had two comprehensive inspections by the Care Quality Commission (CQC), which considered the Trust's approach to safeguarding. Their findings led to the development of an action plan and, as a consequence, the following changes to practice were made:

- Introduced new guidance and training for staff on the use of the Mental Capacity Act
- Increased the capacity of our maternity safeguarding team in response to increasing levels of referrals.

As a Trust, to strengthen the voice of service users, in November 2016 we secured a patient partner to sit on our internal Safeguarding Assurance Group. This helps ensure that a service user perspective is considered in any safeguarding work undertaken within the Trust.

We also secured funding for a hospital based Independent Domestic Violence Advocate (IDVA) to work in our Emergency Department.

Impact of developments and work carried out

In response to the issues raised above, we believe we have changed practice in the following areas:

- Making Safeguarding Personal has strengthened the way in which staff talk to adults in need of safeguarding, to ensure their views are listened to
- Audits are being carried out to demonstrate greater understanding by staff of the use of mental capacity assessments and their application when consenting patients for treatment
- The voice of the patient is being firmly embedded in the work the Trust does, making sure we consider the impact of our work on patient care.

In response to recommendations made by the CQC, our completion of actions has strengthened our internal safeguarding systems to ensure that best practice is followed.

The role of the IDVA is to provide early support and advice to victims of domestic violence whilst they are considered in a place of safety, helping them to make decisions about personal safety.

Areas for further development or action to support safeguarding

As a Trust, we strive constantly to improve our practice; for the new financial year we are going to undertake further work in the following area:

- Complete further internal audits to ensure that practice in consent to treatment and detecting safeguarding issues in our Emergency Department are embedded.

Report to Rutland Health and Wellbeing Board

Subject:	**Better Care Fund programme 2017-19**
Meeting Date:	**5 December 2017**
Report Author:	**Sandra Taylor**
Presented by:	**Mark Andrews**
Paper for:	**Noting**

1. Introduction

1.1 The purpose of this report is to update the Health and Wellbeing Board on progress with the 2017-19 Better Care Fund programme.

2. Better Care Fund 2017-19 Programme approval process and timetable

2.1 Following approval by the Rutland Health and Wellbeing Board, the 2017-19 Better Care Fund programme was submitted for national moderation on the national deadline of 11 September 2017. Possible outcomes were: approved, approved with conditions, or placed in escalation.

2.2 The assurance process checks that plans meet all key lines of enquiry:

- Meeting the national conditions.
- Setting out the required metrics including the delayed transfers of care trajectory.
- Having agreed a spending plan for the Improved Better Care Fund grant.
- Setting out a vision and progress towards fuller integration of health and social care by 2020.
- Having in place a robust approach to managing risk to plan delivery.

2.3 As reported to the HWB in September 2017, Rutland's BCF programme was initially at risk of being 'approved with conditions' because its proposed Delayed Transfer of Care (DToC) targets, agreed by the local partnership and HWB, diverged from the Department of Health expectation targets.

2.4 The divergence was proposed to ensure that local targets were realistic and not solely benchmarked against February DToC levels which were anomalously low for Rutland.

2.5 The Council was subsequently notified that all programmes not agreeing to their expectation targets would be placed in escalation by the national moderation process. As this could have affected the flow of funding this year to the £2.1m programme, much of which now supports 'business as usual' activity, a counter proposal was made in October which set out a downward trajectory of DToCs from the July level down to the expectation level in the key monitoring month of November.

2.7 The Council has been notified verbally by the Better Care Support Team that the programme has been approved on this basis. Formal written confirmation is anticipated.

2.8 The programme's risk management framework has been updated to reflect the potential risk to future Improved BCF funding (£168k in 2018-19) of not achieving the BCF DToC targets.

2.9 The key challenge with meeting the DToC targets is that, once DToC levels have been significantly reduced, as in Rutland, even small numbers of significantly delayed patients, which can occur at any time for a wide range of reasons, would have a significant impact on performance. Improvement to DToC levels is also unlikely to be delivered as a linear month on month reduction in delays, and this is incompatible with an approach to measuring progress which gauges performance at a single point in time.

3. Rutland BCF programme progress

3.1 The plan approval timetable notwithstanding, we are now well into quarter three of implementing the first year of the 2017-19 BCF programme. The programme has a similar structure and aim to previous years, sustaining a successful model focussed on:

- Priority 1: Unified prevention
- Priority 2: Holistic long term condition management
- Priority 3: Hospital flows (crisis response, transfer of care and reablement)
- Priority 4: Enablers

3.2 The programme has a more complex budgetary make-up than previously, with the following funding elements across two years.

Total programme size	**£2,840,542**	**£2,604,656**
Of which:		
Minimum required value of BCF pooled budget (CCG minimum)	£2,098,189	£2,138,054
Disabled Facilities Grant	£203,261	£220,732
Improved BCF – Local Authority allocation	£203,092	£167,870
Other additional contributions Of which:	£336,000	£78,000
2016-17 BCF carry-over funds	RCC £84,000 ELRCCG £110,000	RCC £55,000 ELRCCG £29,000
RCC social care grant	£136,000	

3.3 As an increasing proportion of the programme is now part of the business as usual approach to health and social care, the scope to innovate is constrained, even if learning and adjustment continues under those headings. The additional sums in the programme in 2017-19 are important in sustaining the momentum of continued innovation.

Programme context

3.4 The aim of the BCF programme is to achieve a fully integrated health and care system in Rutland by 2018. After more than two and a half years of Better Care Fund collaboration, Rutland is well advanced on its integration journey, with effective joint working on the ground across health and care teams and a fully integrated Hospital Team in place with joint leadership.

3.5 There is further to go to achieve the level of integration demonstrated by the Hospital Team in other areas, though, with scope for primary care, community nursing and the Council's long term team, for example, to connect more fully to create a more responsive, agile, seamless health and care system which is able to reconfigure and adapt dynamically in response to needs and performance feedback.

3.6 Under the STP, the wider Leicester, Leicestershire and Rutland (LLR) area is being structured into 'localities' to further progress health and care integration on the ground. A recent decision by ELRCCG that the Rutland Local Authority area will be one of six health localities within the ELRCCG area offers coterminous boundaries across health and care for the first time and is a significant step laying the foundations for moving to the next stage in the local integration journey. Other significant changes feeding into the next phase of integration maturity are the One Public Estate proposal for an integrated services hub in Oakham and for the redevelopment of St George's Barracks, and the local GP commitment to a programme of change under the 'Primary Care Home' banner.

Programme implementation

3.7 Given the delayed BCF programme development and approval timetable, a pragmatic approach has been taken so far in 2017-18, endorsed by the national BCF Support Team, continuing established BCF measures and developing and progressing new measures by mutual agreement through programme governance. This means that the programme has been able to sustain good momentum in its first half year. National instructions to spend the Improved Better Care Fund (IBCF) social care relief allocations from in the Spring Budget promptly have also been followed.

3.8 We have just submitted the Quarter 2 national monitoring return summarising programme performance over the first half year. The programme remains on track for the four mandatory national BCF metrics for health and social care (see Appendix 1), and for the local falls prevention metric.

- Mean performance across the first two quarters for **reablement success** is **91%, relative to a target of 89%,** so on target overall.
- **The rate of permanent admissions to residential care is on track**, remaining exceptionally low relative to many other areas. We are projecting to have 181 admissions per 100,000 over 65s, well within the 2017-18 target of 322, but higher than last year's low of 118.
- **Rates of non elective admissions (NEAs)** are on target at Q2, with a cumulative 3,684 days of admissions per 100,000 population, relative to the target ceiling of 4,484. Rates are projected to be similar to last year, with no net reduction, but against underlying trends of increasing admissions.
- **Rates of Delayed Transfers of Care (DToCs)** are under close scrutiny nationally, given ongoing pressures in acute care. Although Rutland is performing well against its challenging targets (on track overall, and for NHS and joint delays, but running slightly over the very low social care target), there is some volatility in DToC rates month on month which could still mean that the target in the key monitoring month of November could be exceeded. The target is just over one delay per day. The Hospital Team is working intensively to keep all delays to an absolute minimum, with parallel

work to tackle identified root causes of delays and prevent recurrence (see below).

- **The rate of injuries due to falls** was slightly over target in Q1, but is **now back on target**, with a cumulative Q2 rate of 728 per 100,000 65+ population, relative to a target of 816. Continued prevention activity is needed over the winter. Among the innovations that supporting this are growth of the FaME exercise programme and the new Housing MOT service (see below).

3.9 The following are highlights from programme implementation across the first half of 2017-18.

Priority 1 Unified Prevention

3.10 As part re the strategic approach to managing demand for health and social care services, a central tenet of the Rutland BCF programme remains to support people to maintain their health and independence for as long as possible. Under the BCF prevention priority, prevention and wellbeing services have been further developed and improved, and their promotion enhanced so that it is easier for members of the public to identify and access the right prevention services for them.

Improving prevention services – navigation and advice

3.11 Mirroring the more integrated working across health and social care, a number of community services were brought together into a single integrated Community Wellbeing Service contract in April 2017. This service, which incorporates the former Community Agents and community dementia support services as well as smoking cessation and sensory services, is delivered by the Rural Access Partnership consisting of Citizens Advice Rutland, Spire Homes and the Bridge and subcontracting partners AgeUK.

3.12 The service has been operating for seven months, embedding a new single access route into a range of prevention support that can be combined flexibly in response to the specific needs of individuals. After an initial bedding in phase, the service is progressively maturing. There were 973 new referrals in Q1, increasing to 1043 in Q2, with growth also in the proportion of self referrals. Building on the initial experience, a new website is also in development providing a direct gateway into the services.

3.13 With one-off funding, ELRCCG has also supported the development of an element of social prescribing through the 'Wellbeing Advisor Service' in Rutland GP practices. Although anticipated for all practices, and aiming to trial a number of different models of support, the service was only then put in place in a single surgery, Uppingham, where it has very much mirrored the core Citizens Advice offering (providing tangible financial and other support). Most recently, the GP practices requested a review of needs, to ensure best use of available funds for wellbeing support helping to relieve primary care demand. An options paper has been prepared for the November Integration Executive.

3.14 Alongside this newly reshaped set of services, Improved BCF (IBCF) funding has been used to establish two more specialist outreach social care posts at the County Council as part of the LLR Vulnerable Adult Risk Management framework. These posts target people who may be harder to reach but would

benefit from early preventative intervention. The posts have been successfully recruited to.

3.15 In parallel with these developments, the Council's social care front desk continues to respond positively to people who report that they need help but are pre-eligible for social care, referring them on to appropriate support, and to adapt to trends in the advice being requested (for example recently increasing the capacity to provide pre-emptive Occupational Therapist and physiotherapy support).

Promoting preventative services

3.16 To improve information flows and the profile of local support services, the local online directory of prevention and support services, the Rutland Information Service (http://ris.rutland.gov.uk), was renewed and relaunched in 2017, making the site more visual and intuitive. Since implementation in July, monthly activity on the site has increased by more than 40%. The project has also increased mutual awareness across a number of key local stakeholders of each others' prevention offering, supporting referral.

3.17 The reach of the RIS has also been increased through a 'search widget' which enables the RIS search to be embedded as an element of partner websites.

3.18 In parallel, a printed Rutland care brochure has been co-produced with service users, setting out the support options both in the community and from health and social care for people with different levels of need.

Other prevention activities – broadening the reach and sustainability

3.19 Rutland is part of the LLR falls prevention strategy which includes:

- A new accelerated pathway for falls clinical advice, which has removed the requirement for most patients to see a consultant before they can be referred to the LPT falls programme or other intervention.
- Extended use of assistive technology in care homes.
- Further development of the FaME falls exercise programme, an extended 6 month exercise programme including a social element, which improves strength, balance, coordination, confidence, bone density and muscle mass reducing the risk of falls.

3.20 Local falls prevention activity is progressing alongside this, including increasing the capacity of the popular FaME falls prevention programme by training additional instructors.

