LEICESTER CITY
HEALTH AND WELLBEING BOARD

Date: MONDAY, 6 FEBRUARY 2017

Time: 3:00 pm

Location:
MEETING ROOM G.01, GROUND FLOOR, CITY HALL,
115 CHARLES STREET, LEICESTER, LE1 1FZ

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.

G. J. Carey
For Monitoring Officer

NOTE:

This meeting will be webcast live at the following link:-

http://www.leicester.public-i.tv

An archive copy of the webcast will normally be available on the Council's website within 48 hours of the meeting taking place at the following link:-

http://www.leicester.public-i.tv/core/portal/webcasts

MEMBERS OF THE BOARD

Councillors:

Councillor Rory Palmer, Deputy City Mayor (Chair)

Councillor Adam Clarke, Assistant City Mayor, Energy and Sustainability

Councillor Piara Singh Clair, Assistant City Mayor, Culture, Leisure and Sport

Councillor Abdul Osman, Assistant City Mayor, Public Health

Councillor Sarah Russell, Assistant City Mayor, Children, Young People and Schools

City Council Officers:

Frances Craven, Strategic Director Children's Services

Steven Forbes, Strategic Director of Adult Social Care

Andy Keeling, Chief Operating Officer

Ruth Tennant, Director Public Health

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Sue Lock, Managing Director, Leicester City Clinical Commissioning Group

Dr Peter Miller, Chief Executive, Leicestershire Partnership NHS Trust

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Roz Lindridge, Locality Director Central NHS England – Midlands & East (Central England)

Healthwatch / Other Representatives:

Karen Chouhan, Chair, Healthwatch Leicester

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Andy Lee, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

STANDING INVITEES: (Not Board Members)

Toby Sanders, Senior Responsible Officer, Better Care Together Programme
Richard Henderson, Acting Chief Executive, East Midlands Ambulance Service NHS Trust

Information for members of the public

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey**, Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

PUBLIC SESSION

AGENDA

FIRE/EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. MEMBERSHIP OF THE BOARD

The Monitoring Officer to report the following change in the membership of the Board:-

Leicestershire Fire and Rescue Service have nominated Andrew Brodie, Assistant Chief Fire Officer, to be their representative on the Board.

NHS England – Midlands and East have nominated Roz Lindridge, Interim Locality Director, Central NHS England to be their representative on the Board in place of Trish Thompson.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

4. MINUTES OF THE PREVIOUS MEETING

Appendix A (Pages 1 - 10)

The Minutes of the previous meeting of the Board held on 15 December 2016 are attached and the Board is asked to confirm them as a correct record.

5. CHILDREN'S JOINT STRATEGIC NEEDS ASSESSMENT

Appendix B (Pages 11 - 28)

The Director of Public Health to submit a report providing an update on the progress Children's and Young People's Joint Strategic Needs Assessment (JSNA) for 2016.

6. TRANSFORMATION PLAN FOR MENTAL HEALTH AND WELLBEING FOR CHILDREN AND YOUNG PEOPLE - REFRESH 2016/17

Appendix C (Pages 29 - 50)

To receive a report on the review and refresh of the Transformational Plan developed in 2015 as part of the LLR Better Care Together Programme. There was a national requirement to refresh the plan to reflect the progress that had been made in 2015.

Chris West, Director of Nursing and Quality West Leicestershire and East Leicestershire and Rutland CCGs and Tim O'Neill, Director of People, Rutland County Council will be present at the meeting to present the report.

7. STP PRIMARY CARE UPDATE

To receive a verbal update on STP Primary Care proposals from Professor Azhar Farooqi, Co-Chair Leicester City Clinical Commissioning Group and Time Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group.

8. THE PERSONAL HEALTH BUDGETS LOCAL OFFER

Appendix D (Pages 51 - 60)

To receive a report from Maria Smith, Strategic Lead for Personal Health Budgets for Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups. The report sets out the CCG's Local Offer and the plans currently in development to expand the offer in line with national guidance.

9. LEICESTER SAFEGUARDING ADULTS BOARD

Appendix E (Pages 61 - 110)

To receive the Leicester City Safeguarding Adults Board Annual Report Executive Summary for 2016.

Jane Geraghty – Chair of Leicester Safeguarding Adults Board will be present at the meeting to present the report.

10. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

11. DATE OF NEXT MEETING

To note that the next meeting of the Board will be held on Monday 3rd April 2017 at 2.00pm

Meetings of the Board are scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

12. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
HEALTH AND WELLBEING BOARD

Held: THURSDAY, 15 DECEMBER 2016 at 5.00pm

Present:

Councillor Rory Palmer (Chair)	–	Deputy City Mayor, Leicester City Council.
Councillor Piara Singh Clair	–	Assistant City Mayor, Culture, Leisure and Sport, Leicester City Council.
Matthew Cane	–	Group Manager, Leicestershire Fire and Rescue Service
Frances Craven	–	Strategic Director, Children's Services, Leicester City Council.
Professor Azhar Farooqi	–	Co-Chair, Leicester City Clinical Commissioning Group.
Steven Forbes	–	Strategic Director of Adult Social Care, Leicester City Council.
David Henson	–	Executive Officer, Healthwatch, Leicester
Wendy Hoult	–	Better Care Fund Implementation Manager, Central NHS England – Midlands and East (Central England)
Chief Superintendent Andy Lee	–	Head of Local Policing Directorate, Leicestershire Police.
Sue Lock	–	Managing Director, Leicester Clinical Commissioning Group
Dr Peter Miller	–	Chief Executive, Leicestershire Partnership NHS Trust.
Councillor Sarah Russell	–	Assistant City Mayor, Children's Young People and Schools, Leicester City Council.

Ruth Tennant	–	Director of Public Health, Leicester City Council.
Mark Wightman	–	Director of Marketing and Communications, University Hospitals of Leicester NHS Trust

Standing Invitees

Toby Sanders	–	Senior Responsible Officer – Better Care Together Programme

In attendance

Graham Carey	–	Democratic Services, Leicester City Council.

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37. APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

John Adler	Chief Executive, University Hospitals of Leicester NHS Trust.
Lord Willy Bach	Leicester, Leicestershire and Rutland Police and Crime Commissioner.
Karen Chouhan	Chair, Healthwatch Leicester.
Councillor Adam Clarke	Assistant City Mayor - Energy and Sustainability.
Andy Keeling	Chief Operating Officer, Leicester City Council.
Councillor Abdul Osman	Assistant City Mayor – Public Health.
Dr Avi Prasad	Co-Chair Leicester City Clinical Commissioning Group.
Trish Thompson	Locality Director Central NHS England – Midlands and East (Central England).

38. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business to be discussed at the meeting. No such declarations were received.

39. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

The Minutes of the previous meeting of the Board held on 10 October 2016 be confirmed as a correct record.

40. SUSTAINABILITY AND TRANSFORMATION PLAN

Toby Sanders, Senior Responsible Officer for the Leicester, Leicestershire and Rutland Sustainability and Transformation Plan submitted the draft Sustainability and Transformation Plan that was released on 21 November 2016 and a report on the proposed governance role of Health and Wellbeing Boards in the process.

It was noted that:-

a) All 44 STPs in the country had now been published. The LLR STP was now in the engagement phase to seek the views of partners on its contents. Work was progressing with partners and the NHS with a view to engaging in formal public consultation in 2017 but this was dependent upon NHS England giving approval for the process to start. The LLR STP included a number of capital projects necessary to deliver the plan and NHS England had recently indicated that their work on allocating capital resources nationally would be completed in early 2017.

b) A number of public engagement events were planned ahead of the formal consultation process in Lutterworth, Coalville, Hinckley and Loughborough to seek the public's views on the proposals for community hospitals. It was not proposed to hold public meetings on the STP as a whole at this stage as that would effectively amount to undertaking consultation in the engagement period. However, engagement events could take place where issues of specific concern had been expressed.

c) Formal statutory consultation would take place on those areas of service configurations in the STP affecting:-

- The reconfiguration of acute services onto two sites at the Leicester Royal Infirmary and Glenfield Hospital.

- Remodelling maternity services to consolidate all services onto one site at the Royal Infirmary and, subject to preferences expressed during consultation, provide a midwife lead unit at the General Hospital.

- Reconfiguring community hospitals to reduce the number of sites with inpatient beds from 8 to 6 and redesigning services in Lutterworth, Oakham and Hinckley.

Members of the Board stated that:-

a) They were concerned that there were not any specific engagement events planned for the City and felt the people in Leicester would see the engagement events in the county as 'consultation' and have concerns that nothing was taking place in Leicester on issues which were of concern to the City.

b) Healthwatch supported the view that the public perception of engagement would be seen as consultation and there would be confusion on how the distinction between the two was managed effectively.

c) The Young People's Council in Leicester had asked to be specifically involved in the engagement and consultation process.

d) They had concerns that if there was not sufficient and meaningful public consultation upon the proposals, the STP would not gain the public support it would need for it to be successful.

e) The integration of the health services and social care services within the STP was a particular challenge; given the uncertainty of funding for local authority social care services. However, it was noteworthy that the current integration arrangements were working well and the City was one of the best performers in the country in relation to the low numbers of delayed discharges from hospitals.

Following comments from Members of the Board, the following responses were received:-

a) The LLR BCT programme had been at an advanced stage when the STP process had been introduced. There had been considerable public involvement in the development of the BCT which formed a major part of the STP.

b) An EIA had been produced and was currently being discussed with the Leicestershire Challenge Group to identify specific groups which may be affected so that a communications strategy could be targeted at specific groups for engagement and consultation purposes.

c) A staff development plan had been prepared to enable staff in health and social care to work in the future model envisaged by the STP. Specific interventions would be required to support the training of staff to undertake new integrated working in the community and working more independently. Some funds had been received from Education UK for this training, but it was acknowledged that this would not be sufficient for all the training needs required.

d) It was envisaged that approximately 50% of the savings required by the STP process would be achieved through provider savings, skill mix

procurement, which would result in a more agile service provision requiring less office space, and day to day efficiencies in proving the same services through different means.

