

Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 9 March 2017
Trentham Room - No.1 Staffordshire Place

Our Vision for Staffordshire

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community. "

We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

A G E N D A

1. **Welcome and Routine Items** (5 minutes) (Pages 1 - 6)
Chair
 - Apologies
 - Declarations of Interest
 - Minutes of the Previous Meeting
2. **Questions from the public** (10 minutes)
3. **FOR DECISION**
 - a) Better Care Fund (10 minutes) (Pages 7 - 14)
Becky Wilkinson, Programme Manager
 - b) H&WB Strategy 2018 (10 minutes) (Pages 15 - 18)
Jon Topham, Senior Commissioning Manager, Public Health
 - c) Health in all Policies - Licensing Paper (10 minutes) (Pages 19 - 38)
Jon Topham, Senior Commissioning Manager, Public Health
 - d) Local Physical Inactivity Strategy and Sport England Bid (10 minutes) (Pages 39 - 40)
Jude Taylor, Sportshire Co-ordinator
4. **FOR DEBATE**

- a) Director of Public Health Annual Report (25 minutes)

Presentation by Richard Harling - Director of Public Health

- b) CCG/SCC Commissioning Intentions (25 minutes)

Presentation by CCG and SCC representatives

- c) Obesity Debate (5 minutes)

Verbal update by Ruth Goldstein, Public Health

5. FOR INFORMATION

In future items for information will be included on Pinipa for Members information/comment prior to each Board meeting. Pinipa training will be available to Board Members at the conclusion of this meeting.

For this meeting “for information” items have been included in the agenda pack on the following areas:

- a) Children's Safeguarding Board Annual Report (Pages 41 - 128)

- b) Update on CAMHS Funding (Pages 129 - 160)

- c) JSNA/Intelligence (Pages 161 - 168)

6. Forward Plan (Pages 169 - 174)

The Forward Plan sets out the work of the Board and is reviewed at each meeting.

Recommendation: Members are asked to agree their next meeting agenda based on their discussions during this meeting and the work outlined in the Forward Plan.

7. Date of Next Meeting

The next HWB meeting is scheduled for Thursday 8 June 2017, 3.00pm, SP1, Stafford.

Membership

Tim Clegg	Roger Lees
Fiona Hamill	Chief Constable Jane Sawyers
Dr Alison Bradley	Jan Sensier
Dr. Charles Pidsley (Co-Chair)	Mark Sutton
Alan White (Co-Chair)	Dr Paddy Hannigan
Ben Adams	Dr Mo Huda
Frank Finlay	Glynn Luznyj
Dr. John James	Penny Harris

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Note for Members of the Press and Public

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Minutes of the Health and Wellbeing Board Meeting held on 8 December 2016

Attendance:

Dr Alison Bradley	North Staffs CCG
Dr. Charles Pidsley	East Staffordshire CCG
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
Frank Finlay	District Borough Council Representative (North)
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG (Representing Dr P Hannigan (Chair, Stafford and Surrounds CCG) and Dr M Huda (Chair, Cannock Chase CCG)
Roger Lees	District Borough Council Representative (South)
Jan Sensier	Healthwatch Staffordshire
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Glynn Luznyj	Staffordshire Fire and Rescue Service
Penny Harris	Staffordshire Sustainability and Transformation Plan
Michael Harrison	Staffordshire County Council

Also in attendance: Judith Wright (Consultant in Public Health (Interim), Staffordshire County Council), Jon Topham (Senior Commissioning Manager) and Kate Waterhouse (Head of Insight, Planning and Performance, Staffordshire County Council)

Apologies: Alan White (Cabinet Member for Health, Care and Wellbeing) (Staffordshire County Council), Chief Constable Jane Sawyers (Chief Constable (Temporary)) (Staffordshire Police), Nick Baker (Temporary Deputy Chief Constable) (Staffordshire Police), Dr P Hannigan (Stafford and Surrounds CCG) and Dr M Huda (Cannock Chase CCG)

21. Declarations of Interest

There were none at this meeting.

a) Minutes of Previous Meeting

RESOLVED – That the minutes of the meeting held on 8 September 2016 be confirmed and signed by the Chairman.

22. Questions from the public

There were no questions from the public.

23. Health and Wellbeing Board Intelligence Group Update

The Board received a short presentation from Kate Waterhouse (Head of Insight, Planning and Performance, Staffordshire County Council) introducing the following three documents:

- the Story of Staffordshire 2016 – Executive Summary, which explored progress against Staffordshire’s vision for becoming a county where everyone can prosper, be healthy and happy. Setting out the challenges and opportunities and what the future might look like for a number of key measures;
- Staffordshire: Locality Profile, providing commissioners and practitioners with an evidence base to help understand residents’ needs at a local level; and
- the Performance and Outcomes report, which brought together key outcome measures from the outcome frameworks for the NHS, adult social care and public health.

The Board considered the data received and raised the following points around key issues:

- Members welcomed the locality profiles which helped in the targeting of resources and effective support;
- key challenges were identified as inequalities in education, low adult skills, some unhealthy lifestyle choices and an ageing population with complex health needs;
- the population profile and projected significant reduction in the working age population and rise in non-working population would present challenges; and,
- this detailed information would be important to discuss alongside the work of the Staffordshire Transformation Plan (STP) for the HWB strategy 2018 onwards. It was suggested that this could be the focus of the 12 January Development Session.

RESOLVED – That the report be noted and that the HWB Co-Chair’s Planning meeting discuss how to take this information forward for consideration alongside the STP at the 12 January Development Session.

24. Staffordshire Transformation Plan (STP) Update

The Board received a verbal update from Penny Harris (Staffordshire Transformation Director) on progress with the STP. There had been a number of very constructive conversations with the public as part of the engagement meetings organised by Healthwatch. The public highlighted the key role of prevention, were concerned regarding the spend on health infrastructure and identified obesity as key area of lifestyle concern. There had also been an acceptance that the direction of travel should be more local and some discussion around rights and responsibilities/needs and wants for services. The large amount of information from the engagement sessions would be analysed, providing the start of a broader process of engagement which would include use of the Ambassador Programme.

The Plan was due to be published on Thursday 15 December 2016.

There was more work to be done, particularly around financial factors and the five year timescale to address these. Any major change proposed as a result of the Plan would be subject to consultation.

Members asked that consideration be given to how the district and boroughs would be involved in the planning and governance arrangements going forward as well as the prevention workstream. Members were also asked to support the process of recruiting patient representatives to be part of the co-design process for the various workstreams.

RESOLVED – That the verbal update be noted.

25. Developing the Health & Wellbeing Board Agenda

At the 8 September Board Meeting Members had considered a new approach to the work of the Board. Further details of the new format were now outlined, including:

- a shift towards a more public facing role for the Board;
- more focused work on key issues identified by the Board;
- continuation of four public board meetings per year;
- trialling a virtual approach to the sign off of various documents rather than bringing them to the Public Board meeting;
- a minimum of two development sessions per year;
- development sessions being opened up to include partners and stakeholders as appropriate; and,
- a trial of health and wellbeing public debates with two per year anticipated. Details of the intended approach to the first debate on excess weight and obesity was shared, with a wide social media communications programme around the debate over a proposed six month period.

Members suggested further developments around:

- greater collaborative working between the Staffordshire and the Stoke-on-Trent Health and Wellbeing Boards;
- possible use of community fire stations for the debates;
- contacting schools and employers to promote attendance and involvement in the debates;
- working with the Staffordshire Council for Voluntary Youth Services (SCYVS) to promote young people's engagement with the debate process; and,
- mental health services as a possible future debate topic.

RESOLVED – That the new format proposed for the Staffordshire Health and Wellbeing Board be endorsed.

26. Health and Wellbeing Board Review of Strategies

The Board received an outline of the range of strategies and plans that had been reviewed. Members noted that the current Living Well in Staffordshire Strategy ended in 2018, with findings from this review influencing the new Strategy. In particular they noted a need for an implementation plan for the new Strategy, which would enable effective monitoring.

It was suggested that the STP development session proposed for January include consideration of the impact it will have on the Living Well In Staffordshire Strategy, focusing on responsibility for health as a key theme. It was also suggested that providers could be invited to take part in this development session.

RESOLVED – That:

- a) the review methodology be adopted by the Board to produce a checklist/framework to ensure any future HWB related strategies are aligned to the priorities and principles of the Board;
- b) a process for receiving progress reports for all HWB priorities be developed;
- c) governance arrangements and strategies be developed to give a whole system approach to reducing excess weight and obesity and in line with recent CLear assessment develop a tobacco control strategy;
- d) the opportunity to align the role and work of the SASSOT Board alongside the HWB and assess the role that SASSOT may have in providing governance arrangements to deliver a strategic approach to increased participation in physical activity across Staffordshire be explored;
- e) a checklist for falls prevention be identified to assess whether current and planned HWB strategies could deliver the actions; and
- f) the 12 January development session be used to consider the impact of the STP on the Living Well in Staffordshire Strategy to influence the new 2018 Strategy.

27. Update on the work of Staffordshire Families Strategic Partnership Board

Following the formation of revised children, young people and families partnership arrangements in September 2015, the Families Strategic Partnership Board (FSPB), supported by the Families Partnership Executive Group (FPEG) had made considerable progress in its first year. This initial year had involved building the foundation of the partnership to facilitate improved joint working and therefore a formal annual report had not been produced for 2016/17. The partnership had focused on building relationships, establishing strategic direction of travel and subgroups to drive activity. Key documents such as a strategy, delivery plans and outcome framework had also been developed.

A place-based approach had been agreed by partners as the best way forward. Phase 1 of the Children and Families Transformation Programme would take place in Newcastle under Lyme and in Tamworth, with this approach being rolled out to other districts as appropriate.

Members heard this was a cultural change with work undertaken to create an environment enabling partner organisations to work more closely together.

Healthwatch offered to support the work of the Families Strategic Partnership Board.

RESOLVED – That:

- a) the Families Strategic Partnership Strategy, 2017/18 Delivery Plan and Outcomes Framework be endorsed;
- b) progress of activity undertaken within the Families Strategic Partnership be noted; and,

- c) the proposal of a joined-up placed-based approach to take forward the Children and Families Transformation agenda be endorsed.

28. Pharmaceutical Needs Assessment

[Andrew Pickard (Pharmacy Advisor – NHS England) in attendance for this item]

The HWB had a statutory duty to update the Pharmaceutical Needs Assessment (PNA) and Members now received details of changes since the last PNA was produced, specifically around the opening or closure of premises, changes in location of service provision or changes in ownership or trading names.

The Board commented that:

- significant changes to funding would impact on pharmacies, however the extent of this was not yet known;
- the Department of Health had made some provision for a pharmacy access scheme although it was not clear if this funding would be sufficient to mitigate the impact of changes to pharmacy funding;
- clinical pharmacists were beginning to work in GP practices;
- there was a difference between the role of the pharmacist and the role of the community pharmacy;
- the PNA was due to be re-written in 2018 and this was seen as an opportunity to make the link with other health strategies;
- work was being undertaken with Local Pharmaceutical Committees (LPCs) to identify the impact of the funding changes;
- there was an expectation that enhanced services would need to be reduced as a result of the reduced funding;
- there was a need to move towards consideration of the effective use of pharmacists skills rather than discussing the location of pharmacies; and
- It was important that these considerations and services be included in the STP.

RESOLVED – That the report be noted and the concerns raised be shared with NHS England.

29. Annual Report of Staffordshire and Stoke on Trent Adult Safeguarding Partnership 2015/16

[John Wood (Independent Chair of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board) and Helen Jones (Adult Safeguarding Partnership Board Manager)]

The HWB received the annual report for the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board 2015/16, in accordance with the provisions of the Care Act 2014 and Members considered key messages to commissioners raised by the report. In particular discussion centred around:

- the need for commissioners to be assured that there was sound understanding of Mental Capacity Act legislation and its application, with training being developed on this;
- the focus of the Board on identifying and raising awareness of safeguarding risks;

- work on a joined-up protocol to gain an understanding of the many strategies and how these work together;
- changes in the categorisation of safeguarding concerns as a result of the Care Act and the impact on recording;
- transition work from children's to adult safeguarding, with adults starting at age 18 (other than for SEND and Care Leavers which was at age 25); and,
- membership of the Board and ensuring the relevance of their agenda.

RESOLVED – That:

- a) the commissioners act upon the findings of the report; and
- b) the report be noted.

30. Forward Plan

In considering the Forward Plan the following requests were made at this meeting:

- the 12 January development session be used to consider the impact of the STP on the Living Well in Staffordshire Strategy;
- 16 February proposed development session be cancelled;
- 9 March Public Board meeting to include items on: the Better Care Fund 2017/18 and 2018/19; update on additional CAMHS funding and how this has been used; CCG commissioning intentions and ensuring these reflect the HWB Strategy;
- items previously included on the Forward Plan for the March meeting were: HWB Intelligence Group Update; Annual Report of the Director of Public Health; and Policy Guidance and support on health issues.

The Board heard that funding to encourage a more active nation had been made available in 2015. Over the next four years Sport England would be investing £1 billion, with the intention of allocating £130m in ten different locations. Bids were being invited and Staffordshire intended to submit an expression of interest.

RESOLVED – That the changes to the Forward Plan outlined above be agreed and reviewed at the Board Planning meeting on 13 December.

31. Date of next meeting

RESOLVED – That the next Health and Wellbeing Board Meeting be scheduled for 9 March 2017, 3.00pm, Trentham Room, No.1, Staffordshire Place, Stafford.

Chairman

Staffordshire Health and Well-being Board	
Title	Better Care Fund
Date	09 March 2017
Board Sponsor	Dr Richard Harling
Author	Rebecca Wilkinson
Report type	For Decision

Summary

1. The 16/17 Staffordshire Better Care Fund was signed and submitted 31.01.2017
2. The Staffordshire BCF has undergone scrutiny at national and regional level the assessors reached a consensus view that the plan should be approved. There were no remaining unmet KLOEs (detailed feedback can be found in **Appendix B**)
3. Although the national guidance has not been released SCC are working closely with CCG counterparts and the regional BCF manager to begin planning for 2017-19.
4. The BCF Partnership board has been reconvened to oversee the formation of the agreed scope into a detailed plan.

Recommendations to the Board:

5. HWB note the contents of the report, specifically the link between the BCF and STP
6. HWB Board agree in principle to use the BCF as a local delivery mechanism for the STP
7. HWB discuss and agree the scope for the 17-19 BCF
8. Board to agree delegated decision making to the Chairs for the final BCF as we will need to enable the HWBB to agree this before the next Board meeting in June – (Note - When developing the submission timetable the BCST will take into account that not all Health and Wellbeing Boards are able to meet bi-monthly or monthly.
9. Approve the outline scope for using the BCF as a local delivery mechanism for the STP
10. Discuss the option of using one narrative for the STP and BCF and provide officers with a steer

Background / Introduction

11. The priorities for the Staffordshire Better Care Fund (BCF) derive from the vision and overarching principles for the quality of life for people in Staffordshire as set out in the Joint Health and Wellbeing Strategy:-

“Staffordshire will be a place where improved health and well-being is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive communities.”

(Living Well in Staffordshire 2013-18”- Staffordshire’s Joint Health and Well-Being Strategy)

12. The 2016/17 plan built on the 2015/16 agreement and the 2017/19 plan will continue to build on the principles of early community intervention and integrated working with the Staffordshire CCGs. The 17-19 plan will not be a standalone integration tool but align to and compliment the Staffordshire STP. Although the national guidance has not been released SCC are working closely with CCG counterparts and the regional BCF manager to begin planning for 2017-19.

Current activity

13. The monthly BCF Partnership board has reconvened to oversee the delivery of the Staffordshire BCF Plan

BCF 2017-19

14. The new BCF will be a 2 year scheme with a change control provision included as part of the s75 agreement. Guidance and templates have been delayed; there no proposed date for release at this stage, however there are a number of key factors we are already aware of through liaising with Regional Lead for BCF and joining conversations with planning leads at a national level.
 - a. We do know that as soon as the guidance is released we have a maximum of 6 weeks to complete and return
 - b. National conditions have been reduced from 8 to 3:-
 - i. A requirement for a jointly agreed plan, approved by the Health and Wellbeing Board.
 - ii. Real terms maintenance of transfer of funding from health to support adult social care
 - iii. Requirement to ring-fence a portion of the CCG minimum to invest in Out of Hospital services
 - iv. **Plans will also need to set out the area’s vision for integrating health and social care by 2020.**

- c. 2017-2019 BCF is expected to align to wider integration in the HWB health economy and align to the STP within the HWB area, the BCF is **not** a separate integration tool
- d. The 2017 plan should evolve from the 2016
- e. Alignment to the STP will be set out in the planning guidance - The way in which the different local plans fit together will be dependent on individual geographies and arrangements for integration and transformation. We recognise that this is a complex, challenging landscape. BCF plans will be agreed by Health and Wellbeing Boards and should take into account the priorities across the wider system.
- f. One plan can be submitted for more than One HWB area providing each HWB signs off the individual plans
- g. The local area can decide how to align the BCF to the STP; national and regional advice has been that the BCF must as a minimum compliment the STP
- h. STP can be used as a vehicle for joint planning
- i. The local area can decide in conjunction/with the approval of the regional advisor to use the same narrative for BCF and STP providing the right template is used

Key principles for 2017-19:-

- 15. Focus on the protection of Adult social care and associated issues i.e.:
 - a. Discharge to assess
 - b. Aligning LIS (Intermediate care, Res/Nursing, community hospitals)
 - c. CHC
- 16. BCF to provide the local delivery mechanism for the STP
- 17. The s75 will be used to pool funds and drive the market with a mutual benefit for SCC and the Staffordshire CCGs

Scope

- a. Integrated out of hospital care
- b. Intermediate care
- c. Reablement
- d. DToCs

Potential schemes still to be explored:-

- a. CHC
- b. Discharge to Assess

Update on Funding

18. From 2017/18 a new funding element will be added to the Better Care Fund. The improved Better Care Fund (iBCF) will be paid directly to local authorities as a grant. The conditions of grant will require that the authority pool the grant as part of their local BCF plan and that this money should be spent on social care. The grant will be distributed using a methodology which ensures every authority gets its share of the total funding available through the improved Better Care Fund and the Social Care Precept, as measured by the social care Relative Needs Formula. This means that there is sizable variation in the amounts that each authority receives in grant, and indeed in 2017/18, when the overall size of the grant is smaller, some authorities will not receive any money through the iBCF.

2017/18 Adult Social Care Support Grant

19. This is distinct to the Adult Social Care Support Grant. This is a one-off grant for 2017/18 worth £241 million nationally. This grant will be paid directly to local authorities to support social care but, unlike the iBCF:
 - a. Authorities will not be required to include the grant in a pooled BCF pot.
 - b. The grant is calculated purely on Relative Needs Formula, so all authorities with social care responsibilities will receive some funding and the relative size of these grants will be different to iBCF
20. This grant is derived from money that was reprofiled through savings to the New Homes Bonus.

Options & Issues

21. Current feedback from the regional office for BCF states very clearly that the BCF as a minimum must complement the STP therefore the HWB have the option of submitting one narrative for the STP and BCF (providing the relevant planning templates and are completed)
22. On receipt of the planning guidance there will be a very short turnaround to complete the templates (at this stage this is reported to be **no more than six weeks**)

Appendix A

Better Care Fund Progress in 2015/16 & 2016/17

The Better Care Fund (BCF) Plan for Staffordshire consisted of a range of schemes designed to deliver the six priorities set out below:

- Focussing on **frail elderly pathways**, as the core element of our quality and Sustainability challenge.
- Focus on those individuals who are already in the health and care system (e.g. in hospital or receiving long-term care)
- Prioritising **early intervention** with people who are struggling to maintain their independence.
- **Integrating commissioning** – bringing together our combined commissioning activities and funding for care in community settings in a phased way.
- **Integrating provision** – reducing fragmentation, duplication, and hand-offs between professionals.
- Developing the concept of **locality-based commissioning**, with District and Borough councils playing key roles

BCF changes in 16/17

Summary of schemes within previous and new BCF plan

15/16 schemes	16/17 schemes	Rationale
Front door	Front door	No change, this scheme will encompass both health and social care.
Integrated Locality Community Teams - Managing Dependency on Services	Enhanced community care model	Building upon current work area achievement with ILCT's taking into account MCP model and other models across Staffordshire.
Integrated Locality Community Teams - Managing Safe return to steady state	Reablement/intermediate care	Recognition of a key element of the SSOTP transformation was reablement in 15/16. Intermediate care and reablement have been brought together under

		a single scheme.
	Discharge/ Delayed transfer of care	Some work has been delivered as part of managing patients back to Integrated Locality Community Teams - Managing Safe return to steady state. The 16/17 plan has been undertaken in line with local systems resilience groups.
Enabling schemes	Enabling schemes	No change.

Appendix B

BCF 2016-17 Feedback

The Panel received assurance that most KLOEs have now been met and that the CCGs' minimum contributions to social care have increased by 1.63% on 15/16 figures - thereby exceeding the nationally required 1.5% real terms increase.

The supplementary information included a revised 15/16 planning template to correct genuine errors in the ascriptions to social care, and a final 16/17 planning template. These have been shared with Better Care Support Team colleagues. The additional information was initially considered by a team of 4 assessors

The assessors reached a consensus view that the plan should be approved. There were no remaining unmet KLOEs. There were some remaining partially met KLOES which, when summarised between the assessors related to 3 main areas:

- Recognition that within the more narrow terms or reference of the BCF plan itself, an agreement has been reached to protect adult social care which meets the national requirement of a real terms increase of 1.5% on 15/16 (this is in fact 1.63% in Staffordshire) but there is still a fragile financial context to this arrangement and further pressures are anticipated in 17/18.
- 7 day services – an outline plan has been provided and detail offered in the scheme description for re-ablement services, but it would have provided more assurance to have a more detailed plan, with clear milestones.
- Although it can be deduced that the implications for local providers are understood (eg: from extensive provider engagement and statements that providers are in agreement with the BCF plans), the implications are not set out explicitly.

These remaining issues were not considered to be of a magnitude to prevent the plan being approved.

Staffordshire Health and Well-being Board	
Title	The Health and Wellbeing Strategy – beyond 2018
Date	9 March 2017
Board Sponsor	Richard Harling
Author	Jon Topham
Report type	For Decision

Summary

1. This paper builds upon previous Board discussions about the Living Well Strategy and outlines a direction of travel, with recommendations for the new HWBB Strategy from 2018.

Recommendations to the Board

2. That the Board agree to the seven action points following areas of focus for the new Strategy:
 - a. Using the HWBB to drive closer integration
 - b. A strong focus on Communications and Public engagement
 - c. Working together to develop the Place agenda (hotspots) including an integrated approach to work with communities
 - d. Developing the right environment (Health in all Policies)
 - e. Maintain a strong focus on understanding needs (JSNA)
3. That the Board consider its governance arrangements to enable the new strategy, to including the role of Board members as champions of Health and Wellbeing in Staffordshire
4. That the Board agree the timeline detailed below

Background / Introduction

5. The current Health and Wellbeing Board Strategy has been in place since 2013 and expires in 2018. The strategy has been broadly well received with its emphasis on prevention, life course and a joined up effort amongst partners to achieve this. The key elements of the strategy are as follows:
 - a. Starting well (Parenting / School Readiness)
 - b. Growing Well (Education / NEET / in Care)
 - c. Living Well (Alcohol & Drugs / Lifestyle / Mental Wellbeing)
 - d. Ageing Well (Dementia / Falls Prevention / Frail Elderly)
 - e. Ending Well (End of Life)

Current activity

6. A number of activities have been generated as a result of the Health and Wellbeing Strategy, these include:
 - a. The formation of Alcohol and Drugs Executive Board
 - b. Locality working, with each District identifying a District leads which led to; the production of eJSNAs and development of locality commissioning
 - c. Key strands of work around the Children & Families agenda
 - d. Ageing Well initiatives, that explore risk stratification to identify socially isolated older people (Age UK, SCC and FARS)
 - e. Strategy evaluation template
7. More recently the Public Sector agenda, has shifted, with a significant focus on service redesign based upon a reduced funding base, reorganisation and the emergence of a new personal responsibility narrative for the preventative agenda.
8. The financial situation for many organisations in Staffordshire is particularly “distressed” and this has been reflected in the difficulties we have had in signing off the Better Care Fund in Staffordshire.
9. It has long been acknowledged that the partnership environment in Staffordshire is complex, there are 6 CCGs, 8 Borough and District Authorities, Stoke City Council and Staffordshire County Council, 181 Parish Councils, 6 NHS Trusts within Staffordshire and many more that impact, plus NHS England and Public Health England. This has prevented effective and strong partnership working, and created different priorities. There is, however, a recognition of the importance of partnership working and a strong will to continue to try to work in Partnership.
10. There are, and will continue to be a number of external and structural factors that will continue to influence the future approach that the Board takes, and currently this has been reflected in the views of Board members about the need to redefine our focus and clarify a new role for the Board

Options & Issues

11. The LGA session on 7 July 2016 and the Development session on 12 January 2017, both reflected the importance of the Health and Wellbeing Board and laid the foundations for a new way of working, which suggested that we should evolve the current strategy rather than develop a brand new strategy.
12. There was a strong view that we focus on what the HWBB is going to do as a system leader, and recognising the democratic legitimacy that the presence of elected members give to the HWBB.
13. Key to this was the view that the Board should focus on a key set of principles:
 - a. A Focus on **prevention**, early intervention & personal responsibility as the primary driver

- b. Promoting **integration** & cooperation to achieve this
- c. Enabling the effective **navigation** of systems (agencies and public) to create the right environments for prevention.

What do you want the Health and Wellbeing Board to do about it?

14. It is recommended that the Board:

- a. Promote better join up around money and resources; for example section 75 agreements, Better Care Fund and individual organisational resources
- b. Use the Board to supporting the development of a place based approach focused on key priority neighbourhoods, developing community assets and community engagement
- c. Develop a proactive communication and public engagement function; developing a much stronger and public facing approach. This could include stronger presence with regard to campaigns, developing the public debates model, much more media and press activity, this could also taking a stronger stance and lobbying upwards to influence national policy.
- d. Developing the policy environment, see HiAP
- e. Continuing to provide the right data & information (JSNA)
- f. That the board also some key Governance issues to support this direction of travel. This should include:
 - i. Clarify what is expected of Board members
 - ii. Consider a broader membership; for example more District Representation and providers.
 - iii. A greater emphasis on democratic legitimacy, ensuring that the work of the Board is reflected in the political space and is open to democratic challenge
- g. That the Board agree the following timeline:

May 11	HWBB Development Workshop to consider First draft of the strategy
June 8	Board meeting to consider the draft Strategy and make comments
September 7	Final draft for consultation
September – December 2017	Consultation
March 2018	Sign off final strategy

Staffordshire Health and Well-being Board	
Title	Health in All Policies
Date	9 th March 2017
Board Sponsor	Richard Harling
Author	Jon Topham and Helen Jones
Report type	For Decision

Summary

1. Health in All Policies (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and policy areas.

Recommendations to the Board

2. To embed the Health in All Policies approach in Staffordshire, it is recommended that the Staffordshire Health and Wellbeing Board:
 - a. Champion the HiAP approach. This will entail all Health and Wellbeing Board members becoming HiAP Champions to advocate the HiAP approach within their own organisations, as well as across the Health and Wellbeing Board membership and beyond.
 - b. Build HiAP into the new Health and Wellbeing Board Strategy and Action Plan for 2018 onwards.
 - c. Monitor progress on HiAP through the Health and Wellbeing Board Strategy and Action Plan.
 - d. Host a workshop for Health and Wellbeing Board members and partners on the HiAP approach in Staffordshire (LGA).
 - e. Reflect the corporate approach to HiAP by ensuring that all organisations involved in the Health and Wellbeing Board embed Health Impact Assessments (or broader Community Impact Assessments) into their decision-making processes.

Background / Introduction

3. A HiAP approach is about how we can all work together to improve health and health equity, and at the same time, advance other goals, such as educational attainment, improved housing and green spaces, environmental sustainability, promoting job creation and economic stability. For example: good spatial planning increases physical activity and reduces carbon emissions
4. HiAP is based on the recognition that our greatest health challenges (e.g. health inequalities / spiralling health care costs) are complex issues lacking straightforward solutions. These issues are often linked to the social determinants of health (Appendix B), which are strongly referenced in the Health and Wellbeing Strategy.

Current activity

5. There has been some consideration of the role of a HiAP type approach locally, although no coordinated approach to embedding health in policies. Areas where this has been considered include, licensing and fast food

Options & Issues

6. The HiAP approach is therefore an important opportunity for the Staffordshire Health and Wellbeing Board (HWBB), and relates to the Board's ambition to work together to lead transformational change.
7. The current agenda of the Health and Wellbeing Board is focused on promoting and encouraging Staffordshire's residents to take *personal* responsibility for their own health and wellbeing, for example, through the 'Big Fat Chat' Obesity Debate and the Director of Public Health's Annual Report on the 'end of life'. The HiAP approach complements this by promoting an *organisational/ corporate* approach that seeks to tackle the broader social determinants of health.
8. The Health in All Policies approach is recommended to the Health and Wellbeing Board to provide a platform for the Board to develop a coherent action framework to embed this approach within all organisations, focused on the wider determinants of health.

What do you want the Health and Wellbeing Board to do about it?

9. The existing JHWBS already considers a life-course approach, as well as recognising the wider social determinants of health. The Kings Fund have also suggested some key evidence based areas where local authorities can contribute to improved health. They are; best start in life; healthy schools and pupils; helping people find good jobs and stay in work; active and safe travel; warmer and safer homes; access to green and open spaces and the role of leisure services; strong communities, wellbeing and resilience; public protection and regulatory services; health and spatial planning (Appendix C).
10. If we assume that a Health in All Policies approach will help us deliver our strategic priorities, then members of the Health and Wellbeing Board are asked to consider the following key questions:
 - a. How can we systematically incorporate health, health equity and sustainability into services, programmes, policies and processes?
 - b. Do we know where we want to focus resources for the most effective impact? – The second HiAP paper outlines an approach to Licensing (Alcohol & Fast Food), which gives us a starting point
 - c. Which stakeholders should we collaborate with?
 - d. Can the HWBB embed health, health equity and sustainability considerations into decision making processes for the long term?
11. The Local Government Association (LGA) has also recently produced a manual to support local authorities and partners to deliver the HiAP approach. It is

suggested that the LGA's ['Health in All Policies: A manual for local government'](#) document is used as the main tool to embed the approach in Staffordshire.

Appendices

Appendix A – Public Health England's Infographic, giving an example of Health in all Policies in practise

Appendix B – Diagram: The Social Determinants of Health

Appendix C – Prioritising Health in all Policies: Where to put your efforts?

Appendix D – Health in all Policies Licensing Paper

Appendix E – Impacts of Excessive Alcohol Consumption

Appendix F – Current insight into alcohol consumption nationally

Appendix A - Public Health England's infographic, giving an example of Health in All Policies in practice



Public spaces and green areas

THE ISSUE

People in England living in a deprived community are

six times

more likely to have had no previous experience of outdoors activity



WHY IT MATTERS

There is a strong evidence linking access to green spaces with health outcomes; it also supports economic objectives

Estimates suggest that an inactive person is likely to spend **37%** more time in hospital and visit the doctor **5.5%** more often than an active person



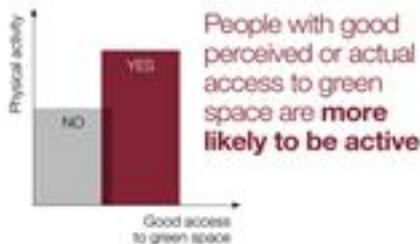
Public realm improvements, like pedestrianisation or adding seating and greenery, can increase retail footfall by about **30%** and retail turnover by an average of **17%**



TACKLING LACK OF ACCESS

Public bodies and local partners can:

- Follow the National Planning Practice Guidance on health and green spaces to promote healthy and more active communities through local green and open space networks
- Provide a strategic assessment of green space needs for the community and identify where new provision is needed and where existing spaces can be improved
- Work with developers to provide new green, safe, accessible and pedestrian-only spaces and improve the quality of existing green spaces



Appendix B - Diagram: The Social Determinants of Health



Dahlgren and Whitehead (1991)

Appendix C: Prioritising HiAP: Where to put your efforts? (An extract from the LGA’s Health in All Policies: A manual for local government).

The King’s Fund have reviewed the evidence to help local authorities prioritise evidence-based actions that improve public health across their functions. This cross referenced the nine local authority public health related areas against the expected impact these interventions (direct and indirect):

Table 1 Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

Table 2 Indirect impact of actions

Impact from...	Impact on...							
	Best start in life	Healthy schools and pupils	Jobs and work	Active and safe travel	Warmer and safer homes	Access to green spaces and leisure services	Strong communities, wellbeing and resilience	Public protection
Best start in life		Highest	Highest	Lower	Lower	Lower	Higher	Lower
Healthy schools and pupils	Lower		Highest	Lower	Lower	Lower	Higher	Lower
Jobs and work	Higher	Higher		Lower	Higher	Lower	Higher	Lower
Active and safe travel	Lower	Lower	Lower		Lower	Higher	Lower	Higher
Warmer and safer homes	Higher	Lower	Higher	Lower		Lower	Higher	Lower
Access to green spaces and leisure services	Lower	Lower	Lower	Highest	Lower		Higher	Higher
Strong communities, wellbeing and resilience	Lower	Lower	Higher	Lower	Lower	Lower		Lower
Public protection	Lower	Lower	Higher	Lower	Higher	Lower	Lower	
Health and spatial planning*	Lower	Lower	Higher	Highest	Highest	Highest	Highest	Highest

* NB: Spatial planning is not represented as an area that is affected by the others, since it ‘sits outside’ those areas; its crucial impact is in terms of how objectives of activities in the other areas are planned and delivered through spatial planning.

Staffordshire Health and Well-being Board	
Title	HIAP - Licensing (Alcohol & Fast Food)
Date	9 March 2017
Board Sponsor	Richard Harling
Author	Marc Neeld / Jon Topham
Report type	For Decision

Summary

1. This paper is intended to support the Health in All Policy (HiAP) paper. It identifies the issues around health related harm in relation to the licensing of alcohol sales and the impact on the proliferation of “fast food” establishments particularly with regard to obesity. The paper makes a series of recommendations for the Board to influence both agendas.

Recommendations to the Board

Licensing

2. Identify a HWBB champion for licensing. The lead will:
 - a. Work with SCC Health & Care and District / Borough Councils to support redevelopment Statement of Licensing Policies (due in 2018) to strengthen the health aspect of the policies.
 - b. Act on behalf of the HWbB to support the Staffordshire and Stoke on Trent Responsible Bodies Group
 - c. The HWBB members will support the SSRBG to develop effective data and insight to strengthen the health aspect of licensing policies?

“Fast Food”

3. Identify a HWBB champion for the “fast food” agenda: The “Champion” will act as the HWBB lead and develop the work stream, building upon the following areas of action:
 - a. Developing an understanding of the proliferation of “fast food” establishments in relation to rates of obesity across Staffordshire with particular attention to establishments close to schools.
 - b. Using local insight and national insight develop an evidenced-based best-practice guide to planning around “fast food” outlets in Staffordshire. Then promote this area of work and influence appropriate councillors and planners responsible for planning and health in district and borough councils.
 - c. Work with local Environmental Health teams and Public Health to explore the possibility of a county-wide healthy food rating scheme to sit along the “Rate My Place” food safety initiative.

- d. Engage with schools and school catering companies to; promote the healthy eating standards for school meals and promote stay on site messages.

Background / Introduction

4. There are a range of goods and services that are required to be licensed and managed by local authorities that have the potential to impact on public health. These include but are not limited to: the sale of alcohol, the preparation and sale of food, tattooing premises, gambling, sex entertainment venues and taxi hire. Using the HIAP approach the HWbB can support licensing authorities to protect the health of the population.

Alcohol

5. The HWbB has long had an interest in the availability and consumption of alcohol, the misuse of alcohol poses a threat to the health and wellbeing of the drinker, and to family, friends, communities and wider society through such problems as crime, anti-social behaviour and loss of productivity.

“Fast Food”

6. There are two main public health issues concerning the supply of “fast food” to the public. The first relates to food safety, and the second relates to the impact upon obesity rates in Staffordshire.
7. There are a number of reasons why “fast food” impacts on health:
 1. Ingredients - typically “fast food” has high levels of fat, salt and sugar and therefore is energy dense;
 2. Cost - in relation to the number of calories in the food it is relatively cheap compared to healthier options
 3. Portion sizes - tend to be large
 4. Proliferation - increasing numbers of premises selling “fast food”.
8. The emphasis in how public services support the anti-obesity agenda is currently seeing a shift from service provision to a much greater focus on personal responsibility. The best way that we can support this is to create healthier environments for Staffordshire citizens.

Current activity

Alcohol

9. The licensing of alcohol sales is currently managed under the Licensing Act 2003 through Licensing Authorities, namely district and borough councils. The Act established four categories of activities that require a license:
 - a. The sale by retail of alcohol.
 - b. The supply of alcohol by or on behalf of a club to, or to the order of, a member of the club.

- c. The provision of regulated entertainment.
 - d. The provision of late night refreshment.
10. The Act also established four licensing objectives against which the impact of new applications and licence revisions must be considered against. These are:
- a. Crime & disorder
 - b. Public safety
 - c. Public nuisance
 - d. Protection of children
11. Applicants are required to send all licence applications to a defined list of Responsible Authorities (RAs). These are Police, Fire Service, Health and Safety, Environmental Health, Child protection services, Trading Standards, Planning, Public Health and the district/borough licensing authority. The role of RAs is to comment on applications and make representations to the licensing authority if they think the application negatively impacts on one of the statutory licensing objectives. RAs can also call for a review of licence if they feel the licensing objectives are being impacted by a licensed premises' current activity.
12. The Act requires licensing authorities to publish a Licensing Policy Statement every three years. This policy details how the licensing authority intends to operate and promote the licensing objectives in their area. Licensing Policy Statements must have regard to the licensing guidance issued by the Home Office and must be kept under review and revised within the 3 year period if appropriate.
13. Within a Licensing Policy Statement, Cumulative Impact Policies are intended to be a tool for licensing authorities to limit the growth of licensed premises within a specific area where issues around the licensing objectives have arisen. Using CIPs local authorities can then establish Cumulative Impact Zones (CIZ). When a CIZ is established there will be a presumption against the granting of new licences and material variations of current licenses in the assigned areas, unless the applicant can satisfy the authority that the application will not adversely affect the promotion of any of the licensing objectives.