3.21 The programme had a slow start last year as it was part of a wider research exercise and required ethical clearance and accreditation of staff, followed by close monitoring of initial classes. There were early doubts whether participants would stay the course, but the physical benefits of the course and its sociable approach appear to sustained commitment and attracted new participants, with more than 50 people participating so far and potential to increase throughput.

3.22 An advanced FaME class has also been introduced for people with further potential to improve but who are not yet ready to join mainstream exercise programmes (31 participants), while seven 'graduates' of the programme have

gone on to a variety of mainstream activities including joining the gym.

3.23 AgeUK's 'Men in Sheds' is another ongoing project, offering older men in Oakham a hub for practical activities. The project has been run at Rutland Museum but is now looking for larger premises where it can expand, including by operating on more days of the week. The focus to date has been woodwork, with potential to extend to gardening. The project has connected with other community schemes, including Oakham in Bloom.

3.24 To broaden the benefit of preventative projects and increase their sustainability, a new approach is being taken to implementing the wider 'Active and connected' measure. A grant fund is being established, funded by Public Health funds and BCF to bring forward community projects from across Rutland that build on local assets to increase physical activity and reduce social isolation, while helping to tackle rural deprivation in access to services. This scheme, whose governance and terms and conditions are currently being confirmed, will run a number of calls for projects (likely to be small bids up to £1k and medium bids of up to £10k), developing a project pipeline across 2017-19.

Priority 2: Holistic Long Term Condition Management

3.25 Priority 2 is the main area of innovation in this year's programme, focussed on coordinating and evolving health and care services for people with significant health and care needs, aiming to sustain independence and wellbeing, in the process reducing non elective admissions, permanent care home admissions and falls injuries.

3.26 Alongside ongoing integrated working between health and care in the community, where the new locality definition will bring further opportunities, and continuing to deliver and refine a number of targeted services including assistive technology, dementia support (with its newly recruited admiral nurse) and a carers programme (anticipated to evolve in line with a developing LLR carers strategy), we are using additional funding this year to run a number of innovative projects.

3.27 The first project is piloting and refining a new model of personalised, holistic homecare, informed by successful innovations in Monmouthshire and Buurtzorg in the Netherlands. While the holistic homecare pilot had a delayed start due to backfilling staff, it has been live since October and is now at capacity, supporting 10 clients in a defined locality with around 70 hours a week of personalised care. The scheme is taking on complex long term clients that the market tends to struggle to provide for, and is able to step in for urgent unmet support needs. It is taking a highly personalised approach, responding to the preferences and goals of individuals, and proactively enhancing their independence and wellbeing rather than simply delivering 'time and task' care. A number of service users have already seen their care needs reduce as a result of progress made.

3.28 It is intended that care workers will also take on routine health tasks alongside their care-related activities, reducing the number of visits to individuals' homes and relieving pressure on community nursing, opening capacity for that service to evolve. Further evaluation will be taking place of this scheme before

deciding whether to roll the pilot out to further service users.

3.29 Personalisation is also a key theme in the self care measure.:2016-17 underspend is enabling a self care pilot in primary care in which practice staff will identify the personal goals of patients and offer an online toolkit enabling them to self care. This toolkit, which has proved effective in other contexts, will help to support the Rutland GPs' own Primary Care Home change strategy and will be rolled out to patients in defined circumstances to build their confidence in managing their condition(s) and/or addressing lifestyle risk factors.

3.30 Based on experience elsewhere, the project is anticipated to reduce pressure on GP services, avoid unnecessary outpatient clinic appointments, and avert non elective admissions by avoiding or taking prompt action to de-escalate health crisis.

3.31 Partners are also defining a set of joint projects around the health and wellbeing of care home residents, building on Care Home Vanguard experiences elsewhere,. These will be aligned with the wider STP Enhanced Care in Care Homes workstream.

3.32 The approach to Disabled Facilities Grants has also been rethought to increase the number of people benefitting from adaptations and the speed with which those adaptations can be delivered. A Housing MOT service delivered by Spire Homes was introduced on 1 October enabling housing issues affecting wellbeing to be reviewed more efficiently (home safety, energy, accessibility, etc), helping to sustain people living independently and safely in their own homes for longer. For eligible people, small adaptations are offered free of charge, while a new light touch non means tested Housing and Prevention grant has been introduced for adaptations under £10k. The full Disabled Facilities Grant process still applies for larger adaptations.

3.33 There is early evidence that the new approach is accelerating DFG spend. Over the first two quarters of 2017-18,£29.7k was spent on DFG funded adaptations, a sum almost equalled by spend from the DFG budget in the first two months of Q3 (£28.2k). The most frequent investments in Q3 are level access showers and hoists.

3.34 Other recent innovations include creating a therapist role who will be working with care homes to accelerate the step down of people in interim beds after a hospital stay and to increase preventative work with permanent care home residents, building up physical activity levels, improving wellbeing and reducing the need for step up services. We are also participating actively in the process to develop carer and dementia strategies to apply across the LLR area.

Priority 3: Hospital Flows

3.35 Under this priority, a new crisis response service is bedding in across the wider LLR area, aimed at identifying and providing the appropriate response in a health crisis. This service, provided by Derbyshire Health United, includes telephone triage and rapid response vehicles.

3.36 Capitalising on the changing crisis response arrangements, a workshop has

been run locally involving EMAS, RCC, ELRCCG, LPT and the community and voluntary sector to review the handling of emergency callouts and to identify ways that some types of call could be handled differently, potentially increasing the use of DHU services to free up EMAS capacity to respond to EMAS-only calls. This new approach could also reduce admissions.

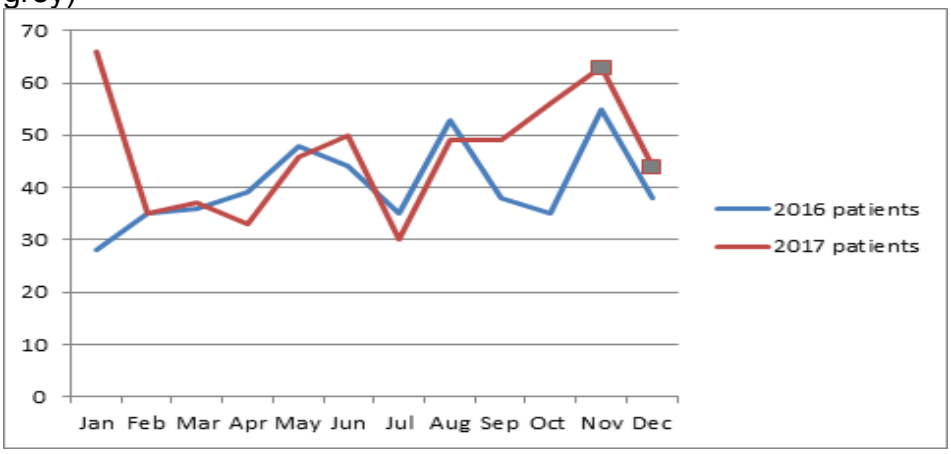
3.37 Alongside this, very proactive work continues to keep delayed transfers of care (DToCs) to an absolute minimum. Change plans are structured into a DToC action plan informed by the national high impact model for DToC reduction. The integrated health and care team is fully staffed and well embedded. It continues its pull model in which Rutland hospital patients are identified as early as possible, with the cooperation of relevant hospitals, and supported to move on from hospital on schedule.

3.38 We continue to take a lean-informed approach in which performance is closely monitored and the root causes of delays are identified and addressed systematically to minimise or prevent recurrence. Over time, this approach is building an increasingly resilient system based on close collaborative working with a wide network of stakeholders. A recent issue identified and tackled was a sudden growth in DToCs in Kettering General Hospital. By strengthening working relationships with Kettering, fuller information is now flowing sooner, enabling the Rutland team to intervene as needed to prevent delays. This is now reflected in DToC numbers.

3.39 Levels of DToCs are currently on track to meet Rutland's key national DToC target for November, but there is no room for complacency as even small additional delays have a disproportionate impact on performance in a small system.

3.40 The number of cases needing discharge support is also increasing, 15% up on last year (see chart), with this increase concentrated in autumn and winter. The grey points are forecast demand at 115% of last year's demand, but these figures could well be higher based on last January's level. Funding has been vired within the programme to support a winter pressures social worker to avoid volumes undermining discharge performance.

Chart: Rutland patients needing social care related discharge support (forecast in grey)

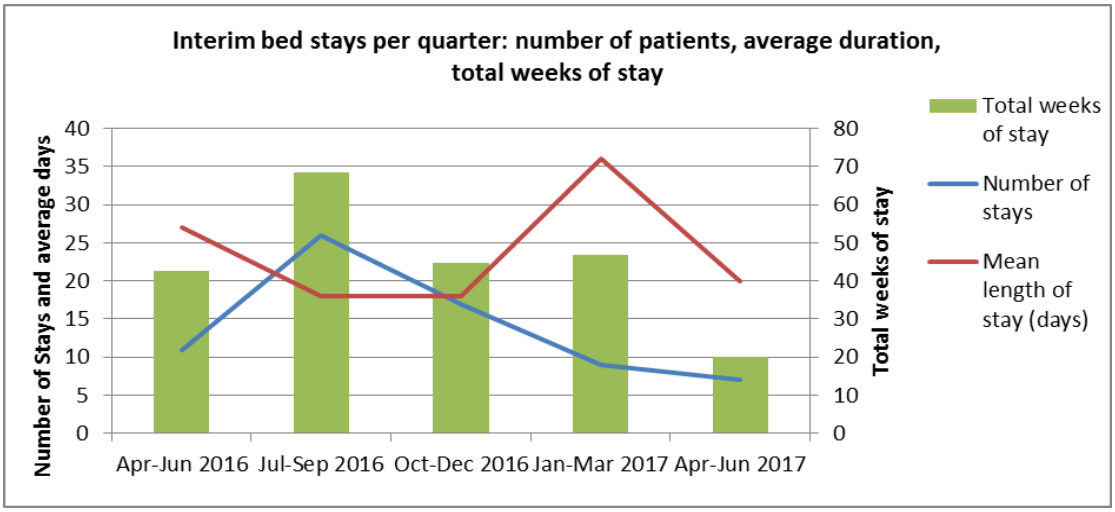


3.41 We also regularly review the success and fit of discharge pathways. A recent

piece of work reviewed progress with complex discharges, including the introduction of a complex case manager and the interim bed option, an alternative destination for those who are not yet fit to go home but do not require a sub-acute bed.

3.42 This demonstrated that interim beds offered more than £271k of net savings to the health and care system in their first 14 months of use, relative to the cost of patients remaining in acute beds (April 2016 to June 2017).

3.43 Interim beds were initially used fairly frequently, with up to 8 beds in use on any given day at the peak, but, as practice has matured, more patients are being enabled to go directly home, with interim beds only deployed for patients whose needs cannot be met in this way (non weight bearing and/or with night needs). Even though this has meant that the average length of interim bed stays has increased slightly, the shift to going directly home is potentially offering even greater savings to the health and care system, and demonstrates the value of retaining flexibility in sourcing solutions while new approaches are trialled.



3.44 As part of the step down from hospital, reablement also continues to be delivered successfully.

Enablers activity

3.45 Alongside continued programme development, management and monitoring activities, among the highlights in the enablers area have been the following:

- IBCF investment in improved IT equipment supporting mobile working by social care staff. Staff have been issued with hybrid tablet/laptop devices, changing how care managers are able to work with their clients. There is more immediate recording of assessments and increased participation by service users in those assessments. Efficiencies are also available as the devices can convert handwriting into typed text. The ability to take and annotate photographs is also helping with the quality of communication eg. where OT's are specifying equipment.

- Finally, a further user engagement study has been commissioned from Healthwatch Rutland, this time exploring the experiences of care of people

living with one or more long term conditions. This should help to inform further improvements to health and care services delivered directly in the community.

4. Conclusion and Questions

4.1 On balance, the programme is progressing well overall, with some well established care models complemented by new areas of activity, and a number of areas where, following groundwork, momentum will build over Q3-4 and into next year through specific innovative projects.