The Board also considered a report on the governance and delivery arrangements for the STP and the proposed role of the 3 Health and Wellbeing Boards in LLR within those arrangements.

The Chair commented that the City Council would take a formal view on the STP proposals in February following consideration of the STP by the Council's scrutiny function. Until the Council had taken a formal view, it would difficult for the City Council members on the Board to subscribe to all the proposals contained in paragraph 9 of the report. He also felt that the Board could not take the responsibility for ensuring that the STP priorities addressed the key place based health and care needs of each Health and Wellbeing area. He considered that the Board could only seek assurances from those partners responsible for delivering services and the System Leadership Team which met more frequently than the Board and were able to consider the issues in greater detail.

AGREED:-

1. That the draft STP be received and noted.

2. That the Senior Responsible Officer considers the Board's request that specific engagement events be held on proposals in the STP affecting the City, prior to the formal consultation process.

3. That consideration of the proposed governance arrangements be deferred and discussed further at a Board Development Session.

41. THE 2016 ADULT AUTISM SELF-ASSESSMENT - EVALUATING PROGRESS IN LOCAL AUTHORITIES ALONG WITH PARTNER AGENCIES

Steven Forbes, Strategic Director, Adult Social Care, presented the 2016 Autism Self-Assessment Framework which was designed to assess the progress made by the Local Authority and its partners over the last two years.

It was noted that it was difficult to make direct comparisons with the 2014 Assessment as the number of indicators had increased from 20 to 31. The 2016 Assessment had resulted in 12 indicators showing Green, 16 showing Amber and 3 showing Red. The 3 Red indicators all related to post diagnostic support for people with autism. This issue had been considered by the Adult Social Care Scrutiny Commission on 12 December when it was reported that agreement had been reached in principle between the CCG and the LPT to introduce an improved post diagnostic service from April 2017.

There were still improvements required for data collection and further work was required in relation to improving the transition experience for young people in

preparing for adulthood including employment. Discussions had taken place with the Strategic Director Children's Services to identify specific areas where improvements could be made and it was proposed to introduce these in 2017.

It was also noted that the 2016 Assessment had been submitted to the Joint Integrated Commissioning Board on 17 November 2016 as well as the Adult Social Care Scrutiny Commission earlier in the week. The Autism Partnership Board had also discussed and agreed the outcomes at their last meeting.

RESOLVED:-

That the report and 2016 Assessment be received and the recommendations for future work to ensure the Council and partner agencies are able to meet their legal responsibilities and raises standards be noted.

42. LONELINESS AND ISOLATION EVIDENCE REVIEW

John Mair-Jenkins, Speciality Registrar, Public Health introduced a briefing report that provided information about the risks, impacts and interventions for loneliness and social isolation, highlighting the position in Leicester and informing discussion about options for further work. A presentation was also made to the Board.

The following comments were made during the presentation:-

a) Various factors affected loneliness and could intervene in multiple areas of a person's life. These factors could relate to a person's individual circumstances, the local community where the person lived and how the individual integrated with, or was affected by, the local environment, and those factors which affected society at large.

b) It was estimated that 30,000 residents in Leicester felt excluded, lonely or alone all the time. This represented approximately 10% of the population and this had been a stable trend over the last 60 years.

c) The risks for loneliness were not universal and there were variations between different ethnic and age groups. There were established links between loneliness and health inequalities. People experiencing loneliness all the time could have increased odds of death of 30% and they were also more likely to access GP and hospital services and enter residential care.

d) It was estimated that the cost of loneliness could cost £24 million in Leicester and that effective intervention could save a potential of £1.5 to £5.1 million per year. There was no real consensus on what represented the best forms of intervention; but it was recognised that the issue of loneliness could not be tackled in isolation by any one single organisation.

e) Existing initiatives included, reablement services, independent living support, grant funded luncheon clubs, First Contact , Leicester Dial A Ride, RVS Hospital to home scheme, care navigators, Braunstone Blues, as well as a range of voluntary sector services providing wellbeing support groups and telephone befriending. The current challenges were seen as providing services in a time of austerity and building vibrant communities where people could feel connected.

Members also referred to the impact of social isolation arising from both teenage pregnancy and those teenagers who experienced difficulties in integrating with their peers or who felt social isolation arising from their parent's separating or divorcing.

A representative of Age UK stated that they currently had a programme to address isolation through identifying vulnerable people through GP services. The programme had £3 million of funding over two years and it provided support to 3,000 people. However there was a challenge in engaging with GPs in the east of the City.

Toby Sanders commented that the CCG supported a range of services including befriending services for patient support through voluntary and community organisations. He stated that he would discuss ways of helping Age UK to improve engagement with GPs in the east of the City with the Managing Director of the Leicester City CCG.

The Chair welcomed the report and presentation in raising the issues with the Board. He felt that it would be possible to identify pilot areas of the City which could be suitable for developing a small number of initiatives in partnership with Board Members and voluntary and community sector representatives.

AGREED:

1. That the Speciality Registrar, Public Health be thanked for the presentation and that the Board members consider the issues of isolation in their own areas of service delivery and consider ways of addressing the issues with other partners in the local health economy.

2. That the Speciality Registrar, Public Health arrange for an informal group of the Board and voluntary and community sector representatives to develop a small number of initiatives for a pilot area in the City.

43. LOCAL CHILDREN'S SAFEGUARDING ANNUAL REPORT

The Board received the Leicester Safeguarding Children Board Annual Report 2015-2016. The Board was requested to note the content of the report, disseminate key messages to staff, discuss the report in team meetings and service briefings and provide assurances that the above activity has been undertaken.

Steven Gauntley, Head of Service Children's Safeguarding Unit and Janet Russel, Interim Leicester Safeguarding Children Board Manager introduced the report and made the following comments:-

a) The Annual Report was required to be presented through the Council's scrutiny arrangements and shared with other strategic partnerships.

b) The Council were inspected in January and February 2015 by OFSTED in relation to its services for children in need of help and protection, children looked after and care leavers. OFSTED also reviewed the effectiveness of the Local Safeguarding Children Board (LSCB). Both the Council and LSCB had received an overall assessment of inadequate.

c) The current report was the second Annual Report since the inspection, and it outlined the ongoing developments relating to the core business and priorities identified from the outcomes of the OFSTED inspection. The report also detailed the improvements that had been made since the OFSTED inspection.

The business priorities for 2016-17 for the LSCB, in addition to the core functions and responsibilities, were:-

a) The LSCB to be assured that there is evidence to consistently demonstrate that children and young people are effectively safeguarded.

b) To be assured that Early Help services are accessed and delivered effectively and thresholds are understood and applied consistently.

c) The LSCB to be assured that there is a culture of continuous system of single and multi-agency learning and improvement.

d) The LSCB is to continue to improve its governance, performance and quality assurance process and to assured of the effectiveness of the LSCB.

The Assistant City Mayor Children, Young People and Schools commented that report was dated and there had been significant improvements since it was written. Numerous reports were commenting on the importance of the contribution of the multi agencies and the assumption that the local authority should always be the lead authority, which was not always the case.

It was noted that there would be a further inspection in 2017 and it was important to build upon the improvements that had been achieved to date.

AGREED:

1. That the report be received and noted and the key messages be disseminated to staff and that a priority is given to discuss the

Annual Report in Team Meetings and service briefings in order to raise the profile of the LSCB and ensure its role is understood.

2. That the partner members of the Board provide assurances to the LSCB that the steps above have been undertaken.

44. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

45. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board would be held on the following dates:-

Monday 6th February 2017 – 3.00pm

Monday 3rd April 2017 – 2.00pm

Meetings of the Board were scheduled to be held in Meeting Room G01 at City Hall unless stated otherwise on the agenda for the meeting.

46. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

47. CLOSE OF MEETING

The Chair declared the meeting closed at 6.55 pm.

LEICESTER CITY HEALTH AND WELLBEING BOARD

6 FEBRUARY 2017

Subject:	Children's and Young People's Joint Strategic Needs Assessment 2016
Presented to the Health and Wellbeing Board by:	Ruth Tennant, Director of Public Health, Leicester City Council
Author:	Tiffany Burch, Public Health Registrar, Leicester City Council

EXECUTIVE SUMMARY:

The purpose of this report is to update the Health and Wellbeing Board on the progress of the high-level Children's and Young People's Joint Strategic Needs Assessment (JSNA) 2016.

Services for children in the city are undergoing a period of change, including substantial reconfiguration and restructuring of a number of key services provided by both local government and the NHS. Although the JSNA does not make specific recommendations for service change, the JSNA provides evidence about key health outcomes for children.

Understanding the impact of changes on health outcomes and identifying how the measures outlined in the JSNA can be implemented during this period of change will be an important challenge for local public services and for the Health and Well-being Board locally.

The CYP JSNA 2016 has been designed to be predominantly web-based and iterative in nature, with annual reviews of sections planned. It has been produced by a multi-agency team overseen by the JSNA Programme Board.

A summary document, *Snapshots: Children and Young People*, has been prepared to both accompany the more detailed briefings and promote use of the JSNA web

pages. Snapshots is attached as Appendix A. The infographics in the *Snapshots* document will be made available on the JSNA web pages for downloading and for use in presentations of various types.

The CYP JSNA will be live on the Leicester City Council website shortly. The chapters covered are listed in Appendix B. The web-pages provide a brief summary of each chapter (as a web page), links to a further (PDF) briefing on the topic and to links within and also external to the council to relevant plans, profiles and data sources. There are introductory pages which explain the purpose and use of the web-pages.