“Fast Food”

14. In regards to food safety the Food Safety Act 1990 regulations make it an offence for anyone to sell or process food for sale which is harmful to health. Therefore any business that wishes to store, prepare, distribute or sell food on premises or from home needs to be registered with their local Environmental Health service. This means all premises including; restaurants, cafes, hotels, shops, canteens, market stalls, mobile catering vans, food delivery vans and domestic premises. Any business that then intends to supply "hot food and hot drink", between the hours of 11pm and 5am will be licensable, and will require a late night refreshment license. Across Staffordshire local Environmental Health teams implement the "Rate My Place" scheme to grade businesses in relation to hygiene and food safety.

15. Currently we are not aware of any work, in Staffordshire, to manage the proliferation of “fast food” establishments or to improve the quality of food available.

Options & Issues

Alcohol

16. Representations from any RA cannot be made on health grounds alone. So Staffordshire County Council (Public Health) as a RA could not make a representation to deny a licence solely on the grounds that local population alcohol consumption in a particular area was above the national average.
17. Recent advice to Public Health teams regionally from a leading Licensing Barrister has highlighted some improvements that could be made by health bodies to support the licensing process. The HWBB could work to use this advice to support the alcohol licensing agenda in Staffordshire in the following ways:
 - a. Work more closely with the Stoke on Trent and Staffordshire Responsible Bodies Group (SSRBG) with the express aim of improving the way Representations are made for health and wellbeing.
 - b. Develop a suite of insight and intelligence around the alcohol agenda and make it available on the Staffordshire Observatory website to support RAs.
 - c. Review the evidence on an annual basis and make cases for the establishment of CIZs where the evidence highlights that harm from alcohol is a major health concern.
 - d. Support RAs when they review their Statement of Licensing Policies.

Fast food

18. Whilst we recognise that no single action will reduce obesity, we can work to reduce we can act to reduce the cumulative of obesogenic factors by taking a whole systems approach to the problem, The options available to us are:
 - a. The National Planning Policy Framework (NPPF) places a responsibility on local authorities to promote healthy communities. The NPPF also gives a steer that planning authorities should work with public health leads and take account of the health status and needs of the population. A number of authorities nationally have drawn up Supplementary Planning Documents (SPDs) to restrict the development of “fast food” premises.
 - b. The environment around a school can affect the consumption of “fast food”. Restricting the growth of “fast food” outlets to a specific distance from schools makes it unfeasible for children to access these outlets during school lunchtimes. Some areas have started using legal and planning powers and SPDs to specifically restrict growth close to schools.
 - c. Working with businesses to look at the food they are offering in terms of portion size, the quality of ingredients and the menu’s that are offered so that people do have a healthier option may help to influence people’s choices.

What do you want the Health and Wellbeing Board to do about it?

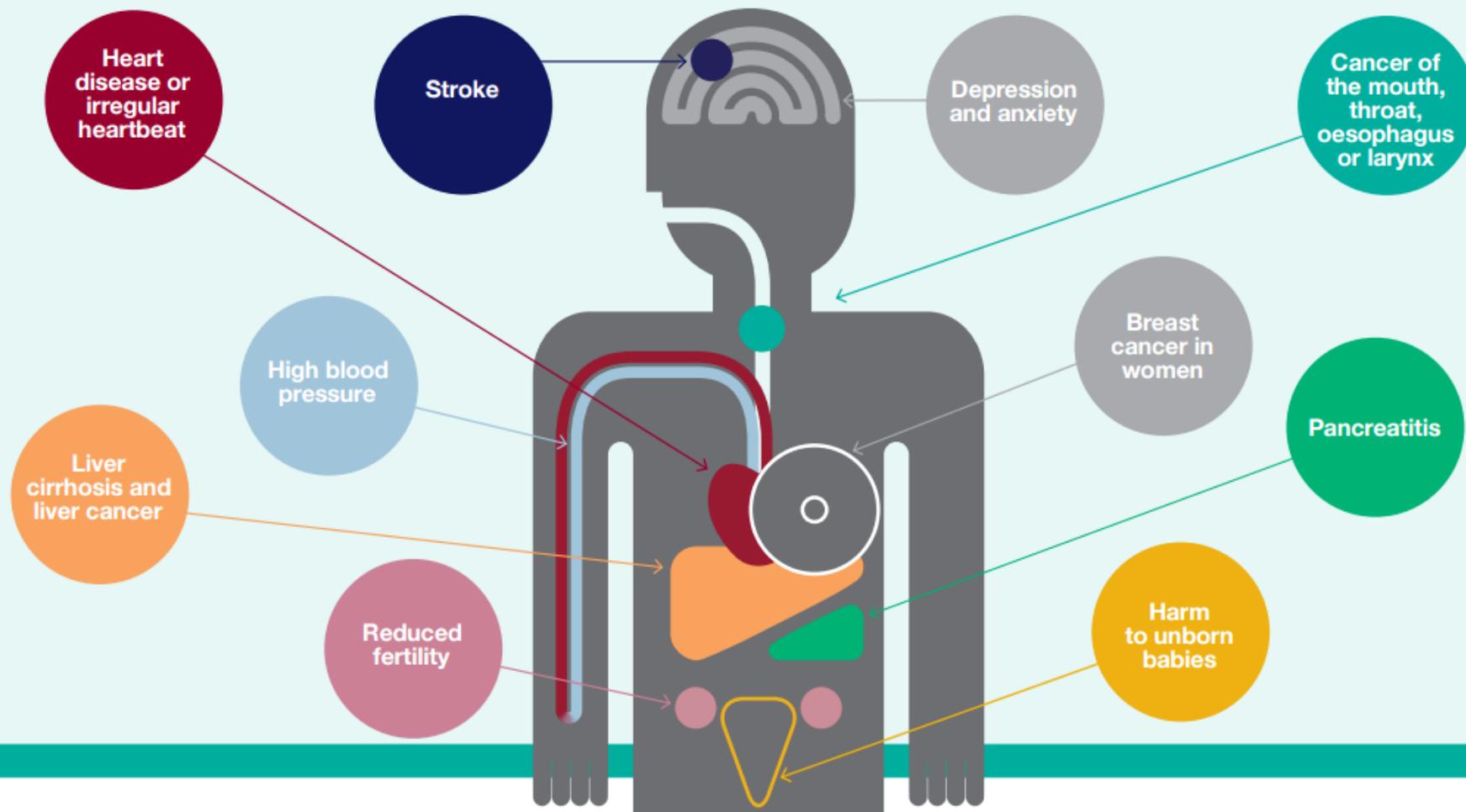
Licensing

19. Provide Strategic leadership and support to agenda in Staffordshire. Individual members of the Board will influence their organisations to contribute to the Licensing agenda when applicable.

“Fast food”

20. Provide Strategic leadership and support to the agenda in Staffordshire use influence to implement a common approach to “fast food” in Staffordshire

Alcohol misuse damages health

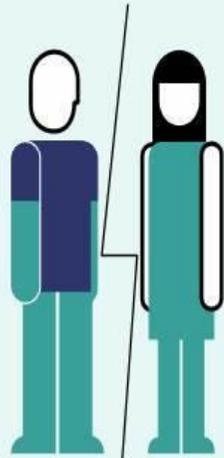


Alcohol misuse harms families and communities

1

2

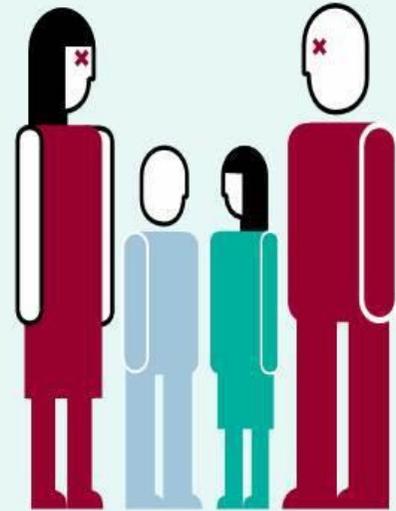
Almost **half** of violent assaults



Domestic violence and marital breakdown



27% of serious case reviews mention alcohol misuse



Physical, psychological and behavioural problems for children of parents with alcohol problems



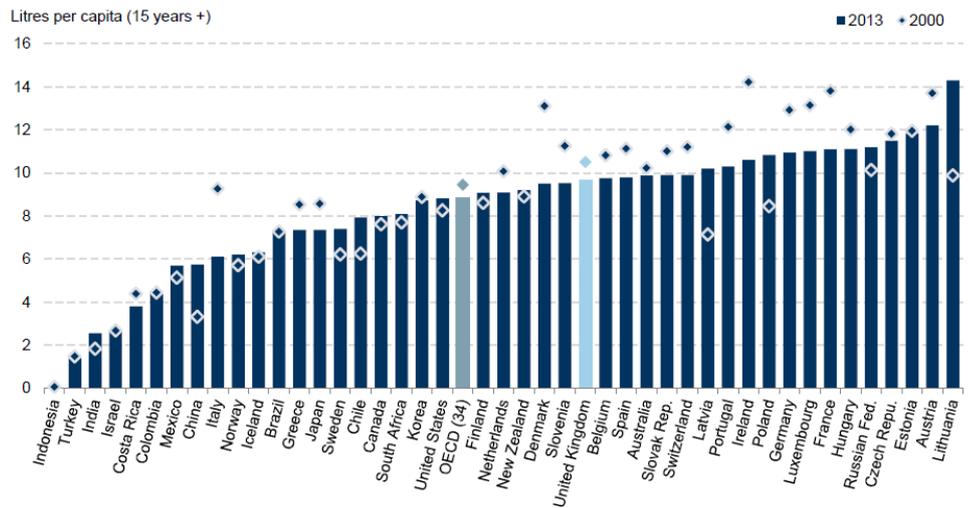
13% of road fatalities

Appendix F - Current insight into alcohol consumption nationally

Drinking prevalence for adults

OECD¹ Health Statistics - Health at a glance 2015

UK alcohol consumption is higher than the average for all OECD countries although it has decreased between 2000 and 2013.

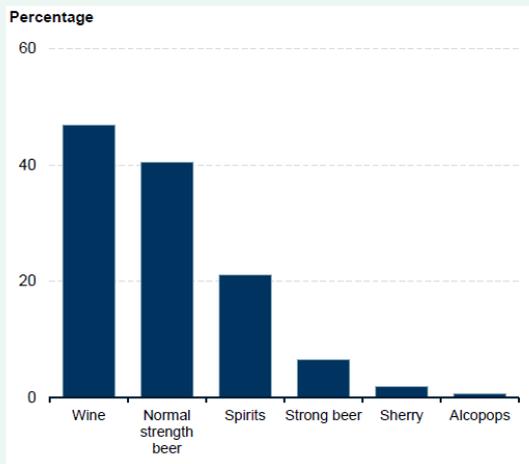


Drinking prevalence for adults

Adult drinking habits in Great Britain 2014 - Opinions and Lifestyle Survey

Type of drink

Just under half (47%) of people who had drunk alcohol in the week before interview chose to drink wine (including champagne) on their heaviest drinking day.



Drinking by annual income

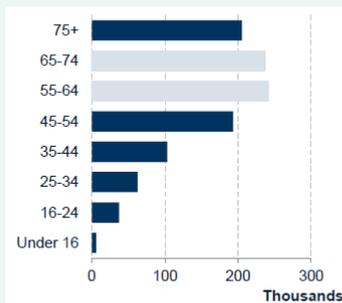
Almost 1 in 5 (18%) higher earners drink alcohol on at least 5 days a week.



Estimated alcohol-related hospital admissions - broad measure Local Alcohol Profiles for England (LAPE), 2014/15



Total number of admissions by age



44% of patients were aged between 55 and 74.

Total number of admissions by sex



For more information: [Tables 1.1 and 1.2 of LAPE Statistical tables for England](#)

Staffordshire Health and Well-being Board	
Title	Local Physical Inactivity Strategy and Sport England Bid
Date	9 th March 2017
Board Sponsor	Richard Harling
Author	Jude Taylor/ Ben Hollands
Report type	For Decision

Summary

1. As part of their new investment strategy Sport England has recently launched the Local Delivery Fund (LDF). The Fund will make up to 10 million pounds available for ten geographical areas in order to tackle physical inactivity. Staffordshire partners are working together to develop a Staffordshire Physical Activity Strategy which will form the basis of a bid to Sport England. The group is seeking the support of the Health & Wellbeing Board (HWBB), in relation to the leadership and governance of this work.

Recommendations to the Board

- a. Takes a leadership role for the development of a Staffordshire Physical Activity Strategy and sponsors the bid submission
- b. Provide governance to the bid and adopts the working group, as a sub group of the Board
- c. Supports a focus on inactive people in the 55-68 age group
- d. Agrees to receive regular updates on the progress of the bid

Background / Introduction

2. **Background:** The emerging Physical Activity Agenda from Sport England¹, builds on the Government Strategy 'A Sporting Future'². *A Sporting Future* represents a step change in the governments thinking in relation to sport, placing much greater emphasis on the wider role sport can play in delivering government priorities including physical and mental wellbeing. This shift includes a strong focus on reducing inactivity and promoting behaviour change.
3. As part of their redefined investment strategy Sport England have launched the **Local Delivery Fund**, which will award up to £10m to ten sites in order to implement strategies that tackle inactivity. A small working group has come together to develop a Staffordshire bid and an accompanying physical activity strategy.
4. The latest data from the Active Lives Survey supports the need for this work in Staffordshire- illustrating high levels of physical inactivity across the county: Staffordshire and Stoke collectively ranked as the second worst performing area in terms of sport and physical activity participation nationally, with four

¹ <https://www.sportengland.org/news-and-features/news/2016/may/19/sport-england-triples-investment-in-tackling-inactivity/>

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

Staffordshire districts featuring within the 50 most inactive (Cannock, Newcastle, Staffordshire Moorlands and Tamworth).

5. Analysis of insight suggests that the focus of a Staffordshire strategy should address physical inactivity in older adults between the ages of 55 and 68, targeting those who are most at risk of entering services due to their inactivity.
6. In order to achieve a meaningful reduction in physical inactivity in Staffordshire a genuine collaboration of key stakeholders will be required. The HWBB is well positioned to provide the strategic leadership and influence necessary to bring together Staffordshire's local authorities, health and third sector partners.

Current activity

7. Steering group formed (Including representatives from District Commissioning Leads, Clinical Commissioning Groups, Public Health, Team Staffordshire, Age UK, Sport Across Staffordshire & Stoke-on-Trent, Centre of Health & Development and SCC's Rural County, Sportshire and Insight teams)
8. A meeting between Sport England and senior leaders from Staffordshire has been held underlying our commitment to this work
9. The partnership approach and target cohort has been approved by Senior Leisure and Cultural Officers Forum (SLCOF)
10. Tabled as an agenda item at Chief Executive Forum on 2nd March

Options & Issues

11. Assuming the HWBB is supportive of the bid; two options exist for the governance of the project:
 - a. **Option 1:** HWBB provide leadership and governance to this project, via a sub-group adopted by the Board
 - b. **Option 2:** A MOU is drafted with stakeholders and an independent project board is established

What do you want the Health and Wellbeing Board to do about it?

12. The HWBB will need to consider its role, and how it will actively support the development and implementation of any proposals. Partners agree that the HWBB is well placed strategically to drive this work. Providing this leadership will require:
 - a. Developing a sub-group of the Board to develop this approach
 - b. Considering this in the light of the new Strategy and the emerging themes within the STP
 - c. Guide the development of the Physical Activity Strategy and provide feedback on Sport England submission
 - d. Provide advocacy for the bid collectively across relevant networks



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STAFFORDSHIRE SAFEGUARDING CHILDREN BOARD

A group of six diverse children standing in a line, each holding a large wooden letter. The letters, from left to right, spell out the word "Safely". The children are wearing colorful shirts: blue, pink, green, yellow, red, and purple.

**Annual Report on the Effectiveness of
Safeguarding Children in Staffordshire**

1st April 2015 - 31st March 2016

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SECTION 1

Introduction & welcome

Purpose of this Report

It is a statutory requirement under Section 14A of the Children Act 2004 for the Chair of a Local Safeguarding Children Board (LSCB) to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

This annual report sets out this information for Staffordshire and provides a rigorous assessment of the performance and effectiveness of local services that have responsibilities to safeguard children and accordingly it:

- Provides evidence of progress and achievements
- Identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action
- Demonstrates the extent to which the functions of the LSCB are being effectively discharged
- Includes an account of progress made in implementing actions from Serious Case Reviews (SCR)
- Provides an outline of the assurances sought about the work of the Family Strategic Partnership (FSP) Board.

Who should read this report?

In accordance with statutory requirements and best practice this annual report has been sent to the Chief Executive of Staffordshire County Council Director, the Lead Cabinet Member for Children & Young People, the Staffordshire Police and Crime Commissioner, the Chairs of the Staffordshire Health and Wellbeing Board and the chief officers of all partners represented on the Safeguarding Children Board.

The report is presented to the Staffordshire County Council Safe and Strong Communities Select Committee to promote transparency and enable further scrutiny and challenge.

Operational managers and frontline practitioners should be provided with a copy of a Summary Report of this document to promote awareness of the work undertaken through the Board during 2015-2016, to help our wider workforce to understand what they have helped to achieve during the year; and the plans for working together to achieve the desired safeguarding outcomes for children during 2016-2017.

This report is published on the website at: www.staffsscb.org.uk to provide a publically visible account of the work of the Board and its partners.

Foreword from the SSCB Independent Chair

It is my privilege to write the introduction to this Annual Report of the Staffordshire Safeguarding Children Board. I became Chair in April 2015 and take this opportunity to acknowledge the significant contribution of my predecessor Jackie Carnell in building a sound foundation for our work.

The current economic and social climate is very challenging for families and for those professionals working with children who are at risk of neglect and abuse. Statutory services are working to capacity as a result of increasing numbers of referrals over recent years and at the same time partner agencies are facing pressures from a significant reduction in public funding and increased levels of poverty and deprivation within communities. This combination of socio-economic factors can result in extremely vulnerable families and the potential for increases in the numbers of cases of neglect and abuse of children and young people.



It is against this background that this annual report provides an overview of the work of the Board and how, despite operating in austere times with the reality of having to do more with less that, safeguarding partners are making a positive difference to ensuring that children and young people who may be at risk of or experiencing abuse or neglect are protected.

The need to be as effective as we can be in our working together was a key factor in the decision of the Staffordshire and Stoke-on-Trent Boards that share geographical boundaries and a geographical footprint common to a number of partners including Health and Police to pursue joint priorities of Child Sexual Abuse and Neglect. Strategies produced for each of the priorities guide this work for the period 2015-2018. The Safeguarding Children Boards also work in support of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board with its priority on Transition to Adult Care and Support.

In my first year as Independent Chair I have been impressed by the energy, commitment and enthusiasm of Board members and the many front line practitioners that I have met and their clear focus on doing their very best for the children and young people whom we are here to protect from harm.

I would like to take this opportunity to acknowledge the commitment of all of our partners and supporters including the statutory, independent and voluntary community sector who have contributed significantly to the work of the Board during the year. I am particularly grateful to all who chair the Board Subgroups and the Board Support Team who work so hard behind the scenes to ensure that our business programme works efficiently.

I look forward to working with you again next year.

John Wood, QPM

About Staffordshire Safeguarding Children Board (SSCB)

The Children Act 2004 (sections 13 and 14) requires each Local Authority to establish a Local Safeguarding Children Board (LSCB) to co-ordinate the actions of partner agencies and ensure the effectiveness of the local arrangements to safeguard children. The statutory guidance '*Working Together to Safeguard Children*' (DfE, 2015) provides the framework for how agencies should work in partnership to help to safeguard and promote the welfare of children and young people.

All LSCBs should be independent from all partner agencies in order to provide effective scrutiny of local safeguarding arrangements and have an appointed Independent Chair that can support inter-agency collaboration, seek assurances about the effectiveness of local services and hold partner agencies to account for improving local safeguarding children arrangements. The role, responsibilities and functions of Staffordshire Safeguarding Children Board (SSCB) reflect the statutory requirements set out in the Children Act 2004 and are based on the objectives set out in Chapter 3 of '*Working Together*' 2015.

The LSCB core functions include:

- Developing local policies and procedures for safeguarding and promoting the welfare of children that provides information on:
- Action to be taken when there are concerns about a child's safety or welfare; promoting the welfare and safety of privately fostered children; setting good standards for the recruitment, supervision and training of persons who work with children or are in services affecting children; and improving the way in which we work with other local authority areas and LSCBs;
- Communicating the need to safeguard and promote the welfare of children to practitioners, agencies and the public and providing clear information to encourage and help them to take action;
- Monitoring and evaluating the effectiveness of what is done by the local authority and other SSCB partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve;
- Participating in the planning of local services for children in Staffordshire;
- Undertaking reviews of serious cases and advising the local authority and Board partners on lessons to be learned;
- Undertaking reviews of child deaths to identify any concerns or patterns affecting the welfare or safety of children in the local authority and having procedures in place to offer a coordinated local multi-agency response to unexpected child deaths; and
- Local Safeguarding Children Boards must submit their annual report to the Chief Executive and Leader of the Council; to the local Police and Crime Commissioner; and to the Chair of the local Health and Wellbeing Board.

Composition and governance arrangements

The Board has a broad membership of statutory partners in accordance with section 13(3) of the Children Act 2004 and '*Working Together*' 2015. Other local partners who contribute to safeguarding children and young people arrangements in Staffordshire are also members. Our Board is chaired by an Independent Chair who was appointed by Staffordshire County Council in conjunction with a panel of Board members in April 2015. **The full SSCB partner membership and their attendance at SSCB Meetings during 2015-2016 are set out in Appendix 2 on pages 83-85.**

The Independent Chair contract is reviewed by the Deputy Chief Executive and Director for Families and Communities on an annual basis and a partner agency appraisal process is coordinated to inform and support this review.

The Board met four times during this annual report period; this included a joint LSCB meeting with Stoke-on-Trent in September 2015. As evident in **Appendix 2**, the vast majority of members or their agreed deputies attended all meetings. The Independent Chair is responsible for communicating directly with the Chief Officer of any partners who are not maintaining regular attendance to understand the rationale for this, to hold them to account and to promote their active engagement.

An annual review of roles and responsibilities of Board members, the subgroup chairs and Terms of Reference of each subgroup was undertaken in April 2015. Each SSCB member was also required to sign a copy of a Memorandum of Agreement which asks for confirmation that the requirements of Board membership are and will be met. This document has been countersigned by the Chief Officer of each individual agency. The SSCB Constitution is next due to be reviewed in June 2016 to ensure that it remains fit for purpose.

Our Lay Member

Our Lay Member operates as a full member of the Board and plays a key role in making links with community groups and helping to improve public understanding of child protection work. The Lay Member offers the following reflection on her role:

Another annual report and I find myself having completed three years as Lay member on the Board. It has been a year with many challenges and changes. We have had our new Independent Chair, John, who has continued to drive the Board in the direction it needs to go, emphasising our responsibility to maintaining challenge when acting in our roles on the Board. For myself, I will continue challenging the Board on the accessibility of its plans and procedures by the public, children and young people.

With the work of Early Help we have discussed the importance of continued development and maintenance of strong ties to community groups. As was mentioned in the last meeting, this improved understand of what the LSCB does and its work will ensure that everyone implements the framework with a real understanding of its purpose and importance.

There has also been the extraordinary amount of work on serious case reviews that have been required throughout this year and I am in constant awe at the amount of work that is put into the Board from professionals whose “day job” must also be extremely demanding. I am inspired by the professionalism, drive and determination of people who continue to work in extremely difficult circumstances, both emotionally and intellectually draining and yet remain committed to safeguarding the children of Staffordshire; and for my part I will also continue to represent the community.

Relationship with other forums

There is a Memorandum of Understanding in place between the Families Strategic Partnership Board (FSP), the Health and Wellbeing Board (HWB) and Staffordshire Safeguarding Children Board to help clarify governance and reporting arrangements. This document has been formally endorsed by all three strategic partnership boards. The Memorandum was revised in March 2016 following consultation between members of all of Boards to ensure that it remains fit for purpose.

The SSCB Independent Chair has developed links with the HWB and is a member of the FSP along with other SSCB partners to help promote local strategic synergy. The SSCB Independent Chair is also the Chair of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board and Stoke-on-Trent's LSCB. The SSCB continues to report to Staffordshire County Council's Safe and Strong Communities Select Committee and to work closely with Stoke-on-Trent LSCB to collaborate, align process and where possible promote joint ways of working across the whole of the city and county. Our Independent Chair also attends the quarterly meeting of the Safer Staffordshire Strategic Board, which is chaired by the Police and Crime Commissioner.

During 2015-2016 the Independent Chair has met regularly with the:

- The Staffordshire County Council Cabinet Member for Children & Young People
- The Deputy Chief Executive and Director for Families and Communities
- The Head of Families First and Deputy Director of Children's Services (who is also the Chair of the SSCB Executive Group)

The Safeguarding Children Board Managers for both Staffordshire and Stoke-on-Trent meet on a regular basis with the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board Manager, to help promote effective joint working and appropriate information sharing. It is recognised that there have been benefits from the three safeguarding Boards having the same Independent Chair, particularly in relation to strategic synergy and the consistency of practice.

The Structure of the SSCB

The Board is supported by an Executive Group, seven subgroups, a task group relating to the review of restraint, a joint LSCB multi-agency forum in respect of child sexual abuse (the Child Sexual Abuse Forum) and additional task to finish groups as required. The Board is dependent on the performance of agencies with a safeguarding remit for meeting its objectives. **The SSCB Structure set out in Appendix 1 on page 81** shows the accountability, reporting and scrutiny role of the SSCB within the wider local safeguarding partnership arrangements.

The SSCB Manager is strategically responsible to the SSCB Independent Chair and is supported by a senior manager within Staffordshire County Council. The SSCB Manager is responsible for providing day to day business support, for implementing the business plan and for the coordination, monitoring and evaluation of SSCB activity. The SSCB Development Officer and Training Manager support the SSCB Manager to undertake this work. SSCB Administrators provide administrative and organisational support for the Board and the SSCB Manager.

SECTION 2

Analysis of Effectiveness in Safeguarding Children

This section of the report provides an assessment of the effectiveness and performance of local services. The categories and themes do not cover all the factors influencing the risk to children and young people within Staffordshire. The focus is on key local vulnerabilities and related themes which the Board needs to have scrutiny and seek assurances about in order to help ensure the effectiveness of local inter-agency arrangements to protect children and young people.

About Staffordshire's Children

Approximately 171,500 children and young people under the age of 18 years live in Staffordshire. This is approximately 20% of the total population in the area.

Approximately 15% of the local authority's children are living in poverty.

The proportion of children entitled to free school meals:

- in primary schools is 10.0% (the national average is 14.5%)
- in secondary schools is 9.0% (the national average is 13.2%)

There are 541 children and young people with a disability are supported by Independent Futures.

Based on the Index of Multiple Deprivation 2015, Staffordshire is a relatively affluent area but has notable pockets of high deprivation in some of its urban areas with 9% of its population living in the fifth most deprived areas nationally. In addition some of the remote rural areas in Staffordshire have issues with hidden deprivation, particularly around access to services.

Children and young people from minority ethnic groups account for 8% of all children living in the area, compared with 16% in the country as a whole.

The largest minority ethnic groups of children and young people in the area are Asian British 4% and mixed 3%. The proportion of children and young people with English as an additional language:

- in primary schools is 6.8% (the national average is 20.1%)
- in secondary schools is 4.5% (the national average is 15.7%)

Contacts and Referrals to Children's Social Care

During 2015-2016 there were a total of 11,253 contacts to the Staffordshire Children's Social Care First Response Team (FRT). This equates to an average of 216 contacts per week that cover a range of issues concerning the welfare of children and young people. The FRT is based within our local Multi-agency Safeguarding Hub (MASH) where a highly trained team of workers, including social workers and senior practitioners consider every contact received.

Following contact, the FRT aims to ensure that those children meeting thresholds for statutory assessments are progressed as referrals to Children's Social Care (CSC) social work teams. Local Authorities have a duty to undertake these assessments to determine what services to a child may need and any action required.

Of the 11,253 contacts made to the FRT in 2015-16, 10,093 (90%) had an outcome of advice and information, 921 (8%) were referred to Local Support Teams, the remaining 239 (2%) were no further action. Of the 11,253 contacts, 6654 referrals were managed by the FRT during this period.

Referrals have reduced slightly over the 12 months, but the number of referrals that have resulted in no further action (NFA) has increased slightly from 8.8% in 2014-2015 to 9.6% in 2015-2016. Staffordshire's Social Care Services need to continue to work with partners to ensure that threshold and referral criteria are clearly understood by some referring agencies and professionals to help reduce this level of inappropriate referrals. The rate of referrals (per 10,000) received during 2015-2016 (501.5) has decreased slightly from 2014-2015 (505.8); this follows the national trend which has also declined (from 548.3 to 532.2).

The proportion of re-referrals has remained similar to last year's figures at 18.8% (18.5% in 2014-2015) and is lower than statistical neighbours' (22.1%), regional (20.2%) and national (22.3%) averages. Staffordshire's re-referral rates have steadily decreased over the last five years, suggesting that more families receive the right intervention at the right time and are therefore less likely to come back into the children's system. Auditing activity has shown that interventions are more focused and have less drift than previous years.

Children in Need (CiN)

Section 17 of the Children Act 1989 defines a child in need as 'a child who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services'.

At the end of March 2016, Staffordshire had 3323 child in need cases open (including those in assessment), compared to 3824 at the end of March 2015, a decrease of 515; this is mainly due to improved recording processes, robust case management oversight ensuring that cases are assessed more promptly and case closures are being appropriately closed in a more timely way.

The national rate of Children in Need (includes CiN cases, CP and LAC) rate was 343.8 for Staffordshire; which is an increase from the previous year (329.6); due to the LAC and CP populations increasing. This rate is above both the national (337.7) and statistical neighbouring authorities' (309.9) average, but lower than the regional rate (359.2).

Almost one third (32.9%) of Staffordshire's children in need (open as at March 2016) were open longer than two years, a proportion which is in line with the national (30.9%), regional (32.8%), and statistical neighbours' (31%) average. All other case durations were similar to the national and statistical neighbours' averages.

Children's Social Care Assessments

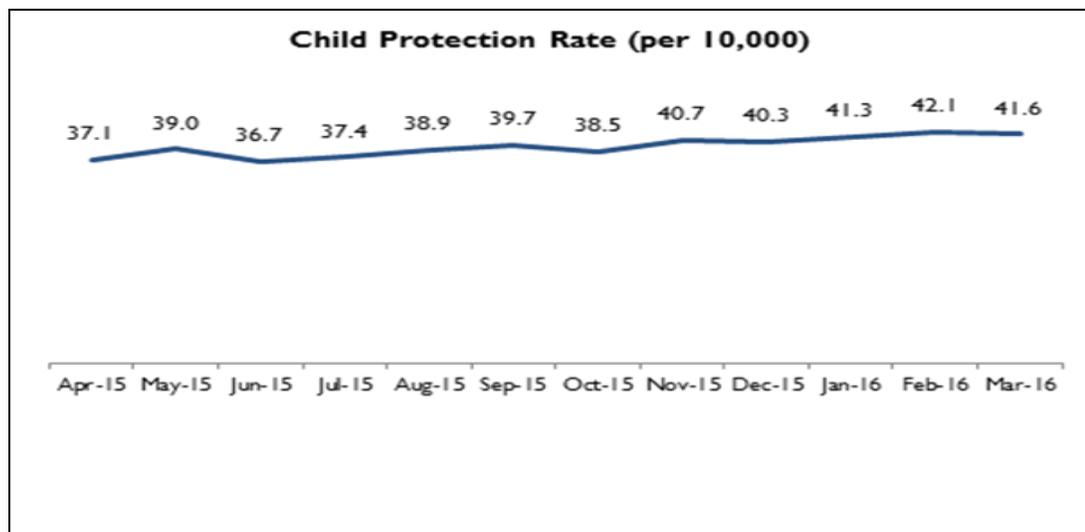
During 2015-2016, 9791 social work assessments were completed. 1260 assessments were in progress as at 31/03/16, an increase from 1064 as at 31/3/15 (+18.4%).

The timeliness of child social work assessments completed in 45 days has risen to 83.5% compared to 73.7% in 2014/2015 which demonstrates improvement. There has also been an increase of 7% in the number of child social work assessments undertaken. This performance is in line with the national and statistical neighbouring authorities rates of over 80%. Staffordshire monitors assessment timeliness very closely every month to ensure continuous improvement and reduce the potential stress involved for families during the assessment process. Staffordshire continues to promote the use of an interactive safeguarding dashboard by managers which aims to avoid delays in families having a specialist assessment.

Overall case holding across all Children's Social Care Families First service areas has increased by 214. The numbers of cases closing has also reduced by 12% indicating, in part, that there is some drift in the closure process inflating case numbers, which is being addressed in supervision with practitioners.

Child Protection

Child Protection Rate Diagram:



Child protection is the process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. It involves measures and structures designed to prevent and respond to abuse and neglect. A child protection plan is drawn up by the local authority. It sets out how the child can be kept safe, how things can be made better for the family and what support they will need. Parents are informed of the reason for the plan.

This year there has been an increase in the number of children and young people who became the subject of a child protection plan 711 (a rate of 41.6 per 10,000) compared to 624 children and young people (a rate of 36.8) last year. Staffordshire's rate is lower than the current national rate of 42.9 and regional average of 44.0 and is in line with similar local authorities based on levels of deprivation.

810 children and young people in total became the subject of a child protection plan over the annual period and 719 ceased to be the subject of a plan. For the latter group of children this was a result of positive outcomes such as improved parenting capacity that led to a return home, living with other family and friends, special guardianships or adoption.

Staffordshire's proportion of Initial Child Protection Conferences held within the required timescale of fifteen days from the start of the section 47 enquiries has increased this year, from 85.6% to 86.6% which is very positive. This is higher than the national (76.7%), regional (76.5%) and statistical neighbours' (77.1%) averages. Improvements have been made to data quality and this is being monitored by Safeguarding Review Managers on a regular basis to ensure that timescales are being met.

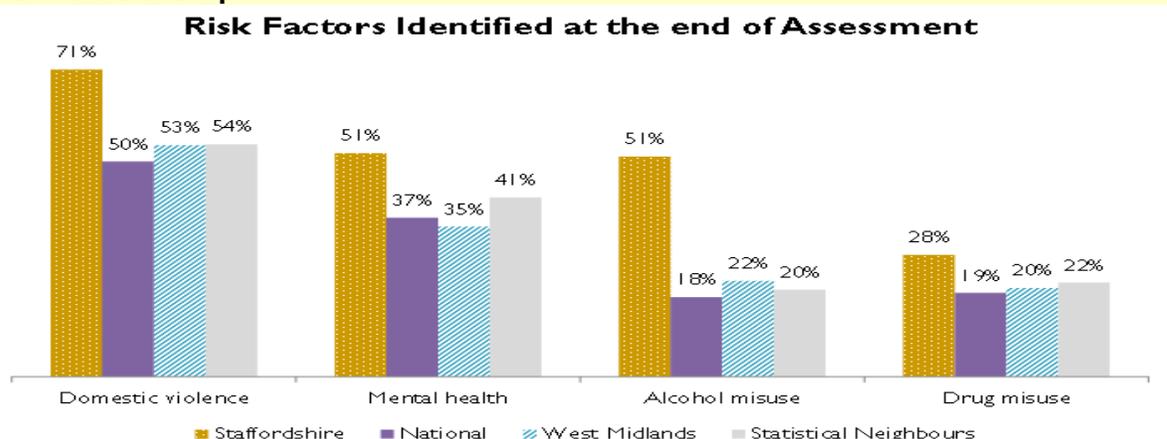
There has been an increase in the proportion of children subject of a child protection plan for a second or subsequent time this year, from 13.5% in 2014-2015 to 17.3%. This increase is in line with the national trend rise and other local authorities have seen a similar change this year. As a result of this increase an in-depth audit has been undertaken to understand this rise further: The most prevalent risk factor identified at the second/subsequent child protection plan (49% of children) was domestic violence. The toxic trio (domestic violence, substance misuse and mental ill health) was also identified as being present for almost one fifth (18%) of children and young people at the time of their second or subsequent child protection plan. As a result of this learning services have been commissioned to provide interventions for parents with these identified needs.

An improved reporting process has also been introduced to provide managers with a bi-monthly report that identifies children that have been subject of a child protection plan for 15 months. This enables managers to rigorously review cases to reduce drift and help ensure that planned work is focused to reduce risk factors and identify appropriate exit strategies. Staffordshire CSC will monitor the impact of this revised process and will be required provide an assurance report to the SSCB Performance Management Subgroup.

Staffordshire's proportion of child protection reviews in timescale has increased this year, from 97.6% in 2014/15 to 99.2%; this is higher than the national (94%) and statistical neighbours (95.2%) level. Child protection review timeliness has increased to 99% (the 1% dip is due to 4 children not receiving their review conference in time).