4.2 Integration is furthest advanced between core elements of community health and social care, particularly as relates to hospital step up and step down services, but with further to go in many other areas where a more traditional approach to joint working still applies. This is focussed on cooperation and coordination between stakeholders, dialogue and mutual adjustment, and a project driven programme of work. The pace and impact of future progress may depend on the ability to unblock the way now for a more profound rethinking and reshaping of services and models of collaboration.

4.2 The Health and Wellbeing Board is invited to reflect on the following questions:

- Integration has progressed at different speeds. There is potential for partners including primary care, community nursing, long term social care and the community and voluntary sector, to go further in working together in new ways, challenging assumptions about the design and delivery of services and evolving new operating models which would be simply unachievable acting alone or simply in tandem. Innovative projects alone are not the answer. What are the barriers preventing this reshaping from 'taking off'? Is there the appetite to progress more profound changes? And what can be done to invigorate this?

- How can Rutland best capitalise on becoming a single health and care 'locality' to drive forward further health and care integration? What are the next opportunities for health and social care integration?

5. Financial implications

4.1 We understand that the Rutland BCF programme is now approved, The programme is progressing well currently, largely to its financial profile.

4.2 As set out above, there is some risk that the flow of Improved BCF funding next year could be interrupted in the event of DToC targets not being met. Teams are working hard to achieve the expectation levels of DToCs.

Appendix

Appendix 1: Q2 BCF Performance Report

Recommendations:

That the board note the report setting out progress against the Rutland Better Care Fund programme 2017-19.

Strategic Lead:	Mark Andrews

Risk assessment:

Time	M	BCF approvals have taken place halfway through the first year of a two year programme, creating a risk on building programme momentum and committing and spending funds. This has been mitigated as follows: • Many programme spend lines have been continued from 2016-17, sustaining momentum. • We have acted on the national directive to agree Improved BCF plans locally as soon as possible and begin spending. There remains a risk for new actions which have not yet been committed. Groundwork has been undertaken on relevant measures to prepare to commit and get underway once the programme is approved.
Viability	L	The programme has good local buy-in across its partnership, and many activities are already in place and known to be effective. There are some dependencies out to wider programmes, eg. the LLR falls prevention programme and STP activities. Partners are also facing their respective financial pressures.
Finance	M	There is a risk that, if the stretching DTOC targets are not met, this could affect our 2018-19 Improved BCF allocation. The Department of Health have not yet confirmed the detail around how they will determine this. DTOC performance is better than most areas of the country, but sustaining the stretch targets will be challenging as there is still variation in performance month on month due to factors outwith our direct control.
Profile	M	Late approval of the new programme is likely to have reduced its profile outside directly involved stakeholders – eg. the current programme is not yet published online, pending final approval.
Equality & Diversity	L	The programme is shaped to improve health and wellbeing services and outcomes for some of the most vulnerable groups in Rutland.

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Appendix 1: Q2 BCF Performance

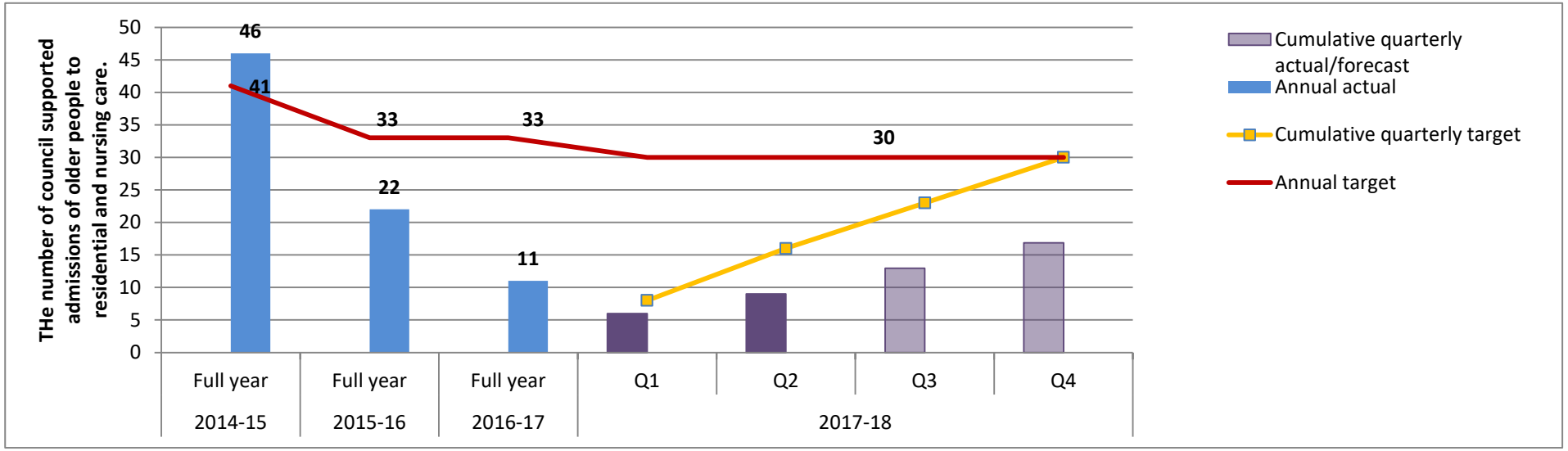
Metric 1 - Residential Admissions

TARGET: Following two years of rapidly reducing residential admissions, we will reduce the residential admissions target by a further 9% relative to the previous year's target in both 2017-18 and 2018-19. These targets aim to balance ambition and avoiding undue pressure to avoid residential admissions where they are appropriate or an individual's choice.

Regional comparison: The former target of 33 admissions equated to 355 admissions per 100,000 65+ population and was the lowest target in the East Midlands in 2016-17 (range: 355 to 827, mean 600).

Q2 Performance: There were 3 permanent admissions in Q2 against a target of 8, so very much on track although, with a running total of 9 admissions this year, we are likely to exceed last year's total of just 11 admissions. At such a low level of admissions, some year on year variation is to be expected as it depends to some extent at least on the choices of individuals.

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



Outcome Sought:

Reducing inappropriate admissions of older people (65+) into 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. Q3 update early Feb 2018.

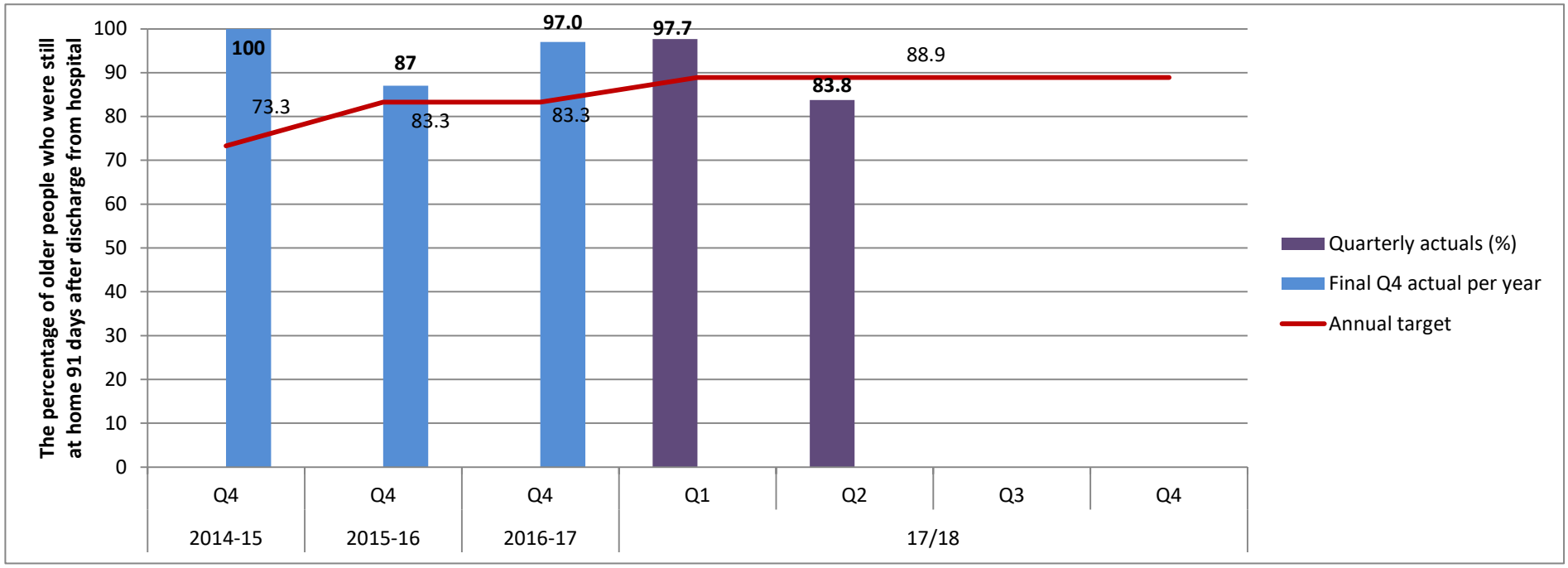
Metric 2 - Reablement

TARGET: The Integration Executive took the decision to raise the successful reablement target to 90% as the 83.3% target was met in 2015-16 and 2016-17 . With a small cohort and denominator, it has not been possible to set a target of exactly 90%, so it has been set to 88.9% in 2017-18 (32 out of 36 people) and 91.7% in 2018-19 (33 out of 36 people). The target has not been raised higher as, in an area of low population, the varying characteristics of the cohorts receiving reablement support can have a disporportionate impact on performance.

Regional comparison: The proposed target is higher than the mean level of this target in the East Midlands in 2016-17 (range 76% to 91.2%, mean 84%).

Q2 **Performance: 31 out of 37 users receiving reablement support were still at home 91 days after hospital discharge.** This is a lower rate than usual, at 84%, and below the target of 89%. Of the service users who were not still at home, however, all but one had died. This is exceptional and, based on closer analysis, reflects chance variation in the circumstances of service users. The mean performance across the first two quarters remains at 91%, so on target overall.

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 May 2018.
Local quarterly updates are calculated alongside this. Q2 update early Feb 2018.

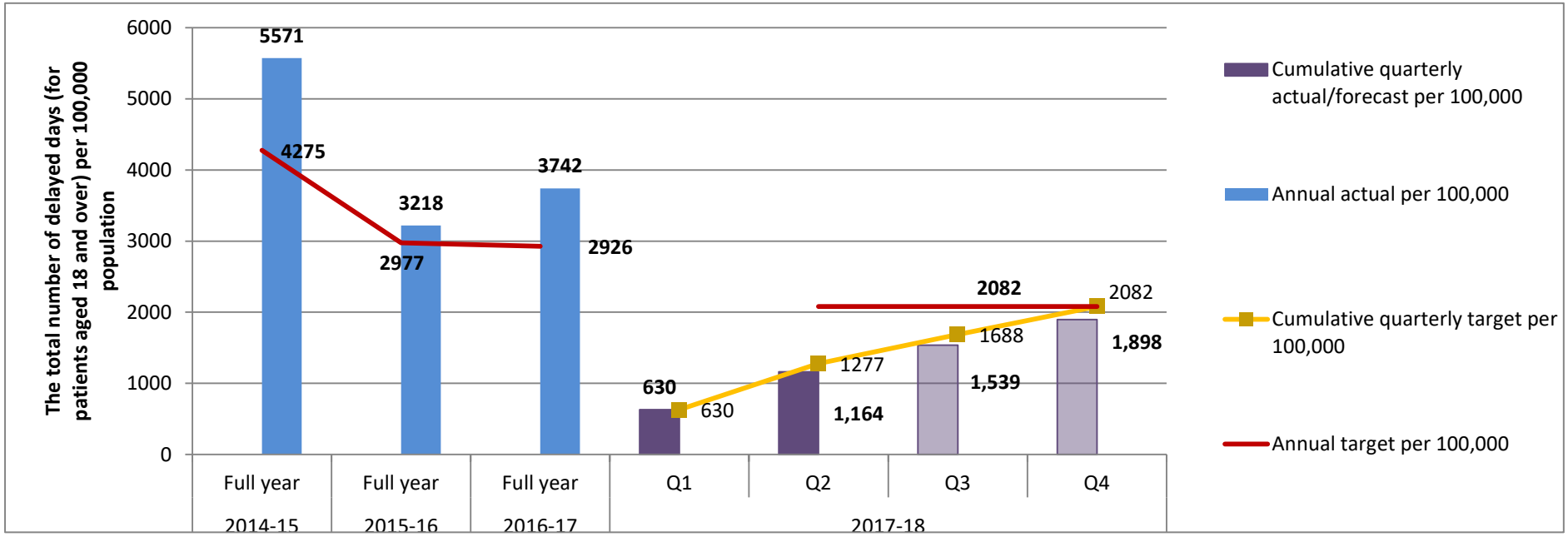
Metric 3 - Delayed Transfers of Care

TARGET: To drive DTOC improvement, Department of Health expectations were issued in July which set DTOC targets relative to each area's performance in February 2017. As this was a month of exceptionally good performance in Rutland, the expectation (4 DTOCs per 100,000 adults per day) was considered too stretching and an alternative target setting methodology was proposed based on the mean Q4 performance. **The target proposed was rejected. so a counter-proposal was developed which sets out a trajectory downwards from July rates to the 'expectation target' in November 2017. This has been adopted.**