The CYP JSNA involved two sets of engagement with stakeholders. The engagement was delivered by VAL.

A children's survey is currently underway which will provide data on young people's views of their health and well-being. This is due to report in late Spring.

The recommendations of the JSNA will be discussed at the Children's Trust Board on 27 January 2017 and these will be presented to the Board at the meeting.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to discuss and agree the recommendations of the JSNA that will be presented at the meeting.

Appendix A: Snapshots infographics

Appendix B: Chapters Included in the CYP JSNA 2016

- Introduction to JSNA
- Demography of Leicester's Children and Young People
- PreBirth and Early Life
- Early Years (0 to 4)
- School Years (5 to 19)
- Young Adults (20 to 24)
- Mental Health of Children and Young People
- Looked After Children
- Youth Offenders
- Vulnerable Groups (Includes Female Genital Mutilation, Child Sexual Exploitation and Gypsies and Travellers)

Snapshots: Children and Young People

Health and Wellbeing in Leicester

DRAFT VERSION

Leicester
CYP Joint Strategic Needs Assessment
Version 1.0

www.leicester.gov.uk/JSNA

NHS
Leicester City Clinical Commissioning Group

Leicester City Council

JSNA 2016

This short report accompanies the Joint Strategic Needs Assessment (JSNA) pages concerned with children and young people on the Leicester City Council website www.leicester.gov.uk/JSNA.

What's available and why?

The JSNA 2016 is a series of briefings, available at the above web address, which give an overview of topics related to the health and wellbeing of people in Leicester. These briefings are intended as starting points for discussion and consideration which can lead to action. Each briefing provides information on the topic it covers and links to further information, strategies and statistics as appropriate. These links include the more detailed and narrowly focused need assessments (JSpNAs) on specific topics, services, communities or conditions. Beside their relevance to health, social care and public health organisations, it is intended that the briefings will be helpful to those in the voluntary and community sector (and more widely) and supportive of combined efforts to improve health and wellbeing.

These briefings are not therefore a statement of policy of either Leicester City Council or NHS Leicester City Clinical Commissioning Group, or the Leicester Health and Wellbeing Board. The Leicester Health and Wellbeing Strategy presents the priorities for action to improve health and wellbeing which have been approved by the Health and Wellbeing Board and is available from: http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/health-and-wellbeing-board

Briefings on children and young people will be available on the web pages covering

- Demography
- Pre-birth and pregnancy
- Early years (0-4 years)
- School years (5-19 years
- Adulthood (20-24 years)
- Looked After Children
- Mental Health
- Gypsies and travellers
- Youth Offending Service
- Child sexual exploitation
- Female Genital Mutilation

The Adults JSNA 2016 includes the following:

- Alcohol
- Drugs
- Tobacco
- Obesity
- Sexual health
- Oral health
- Cardiovascular disease
- Diabetes
- Cancer
- Respiratory disease
- Dementia
- Mental health and wellbeing
- Learning disabilities
- End of life care
- Adult social care
- New arrivals

Your feedback is welcomed

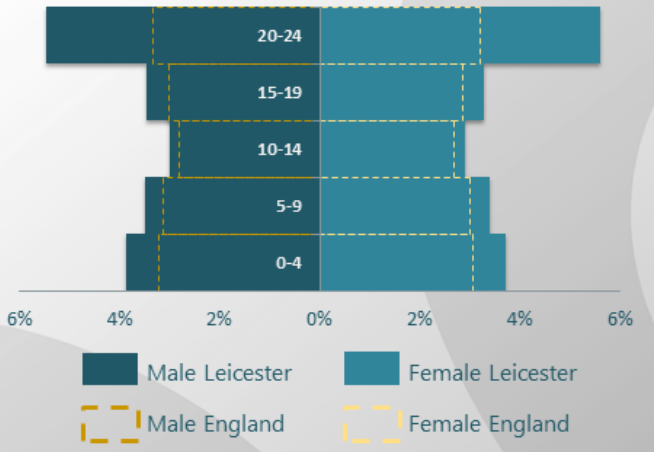
The briefings on the web pages, and this document, will be reviewed at least annually and we welcome your comments and suggestions for improvement of specific briefings. Please send your comments to jsna@leicester.gov.uk or telephone 0116 454 2023.

Leicester has a younger age profile than England. Over 1 in 4 are 19 or under.

Leicester's 19 and under population is 92,783

By 2039 this is forecast to grow to 106,000

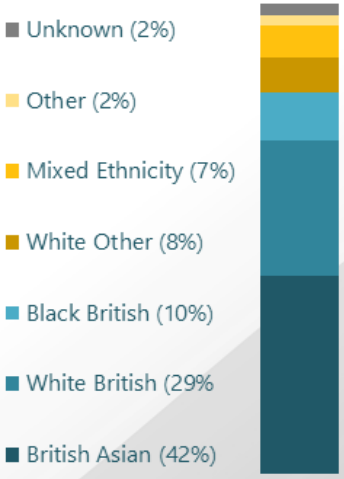
Age	Numbers	%
0-4	25,884	7.6%
5-9	23,606	6.9%
10-14	20,217	5.9%
15-19	23,076	6.7%
20-24	37,943	11.1%
All ages	342,627	100.0%



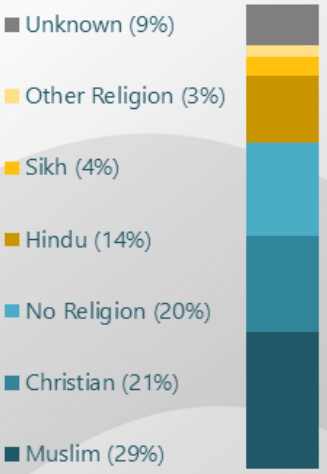
The 19 and under population has a higher proportion of people from a BME background than the city overall.

The Leicester school census (5- 15) shows the diversity of over 50,000 children and young people attending city schools.

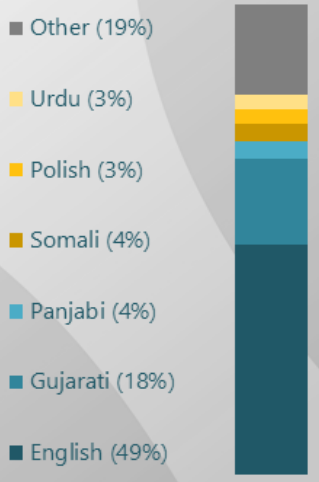
70% of pupils are from a BME background



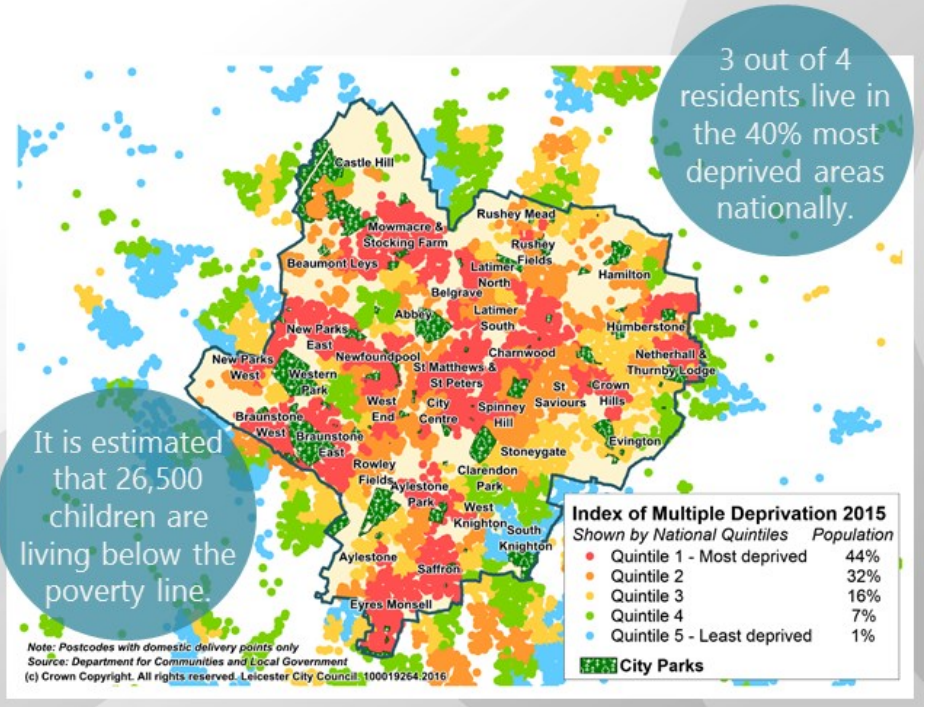
70% of pupils identify with a religion



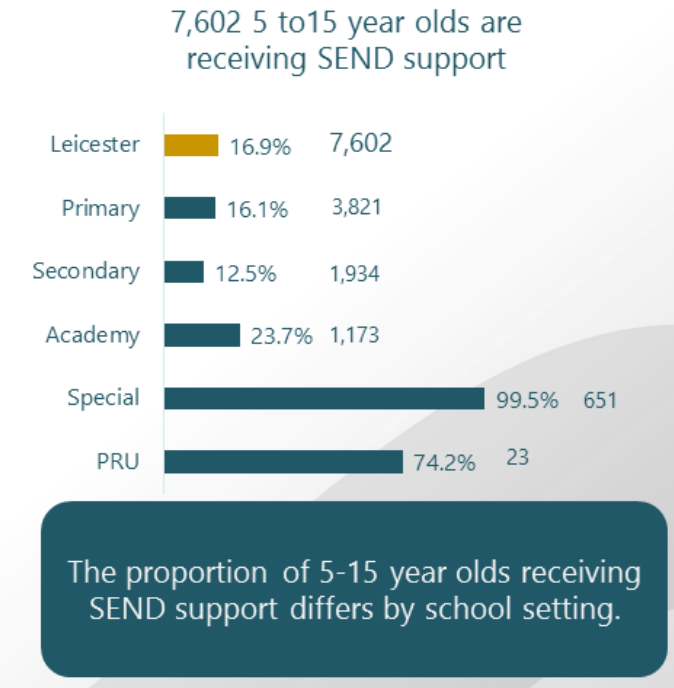
164 different 'home' languages are spoken by Leicester pupils