Risk Factors

Risk Factors Graph:

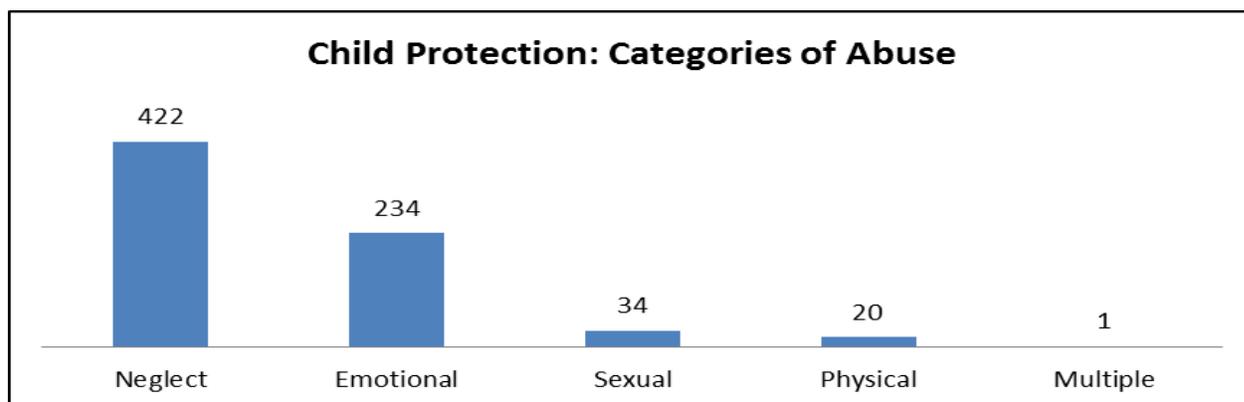


The risk factors identified at the end of the single assessment process were submitted by all local authorities for the 2015-2016 Child in Need Census. The above chart identifies these factors in Staffordshire and offers associated national, regional and statistical neighbour data. As a proportion of all assessments completed in the period, the risk factors identified as being the most prevalent related to domestic abuse (50%), followed by mental health (37%), drug misuse (19%), emotional abuse (19%), and then alcohol misuse (18%).

Staffordshire's proportions for the toxic trio risk factors are much higher than the national, regional and statistical neighbouring authorities; 71% of all assessments completed in Staffordshire had a risk factor of domestic abuse only. Over half of all assessments had identified mental health (51%) and alcohol misuse (51%) as a risk factor in Staffordshire, with just under one third identifying drug misuse (28%). These risk factors have been recognised and this local intelligence has been used to inform local single and multi-agency commissioning and delivery plans.

Categories of Abuse

Child Protection – Categories of Abuse Diagram:

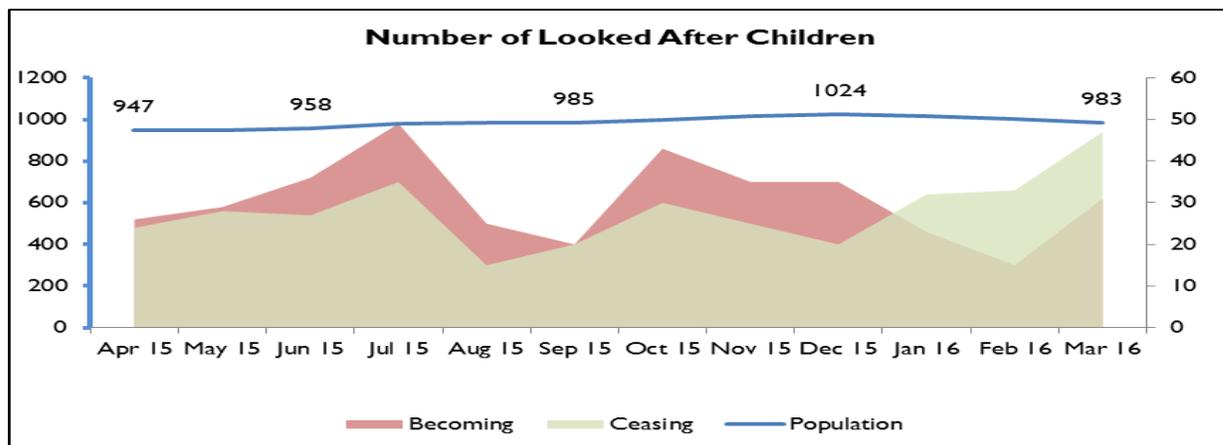


Of the 711 local children and young people subject of a child protection plan, Neglect continues to represent the largest category. This forms the rationale for neglect being a joint strategic safeguarding children priority for Staffordshire and Stoke-on-Trent LSCBs. Emotional Abuse accounts for 32% (234) of children on a child protection plan; Neglect is 59% (422); Physical Abuse 6.7% (20) and Sexual Abuse 9.0% (34).

Looked after Children in Staffordshire

'Looked after Children' is the term for children and young people who are in the care of the local authority. They can be placed in care voluntarily by parents /carers who are struggling to cope; they can be unaccompanied asylum seeking children; or children and young people in other circumstances. The local authority and partner agencies will also intervene when a child or young person is at risk of significant harm. Children and young people who come into the care system at a younger age are more likely to go on to be adopted or be made subject of Special Guardianship Orders. In such instances children and young people are able to leave the care system at an early stage; however older children and young people are more likely to remain longer term in the care of the local authority.

Number of Looked After Children Diagram:



The number of children and young people looked after in Staffordshire at 31st March 2016 was 983; an increase of 51 (5.5%) children and young people from the previous year, predominantly due to the rise in unaccompanied asylum seeking children (UASC). Nationally the number of looked after children has increased by 1.4% but decreased by 1.3% across the West Midlands region. The looked after children population figure for Staffordshire is higher than the average population across our statistical neighbours of 761.

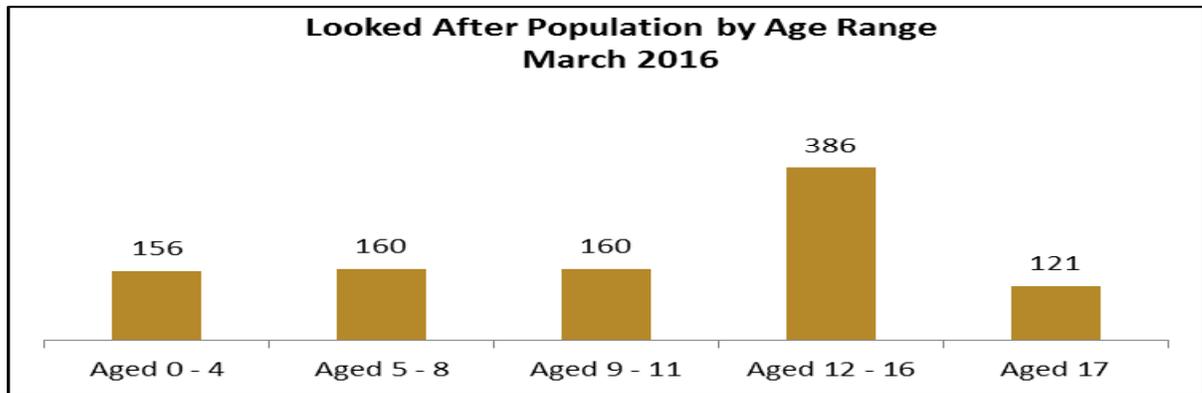
The rate of looked after children has risen to 58 per 10,000 from 55 the previous year. This is lower than the national rate of 60. During the year there were 373 children starting to be looked after, compared to 343 in 2014-2015.

There were 331 children ceasing to be looked after (a reduction of 35) compared to the previous year of 366. The main reasons for ceasing are returning home to their parents or guardians (23% which is in line with last year); adoption (at 22% which is 5% higher than last year); and special guardianship (at 28% which is 7% higher than last year). Staffordshire's Intensive Prevention Service (IPS) has continued to have a major impact in reducing the number of teenagers coming into care by offering intensive support in their home environment.

The stability of those children in a long term placement of two years or more has decreased to 64.8% which is lower compared to previous years. The CSC short term stability indicator (of three plus placements in twelve months) has increased to 12.4% (from 10.4% in 2014-2015) partly due to a number of planned placement moves occurring during this time. A new auditing process has been designed and introduced to monitor placement stability more closely and help reduce the number of any unplanned placement moves children and young people experience.

Children and young people in care are subject to Statutory Reviews in a prescribed timescale. The first review must be undertaken within twenty days, followed by a subsequent review at three months and every six months thereafter. Keeping Staffordshire's looked after children safe and achieving their potential is a key part of the local authority's corporate parenting responsibilities, with the Independent Chairs service having a pivotal role in supporting this. The majority of looked after child reviews during 2015-2016 (90.4%) were held on time and in accordance with national guidance; this figure has remained stable from last year.

Looked After Children by Age Range:



From an age perspective the largest increase in looked after children was in the 12 - 16 year age cohort which has risen from 349 children and young people in 2015 to 386 children in 2016. While there was an increase in the older age ranges of young people in the looked after population (partly due to the rise in the number of Unaccompanied Asylum Seeking Children), a fall was recorded in the numbers of Looked After Children aged 0-4 and 5-8 (4 and 15 less respectively).

Placement type and location

The vast majority of looked after children 711 (72%) are in foster placements. Staffordshire has 99 (10%) of children and young people in residential placements.

At the end of March 2016, 261 looked after children were in placements outside the local authority area (27%). When a decision is made by the local authority to place a looked after child outside of its area high priority must be given to the child's needs. During the year CSC services has continued to lead work on supporting this group of looked after children across multi-agency partners and to resolve any common issues, for example around accessing mental health support for young people placed in other areas.

Unaccompanied Asylum Seeking Children (UASC)

The numbers of UASC in Staffordshire has risen from 20 children and young people in March 2015 to 74 in March 2016, a rise of 55 children and young people. The numbers in Staffordshire are higher than the average for our statistical neighbours (58) which also increased compared to last year. Work has been undertaken to review this increase and this has identified a link with the county's proximity to the motorway network.

Children subject to Care Proceedings

The Government implemented the Family Justice Review (FJR) in an attempt to significantly reduce delay in care proceedings concerning children and young people considered to be at serious risk of significant harm. As a result of the FJR, the expectation is that all care proceedings should be completed within twenty-six weeks. In exceptional circumstances, cases can be extended for a further eight weeks.

The number of orders granted in Staffordshire has decreased from 355 in 2014-2015 to 347 for the period 2015-2016. Of these 347 orders, just over half (51%) were for Interim Care Orders, 33% were for Full Care Orders and 16% were for Placement Orders. Figures available from the Children and Family Court Advisory and Support Service (Cafcass) on the timeliness of care proceedings reveal that at the end of March 2016, the average duration of care applications in Staffordshire was 27 weeks, which is timelier than the national average of 30 weeks.

Links between the Local Family Justice Board (LFJB) and the Safeguarding Children Board are ensured through our Chair of the Executive Group and other Board partners attending the LFJB.

Adoption

During 2015-2016 the number of children adopted has increased in Staffordshire from 60 to 74. Nationally the percentage of children leaving care who were adopted has fallen but remained unchanged across the West Midlands, however Staffordshire's figure is higher than average in comparison to our statistical neighbours (their average number of children leaving care who are adopted is 57). The proportion of children adopted during the year to 31st March 2016 rose 5% from 17% to 22%. This is higher than national, regional and statistical neighbour rates.

In addition, figures released by the Adoption Leadership Board suggests that the average length of time spent waiting since entering care at the end of March 2016 was 348 days in Staffordshire. This is less than the national average (543), the West Midlands average (530) and the average for our statistical neighbours (496) which demonstrates the speed and effectiveness of our adoption system in Staffordshire.

95 children became subject of Special Guardianship Orders (SGO) during this annual period; which is 20 percentage points higher than in 2014-2015 (79) and demonstrates the efficiency and effectiveness of the Family and Friends Team in processing SGO applications.

Children with Disabilities

Independent Futures was working with 541 children and young people at the end of March 2016 who had been assessed as having a social care need linked to their disability. 42 of the disabled children were looked after by the local authority. Where there are increased concerns or it becomes evident that a parent is unable to safeguard their child from harm Staffordshire's CSC services will investigate the concerns. The child's Independent Futures worker also remains involved throughout.

Staffordshire's Care Leavers

Some of our most vulnerable young people are care leavers who are in need of safeguarding and support as they transition into adulthood. In Staffordshire care leavers are well supported by their personal advisors with the implementation of the 'staying put' policy helping care leavers feel safe where they are living. The latest information indicates that between January 2016 and March 2016, 50% of eligible looked after children are staying put which is above the national target of 25%.

Staffordshire's looked after children service has been working in partnership with 'Sustain' in a new contract due to commence in April 2015 to focus on extending the age of engagement with young people up to 25 years. This is a very significant development as the previous service end date of 18 years has left some young people vulnerable. A Multi-Agency Complex Cases Panel has been established to look at those cases which don't meet adult safeguarding/ protection criteria. A structured programme of preparation for independence is undertaken with young people through the National Youth Advisory Service (NYAS)¹ CD Rom which provides a series of 'Getting Ready for Life' modules.

There is evidence of progress with care leavers in education, training and employment with increasing levels of care leavers going to university; joint work with the Virtual Head teacher and Entrust around post 16 years opportunities and Staffordshire's Foundation to Employment scheme which has received a quality mark. There is still work to do in ensuring that the local authority is investing in care leavers so they can live independent safe lives.

Missing Children

Under section 13 of the Children Act 2004, Staffordshire CSC services along with its statutory partners (such as health, police and education services) are required to have in place arrangements to ensure that our statutory functions are discharged to safeguard and promote the welfare of children. This includes planning to prevent children from going missing; including assessing any risks, analysing data for patterns and trends associated with particular concerns and risks and taking a proactive approach to reduce missing episodes or to protect children when they do go missing.

As part of the framework to safeguard children, a joint protocol between Staffordshire and Stoke on Trent Local Authorities and Staffordshire Police is in place for those children who go missing from home or care.

During this reporting period the governance arrangements for missing children in Staffordshire have been reviewed and the Strategic Lead for Looked after Children now chairs a Strategic Missing Children Board (previously known as the Young Runaways Group) that has a clear action plan. A Missing Children Operational Group also focuses on learning and trends across the county in respect of for example the child / young person, their placement, locations, the reason for the missing episode and any associated risk factors.

These multi-agency meetings help to ensure a focus on these vulnerable groups of children and young people. In addition strong information sharing links have been established between CSE and children missing from education.

During 2015-2016 there has been a steady increase in missing episodes with an average of 393 children and young people per quarter being reported as missing. In total there were 1758 missing episodes by 666 young people of which 276 (41%) had gone missing more than once. The majority of children and young people are going missing from home (36%).

^{1 1} The NYAS CD rom is a series of modules which young people work through with their foster / residential carers on issues such as budgeting, being a good tenant etc. in preparation for when they have to live on their own.

The average number of children and young people missing per quarter is 229, with 30% being other local authority looked after children placed in Staffordshire. These children and young people are responsible for 60% of the missing episodes from looked after children placements. 58 young people (9%) were responsible for 724 (41%) missing episodes; these are mainly from children and young people living in independent children's homes.

The children and young people repeatedly missing are all known to CSC services and there is a high correlation between their missing episodes and vulnerabilities associated with child sexual exploitation, learning difficulties or disabilities and problems within the school environment. Around 50% of this cohort of children and young people are also known to youth offending services.

There is a continuing trend of females that go missing more than once compared to males and the 15-16 year old age range is the highest cohort. More recently Staffordshire has started to see recording of children 10 years and under being reported as missing which is a particular concern.

The main District/Borough locations where children are going missing from are Stafford Borough and Newcastle Borough. This does change if the missing episode is from home as it is then highest in Newcastle, Stafford and East Staffordshire. Children and young people missing from Independent Residential Units are more likely to be living in Stafford, Stoke-on-Trent, and Staffordshire Moorlands.

The local authority is continuing to work in partnership with Staffordshire Police to target hot spot locations, particular children's homes and foster carers experiencing high levels of call-out incidents. A Care Pack has also been developed, which will be circulated to Independent Care Homes and Foster Carers by September 2016.

There is also an improved recording process on CSC ICT systems around the missing episode and return interview; this helps to ensure that the local authority and social workers have the relevant information needed to safeguard children and young people. Monthly and quarterly performance reporting systems are in place to monitor demand, manage risk, timescale compliance and to provide general insight into local themes.

The completion of return interviews has systematically improved with Brighter Futures commissioned for a twelve month pilot in Staffordshire Moorlands, Newcastle and Stafford and Families First employing dedicated Return Interview Workers to target the remaining District/Borough areas. In addition improvements have been made in relation to notifications from other local authorities placing children and young people in Staffordshire; a revised notification form and letters setting out expectations has been developed.

Audit learning demonstrates that there is evidence of good communication between agencies in the cases open to CSC Local Support Teams (LSTs) to help manage the risk. Where children and young people were living at home at the time of their missing episode, social work team have in most cases, offered parents and carers some level of support or intervention.

Over the last twelve months the local authority has strengthened the focus around missing children from care and home, particularly around the return interview process and performance management arrangements; however it is recognised that further work is needed to make our local arrangements even more robust during 2016-2017.

To achieve these improvements, assessments and plans need to be updated following missing episodes to include a record of multi-agency responses and communication in relation to missing episodes; the membership of the Strategic Board would be made more effective by having health representative, to triangulate intelligence with the local authority and police; and there is a need to have more connectivity with the Child Sexual Abuse Forum (CSAF) to strengthen the governance and strategic coordination between the Strategic Missing Board and the CSAF.

The voice of the child has been gathered during the return interview pilot and this information and insight is being used to inform and implement a new countywide service from April 2016; it will be critical that CSC services and partner agencies work closely with commissioners to help make this an effective local service.

For next year there will be a focus on raising greater awareness about the vulnerabilities and risks associated with children missing from care and home and it is hoped that the Missing Strategic Group and CSAF can work together to help achieve a county wide approach to such a campaign.

Young Carers

Young carers are children and young people aged from 5 to 18 years who provide regular or on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care given and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances.

New legislation under the Care Act 2014 and the Children and Families Act 2014 came into force in April 2015 where all young carers are entitled to an assessment of their needs from the local authority. From October 1st 2015 Staffordshire County Council has a commissioned and appointed a service to manage, co-ordinate and provide an integrated Carers Hub.

From this date to March 2016 (the period of the new service) Staffordshire provided support and interventions to 182 young carers, the majority of which were aged between 10 to 15 years of age (121 children and young people). The majority of children were female (106 and of white ethnicity (166). Of these children and young people:

- 18% (33) care for someone with a learning disability
- 18% (33) care for someone with a mental health problem
- 20% (37) care for some other physical illness
- 25% (46) care for someone with a physical disability
- 2% (4) care for someone with a substance misuse problem
- 16% (29) unknown.

The majority were supported via the Carers Hub, a service commissioned by Staffordshire and Stoke-on-Trent to support Young Carers with face-to-face advice about money, support planning, employment, housing, well-being and other skills they may need. It is believed that there are young carers who have not been identified. Publicity and awareness sessions are delivered on a regular basis to a range of agencies including schools to help to find the 'hidden' carers that, for a number of reasons, are not known to services. This is an area for the SSCB to explore further.

Self-harm in young people

Self-harm is a prominent issue for young people. In context during 2015-2016 Childline nationally, delivered over 18,471 counselling sessions about self-harm equating to 50 sessions a day and making it one of the most common reasons for children and young people to reach out for support. In September, the NSPCC sent Freedom of Information (FOI) requests to all NHS Trusts in England and Health Boards in Wales with A&E departments. Of the 155 that received the FOI, six did not respond but data received from the remaining 149 reported that 18,778 children and young people were admitted to hospital in 2015-2016, compared to 16,416 in 2013-2014 which equates to a 14% rise.

In Staffordshire during 2015-2016 there were around 1,600 hospital admissions due to self-harm of which two in five occurred in children and young people aged 10-24 (a total of 650 admissions). This information indicates that there is clearly further work to be done to help to help and support children and young people in Staffordshire.

Private Fostering

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, a person with parental responsibility or a close relative for twenty-eight days or more is privately fostered.

At the end of March 2016, there were 20 children and young people who were reported to be living in private fostering arrangements. This is an increase in the previous year (when only 8 children and young people were identified) and the rise is attributed to a coordinated communication campaign during 2015-2016 which has helped to raise greater awareness with professionals across the county.

The main age range for those children living in private fostering arrangements was between 12-15 years and the majority gender of the children referred was predominantly males. In respect of the ethnicity of the children it is evidenced that half of the children privately fostered in Staffordshire during this annual period were of Asian Origin, with the rest of the children originating from the UK, Europe, Caribbean and Africa.

Although the notification rate this year has increased, it is evident that private fostering arrangements continue to be a grey area, due to individuals and other agencies outside of the local authority remaining unclear about what constitutes as a `private fostering arrangement` and not making a referral to CSC services. It is recognised that this is an area that will continue to require ongoing improvements if we are to increase the number of notifications received.

Whilst Staffordshire has met the minimum requirement for responding to notifications, there are areas that require improvement, particularly in respect of the timeliness of initial actions, visits and ongoing statutory visits in accordance with DfE minimum standards. This is a key area for improvement during 2016-2017.

Raising awareness

In Staffordshire the Family and Friend's Team along with the SSCB has continued to promote local understanding and raise awareness of private fostering and has sought to improve how we meet the needs of the children and young people concerned.

The Staffordshire Private Fostering Communication Strategy was updated and a supporting campaign action plan developed during this year and this had led to the following activity:

- An internal campaign was undertaken to key stakeholders via increased activity on the website including links to the new leaflets for private fostering.
- New Private Fostering posters were devised for schools and other agencies.
- New hard copies of Private fostering leaflets and posters along with an explanatory letter were sent to an extensive list of schools (including private and language schools), guardianship agencies faith groups and GP surgeries to display.
- Information about private fostering was published in the SSCB Newsletter.
- A day in the life of a social worker managing private fostering cases was posted on Staffordshire's webpage for private fostering.
- Feedback from a private foster carer was uploaded onto the website to evidence 'what private fostering has meant for them' and the support they received from Staffordshire County Council, which supported the placement to be successful.
- Internal events were offered in conjunction with the SSCB Team to raise awareness amongst social workers, health and education professionals. Leaflets were provided and a power point presentation devised to enable all professionals to understand their roles/responsibilities regarding notifying CSC services of private fostering arrangements.
- Private Fostering was identified as an area that will be discussed with newly appointed social workers, as part of their induction by the principal social worker.
- A schools mailshot was undertaken whereby information about private fostering was sent via the e-bag to all schools, nurseries, colleges and academies within Staffordshire totalling approximately 400 schools.
- An article about private fostering was put on the county council and SSCB's websites to signpost people to the relevant contact points.
- Messages were put on Facebook / twitter to promote private fostering.
- The private fostering webpage was updated on the Care4child website.

Partnership work also continues to work well with Stoke-on-Trent, a bordering local authority and their education admissions department to help identify children who may be living in private fostering arrangements. Through improved partnership working, we are identifying those hidden arrangements and becoming increasingly aware of children, particularly those from abroad, who are moved across local authority borders.

The SSCB continues to play a vital role in helping protect children who are privately fostered, exercising leadership and raising awareness of the requirements and issues around private fostering. A full analysis of activity in Staffordshire during 2015-2016 is available in the Staffordshire CSC Private Fostering Annual Report 2015-2016.

Allegations against a Person in a Position of Trust – Local Authority Designated Officer (LADO)

The SSCB has a duty to ensure that there are effective inter agency procedures in place for dealing with allegations against people who work with children and that all allegations are investigated in accordance with those procedures.

The Staffordshire LADO arrangements continue to be delivered via a generic duty desk based service, co-located with Staffordshire's FRT and embedded within the MASH environment. All referrals or requests for advice, irrespective of workforce sector, are routed initially via FRT which allows for the capture of basic information prior to passing directly to the duty LADO.

The duty desk's embedded location within the MASH allows for real time conversations with Staffordshire Police and other MASH located agencies which greatly enhances the provision of well-informed advice and decision making.

Staffordshire LADO continues to benefit from a very effective working relationship with Staffordshire Police's 'Common Law Police Disclosure Unit' (previously known as the Notifiable Occupations Scheme) which is also located within the MASH environment. This provides for additional robustness in identifying adults potentially employed within the children's workforce who have been detained in Police custody on suspicion of offences which may (or may not) reflect possible risk to children. This working relationship assists greatly in tracking early activities with individuals who have chosen not to advise their employer of events which may require an assessment of risk.

The LADO location within the MASH also allows checks to be made and information gathered in support of case management activities within the fostering service, for example, when risk features indicate the need for rapid assessment of peripheral adults.

The critical statistical data relevant for the 2015-2016 reporting period indicates a continuing trend of increasing referral activity. In terms of formally managed cases, 355 referrals (a 9% increase on 2014-2015) were processed in addition to over 380 enquiries for advice which fell short of the formal threshold criteria.

The majority of referrals (61%) emerge from three professional occupations which reflect the nature of the often intense daily interactions between children and adults. These are teachers and lecturers (71 referrals and 20% of total number of referrals received); foster carers (66 and 19% of all referrals received); and residential care workers (75 and 21% of the referrals).

Effective working relationships have been maintained with regional Ofsted personnel, and on two separate occasions in this reporting period a lead Social Care Compliance Inspector spent the day with Staffordshire LADO as part of an agreement to further our partnership working arrangements. Frequent dialogue is undertaken between the duty officer and Ofsted regulatory inspectors in support of their inspection and monitoring activities and there are a number of examples of robust joint working in dealing with organisations whose services and employees have caused concern. Staffordshire LADO supported a meeting of regional Ofsted leads in March 2016 and presented an overview of Staffordshire's processes and operational arrangements.

It is appropriate to acknowledge that a significant amount of work undertaken by the LADO and Specialist Safeguarding Unit's in relation to allegations emerging from independent children's homes reflects work around children who are placed in Staffordshire by other local authorities. There are over 90 children's homes in our local authority area, predominantly providing care for 'out of area' children. There continues to be some frustration with the inconsistent approach taken by placing local authorities in terms of the wide variation in their commitment and support to the allegations management process. This seems to be related to a small number of local authorities who appear to have acute recruitment challenges which leads to lack of consistency and communication breakdowns between the placing authority and the host authority. In addition there are challenges related to some private providers not raising concerns about placing authorities when they do not fulfil their statutory responsibilities.

To help to address these issues the Staffordshire LADO meets with Ofsted on regular basis to raise local observations and concerns. The placing authorities are monitored to help to identify those who do not notify Staffordshire about a child or young person placed in our area and representations are made to escalate these concerns as required. Clear messages and information is also provided to all local children's homes managers and staff about their roles and responsibilities and the use of advocacy services is encouraged where needed to promote a child's best interests. Staffordshire CSC services are also clear within their looked after children documentation about the expectations they have on placing social workers and their responsibilities to support their children irrespective of geographical location.

During 2016-2017 the Staffordshire LADO service will continue to facilitate bespoke training events to the schools and wider workforce in respect of 'allegations management'. This is being offered within the SSCB's wider training catalogue and recent feedback from events has been overwhelmingly positive.

Independent Chairperson Annual Report

The Staffordshire CSC Independent Chairperson (IC) Service consists of 19 Independent Chairs and 2 Business Managers and the Principal Social Worker has operational lead for the IC service. The chairs undertake the dual function of chairing meetings for looked after children and those who are subject to child protection plans. All chairs are co-located within the social work safeguarding teams and are well positioned to have an overview of both corporate parenting and child protection in Staffordshire. The following offers key messages from the IC Service for 2015-2016:

Key Messages about Looked After Children:

- The looked after children population for 2015/2016 has ranged from 933 to 1025
- 389 Children have entered the care system (excluding overnight short term breaks) in the last 12 months, an increase of 54 since 2014-2015
- The majority of children and young people who started to be looked after were aged 12-16 years which equates to 36.5% of those children becoming looked after
- The majority of looked after children (84) achieved permanency through a return home to parents which is consistent with last year
- The number of children placed more than 20 miles outside of Staffordshire boundary is 122 which is an increase of 26 children from last year
- A total of 2606 statutory care plan reviews were held in the year, an increase of 45 since 2014-2015; and 93% of reviews were held within timescale which is an increase of 1.1% since 2014-2015.

Key Messages about Child Protection:

- A total of 813 children were considered at Initial Child Protection Conference, an increase of 102 children since 2014-2015
- A total of 1433 children were considered at Child Protection Review Conference, a decrease of 327 children since 2014-2015
- 94.5% of children presented to Initial Child Protection Conference were considered within timescales
- 99.6% of children presented to Child Protection Review Conference were considered within timescales
- The majority of children were subject to a child protection plan under the category of neglect which has remained consistent and reflects the national picture.

Children with a Disability

Research and inspection indicate that nationally disabled children face an increased risk of abuse or neglect yet they are underrepresented in safeguarding systems. It is believed this is because there are greater barriers in identifying and responding to abused disabled children than for non-disabled children. During 2015-2016 Staffordshire had 39 children with a disability who were the subjects of child protection plans out of the total of 541 children and young people being provided services by Staffordshire's CSC Independent Futures service. The difference demonstrates a significant under-representation for Staffordshire.

To help with this the IC Service has an identified practice champion for children with disabilities which is in addition to 4 IROs who specialise in chairing looked after statutory care plan reviews for children with disabilities. In light of national inspection process changes, there are plans for the 4 IROs to deliver a presentation to their IC colleagues regarding legislation, research and policy for children with disabilities. Furthermore the service has already started to build positive working relationships with Independent Futures which will inform future practice regarding child protection and care planning.

Children and Young People's Involvement

Children and young people's participation in their review is a fundamental aspect of the review process and in Staffordshire a high percentage of children and young people continue to participate by attending and/or actively contributing to their review. The IROs continue to use a number of different mediums to promote children's participation which includes the following:

- Viewpoint as a tool for promoting feedback and capturing children's wishes and feelings
- Meeting children and young people before/in between the reviews ensuring they have opportunities to talk to their IRO in private before the review meeting.
- Conducting the review in 2 or more parts
- Promoting the use of advocacy for every looked after child
- Ensuring reviews are child friendly with some IROs using a social pedagogic approach in the child's review
- A successful pilot of MOMO – Mind of My Own
- The IROs create opportunities for children and young people to chair all or part of their reviews. This is really empowering and remains an ongoing area for improvement and development
- Feedback from each child or young person is also sought following their review by giving them a child friendly questionnaire. Of the 188 questionnaires completed this year **95% of children felt listened to and 95% of children reported everything was explained well.**
- The use of advocacy is the dominant method of participation for children and young people in their child protection conferences with 47.15% using this mode of participation. This demonstrates the Local Authority's commitment to promoting the use of advocacy for children who are subject to child protection planning.

Achievements from 2015 – 2016:

- Development work to create and implement feedback forms for children, parents and professionals for all child protection conferences has been completed.
- Reflective group supervision is now fully embedded across the service and a more robust supervision and management framework has been introduced to provide greater scrutiny of the work of the ICs.
- A training plan has been applied to further develop the use of social pedagogy across the service.
- An audit of first review for children who come become looked after to track permanency planning has been completed which found that where possible entry into care is on a planned basis; children return home when possible; and that IROs provide an appropriate level of challenge.
- The management analysis of the process used to grade social work practice within looked after reviews and child protection conferences have been reinstated.
- Development work has been undertaken to help strengthen the performance and quality assurance function of the chairs role by increasing the IRO/ICC footprint on the child's file and alignment of this with a revised dispute resolution policy has commenced.
- A successful pilot of MOMO (Mind of My Own) an APP used to increase looked after children's participation in their statutory care plan review meeting; the IROs also routinely establish in every review whether a child needs, or wants, an Independent Visitor.
- The service has also worked collaboratively with the University of Birmingham and the Local Authority in developing the chairs knowledge and practice of SMART (Specific, Measurable, Achievable, Realistic, Targeted) outcome focused planning.

During 2016-2017 the service plans to:

- Undertake a full revision of the current dispute resolution policy to facilitate the implementation of a solution focused approach to resolution. This will increase the chair's 'footprint' on the child's file.
- Continue to work collaboratively with the Children's Voice Project and Children in Care Council in order to strengthen their voice within their meetings and increase their participation in the process.
- Launching an information pack for parents and carers of looked after children.
- Develop SMARTER child protection and dual process conference agendas in addition to developing specific agendas for statutory care plan reviews which focus on key priorities for looked after children.
- Complete planned audits.
- Hold themed discussions in supervision to capture local trends in single agency and multi-agency practice.
- Help to ensure that practitioner and children and young people feedback continues to inform and shape service development.

SECTION 3

The key strategic priorities

CHILD SEXUAL ABUSE

At a joint meeting of Staffordshire and Stoke-on-Trent and Staffordshire Boards in September 2014 it was agreed that the strategic priorities for 2015-2018 would be common to and owned by both Boards. The development sessions held by the partnership Boards and the Executive Groups to examine and assess the national and local drivers set out within the Single Improvement Plan identified the need to tackle child sexual abuse as a priority.

The strategic priorities for 2015-2018 have been developed following self-assessments, external scrutiny and evaluation. High profile national serious case reviews have identified child sexual abuse as a significant risk factor for children regardless of where they live in the country. It is also known that children who are missing from home or from residential care settings are particularly vulnerable to the risk of internal trafficking and child sexual abuse.

The risk of child sexual abuse through exploitation has been recognised by the Government as a national threat and in March 2015 they introduced an expectation that all Safeguarding Children Boards will conduct regular local assessments on the effectiveness of local responses to Child Sexual Exploitation (CSE) and publish those assessments through their annual reports.

The following sections illustrate the focus of the SSCB with an outline of what has been done during the year to tackle child sexual abuse in all its forms together with the challenges encountered and further actions to be undertaken in 2016-2017.

Progress and Achievements

The Safeguarding Children Boards have developed a cross agency approach to co-ordinate activity and increase effectiveness in tackling all forms of child sexual abuse. The overarching Child Sexual Abuse strategy has the following four key elements:

- **Prepare** – Provide strong leadership, effective systems and working with partners to tackle child sexual abuse
- **Prevention** – Raising awareness of child sexual abuse amongst young people, parents, carers, the community and potential perpetrators and provide help at the earliest opportunity. This includes building resilience with families and partners to understand and act together in preventing this form of abuse.
- **Protect** - Safeguard young people by providing targeted support in order to achieve good outcomes for those who are at risk of or already victims of exploitation and support professionals to do so
- **Pursue** – Disrupt, arrest and prosecute offenders wherever possible and appropriate

The Stoke-on-Trent and Staffordshire Safeguarding Children Boards have formed a Child Sexual Abuse Forum (CSAF) the key purpose of which is to share information; initiate action to implement the above mentioned Child Sexual Abuse strategy; provide mutual challenge to connected partners and to ensure that work towards implementation is given continual priority. The CSAF reports to the respective Safeguarding Children Boards. The governance structure showing links to connected partnership groups is at **Appendix 3 on page 86**.

CHILD SEXUAL EXPLOITATION

During 2015-2016, progress has been made by working in partnership to further the collective understanding of the profile of CSE in Stoke-on-Trent and Staffordshire to help to prevent, identify and tackle this important issue. The following is a summary set out against the elements of the overarching strategy.

PREPARE

- A CSE Coordinator was appointed in June 2015, with funding provided by the Staffordshire Police and Crime Commissioner (PCC), to drive the CSE agenda across both Stoke-on-Trent and Staffordshire.
- The initial version of the partner agency CSE Strategy has been reviewed and updated to take account of learning from its application.
- A Joint CSE Outcomes Framework for CSE has been developed in partnership with Bedford University and funded by the Staffordshire OPCC. Phase 1 included extensive consultation across partner agencies and with children and young people, families and communities. This is first time that this has been done and it has attracted national interest. The framework will be piloted during 2016-2017.
- As part of piloting of the Joint CSE Outcomes Framework, Staffordshire has taken an approach of building on existing mechanisms and understanding what do we already have that supports identifying CSE. This includes the Safeguarding Survey (section 175) that is issued to schools and supports performance measures under Education and Awareness with schools. In addition the more localised performance activity in Moorlands and East Staffordshire is mainly around capturing activity CSE data from agencies, conducting a community survey, child survey, parent/carer survey, and staff surveys. This will be developed in partnership with the District Commissioning Leads, District/Borough Council leads for CSE, Staffordshire Police and CSE Co-ordinator.
- Local gaps have started to emerge from the framework activity to date and will need to be appropriately captured going forward. One example includes the development of an interim missing children / CSE service for the remainder of 2015 which will link in with the 1.5 Staffordshire County Council Missing Children Co-ordinators (which have been funded since April 2014 and up until October 2015 by the SSCB) and to also secure a CSE service for children and young people identified as most in need.
- A review of the multi-agency Risk Factor Matrix has been completed providing assurances that this assessment tool is robust, fit for purpose and assists practitioners and managers in the decision making process in relation to presenting risk, intervention and support needs. A series of briefings about the use of the new tool were delivered during March 2016 and a suite of the new documents is in final draft form.
- The tools aim to assist professionals in determining the right help at the right time for children at risk of or involved in CSE are being revised and will 'go live' in May 2016.

- A Staffordshire Police Signs and Indicators Leaflet and Police intelligence form was developed for use by agencies, parents, carers and young people to provide information and report concerns about potential perpetrators of CSE. Every school in Staffordshire and Stoke-on-Trent has been sent an information leaflet with details of who to contact for advice when there is concern that a young person is vulnerable to CSE.
- The Chair of the CSE Commissioning Group attends CSAF to update on needs led service wide commissioning priorities. Updates from the specialist provider delivering service to children at risk of or being sexually exploited are also provided to the SSCB.
- Local learning from the Independent Review of CSE by Channon Consulting in Stoke-on-Trent and from a peer review of six CSE cases by Liz Murphy Consultancy, both of which took account of the experiences of children and young people has been cascaded to partners to inform local developments.
- Quarterly reporting arrangements have been established and undertaken for the mutual sharing and scrutiny of performance reports between the SSCB and the Staffordshire County Council Safe and Strong Communities Select Committee. This Committee includes the Cabinet Lead for Children's Services.
- CSAF has also focused on the way in which education establishments provide relationships and sex education to children and young people. The forum agreed for a joint LSCB letter to be sent from the LSCB Independent Chair to the Department of Education to address the requirement for CSE and other safeguarding children priorities to be included in PHSE curriculums nationally. A request has been shared with the Staffordshire Lead Cabinet Member for Children and Young People and their equivalent in Stoke-on-Trent to add political support.
- A Joint Commissioning Group has been established with representatives from Staffordshire County Council, Stoke on Trent City Council, Public Health, PCC and Police. The group has met regularly and is well attended by partners from OPCC, Stoke and Staffordshire.