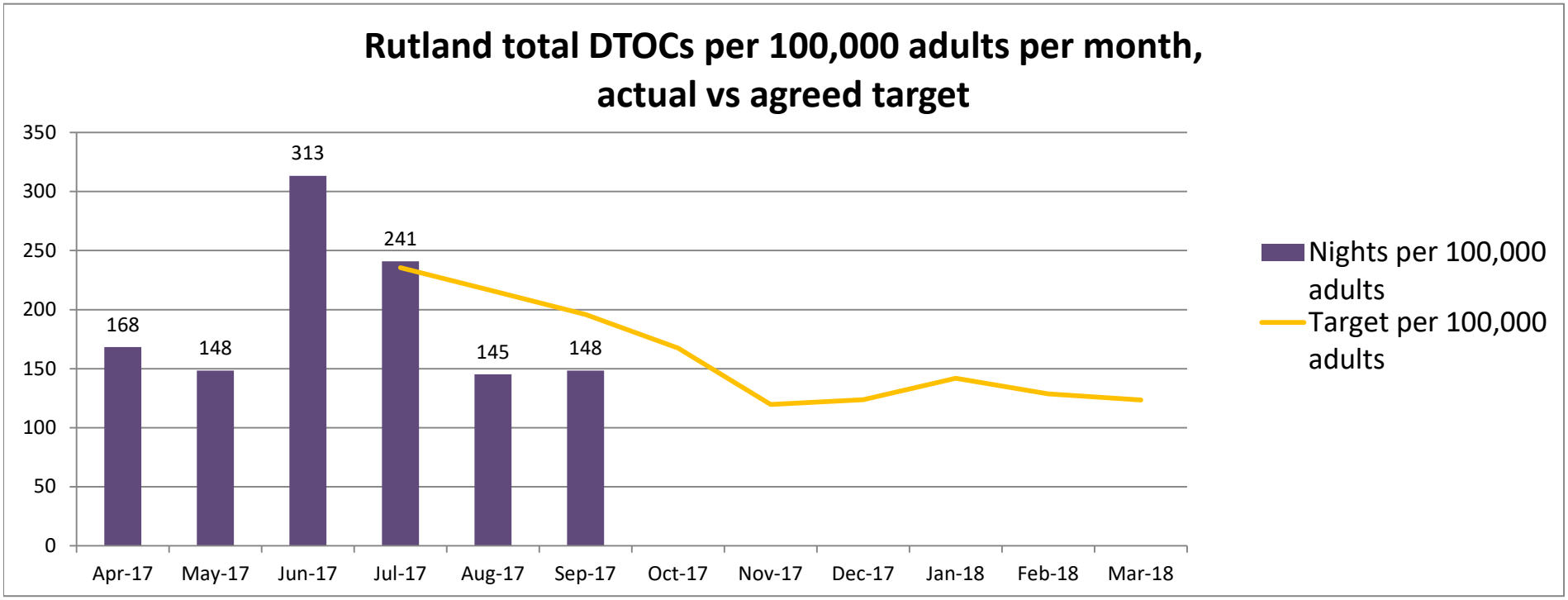
Q2 performance: GREEN, but needs continuing attention. The new targets include a trajectory downwards from the July level of DToCs towards the agreed expectation level in November 2017. With good progress, w**e are currently performing at lower DToC rates than the agreed ceiling trajectory, but have not yet reached the extremely low level of DToCs required to meet the November target which will be subject to national scrutiny of progress.** The Hospital Team is working hard to avoid and minimise delays. Looking at the sectoral breakdown, we are currently on track for NHS delays, where there is a larger allowance, but are exceeding the extremely low target for social care delays.

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

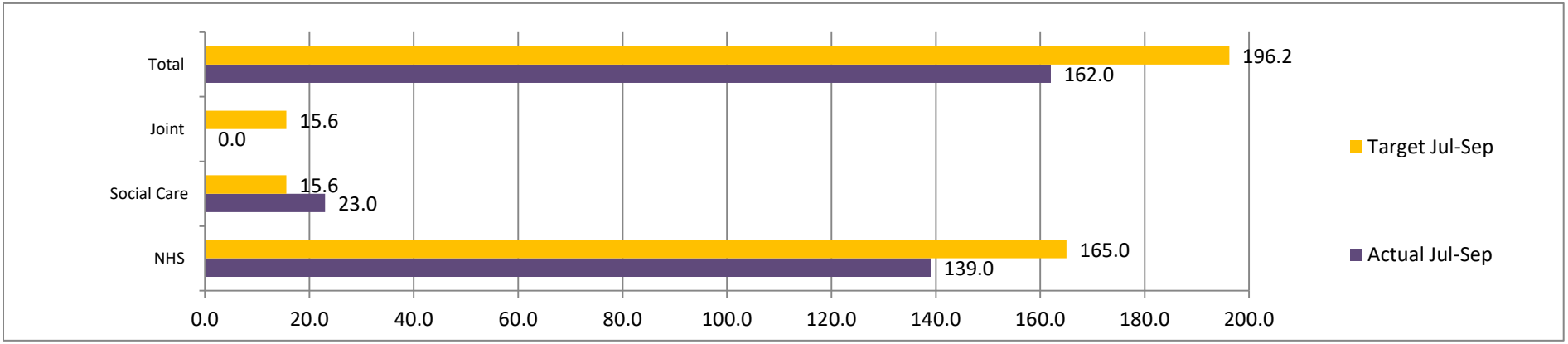
NB: there was no agreed target for Apr-Jun 2017 so, to cancel out this period, Apr-Jun actual is set as a notional Apr-Jun target.



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



Cumulative Q2 position against target and per sector (NHS, Social Care, Joint), actual nights, Jul-Sep



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.

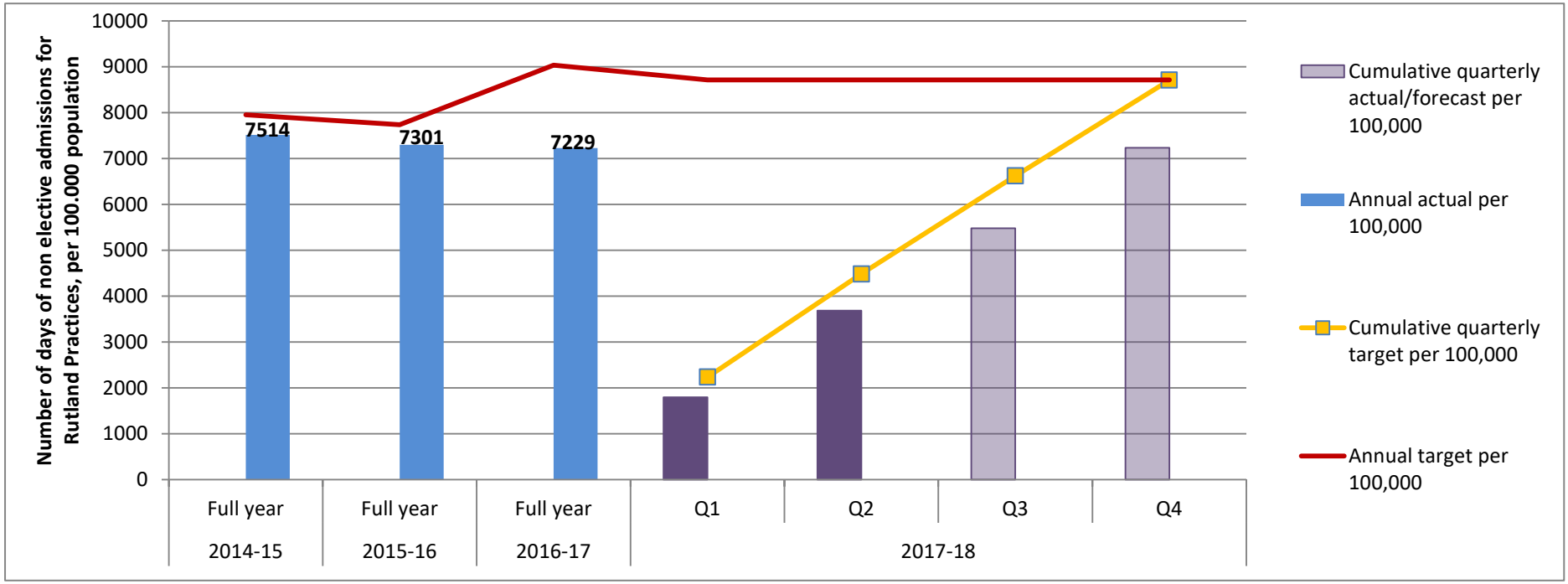
Definition:
Delayed transfer of care per 100,000 population per month.

Reporting Schedule:
Full Q3 data available mid Feb 2018.

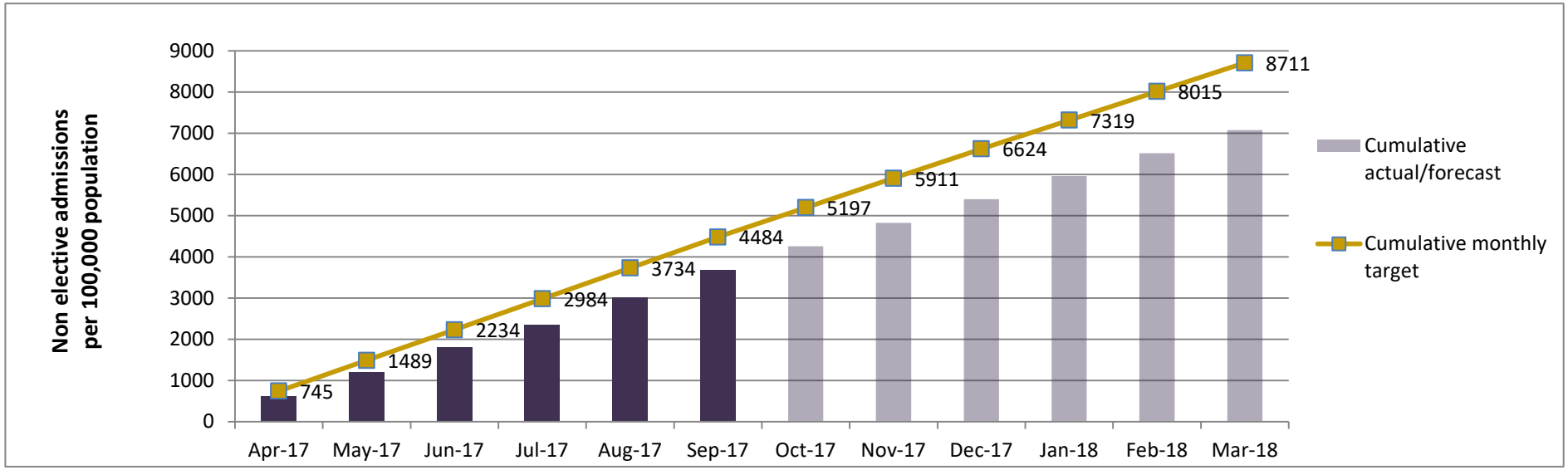
Metric 4 - Non-Elective admissions (general and acute) - Risk share associated metric

TARGET: The CCG defined target for 2017-18 is 4% lower than the 2016-17 target, then drops by a further 1% into 2018-19. This is against a background rising trend in patterns of admissions, so reflects avoiding increase rather than securing a significant decrease in admission levels.
The BCF programme has an option to increase the level of challenge of these targets by local agreement, associating this with a contingency fund taken from the programme. As a partnership, we have not taken up this option.
Q2 Performance: We are on track to meet this target, with 3684 non elective admissions per 100,000 population by the end of Q2, which equates to just 84% of the target of 4484. Rates of admissions were higher in Q2 than Q1, meaning that, if the current trajectory continues, this year's actuals will be very slightly worse than last year's performance (7238 relative to 7229 admissions per 100,000 population).