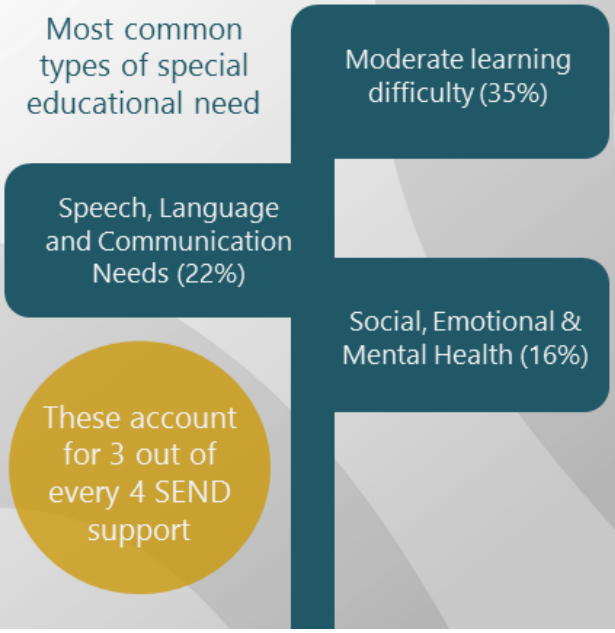


Many younger people live in deprivation.



One in seven 5 to 15 year olds receive Special Educational Needs (SEND) support.

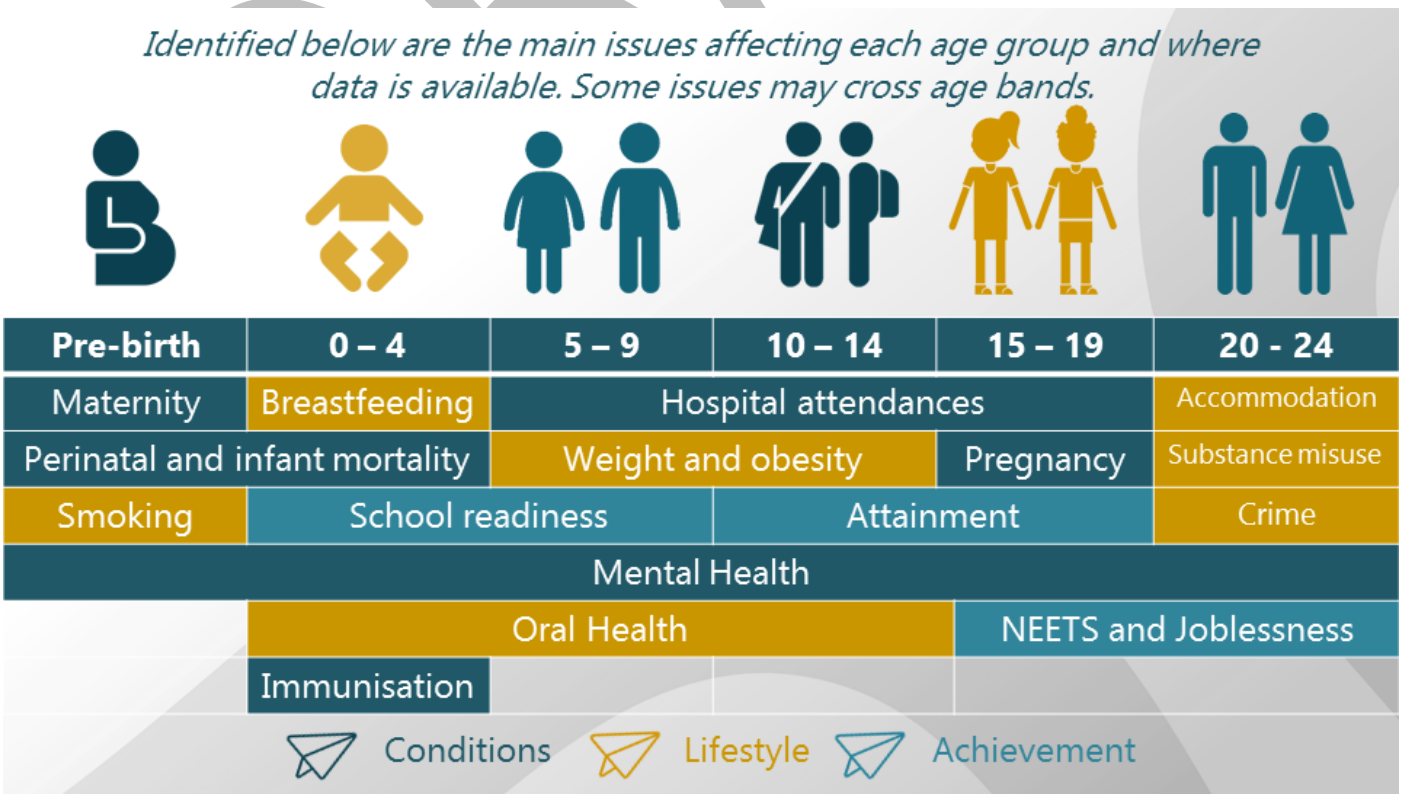




Key issues

Children and young people. Addressing the health and wellbeing issues faced by children and young people which have a significant impact on all areas of their development and life chances.

The life course approach identifies key issues from pre-birth to adulthood

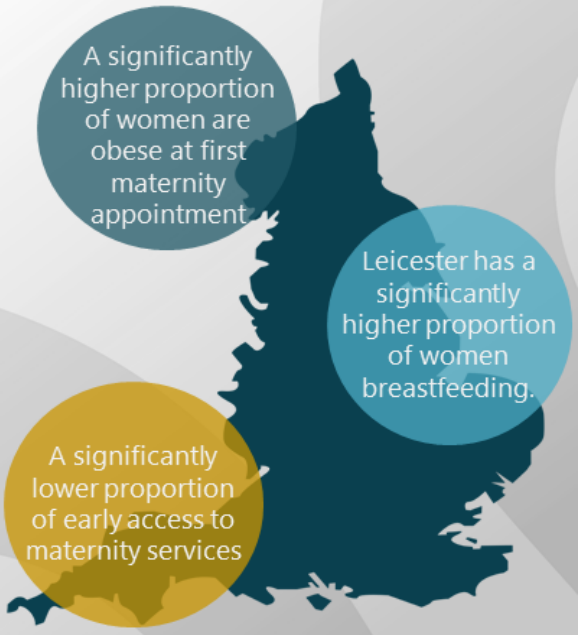


Leicester has a higher proportion of women aged 15 to 44 and a higher general fertility rate than its peers and England.

Pre-Birth

Lifestyle	• A national ambition of 11% was set for smoking at time of delivery, the Leicester rate is 11.4%.
Achievement	• 76.9% of new mothers in Leicester breastfeed compared to 74.3% in England. • Pregnancy under age 20 years is higher compared to peers. Teenage pregnancy can impact achievement because children of teenage mothers are more likely to experience poorer outcomes.
Access to services	• Early access to maternity services is lower compared to England and some peer areas.
Domestic Violence	• Approximately 7% of women seeking help from the SAFE project in Leicester are pregnant.

Compared with England...



Local services include

• Universal services include midwifery, antenatal screening and immunisations in pregnancy, Breastfeeding promotion and support, antenatal parenting education classes, health visiting, and Children, Young People and Family Centres (formerly Children Centres).
• Other population-specific services include those around substance misuse, mental health, maternal obesity, maternal diabetes, teenage pregnancy, new arrivals and safeguarding.

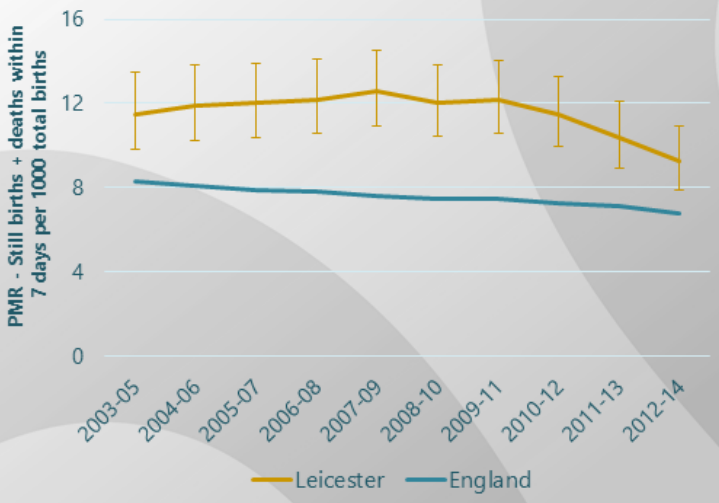
Early access to midwifery services is associated with better outcomes including:

Fewer complications in pregnancy

Fewer maternal and perinatal deaths.

In Leicester access is significantly lower than England.

The perinatal mortality rate (PMR) in Leicester is significantly higher than England.