PREVENTION

There has been a major focus by safeguarding partners on preventing child sexual abuse. Below is a summary of some key developments and achievements:

- Staffordshire Police working together with the two local authorities has formed a multi-agency Preventing Child Sexual Exploitation Team. The Prevention Team has been delivering CSE awareness and internet safety advice to a range of diverse communities and local businesses. The team offers support and education to families, potential victims and their families and will also work with perpetrators and potential perpetrators.
- The Preventing CSE Team has been providing off the curriculum subjects at schools such as the danger of Youth Generated Sexual Images and interactive sessions on how to recognise the signs of grooming online. An evaluation of the Preventing CSE Team by Keele and Staffordshire Universities is scheduled for 2016-2017.
- An outline joint LSCB multi-agency CSE Campaign was agreed by CSAF in October 2015. The campaign was delivered from November 2015 to March 2016 and included specific activity around Safer Internet Day and CSE Awareness Day. A new website www.knowaboutcse.co.uk has been developed to help young people, parents and carers, and practitioners to access information on being targeted and groomed, spotting the signs of CSE and reporting concerns. The campaign has used social media (Email; Facebook; Twitter) and has had a significant reach across Staffordshire and Stoke-on-Trent. Letters were also sent to all schools in March 2016 asking them to contact parents to let them know about resources available in relation to CSE including the website.

The results of this campaign will be reported to the respective Safeguarding Children Boards in 2016-2017.

- Level 1 safeguarding children training is also delivered or accessed by all school staff and these training programmes contain an input on the signs and indicators of CSE along with local profile information.
- In November 2015 a survivor of CSE gave an emotionally moving description of her experiences to more than two hundred frontline professionals attending the joint Stoke-on-Trent and Staffordshire Safeguarding Children Training Conference to help raise awareness about the risks posed to children and young people. Feedback from attendees demonstrates that the event was successful in meeting its objectives of raising awareness.
- In July 2015 SSCB also held two Child Sexual Exploitation training events specifically for Staffordshire Councillors. This training was well received and further training is required during 2016-2017 to ensure that all members become informed about the importance of recognising and responding to CSE.

Prevention work in the Youth Offending Service (YOS)

- Staff have received accredited training in Assessment, Intervention and Monitoring (AIM). This is recognised training for YOS professionals working with young people who engage in sexually harmful behaviour and involves direct work with young people who are at risk of CSE
- The YOS Risk and Safeguarding Coordinator attend the multi-agency CSE Panel and is the single point of contact for all CSE referrals. This has enabled improved information sharing and intervention with identified young people
- The YOS Management of Risk Forum; where concerns are highlighted about a young person's offending relating to sexual behaviour the young person is managed through a multi-agency forum where intervention is planned to minimise risk.

PROTECT

- All Children's Social Care Teams are responsible for working with children and young people at risk of being sexually exploited.
- A Social Worker with specialist skills in supporting young people who have experienced CSE is seconded to Staffordshire Police Child Exploitation Team at Police Headquarters and supports practitioners across Children's Social Care, sometimes acting as co-worker on cases assessed as high risk and a CSC Families First CSE Co-ordinator has been appointed on a permanent basis.
- Multi-agency CSE Panels, chaired by the County managers from the CSC Specialist Safeguarding Service continue to operate across Staffordshire on a bi-monthly basis.
- Panels remain well attended and additional partner agencies have started to attend and are proving critical in supporting the development of local problem profiles. Following each district CSE panel information is now shared with all Families First Staff and partner agencies that has been gathered at the panel regarding areas that children and young people are known to congregate where CSE is a concern, substance and alcohol misuse occurs and known safer areas where they may also congregate. It is felt that this locality knowledge will assist as practitioners to spot the signs more effectively.

- In January 2016 the Strategic Lead for Specialist Safeguarding Service met with all of the CSE safeguarding leads from the District and Borough Councils to ensure involvement in the CSE panels and to provide awareness within their organisation regarding the wider implications of utilising locality knowledge to inform plans for disruption and prosecution of CSE. This awareness will further feed into the prevention of CSE on a community basis.
- Staffordshire Police analysts continue to review information relating to organised crime groups, perpetrators, enablers/facilitators, victims and associates and have presented evidence based findings to the SSCB.
- In addition there are a number of ongoing joint operations with Staffordshire Police and partner agencies which are subject to the Joint Staffordshire and Stoke-on-Trent LSCB Organised and Complex Abuse Procedures. Aspects of this work have resulted in a crown court trial which commenced earlier in 2016 but was dismissed. This case is subject to a reporting embargo and therefore has not been detailed within this report.
- The FF CSE Coordinator continues to attend both the Operational and Strategic Missing Overview Boards, the Strategic Overview Board is also attended by the Specialist Safeguarding Development Manager; strengthening links between missing children and CSE.
- The FF CSE Coordinator has consolidated all of the responses from other local authorities requesting contact details of their designated safeguarding leads for CSE. This has been shared within the West Midlands CSE Coordinators network and contact will be made with outstanding Local Authorities as a shared collective through this group requesting that their details be shared for the purpose of building a directory as a further resource to aid information sharing and will be shared with other local authorities who will be responsible for maintaining this themselves.
- The FF CSE Coordinator attended the Supported Accommodation Market Engagement Event in March 2016 to raise further awareness of CSE and to provide a point of contact for them; and also the virtual school conference to raise awareness of the launch of the CSE campaign. This was supported by further attendance at the North Midlands Safeguarding Conference in March 2016. A workshop has also been delivered to school nurses in February 2016, following the contract being awarded to Birmingham Community Healthcare Trust.
- The County Manager for Specialist Safeguarding Service continues to attend strategic meetings regarding gangs, youth violence and vulnerability and also chairs the CSE panel. The Principle Social Worker has also held gang and youth violence workshops jointly with the Youth Violence Coordinator within the county to raise awareness of this issue. In addition to this, the Youth Violence Coordinator has observed a local CSE Panel to consider further communication routes between the CSE and gangs.
- The Child Sexual Exploitation support service called Base 58 provides specialist support to children and young people at risk of or involved in sexual exploitation in Staffordshire. The service is designed to meet the principles of effective practice as required in the SSCB policies and procedures. The service delivers one to one support in partnership with the child or young person and also works closely with partners in order to reduce risk and improve outcomes. A number of outcomes have been achieved as a result of the support offered by the service which includes reductions in risk taking behaviour; in missing episodes; in harm to self; and improvements in emotional health and resilience. Over the 12 month period the service has regularly supported 29 children and young people. The service has also provided regular advice and support to professionals and family members in relation to CSE.

PURSUE

- Staffordshire Police has formed an 'On-Street' team of officers who work closely with partner agencies in tackling protracted investigations of Child Sexual Exploitation by groups or gangs as well as individual perpetrators. The On Street Child Exploitation Team (CET) comprises an Inspector, two Sergeants, fifteen police officers and a social worker, who is based with the team.
- Staffordshire Police have three teams responding to the issue of CSE; including the Preventing CSE Team and the CET mentioned beforehand. The Operation Safenet Team comprised of an inspector, a sergeant and eight officers and tackles all aspects of online abuse.
- There is a national pilot with the Lucy Faithfull Foundation in relation to individuals who download or share abusive images of children. National statistics show that 55,000 people a day download or share images and 1 in 5 of those images are taken by children themselves who are groomed online. This is an important development in tackling online abuse and has resulted in a number of arrests and charges.
- The officers on the Operation Safenet Team are both proactive and reactive in dealing with child sexual exploitation online. Proactive actions have included targeting groups or individuals who are seeking to distribute indecent images of children and young people online and those who are grooming children online with a view to meeting them to commit child sexual offences. The team works closely with regional, national and international law enforcement agencies sharing intelligence to safeguard victims and prosecute offenders.
- Since the launch of Operation Safenet in July 2015 to 31 March 2016 there have been 108 persons arrested and processed for child sexual offences in the Staffordshire Force area and 138 children have been directly safeguarded as a result of Safenet's investigations.
- One significant individual identified by Operation Safenet officers as abusing children online resulted in 32 victims being identified (additional to the 138 safeguarded above)
- Safenet investigations have also identified and provided information regarding a further 29 people in other force areas who are strongly suspected of involvement in child sexual abuse.

CSE and licensing

A task and finish group was set under the remit of the Stoke-on-Trent and Staffordshire Responsible Bodies Group to develop a coherent policy in relation to licensing issues and strengthening current arrangements and ensuring a consistent and effective approach to licensing particularly of taxi drivers/private hire drivers in relation to safeguarding. The approach includes three strands of work: intelligence, training, practice/procedures. Both the CSE Coordinator and local authority strategic leads are members of this group.

The practices and procedures for licensing authorities in Stoke and Staffordshire were approved by the Chief Executives Group in March 2016. Regular scrutiny will now take place to assess how well the policy is being implemented across Stoke and Staffordshire; progress is also routinely reported on a quarterly basis to the Stoke and Staffordshire Responsible Bodies Group. Two of the licensing authorities have already amended their policies and procedures to bring in stricter requirements for licensed drivers and others are currently in the process of revising their rules.

Training to taxi drivers, operators and passenger assistants in respect of CSE is ongoing. The focus of the training is on recognising abuse and neglect, communication, disability, hate crime, how to report, the law on consent, CSE with an underlying message that taxi drivers and passenger assistants are the “eyes and ears of the community.” Work is being undertaken to agree content of the presentation and reciprocity across all licensing authorities and community transport services in the county and city.

Data on the number of people trained to date is currently being collated across the eight district councils to provide an analysis of the progress made. This analysis information will be contained within next year’s SSCB Annual Report.

An internal audit of safer recruitment practices relating specifically to taxi contractors Passenger Assistants and members of staff who have access to the Public Sector Network (PSN) was also undertaken during 2015-2016, as part of Staffordshire County Council’s Strategic Internal Audit Plan process. The Public Sector Network (PSN) connects all public bodies onto one Network and guidance from Cabinet requires all those who have full access to the PSN to undergo Disclosure and Barring Service (DBS) and appropriate safe recruitment checks. These checks also apply to Staffordshire County Council contracts with third parties, including all taxi firm contracts for the carriage of children from home to school.

All taxi firms are required to adhere to a number of safeguarding requirements and these are set out in their conditions of contract. Taxi driver badges are only issued following a standard DBS disclosure, although the process for drivers is the responsibility of each District Licencing Authority and not under the control of the County Council. Taxi Passenger Assistants, however, are controlled at County Council level and the County maintains control of the DBS check process and maintains a database of approved Passenger Assistants.

Wider work through Child Sexual Abuse Forum

Whilst CSAF was established largely in response to the emerging national and local profile of CSE, triggered by a series of high profile cases being highlighted in the media, local safeguarding partners wanted to ensure that there were robust safeguarding arrangements in place for all children and young people at risk of sexual abuse in whatever form the abuse may be. The Safeguarding Children Boards decided that CSAF would have a remit to consider all forms of sexual abuse and determined the following areas for specific focus:

- Child sexual exploitation – reported on above
- Children missing (from home, education and care)
- Child trafficking – Modern Day Slavery
- Intra familial abuse
- Youth violence
- Forced marriage
- Female genital mutilation (FGM)
- Honour based abuse (HBA)

A task and finish group for each of these sub areas was formed with a brief to produce a report for CSAF

Progress and Achievements

Strategic leads were assigned to individual multi-agency task and finish groups with a brief to scope the local position and provide an overview of:

- what is currently in place structurally and operationally and the associated governance arrangements
- cross-cutting equality and vulnerability issues
- training needs in the form of an analysis
- considerations for education; mental health; public health
- local gaps and concerns
- key messages for service commissioners
- outcomes to be achieved
- key national legislation, guidance and research which directs and supports local practice

Each of the strategic leads from the task groups attend the CSAF meetings, held quarterly, to update on progress and to respond to questions seeking assurances as to the existence of and effectiveness of safeguarding arrangements. It is not the purpose of this annual report to list all of the progress made through this activity but it is documented as part of CSAF meeting papers.

Challenges

Whilst the Board is eager to make progress on this priority it is also cognisant that this is the first year of a three years strategic plan and it will take time for the work to gain traction and demonstrate evidence of improved outcomes

There are some issues around strategic alignment with other related activity. Discussions have taken place and continue with the Safer Staffordshire Strategic Board where there is overlapping activity.

Strategic partnerships without clear co-ordination can cause governance and leadership confusion in respect of local priorities. Therefore it is paramount that all partner agencies are fully sighted on individual areas of strength and areas for development relating to those key strategic priorities in order to achieve the best possible outcomes for children, young people and families.

The wider work through CSAF has also reinforced the requirement for a Safeguarding Children Joint Strategic Needs Assessment and highlighted differences in demand and services. Some common themes have been identified across all task groups, for example the need to raise awareness of different types of abuse with children, young people, parents and carers, with practitioners who work with children, young people and families, as well as the general public. This is an area that will need to be actively progressed during 2016-2017 to provide a clear evidence base for future intelligence led activity.

NEGLECT

The need for this priority was based on national learning and local evidence which highlighted neglect as a recurring theme in serious case reviews and is known to be the most prevalent form of abuse for children subject of a child protection plan in Staffordshire and Stoke-on-Trent.

Around half of all children looked after by the local authorities are known to have experienced harm as a result of neglect. Arising from the knowledge of local factors the Safeguarding Children Boards have a particular focus on the impact of parental behaviours and influences that can often lead to neglect of the welfare and safety of children and young people specifically, domestic abuse, drug and alcohol misuse and parental mental ill-health. In combination these factors are known locally as the 'toxic trio'.

The two LSCBs are currently developing a joint Neglect Strategy which will set out the vision, commitment and inter-agency approach to help promote the effectiveness of local arrangements to safeguard children from parental neglect.

The following sections illustrate the focus of the SSCB on the toxic trio with an outline of what has been done during the year to tackle neglect, the challenges that have been highlighted and are being addressed and concluding with a summary of further actions to be undertaken in 2016-2017.

Low Level Neglect Working Group

In December 2015 the SSCB 2014-2015 Annual Report was presented to the Staffordshire County Council Safe and Strong Communities Select Committee Working Group. The annual report made clear the impact of neglect in Staffordshire, with the report referring to neglect as a; *'reoccurring theme arising from serious case reviews that has a significant impact on the lives of children. In Staffordshire the category of neglect for children who are made the subject of a child protection plan has remained the highest category for a number of years, particularly in respect of children under the age of 5 years old.'*

Poor parenting is a major risk factor in terms of child safeguarding. Approximately 40% of children subject to a child protection plan and 47% of those escalated from child protection to 'Looked After' children cases have domestic abuse, parental mental health and / or drugs and alcohol as a risk factor.

In October 2015 the Committee also received a presentation on work being undertaken by the County Council on 'Commissioning Better Outcomes for Children, Young People and Families'. At the time, the Committee agreed to form a Working Group to consider the options for services going forward. The report presented in October 2015 focussed on maximising the outcomes for children in Staffordshire using all available resources effectively and efficiently.

Recognising the impact that neglect is having on children and young people in Staffordshire, the limited resources of the Council and the need for prevention, the Committee agreed to consider the issue of low level neglect in more detail and to take the opportunity for the findings from this piece of work to feed into the Council's Children's Transformation Programme.

The initial terms of reference for this review were presented to the Safe and Strong Communities Select Committee in July 2015 and it was decided that a cross party working group, including a member from Healthy Staffordshire Select Committee and a Member from the Prosperous Staffordshire Select Committee, should be formed to review the County's response to Low Level Neglect.

At the Working Group's first informal meeting in January 2016 a number of more focussed lines of inquiry were identified. The Working Group decided to focus on the two following areas:

- The early identification of the signs of neglect in children under five years of age; and
- Preventing the low level neglect of children and young people by addressing the risk factors commonly present and promoting good parenting.

The objective of the cross party Working Group is to focus on a more holistic wrap around support plan in working with children and families where neglect is a concern and providing a more effective, coordinated partnership response to meeting a families support needs. The aim of this is for low-level or early indicators of neglect to be identified and addressed at a more local level preventing these cases from escalating to a tier 3 - 4 statutory basis, and helping to ensure that children are given the best start in life possible.

The Safe and Strong Communities Select Committee recommended, to the Cabinet Member for Children and Young People, that '*a strategic approach to embed, promote and encourage the use of the Common Assessment Framework (CAF) process amongst partners*' should be adopted. As a result of this it was reported to the Safe and Strong Communities Select Committee in March 2015 that, '*... the Children and Young People's Strategic Partnership had approved a replacement for the national CAF which is the Staffordshire Early Help Assessment (EHA)*'. This much more user friendly tool is now in place.

Recommendations from the review are scheduled to be presented and formally approved by the Safe and Strong Select Committee in June 2016 before being submitted to Cabinet. The SSCB Annual Report for 2016-2017 will capture these recommendations and activity to progress them.

DOMESTIC ABUSE

There is extensive evidence illustrating the harm caused to children and young people who live with domestic abuse. The Adoption and Children Act 2002 extended the definition of harm to include 'impairment suffered from seeing or hearing the ill-treatment of another'. The term 'living with domestic abuse' includes:

- Children who are currently living where there are incidents of domestic abuse, or where there is risk of domestic abuse, taking place
- Children seeing or hearing domestic abuse outside of their home
- Children witnessing the effects of domestic abuse on others.

The risks of harm to children who are exposed either directly or indirectly to domestic abuse are known to be significant but the gathering of data in relation to the number of children affected by domestic abuse is difficult to capture; national statistics would suggest 1 in 5 children will be exposed to domestic abuse. In 2015-2016 there were approximately 22,000 domestic crimes and incidents recorded by Staffordshire Police; 13,217 in Staffordshire alone. The highest prevalence of domestic crimes and incidents in the county were in Newcastle-under-Lyme, Tamworth and Cannock Chase although domestic abuse exists to some extent in every part of Staffordshire.

It is estimated that in the past year 8.5% of women and 4.4% of men have been subjected to domestic abuse. A recent analysis of domestic abuse by the Insight Team, Staffordshire County Council, suggests that the rise in recorded domestic offences is due to a combination of improved recording practices by the police, a change to crime classifications, and increased awareness of the issues, rather than a commensurate increase in prevalence. However, taking into account the findings from the British Crime Survey, it is recognised that there is likely to be a continued degree of under reporting of domestic abuse.

Responding proactively and in collaboration with the Staffordshire Domestic Abuse Steering Group (DASG) is a key priority for the SSCB in recognition of the short and long term impact on the welfare and safety of children and young people. The SSCB is represented on the DASG which is comprised of a number of statutory and voluntary organisations.

Progress and achievements:

- The two year pilot Perpetrator Programme delivered by Core Assets will finish in October 2016. To date seven local programmes (four in Stafford, two in Newcastle and one in Lichfield) have either been run or are currently underway. Following completion of the Programme, both men on the Programme and the victims who are being supported are asked to complete a feedback form. 100 % of men who completed the programme who felt they had a better understanding of domestic abuse and its effects and data for the end of March 2016 indicates that 67% believed that there had been a reduction in their abusive behaviour.
- In order to effectively communicate information about how to report domestic abuse and how to get help in an accessible, inclusive and relevant way information has been made available on the Staffordshire Web about existing services across Staffordshire, Stoke-on-Trent and regional / national services.
- Training continues to be provided directly by local domestic abuse support service providers and through the SSCB. Targeted training is also now underway for BRFC practitioners.

- Guidelines for Working with Male Victims of Domestic Abuse have been endorsed by both Staffordshire and Stoke on Trent Steering Groups and are available online.
- A Safeguarding Housing Subgroup has been established which will consider a range of safeguarding issues.
- For children and young people the ‘Treated Badly’ communication campaign completed last year is still live on the website and posters / leaflets are still displayed in numerous locations.

Staffordshire Police

Staffordshire Police has changed the way it carries out the risk assessment of domestic abuse incidents. The new policy has seen double the number of ‘High Risk’ victims identified and referred into MARAC. The police recognise the importance of providing appropriate services to support high risk victims and their children at an early stage to enable effective safety planning.

The Staffordshire MARAC activity for the comparative periods April 2014 to March 2015 and April 2015 to March 2016 is shown below:

	April 2014 – March 2015	April 2015 – March 2016
Total Number of Cases	668	867
Female Victims	694	955
Male Victims	21	42
Children Involved	797	1035

There has been a significant increase in the number of reported cases, primarily since January 2016 as a result of Operation Liberty which was Staffordshire Police’s response to the HMIC 2015 inspection learning. The improvement action resulting from this included mandated training for all frontline staff and changes in the structure across the force to help ensure all risk assessments (DIALS) have effective management oversight.

All officers are now aware of the importance of seeing, hearing and speaking to any children present when they attend a domestic incident. This will help to ensure Staffordshire Police and partners improve the level of service to all victims and those affected by domestic abuse. An evaluation of the impact of this force wide training on frontline practice is scheduled to be initiated during 2016-2017.

The SSCB has been assured that in all the cases where the 1035 children and young people were involved, either directly within the family or as associated children to those families, they will have been discussed in either the Multi Agency Safeguarding Hub (MASH) or by the police Vulnerability Hub. Where appropriate their information is shared with Children’s Social Care and when required a formal assessment has been undertaken to help ensure that children and young people are properly safeguarded.

Within each Local Policing Team, there are ‘Vulnerability Teams’ staffed by dedicated staff and officers who have received specific training to deal effectively with the complexities around domestic abuse. The Vulnerability Team have forged strong links with the MASH ensuring consistency and effectiveness.

In December 2015 new legislation was introduced, making Coercion and Control a Criminal Offence carrying a maximum prison sentence of five years. Staffordshire Police has mandated training on the new legislation for all staff and officers up to the rank of Chief Inspector. In addition to providing training on Coercion and control there have been specific inputs from partner organisations about support and specific tools that officers and police staff can use to help victims of domestic abuse. The training included the 'Voice of the Victim, whereby a victim of domestic abuse spoke of her personal experience to help convey the impact her experiences had on her and to promote professional reflection.

Domestic Abuse Data Dashboard

The Domestic Abuse Steering Group set up a small Working Group to review the quarterly performance report that was presented to them and to identify whether it was fit-for-purpose and supported strategic decision making. It was agreed that although the existing report provided a wealth of data from a range of sources, further refinement and analysis was needed in order to produce a meaningful document to facilitate discussion and decision making.

The dashboard continues to be developed and work is currently underway to identify relevant data in relation to children. Initially this will consist of police data which identifies the number of children in households where domestic abuse has been reported. Dialogue is underway with children's services to identify any data which is held which could enhance this picture. Data will also be included from commissioned domestic abuse support services, which includes details of children who are in households of victims who are receiving support and children who have support plans in place with the commissioned services.

The dashboard is due to be shared with the SSCB Performance Management Subgroup to consider how all partners can work together to develop a clear understanding of the profile of domestic abuse across Staffordshire. This will help to identify and address priorities for action both at a countywide and locality level.

Domestic Homicide Reviews (DHRs)

The SSCB receives all notifications relating to local DHRs and helps to ensure that their local partners actively contribute to the review process. Learning from DHRs relating to children and their families is discussed at our Serious Case Review Subgroup and disseminated to frontline practitioners through workforce development and communication pathways.

Multi Agency Safeguarding Hub (MASH)

Safeguarding and promoting the welfare of children is everyone's responsibility and the evidence nationally and locally indicates that information sharing is vital to achieving this. Despite professionals' best efforts, information sharing is always a theme within any review process where improvements have to be made. The MASH provides the opportunity for agencies to do this better by providing all professionals with more information on which to make better decisions.



The MASH is an integrated approach where a number of agencies work together in one place, sharing information and making collaborative decisions to promote the welfare and safety of vulnerable children and adults across the county and city so that any required interventions can be put into place at the earliest opportunity.

The Multi Agency Risk Assessment Conference (MARAC) team are also based within the MASH and there is a clear synergy which means that cases assessed in MASH can often get sent direct to MARAC.

The MASH has been in a year of transformation during 2015-2016 driven primarily by the volumes of domestic abuse through 2014-2015 and learning from the HMIC Inspection in December 2015. This triggered a wholesale review of the reporting and recording system which resulted in a significant increase of cases needing to be reviewed and recorded (from 8,000 to 22,000). This change in process and therefore demand required a new model with capacity beyond that of MASH and therefore the implementation of locally based vulnerability hubs was introduced. The impact of these changes will be reported in next year's SSCB Annual Report.

A number of issues for improvement have been identified. From a toxic trio perspective there is currently no facility or ability in MASH to bring together a domestic incident with mental health and substance misuse information. Whilst there is currently ongoing effort to bring mental health data into the MASH more work needs to be done to include substance misuse information. The governance of MASH is moving towards the creation of a contractual alliance where agencies would stipulate the services they will provide in MASH in the future and there is a possibility that these issues can be resolved through these developments.

On a more positive note through the implementation of a new MASH operating model, we have removed any previous domestic abuse incident backlogs and there is timely assessment of risk and information sharing. The overall benefit is being felt at the front line with practitioner feedback suggesting that this information is leading to improved decision making. More children and victims are being referred to the MARAC forum and whilst there is no hard evidence of improving outcomes there can be a conclusion drawn that such people are safer than they would have been using the previous operating model.

Priorities for Domestic Abuse 2016-2017

In November 2015 Staffordshire County Council, Stoke-on-Trent City Council and the Staffordshire Police and Crime Commissioner initiated a review of the provision of domestic abuse services across the neighbouring local authority areas. The review will examine the feasibility of the joint-commissioning of domestic abuse services across the City Council and County Council areas under joint contracts that are designed to be more responsive to the needs of victims and their children; will promote early identification and referral; will have a greater focus on prevention and the addressing of perpetrator behaviours; and will provide a consistent high quality service across the whole of the area. It is intended that the new contracts will commence in early 2017.

The development of a comprehensive needs assessment that will highlight the needs of children and young people is also underway and will be utilised to inform the commissioning cycle, the development of the first pan-Staffordshire Domestic Abuse Strategy and future collaborative governance arrangements.

The SSCB will be seeking a clear overview of the prevalence of domestic abuse and responses to it to ensure that where children and young people have been present that they are provided with effective support that meets individual needs.

Challenges

- There remains a high prevalence of domestic abuse within Staffordshire and a significant proportion occurs in households with children.
- A local needs analysis suggested that there is insufficient focus on children and young people. This will be addressed through the domestic abuse strategy and commissioning arrangements planned for 2016-2017.
- To provide specific services and appropriate support for young people who have been affected by domestic abuse.
- Reducing the number of domestic incidents across the county.
- To ensure the joint commissioning of domestic abuse services across Staffordshire and Stoke-on-Trent is consistent, of high quality and meets the needs of victims, perpetrators and their children / families.
- To provide additional capacity to meet increasing demands on existing services.
- To improve the existing information sharing process with schools and GPs to ensure that they are made aware of any of their children who are living in a household where a domestic incident has taken.
- Due to the increase in referrals outlined previously, if an increase in capacity is not maintained within support services (and IDVAs) the potential is that referrals may be closed to one or both services.
- More action is needed to bring about a wider understanding amongst professionals of the root causes / key determinants of domestic abuse.
- Breaking the cycle of crime in families with a history of inter-generational domestic abuse through strengthened family relationships / approaches.

SUBSTANCE MISUSE

Public Health England collects data nationally on the number of drug and alcohol service users who are parents. In 2011 it was estimated that around one third of people receiving treatment were parents and had children living with them.

Whilst the extent to which difficulties impact on parenting varies enormously, In terms of assessing the impact of problem drug and alcohol misuse on children and young people there is limited evidence. However, it is clear from a variety of sources that alcohol misuse by parents can result in violence and risks of physical harm to children and young people and as referenced in other parts of this strategy there are overlaps with the so called ‘toxic trio’ of Domestic Abuse and Parental Mental ill Health.

Progress and Achievements

The focus of the Safeguarding Children Boards has been on seeking information from connected partners in relation to:

- Confirming with commissioners and providers what data and information should be received from children and drug and alcohol services for inclusion in the Safeguarding Board performance data set.
- Assurances that commissioners of drug and alcohol services have systems in place to monitor the extent to which providers of those services meet their responsibilities to safeguard and protect children
- The number of adults receiving specialised drug and alcohol services who are parents or carers; in order to develop an understanding of local needs relating to children affected by parental substance misuse and to seek assurances that children and young people are being supported.
- Assurances that senior managers from connected partners have arrangements in place for supervision and oversight and evaluate the quality of joint working through analysis of referrals and case file audits with findings reported to the LSCB
- Assurances that senior managers and practitioners across all connected partner agencies services are made aware of learning from Serious Case Reviews relevant to drug and alcohol misuse
- Assurances that all children’s and adults services practitioners working with families affected by drug and alcohol problems have the competence and confidence in identifying the impact of these difficulties on the child or young person
- Assurances that commissioners of drug and alcohol services ensure that the role of adult drug and alcohol services in safeguarding is set out explicitly in all relevant tender documents and in contracts.

PARENTAL MENTAL ILL HEALTH

Data is not collected nationally about how many of the adults receiving specialised mental health services are parents or carers, but it is estimated that approximately 30% of adults with mental ill health have dependent children. Evidence from small studies of people with mental ill health difficulties shows that a high proportion of adults in acute psychiatric settings may be parents (at least 25%). The extent to which these difficulties impact on parenting capacity varies enormously.

Analyses by Ofsted of serious case reviews between 2007 and 2011 where children had either died or been seriously harmed, showed that mental health difficulties, drug and alcohol problems and domestic abuse were the most common characteristics of the family involved. The analyses highlighted repeated examples of ways in which the risks for children and young people resulting from the parents' own needs were underestimated.

Activity and Achievements

The focus of the SSCB has been on seeking information from connected partners in relation to:

- Confirming with commissioners and providers what data and information should be received from children and adults mental health services for inclusion in the LSCB performance data set.
- Assurances that recording systems are in place which set out clearly and, in sufficient detail, children's needs and risks.
- Assurances that young carers of adults with mental health issues are identified and supported to access early support.
- Assurances that senior managers and practitioners across adult mental health services are made aware of learning from Serious Case Reviews relevant to parent or carer mental ill health and the impact on their child's health, safety and well-being.
- Evidence of case file audits undertaken to establish if adult (mental health) practitioners are 'thinking family' and identifying children appropriately; considering their needs and risks to them; arriving at sound and defensible conclusions regarding what action is needed to support or protect them; and referring them for support or intervention where necessary.
- Assurances that managers in adult mental health services are aware of all cases in which adults with mental health difficulties have children, or where there are children in the household, and that all these cases have appropriate and recorded oversight.
- Assurances that adult mental health practitioners have the competence and confidence in identifying the impact of the adult mental ill health on the child.

Priorities for 2016-2017

To influence the compilation of the Joint Strategic Needs Assessment to ensure that the needs of vulnerable children, young people and their families are understood and that appropriate services to respond to those needs have been considered.

To refresh and widen the existing working protocol between the SSCB, the Staffordshire FSP and the Health and Wellbeing Board, to include FSP as the strategic lead for Hidden Harm.

To maintain the focus on gathering information and assurances as outlined in the Joint LSCB Neglect Strategy.

Challenges

One of the key challenges has been that some of the information requested to provide assurances is not routinely being gathered. The Board will continue to explore this further in the coming year.

TRANSITION TO ADULT CARE AND SUPPORT

Young people with ongoing or long-term health or social care needs may be required to transition into adult services. Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services.

In April 2015 the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board adopted Transition to Adult Care and Support as a key strategic priority. In recognition of the areas of overlap the Adult Board is supported by both Stoke-on-Trent and Staffordshire LSCBs in its activities.

Why it is Important

The preparation and planning for moving into adult services can be an uncertain time for young people with health or social care needs. It is recognised that some children who receive health and care services may not meet the eligibility criteria for adult social care and health support.

Transition takes place at a pivotal time in the life of a young person. There is a risk that there may be service gaps where there is a lack of appropriate services for young people to transition into and evidence that young people may fail to engage with services without proper support.

A loss of continuity in care can be a disruptive experience, particularly during adolescence, when young people are at an enhanced risk of psychosocial problems. Some groups are seen as at particular risk of falling into service gaps including: Young people with complex and multiple needs, child and adolescent mental health service users, young people with palliative care needs and life limiting conditions and young people leaving residential care.

Progress and Achievements

During 2015-2016 the key focus of the work has been to undertake a strategic scope and gap analysis of the current systems in respect of the eligibility criteria and transition processes for vulnerable children into adulthood. This has been undertaken in accordance with Sections 58 to 66 of the Care Act, the Care and Support (Children's Carers) Regulations 2014 and statutory guidance. It has also been undertaken to include best national practice and recommendations from local learning reviews.

Seven targeted focus groups were held and this initial piece of work will lead to an improvement plan being presented to all three safeguarding boards for consideration.

- Working closely with both the respective Staffordshire and Stoke on Trent Children's Boards to develop an improvement plan with both commissioners and provider services based on the evidence gained from the strategic scope and gap analysis.
- To drive progress against the transition action plan recommendations
- Ascertain assurance of Board compliance
- Ascertain assurance of partner organisational compliance and establish a process for monitoring the impact of operational practice in providing improved transition arrangements and outcomes for vulnerable children and young adults

The work towards the delivery of the Strategic Priority continues and will be reported upon further in the 2016-2017 annual reports of all three safeguarding boards.

EARLY HELP

Early Help means: *'...providing support as soon as problems emerge, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan when a child has returned home to their family from care.'*

(Working Together to Safeguard Children, 2015)

It is well recognised amongst safeguarding partners that Early Help is more effective in promoting the welfare of children than reacting later. Early Help services in Staffordshire are delivered by the CSC Families First Local Support Teams (LSTs) and a range of partners, including schools, children centres, a range of health providers, the community and voluntary sectors. The ambition for early help services in Stoke-on-Trent is that children, young people and their families will receive the most appropriate support to meet their needs at the earliest opportunity, in order to ensure better outcomes as well as cost effective delivery of services.

In Staffordshire the Families Strategic Partnership (FSP, a subgroup of Staffordshire Health and Wellbeing Board) is responsible for the Early Help Strategy. SSCB partners contributed to the development of the strategy and endorsed the document this year. The FSP is responsible for developing an annual plan to secure sufficient provision of quality and effective Early Help, in line with local needs. The SSCB has an established scrutiny and challenge role and there is a standing agenda item at quarterly meetings to examine activity and progress.

During 2015-2016 the SSCB and FSP developed the Staffordshire Early Help Strategy in recognition of the significant national and local focus on early help and prevention. The purpose of this Staffordshire Early Help Strategy is to establish a common understanding of Early Help, and ensure everyone can see how their contribution can make a difference to the lives of the children, young people and families. This will help us to achieve the Health and Wellbeing Board's and Family Strategic Partnership's priorities and outcomes for children and young people to start, grow and live well.

Early Help Strategy Launch Campaign

Working Together to Safeguard Children, 2015 is clear that early help is everyone's responsibility. Staffordshire's Early Help Strategy (2015-2018) and its associated tools were created by a multi-agency team on behalf of the SSCB to provide inter-agency clarity and consistency.

To launch the new strategy the SSCB commissioned a low-cost, digital campaign that aimed to:

- Raise awareness of the strategy and shared tools with the target audience
- Increase confidence in taking a role in Early Help
- Encourage engagement and action – downloads, training, use of the tools



The campaign was developed through input from a multi-agency communications team to develop:

- New [Staffordshire Early Help Strategy](#) webpages on the SSCB website
- A 'three-touch' email campaign
- A one page summary of the Early Help Strategy and the supporting tools
- A series of top tips and case study videos
- A quick-reference guide on the signs for when an Early Help Assessment is required
- The production of a briefing pack for team managers to accompany the one page summary
- A briefing note and key messages for the Family Strategic Partnership on the launch of the strategy and their role; and
- Surveys pre and post-campaign to support campaign evaluation.

The survey resulted in the following outcomes:

- 87.7% of respondents to the evaluation survey found the Early Help webpages informative
- Early help materials were downloaded over 1043 times in total, with the one page summary being the most popular and exceeding the target set.
- 97.54% respondents to the survey agreeing that they felt confident in being able to spot the signs that a family needs early help.
- The vast majority of people who viewed the video agreed that it was useful.
- 95.9% of people agreed they have a role in ensuring families receive Early Help
- 73.77% said they were aware of the shared Early Help tools
- 73% agreed that the information received has increased their confidence
- 87% agreed that they feel confident in knowing how to support a family to get the early help they need; and
- 94% were committed to using the tool in the future.

This campaign was a success and has achieved a high level of awareness around the new strategy, an evidenced increase in confidence around early help and an improved commitment to use the shared tools in the future.

Early Help Assessments

In 2016 the SSCB received an assurance report on the use of the Staffordshire Early Help Assessment in the county.

During 2015-2016, a total of 1916 early help assessments (EHA) were completed with children and their families. It should be highlighted that this information has been extracted from the CSC Capita One system and so is predominantly reflectively of local authority early help interventions and where information about EHAs being initiated or led on by partner agencies has been received.

The EHA is the main assessment tool used by Local Support Teams therefore the greatest number of EHAs initiated each month will be by the local authority. All cases open to LST will have an active EHA & plan unless they have recently been stepped down from the CSC Specialist Safeguarding Units and there is a recent Child Social Work Assessment in place.