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



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



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:

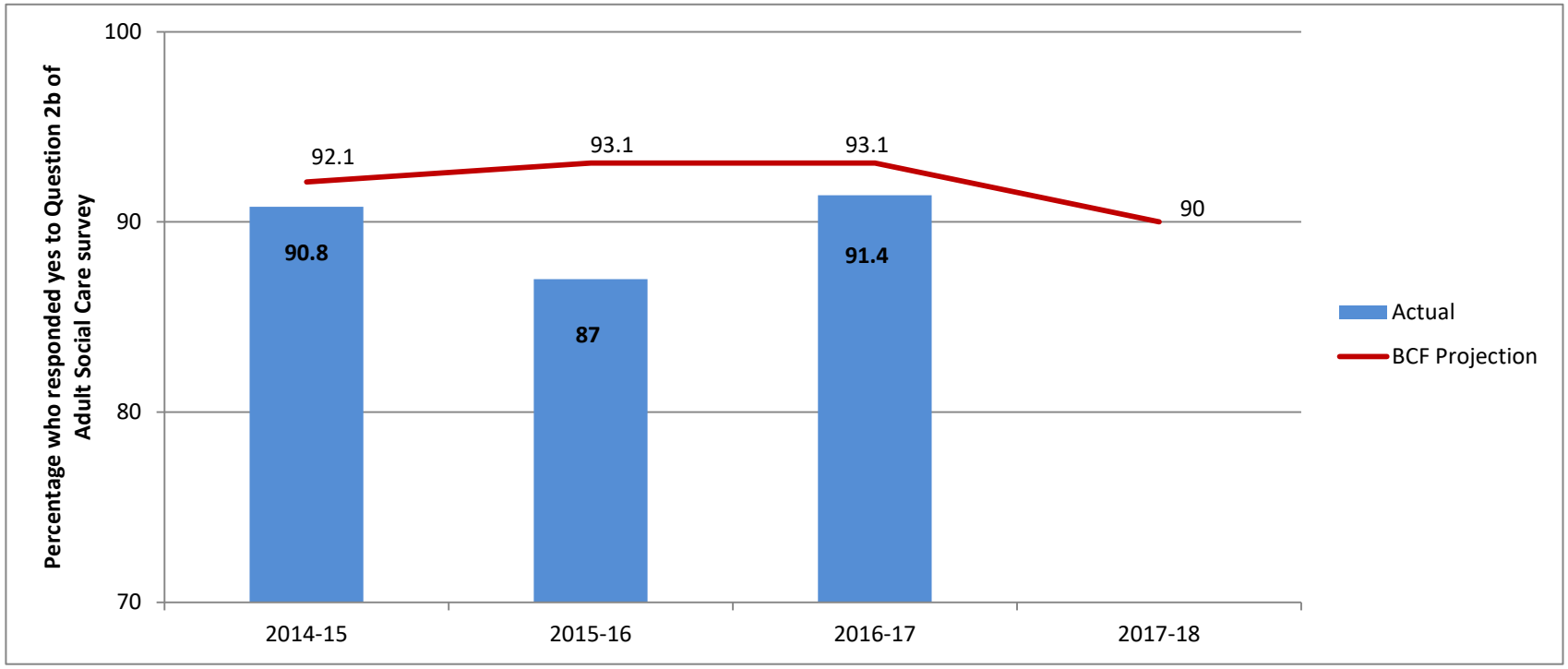
Updated quarterly from non elective admission statistics for Rutland practices supplied by GEM CSU (Greater East Midlands Commissioning Support Unit). Next quarter available Feb 2017.

Metric 5 - Local Metric - Patient/Service User Experience

There is no longer an obligation to set a user experience metric. However, user experience is recognised to be an important yardstick of the quality of local health and care services. The user experience target set by the BCF programme has been extremely challenging. For the past two years, we have been aiming for 93.1% of service users who respond to the annual social care survey to confirm that care and support services help them to have a better qualtiy of life. We propose to sustain this metric and at a very high target, but reduce it marginally to 90%..

Q2 performance: No data available.

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".

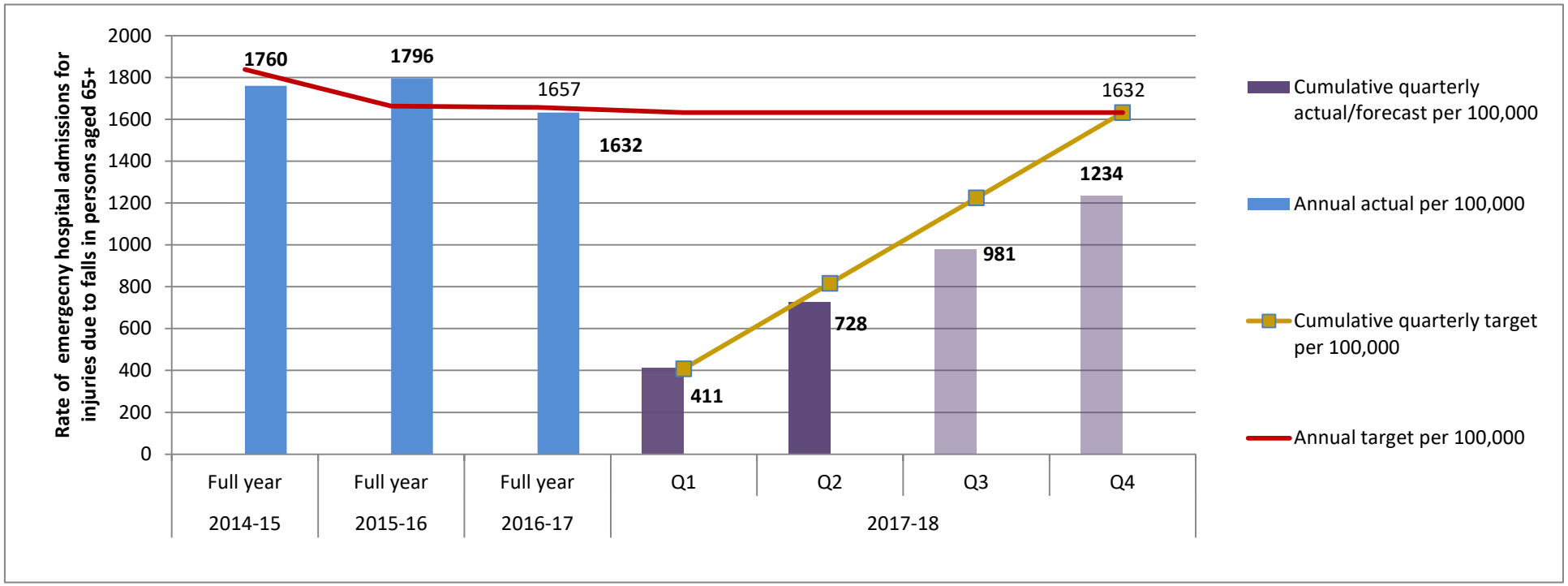
Reporting Schedule:
Data reported from annual Adult Social Care users survey. Next update will be April/May 2018.

Metric 6 - Local Metric - Over 65s Falls

TARGET: There is no longer an obligation to define a local metric for national reporting, but we have sustained the local focus on falls prevention as this remains such an important dimension of sustaining independence, preventing what can be a trigger for an accelerating decline in confidence, activity levels and overall health and wellbeing. The proposed target for 2017-18 is to match the 2016-17 performance, so to have a rate of falls at or under 1632 falls injuries per 100,000 65+ population for the year as a whole.

Q2 Performance: GREEN. Falls data is now available again for Rutland. By the end of quarter 1, the rate of falls injuries was very slightly over the target, but lower than average numbers of falls injuries in August and September mean that we are **now back below the ceiling target.** Historically, there have been fewer falls in summer, with rates climbing again in autumn and winter, so there is a need to continue to be proactive on falls prevention through Q3 and 4. Additional falls prevention exercise instructors are being trained, there is additional physio capacity to build up falls prevention expertise in care homes, and new approaches have been proposed to reduce ambulance callouts due to non serious falls.

Rate of emergency hospital admissions for injuries due to falls in persons aged 65+, per 100,000 population - quarterly



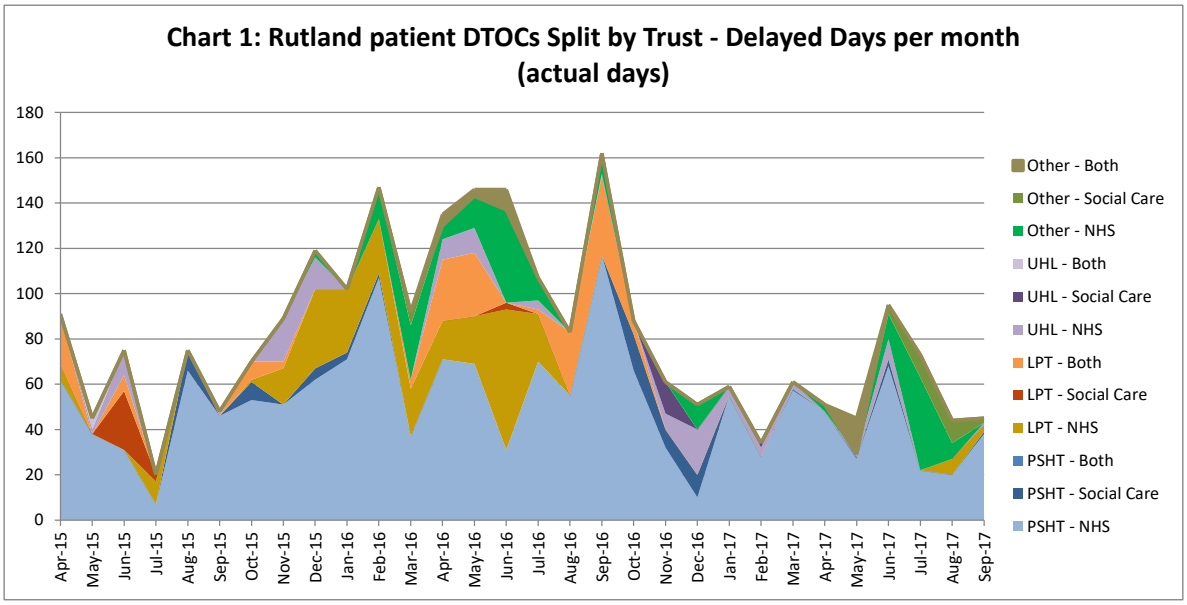
Outcome Sought:
To reduce the number of admissions for injuries due to falls

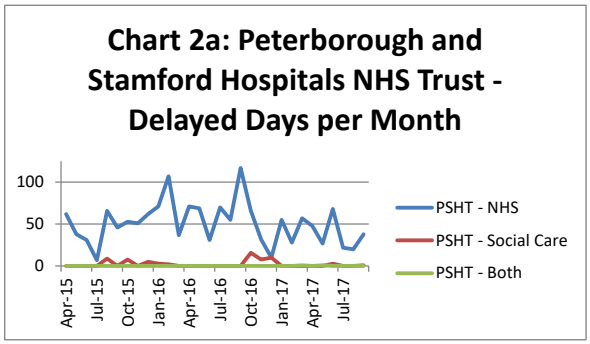
Rationale:
Falls are frequent but often preventable events, rather than an inevitable part of ageing, and preventing them supports the other objectives of the BCF plan, including the prevention agenda, avoiding non-elective admissions to hospital and avoiding or posponing permanent admissions to residential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