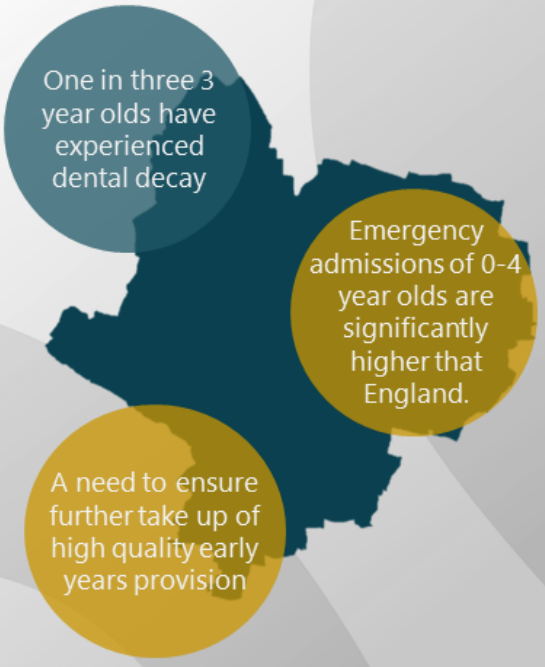


Leicester has a higher proportion of 0 to 4 year olds compared to peers and England. This age group is increasing at a faster rate than it is in England.

0 – 4 year olds

Lifestyle	• A third of all three years olds have experienced dental decay.
Achievement	• A 23% increase (between 2013 and 2015) in 5 year olds with a 'good level of development'. • Leicester has poorest performance compared to all peers and England.
Access to services	• The 95% threshold for child immunisations was achieved except for MMR and the Hib/MenC booster (at age 5).
Child protection	• 223 Child Protection Plans were started in 2015/16. Neglect was documented for half of these.

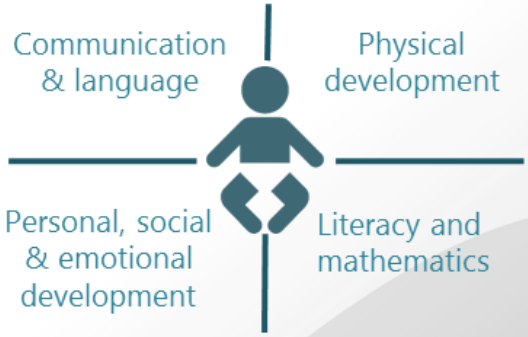
Issues in Leicester...



Local services include

• Universal services include general practice, dentistry, health visiting, Children, Young People and Family Centres (formerly Children's Centres), childcare and funded early education entitlement (FEEE) and Voluntary Sector provision such as pre-schools and parent and toddler groups.
• Early years issue and population-specific services include Child and Adolescent Mental Health Services (CAMHS), continence provision, Early Help (EH), the Family Nurse Partnership (FNP), Speech and Language Therapy (SALT) and safeguarding.

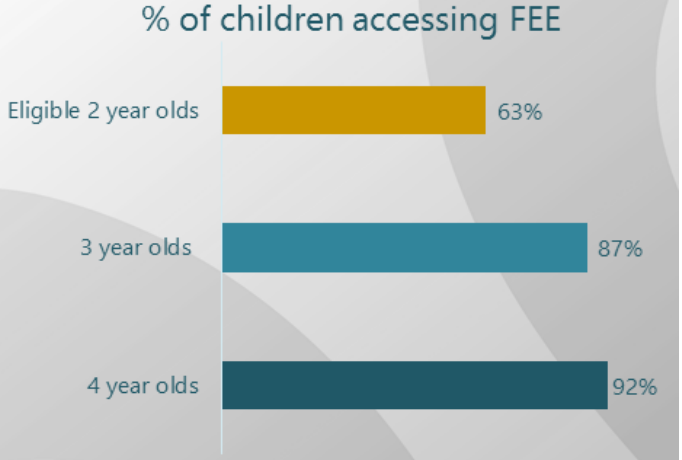
Child development is determined by assessing the following:



50.7% of children achieve a 'good level of development' by age 5.

An improvement, but significantly lower than England.

Funded early years education (FEE) aims to help the development of children.



FEE can be accessed through a PVI (Private voluntary and independent nursery), childminder or school.

Leicester has a higher proportion of 5 to 9 year olds compared to England.

5 – 9 year olds

Lifestyle

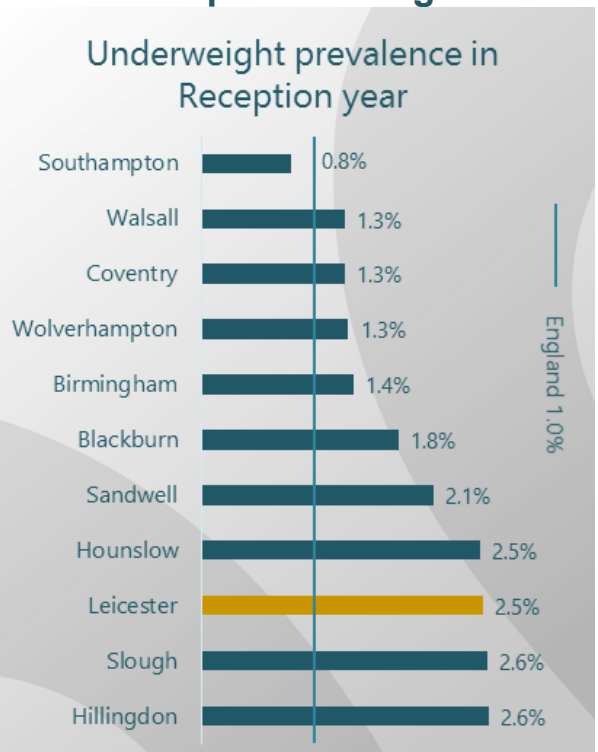
- Higher rate of emergency hospital admissions 51.3 per 1000 compared to 44 in England.
- A fifth of reception children are overweight or obese.
- Underweight prevalence is higher amongst Asian children.

Achievement

- Leicester performed worse than England for achieving level 2+ for reading, writing and mathematics (Key Stage 1).

Access to services

- 980 receiving Disability Living Allowance.
- 3,500 children in this age group receive SEND Support.



Local services include

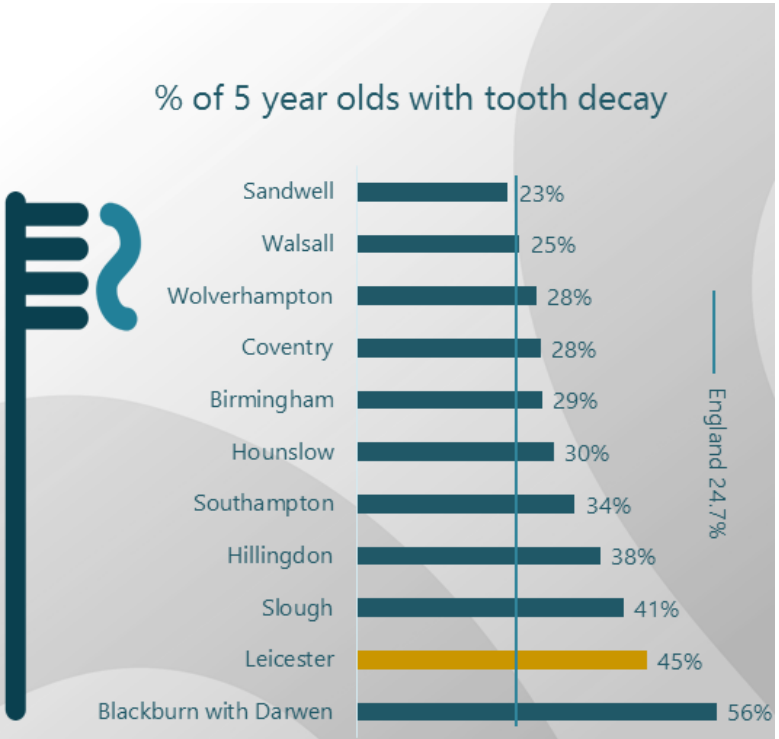
• Universal services include general practice, hospitals, dentistry, health visiting, Children, Young People and Family Centres (formerly Children's Centres), educational provision, school nurses and Voluntary Sector provision such as swimming clubs, sports groups and general leisure groups.
• School years issue and population-specific services include CAMHS, continence provision, weight management services, oral health promotion, SALT, safeguarding services and new arrivals services.

1 in 2 children have experienced dental decay.

High burden of dental disease when compared against peers and national rate.

42,000 children in Leicester aged 6 to 12 years have had fluoride varnish treatment.

Fluoride varnish (FV) is a treatment to help prevent tooth decay.

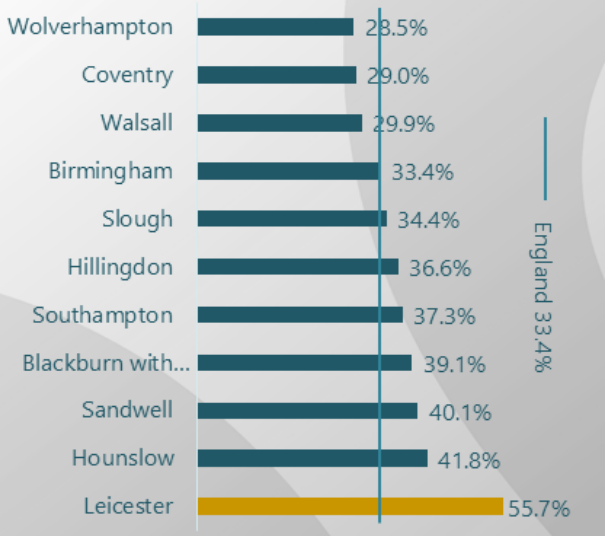


Leicester has a higher proportion of 10 to 14 year olds compared to England.

10 – 14 year olds

Lifestyle	• High levels of obesity and excess weight (37%) for 10/11 year olds. • Highest burden of dental disease at age 12 when compared to peers.
Achievement	• 75% of KS2 pupils achieve level 4+ in reading, writing and mathematics, compared to 79% in England. • Proportion has been increasing over last 4 years.
Access to services	• Approximately 3200 children in this age group receive Special Educational Need Support (2015).