Key progress and learning:

- The CAMHS Behaviour & Emotional Well-Being Pathway is now being further developed to include Attention Deficit Hyperactivity Disorder (ADHD) & Autism Spectrum Disorder (ASD). The working group helping to progress this work have agreed that early completion of the EHA will be the first step of the pathway for children & young people accessing ADHD/ASD services.
- Schools continue to initiate the highest number of EHA (660) either in support of referrals to LST or as a single agency leading on the delivery of early help. It is a requirement that an EHA will have been started by a school wishing to request LST support for a child / or young person.
- Teams and practitioners in other agencies are now completing the EHA when working with Building Resilient Families and Communities families.
- Accredited providers are now required to use the EHA as their assessment tool and this was included in training across the Framework earlier this year. There has been a sharp increase in the proportion of early help assessments initiated by the third sector: this will be due to a large degree to use of the EHA by the Accreditation Framework providers.
- The EHA Development Officer attended a number of sector forums and events to raise awareness and encourage engagement through the e-Learning tool.
- 80 EHA champions from a range of agencies across the county have been trained to deliver EHA training. Early Help Assessment Champions across all agencies are delivering training to their colleagues and the numbers of practitioners who have received training has increased by 20% since last year. To date 958 delegates have attended the training for trainer's events.
- The e-Learning module hosted on the SSCB website has been completed by 1786 frontline staff.
- District Led Local Training & Support Events have been undertaken, including 'Lite Bite' awareness sessions.
- Entrust has been instrumental in providing support to the Early Years Sector. It is encouraging to see that Early Years practitioners are now beginning to use the EHA to support their work with children and their families.
- Local Support Teams continue to target private, voluntary and independent childcare settings and child minders to ensure that they are encouraged to access the e-Learning module.

- During 2016-2017 further support will be offered to partner agencies to enable them to regard use of the EHA as a template for that early conversation with families as part of their daily practice. Local and district based awareness-raising, sustained promotion of the e-Learning tool and a greater emphasis on a 'marketing' approach will remain priorities.

Challenges:

Overall there is evidence that there is a steady increase in the number of EHAs completed within the county the end of year figures however it is recognised that further work is still needed to ensure that partner agency information is accurately collated, reflected and extracted from the data system currently used.

Quality assurance is a key area of development. Increasing the use of the EHA is important, but ensuring that it supports a meaningful and effective process to identify need and agree a plan of action is equally vital if the ambition is to improve outcomes for children. A multi-agency group has developed a quality assurance framework, drawing on examples from other authorities by local authorities considered to be good or outstanding by Ofsted. This framework will enable the SSCB to maintain a clear understanding of the quality of engagement with families when the EHA process is used and the outcomes that this process then achieves.

School Nurse Attendance at Child Protection Conferences

During 2015-2016 the SSCB sought assurances from Staffordshire County Council in respect of provider changes made to the local school nurse contract and whether the requirements of child protection statutory and partnership arrangements in the county would be met by the service. They also actively supported the safeguarding children aspect of the tendering, procurement and contract process.

Staffordshire County Council (SCC) commissioned Birmingham Community NHS Health Trust (BCHT) to deliver the national Healthy Child Programme (5-19 years) and this service commenced delivery in September 2015. The service scope also includes the provision of special school nursing, enuresis and review health assessments (RHA) for school-aged looked after children (LAC).

Stakeholder and multi-agency workshop events were coordinated and attended by SSCB partners in respect of child protection processes and attendance at child protection conferences. These helped to ensure that the new contract adhered to Staffordshire's systems and local SSCB policies and procedures.

The SSCB has received a number of assurance reports from BCHT and SCC during 2015-2016 and is confident that protecting the welfare and safeguarding all children and young people is a priority. Quality assurance data supports this and in January 2016 there was 100% school nurse attendance at initial child protection conferences.

Accommodation of Young Offenders Released from Custody

In June 2015 the Staffordshire Area Youth Offending Service (YOS) Manager advised the Board that the Chair of the Youth Justice Board had written to all Local Authority Chief Executives. This was to seek assurances that Children's Services and Housing Services were working with Youth Offending Teams and Secure Estate Establishments to ensure that effective resettlement work and accommodation needs are addressed in a timely manner. Our Independent Chair wrote to the County Manager of YOS to seek assurances about local practice. The County Manager provided a letter of response which demonstrated that in Staffordshire significant attention is given to the importance of resettlement.

The Voice Project (VP)



The Voice Project (VP) provides a consultation and engagement service across the whole of CSC Families First, with the aim of ensuring the voices of children, young people and families are embedded in Staffordshire's approach to planning, design, delivery and evaluation of services. Their annual report highlights the work undertaken during 2015-2016. The VP has used a variety of consultation methods to focus on the following areas:

- Hearing the voice of children, young people and families across Families First
- Working in partnership with new service areas to help develop new ways of working to improve the life chances of children, young people and families across Staffordshire
- Working alongside Commissioners to help evaluate and develop new services; and
- Developing a Care Leavers Ambassadors team in partnership with the CSC Throughcare Service

More than 1000 views and opinions from children and young people have been gathered over the last twelve months. The following provides a summary of the how these views have been collated and used to inform local service developments:

- **Viewpoint:** Over the last year 97 children and young people subject of a child protection plan have taken part and completed the Viewpoint Questionnaire. Viewpoint started for looked after children in late May 2015 and 86 had been completed by the end of March 2016; 95% of the looked after children said they felt safe where they live. This information has been used by each child's social worker, manager and Independent Reviewing Officer to inform reviews and conferences.
- **Engagement Tool Review:** In September 2015 the VP launched a review of the engagement mechanisms and tools which are currently used to ensure the views, opinions, wishes and feelings of children and young people are listened to and acted upon within assessments and care planning processes. This review will inform future activity during 2016-2017.

- **SSCB Sexting consultation:** As part of the consultation and engagement around CSE we carried out consultation at three high schools (Stafford, Tamworth and Newcastle) 27 young people aged 13-17 took part. 100% of young people were unaware that sexting is unlawful. The consultation also highlighted that young people would not read posters/leaflets or visit websites they would prefer someone to come into the school and talk with them. These views were shared with Burton and Derbyshire College who developed and produced a short '*For the Whole World to See*' DVD for children and young people.
- **Big Vote Consultation:** Over 100 looked after children, young people and care leavers young people completed the questionnaire informing us what their priorities were as a looked after young person. All staff involved in supervising family contact have now received new training as a direct result of some of the issues raised.
- **LST Consultation:** There is a framework of consultation work in place; this occurs three times a year covering different areas of the County. As a result of the VP attends the LST and schools working group and feeds reports from consultation directly to the group. Recommendations from this consultation have been sent to Senior LST Managers, the consultation has given us some real insight and highlighted areas of good practice and areas that need to improve.
- **CSE and E-safety:** Through the VP's established consultation and engagement structures, looked after children, young people & care leavers were invited to share their views, opinions and experiences around e-safety with a particular focus on how they are supported and educated to be aware of the dangers of the cyber world. The outcome of this work is directly influencing the development of a training programme for foster carers in Staffordshire.

Children in Care Council (CiCC)

The Children in Care Council consists of young people aged 10-17 years old who represent all other looked after young people in Staffordshire. Part of their responsibility is to review and monitor Staffordshire Pledge, follow the Corporate Parenting Panel (CPP) agenda and work with senior managers on service priorities. The following activity was undertaken during 2015-2016:

- 196 looked after children, young people and care leavers were consulted on about Delegated Authority and facilitated targeted consultation was held with 14 social workers and 22 carers. As a result an action plan to improve the Delegated Authority Offer in Staffordshire has been produced and the policy updated as a direct result of young people's feedback during the consultation.
- This year the CiCC has also led one of the most comprehensive reviews of the Staffordshire Pledge and sought the views, opinions and experiences of over 911 looked after children, young people and care leavers along with practitioners, managers and commissioners. As a result of this review The New Staffordshire Pledge is scheduled to be launched in May 2016.
- The CiCC has been working with the County Council, Sports Across Staffordshire, Staffordshire Police and District & Borough Councils to apply for funding to support a Leisure Offer in Staffordshire for our care leavers.
- The Voice Project has also successfully recruited five Care Leaver Ambassadors to their team to support the delivery of consultation and engagement services to Staffordshire's Care Leavers and the Preparation for Adulthood Programme.

- Quality Assurance Visits: CiCC members and The Voice Project Manager carry out a quality assurance visit each month on private residential homes across the County, this visit is completed from a young person's perspective and the format is reviewed by young people each year. The main reason for carrying out these visits is to ensure Staffordshire young people are safe and happy in their placements.
- Training and Events: The VP has hosted the Celebration Event to celebrate the achievements of the County's looked after children and young people and care leavers. The event was held at Drayton Manor Park in Tamworth: 428 young people were nominated and 255 attended on the day.

Future Plans

Despite this year's vast range of consultation activity further work is required to ensure that the wider CSC service is supported around consultation and engagement with children, young people and families. Future work areas identified include SEND and Independent Futures, CSE and missing, children involved in court proceedings, SYOS consultation and Life Story work development. More in depth feedback also needs to be gained from services who have requested consultation from children, young people and their families, so we can be clearer on how they have helped shape future services and effected change.

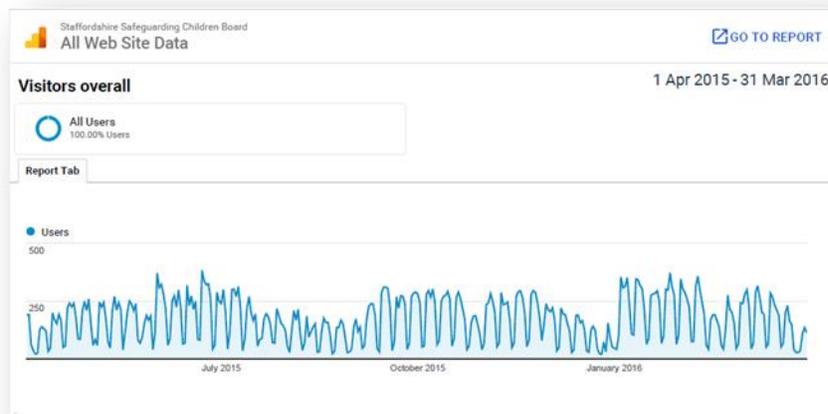
SECTION 4

The Work of the SSCB Subgroups

COMMUNICATION ACTIVITY

A key part of the Safeguarding Children Board functions is to communicate to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so. SSCB partners, the FSP and HWB have actively engaged in local partnership activity to help ensure that the need to safeguard and promote the welfare of children is continually reinforced.

The SSCB has a Communication Strategy in place to promote its key messages that covers a range of face to face and technological communication methods and mediums. This will be reviewed during 2016-2017 to ensure that it remains fit for purpose. The following information offers examples of how the SSCB has promoted communication during 2015-2016:



- The SSCB website has a total of 41,013 visitors this year and continues to provide a wealth of relevant and up to date information to children, parents, carers and front line professionals, much of the content has been informed by feedback using on line surveys and through SSCB training events. Front line practitioners continue to make contact with the Board and raise suggestions at training events which helps the website remain current and topical.
- The Youth Box's 'stay safe' page which is primarily aimed at children and young people continues to be a well-used reference and has been promoted within all education establishments through communication campaigns. Further work around the use of social media in engaging with children and young people will be explored by the SSCB during the coming year.





- The SSCB newsletter continues to be widely distributed to front line practitioners and managers, promoting the Board priorities, the learning from serious case or learning reviews, Domestic Homicide Reviews (DHR's), as well as key national and local information relating to the safeguarding of children. This communication is supported with a range of short practitioner guides and briefing papers to Board partners. Managers and practitioner feedback evidences the value of this newsletter in keeping frontline staff up to date with national and local learning. To view the latest newsletters please go to: www.staffscb.org.uk/Newsletters.

- The SSCB continues to consult with a range of focus groups in order to produce material that is appropriate and informative. Feedback from professionals, parents, carers and children during 2014-2015 brought about the development of the Staffordshire Young Peoples Service (SYPS), 'stay safe' concertina card and poster. Following a successful campaign with high schools, these concertina cards and an NSPCC staying safe booklet for children and young people have been redistributed to local high schools with the support of CSC Local Support Teams.
- Work to engage with professionals, communities, children and families has steadily progressed over the year with partner engagement also increasing. SSCB campaigns continue to be promoted along with a range of initiatives delivered by Board partners.
- There have also been a number of campaigns to raise the profile of safeguarding awareness in the community. The '[Know about CSE](#)' campaign was undertaken in partnership with Staffordshire Safeguarding Children Board, and the Staffordshire Police and Crime Commissioner. This website focuses on raising awareness amongst young people, their families and professionals around CSE; it also provides details of local and national helplines and support services.

There were three parts to the campaign:

1. 'Professionals' campaign - To raise awareness and understanding of CSE, the associated warning signs, sexting and associated risks among all relevant professions and partner agencies to support a proactive approach to identify CSE, safeguard the child and ensure all allegations are investigated.
2. 'Say no to sexting' – a campaign developed as a result of internet safety research with young people. Sexting was discovered as the main digital and online risk factor. The campaign group worked with young people to design a simple solution to tackle perceptions and the likelihood of repeat sexting.

3. 'Know About CSE' – a campaign to raise general public, parents and young persons' awareness of the signs of CSE, how to report concerns and to increase reporting. In addition, to support young people to know what is and what is not a safe and healthy relationship, and to recognise targeting and grooming.

Challenges

The reliance on the SSCB Core team member to keep the SSCB website updated is a continuous challenge by virtue of the range of competing demands, capacity and the budget available for campaign resources. It is important going forward for Board partners to continue to promote key safeguarding messages to children, young people, parents, carers, practitioners and communities to help to embed them; it is therefore recommended that the SSCB supports a second phase of the CSE and Early Help campaigns during 2016-2017.

POLICY AND PROCEDURES SUBGROUP

LSCBs have a statutory duty to develop policies and procedures for the safeguarding and protecting the welfare of children in the area of the authority. In recognition of the benefits of collaborating to share expertise to ensure consistency in approaches and efficient use of time the Staffordshire and Stoke-on-Trent Safeguarding Children Boards decided to form a shared Policies and Procedures Subgroup in 2014. The subgroup fulfils the following core functions:

- To produce and develop legislatively compliant inter-agency policies and procedures for safeguarding and promoting the welfare of children and young people which promote consistent and effective evidence based practice across organisations working with children; and
- Focus on meeting the needs of children and young people via multi-agency working in order to improve their outcomes.
- Policies and procedures are available to practitioners on the SSCB website at: <https://www.staffscsb.org.uk/Professionals/Procedures>.

During the Ofsted inspection in 2014 positive feedback was received in respect of the SSCB website and the range of policies and procedures that were available to the safeguarding workforce in order to support frontline practice.

Progress and Achievements

Where it has been possible, Staffordshire and Stoke-on-Trent's inter-agency policies and procedures have been aligned to provide synergy to those professionals who work across our borders. Listed below are the policies, procedures and guidance documents that have been formally reviewed, updated and ratified by the SSCB during this year:

- Bruises in non-mobile babies
- Child Sexual Exploitation
- E-Safety
- Forced Marriage
- Making a referral
- Missing children
- Prevent / Channel Referral Guidance
- Private Fostering Guidance

- Private Fostering Statement
- Responding to Concerns about Unborn Children
- Safeguarding CYP Vulnerable to violent extremism
- Safeguarding Disabled Children
- Safeguarding Disabled Children and Children with Impairments and Additional Needs
- Safeguarding in Madrasahs Guidance
- Suicide and Self Harm
- Undertaking assessments and investigations

Alongside the above activity the LSCB Managers have been engaging with an innovation project that is examining the feasibility of a single set of policies for all safeguarding partners in the West Midlands region. Whilst there are clearly some advantages to such a collaborative approach there is also a need to consider the local procedures that are usually required to take account of the different geographical and political considerations associated with wider partnership arrangements.

At the time of compiling this report, the SSCB is monitoring developments but has not made any formal commitments to become part of the arrangements as there are cost and procurement implications beyond the above considerations for the LSCBs that participate.

Challenges

- The work of this particular subgroup is demanding of time as all policies and procedures are compiled and revised by frontline staff from our partner agencies. Whilst this work doesn't impact directly on a financial budget, the professional time used to develop and maintain local policies and procedures has an impact on our partnership.
- To ensure policies and procedures are relevant and up to date through the most cost effective methods.

THE JOINT LSCB LEARNING FRAMEWORK

The SSCB has developed a Joint LSCB Local Learning Framework with Stoke-on-Trent. The framework covers the learning from serious case reviews, learning reviews, the voice of children, young people, their families and practitioners. Single agency and multi-agency audit and quality assurance activity also forms part of the framework.

SERIOUS CASE REVIEW (SCR) SUBGROUP

The key focus of the SCR Subgroup is on the learning from national, regional and local serious case reviews (SCR); as well as local cases not reaching the criteria for a SCR but from which it is likely lessons can be learned.

- All serious incidents are carefully considered and all key decisions as to whether a review should be initiated are ratified by the Independent Chair
- During 2015-2016 three serious case reviews (either the actual review of the monitoring of the respective action plans) were managed through the SCR Subgroup.

- The publication of the three reviews has been delayed due to parallel investigations; however the action plans approved by the Board have been actively progressed to help strengthen local arrangements.
- Publication meetings will be arranged when it is confirmed that publication will not impede on any parallel investigation processes. The DfE and Ofsted have been provided with regular updates in respect of the status of any serious case review decision making and activity.
 - The lessons learned from the three SCR have been widely disseminated to frontline professionals across the partnership through an extensive programme of practitioner learning events, multi-agency briefing sessions, single agency and SSCB communications.
 - Two complex abuse investigations have also been initiated. Progress made in respect of these will be reported in the next SSCB Annual Report.
 - One case also went to a Scoping Panel during 2015-2016 however through multi-agency information sharing a decision was made that the criteria for SCR had not been met.
 - Learning from the local SCRs were shared with the Stoke-on-Trent LSCB and regional colleagues to consider any impact.
 - The actions plans for three learning reviews have also been quality assured by the SCR Subgroup Chair and reported to the Board.
 - Quarterly updates on the progress made against review action plans are provided to Board partners and challenges made to hold agencies to account for their learning.
 - SCIE Learning Together training was also undertaken by a number of Board members on 30th and 31st March and 15th April to help improve the knowledge and skills of our subgroup members.

The Impact of Serious Case Review Learning

The following information provides examples of how the learning from our two most recent serious case reviews has helped to strengthen local safeguarding children arrangements and frontline practice with children and their families:

- Communication has been shared and audits undertaken by North and South Staffordshire Clinical Commissioning Groups (CCGs) to help ensure GP's are aware of the need to and are sharing information in relation to parental mental health (or other predisposing risk factors that may affect parenting capacity). **The audits have reinforced the requirement for primary health care teams to have regular meetings to discuss families of concern where there are health issues which could impact on the welfare of children.**
- Multi-agency Safeguarding Hub Operating Principles have been revised to strengthen child protection and children in need information sharing processes.
- Midwifery and health visiting services practitioners have been reminded of the importance of routinely asking all mothers, both ante and post-natally whether they are or have been a victim of domestic abuse. **This is now embedded within local workforce, development and training pathways.**
- **85% of documents audited by CSC services in 2015-2016 were graded as outstanding or good for their evidence base which included information sharing with other agencies.**
- **91% of CSC cases audited in 2015-2016 had case notes that were updated regularly.**

- The Children and Family Court Advisory and Support Service (Cafcass) have revised their organisation's Child Protection and Recording and Retention Policies and Procedures for their workforce to strengthen information sharing and recording requirements.
- The MASH Doing More Project has incorporated a requirement for there to be face to face dialogue with partner agencies referring information, to help establish accuracy about the relevant children identified and who is potentially at risk. **Local Policing Team Vulnerability Hubs are also now routinely speaking directly to partners when referrals relating to the safeguarding of children are received and the Hubs have structured partnership meetings where cases are directly discussed and agreed action formulated.**
- The University Hospital of North Midlands NHS Trust (UHNM) has audited and provided assurance evidence in relation to the quality of information sharing within patient records.
- A CSC audit in respect of the closure of child in need cases was requested as part the response to this serious case review to monitor compliance with newly developed Child Social Work Assessment Policy & Procedures. **The audit found there was a high level of compliance in this area.** Multi-agency meetings were held in accordance with the protocol when parents had disengaged prior to case closure and referrals to other services were identified at the point of case closure were made in the majority of cases.
- Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP) have redesigned their health visiting documentation to ensure clear evidence of documentation of all children in the family. **Mandatory record keeping training has also been delivered to all SSOTP health visitors and school nurses. A subsequent audit of 197 records across the organisation has demonstrated improved recording and information sharing.** Areas for development are monitored via an improvement action plan.
- South Staffordshire & Shropshire Foundation Trust has highlighted the importance of assessing all service users parenting role and contact with children to their frontline staff. **They require a Single Assessment Tool to be completed at first contact and any safeguarding children concerns regarding their safety to be shared with CSC services.**
- **The Early Help Assessment** which prescribes a focus on the whole family is the assessment tool for CSC Local Support Teams (LSTs) **is now embedded into LST case recording as the format by which an LST involvement is opened.** Practitioners cannot open an involvement without completing an EHA, which has a clear focus on the whole family. The quality of the EHA, including the extent to which the other members of the family, is reviewed by LST Co-ordinators to provide stronger management oversight.
- **Tamworth and Cannock District Councils have developed 'Initial Concerns Reporting Card for Housing Staff and Housing Contractors to assist in reporting cases.** Anti-social behaviour (ASB) reporting is now collated on their respective recording systems to capture trigger events, household links; record risks alerts and collate safeguarding information for sharing with other agencies. Housing Estate Management Staff who deal with all ASB issues are aware of managing ASB cases and of recognising potential triggers for reporting concerns. Both councils' housing staff have accessed SSCB Level 1 training. **Safeguarding Champions have also been established corporately to raise awareness, mainstream policy and procedures, share information and review appropriate cases.**
- Midwifery, health visiting documental and CSC Targeted Services early help assessment records have been reviewed and strengthened to help ensure that they include prompts relevant to practitioners asking questions about whether a parent or carer has any other children and if so the level of contact held with their child/ren.

The West Midlands Perinatal Institute (WMPI) summary cards used by midwives have been strengthened as a result of this local learning.

- Walsall Manor Hospital have provided written assurances and evidence to the SSCB and Walsall LSCB on how they are taking internal action to help to address the two quality issues identified as a result of our serious case. Immediate communication was circulated to all Accident and Emergency (A&E) staff to provide guidance and remind them to be vigilant in care record entries. The review learning has also been discussed at A&E team meetings and been embedded into the hospital's A&E workforce development and training programme. **Several audits have also been undertaken to monitor and quality assure the impact of the communication and training on the record keeping of ED staff. These audits have evidenced improvements.**
- As a result of our serious case review learning Staffordshire Police have worked with partners to strengthen the Staffordshire and Stoke-on-Trent Sudden Unexpected Deaths in Childhood (SUDIC) Protocol. **A new SUDIC booklet has also been developed and uploaded onto police officer's mobile devices to support officers in understanding and following local processes; feedback from practitioners has been very positive.** It has also been shared with regional CDOP and police colleagues.
- North and South Staffordshire CCGS undertook an audit across GP practices. **The analysis of the results has given a level of assurance that GPs are communicating and documenting more effectively in regards to safeguarding.** The learning from these reviews has been embedded into Level 3 GP training and a web page dedicated to safeguarding and resources has been developed for GPs to access. The outcomes of the audit are enabling the CCGs to support GPs in a more structured beneficial way to meet their identified learning needs.

Areas of challenge

Education representation at the SCR Subgroup remains an outstanding issue. The local authority is in the process of recruiting to a post and the successful candidate will become the education SCR representative.

Ensuring that the learning from reviews is meaningful for frontline practitioners and that single agency and multi-agency activity can evidence outcomes of improvement in practice.

Action for 2016-2017

The national Wood Review on the role of functions of Local Safeguarding Children Boards has advocated the discontinuation of complex serious case reviews in favour of an independent body at national level to oversee a new national learning framework for inquiries into child deaths and cases where children have experienced serious harm. Local learning reviews are still being advocated. The anticipated changes in arrangements will be linked to the provisions of the Children and Social Work Bill that is to be enacted through legislation during 2016-2017.

PERFORMANCE SUBGROUP

Section 11 Audit

The Section 11 audit was undertaken using a joint audit template with specific members of the Staffordshire SCB. Each member who was completing the audit on behalf of their service setting was 'paired' with a member of the opposite Board. This enabled additional scrutiny and challenge. There was good engagement from all partners with a variety of supporting evidence as well as clear improvement actions where judgements were rated amber or red.

As part of the Section 11 auditing cycle partners completed the peer review focusing on three standards:

Standard 1 (1.2) – There is a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements and this includes responsibility for embedding the LSCB's key strategic priorities.

Findings from Standard 1:

The audit identified that there is clear evidence of a nominated lead representation from each agency. However, it is not always clear as to how the representative has contributed at the Board and how the Board's priorities have been transferred into service practice.

Standard 2 – A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services:

- 2.1 There is a system in place that routinely captures the views of children, and young people who go missing***
- 2.2 There is a system in place that routinely captures the views of children, young people who are involved or on the cusp of child sexual exploitation (CSE)***
- 2.3 These views are used to inform service development***
- 2.4 There is evidence of regular audit activity in respect of CSE and missing.***
- 2.5 There is evidence of management oversight including regular audit activity in respect of CSE and Missing.***

Findings from Standard 2:

There was a mixed response across partners on whether or not they had a system in place to capture the voice and experiences of children and young people and used this knowledge to inform decision-making for the child and to influence service planning and development. Some agencies also had difficulties in evidencing regular audit activity in respect of children and young people who go missing or are at risk of CSE.

The reporting of auditing activity taking place does assure the Board that service areas are generally working towards safeguarding children and young people. However there were varying degrees of judgements in the completion of the audit tool across the three standards. Accordingly it is difficult for the SSCB to determine whether it has an accurate reflection from all partners on how they are working towards keeping children safe around CSE and Missing.

Standard 5 – Effective appropriate supervision and support for staff, including safeguarding training:

5.1 The agency has an up-to-date training strategy that demonstrates what training staff need and where specifically in relation to CSE and missing.

5.2 The agency has effective systems in place to track and monitor staff training re: CSE and missing and this is used to inform service delivery.

Findings from Standard 5:

There is robust and regular evidence that demonstrates the impact that training has had on front line staff and those outcomes for children and young people have improved as a direct result.

The audit found that most of the connected partners have a training strategy or plan with evidence of staff accessing core and mandatory safeguarding training. There was greater emphasis and evidence around CSE compared to missing and more agencies acknowledging the need for review or improvements in this standard compared to the others. The Board will use the findings a focus during 2016-2017 to continue to raise the profile and awareness of children who go missing from care, home and education.

Evidence received indicates that supervision within partner agencies is extended beyond the standard requirement to provide specialist advice and guidance as part of workforce development (for example in relation to children with disabilities; forced marriages; FGM and Human Trafficking).

Action for 2016-2017

Generally, the evidence from service providers was stronger than that provided by commissioners. The Board will examine the findings via the Joint LSCB Performance Subgroup to provide further challenge and seek assurance as required. Further consideration will also be given to how the evidence gathering process can be improved upon.

CHILD DEATH OVERVIEW PANEL (CDOP)

It is the responsibility of Local Safeguarding Children Boards to ensure that a review of every death of a child normally resident in their area is undertaken by a Child Death Overview Panel (CDOP). In line with best practice that CDOPs responsible for reviewing deaths from larger populations are better able to identify significant recurrent contributory factors the Staffordshire and Stoke-on-Trent Safeguarding Children Boards decided to form a shared and jointly funded CDOP in 2008. The full Staffordshire and Stoke-on-Trent CDOP Annual report for 2015-2016 is available from the SSCB website using the following link: www.staffsscb.org.uk.

The overall purpose of the Staffordshire and Stoke-on-Trent Child Death Overview Panel is to undertake a multi-disciplinary review of child deaths, in order to understand how and why children die and use the findings to take action to prevent other deaths and improve the health, safety and wellbeing of our children.

CDOP Summary

Between April 2008 and March 2016 there have been a total of 637 deaths of children and young people under the age of 18 years and normally resident in Staffordshire and Stoke-on-Trent; 426 of these were Staffordshire's children. The total number of deaths between April 2015 and March 2016 was 70. Year on year variation in notifications is to be expected but the overall number of notified deaths has remained virtually the same as 2014-2015.

- There have been 48 deaths of children and young people who lived in Staffordshire during 2015-2016 which is an increase of from the 42 children and young people who died in 2014-2015
- From the 48 deaths in 2015-2016, 15 deaths were unexpected compared to 14 deaths in 2014-2015.
- Of the children and young people that died 44 were male and 26 female.
- Children under one year old (neonatal and post neonatal) accounted for 47 child deaths.
- 52 child deaths are of children from a white background.

Reviewed Deaths during this period:

As part of its functions, the CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be “modified” to reduce the risk of future child deaths.

85 deaths were reviewed by the CDOP across Stoke-on-Trent and Staffordshire and of these 47 were local to Staffordshire and from these 85 deaths CDOP identified modifiable factors in 17 (20%).

CDOP identified modifiable factors in 8 (17%) of the Staffordshire child deaths it reviewed; this is lower than the national average (24%).

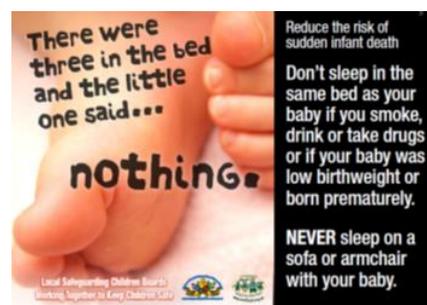
14 of the deaths with modifiable factors related to children under one year old. Of these 4 were associated with sleeping arrangements; 4 were associated with adult smoking; 5 were associated with consanguinity and 2 associated with asthma.

All Fatal Road Traffic Collisions (RTCs) are investigated by a nationally accredited Senior Investigating Officer (SIO) from the Central Motorway Patrol Group (CMPG). CDOP has an established a robust approach to liaison with the SIO throughout the course of the enquiry, through the Child Death Co-Ordinator. A representative from CMPG is periodically invited to CDOP to present Fatal RTC cases and provide the necessary specialist support and advice to the group.

CDOP Activity and Achievements

Throughout 2015-2016 Staffordshire and Stoke on Trent CDOP has continued to work with partners locally and nationally to continue to improve child safety, child welfare and develop the functions and effectiveness of CDOP. The following is a summary of the key activity and achievements:

- Continued to promote the Safe Sleeping Campaign to raise awareness amongst parents, carers and practitioners of the importance of safe sleeping arrangements. This has been complemented by the development of a safe sleeping assessment tool and a hospital discharge leaflet giving safer sleeping advice following hospital admission.
- Developed a Safety Booklet entitled 'Protect Your Little Bundle... From Birth and Beyond' to raise awareness of potential hazards in and around the home and to prevent unintentional injuries to babies and children. Funding has been provided by Stoke on Trent Public Health to launch this from 01 April 2016 and health Visitors will supply and explain the contents of the booklet to all new parents.
- Designed and circulated a number of CDOP newsletters designed to raise awareness of key issues and campaigns including blind cord safety advice, button battery dangers and bereavement services.



CDOP has also achieved the following:

- Engaged with the National Database Development Project to explore options for the development of a national database for Child Death Review data
- Joined the National Network of CDOPs to share best practice, exchange information and collectively support each other to prevent and reduce child deaths
- Worked with regional colleagues to re-invigorate the West Midlands Regional CDOP Network
- Used local knowledge and experience to support the pan-Lancashire CDOP in their campaign to highlight to the Department for Education the challenges sometimes encountered to secure all relevant information following the death of a child abroad
- Supported the independent author of a CCG commissioned review in their recommendations around the roles, responsibilities and statutory functions of CDOP and used these to feedback on the consultation on the Government review of LSCBs
- Conducted a thematic review of three child deaths in Staffordshire and Stoke on Trent over the last five years alongside national guidance from the Royal College of Physicians (Why asthma still kills: The National Review of Asthma Deaths, May 2014) and the National Institute for Health and Clinical Excellence (Quality Standard for Asthma, February 2013). Developed an action plan with actions for Primary Care (GP Practices), acute health services (including community establishments), Education and Public Health.

- Worked with colleagues from Staffordshire Police to develop a Child Death Investigation Booklet. The guidance built on the national Association of Chief Police Officers (ACPO) publication 'A Guide to Investigating Child Deaths' and was enhanced by SUDIC/bereavement services information from acute hospitals and colleagues across the region. The purpose of this guidance is to assist investigating and attending officers and staff in responding to the Sudden and Unexpected Death of an Infant, Child or Young Person (SUDIC) whether or not there are any suspicious factors.
- Continued to work with regional colleagues in the palliative care network to improve the quality of Advanced Care Plans to support children and young people and their families in circumstances where there are life limiting conditions.

Objectives for 2016-2017

The 2016-2017 objectives are contained in the CDOP Business Plan (2016-2017). The Plan builds on the strong joint arrangements between the Staffordshire and Stoke-on-Trent Safeguarding Children Boards and the key areas of focus are summarised below:

- To conduct a formal evaluation of the CDOP Safety Booklet to include feedback from practitioners and service users
- To respond to demand from professionals and work with colleagues from the Staffordshire Children and Families Bereavement Alliance to develop and host a follow up Bereavement Alliance Study Day
- To respond to demand from professionals to continue to deliver Safer Sleep Awareness Workshops to support multi-agency practitioners in their role in preventing and reducing Sudden Infant Death Syndrome
- To build on the work undertaken with Staffordshire Police to enhance their response to investigating child deaths and use this learning to inform a refresh of the SCB child death procedures
- To monitor progress against the Asthma Thematic Review Action Plan to ensure that improvements in service delivery are operationalised and sustained
- To continue to develop the support available to bereaved families through working with local services to develop support networks (the 'Star Café') at venues across the county
- To respond to recommendations relevant to CDOP from the national review of LSCBs

WORKFORCE, DEVELOPMENT & TRAINING SUBGROUP

Key Achievements for 2015-2016

The training opportunities offered by SSCB are designed to meet the diverse needs of staff at different levels within a range of organisations that work with children and their families. SSCB multi-agency training courses remain popular and during 2015-2016 we trained more staff than ever, proving to be a very successful year. In total 153 events have been coordinated and 2953 practitioners from across all agencies have attended our training.

Supported by a [Multi-Agency Training Strategy](#), the SSCB training programme focuses on the SSCB's strategic priorities and other key practice areas, with learning from local and national reviews being fully integrated into the training material.



The SSCB training programme is adaptable and flexible to take into account practitioner needs and emerging local and national trends from serious case reviews (SCR) or learning reviews. SSCB developed an information sharing lite bite session in response to practitioner feedback and recommendations from SCR's.

The SSCB training department not only take into account SSCB priorities and national, regional or local learning, but also the views of the staff actually working front line with children as to what is working well and not so well in safeguarding. This information is collated, analysed, documented and fed back to partner agencies to address issues. For example many practitioners raised concerns over the time it took to get through to the CSC First Response Service and also the lack of feedback to them once a referral was made.

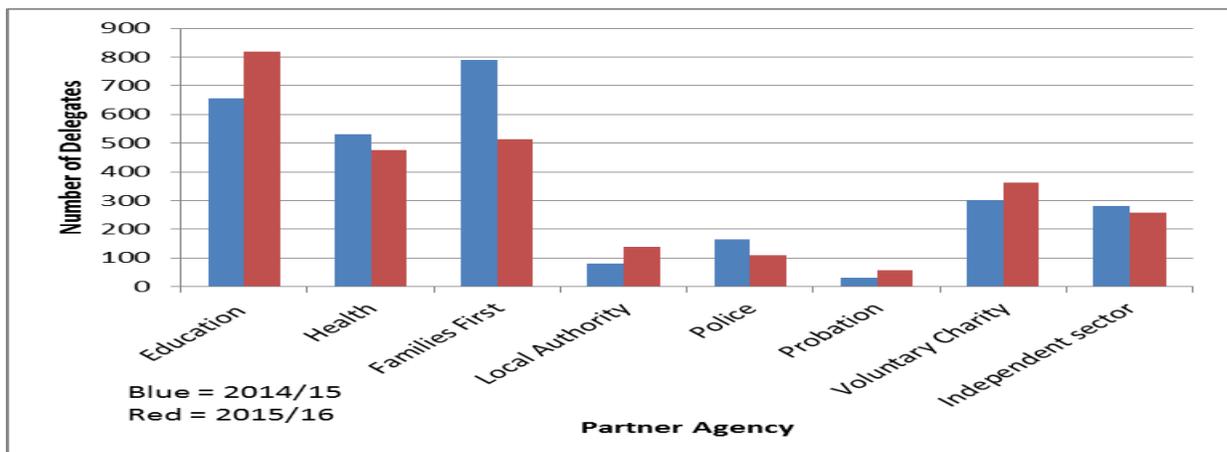
These concerns were highlighted to First Response who now have a new telephone system in place and now send feedback letters to referrers; practitioner feedback has confirmed the improvements made. Partners are held to account at the subgroup meeting and issues are escalated to Board if necessary. To date we have had no escalations to the main Board.

SSCB Multi-Agency Training Programme Summary 2015-2016

- 1 Annual conference
- 1 Baby P Seminar
- 4 Section 47 Practitioner events
- 10 WRAP Workshops
- 3 Parental Offending Workshops
- 149 Training courses
- 2953 training places accessed

There has been a 5.5% decrease in the number of recorded places taken up this year. This is due to a large amount of practitioners attending the FGM conference (388) in the 2014-2015 reporting year. If this figure was disregarded, then there would be an 8% increase in attendance this year compared to last year. SSCB training courses remain popular and we continue to provide high quality training opportunities which are valued by participants.

The graph below highlights the main partner agency attendance at SSCB multi-agency training for years 2014-2015 and 2015-2016:



SSCB training remains well attended and this is considered to be attributable to a range of factors such as:

- the implementation of the new electronic booking system (enabling delegates to easily access training and view the range of events available)
- ongoing promotion of SSCB training by partners.



During 2015/16, 138 district and borough council staff attended SSCB face to face training level 2 or above. For the previous year 98 staff from councils/ districts attended events; therefore there has been an increase of 41% for district/ borough staff attending SSCB events. Attendance has consistently increased over the last two years.



The Probation Service attendance has increased by 90%, from 30 in 2014-2015 to 57 in 2015-2016.



SSCB subgroups are currently working towards increasing awareness of SSCB training events to adult service providers. The Training Manager has been in contact with specialist service providers during the year for substance misuse and domestic abuse. Attendance increased by 48% from 29 in 2014-2015 to 43 in 2015-2016.