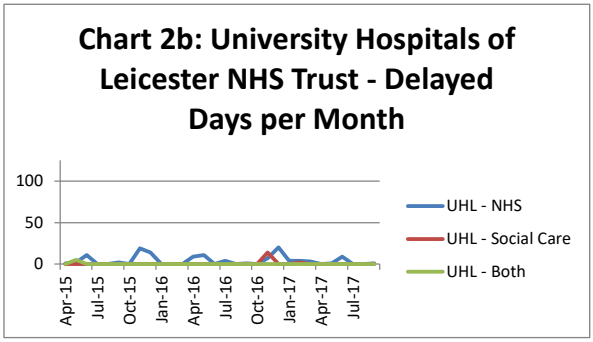
Definition:
Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+, per 100,000 population

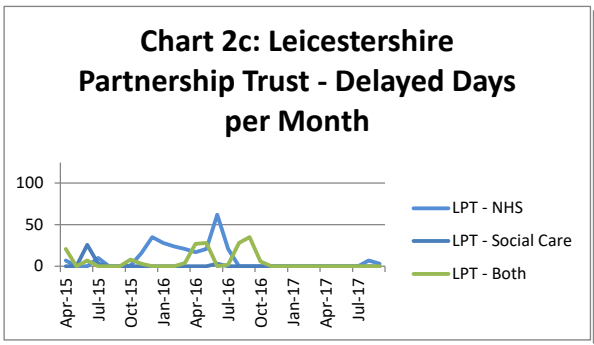
Reporting Schedule:
Sourced from Public Health Outcomes Framework, last update 14/15. Data obtained via the CSU and processed by Leicestershire County Council Public Health analysts. Q3 data due mid February 2018.

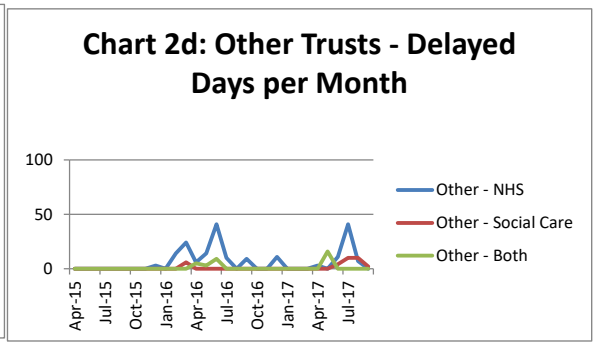
Delayed Transfers of Care (DTOCs) involving Rutland Patients - Detailed view to Sepbember 2017

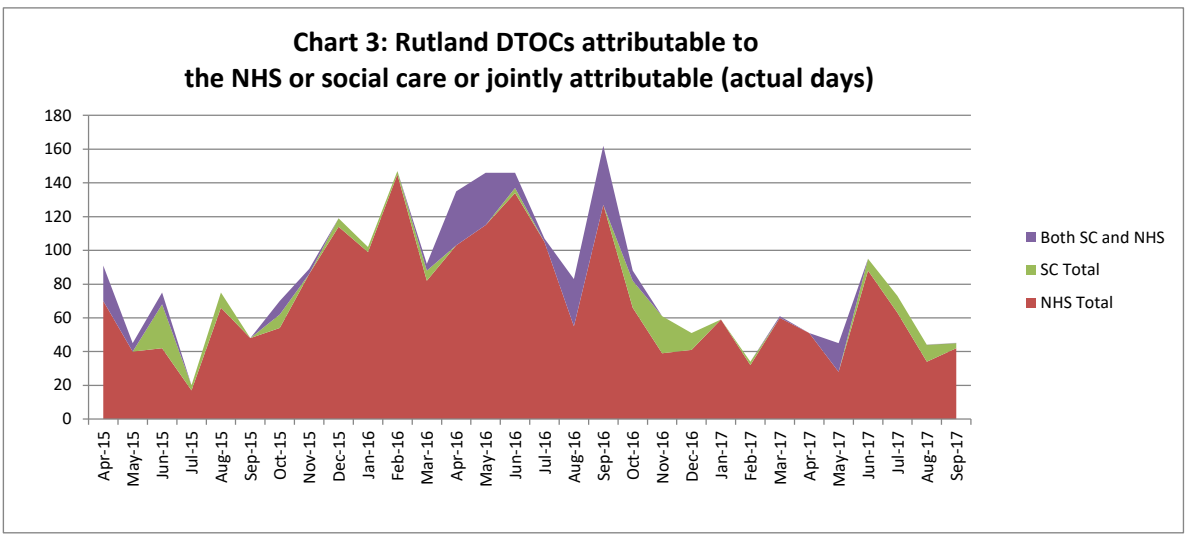












Report to Rutland Health and Wellbeing Board

Subject:	**Leicester-Shire & Rutland Physical Activity & Sport Strategy 2017- 2021**
Meeting Date:	**5 December 2017**
Report Author:	**Robert Clayton**
Presented by:	**Mike Sandys**
Paper for:	**Note**

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

Strategic Aim: *Safeguarding the most vulnerable and supporting the health & wellbeing needs of our community*

Rutland's Health and Wellbeing Board is requested to note and comment on the attached Physical Activity & Sport Strategy, formulated by Leicester-Shire & Rutland Sport, the County Sport Partnership for the sub-region (a partnership of our local authorities working together with schools, National Governing Bodies of Sport, clubs, coaches and volunteers).

The strategy informs Board Members of the work that Rutland County Council undertakes in partnership with Leicester-Shire and Rutland Sport. It provides a framework for local action, and acts to support local and national funding bids to support delivery of the vision, outcomes and ambitions detailed in the strategy.

The strategy has been developed collaboratively, and aims to act as an effective way of demonstrating local strategic direction and intentions. Local officers, the Local Sport Alliance and the local School Sport and Physical Activity Network have all been part of the extensive consultation.

The Strategy focuses on delivering the Vision of making "Leicestershire, Leicester and Rutland the most physically active and sporting place in England". This is underpinned by four Ambitions:

Get Active Everyone, of all ages, having the opportunity to start participating in physical activity and sport

Stay Active Supporting people to develop a resilient physical activity and sporting habit to ensure lifelong participation

Active Places Facilities, playing pitches and informal spaces that encourage physical activity and sport that are high quality and accessible

Active Economy Promoting Leicestershire, Leicester and Rutland as a premier, high performing location for undertaking the business of physical activity and sport

Delivering the strategy will help us to achieve the local outcomes of **Better Health** (improved physical and mental wellbeing, especially for our most inactive people); **More People** (regularly taking part in physical activity and sport); and **Stronger Communities** (achieving more through physical activity and sport).

Rutland plays a strong role in the delivery of these outcomes and ambitions. Sport England conducts a regular "Active Lives" survey of adults, with the most recent 2016/17 results showing that:

- Rutland has the highest percentage of adults in the sub-region (64%) achieving

the Chief Medical Officer guidelines for being active (Rutland's results are 5.4% higher than the average for the sub-region, and are 3.6% higher than the England average)

- 79.2% of adults in Rutland took part in sport and physical activity at least twice in the 28 days before the survey (4.3% higher than the sub-region average and 2% higher than the England average)
- 19% of adults volunteered to support sport and physical activity at least twice in the last year (3.7% higher than the sub-region average, and 4.1% higher than the England average)

The Sport England summary report includes links to the local data tables: https://www.sportengland.org/media/12458/active-lives-adult-may-16-17-report.pdf

It is clear that access to physical activity and sports is important to the population of Rutland, however despite these positive results, 36% of our adults do not achieve CMO guidelines for being active. The Health and Wellbeing Board is therefore requested to note the Strategy, which will direct work to tackle this deficit.

Financial implications:

Delivery of the Strategy within Rutland will be undertaken by the Council's Active Rutland team and local partners, supported by Leicester-Shire and Rutland Sport, and funded through existing public health funds allocated to these priorities.

Delivery of the strategy does not require additional funding to be allocated from RCC sources.

As the strategy runs until 2021, broadly stable levels of funding will be required through the period to sustain activity.

Rutland contributes on an annual basis £17,908 to the LRS Partnership, which in 2016/17 resulted in £213,683 funding secured for local clubs, organisations and projects in the sports and physical activity sector.

Recommendations:

That the Board:

1. Notes and comments on the contents of the Leicestershire & Rutland Physical Activity & Sport Strategy 2017-2021
2. Notes and comments on local work to achieve the delivery of the Ambitions and Foundations outlined by the Strategy

Comments from the Board:

Strategic Lead:	Robert Clayton

Risk assessment:

Time	L	Leicestershire &Rutland Sport will monitor and support delivery over the life of the strategy
Viability	M	Sustaining the activity outlined in the strategy will require maintenance of core provision and strong partner engagement

Finance	M	Delivery of the strategy can be achieved within current budgets, however reductions in funding directed to these priorities would reduce capacity to deliver the strategy
Profile	H	Actions from this strategy support the delivery of key corporate Strategic Aims, around ensuring that our population stays healthier and more active for longer, which will help to reduce pressures on primary and secondary health care provision
Equality & Diversity	L	The strategy is intended to meet the needs of the whole population, and will particularly benefit those with poor health and our ageing population

Timeline (including specific references to forward plan dates):

Task	Target Date	Responsibility

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LEICESTER-SHIRE & RUTLAND SPORT
PHYSICAL ACTIVITY & WELLBEING

PHYSICAL ACTIVITY & SPORT STRATEGY 2017-2021

ONE VISION

Leicestershire, Leicester and Rutland the most physically active and sporting place in England

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"If a medication existed which had a similar effect to physical activity, it would be regarded as a 'wonder drug' or a 'miracle cure'"

Sir Liam Donaldson, former Chief Medical Officer of England

WELCOME

Leicester-Shire and Rutland Sport (LRS) is a partnership of the local authorities of Leicestershire, Leicester and Rutland (LLR) working together with amongst others, schools, National Governing Bodies of Sport, clubs, coaches and volunteers. We have a shared commitment to enrich the lives of the residents of LLR by:

- **Getting more people to take part in physical activity and sport.**
- **Improving our citizen's physical and mental well-being.**
- **Developing our paid and unpaid workforce.**
- **Creating a strong voice for physical activity and sport.**
- **Building a physical activity and sport environment that is safe, fair and customer focused.**

Why is this important?

We know that the benefits of physical activity and sport are far reaching and can positively change the lives of people of all ages and backgrounds across LLR.

There is compelling evidence to show that:

- **Physically active children and young people are more likely to do better academically.[1]**
- **An active population drives a stronger economy[2] and has a positive effect on employability.**
- **As recognised in the Government strategy for sport. An active lifestyle has been shown to maintain and improve physical health and mental wellbeing.**
- **Active workplaces are more productive.[3]**
- **Physical activity and sport can provide a positive environment for young people and so helps to reduce crime and anti-social behaviour.**
- **Those who play sport and are active are healthier, happier and more likely to be successful in academic and professional life.[4]**

This is why our long-term vision has to be ambitious. **We want to be the most active place in England, building a healthy and vibrant future for our communities.** If we achieve this, we will have been able to contribute to, transforming physical and mental wellbeing outcomes in the sub-region, supporting a stronger economy, and helping individuals and communities to achieve their potential in life. Despite the compelling evidence of the benefits not enough people across Leicestershire, Leicester and Rutland have developed a sustainable physical activity and sport habit.

We need to think and act differently. We need to consider whole system approaches to tackling inactivity. Where there is good practice we need to look to embed it and scale it and we need to re-define and broaden the range of organisations we will work with to reach new audiences. Together we are up for that challenge.