% of 12 year olds with tooth decay



50 hospital admissions for extraction of teeth for 10 to 14 year olds in one year.

Local services include

- Universal services include general practice, hospitals, dentistry, school nurses, educational provision, library services, sexual health services, health shops, adventure playgrounds and Voluntary Sector provision such as youth and community groups, scouts and girl-guiding, and sports groups.
- The early adolescence issue specific service detailed in the section is CAMHS.

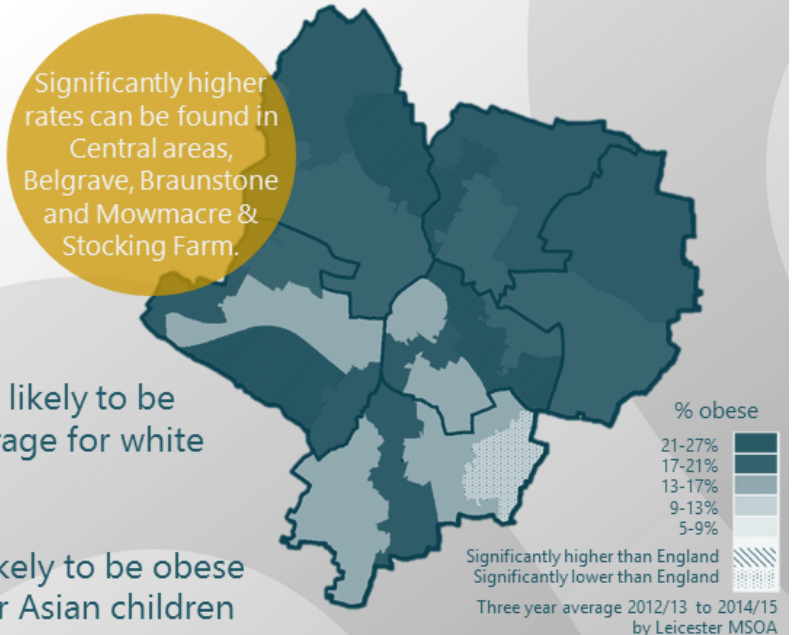
2 in every 5 year six children are overweight or obese.

This is significantly higher than the national rate.

White children are significantly more likely to be obese compared to the national average for white children.

Asian children are significantly less likely to be obese compared to the national average for Asian children

23% of year 6 children in Leicester are obese

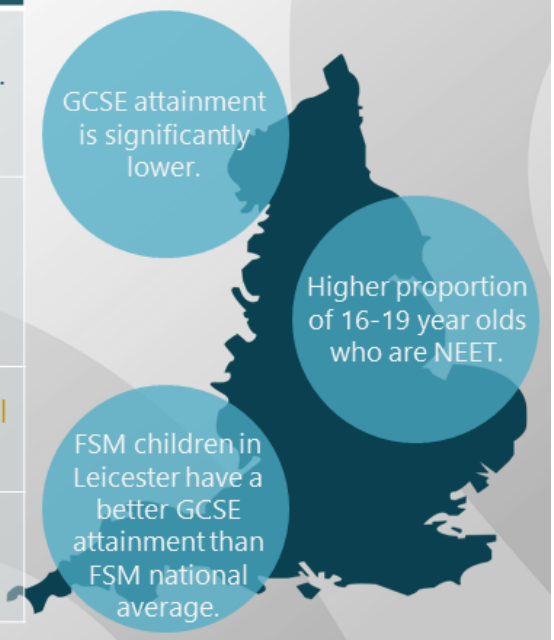


Leicester has a higher proportion of 15 to 19 year olds compared to England.

15 – 19 year olds

Lifestyle	• Conception rates for under 18's are higher in the west and south of Leicester. • Smoking for 16/17 year olds are lower (10%) than national estimates (15%).
Achievement	• 51.9% achieve 5+ A*-C grades at GCSE. • Low levels of attainment linked with high Free School Meals (FSM) eligibility. • 6% of 16-19 year olds are not in employment, education or training (NEET).
Access to services	• 750 children (17%) identified with Special Educational Needs.
Mental health	• It is estimated that between 3,220 and 6,210 young people aged 15-19 years in Leicester have a mental health problem.

Compared with England...

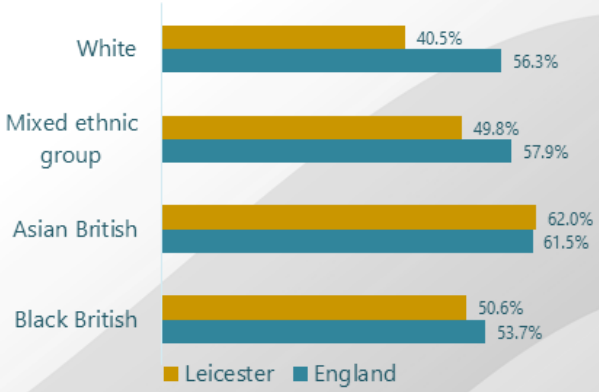


Local services include

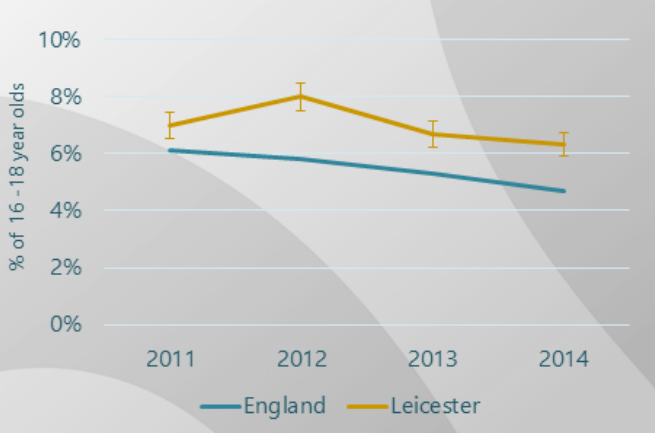
- Universal services include general practice, hospitals, dentistry, school nurses, educational provision, library services, sexual health services, health shops, and Voluntary Sector provision including groups tackling issues on sexuality and LGBT issues, youth mental health groups, and training and employability services.
- Late adolescence issue and population-specific services include CAMHS and Youth Offending Service (YOS)

Young people start making important decisions about their education, employment, relationships, health behaviour and lifestyle which will impact on their adult lives.

Leicester has a significantly lower percentage of children achieving 5 or more A-C grades at GCSE than the England average.



The proportion of NEETS is falling but remains significantly higher than England.



NEETS – Not in employment, education or training (16 -18 year olds)

Leicester has a higher proportion of 20 to 24 year olds compared to England.

Early adulthood is a time of both great opportunity and challenge. For public services, it represents the 'last' opportunity to help young people secure a stable foundation.

20 – 24 year olds	
Lifestyle	• Younger people are at the greatest risk of alcohol-related crime, and are most likely to commit alcohol related offences. • Those most likely to be misusing drugs and alcohol are male, white and 16-24 year olds.
Achievement	• By the age of 24 years the majority of young people have entered the employment market.
Access to services	• An estimated 23% of 20 to 24 years olds are living with parents. • Those most likely not to achieve independent living between 20-24 years-old are young men.
Health and wellbeing	• The transition to adulthood is very significant for many young people's health and well-being.

Issues in Leicester...

*Severe and multiple disadvantage includes homelessness, substance misuse and involvement in the criminal justice system.

Local services include

- Universal services include general practice, hospitals, and library services, sexual health services, health shops, and Voluntary Sector provision.
- The young adulthood issue specific service detailed in the section is around substance misuse.

Specific sections have also been created for the following population groups



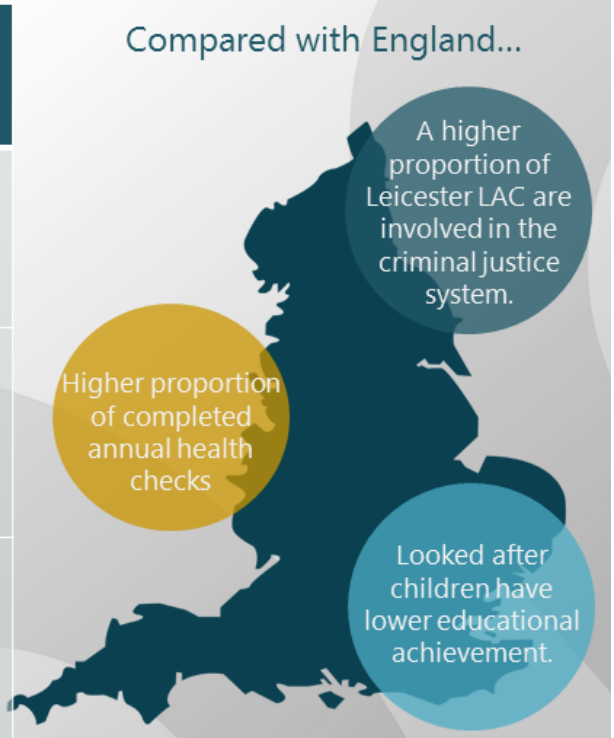
Looked after children	Children experiencing mental health problems	Gypsy, Roma and Travellers
Teenage Pregnancy	Substance misuse	Access to services
Emotional and behavioural difficulties		Immunisations
Low educational attainment		

Conditions Lifestyle Achievement

Leicester's looked after children (LAC) population is about 600

Looked After Children (LAC)

Lifestyle	• Leicester has a higher proportion (11.8%) of LAC children involved in the criminal justice system than peers and England. • LAC girls are 2.5 times more likely to become pregnant than other teenagers.
Achievement	• Children who have been looked after continuously for at least 12 months have low educational attainment. • Lower proportion achieving expected level at both KS1 and KS2 compared to England and peers.
Access to services	• Higher proportion of completed annual health checks compared to the East Midlands and same as England. • Proportion of LAC receiving dental checks is lower than England and most peer comparators.