Our main Level 2 programme 'Working Together to Safeguard Children' was delivered 40 times this year. This course is compulsory for professionals and volunteers who work with children, young people and/or their parents or carers and who could contribute to assessing, planning, intervening and reviewing the needs of a child where there are safeguarding concerns. The following key training courses were also coordinated and delivered:

- Mental Health and Child Protection;
- Children and Domestic Violence;
- Substance Misuse and Parenting Capacity;
- Recognition of Neglect and Emotional Harm;
- Child Sexual Exploitation
- Female Genital Mutilation
- Child Trafficking
- Forced Marriage and Honour Based Abuse.

Additional Training Events:

The following training events were also coordinated and managed by the SSCB during 2015-2016:

- A 'Baby P' Seminar
- A Joint Staffordshire and Stoke-on-Trent Conference
- WRAP (Workshop to Raise Awareness of Prevent)
- Parental Offending workshops.

Joint SSCB and Stoke-on-Trent Annual Conference

On 10th November 2015 Staffordshire and Stoke-on-Trent held a joint conference 'Working Together to Keep Children Safe. The event was to highlight our joint safeguarding priorities and to improve the strategic synergy between both LSCBs. The conference focused on the issues of sexual exploitation, neglect and the toxic trio, domestic abuse, youth violence, child trafficking and intra-familial sexual abuse. In total the event was attended by 173 delegates 85 of which were from Staffordshire partners. Out of the 173 delegates, 159 evaluation forms were returned. The delegates were asked to give their overall rating for the conference (with 6 being excellent and 1 being poor); 85% of attendees scored 6; 5% scored 5; and 6 people skipped this question.



The overall feedback from the day was excellent, with the vast majority of delegates finding the day worthwhile, improving their knowledge and allowing them to network. There were numerous comments emphasising what an inspiring, motivational conference this was, with appropriate subjects and powerful speakers.

Delegates were asked what they found most useful about the conference, here are some responses;

*Multi-agency work / integration-
powerful presentations in an emotive
and very highly prioritised subject.-
Working Together for a common
goal - to protect children.*

*The loudmouth theatre drama was
fantastic. Very well delivered and
hard hitting. Emma Jackson was
amazing I'll never forget her as long
as I work with children/young people*

For all speakers, 75% or above of the delegates, rated their knowledge as excellent. When asked to comment if the conference had met its objectives 89 % of delegates scored 6 and 11 % scored 5. Over 90% of delegates reported an increased understanding of the topics covered as a result of attending the conference.

Evaluation and Impact of Training

The SSCB's Workforce Development and Training Quality & Assurance Strategy was updated in 2013 and was aligned to Stoke-on-Trent Safeguarding Children Board's document (to view the strategy click [SSCB-Quality-and-Assurance-Strategy-2015-2018](#)). The Training Quality Assurance Scheme addresses the relevance, currency and accuracy of course material and the quality of training delivery. The evidence clearly shows that all our events achieved the required standards in 2015-2016. The document was refreshed during 2015.

To measure how knowledge has been transferred to and how it has influenced practice delegates are asked three months after the training how they have utilised the knowledge and skills into their daily safeguarding children practice. They are also asked to describe how their practice has improved as a result of the training. A survey monkey form is distributed to all attendees on all events.

Measuring impact of training on improved outcomes for children and their families

SSCB have implemented a number of methods for obtaining evidence of impact of training on outcomes, each yielding a low return rate with insufficient quality. Delegates on selected courses are asked via a personal e-mail to provide a summary, with brief examples, of how the things they have learned on SSCB training has influenced the way they work with children, young people and their families to improve outcomes for them. Any significant responses are followed up via a telephone conversation by the appropriate relevant agency WD&T Subgroup member.

Attendees are asked to provide evidence of the impact of the training both on their practice and on children and families, the evidence shows that the majority of attendees report increased confidence, improved skills and the fact that having attended the training they felt it had impacted positively on their safeguarding practice. The following offers an insight into some of the feedback received:

*The training gave me more confidence when assessing situations. The more informed you feel I think the more capable you are at making an informed decision. **Working Together to Safeguard Children***

*I am more aware of how important observations and assessment are. E.g. Recent ante natal visit to a mum to be with a learning difficulty, I spent more time than I would before the training information sharing and gathering a picture of circumstances to make sure appropriate support in place to safeguard baby and support mum and dad. **Working Together to safeguard Children***

*The course was very good and a necessary reminder to all organisations of practice and procedure. In particular the lessons learnt nationwide and within Staffordshire. It was helpful to keep improving practice and improve confidence. **Lessons from serious Case Reviews***

*I came away armed with a lot more knowledge into how to assess a situation and to understand the requirements of a safeguarding referral. Also I understood how difficult it is for people to change, but how to help them with that change. **Recognition of Emotional Harm and Neglect***

*I have a greater awareness of the impact of neglect and the different indicators to be alert to. I also found it interesting to hear about different professionals roles. I will also be more aware of the earlier neglect which may have affected some of the young people. **Recognition of Emotional Harm and Neglect***

SSCB E-Learning

SSCB has been a founder member of Safeguarding Children e-Academy since 2006; through this academy our members can access our e-learning modules. There is a choice of 41 modules and for our contributing partners and the voluntary/charitable sector this provision is free.

To date we have had 31,678 licence requests (this is an increase of 38% since last year); of these 10,905 were allocated to our main Level 1 Awareness of Child Abuse and Neglect modules (including Safeguarding Children Refresher training). 8,307 people have completed the modules, taken the on-line test and passed the module; this is a completion rate of 76%.

The Voice of our Children and Young People

‘The World Through Our Eyes’ - Sexting DVD

SSCB had been made aware that sexting is becoming a massive issue that children and young people are facing locally and is becoming an increasing area of concern. The National Crime Agency recently reported that child protection officers are investigating an average of one case involving sexting every day. SSCB have been working with the Voice Project in consulting with children and young people to understand what they were aware of about sexting and the laws around it; as well to ask them about what they thought needed to be put in place to help keep young people safe and aware of the dangers around sexting.

Two of the key findings from the consultation were that:

- Overall the majority of young people felt that using hard hitting facts and scare tactics is the most effective way of getting the message across to young people with many saying ‘show us the worst case scenario to get our attention’.
- The young people also felt that school assemblies were a popular way for children and young people to receive information but felt that using role play/DVD or having a person in authority such as the police helped get the message across even further.

Whilst working with the Voice Project on this consultation, the SSCB were engaging with the young people at Burton College who study Drama and media. We asked them to produce a short film clip around Sexting, its consequences and the legalities behind the practice.

This film clip was launched in January 2016 as part of a wider Staffordshire County Council campaign around CSE. This film is available on SSCB website Staffordshire County Council website and YouTube. This film clip is also forms part of various SSCB multi-agency training events and as an educational resource sent to all schools in Staffordshire. To view this film clip please go to: www.staffsscb.org.uk/learningresource/sexting.

Dreamkeepers Drama

During 2015-2016 the SSCB and Stoke-on Trent LSCB were successful in bidding for funding from the Office of the Police Crime Commissioner to put drama into our primary schools which had a focus on cyberbullying and sexting. Partners had identified that this was an emerging concern both locally and nationally. The drama uses a combination of theatre, allegory and an interactive workshop to teach children the consequences of bullying and cyberbullying in a fun and accessible way. Covering topics ranging from cyber bullying to the dangers of talking to strangers on the internet, this play is an innovative way to teach Internet Safety and the dangers of bullying to children.

During the tour 131 primary schools across Staffordshire and Stoke-on-Trent saw the production; a total of approximately 13,825 pupils. From the survey monkey questionnaire completed by 646 children (50% male, 50% female, youngest age 7, eldest age 11) 97% of children thought that the play explained cyberbullying quite well or really well. When asked 'How well does the play explain the consequences of sending private photos of yourself that you wouldn't want everyone to see?' 93 % responded quite well or really well. 24% of children said that they play games on line with people they don't know, while 57% said they didn't and 18% of children said they did not play games online at all.

The questionnaire asked 'Having watched the play do you understand that if you send a picture online or by mobile phone that this picture could end up being used by any person, anywhere in the world?' 91% responded 'Yes' and 9% 'No'.

Here are some quotes from the children about what they would do differently or what they have learnt as a result of watching the play.

- *"It was very entertaining and funny to watch".*
- *"It helped me know about cyberbullying a lot more and it will help me be safe on my computer too."*
- *"I thought it was an amazing production it taught the whole school how to stay safe online and not to chat or play games online with people you do not know because it can be DANGEROUS and may lead to cyber bullying and you might be left alone with no one to play or chat with also it taught us to not play or chat to strangers that you do not know."*
- *"It was good because the play tells you about to keep you safe online and it tells you not send pictures or give out your private Emails."*

Chelsea's Choice Drama

As part of the SSCB's role in preventing abuse and neglect the Board have considered activities to raise awareness of sexual exploitation and healthy relationships with children and young people. Since September 2013 to January 2015 the SSCB have either funded or part-funded the Chelsea's Choice drama production into Staffordshire schools and children homes. Chelsea Choice has also been delivered to Staffordshire County Council members.

During 2015-2016 the SSCB part funded and organised the tour of Chelsea' Choice drama during 2015-2016. The play demonstrates how easily young people can be groomed on line and in the real world and how they can then be exploited. The following workshop addresses many other e-safety issues and safeguarding issues, like consent, relationships and grooming. The 2015-2016 Chelsea's Choice tour started in October 2015 and concluded January 2016, 74 slots were booked with uptake from a variety of educational settings including;

- 17 Academies
- 46 Maintained
- 6 Independent
- 2 Special School
- 1 College
- 2 Short stay schools
- Professional Day for Health – attended by 100 professionals
- 1 session for Elected Members

In total for 2015, approximately 8,900 pupils saw the production and 140 professionals. Over the last three years nearly 30,000 pupils have now seen Chelsea's Choice. 763 pupils out of the 8,900 responded to the online questionnaire (9%). The results indicate that 95% of pupils enjoyed the play. The questionnaire completed after the event showed that 67% of pupils said that they would now do something differently as a result of watching the drama. Some comments include;

- *"I will definitely do things a lot differently, for starters, I will be a lot more careful when I am out and about on my own and obviously when I am talking to people I don't necessarily know. I will not do anything or go anywhere I am not allowed with anyone I will not go online and post anything unless it is a picture that has nothing to do with me or anyone else. I have realised ever since I have seen the Chelsea's choice production that you genuinely have to be careful what you are doing at all times. as the play showed us all, Chelsea was just a vulnerable young girl that wasn't having such a good time at school with Shaun and her best friend and then she had an argument with them and that is when she met Gary online and things started getting out of hand because she fell into his trap, she was too dependent on him. We need to start facing down to these crimes more in society today and stop this happening."*
- *"I will take personal things out of my biography on social networking sites like Instagram and Twitter"*
- *"I would change that if I have any cyberbullying I would tell someone and I will be careful of what relationships I have with people and if I think I am getting abused in any relationship I will tell someone"*
- *"Be safer online and not post pictures of yourself that I wouldn't want others to see"*

As a result of the drama several young people have made disclosures or spoken out about behaviour or activities causing them concern. All the concerns were appropriately referred to CSC services for further investigation.



Drama is a powerful method of educating our young people; our LSCBs have found this educational approach to be a very successful method of reaching young people in a way that they can genuinely engage, relate to the characters and understand the topics discussed. Children and young people have also told us that this is their preferred learning approach.

Challenges

The SSCB spent some considerable time exploring the way forward in terms of future funding for dramas such as Chelsea's Choice and have concluded that whilst it remains a priority for the Board, work to explore other funding options is necessary due to the Board's own budget constraints. It is however imperative that work to engage and inform children and young people across all education establishments and local children's homes about how to stay safe and where to access help continues. Discussions with the OPCC, Community Safety Partnerships and members in relation to this issue are on-going.

Priorities Going Forward

- To strengthen the training evaluation and measuring of impact.
- To continue to monitor level 1 safeguarding training activity across partners.
- To encourage accurate completion of SSCB Annual Training Needs Analysis.

- To explore opportunities to encourage sales of SSCB approved eLearning.
- To continue to increase the number of delegates from adult service providers.
- To continue to monitor the event management systems provided by Virtual College and ensure that it is serving its purpose and creating efficiencies.
- To continue to implement and embed the use of media as a learning resource and develop a process whereby viewing can be monitored and impact evaluated; as evidenced in 2015/16 with the sexting clip.

Additional Safeguarding Training

- Staffordshire County Council provided a train the train event for 80 Early Help Champions to cascade Early Help assessment training to all partners within Staffordshire. During 2015/16 approximately 950 professionals have received face to face early help training and over 1800 have completed the 'Delivering Early Help in Staffordshire' eLearning module.
- Workshop to Raise Awareness of Prevent (WRAP) training has been taking place across Staffordshire by Safeguarding Leads and Police. Designated Leads within all Staffordshire Schools are in the process of receiving training to cascade to staff members.
- Safeguarding Leads within Newcastle-Under-Lyme, East Staffs Borough and Tamworth Borough Council have provided their staff with CSE training. Newcastle has also provided Domestic Abuse training.
- The District/ Borough councils are now working towards training all their taxi drivers in Level 1 safeguarding and CSE, this includes the transport of vulnerable children.
- During 2015-16 the SSCB WD&T Subgroup have continued to quality assure partners Level 1 training, this involved partners completing a training audit form submitting their slides, trainer details and being observed delivering the training. This audit is an ongoing process and the vast majority of partners are receiving approved Level training. In the recent Training Needs Analysis partners were asked what percent of their staff received appropriate Level 1 training - 72% of those that responded to this question state 100% of their staff receive training.

THE DISTRICT SAFEGUARDING SUBGROUP

The District Safeguarding Subgroup is a formally constituted arm of Staffordshire Safeguarding Children Board (SSCB) and of Staffordshire & Stoke on Trent Adult Safeguarding Partnership (SSASP). It is responsible for helping to ensure that the safeguarding children and vulnerable adults' agenda is fully embedded and driven forward in district and borough councils across Staffordshire. The subgroup is responsible for progress such as:

- Promoting effective channels of engagement and communication between the district / borough councils and the safeguarding boards; between subgroup members; and with children and their parents/ carers;
- Promoting SSCB / SSASP priorities and campaigns with district and borough councils;
- Raising awareness in partner agencies of the contribution that District Councils make to safeguarding and promoting the welfare of all ages and advise Board partners on good practice and ways to improve;
- Establishing a shared understanding of safeguarding issues in district / borough councils, and develop common approaches across the eight district/borough councils towards discharging their responsibilities; and

- Promoting safeguarding workforce development and training opportunities to help to improve the recognition of and response to welfare and abuse concerns and safeguarding practice.

Progress and Achievements:

During 2015-2016 the subgroup has:

- A development and peer audit session took place at the end of March 2015. The members of the District's Safeguarding Subgroup altered the wording / language to the Section 11 audit tool to make it more relevant for District Councils. The section 11 peer audit was completed as part of the workshop on the same date. The fill section 11 audit tool is scheduled to be reviewed during next year, to make it more relevant to District Councils.
- Promoted delivery of level 1 Safeguarding Children training to District and Borough Council staff members
- Reviewed and updated the District and Borough council policies to take account of the changes to Working Together to Safeguard Children 2015 and updates relating to Prevent/ radicalisation, forced marriage, early help and CSE.
- Reviewed and updated District and Borough council websites to provide information on safeguarding, including promoting the work of the SSCB.
- Following a successful housing provider's workshop event for all social housing safeguarding leads across Staffordshire and Stoke-on-Trent a housing representative from Sanctuary Housing Services has attended the districts sub group to support the group in findings ways of strengthening our links with all the housing providers. An agreement has now been made with regards to setting up a task and finish group that will take forward specific pieces of work, one of which will be a safeguarding information page for housing providers hosted on the SSCB website.
- As a consequence of the work undertaken to address CSE and licensing each of the Districts have begun to look at how they can support taxi firms in accessing child protection training for all their drivers; this includes the development of a taxi licensing policy and presentation. Some training has already taken place with plans to roll out further training. The districts have also completed a number of awareness raising events whereby local police teams have got involved as well as local business to raise the profile of CSE. All licensing officers and environmental health officers within the districts have now been trained in CSE.
- Districts have agreed to each add a financial contribution to the development of a drama for schools on Prevent awareness.

THE REVIEW OF RESTRAINT TASK GROUP

HMYOI Werrington falls within the SSCB locality of Staffordshire. It houses approximately one hundred and twenty children aged between fifteen and eighteen years of age. The SSCB has strong links with Werrington and robust systems and procedures. This relationship provides external partnership scrutiny and helps to ensure the effective use of Managing and Minimising Physical Restraint (MMPR) procedures, as well as to agree what action is required to remedy any identified non-compliance.

The SSCB Board Manager and other partner agency representatives are invited to quarterly Safeguarding Meetings at the establishment and an SSCB coordinated multi-agency Review of Restraint Task Group Meeting is convened on a quarterly basis.

This task group is chaired by the Local Authority's County Manager for Youth Offending Services and is attended by a range of other partners. Dip samples of restraint incidents and associated documentation which includes the views of the child / young person, are reviewed by partners to provide challenge and seek assurance that any use of force is being used appropriately in the establishment.

There are also daily checks and scrutiny feedback to the establishment's Safeguarding Team members via two local authority full time social workers who are located in HMYOI Werrington and are available for the children and young people to access; these workers help to contribute to the establishment's welfare and safety multi-agency decision making processes. In addition there is a team of Barnardo's advocates within Werrington which see the children on request.

Key Progress on other Safeguarding Children Activity

Staffordshire Council of Voluntary Youth Services (SCVYS)



SCVYS was established in 1982 to meet the needs of young people by strengthening and supporting the work of local voluntary youth organisations. Through the core infrastructure functions of influence, develop and connect, SCVYS adds a unique youth work specialism to providing information, advice and guidance, direct support, facilitated learning, networking, consultation and collaboration opportunities, as well as representing and promoting Staffordshire's voluntary youth sector wherever they can. SCVYS represents the sector on a number of county and regional strategic partnerships. One of these is the SSCB which in 2014 achieved a "good" rating from Ofsted. Staffordshire is one of the few areas to achieve this, and the contribution and engagement of the voluntary sector was one of many highlighted factors.

SCVYS is continually working hard to interpret the high level complexities of the safeguarding arena into clear and simple key messages for our members and the wider voluntary youth sector, as well as ensuring that people know where to go for help and advice as and when they need it.

5000 cards for volunteers have been distributed, 150 flowchart posters helping the workforce make the most appropriate decisions, and 349 DBS checks have been completed in the last twelve months. 48% of SCVYS members report using the Safeguarding Children Board website to find relevant information.



The impact is a safer sector where the workforce knows how to respond appropriately to concerns and disclosures, helping to keep children and young people participating in voluntary youth groups safe in Staffordshire and its surrounds.

Safeguarding in Education

During 2015-2016 a job description for a Safeguarding in Education Officer was created, evaluated, advertised and recruited to. The post holder commenced in August 2015. The role has been developed to be a central expert and single point of contact in supporting schools and other agencies in the educational world and their functions include

- Establishing direct contact and engagement routes with Heads and DSL (Designated Safeguarding Leads).
- The development of a dedicated e-mail for communication as a vehicle to update DSL; efficiently and effectively and confidentially; this supports multi-agency information sharing partner agencies information and resources to enhance partnership working e.g. CSE, Gang Violence, Prevent.
- Central portal for Ofsted complaint with robust process of outcomes.
- Review and update Education Safeguarding website ESAS and develop the ESAS (Education safeguarding advice support) telephone line.
- Provide guidance for **all** schools on policy and process, guidance for Governors linked to their roles and responsibilities.
- Support and promote campaigns e.g. CSE, prevent, gang violence.

Progress and achievements:

- To date over 100 complaints and 8 Freedom of Information requests have been managed by the Safeguarding Education Officer.
- Analysis after the follow up of Ofsted complaints demonstrates common themes linked to bullying, staffing ratios, DSB clearances, equality of opportunity, physical intervention, duty of care, use of social media, school web sites, before and after school clubs, lack of SEND support, school trips. Themes that occur are shared with commissioners of local authority education services to inform future commissioning intentions e.g. Entrust PSHE delivery content, training, online safety and data protection.
- A section 175/ 157 safeguarding children audit has been developed with the SSCB to help ensure it is fit for purpose and links all national agendas and inspection functions. This audit is scheduled to be rolled out during 2016-2017 and the results will be included in the next SSCB Annual Report. All education establishments will be expected to develop an improvement action plan as a result of the self-assessment.
- Over 51 safeguarding audits have been completed to date with schools. Ofsted inspections for safeguarding have consistently been highlighted as good when safeguarding audit has been completed.
- A process for safeguarding background checks for children and young people in residential special schools has also been developed this year. Staffordshire has 5 residential special schools and in this year's OFSTED inspection **all** are now graded Outstanding.
- The Education Safeguarding Officer also contributes to a number of strategic priority groups such as children missing out on education, Gypsy Roma Traveller children, Children Missing Education, Elective Home Education, CSE and PREVENT.
- In addition meetings are being held with MARAC co-ordinators to look at ways to enhance how domestic abuse information is shared with education establishments.

Multi-agency Public Protection Arrangements (MAPPA)

MAPPA is the mechanism whereby agencies within the 42 criminal justice areas across England and Wales work collaboratively to minimise the risks of serious harm posed to the public by sexual and violent offenders.

The Risk Management Co-ordinator, located within CSC services is the primary interface between the CSC and the MAPPA activity within Staffordshire and acts as a Single Point of Contact for all MAPPA related business. The Risk Management Coordinator also initiates any necessary referrals through to CSC services in respect of any assessment or activity required in response to information shared about a specific offender and/or as part of a multi-agency risk management plan. During 2015-2016, 215 individual discussions and 51 meetings (and 62 panels) were held in respect of 80 offenders and Staffordshire CSC services attended 100% of these panels. The explanation for the number of 'panel's exceeding the number of meetings reflects an increasing drive towards more time efficient panelling.

Some offender's circumstances have required the direct intervention of Staffordshire's CSC services during this reporting period. Of the **80** total offenders, **11** have resulted in, or been associated directly with safeguarding and/or support social work assessment activity.

Staffordshire's Families First continues to make a very significant and effective contribution to the MAPPA activities within Staffordshire. The provision of a core representative to all MAPPA panels helps to ensure that any potential risks to children can be identified and factored into offender risk assessments; and the early undertaking of appropriate social care interventions and safeguarding actions which are critical elements of individual Risk Management Plans. The function of the Risk Management Co-ordinator remains pivotal to the maintenance of effective working partnerships with those agencies whose contribution to the broader children's safeguarding agenda extends well beyond their specific MAPPA obligations. Much work also continues to be undertaken outside of the panels to understand and manage risk and this activity is an equally essential component to the protection of vulnerable children within Staffordshire.

Prevent

Staffordshire County Council, using a small grant allocated from the Home Office, has pooled funds with district and borough councils to commission the development of a curriculum resource pack for schools. The pack will include lessons plans and a DVD featuring scenarios based on issues which have been identified by young people themselves, which can be used by teachers as a stimulus for classroom discussion and other activities. The pack is intended to provide young people with a robust understanding of the risks and threats of radicalisation and extremism, equip practitioners with the confidence and skills required to address the issues in an age-appropriate way and provide an accessible way of engaging with local communities to promote resilience and cohesion. Work to develop the package commenced in the Summer Term, with the aim of launching it in the autumn of 2016.

The remaining County Council Home Office funding has been used to commission Staffordshire Observatory to undertake work in relation to enhancing our current understanding of communities in Staffordshire. This will look at the challenges and opportunities they face and the most effective ways of engaging with them. Information about risks and challenges faced by communities will be used to enhance the Staffordshire Counter Terrorism Local Profile (which is a document produced by Staffordshire Police and which identifies the threat and vulnerability from terrorism and extremism relating to terrorism in local areas).

Prevent Referrals and Staffordshire Channel Panel

The Counter-Terrorism and Security Act 2015 required local authorities to establish a multi-agency panel (known as a 'Channel Panel') to identify and support those felt to be vulnerable to being drawn into terrorist activity. The Staffordshire Channel Panel has been in place since April 2015. It is made up of a small core group, which includes adult and child safeguarding, education, health (including mental health) and community safety, and a wider co-opted group of members, who can be called upon as necessary on a case-by-case basis.

In Staffordshire the approach to Prevent is being embedded as an integral part of the safeguarding agenda. Joint Staffordshire and Stoke-on-Trent Prevent Safeguarding Guidance has been produced which is intended to provide a clear framework for all professionals working with people (or those around them) for whom there are concerns that they are at risk of becoming involved in violent extremist activity. The guidance reinforces the link between safeguarding procedures and the Channel programme and the document has been developed and endorsed by Staffordshire and Stoke-on-Trent Adult and Children's Safeguarding Boards.

Between 1st January 2015 and March 2016, 60 referrals were made to the Police Prevent Team. Further information about the number of referrals and the impact of local activity will be more readily available in the next SSCB Annual Report.

There has been a considerable amount of work undertaken to effectively implement and embed a robust response to tackling extremism and radicalisation in Staffordshire. The partnership approach to Prevent will continue to be developed and will build upon the strong foundations which have been established. The focus over the next 12 months will include the implementation of the training plan across the partnership workforce; the SSCB continues to support this activity by helping to coordinate free Workshop to Raise Awareness of Prevent (WRAP) training across Staffordshire. Mechanisms will be developed to ensure that the impact of training can be measured and any gaps identified and addressed. Work will also be undertaken to develop tailored and proportionate communication material for use with various audiences, including partners from the SSCB.

SECTION 5

As a requirement of their annual report, all LSCBs are asked to make specific recommendations to local senior agency leads and commissioners of services to advise them of key safeguarding children issues that need to be strengthened, to promote improved outcomes for children and young people in Staffordshire.

Key Messages from Partner Agencies

In their annual safeguarding reports to the SSCB partner agencies have identified the following key challenges they are facing and would like local senior agency leads and commissioners to hear:

Barnardos - Have concerns over waiting lists for CAMHS services for children and young people; and also over the increasing number of children and young people who have self-harm issues.

Burton Hospitals NHS Foundation Trust- Further development is required in areas of child sexual exploitation and children who exhibit intentional self-harming behaviour, particularly focussing on assessment and therapeutic services.

Community Rehabilitation Company - There is a lack of knowledge about what works to reduce CSE perpetrators risk through treatment and whether the tradition sex offender treatment are effective with CSE perpetrators.

Independent Futures - Commissioners recognise that there are a lack of registered children's Domiciliary Care providers with staff who have the capacity, skills and experience to safely and appropriately meet the needs of disabled children, particularly those with complex physical needs and/or challenging behaviour. This remains a significant issue as there continues to be a dearth of providers with skilled, registered staff who can safely and appropriately manage challenging behaviour and promote the development of independence for the child/young person, particularly where community activities are an element of the support package.

Access to advocacy services for young people is also limited as this is a specialist role requiring comprehensive understanding of the nature and purpose of advocacy as well as the ability to communicate using a range of mediums in order to truly hear the voice the young person.

Staffordshire Youth Offending Service - Harmful Sexualised Behaviour is becoming more prevalent and may be as a consequence of the strategy to address CSE. A key issue in respect of safeguarding and public protection to raise for SYOS is capacity and appropriate resources to respond to an emerging and growing issue. As agencies work hard to keep children and young people out of the Criminal Justice System, there are cases of HSB being dealt with out of court. Given that there is no statutory basis to work with perpetrators of these offence types, the extent of the problem will remain unknown and might potentially create further demand later on as there is the possibility that without assessment and intervention to address the problem, repeated behaviour is a likely situation. It is appropriate to look at both the perpetrator and victim perspective as both will place demands on agencies and services.

Transitions: Those children and young people entering the Criminal Justice System are doing so at an age where they are transitioning from the service of a number of agencies at the same time i.e. YOS to Probation or the CRC. Unfortunately where this occurs, it is the position that young people as a consequence of transition do not receive the same level of welfare support as they would had they remained with YOS. A further point to consider is that where there are vulnerabilities affecting transition, the YOS will retain case management of that young person which can impact on resources.

Tamworth Borough Council – Have concerns about the issues surrounding the reduction in the supporting people funding and the impact this will have on vulnerable families who access this support.

Key Messages from the Board to Senior Agency Leads and Commissioners

- The LSCB must strongly advocate for commissioning and delivery plans, as well as the work of the LSCB, to be clearly informed by national drivers and local based evidence. As a board we need to know what the needs and risks are for our local children and their families and become smarter about how work can be coordinated across the key statutory partners to target prevention and responsive activity in a proactive and more efficient way. The first proposed step to achieving this change is through an enhanced Joint Strategic Needs Assessment (JSNA) for safeguarding children with key partner agencies who work with children and their families. A partnership approach to sharing intelligence and producing a shared analysis based on local strengths, needs and risks would help to provide an evidence base to clearly identify what we need to collectively do to reduce need and risk and promote improved outcomes for children. This would create the potential for a shared vision about working together to help keep children safer, smarter multi-agency prioritisation and cohesive strategically aligned planning and delivery that could be more innovative. This multi-agency approach would complement the national drive towards integrated inspection, joint accountability frameworks, stronger local multi-agency governance and scrutiny arrangements.
- Local strategic governance and partnership arrangements should be mapped out to identify which strategic board has the governance lead for the key strategic issues identified as priorities from the JSNA analysis. This would create strategic synergy across the wider system by clarifying and streamlining local accountability arrangements and prevent confusion over governance when there are cross cutting strategic responsibilities such as domestic abuse, substance misuse and mental ill-health. This approach would help to align strategic and operational activity in a cohesive way across the county and city and promote a whole system approach to learning and development across all statutory partners who commission or deliver services to children and their families.
- Improved effectiveness in safeguarding arrangements could be achieved through more robust commissioning standards explicitly set out the safeguarding role, responsibilities and expectations placed on providers. Commissioners from all partner agencies have a critical role to play in embedding safeguarding children vision, priorities, standards, principles and inspection requirements into provider arrangements from the initial tendering process right through to the review of the contract.

- Embedding the Early Help Assessment (EHA) through formal commissioning is yet to be an automatic process; commissioners should affirm their commitment to ensuring that the requirement of the use of the EHA at the first sign of early concerns for a child and/or young person is explicit within contractual arrangements with external providers.
- The Board needs to have an agreed neglect strategy in place to be clear about its strategic aims, the activity required to achieve these aims and how outcomes will be measured. This strategy should be underpinned by a SMART action plan that aligns with other Hidden Harm and partnership board's activities to avoid duplication and improve local coordination.
- The national review of LSCBs being undertaken by Alan Wood is due to be published in May 2016. The proposed vision is for a framework where there would be the local freedom to recognise geographical and political differences. This provides an opportunity to reduce system bureaucracy, to work more efficiently as an inter-agency partnership and refocus partner agency resources back onto the coordination and effectiveness of child protection arrangements. It will be critical however to ensure that these arrangements retain strong links to partner agencies children's and adults services in order to retain a strong local partnership and reduce the risk of repeating previous failures.
- This year a significant piece of work has been undertaken to develop a Performance Service Level Agreement between the Families First Business Improvement and Development Team and the three local adults and children boards. It is imperative that a more robust multi-agency quality assurance and audit process is developed quickly to monitor the effectiveness of local safeguarding arrangements, particularly in respect of early help, child protection processes and LSCB priorities.
- All children and young should have equal access to information about how to keep themselves safer regardless of where they live in the county and what education provision they are accessing. Parents and carers should also receive consistent messages about how to help keep their children safe and education staff should know about local multi-agency arrangements or learning that helps them to fulfil their critical safeguarding role. Whilst some good work has been undertaken, further action is required to help to build on this to ensure that there is a consistent approach across the county; this is particularly pertinent given the change in local authority roles and responsibilities. This includes communication to all early years' providers, schools, colleges and alternative education provision.

SECTION 6

The Financial Contribution of Partner Agencies

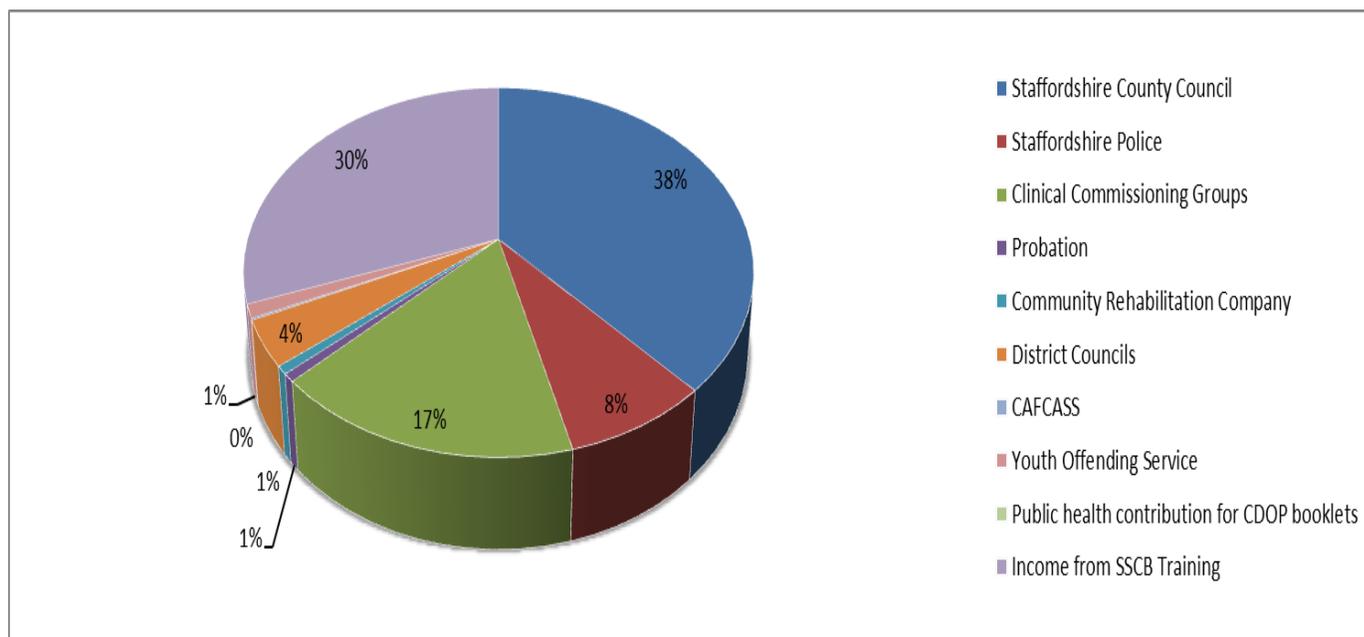
Partner agencies continued to make financial contributions to the work of the SSCB in addition to providing a variety of resources, such as staff time to help facilitate and deliver the multi-agency training and offer venues to hold both training sessions and workshops.

The Board Training Team has again generated income from training that they have provided to private sector settings. This income contributes to the funding of the SSCB for communication campaigns, targeted pieces of work and the training programme.

During 2015-2016 the total financial contribution received from partner agencies was **£253,047**. The pie-chart below provides a breakdown of partner agency contribution to the SSCB budget:

- Staffordshire County Council - £137,331
- Police- £28,614.60
- Probation- £5,000
- Clinical Commissioning Groups - £60,091.20
- Prison Service -£2,861.10
- District Councils (x8) – £14,307.36
- Youth Offending Service -£4,292.10
- CAFCASS £550

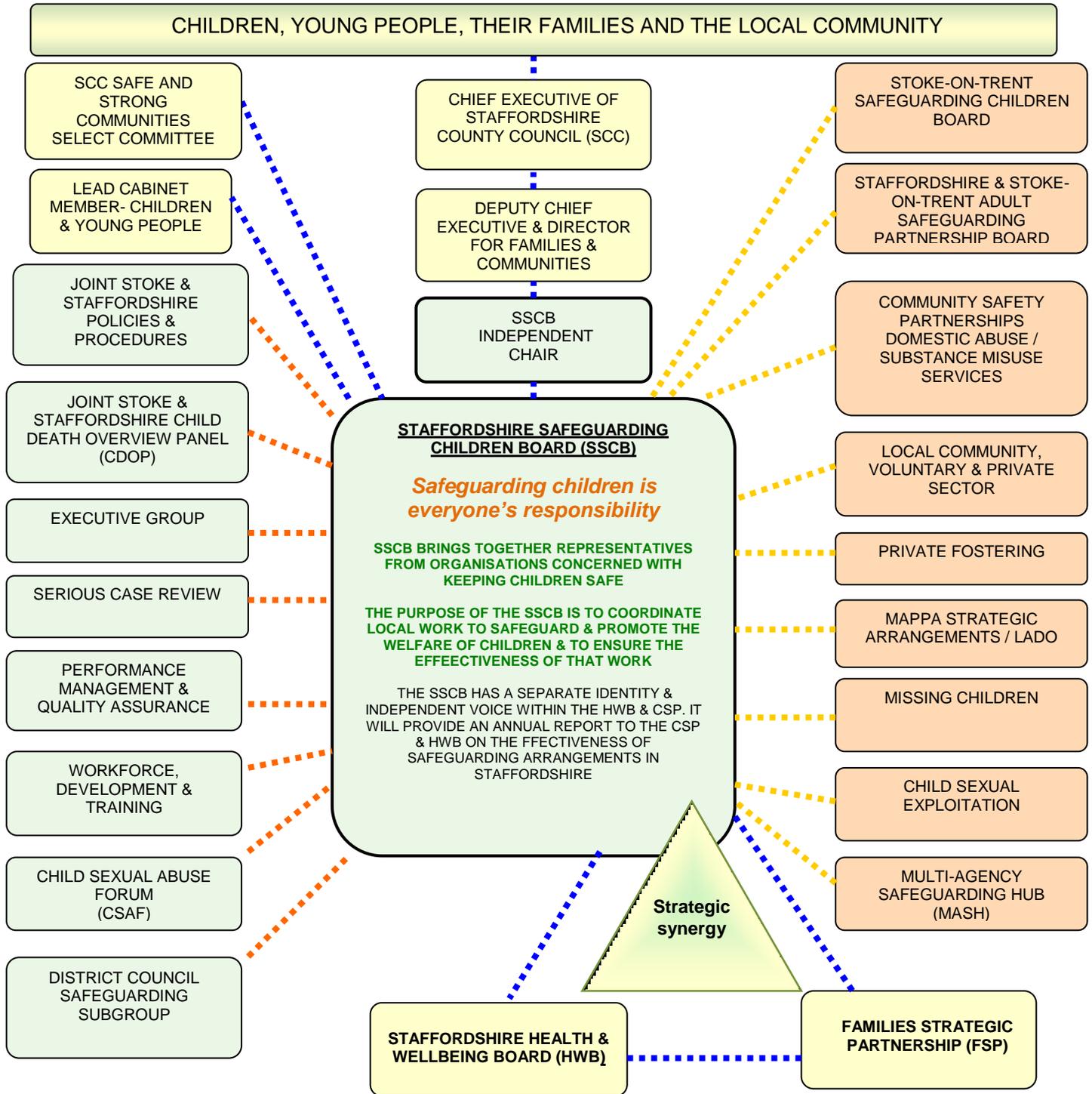
A contribution is also made annually by Stoke-on-Trent LSCB to the SSCB, for their 30% contribution to the funding of the Joint LSCB Child Death Coordinator post.