Andy Reed, OBE
Chairman

Bill Cullen
Vice Chairman

Sources

1. Department of Health, 2014, Moving More, Living More: Olympic and Paralympic Games Legacy
2. UK Active estimates that just a 1% reduction in the rates of inactivity each year for five years would save the UK around £1.2 billion (UK Active, (2014)
3. Physical activity programmes in the workplace have resulted in reductions of absenteeism between 30% and 50%. (Davis, Adrian, Jones, Marcus (2007)
4. CASE: The Culture and Sport Evidence Programme, 2015. 'A review of the Social Impacts of Culture and Sport by Peter Taylor, Larissa Davies, Peter Wells, Jan Gilbertson and William Tayleur'

STRATEGY OVERVIEW 2017-2021

VISION

Leicestershire, Leicester and Rutland the most physically active and sporting place in England.

AMBITIONS

GET ACTIVE
Everyone, of all ages, has the opportunity to start participating in physical activity and sport.

STAY ACTIVE
Support people to develop a resilient physical activity and sport habit to ensure lifelong participation.

ACTIVE PLACES
Facilities, playing pitches and informal spaces, that encourage physical activity and sport are high quality and accessible.

ACTIVE ECONOMY
Promote LLR as a premier, high performing location for undertaking the business of physical activity and sport.

FOUNDATIONS

WELL LED
Creating a culture where collaboration, good governance, effective leadership and sustainability is the norm.

INSIGHT DRIVEN
An understanding of people and place is at the heart of decision making.

SKILLED AND REPRESENTATIVE WORKFORCE
Developing a skilled, motivated and fit for purpose workforce (paid and voluntary) that is representative of our communities.

EFFECTIVE MARKETING AND COMMUNICATIONS
Positively influence people's attitudes and behaviours towards being active and ensure information is accessible.

OUTCOMES

BETTER HEALTH
Improved physical and mental wellbeing especially for our most inactive people.

MORE PEOPLE
Regularly taking part in physical activity and sport.

STRONGER COMMUNITIES
Achieving more through physical activity and sport.

GUIDING PRINCIPLES
SAFE • FAIR • CUSTOMER FOCUSED

INTRODUCTION

The LRS Strategy sets a long-term vision for physical activity and sport across LLR that encompasses everything from supporting the least active residents to build activity into their everyday lives, through to the development of future Olympians, Paralympians and World Champions.

The strategy provides a framework for action by partners working across LLR. It needs local authorities and Local Sport Alliances working closely with public sector bodies including health, sports clubs (professional and voluntary), National Governing Bodies of Sport (NGBs) and the education, voluntary and private sectors, working alongside communities across the sub region. This is not just a strategy for the LRS core team and Board, but for all our partners. Many of these organisations will already be involved in supporting physical activity and sport, others may not but through their work they have knowledge, reach, and expertise that can contribute. **Achieving the vision and outcomes for physical activity and sport cannot be achieved alone. Everyone has a role to play** in bringing it to life to help realise our collective ambitions.

This strategy needs to be **future focused** with action reflecting changes in society – there is a growing and ageing population, people's perception is that they are increasingly time poor and this is contributing towards more sedentary lifestyles. Helping people to prioritise physical activity and sport across all stages of their lives is important.

This strategy argues that achieving our ambitions is not just about doing the same things more efficiently; it argues that a **step change is required** to maximise the positive benefits to our populations health and wellbeing, the economy, and to communities across LLR. Whole systems approaches are needed to embed different ways of working at scale. Our vision, developed with our partners, is about driving the positive change required to become the most active place in England that improves lives of people across LLR.

ACHIEVEMENTS OVER THE LAST FOUR YEARS

Alongside our partners, we can be proud of the progress made since 2013. The following are some key headlines. Together we have:

Invested **£578,000** to recruit 47 Graduate Trainees (Legacy Makers)

AWARDED £198,800 to 429 young athletes through the Go Gold talented athlete programme

LRS GO GOLD Funding Programme

Increased physical activity levels, with 26,000 more adults now meeting the Chief Medical Officer (CMO) guidelines

Reduced inactivity levels with nearly **12,000** fewer adults classed as inactive (as of 2015)

Secured £3,933,288

public health investment into local sport and physical activity commissioning plans generated over 4.6 million attendances

Total £513m GVA generated for the LLEP economy from the sector

SCHOOL GAMES

16,869 young people competed in the level 3 School Games programme, of whom 1,610 were disabled young athletes

Generated over **274,600** users visits to the LRS website with over **2 million** page views

Increased participation in sport, with more than 13,000 adults (16+) taking part at least once a week for 30 minutes

Secured £3,013,211 from external sources to support the development of local clubs and organisations

£642,354 invested to deliver Sportivate projects attracting £378,389 of partner funding resulting in 14,570 attendances

NATIONAL AND LOCAL PERSPECTIVE

Whilst there are challenges ahead (including economic, social and technological), we do have a very clear sense of direction from the Government Strategy for Sport with its focus on the outcomes that can be achieved through physical activity and sport.

It is important to consider Sport England's vision that everyone in England, regardless of age, background or level of ability, feels able to engage in physical activity and sport. Some will be young, fit and talented, but most will not. We need a physical activity and sport sector that welcomes everyone - meets their needs, treats them as individuals and values them as customers when developing local policy.

This means that locally we need to consider:

- **Physical activity and sports contribution to five broader outcomes (beyond sport for sports sake): physical wellbeing; mental wellbeing; individual development; social and community development and economic development.**
- **Ensuring approaches to physical activity and sport are built around behaviour change and the principles of behavioural science, insight and customer focus.**
- **Tackling inactivity and prioritising demographic groups who are currently under-represented in physical activity and sport.**
- **Helping those who currently have a resilient physical activity or sport habit to stay that way and to encourage the sector to work with them do this more efficiently and at lower public subsidy.**
- **Working with a wider range of existing and new partners, who can help reach target audiences and share mutual objectives.**

Additionally, there needs to be a strong alignment to the priorities outlined in other local strategies. Examples of these include; Health and Wellbeing Strategies, Sustainability and Transformation Plans and Community Development Plans for LLR.

Our aspiration is for the priorities in this strategy to reflect and be reflected by our partner organisations as corporate priorities, ensuring this is not just a top down strategy but one that has local reach.

Where are we locally?

over **540,000** people are physically active in LLR

59%

of adults want to do more physical activity – this includes **28%** of people currently inactive

206,100

adults across LLR are physically inactive

A further **108,500** adults across LLR are not active enough for good health

There is a higher than national average population growth **(5%)** projected (2014 to 2020)

over **39%**

of adults in LLR do not meet CMO guidelines

Only **21%** of boys and **16%** of girls meet recommended guidelines for physical activity

75% of 5-7 year olds do not meet recommended guidelines for physical activity. This increases as children get older

Overall, White (British and other) participate more than Black and Ethnic Minority groups

16%

gap in participation levels between the highest and lowest socio-economic groups

More than **9%** difference in participation levels between males and females

15.4% of disabled people participated in sport at least once a week - less than the national average

CONSULTATION HEADLINES

From our consultation with partners, some key themes and challenges have emerged to be addressed through this strategy. Some of the key messages that we have heard are that this strategy must:

Build on real positives, considering how we can adopt a whole systems approach to embed what works at scale.

Achieve the **balance between a universal and targeted approach and address inclusivity and inequalities.** It will be important for investment to focus in areas where there will be the greatest health and social benefits.

Public sector partners have a **leadership role to support residents and communities to maximise the power of physical activity and sport to create health and social outcomes.**

Not lose sight of the important role that clubs, coaches, volunteers and NGBs and the role they play in supporting existing participants.

Partners told us that;

- Early years and engagement in schools
- Workplaces
- Paid and voluntary workforce

are all areas where we can make a difference at scale.

Recognise that the contribution of physical activity and sport goes beyond just health and social care, and that we must **continue to work to influence other sectors.**

Acknowledge the **financial realities of the public sector,** and endeavour to ensure resources are used intelligently.

Redefine and broaden the range of organisations we work with to reach new audiences.

Don't lose sight of **local priorities,** and reflect different needs in different parts of LLR.

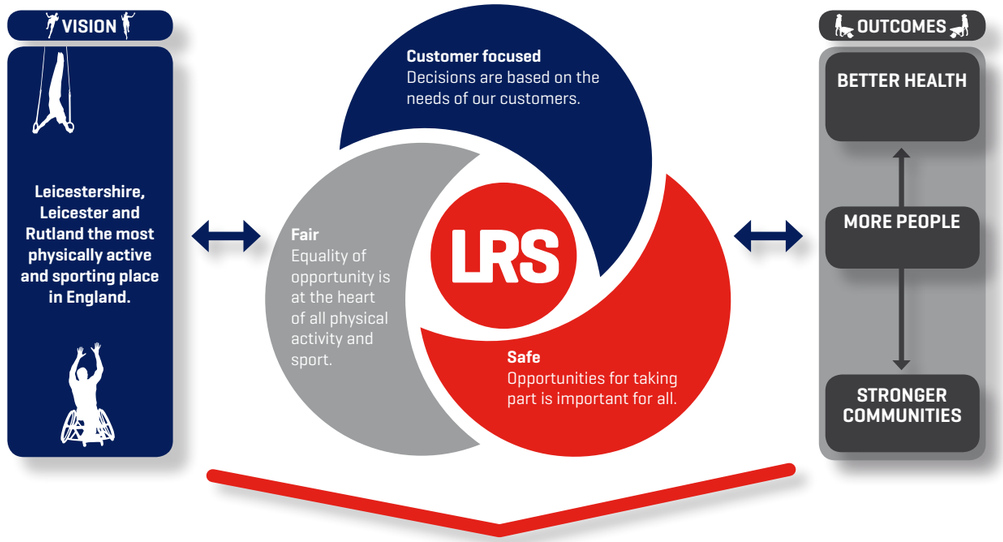
Future proof what we do, by focusing on ways of working effectively together.

Recognise that **implementation is key** and we need to put in place appropriate structures and plans to deliver our collective aspirations.

Understand the needs of customers (and non-customers) better.

GUIDING PRINCIPLES & MEASURING SUCCESS

Our Guiding Principles will underpin all our work in delivering the priorities of this strategy. Our success in achieving our vision and outcomes will be measured through progress against the headline indicators, stated below*



Indicator	Baseline information for LLR
Increase in the percentage of people (16+) physically active (150 mins each week)	63.3%[1]
Decrease in the percentage of people physically inactive (less than 30 mins each week)	24.1%[1]
Increase in the percentage of adults utilising outdoor space for exercise/health reasons	20.8%[2]
Increase in the sector GVA for Leicestershire, Leicester and Rutland	£513m[3]
Increase in the percentage of active young people (60 mins per day)	TBC[4]
Increase in the number of people volunteering in sport at least twice in the last year	TBC
Net investment (physical activity and sport) into LLR from external funders	TBC
Increase in the percentage of young people (11-18) with a positive attitude towards sport and being active[4]	TBC
Increased levels of social trust in local communities[4]	TBC
Percentage of the population reporting positive perceived self-efficacy[4]	TBC

*We will explore creating a population and deprivation standardised composite measure, based on England wide information, to determine a national ranking
1 Source: 2017 Active Lives Survey. 2 Source: Public Health Outcomes Framework. 3 Source: Leicester, Leicestershire Economic Partnership
4 Active Lives Survey: Information will be available from 2018/19

OUR PRIORITIES FOR ACTION... WHAT WE NEED TO DO BY 2021

In this section we outline the key priorities that require multiple and cross partner working to bring this strategy to life. The section begins to address both what needs to be delivered (the Ambitions), and how we plan to deliver on these priorities (the Foundations).

LRS and partner organisations will:

AMBITION 1: GET ACTIVE

Everyone, of all ages, has the opportunity to start participating in physical activity and sport.	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
1.1 Embed physical activity and literacy into Early Years settings.	✓	✓	
1.2 Ensure all education settings deliver on a whole systems approach to physical education, physical activity and sport.	✓	✓	✓
1.3 Develop a targeted approach to raise physical activity levels in low participating groups.	✓	✓	✓
1.4 Develop referral pathways to enable entry into appropriate physical activity and sport opportunities.	✓	✓	
1.5 Develop and deliver relevant targeted physical activity and sport campaigns to reduce inactivity and increase participation.	✓	✓	
Call for Action			
This strategy needs both existing and new partners to take action to deliver this ambition. We would anticipate the following taking a proactive leadership role: Local authorities, Public Health teams, School Sport and Physical Activity Networks, Local Sport Alliances, Sport England, Further and Higher Education, Voluntary and Charitable Sector partners.			