Local services include

• Leicester City Council (LCC) Looked After Children Services (LAC) encompass the following: residential care homes, education while in care, contact services, the Children and Family Support Team, Placement commissioning, the Fostering and Adoption Service, the 16+ Team and leaving care services.

• Health services encompass the following: the LPT Specialist Looked After Children Health Team, CAMHS, school nurses and health visitors, substance misuse services and other universal health services such as general practice, dentists and sexual health services.

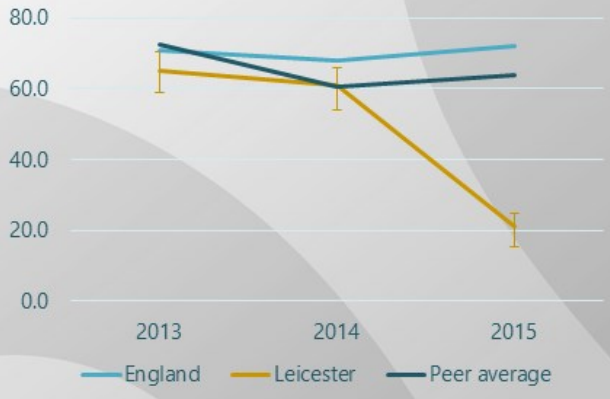
The term 'looked after' applies to children or young people up to the age of 18 for whom the local authority provides care and accommodation, or for whom the local authority has either sole or shared parental responsibility by virtue of a court order.

Leicester has a higher rate of LAC compared to England and East Midlands.

The majority (70%) of children entered care due to 'abuse and neglect', especially true for under 9's.

62% of Leicester's children with an SDQ* score (2015) were of 'concern' on the SDQ score bands. This is higher than England and most peer comparators.

% of children with a submitted SDQ* score.



*SDQ – strengths and difficulties questionnaire score is a measure of psychological wellbeing and resilience for 2 to 17 year olds.

About 1 in 5 of our 5-24 population experience a mental health issue, such as anxiety, depression, conduct disorder or ADHD.

Children experiencing poor mental health

Lifestyle	• Alcohol and substance misuse increases the risk of mental illness and mental ill health increases the risk of increased intake of alcohol and substances.
Achievement	• Childhood mental illness can lead to significant distress and poor outcomes in educational attainment and employment prospects.
Access to services	• Better use of universal services, escalating to the more specialist CAMHS tiers when appropriate, may contribute to more effective prevention of mental health problems and better treatment.

Residents registered with mental health services

In Leicester: 3 in every 1,000 residents under the age of 20

Most deprived: 5 in every 1,000 residents under the age of 20

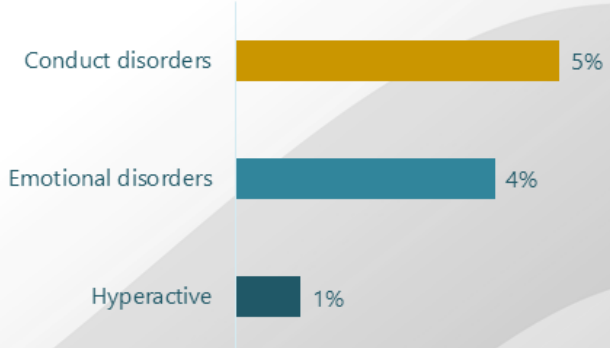
There is higher registration for mental health services in the most deprived areas.

Local services include

Mental health services include Child and Adolescent Mental Health Services (CAMHS), Future in Mind and other youth mental health groups. Other services such as school nursing, health visitors will also have a role in identifying and referring people to relevant mental health services.

Children with a parent with mental health problems are more likely to experience poor mental health as an adult.

10% of children between 5 and 15 have a mental disorder. These include:



1 in 4 children have a parent at risk of common mental health problems.

1 in 4 adults in mental health care is likely to be a parent

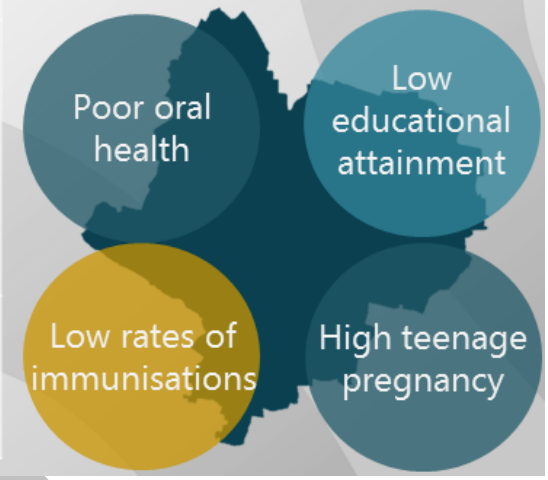
Clinicians at the Gypsies and Travellers Health Service estimate there are about 100 young people aged 0 to 24 years known in Leicester.

Gypsies, Roma and Travellers

Lifestyle	• Dental care in the very young is poor. • Higher rates of teenage pregnancy. • Higher rates of drug taking amongst young males.
Achievement	• In 2011 12% of Gypsy, Roma and Traveller pupils achieved four or more C+ GCSEs, compared with 58.2% of all pupils. • Primary school education is common, but education beyond age 11 is rare. • Levels of literacy are low.
Access to services	• Less likely to access services. • Lower rates of take-up of immunisations

Location and issues in Leicester...

- 3 sites across the city for gypsies and travellers.
- Most Roma people live in houses.



Local services include

• There is the Multi-Agency Travellers Unit which includes specialist staff from the county council, city council, NHS and Leicestershire Police. It includes the Gypsies and Travellers Health Service.

Sources

Children & Young People population	Office for National Statistics (ONS) mid-year estimates, 2015, ONS population forecasts (2014 based), Census 2011.
School population	Leicester School Census, Summer 2016, Leicester City Council.
Deprivation	Leicester School Census, Summer 2016. Department for Communities and Local Government, IMD 2015.
Special Educational Needs	Leicester School Census Summer 2016 and Spring 2016.
Pre – Birth	Public Health England (PHE) National Child and Maternal Health Intelligence Network (ChiMat), 2014. University Hospital Leicester (UHL) Maternity data, 2015.
Perinatal mortality	Office for National Statistics (ONS) mortality data 2015.
0 – 4 year olds	PHE, Oral Health Survey of three-year-old children 2013. Department for Education (DfE), Early years foundation stage, 2014. NHS Digital, NHS immunisation statistics, 2014.
Early years development	DfE, 'Good level of development' at end of EYFS, 2014. Leicester Childcare Strategy Team, 2016.
5 – 9 year olds	PHE ChiMat, 2013. NHS Digital, National Child Measurement Programme (NCMP) 2015/16. Leicester Education data, achieving level 2+, 2015. Leicester School Census Summer 2016.
Dental decay	PHE, Oral Health Survey of five-year-old children, 2015.
10 – 14 year olds	NHS Digital, NCMP, 2015/16. PHE, Oral Health Survey of twelve-year-old children, 2009. Leicester education data, achieving level 4+, 2015. Leicester School Census, Summer 2016.
Childhood Obesity	NHS Digital, NCMP, 2012/13 - 2014/15.
15 – 19 year olds	ONS, Conceptions under 18, 2011-13. PHE, Smoking Prevalence Modelled Estimates, 2009-2012. Leicester Education data, achieving 5+ GCSE's (including English and Maths), 2015. Leicester School Census, Summer 2016.
NEETS	Leicester Education data, GCSE's, 2015. DfE, Number not in education, employment or training, 2014.
20 – 24 year olds	Leicester JspNA, 2012. NOMIS, Job Seekers Allowance, 2015. Census 2011.
Looked after children	DfE, Looked After Children. 2015.
Looked after children (2)	DfE, Looked After Children. 2015.
Mental health	
Mental health (2)	Melzer, H., et al., 2000, The mental health of children and adolescents in great Britain. London, ONS.
Gypsy & Traveller	Gypsy and Traveller Health Service
Infographics	Gurjeet Rajania, Public Health Analyst, Division of Public Health, Leicester City Council and Noun Project.

Stay involved

If you would like to join the JSNA email group and be kept up to date with changes and additions to the JSNA web pages, please contact jsna@leicester.gov.uk

Leicester City Council, Division of Public Health, 4th Floor, Halford Wing, City Hall, 115 Charles Street, Leicester. LE1 1FZ., Tel: 0116 454 2023.

Appendix C

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE

Subject:	Transformation Plan for Mental Health and Wellbeing for Children and Young people - Refresh 2016/17
Presented to the Health and Wellbeing Board by:	Chris West - Director of Nursing and Quality, West Leicestershire and East Leicestershire and Rutland CCGs. Tim O'Neill – Director of People, Rutland County Council
Author:	Elaine Egan-Morriss

EXECUTIVE SUMMARY:

The Transformation Plan produced in November 2015 set out Leicester, Leicestershire and Rutland's (LLR) a multi-agency approach to improve mental health and wellbeing in children and young people (C&YP) up 25. Future in Mind: Promoting and improving our children and young people's mental health and wellbeing is the vehicle to deliver this transformational plan.

The Transformational Plan (2015) identified six core schemes of work:

- Improve Resilience
- Enhance Early Help
- Improve access to specialist Children and Adolescent Mental Health Services (CAMHS)
- Enhance the Community Eating Disorder Service
- Develop a Children's Crisis and Home Treatment Service
- Workforce development

The plan was developed as part of the LLR Better Care Together Programme and is referenced in the
LLR Sustainable Transformation Plan (STP).