Expenditure

- Staffing costs for the SSCB Core Team: £275,128
- Independent Chair Total Costs: Staffs: £26,098 (this includes on costs associated with HMRC requirements).
- SSCB Training: £132,631 – Whilst the SSCB has a multi-agency training team of 38 professionals from a range of partner agencies who utilise their local knowledge and expertise, there are a small number of multi-agency training opportunities that are externally commissioned.
- Serious Case Reviews: £14,260
- Contribution to the CDOP Administrator: £15,697.

Appendix 1: SSCB Structure



KEY RELATIONSHIPS:

- Accountability & reporting ———— (blue dashed line)
- Subgroups / panels - - - - - (orange dotted line)
- Partnerships & working links - - - - - (yellow dotted line)

SSCB Staffing Arrangements

The SSCB Business Unit consists of the following members of staff:

- SSCB Independent Chair
- SSCB Manager
- SSCB Training Manager
- SSCB Development Officer
- Child Death Coordinator (70% funded by SSCB and 30% funded by Stoke-on-Trent LSCB)
- SSCB Administrator (2 part time posts)
- SSCB Training Coordinators (2 part time posts – 1.0 FTE)
- SSCB Training Administrator (1x part time post – 0.5 FTE)

All of the above posts are funded through the SSCB partner contributions however the contract of employment is managed by the local authority, with the exception of the Child Death Coordinator, whose employment contract is managed by Staffordshire Police.

Appendix 2:

The Partners of the SSCB

Membership of the SSCB is set out in section 13(3) of the Children Act 2004 in Working Together to Safeguard Children 2015. The following organisations are required to cooperate with the local authority in the establishment and operation of the Board and have shared responsibility for the effective discharge of its functions:

SSCB membership April 2015 - March 2016:

- Staffordshire County Council (incorporating children's services - Families First and Specialist Safeguarding; adult services, Independent Futures, the Youth Offending Service and Public Health responsibilities)
- Staffordshire Police
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT)
- Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP)
- Burton Hospital NHS Foundation Trust
- University Hospitals of North Midlands NHS Trust
- North Staffordshire Combined Health NHS Trust
- Staffordshire's Clinical Commissioning Groups
- Birmingham Community Healthcare NHS Foundation Trust (since October 2015)
- CAF/CASS
- National Probation Service
- Staffordshire and Stoke on Trent Community Rehabilitation Company
- Entrust
- The eight Staffordshire District and Borough Councils – (all represented by one nominated representative)
- HMYOI Werrington
- Local education representatives: primary (Redhill Primary School until September 2015); middle (Christchurch Academy until September 2015), special school (Chasetown Community School); independent (St Dominic's Brewood) and Burton & South Derbyshire College;
- Staffordshire Council of Voluntary Youth Services (SCYVS is the named representative for the voluntary sector)
- West Midlands Ambulance Service NHS Trust
- The Army Welfare Service
- Staffordshire Fire and Rescue Service
- NSPCC
- NHS England
- Barnardos
- 1 community lay member

The Staffordshire County Council Cabinet Member for Children & Young People also attends the Board as a participating observer.

Appendix 2 - Board attendance by agency 2015-2016

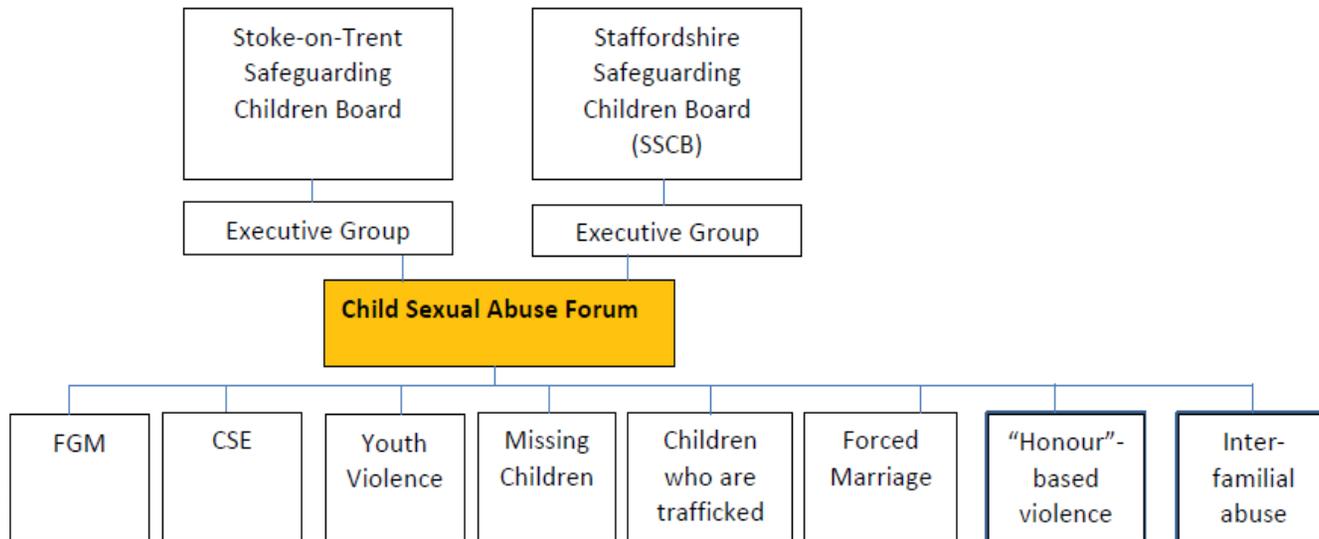
Agency	16.6.2015	23.9.2015 Joint meeting with Stoke LSCB	15.10.2015 Extra- Ordinary Board	8.12.2015	8.3.2016	% Attendance
Staffordshire County Council – Deputy Chief Executive & Director for People	x	√	√	√	√	80%
Staffordshire County Council – Families First	√	√	√	√	√	100%
Staffordshire County Council – Community Safety	√	√	x	√	√	80%
Staffordshire County Council - Education	√	x	√	√	x	60%
Staffordshire County Council – Youth Offending Service	√	√	x	√	√	80%
Staffordshire County Council – Independent Futures (i)	√	x	x	√	√	60%
Staffordshire Police	√	√	√	√	√	100%
North Staffordshire Combined Health NHS Trust	√	√	√	√	√	100%
Staffordshire & Stoke on Trent Partnership NHS Trust	√	√	√	√	√	100%
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	√	√	x	√	x	60%
Army Welfare Service	√	√	x	x	√	60%
Burton Hospitals NHS Trust	√	x	√	√	√	80%
Staffordshire & Stoke on Trent National Probation Service	√	x	x	√	x	40%
HMYOI Werrington	√	x	x	√	√	60%
Staffordshire Council of Voluntary Youth Services	√	√	x	√	√	80%
District Councils	x	x	√	√	√	60%
CAFCASS	√	x	√	√	√	80%
Staffordshire Fire and Rescue Service	√	x	√	x	√	60%
University Hospital North Midlands	√	x	√	x	√	60%
Special School Representative	x	√	√	√	√	80%
Primary School Representative (ii)	√	x	N/A	N/A	N/A	50%
Independent School Representative	x	√	x	x	x	20%

Middle School Representative (iii)	√	x	N/A	N/A	N/A	50%
Burton & South Derbyshire College	√	√	√	√	x	80%
Entrust	√	x	x	√	√	60%
NHS England	x	x	x	x	√	20%
Designated Doctor North Staffs	√	√	√	√	√	100%
Designated Doctor South Staffs	√	x	x	x	√	40%
Designated Nurse North Staffs	√	√	√	√	√	100%
Designated Nurse South Staffs	x	x	√	√	√	60%
SES & SP CCG	√	x	x	√	x	40%
North Staffs CCG	√	√	√	√	√	100%
Lay Member	x	√	x	√	√	60%
Lead Member (iv)	√	√	√	√	√	100%
NSCC	√	√	x	√	x	60%
Staffordshire & Stoke on Trent Community Rehabilitation Trust	x	√	x	x	x	20%
Barnardos	x	√	√	√	√	80%
Birmingham Community Healthcare NHS Trust (v)	N/A	N/A	N/A	√	√	100%

- i. Independent Futures has been represented by Head of Families First since December 2015
- ii. Primary School – Board member until September 2015
- iii. Middle School – Board member until September 2015
- iv. Lead Member- The Local Authority's Lead Member for Children and Young People attends the Board as a participating observer. Their role, through their membership of governance bodies, is to hold their organisation and its officers to account for the effective functioning of the Board. The Lead Member has a particular focus on how Staffordshire County Council fulfils its responsibilities to safeguard and promote the welfare of children and will hold the Director of Children's Services to account for the work of the SSCB.
- v. Birmingham Community Healthcare NHS Trust – Board member since October 2015

Appendix 3:

Child Sexual Abuse Forum – Structure Chart 2016



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**Thank you for reading Staffordshire Safeguarding
Children Board's Annual Report on the effectiveness of
our local safeguarding children arrangements for
2015-2016**



**'Safeguarding children is everybody's business'
Further helpful information can be found at the
SSCB website at: www.staffsscb.org.uk**

**If you require a copy of this report in any other language or format, please
contact the SSCB on the telephone number 01785 277151 or via e-mail at:
sscb.admin@staffordshire.gov.uk**

Staffordshire Health and Well-being Board	
Title	Update on CAMHS Funding
Date	9 th March 2017
Board Sponsor	Richard Harling
Report type	For Information

Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People’s Mental Health

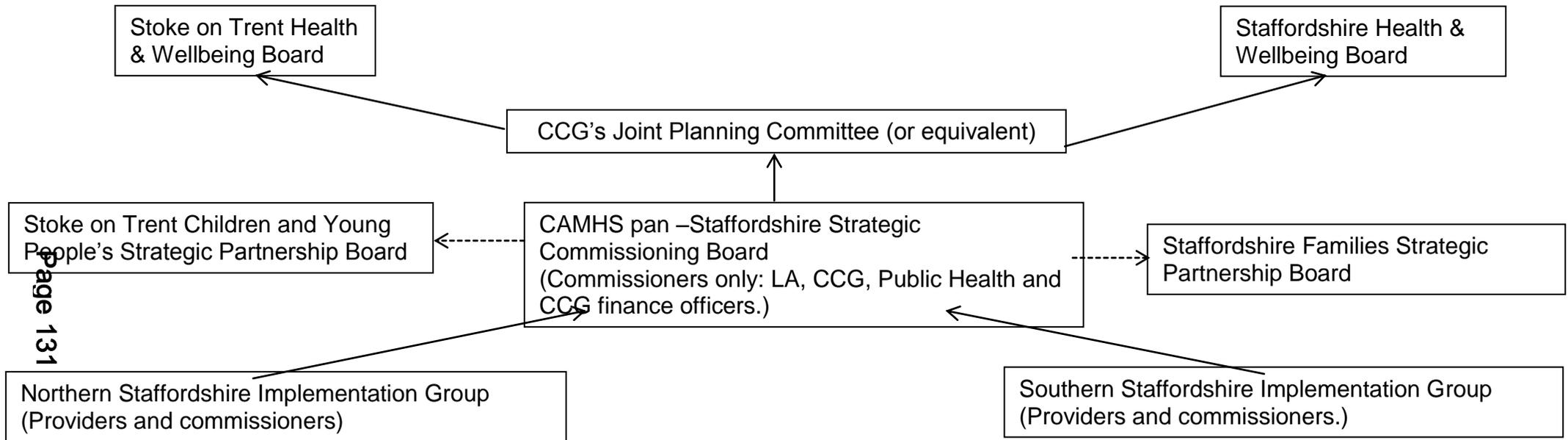
Developing our local offer to secure improvements in children and young people’s mental health outcomes.

Overview

1. Our transformation plan is pan-Staffordshire (covers the whole of Staffordshire and Stoke on Trent) and aligns the existing emotional wellbeing and mental health strategies for Stoke-on-Trent and Staffordshire. These are both titled “Emotional Wellbeing and Mental Health of children and young people from birth to 18 Commissioning Strategy 2015-18”. Both strategies were finalised prior to the publication of the Future in Mind document and Transformation Plan Guidance. They were the result of significant consultation with young people, parents, clinicians and key stakeholders and received final approval through respective local governance systems (Clinical Commissioning Groups and Local Authorities). They are underpinned by robust needs assessments.
2. For Stoke, there is a strong, well embedded and clearly understood joint commissioning approach to Children and Adolescent Mental Health Services (CAMHS) with the Local Authority providing the lead commissioner role, working closely with commissioners across Staffordshire and collaborating on many aspects of CAMHS commissioning. Within South Staffordshire significant integration between Clinical Commissioning Groups and local authority commissioning has been developed to create a cohesive approach to the delivery of the emotional wellbeing CAMHS agenda. This has included strengthening locality links with local support teams in social care and enhancing cohesion with other agencies such as autism providers and education. Across Stoke and Staffordshire there are wider links to early help, education and youth offending strategies and strategic leads. Governance and accountability is via the respective Children and Young People’s Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards. The Third Sector is represented at the Children and Young People Strategic Partnerships and we have a range of third sector and other organisations supporting our partnership approach to delivering our Strategies/transformation plan.

3. It is planned that when the strategies are refreshed in 2018, there will be a single aligned Stoke-on-Trent and Staffordshire wide Emotional Wellbeing and Mental Health Strategy and the CAMHS Transformation Planning process allows us to fast track some aspects of this approach. We look forward to building links to NHS England to develop collaborative commissioning arrangements and will review governance structures as required.
4. The governance structure below has been agreed to support delivery of the Local Transformation Plan.

**Pan- Staffordshire CAMHS Transformation plan
Proposed governance structure**



5. This plan is published at:

- a. <http://www.camhs-stoke.org.uk/document-library>
- b. <http://www.stokeccg.nhs.uk/>
- c. <http://www.northstaffsccg.nhs.uk/>
- d. <http://www.eaststaffsccg.nhs.uk/>
- e. <http://www.cannockchaseccg.nhs.uk/>
- f. <http://sesandspccg.nhs.uk/>
- g. <http://www.staffordsurroundsccg.nhs.uk/>

6. Lead contacts are:

- a. Southern Staffordshire CCGs (East Staffs; Cannock Chase; South East Staffs and Seisdon; Stafford and Surrounds) Roger Graham : Roger.Graham@northstaffs.nhs.uk
- b. North Staffordshire CCG: Sheila Crosbie: NSCCG Sheila.Crosbie@northstaffsccg.nhs.uk
- c. Stoke-on-Trent Local Authority and Stoke CCG : Paula Wilman: Paula.wilman@stoke.gov.uk

Key objectives and principal changes

- 7. Our approach is that no child/young person with an emotional wellbeing or mental health difficulty, or an adult with a concern about a child/young person will be turned away.
- 8. Addressing equality and reducing health inequalities is a significant challenge and a priority for us. We aim to improve opportunities to reduce inequalities across a range of settings – in schools and in our communities and across the life course and to provide appropriate responses to seldom heard groups. We will support parents and carers to raise resilient children and young people taking a life-course approach to reducing the mortality gap in adults between those who experience mental health issues and those who do not.
- 9. We are:
 - a. Streamlining referral processes
 - b. Widening access and choice
 - c. Making better use of technology
 - d. Planning to move away from a Tiered approach to the Thrive model and care pathways, which focus on early recognition and help
 - e. Rolling out Pan-Staffordshire wide coverage of children and young people Improving Access to Psychological Therapies (IAPT)
 - f. Developing plans for place of safety / safe place
 - g. Developing plans for Intensive Outreach services to support young people in crisis, to prevent admission to hospital, reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4) and better support those who are waiting for admission to an inpatient bed.
 - h. Strengthening our support to children and young people facing added disadvantages as a result of their specific status-e.g. Looked after, living with a disability, membership of minority groups. We also need to plan an effective support structure to anticipate imminent demographic changes such as the provision for refugee children and the re-location of army families to the

Stafford area.

- i. Developing an early intervention approach through engagement with schools.

10. The Strategies identify the following priorities:

Priority 1 – Promotion of good emotional wellbeing and prevention of poor mental health.

Outcome: Children and young people are emotionally resilient. The workforce has the skills to recognise issues and support children and young people, referring as necessary to additional support when they become unwell and providing support when in recovery

Priority 2 – Early Intervention

Outcome: Children and young people and their families are able to access a range of community, school based, and online support in a timely manner, preventing escalation to specialist service provision.

Priority 3 – Support for children and young people experiencing moderate to severe mental health issues (Specialist Tier 3 Community CAMHS)

Outcome: Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly. Those requiring on going mental health service provision into adulthood are supported effectively.

Priority 4 –Tier 4 Access and Intensive Community Support

Outcome: Increased numbers of Children and Young People have access to community support that can reduce the length of stay in a Tier 4 placement and/or reduce the need for a Tier 4 placement. Those who cannot return home are supported via a multi-disciplinary approach to ensure their needs are met.

Priority 5 – Complex need and vulnerable groups

Outcome: Vulnerable groups of children and young people are able to access support quickly and supported to manage their conditions enabling quick recovery. Those who need on-going support after their 18th birthday get it.

Priority 6 Stoke on Trent - Ensuring high quality interventions and support

Outcome: Services offer high quality, evidence based pathways that can show they make a difference.

Priority 7 – Staffordshire – Transition and services for 18-25 year olds

Outcome: Commissioners will have better information about need and prevalence of emotional wellbeing and mental health issues within the 18-25 age groups, in order to commission effective, evidence based solutions

11. To ensure user involvement, we are developing new, and enhancing existing structures to ensure service user feedback in order to improve outcomes. We are building on the young people councils that have been created through the Improving Access to Psychological Therapies programmes, the new young people's mental health sub group facilitated by Healthwatch (Stoke) and linkages to North Staffs User Group to widen engagement with young people. We will encourage these groups to work together to avoid user engagement fatigue and maximise the impact of the service users voice. Through linkages within the Local Authorities, we will also ensure linkages to the wider children and young people population, such as schools and children in care councils and other excluded groups. We will explore repeating the mystery shopper exercise carried out in Northern Staffordshire to test out if our strategy is having an impact on access and outcomes.

Progress so far

12. Each priority has clear commissioning intentions and an overarching delivery plan is in place.
13. Although our priorities were finalised before the publication of Future in Mind, our achievements are broadly in line with the national ambition as follows:

Pan - Staffordshire

14. Development of CAMHS Central Referral Hubs. One in Northern Staffordshire and one in Southern Staffordshire. These are staffed by a range of practitioners (social worker, psychologist, counsellors) who are able to provide advice and guidance to anyone with a query about a child/young person. The Hubs take all referrals for commissioned CAMHS provision (including parenting programmes), triage, assess urgency/risk and allocate, where appropriate, to a care pathway. Self-referral is being actively promoted

15. Developed a CAMHS Tier 2 Emotional Wellbeing commissioning framework and are actively promoting it to schools to encourage them to take more responsibility for commissioning provision for young people with mild to moderate emotional wellbeing issues, including counselling. Tier 2 3rd sector providers are commissioned to deliver services in specific localities
16. Commissioned a web based resource offering a mix of static functions (fact sheets, video clips, ask a question) and real time functions (live chat, discussion board, counselling) to young people aged 11+, parents/carers and professionals. Available 24/7 (static functions).
17. In the North, worked with our main NHS provider to develop a range of care pathways, with an enhanced offer for Stoke vulnerable groups (LAC, Young Offenders, sexual exploited young people)
18. Begun to explore the development of an intensive 7 day outreach service, including support to young people with Eating Disorders
19. IAPT in place across the whole of Staffordshire and Stoke, supporting service user engagement, evidence based practice and use of routine outcome monitoring.

Stoke-on-Trent

20. Maintained our well received CAMHS training for the universal children's workforce and initiated a small pilot to test out practical skills sessions as requested during the consultation period for the Strategy.
21. Developing a model with partners to ensure that our looked after children with mental health issues can remain in the Local Authority's small group homes rather than being sent out of area.
22. Remodelled our CAMHS offer for young offenders around an early intervention approach
23. Piloting an alternative pathway to that currently offered for pre-school children for Autistic Spectrum Disorder (ASD) assessment

Staffordshire

24. Commissioned integrated mental health and physical health support for Looked After Children and Care Leavers

25. Dedicated service for young offenders
26. Following the inputs from the Better Outcomes New Delivery (BOND) programme, to provide support to schools in managing emerging emotional wellbeing and mental health needs via training inputs to schools, developing specific linkages between CAMHS providers & schools & continued availability of the early support offer (via the established network on third sector providers at Tier 2)
27. Addressing the needs of children and young people with co-morbidities, in particular children and young people with Autistic Spectrum Conditions.
28. In conjunction with our acute providers, delivering a more effective offer of assessment and support to children and young people presenting with self-harm issues.

Our ambition – where we will be by April 2016

29. Our plan is based on increasing capacity and capability across all sectors. Service developments, particularly in eating disorder and enhanced community outreach including out of hours support will be commissioned recurrently from April 2016. Where possible, some developments will commence in the latter part of 15/16. This programme will be supported by a range of non-recurrent support which will improve access to services and provide the supporting infrastructure for services to be sustained from April 2016.
30. There is an emphasis on working with our partners in education to raise their awareness of mental health needs and the resources available and to encourage them to develop their own capacity.
31. Non-recurrent support will be provided across targeted and specialist services to increase access and to reduce waiting times.
32. We will link to the 'Transforming Care for People with Learning Disabilities – Next Steps' agenda to support the programme of system wide change to improve care for people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition. Locally, the Transforming Care Partnerships will include Stoke-on-Trent and Staffordshire (the CCGs and the two local authorities) as well as representatives from NHS England Specialised Commissioners, individuals, families, carers and other stakeholders. The Staffordshire Transforming Care Partnerships will be established by January 2016 and will work to formulate and deliver a final joint transformation plan by April 2016.

33. Support will also be provided for investment in information technology to enable providers to meet the requirements of the mental health minimum dataset (MHMDS).

Pan Staffordshire:

34. Eating disorder service specified and lead provider identified

35. Crisis support (especially out of hours) in development.

36. Second/alternative Place of Safety identified

37. Review support through transition including option appraisal regarding 0-25 service.

38. Pathways fully functioning, demand and capacity assessed and reviewed

39. Put in place supporting ICT infrastructure

40. Develop robust relationship with NHS England

41. Improved service user participation

Stoke only

42. Reviewed Public Health commissioning functions for children and young people mental health

43. Refined model of care for children in care, in Local Authority residential homes

44. Results of practical skills sessions known

45. Results of ASD pilot known

46. Programme to identify and support Lead person in each school delivered.

South Staffordshire only

47. Address support needs of children and young people with co-morbidities including autism.

48. Development of neuro-psychiatry service to better support needs of very complex children with co-morbidities who are increasingly at risk of inpatient admission

North and South Staffordshire only

49. Strengthen offer of support to universal providers including schools. This will include better access to early intervention, stronger liaison with CAMHS, wider publicity for online service, training to schools on emotional wellbeing and & CAMHS.

50. Extend capacity of third sector providers within framework to facilitate earlier interventions and support thereby reducing demand on specialist CAMHS.

51. Offer additional training options to universal providers to enhance awareness of emotional wellbeing needs and to address specific areas of concerns such as self-harm/suicide.

Local Transformation Plan allocations

52. The NHS England allocations to CCGs for Eating Disorder and Transformation are shown at Appendix A.

Proposed recurrent investments

53. Details of the recurrent investments and proposed impact are shown at Appendix B.

Appendix A

	Stoke on Trent CCG	North Staffs CCG	Stafford & Surrounds CCG	SES & Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
	£	£	£	£	£	£	£
Transformation Funding Investment	413,170	299,890	181,126	264,165	178,114	170,376	1,506,841
Eating Disorder Funding Investment	165,063	119,808	72,361	105,535	71,157	68,066	601,990
Total investment	578,233	419,698	253,487	369,700	249,271	238,442	2,108,831

Staffordshire wide priorities	
Description of Scheme	Proposed Impact
Eating Disorder <ul style="list-style-type: none"> • In line with NICE guidance (NICE CG9) • Dedicated multidisciplinary team community team • Evidence based interventions supporting positive outcomes. 	<ul style="list-style-type: none"> • Adherence to the NICE Guidance (NICE GC9) for CYP with Eating Disorder that all CYP will receive an initial appointment within 2 weeks; • And, 95% of these being treated in accordance with the agreed pathway
Crisis Intervention & Intensive Outreach <ul style="list-style-type: none"> • Enhanced community service with extended hours of operation • Support to enable young people to remain at home or support early discharge from hospital • Support to acute paediatric services 	<ul style="list-style-type: none"> • Reduction in CYP presenting at A&E due to self-harm/ mental health crisis • Reduction in in-patient bed nights by 10% • Reduced demand on health economy wide urgent services across both health and social care
Improving Access to Psychological Therapies <ul style="list-style-type: none"> • Delivery of evidence based interventions • Data collection and outcome reporting • Service user and carer participation 	<ul style="list-style-type: none"> • Effective & quality data collection to enhance and inform clinical practice • Improved shared decision making, working in partnership with the child, young person and or family. • Robust outcome data to support commissioners
Tier 2 Capacity <ul style="list-style-type: none"> • 3rs sector services for children with mild to moderate mental health issues requiring Cognitive Behavioural Therapy (CBT) or counselling. 	<ul style="list-style-type: none"> • Early intervention with reduced waiting times • Stronger liaison with core CAMHS services
School liaison / support to schools	<ul style="list-style-type: none"> • Increased school based provision of mental health support

<ul style="list-style-type: none"> • School liaison and training • Mental health awareness / suicide prevention • Awareness of CAMS Local Offer • Pastoral support 	<ul style="list-style-type: none"> • Actively promote /encourage schools to take responsibility for commissioning service for children with mild to moderate mental health needs
North Staffs and Stoke priorities	
<p>Central Referral Hub Choice Appointments & Increased capacity at Tier 3</p> <ul style="list-style-type: none"> • Single point of access for Tier 2 & 3 services • Triage and signposting, telephone advice, short term interventions • Choice and Partnership delivered within timescales. 	<ul style="list-style-type: none"> • 96% of choice appointments within 4 weeks by June 2016 • Increased partnership/ intervention capacity due to delivery of choice within 4 weeks • Multi-agency/ partnership working with 3rd sector providers ensures CYP have their needs met by the most appropriate services to meet their needs • Telephone access to advice and signposting for referrers
South Staffordshire priorities	
<p>Neuropsychiatry service</p> <ul style="list-style-type: none"> • Deliver support to children with co-morbidities at risk of admission • Provide early intervention / local support 	<ul style="list-style-type: none"> • Improved case management • Reduction in in-patient admissions • Reduction in out of area placements
<p>Children and Young People with Co-morbidities</p> <ul style="list-style-type: none"> • Improve joint working and support for children and young people with co-morbidities, particularly those with autistic spectrum conditions 	<ul style="list-style-type: none"> • All children with co-morbidities to receive medication review and multi-disciplinary review.

Staffordshire Health and Well-being Board	
Title	Update on CAMHS Funding
Date	9 th March 2017
Board Sponsor	Richard Harling
Report type	For Information

Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People’s Mental Health

Refresh published 31st October 2016

Developing our local offer to secure improvements in children and young people’s mental health outcomes.

Overview

1. The Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People’s Mental Health was approved in October 2015. The additional funding released has enabled a major programme of investment to improve our local offer and mental health outcomes for children and young people. This refresh identifies progress against our key priorities in the last 12 months and where we hope to be by March 2017.
2. Our transformation plan is pan-Staffordshire (The whole of Staffordshire and Stoke on Trent, covering 6 CCGs and 2 Local Authorities.) There are common priorities, but as different localities are starting from different baselines, there are some differences in investments and progress made. Our aim will be to ensure that services are responsive to local need and that there is equitable provision across the whole area.
3. The Transformation Plan is based on the existing emotional wellbeing and mental health strategies for Stoke-on-Trent and Staffordshire. These are both titled “Emotional Wellbeing and Mental Health of children and young people from birth to 18 Commissioning Strategy 2015-18”. Both strategies were finalised prior to the publication of the Future in Mind document and Transformation Plan Guidance. They were the result of significant consultation with young people, parents, clinicians and key stakeholders including schools, and received final approval through respective local governance systems (Clinical Commissioning Groups and Local Authorities).

4. The strategies are underpinned by robust needs assessments utilising population based epidemiological information and data from health, education and social care. There is a needs assessment of young offenders in Stoke and this is being undertaken in Staffordshire.

Commissioning Approach

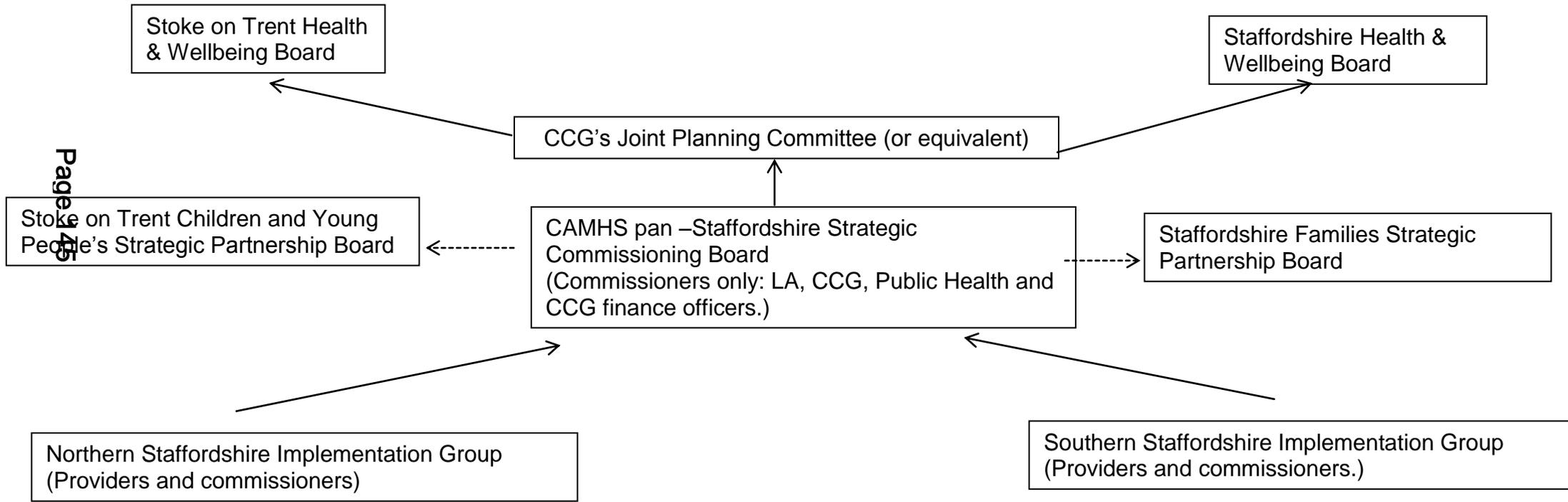
5. For Stoke, there is a strong, well embedded and clearly understood joint commissioning approach to Children and Adolescent Mental Health Services (CAMHS) with the Local Authority providing the lead commissioner role, working closely with commissioners across Staffordshire and collaborating on many aspects of CAMHS commissioning. This has been further enhanced with a joint lead officer across Stoke and North Staffs CCGs.
6. Within South Staffordshire significant integration between Clinical Commissioning Groups and local authority commissioning has been developed to create a cohesive approach to the delivery of the emotional wellbeing CAMHS agenda. This has included strengthening locality links with local support teams in social care and enhancing cohesion with other agencies such as autism providers and education.
7. Across Stoke and Staffordshire there are wider links to early help, education and youth offending strategies and strategic leads. CCG Commissioners are members of the Youth Offending Boards in Staffordshire and Stoke on Trent.

Governance

8. Governance and accountability is via the respective Children and Young People's Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards.
9. The governance structure has been agreed to support delivery of the Local Transformation Plan. This structure is now fully operational with all groups meeting regularly and well attended. The Joint Implementation Groups include representatives from CCG, public health, social care, education, NHS and Third sector providers. User participation is via the Youth Councils established under the CYP IAPT programme
10. The Third Sector is represented at the Children and Young People Strategic Partnerships and we have a range of third sector and other organisations supporting our partnership approach to delivering our Strategies/transformation plan. It is planned that when the

strategies are refreshed in 2018, there will be a single aligned Stoke-on-Trent and Staffordshire wide Emotional Wellbeing and Mental Health Strategy and the CAMHS Transformation Planning process allows us to fast track some aspects of this approach

Pan- Staffordshire CAMHS Transformation plan Governance structure



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of 15

User and carer participation

11. To ensure user involvement we are enhancing existing structures and developing new structures to ensure service user feedback in order to improve outcomes. We are building on the young people councils that have been created through the Improving Access to Psychological Therapies programmes and working with Healthwatch (Stoke) to widen engagement with young people and their families. We will encourage groups to work together to avoid user engagement fatigue and maximise the impact of the service users voice. Through linkages within the Local Authorities, we will also ensure linkages to the wider children and young people population, such as schools and children in care councils and other excluded groups.
12. There has been significant progress in establishing a structure of support for participation by children and young people including the recruitment of several young people and in enhancing their role in the planning and review of services. Young people are involved in agreeing their care plans and Youth Councils are involved in staff recruitment and supervision.
13. We have also improved parent engagement and involvement.

Strategic Links

14. A CAMHS Commissioner is a member of the Transforming Care for People with Learning Disabilities Board to support the programme of system wide change to improve care for people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition. Pre-admission Care and Treatment Reviews are being undertaken as required.
15. The Staffordshire Sustainability and Transformation Plan has a dedicated Mental Health work stream which includes CAMHS. A CAMHS Commissioner is a member of this group to ensure effective links.
16. Collaborative Commissioning with NHS England is not yet well developed but we look forward to building links to NHS England to develop collaborative commissioning arrangements and will review governance structures as required. Our local NHS providers submitted proposals as part of the West Midlands Consortium bid for New models of care for Specialist CAMHS. Although unsuccessful in wave one, the providers have been encouraged to further develop plans and re submit a proposal for wave two.
17. CCG Commissioners are members of the Staffordshire and Stoke Youth Offending Boards

18. This plan is published at:

- a. <http://www.camhs-stoke.org.uk/document-library>
- b. <http://www.stokeccg.nhs.uk/>
- c. <http://www.northstaffsccg.nhs.uk/>
- d. <http://www.eaststaffsccg.nhs.uk/>
- e. <http://www.cannockchaseccg.nhs.uk/>
- f. <http://sesandspccg.nhs.uk/>
- g. <http://www.staffordsurroundsccg.nhs.uk/>

19. Lead contacts are:

- a. Southern Staffordshire CCGs (East Staffs; Cannock Chase; South East Staffs and Seisdon; Stafford and Surrounds) Roger Graham : Roger.Graham@northstaffs.nhs.uk
- b. North Staffordshire CCG: Sheila Crosbie: NSCCG Sheila.Crosbie@northstaffsccg.nhs.uk
- c. Stoke-on-Trent Local Authority and Stoke CCG : Paula Wilman: Paula.wilman@stoke.gov.uk

Key objectives and principal changes

20. Our approach is that no child/young person with an emotional wellbeing or mental health difficulty, or an adult with a concern about a child/young person will be turned away.
21. Addressing equality and reducing health inequalities is a significant challenge and a priority for us. We aim to improve opportunities to reduce inequalities across a range of settings – in schools and in our communities and across the life course and to provide appropriate responses to seldom heard groups. We will support parents and carers to raise resilient children and young people taking a life-course approach to reducing the mortality gap in adults between those who experience mental health issues and those who do not.
22. We are:
- a. Streamlining referral processes
 - b. Widening access and choice

- c. Making better use of technology
- d. Considering a move away from a Tiered approach to the Thrive model and care pathways, which focus on early recognition and help
- e. Rolling out Pan-Staffordshire wide coverage of children and young people Improving Access to Psychological Therapies (IAPT)
- f. Developing plans for place of safety / safe place
- g. Developing plans for Intensive Outreach services to support young people in crisis, to prevent admission to hospital, reduce the length of stay for those who are admitted to mental health inpatient beds (Tier 4) and better support those who are waiting for admission to an inpatient bed.
- h. Strengthening our support to children and young people facing added disadvantages as a result of their specific status-e.g. Looked after, living with a disability, membership of minority groups. We also need to plan an effective support structure to anticipate imminent demographic changes such as the provision for refugee children and the re-location of army families to the Stafford area.
- i. Developing an early intervention approach through engagement with schools.

23. The Emotional well-being Strategies identify the following priorities:

Priority 1 – Promotion of good emotional wellbeing and prevention of poor mental health

Outcome: Children and young people are emotionally resilient. The workforce has the skills to recognise issues and support children and young people, referring as necessary to additional support when they become unwell and providing support when in recovery

Priority 2 – Early Intervention

Outcome: Children and young people and their families are able to access a range of community, school based, and online support in a timely manner, preventing escalation to specialist service provision.