"The 'Get Healthy, Get into Sport' project is a great example of building our insight and the evidence of 'what works' to get inactive people, more active. Changing and sustaining behaviour change requires a deep understanding of the motivations of individuals"

Directors of Public Health, Leicestershire County Council and Leicester City Council

AMBITION 2: STAY ACTIVE

Support people to develop a resilient physical activity and sport habit to ensure lifelong participation.	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
2.1 Ensure there is a network of effective and sustainable clubs and organisations, which cover a diverse range of physical activity and sport opportunities to meet the needs of local communities.	✓	✓	✓
2.2 Ensure there are opportunities and pathways in place for all people of any ability, to achieve through physical activity and sport.	✓		
2.3 Work with national and local organisations including public/private/voluntary sector partners, maximising a whole market approach, to develop, promote and deliver a universal physical activity and sport offer.	✓	✓	
2.4 Encourage everyone to embed regular, informal physical activity and sport opportunities into their daily family lives.	✓	✓	
Call for Action			
This strategy needs both existing and new partners to take action to deliver this ambition. We would anticipate the following taking a proactive leadership role: Local authorities, Local Sport Alliances, School Sport and Physical Activity Networks, Local Sport Alliances, Sport England, Further and Higher Education, Leisure Providers, Community Sports Clubs and organisations, Professional Sports Clubs.			

"Celebrating and inspiring older people, through The Twilight Games, is an example of how we need to work differently, with a wider range of partners to ensure that older people are supported to improve their health and well-being through physical activity and sport"

Care Home Manager

AMBITION 3: ACTIVE PLACES

Facilities, playing pitches and informal spaces, that encourage physical activity and sport, are high quality and accessible.	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
3.1 Ensuring physical activity and sport is a priority within the planning system, utilising the Active Design principles for new developments.	✓		✓
3.2 Secure investment into both our traditional and non-traditional facilities, formal and informal spaces, based on strategic need, for physical activity and sport. (For example from Section 106, CIL and Lottery funds.)	✓		✓
3.3 Realise the potential that schools and colleges can offer their communities through high quality accessible facilities.	✓		✓
3.4 Promote the use of formal and informal local community facilities and open spaces for physical activity and sport, supporting a more active everyday lifestyle.	✓	✓	✓
3.5 Ensure the current network of local sport facilities are maintained to a high standard and have a diverse and inclusive approach to their programming.			✓
3.6 Increase the levels of active travel (e.g. cycling and walking) therefore integrating physical activity into daily lives.		✓	✓
3.7 Promote active communities, encouraging stakeholders across the voluntary and public sector to use physical activity and sport to strengthen neighbourhoods and to support communities to work together.	✓		✓
Call for Action			
This strategy needs both existing and new partners to take action to deliver this ambition. We would anticipate the following taking a proactive leadership role: Local authorities, Sport England, NGBs, Workplaces, Voluntary sector and Charitable sector land management agencies.			

"We need to work together to create local environments that support active living if we are to change the behaviour of our communities of the future"

Portfolio Holder for Sport, Rutland County Council

AMBITION 4: ACTIVE ECONOMY

Promote LLR as a premier, high performing location for undertaking the business of physical activity and sport.	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
4.1 Deliver the ambitions of the Leicester and Leicestershire Sport & Physical Activity Sector Growth Plan with a particular focus on: a. Developing a coherent plan to attract and develop sport events (and conferences) of national and international standing. ✓ b. Promote Leicester and Leicestershire as England's 'County and City' capital of sport, a premier location to attract sport and physical activity business investment and tourism. ✓ c. Capitalising on the global reputation and knowledge base for physical activity and sport within our universities. ✓			✓ ✓
4.2 For the strategy partners to take a lead in increasing the physical activity levels of their own workforces, and champion a sub-region wide focus on active workplaces. To successfully evidence the positive economic impact of such approaches.		✓	✓
4.3 Support a network of sport businesses (Small and Medium Enterprises) to increase profitability and productivity.	✓		✓
Call for Action			
This strategy needs both existing and new partners to take action to deliver this ambition. We would anticipate the following taking a proactive leadership role: Local authorities, Leicester and Leicestershire Economic Partnership, Sport England, professional sports clubs, commercial sector.			

"It is vitally important that the physical activity and sport sector finds a way to demonstrate what the sector contributes to creating a thriving and vibrant economy"

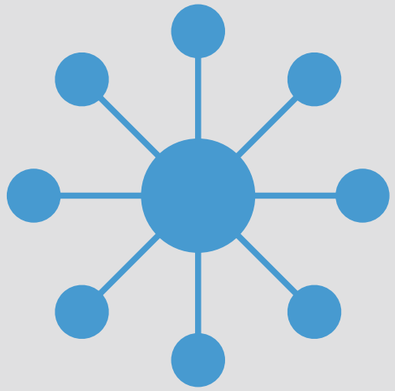
Chair of the Culture Board

FOUNDATION 1: WELL LED

Creating a culture where collaboration, good governance, effective leadership and sustainability is the norm.	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
5.1 To broker and facilitate a broad range of relationships to ensure that we have sector leading levels of leadership, influence, collaboration and partnership working across LLR.			✓
5.2 To influence and support new and existing partners, both locally and nationally, to ensure that strategic plans and policy reflect positively the role that physical activity and sport can play to improve health and strengthen our communities.		✓	✓
5.3 That LRS and its partners embrace the Code for Sports Governance to ensure high standards of good organisational practice.			✓
5.4 Work in partnership to align existing resources to support the achievement of the three headline outcomes, and work in a coordinated way to secure external investment.	✓	✓	✓
5.5 That we become more enterprising and innovating in our approach, which will lead to greater financial sustainability and reduce our dependence on public funding.	✓	✓	✓
Call for Action			
This strategy needs both existing and new partners to take action to deliver this foundation. We would anticipate the following taking a proactive leadership role: Local authorities, Public Health teams, Sport England, School Sport and Physical Activity Networks, NGBs, Local Sport Alliances, Further and Higher Education, Leicester and Leicestershire Economic Partnership, Community Sports Clubs, Professional Sports Clubs, Voluntary and Charitable Sector partners.			

"We cannot do this on our own. We need to find better ways of making our resources go further. Effective collaboration across boundaries is key to this"

Chair of the Cultural, Sport and Chief Officer Partnership

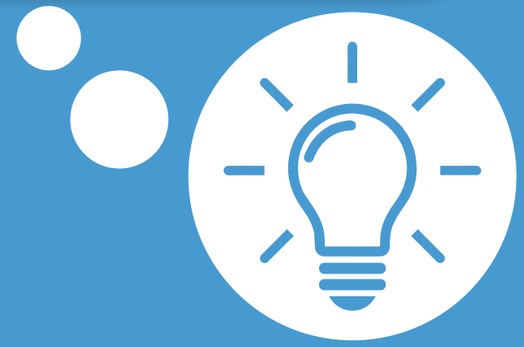


FOUNDATION 2: INSIGHT DRIVEN

An understanding of people and place is at the heart of decision making	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
6.1 Grow our partnership wide understanding and evidence base of our communities.	✓	✓	✓
6.2 Create a coherent and collaborative approach to developing and sharing insight.	✓	✓	✓
6.3 Support approaches to generate new insight to inform both business case development and the design of interventions at every stage of the physical activity and sport journey.	✓	✓	✓
6.4 Work with our partners to develop a common evaluation framework and ensure that we consistently monitor and evaluate interventions.	✓	✓	✓
6.5 Ensure that behaviour change principles are embedded within the design, delivery and messaging of our interventions.	✓	✓	✓
6.6 Make appropriate physical activity and sport data more openly available by supporting our partners to create systems and platforms that integrate with each other.	✓	✓	✓
Call for Action			
This strategy needs both existing and new partners to take action to deliver this foundation. We would anticipate the following taking a proactive leadership role: Local authorities, Public Health teams, Sport England, School Sport and Physical Activity Networks, NGBs, Local Sport Alliances, Further and Higher Education, Leicester and Leicestershire Economic Partnership, Community Sports Clubs, Professional Sports Clubs, Voluntary and Charitable Sector partners.			

"Insight builds a clear picture of the needs of the individual and communities, helping us to understand motivations, attitudes and barriers that are crucial to supporting behaviour change. It is therefore fundamental that LRS work with partners and its partners develop a deep and fundamental understanding of their place"

Executive Director, Sport England



FOUNDATION 3: SKILLED AND REPRESENTATIVE WORKFORCE

Developing a skilled motivated and fit for purpose workforce (paid and voluntary) that is representative of our communities.	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
7.1 Develop a coordinated and committed approach to Traineeships, Apprenticeships, and Graduate Placements for the sector.	✓		✓
7.2 Develop a robust Continuous Professional Development programme for the physical activity and sport workforce, to ensure they provide a high quality, customer focused experience.	✓	✓	✓
7.3 Deliver consistent physical activity, sport and healthy lifestyle messages and to support the principle of 'making every contact count' with partners.	✓	✓	✓
7.4 Ensure a coordinated approach to developing coaches, activators and volunteers, in order to increase and retain the numbers actively deployed in the sector, and ensure the workforce is more representative of the local community.			✓
Call for Action			
This strategy needs both existing and new partners to take action to deliver this foundation. We would anticipate the following taking a proactive leadership role: Local authorities, Public Health teams, Sport England, School Sport and Physical Activity Networks, NGBs, Local Sport Alliances, Further and Higher Education, Leicester and Leicestershire Economic Partnership, Community Sports Clubs, Professional Sports Clubs, Voluntary and Charitable Sector partners.			

"We need more programmes that support communities, like mine, to take the lead, only then can we make a lasting difference to our children and our community"

Take the Lead Participant

FOUNDATION 4: EFFECTIVE MARKETING AND COMMUNICATIONS

Positively influence people's attitudes and behaviours towards being active and ensure information is accessible.	Primarily contributing towards: More People	Better Health	Stronger Communities
Priorities for Action			
8.1 Align to national and local physical activity and sport campaigns to maximise their impact across LLR.	✓	✓	
8.2 Use a range of platforms and methods to promote opportunities that encourage all people to get active or stay active.	✓	✓	
8.3 Support delivery organisations and providers to develop more effective approaches to marketing and communications, supporting them with behavioural insights and training.	✓	✓	
8.4 Explore the development of a centralised digital hub which hosts data for formal and informal physical activity and sport opportunities across LLR.	✓	✓	✓
8.5 Celebrate the collective success of organisations and individuals that deliver positive outcomes through physical activity and sport.	✓	✓	✓
Call for Action			
This strategy needs both existing and new partners to take action to deliver this foundation. We would anticipate the following taking a proactive leadership role: Local authorities, Public Health teams, Sport England, School Sport and Physical Activity Networks, NGBs, Local Sport Alliances, Further and Higher Education, Leicester and Leicestershire Economic Partnership, Community Sports Clubs, Professional Sports Clubs, Voluntary and Charitable Sector partners.			

"We need to be more effective regarding how we tailor our message and communicate with inactive people to influence them to take part in physical activity and sport"

Chair, Local Sport Alliance

Robert Young Consulting LTD

This strategy has been developed in association with Robert Young Consulting Ltd

ONE VISION

Leicestershire, Leicester and Rutland the most physically active and sporting place in England

LEICESTER-SHIRE & RUTLAND SPORT
PHYSICAL ACTIVITY & WELLBEING

Leicester-Shire & Rutland Sport
SportPark, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF
T: 01509 564888
E: info@LRSport.org

lrsport.org

LRSport LR_Sport LR_Sport_ LR_Sport Leicester-Shire & Rutland Sport

Leicester-Shire & Rutland Sport working together with our principal funders Leicestershire County Council and Sport England to support Physical Activity and Sport.

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