Priority 3 – Support for children and young people experiencing moderate to severe mental health issues (Specialist Tier 3 Community CAMHS)

Outcome: Children and Young People who become emotionally and mentally unwell are supported to manage their conditions and recover quickly. Those requiring on going mental health service provision into adulthood are supported effectively.

Priority 4 –Tier 4 Access and Intensive Community Support

Outcome: Increased numbers of Children and Young People have access to community support that can reduce the length of stay in a Tier 4 placement and/or reduce the need for a Tier 4 placement. Those who cannot return home are supported via a multi-disciplinary approach to ensure their needs are met.

Priority 5 – Complex need and vulnerable groups

Outcome: Vulnerable groups of children and young people are able to access support quickly and supported to manage their conditions enabling quick recovery. Those who need on-going support after their 18th birthday get it.

Priority 6 Stoke on Trent - Ensuring high quality interventions and support

Outcome: Services offer high quality, evidence based pathways that can show they make a difference.

Priority 6 – Staffordshire – Transition and services for 18-25 year olds

Outcome: Commissioners will have better information about need and prevalence of emotional wellbeing and mental health issues within the 18-25 age groups, in order to commission effective, evidence based solutions

Progress so far

24. Each priority has clear commissioning intentions and an overarching delivery plan is in place.
25. Although our priorities were finalised before the publication of Future in Mind, our achievements are broadly in line with the national ambition.
26. Progress against the Strategies and the Transformation Plan Priorities is outlined below:

Pan - Staffordshire

27. **Eating Disorder.** Services are now in operation and have made significant progress in identifying & supporting younger people at risk.
28. **Tier 2 capacity.** Provided additional support to Third sector providers of emotional wellbeing services for mild to moderate issues across the whole of Staffordshire and Stoke on Trent.

29. **CAMHS Tier 2 Emotional Wellbeing commissioning framework** in place. This is actively promoted to schools to encourage them to take more responsibility for commissioning provision for young people with mild to moderate emotional wellbeing issues, including counselling. Third sector providers are commissioned from this framework to deliver services in specific localities.
30. **Self-harm.** In conjunction with our acute providers, delivering a more effective offer of assessment and support to children and young people presenting with self-harm issues
31. **Evidence based interventions and outcome monitoring.** IAPT in place across the whole of Staffordshire and Stoke, supporting service user engagement, evidence based practice and use of routine outcome monitoring .There is ongoing commitment to the IAPT programme including support for training, backfill of posts, data development (including enhancing outcome focussed interventions). The IAPT programme includes staff from Third sector & local authority organisations
32. **Early Intervention in Psychosis** Pathway in place to ensure the EIP service works effectively with community CAMHS. All young people experiencing first episode psychosis receive NICE recommended treatment.
33. **Single Point of Access.** CAMHS Central Referral Hubs in place; one in Northern Staffordshire and one in Southern Staffordshire. These are staffed by a range of practitioners (social worker, psychologist, counsellors) who are able to provide advice and guidance to anyone with a query about a child/young person. The Hubs take all referrals for commissioned CAMHS provision (including parenting programmes), triage, assess urgency/risk and allocate, where appropriate, to a care pathway. Self-referral is being actively promoted.
34. **Social Media.** Web based resource “Upside” in place offering a mix of static functions (fact sheets, video clips, ask a question) and real time functions (live chat, discussion board, counselling) to young people aged 11+, parents/carers and professionals. Available 24/7 (static functions). Facebook pages developed through CYP IAPT and “CAMHS Ready” web site to enable young people to prepare for their appointment. Providers have developed their own service specific social media presence, including apps and Facebook support pages.

Stoke-on-Trent

35. **Tier 1 training.** Maintained our well received CAMHS training for the universal children’s workforce which now includes a practical skills session after a successful small pilot.

36. **Looked After Children** Continued to develop a model with partners to ensure that our looked after children with mental health issues can remain in the Local Authority's small group homes rather than being sent out of area.
37. **Young Offenders** Remodelled our CAMHS offer for young offenders around an early intervention approach
38. **Autistic Spectrum Disorder (ASD) assessment.** Exploring alternative pathways to that currently offered for pre-school children to enable earlier diagnosis

Staffordshire:

39. **Looked After Children** .Commissioned integrated mental health and physical health support for Looked After Children and Care Leavers. Possible reductions in local authority funding currently pose a risk to the innovative Sustain+ service for Looked After Children and efforts are underway to address these challenges.
40. **Young Offenders.** A dedicated service to support the mental health needs of young offenders.

Northern Staffordshire only:

41. **Care Pathways** Moved away from specialist teams to develop a range of care pathways offering appropriate evidence based interventions. There is an enhanced offer for Stoke vulnerable groups (LAC, Young Offenders, sexual exploited young people)
42. **Tier 3 capacity** Following recommendations from the CQC, capacity in Tier 3 services has been increased significantly, with recruitment of 20 w.t.e posts . Three additional Consultant posts have been established. There have been difficulties in recruiting to these posts but locums are in place.
43. **Crisis response** Additional capacity in the Priority Referral Team to support young people admitted to acute care
44. **Intensive Outreach** Begun to explore the development of an intensive 7 day outreach service, including support to young people with Eating Disorders.
45. **CAMHS Advice Line** Established a dedicated CAMHS advice line to provide guidance and advice to anyone considering a referral to CAMHS.

Southern Staffordshire only

46. **Intensive Support Service** has recently become operational and will look to provide domiciliary based support to children and young people at risk of admission.
47. **User Participation** Established an effective participation service staffed by salaried young people with direct experience of the services. Young people are currently active within the local operational board for CAMHS transformation and will increasingly contribute to the development of strategy, recruitment, service review and in enhancing the voice of users in services.
48. **Workforce planning.** A full workforce plan across all aspects of CAMHS has been completed. This includes an analysis of local need & projections regarding the numbers and nature of staff required to meet need.
49. **Support to local schools** in the recognition and management of emotional wellbeing services. In addition support has been provided to pastoral care staff in several schools. Following the inputs from the Better Outcomes New Delivery (BOND) programme, to provide support to schools in managing emerging emotional wellbeing and mental health needs via training inputs to schools, developing specific linkages between CAMHS providers and schools and continued availability of the early support offer (via the established network on third sector providers at Tier 2)
50. **Early Years** Consideration is being given to extension of the CAMHS early years (0-5) service to achieve greater consistency of the CAMHS offer in South Staffordshire.
51. **Autistic Spectrum Conditions.** Addressing the needs of children and young people with co-morbidities, in particular children and young people with Autistic Spectrum Conditions. It is however acknowledged that there remains a challenge in fully meeting the needs of children with complex needs where ASD is a component and the CCGs are working to resolve this matter.

Impact

52. The impact of additional investment has seen an increase in the number of practitioners in children and young people's mental health provision, from early intervention to new psychiatry posts. The total number of new posts equates to 25, from 155 whole time equivalent posts in 21014/15 to 180.55 whole time equivalent posts at the end of March 2016.
53. An evaluation as to the number of additional children and young people being seen and impact on waiting times as a result of the

new investment is still underway and data will be published at a later date.

Our ambition – where we will be by April 2017

54. Our plan is based on increasing capacity and capability across all sectors, creating an equitable service across the whole of Stoke on Trent and Staffordshire that reflects the needs of differing populations. The focus in 2016/17 has been to fully operationalise the developments commenced in 2015/16 and to embed the new referral procedures and care pathways. Service developments, particularly in eating disorder and enhanced community outreach including out of hours support have been commissioned recurrently from April 2016, although the service in northern Staffordshire has faced some delays in initial set up stages. There is an emphasis on working with our partners in education to raise their awareness of mental health needs and the resources available and to encourage them to develop their own capacity.

55. By April 2017:

- a. Workforce plans in place
- b. Eating disorder services fully operational
- c. Crisis support (especially out of hours) in development
- d. Second/alternative Place of Safety identified
- e. Review support through transition including option appraisal regarding 0-25 service.
- f. Pathways fully functioning, demand and capacity assessed and reviewed
- g. ICT infrastructure in place
- h. Develop robust relationship with NHS England
- i. Improved service user participation.

Risks to Delivery

56. Recruitment of staff to newly created posts has been a challenge as providers report a shortage of suitably qualified and competent practitioners. Most new posts are now filled. Moving forward, there are risks around specific professions, such as neuro-psychiatry which is proving to be a challenge. Cost pressures on partners remain a risk as further austerity measures impact on key funders of provision.

By April 2020

57. The current Transformation Plan is based on the existing Emotional Well-being Strategies which run to 2018. Transformation Plan funding has enabled a far wider approach to be taken to developing comprehensive services for children and young people and to transform the model of care, whilst at the same time ensuring provision that works well is recognised, protected and expanded. The plan to date has been based on an incremental approach but we now wish to undertake a fundamental review to develop a plan up to 2020. This will include full consultation with all stakeholders. Our first steps are:

- a. Complete a full self-assessment gap analysis against the Future in Mind requirements
- b. Analysis of the Thrive model, workshop organised for November 2016
- c. Stakeholder events, with a focus on the engagement of children and young people themselves to redefine provision
- d. Identifying and protecting what works, in order to build on good practice

Local Transformation Plan allocations

58. The NHS England allocations by CCGs for Eating Disorder and Transformation for 2015/16 and 2016/17 are shown at Appendix 1. Actual investment in CAMHS for 2014/15 is also shown at Appendix A, this is the total investment, comprising usual investments made by Clinical Commissioning Groups and investment made by the two local authorities.

2016/17 investments

59. Details of the investments and proposed impact are shown at Appendix B.

Appendix A

2014/15 Investment across all CAMHS Funding Streams (baseline year)

	Stoke on Trent LA	Staffordshire LA	Stoke on Trent CCG	North Staffs CCG	Stafford & Surrounds CCG	SES & Seisdon CCG	Cannock Chase CCG	East Staffs CCG	Total
	£683, 650	£1,158,020	£2,516,000	£1,807,690	£864,169	£1,383,129	£732,430	£224,940	£9,370,028
Specialised Commissioning	-	-	1,226,155	703,690	784,678	649,826	122,727	79,422	3,566,498

Clinical Commissioning Groups Funding allocations 2015/16

	Stoke on Trent	North Staffs	Stafford & Surrounds	South East Staffs & Seisdon	Cannock Chase	East Staffs	Total
Transformation Plan	413,170	299,890	181,126	264,165	178,114	170,376	1,506,841
Eating Disorder	165,063	119,808	72,361	105,535	71,157	68,066	601,990
Total	578,233	419,698	253,487	369,700	249,271	238,422	2,108,831

2015/16 Investment across all CAMHS Funding Streams to be provided by recurrent and non-recurrent breakdown.

Funding allocation 2016/17

	Stoke on Trent	North Staffs	Stafford & Surrounds	South East Staffs & Seisdon	Cannock Chase	East Staffs	Total
Transformation Plan	636,314	456,301	290,655	430,583	273,072	265,419	2,352,344
Eating Disorder	165,063	119,808	72,361	105,535	71,157	68,066	601,990
Total	801,377	576,109	363,016	536,118	344,229	333,485	2,954,334

Staffordshire wide priorities		
Description of Scheme	Proposed Impact	Update October 2016
Eating Disorder <ul style="list-style-type: none"> In line with NICE guidance (NICE CG9) Dedicated multidisciplinary team community team Evidence based interventions supporting positive outcomes. 	<ul style="list-style-type: none"> Adherence to the NICE Guidance (NICE GC9) for CYP with Eating Disorder that all CYP will receive an initial appointment within 2 weeks; And, 95% of these being treated in accordance with the agreed pathway 	<ul style="list-style-type: none"> Service development under way
Crisis Intervention & Intensive Outreach <ul style="list-style-type: none"> Enhanced community service with extended hours of operation Support to enable young people to remain at home or support early discharge from hospital Support to acute paediatric services 	<ul style="list-style-type: none"> Reduction in CYP presenting at A&E due to self-harm/ mental health crisis Reduction in in-patient bed nights by 10% Reduced demand on health economy wide urgent services across both health and social care 	<ul style="list-style-type: none"> Intensive outreach operation in South Staffs. Delayed in North Staffs and Stoke. Increased support to acute paediatrics
Improving Access to Psychological Therapies <ul style="list-style-type: none"> Delivery of evidence based interventions Data collection and outcome reporting Service user and carer participation 	<ul style="list-style-type: none"> Effective & quality data collection to enhance and inform clinical practice Improved shared decision making, working in partnership with the child, young person and or family. Robust outcome data to support commissioners 	<ul style="list-style-type: none"> Training places allocated to NHS and third sector staff. Some challenges to data collection for northern Staffordshire
Tier 2 Capacity <ul style="list-style-type: none"> Third sector services for children with 	<ul style="list-style-type: none"> Early intervention with reduced waiting times Stronger liaison with core CAMHS services 	<ul style="list-style-type: none"> Capacity increased CBT offer under development via

mild to moderate mental health issues requiring Cognitive Behavioural Therapy (CBT) or counselling.		IAPT
School liaison / support to schools <ul style="list-style-type: none"> • School liaison and training • Mental health awareness / suicide prevention • Awareness of CAMHS Local Offer • Pastoral support 	<ul style="list-style-type: none"> • Increased school based provision of mental health support • Actively promote /encourage schools to take responsibility for commissioning service for children with mild to moderate mental health needs 	<ul style="list-style-type: none"> • Schools programme in South Staffordshire. • Some challenges in northern Staffordshire and Stoke on Trent and programme is under review
North Staffs and Stoke priorities		
Description of Scheme	Proposed Impact	Update October 2016
Central Referral Hub Choice Appointments & Increased capacity at Tier 3 <ul style="list-style-type: none"> • Single point of access for Tier 2 & 3 services • Triage and signposting, telephone advice, short term interventions • Choice and Partnership delivered within timescales. 	<ul style="list-style-type: none"> • 96% of choice appointments within 4 weeks by June 2016 • Increased partnership/ intervention capacity due to delivery of choice within 4 weeks • Multi-agency/ partnership working with Third sector providers ensures CYP have their needs met by the most appropriate services to meet their needs • Telephone access to advice and signposting for referrers 	<ul style="list-style-type: none"> • Hub fully functioning and offering a dedicated advice line, screening and triage system • Increased capacity has reduced waiting lists and times
South Staffordshire priorities		
Description of Scheme	Proposed Impact	Update October 2016
Neuropsychiatry service <ul style="list-style-type: none"> • Deliver support to children with co-morbidities at risk of admission • Provide early intervention / local 	<ul style="list-style-type: none"> • Improved case management • Reduction in in-patient admissions • Reduction in out of area placements 	<ul style="list-style-type: none"> • Some challenges to recruitment

support		
Children and Young People with Co-morbidities <ul style="list-style-type: none"> • Improve joint working and support for children and young people with co-morbidities, particularly those with autistic spectrum conditions 	<ul style="list-style-type: none"> • All children with co-morbidities to receive medication review and multi-disciplinary review. 	<ul style="list-style-type: none"> • Some challenges as above

Staffordshire Health and Well-being Board	
Title	HWB Intelligence Update
Date	9 th March 2017
Board Sponsor	Richard Harling
Author	Kate Waterhouse
Report type	For Information

Purpose of the report

1. The performance and outcomes report brings together key outcome measures from the national outcome frameworks for the NHS, adult social care and public health to support monitoring of a range of indicators and delivery of the Living Well strategy.
2. In September 2015, the Health and Wellbeing Board agreed to receive the updated summary report on a quarterly basis as a 'for information' item.
3. Information on trends and locality-based analysis will continue to be published on the Staffordshire Observatory website and forms part of the core Joint Strategic Needs Assessment dataset at:
<http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>

Key findings

4. Some of the highlights based on updated data this quarter include: GCSE attainment continuing to be above average; people generally being satisfied with living in Staffordshire and lower rates of people reoffending. There has also been a reduction in the numbers of children being admitted to hospital for unintentional injuries and less people are killed or seriously injured on our roads than the national average. Rates of people being diagnosed with dementia has also improved.
5. Some of the challenges in Staffordshire based on data this quarter include: higher than average women smoking throughout pregnancy; continued lower than average breastfeeding prevalence rates; uptake of NHS health checks remaining below average; alcohol-related admissions remaining above average mainly as a result of people drinking too much over the life course; numbers of delayed transfers of care continue to increase; and end of life care measured by the proportion of people dying at home below the England average.

Health and wellbeing outcomes and
performance summary report
for Staffordshire
February 2017

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Summary performance

Staffordshire's health and wellbeing strategy, Living Well, included an outcomes framework based on selected indicators from the national outcomes frameworks for public health, National Health Service and adult social care as well as measures from the Clinical Commissioning Group and children's outcomes frameworks.

This outcomes performance summary report presents data against indicators that were identified within the Living Well strategy where data is currently routinely available. Data sources for some of the other indicators are yet to be developed. The indicators are grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing. The full report will be published on the Staffordshire Observatory website shortly after the Health and Wellbeing Board meeting as part of the Joint Strategic Needs Assessment process at <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>.

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), of some concern (similar to the national average or trend has been going in the wrong direction over a period of time) or little concern where the performance is better than England. *Indicates where data has been updated or is a new indicator*

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Overarching health and wellbeing	There are significant health inequalities across Staffordshire for key health and wellbeing outcomes which are in the main underpinned by determinants of health.		<ul style="list-style-type: none"> Life expectancy at birth Inequalities in life expectancy Healthy life expectancy 	
Page 164 Start well	Infant mortality rates in Staffordshire are worse than average. The proportion of children living in poverty has increased but remains lower than England; however a significant number of start well indicators remain a concern in areas where there are higher proportions of low-income families.	<ul style="list-style-type: none"> Infant mortality Smoking in pregnancy Breastfeeding rates 	<ul style="list-style-type: none"> Children in poverty Low birthweight babies Childhood vaccination coverage 	<ul style="list-style-type: none"> Tooth decay in children School readiness
Grow well	There are a number of child health outcome indicators where Staffordshire is not performing as well as it could. Overall educational attainment is better than average; however there some cohorts, e.g. children receiving free school meals or those looked after who have lower rates. Unplanned admissions to hospital are also higher for this age group.	<ul style="list-style-type: none"> Chlamydia diagnosis Unplanned hospitalisation for asthma, diabetes and epilepsy Emergency admissions for lower respiratory tract infections 	<ul style="list-style-type: none"> Pupil absence 16-18 year olds not in education, employment or training Under 18 alcohol-specific admissions Smoking prevalence in 15 year olds Children with excess weight Emotional wellbeing of looked after children Teenage pregnancy Unintentional and deliberate injuries Under 18 admissions for mental health Hospital admissions as a result of self-harm (10-24 years) 	<ul style="list-style-type: none"> GCSE attainment

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Live well	There are concerns with performance against healthy lifestyle indicators such as excess weight and alcohol consumption. In addition performance on prevention of serious illness could be improved as Staffordshire has significantly lower numbers of NHS health checks to the target population. There are also concerns for outcomes for people with learning disabilities to participate in life opportunities which enable them to live independently. The number of people who self-harm is also higher than average.	<ul style="list-style-type: none"> Employment of vulnerable adults Vulnerable adults who live in stable and appropriate accommodation Domestic abuse Alcohol-related admissions to hospital Excess weight in adults Recorded diabetes NHS health checks Hospital admissions as a result of self-harm 	<ul style="list-style-type: none"> Self-reported wellbeing Sickness absence Violent crime Utilisation of green space Healthy eating: adults eating at least five portions of fruit or vegetables daily Physical activity amongst adults Diabetes complications Successful completion of drug treatment 	<ul style="list-style-type: none"> People feel satisfied with their local area as a place to live Re-offending levels Road traffic injuries People affected by noise Statutory homelessness Adult smoking prevalence
Age well	<p>Fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine which may be contributing to excess winter mortality.</p> <p>Many age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition those that are admitted to hospital are delayed from being discharged.</p>	<ul style="list-style-type: none"> Pneumococcal and seasonal flu vaccination uptake in people aged 65 and over People receiving social care who receive self-directed support and those receiving direct payment Unplanned hospitalisation for ambulatory care sensitive conditions Delayed transfers of care 	<ul style="list-style-type: none"> Fuel poverty Social isolation Social care/health related quality of life for people with long-term conditions People feel supported to manage their condition Permanent admissions to residential and nursing care Emergency readmissions within 30 days of discharge from hospital Estimated diagnosis rate for people with dementia Reablement services Falls and injuries in people aged 65 and over Hip fractures in people aged 65 and over 	
End well	Fewer Staffordshire residents than average die before the age of 75, in particular from cardiovascular, cancer or respiratory diseases. However end of life care, winter deaths, early death rates from liver disease, infectious diseases and suicides remain of concern for the County. There are also significant inequalities in mortality rates across Staffordshire.	<ul style="list-style-type: none"> End of life care: proportion dying at home or usual place of residence 	<ul style="list-style-type: none"> Preventable mortality Under 75 mortality from liver disease Mortality from communicable diseases Suicide Excess mortality rate in adults with mental illness Excess winter mortality Mortality attributable to particulate air pollution 	<ul style="list-style-type: none"> Mortality from causes considered amenable to healthcare Under 75 mortality from cancer Under 75 mortality from cardiovascular disease Under 75 mortality from respiratory disease

Table 1: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	Yes	Life expectancy at birth - males (years)	2013-2015	79.6	79.5	Stable
1.1b	Yes	Life expectancy at birth - females (years)	2013-2015	83.0	83.1	Stable
1.2a	No	Inequalities in life expectancy - males (slope index of inequality) (years)	2012-2014	6.4	9.2	Stable
1.2b	No	Inequalities in life expectancy - females (slope index of inequality) (years)	2012-2014	6.4	7.0	Stable
1.3a	Yes	Healthy life expectancy - males (years)	2013-2015	64.4	63.4	Stable
1.3b	Yes	Healthy life expectancy - females (years)	2013-2015	63.8	64.1	Stable
2.1	Yes	Child poverty: children under 16 in low-income families	2014	15.1%	20.1%	Worsening
2.2	No	Infant mortality rate per 1,000 live births	2013-2015	4.9	3.9	Stable
2.3	Yes	Smoking in pregnancy	2016/17 Q2	12.0%	10.3%	Stable
2.4a	No	Breastfeeding initiation rates	2015/16 Q1	69.1%	73.8%	Stable
2.4b	Yes	Breastfeeding prevalence rates at six to eight weeks	2016/17 Q2	24.8%	44.5%	Worsening
2.5a	Yes	Low birthweight babies (under 2,500 grams)	2015	7.6%	7.4%	Stable
2.5b	No	Low birthweight babies - full term babies (under 2,500 grams)	2014	2.3%	2.9%	Stable
2.6a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2016/17 Q2	97.1%	92.9%	Stable
2.6b	Yes	Measles, mumps and rubella at 24 months	2016/17 Q2	93.9%	91.3%	Worsening
2.6c	Yes	Measles, mumps and rubella (first and second doses) at five years	2016/17 Q2	90.5%	87.4%	Worsening
2.7a	No	Children aged three with tooth decay	2012/13	4.0%	11.7%	n/a
2.7b	No	Children aged five with tooth decay	2014/15	17.8%	24.7%	Improving
2.8	No	School readiness (Early Years Foundation Stage)	2015/16	73.8%	69.3%	Improving
3.1	No	Pupil absence	2014/15	4.4%	4.6%	Stable
3.2	Yes	GCSE attainment (five or more A*-C GCSEs including English and mathematics)	2015/16	54.7%	53.5%	Stable
3.3	No	Young people not in education, employment or training (NEET)	2015	3.9%	4.2%	Improving
3.4	No	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2012/13-2014/15	36.4	36.6	Stable
3.5	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.6a	No	Excess weight (children aged four to five)	2015/16	22.5%	22.1%	Stable
3.6b	No	Excess weight (children aged 10-11)	2015/16	33.7%	34.2%	Stable
3.7	Yes	Emotional wellbeing of looked after children (score)	2015/16	14.9	14.0	Stable
3.8a	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2015 Q3	23.0	21.2	Stable
3.8b	No	Under-16 conception rates per 1,000 girls aged 13-15	2012-2014	5.6	4.9	Stable
3.9	No	Chlamydia diagnosis (15-24 years) (rate per 100,000)	2015	1,646	1,887	Stable
3.10a	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2015/16	132	130	Improving
3.10b	Yes	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2015/16	96	104	Improving
3.10b	Yes	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2015/16	128	134	Stable
3.11	No	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2014/15	362	326	Stable
3.12	No	Hospital admissions - lower respiratory tract in under 19s (ASR per 100,000)	2014/15	440	382	Stable

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Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.13	No	Child admissions for mental health for under 18s (ASR per 100,000)	2014/15	88	87	Stable
3.14	No	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2014/15	432	399	Stable
4.1	Yes	Satisfied with area as a place to live	Sep-16	94.3%	85.6%	Improving
4.2a	No	Self-reported well-being - people with a low satisfaction score	2015/16	3.1%	4.6%	Stable
4.2b	No	Self-reported well-being - people with a low worthwhile score	2015/16	2.7%	3.6%	Stable
4.2c	No	Self-reported well-being - people with a low happiness score	2015/16	7.2%	8.8%	Stable
4.2d	No	Self-reported well-being - people with a high anxiety score	2015/16	19.0%	19.4%	Stable
4.3	Yes	Sickness absence - employees who had at least one day off in the previous week	2012-2014	2.6%	2.4%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2015/16	6.2%	8.8%	Stable
4.4b	No	Proportion of adults with learning disabilities in paid employment	2015/16	2.0%	5.8%	Stable
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2015/16	14.2%	6.7%	Improving
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2015/16	67.0%	75.4%	Improving
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2015/16	68.8%	58.6%	Improving
4.6	No	Domestic abuse (rate per 1,000)	2014/15	20.5	20.4	Improving
4.7	No	Violent crime (rate per 1,000)	2015/16	16.5	17.2	Worsening
4.8	Yes	Re-offending levels	2014	20.8%	25.4%	Stable
4.9	No	Utilisation of green space	2014/15	18.2%	17.9%	Stable
4.10	Yes	Road traffic injuries (rate per 100,000)	2013-2015	23.5	38.5	Stable
4.11	No	People affected by noise	2014/15	4.3	7.1	Improving
4.12	No	Statutory homelessness - homelessness acceptances per 1,000 households	2015/16	1.2	2.5	Stable
4.13a	No	Smoking prevalence (18+)	2015	13.6%	16.9%	Stable
4.13b	No	Smoking prevalence in manual workers (18+)	2015	23.4%	26.5%	Stable
4.14	Yes	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2016/17 Q1	770	653	Stable
4.15	No	Adults who are overweight or obese (excess weight)	2013-2015	68.0%	64.8%	Stable
4.16	No	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2015	52.7%	52.3%	Stable
4.17a	No	Physical activity in adults	2015	57.6%	57.0%	Improving
4.17b	No	Physical inactivity in adults	2015	28.3%	28.7%	Stable
4.18	No	Diabetes prevalence (ages 17+)	2015/16	7.0%	6.5%	Worsening
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	Yes	NHS health checks offered (as a proportion of those eligible)	2013/14 - 2016/17 Q2	66.0%	66.0%	Improving
4.20b	Yes	NHS health checks received (as a proportion of those offered)	2013/14 - 2016/17 Q2	42.5%	48.3%	Stable
4.20c	Yes	NHS health checks received (as a proportion of those eligible)	2013/14 - 2016/17 Q2	28.1%	31.8%	Improving
4.21	No	Hospital admissions as a result of self-harm (ASR per 100,000)	2014/15	207	191	Stable
4.22a	Yes	Successful completion of drug treatment - opiate users	July 2015 to June 2016	5.9%	6.6%	Stable
4.22b	Yes	Successful drug treatment exits - opiate users	2016	6.6%	6.9%	Stable
5.1	No	Fuel poverty	2014	10.5%	10.6%	Improving

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Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
5.2	No	Social isolation: percentage of adult social care users who have as much social contact as they would like	2015/16	48.4%	45.4%	Stable
5.3	No	Pneumococcal vaccine in people aged 65 and over	2015/16	66.1%	70.1%	Improving
5.4	No	Seasonal flu in people aged 65 and over	2015/16	69.8%	71.0%	Worsening
5.5	No	Social care related quality of life (score)	2015/16	19.1	19.1	Stable
5.6a	No	Health related quality of life for people with long-term conditions (score)	2015/16	0.74	0.74	Stable
5.6b	No	Health related quality of life for people with three or more long-term conditions (score)	2015/16	0.47	0.46	Stable
5.6c	No	Health related quality of life for carers (score)	2015/16	0.79	0.80	Stable
5.7	No	People feel supported to manage their condition	2015/16	65.1%	64.3%	Stable
5.8a	No	Proportion of people using social care who receive self-directed support	2015/16	80.2%	86.9%	Improving
5.8b	No	Proportion of carers who receive self-directed support	2015/16	87.1%	77.7%	Stable
5.8c	No	Proportion of people using social care who receive direct payments	2015/16	27.4%	28.1%	Stable
5.8d	No	Proportion of carers who receive direct payments	2015/16	76.5%	67.4%	Stable
5.9a	No	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	1,354	1,277	Stable
5.9b	No	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2014/15	737	807	Improving
5.10	Yes	Delayed transfers of care (rate per 100,000 population aged 18 and over)	2016/17 Q3	21.0	14.8	Stable
5.11	No	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2015/16	625	628	Stable
5.12a	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2015/16	87.8%	82.7%	Stable
5.12b	No	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2015/16	1.2%	2.9%	Worsening
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	Yes	Estimated dementia diagnosis rate	Jan-17	66.8%	66.1%	Improving
5.15	No	Falls admissions in people aged 65 and over (ASR per 100,000)	2014/15	2,149	2,125	Stable
5.16	No	Hip fractures in people aged 65 and over (ASR per 100,000)	2014/15	598	571	Stable
6.1	No	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2013-2015	182	184	Stable
6.2	No	Mortality by causes considered amenable to healthcare (ASR per 100,000)	2012-2014	106	112	Stable
6.3	No	Under 75 mortality rate from cancer (ASR per 100,000)	2013-2015	133	139	Stable
6.4	No	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2013-2015	69	75	Stable
6.5	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2013-2015	28.6	33.1	Stable
6.6	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2013-2015	17.7	18.0	Stable
6.7	No	Mortality from communicable diseases (ASR per 100,000)	2013-2015	9.6	10.5	Stable
6.8	Yes	Excess winter mortality	August 2014 to July 2015	19.3%	14.6%	Stable
6.9	No	Suicides and injuries undetermined (ages 10+) (ASR per 100,000)	2013-2015	10.4	10.1	Stable
6.10	Yes	Excess mortality rate in adults with mental illness	2014/15	346	370	Stable
6.11	Yes	End of life care: proportion dying at home or usual place of residence	2016/17 Q1	41.6%	45.7%	Stable
6.12	Yes	Mortality attributable to particulate air pollution, persons aged 30 and over	2015	4.5%	4.7%	Stable



STAFFORDSHIRE HEALTH AND WELLBEING BOARD

FORWARD PLAN 2017/2018

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Alan White and Dr Charles Pidsley
Co- Chairs

If you would like to know more about our work programme, please get in touch on 07794 491294

Unless otherwise stated public board meetings and non-public workshop sessions are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:	9 March 2017	Workshop/Development Non-Public Sessions	12 January 2017
	8 June 2017		13 April 2017
	7 September 2017		11 May 2017
	7 December 2017		9 November 2017
	8 March 2018		

Date of meeting	Item	Details	Outcome	
12 January 2017 WORKSHOP SESSION	Discussion topic: <i>The Living Well Strategy and the impact of the STP</i>	Topic for discussion agreed at the 8 December Board meeting		
16 February 2017 WORKSHOP SESSION	Cancelled	At their 8 December Board meeting Members agreed to cancel this workshop session		
9 March 2017 PUBLIC BOARD MEETING	Items for Decision	Better Care Fund Report Author: Becky Wilkinson Lead Board Member: Richard Harling	The H&WB requested this item at their 8 December meeting. The BCF was last considered by the Board at their meeting of 8 September 2016. This purpose of this item is to update the Board on developments with the BCF.	
		H&WB Strategy 2018 Report Author: Jon Topham Lead Board Member: Richard Harling	The development of the new Strategy was part of discussions around developing the H&WB agenda at the 8 September 2016 Board meeting. Members are aware that the current Strategy is due to be renewed in 2018.	
		Health in all Policies Report Author: Helen Jones Lead Board Member: Richard Harling	As part of discussions around developing the H&WB agenda (at their meeting of 8 September 2016) members agreed to consider the development of policy, guidance and support on issues such as: Alcohol licensing /saturation zones; Fast food and hot takeaways as a lever for the reduction of obesity; and housing policy with a focus on an ageing population.	
		Local Physical Inactivity Strategy & Sport England Bid Report Author: Jude Taylor Lead Board Member: Richard Harling	At their meeting of 8 December 2016 the Board heard that funding to encourage a more active nation had been made available and that over the next four years Sport England would be investing £1billion, with the intention of allocating £130m in ten different locations. Bids were being invited and Staffordshire intended to submit an expression of interest. The H&WB now received progress on the Staffordshire bid.	
	Items for Debate	Annual Report of the Director Public Health Report Author: Richard Harling Lead Board Member: Richard Harling	Deferred from 8 September H&WB. The Director of Public Health will give a presentation on his draft Annual Report prior to this being finalised and published.	
	CCG/SCC Commissioning Intentions Presentations from each CCG and from the Director of Public Health	Each CCG and the Director of Public Health will share a 5 minute presentation on their commissioning intentions		

Date of meeting	Item		Details	Outcome
		Obesity Debate Verbal update – Jon Topham	At their 8 September meeting the H&WB agreed a new initiative to hold regular debates on key issues as a way to raise public awareness and gauge public opinion. At that meeting it was agreed that the first public debate topic would be obesity. The debate had been held on 1 March and the Board will be updated on outcomes from the debate and progress on the obesity consultation.	
	Items for Information	The following items have been included on Pinipa for comment prior to this meeting: <ul style="list-style-type: none"> • H&WB Annual Report • Children’s Safeguarding Board Annual Report • Update on CAMHS funding • JSNA/Intelligence 		
13 April 2017 WORKSHOP SESSION	<i>Discussion topic TBC</i>		Cancelled	
11 May 2017 WORKSHOP SESSION	<i>H&WB Strategy</i>		<i>H&WB Strategy</i>	
8 June 2017 PUBLIC BOARD MEETING 171	Items for Decision	Children & Families	To be agreed with Helen Riley	
	Items for Debate	HWBB Strategy update	First Draft	
		Obesity Conversation	Discuss and agree actions from the Debate and the conversation	
		HIAP	Neighbourhood / Place based approach (to be agreed)	
		BCF	To be agreed	
Items for Information	The following items have been included on Pinipa for comment prior to this meeting: <ul style="list-style-type: none"> • Annual report on Personal Health Budgets • JSNA/Intelligence 			
7 September 2017 PUBLIC BOARD MEETING	Items for Decision			
	Items for Debate	STP	System leadership (EPCC/ MPC?) to be agreed	
	Items for Information	H&WB Strategy	Final Draft	
9 November 2017 WORKSHOP SESSION				
7 December 2017 PUBLIC BOARD	Items for Decision			

Date of meeting	Item		Details	Outcome
MEETING	Items for Debate	Annual Report of the Director Public Health Report Author: Richard Harling Lead Board Member: Richard Harling	This is the usual slot for the report	
		HIAP	Housing (to be agreed)	
	Items for Information	H&WB Strategy	Final draft	
8 March 2018 PUBLIC BOARD MEETING	Items for Decision	H&WBB Strategy	Final approval	
	Items for Debate	CCG/SCC Commissioning Intentions Presentations from each CCG and from the Director of Public Health	Each CCG and the Director of Public Health will share a 5 minute presentation on their commissioning intentions	
		Pharmaceutical Needs Assessment	Statutory duty of the Board	
	Items for Information			

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Consultation

Where the H&WB Chairman is asked to comment and/or sign off documents on behalf of the Board these documents are uploaded to Pinipa for Board Member's to access and/or comment.

Document	Link	Date uploaded

H&WB Statutory Responsibility Documents

Document	Background	Timings
Pharmaceutical Needs Assessment (PNA)	The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any	The current PNA was published in February 2015. The PNA is reviewed every three years, with the next review due in 2018 .

	potential gaps in current services or improvements that could be made. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.	

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	CO CHAIR - Alan White – Cabinet Member for Health, Care and Wellbeing Ben Adams – Cabinet Member for Learning and Skills Mark Sutton – Cabinet Member for Children and Young People	David Loades – Cabinet Support Member for Social Care and Wellbeing
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Head of Care and Interim Head of DASS
Director for Health and Care	Richard Harling – Director of Health and Care	tbc
Representative of Healthwatch	Jan Sensier – Chief Executive, Healthwatch Staffordshire	Robin Morrison – Chairman Engaging Communities
Representative of each Relevant Clinical Commissioning Group	Mo Huda – Chair of Cannock Chase CCG Paddy Hannigan – Chair of Stafford and Surrounds CCG John James – Chair of South East Staffs and Seisdon Peninsula CCG CO CHAIR - Charles Pidsley – Chair of East Staffs CCG Alison Bradley - Chair of North Staffs CCG	Andrew Donald – Accountable Officer Andrew Donald Andrew Donald Tony Bruce – Accountable Officer Marcus Warnes – Chief Operating Officer
NHS England	Ken Deacon – Medical Director, Shropshire and Staffordshire Area Team	Fiona Hamill – Locality Director

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Member	Substitute Member
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Frank Finlay – Cabinet Member for Environment and Health	Brian Edwards Gareth Jones
District and Borough Chief Executive	Tim Clegg – Chief Executive Stafford Borough Council	Rob Barnes – Director of Housing & Health Tamworth
Staffordshire Police	Jane Sawyers – Chief Constable	Nick Baker – Deputy Chief Constable
Staffordshire Fire and Rescue Service	Glynn Luznyj – Director of Prevention and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation	Penny Harris – Programme Director	Bill Gowan – Medical Director

Programme		
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