There was a national requirement to review and refresh the transformational plan in November 2016, to reflect the progress in the previous year.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

1. Approve the refreshed transformation plan prior to publication.

2. Consider the wider implications for children's mental health and wellbeing in the City.

Multi agency collaboration in developing the Transformation Plan

The individuals and organisations involved in the development of this plan are;

Chris West, Director and Nursing and Quality, Leicester City CCG
Tim O'Neill, Director for People and Deputy CEO, Rutland County Council
Mel Thwaites, Associate Director of Children and Families
Elaine Egan-Morriss, CAMHS Commissioner and Transformation Lead, Leicester City CCG
Helen Ellis, Deputy Director of Finance & Performance, Leicester City CCG
Dr Tony Bentley, Board GP, Leicester City CCG
Anthony Nichols, Magistrate (Leicester bench) Head of Health and Justice, East Midlands CU
Lisa Welbourn, Senior Contracts and Provider Performance Manager, East Leicestershire and Rutland CCG
Bernadette Caffrey, Head of Service for Early Intervention, Rutland County Council
Simon Hardcastle, Senior Quality Improvement Manager, East Midlands Clinical Network & Senate, NHSE
Simon Down, Commissioning Manager, Leicester OPCC
Gary Wainwright, Vanguard Project Team, Mental Health Lead, East Leicestershire & Rutlands CCG
Minesh Mistry, Financial Management & Performance Officer, Leicester City Clinical Commissioning Group
Adam McKeown, Head of Service – Group 1, Families, Young People and Children's Services, LPT
Colette Proctor, CYPIAPT Coordinator, Mair Health (on behalf of LCCCG)
Liz Mair, Workforce Lead, Mair Health (on behalf of LCCCG)
Dr Ann Williams, Rutland HealthWatch
Mike McHugh, Public Health Consultant, Leicestershire County Council
Sam Sykes, CAMHS Clinical Lead, Maternity & Children's Network, EM Clinical Network & Senate, NHSE
Wendy Brickett, Executive Manager Children, Young People & Families, Voluntary Action Leicestershire
Sue Welford, Head of Transformation and Commissioning, Leicester City Council
Jane Moore, Head of Early Help and Safer Communities, Leicestershire County Council
Tricia Reynolds, CYPF Voice & Insights Officer, Voluntary Action Leicestershire

BETTER CARE TOGETHER

Transformation Plan for Mental Health and Wellbeing for children and young people (Oct 2016)

2015 - 2020

CONTENTS

1. Introduction - Transformation Plan for mental health and wellbeing for children and young people (Oct 2016)

The Transformational Plan produced in November 2015 sets out Leicester, Leicestershire and Rutland's (LLR) a multi-agency approach to improve mental health and wellbeing in children and young people (C&YP) up 25. This plan, is based on principles set out in The Department of Health's Task Force Report (Feb 2016): Future in Mind: Promoting and improving our children and young people's mental health and wellbeing.

The Transformational Plan (2015) identified six core schemes of work:

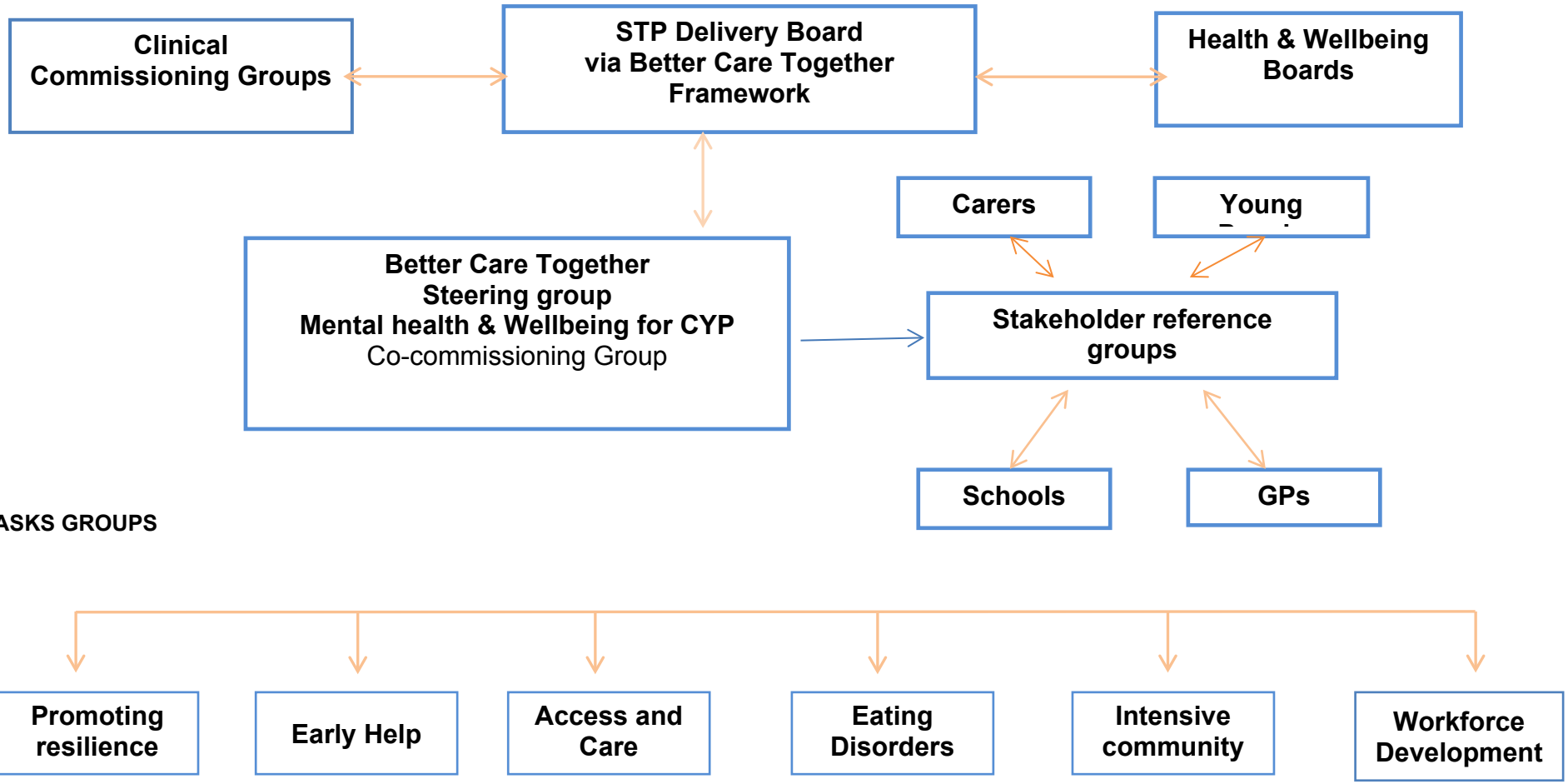
- Improve Resilience
- Enhance Early Help
- Improve access to specialist Children and Adolescent Mental Health Services (CAMHS)
- Enhance the Community Eating Disorder Service
- Develop a Children's Crisis and Home Treatment Service
- Workforce development

The plan was developed as part of the LLR Better Care Together Programme and is referenced in the LLR Sustainable Transformation Plan (STP). It is underpinned by partnership working across health organisations, local authority and public health, voluntary and community sector, schools and youth justice system. This plan has been shaped through extensive engagement with children, young people and their families. Children, young people and their carers have consistently told us that they are worried about bullying, peer and academic pressure and other issues and they would like to have more and easier access to support to help them.

This refresh of the Transformational Plan (2015) outlines the progress in each of the core scheme and demonstrates how the programme has been adapted to deliver the overarching ambition to improve children and young people's mental health and well-being.

2. How we control and manage the transformation (Governance)

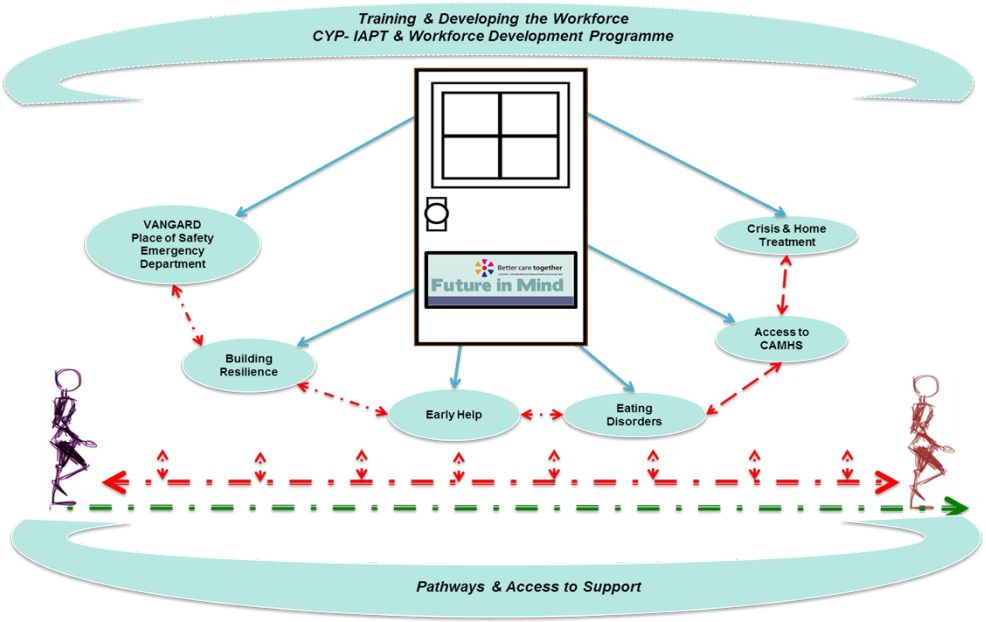
This programme of work is being delivered through Better Care Together (BCT) framework and reports to the STP Delivery Board (System Leadership Group). It is part of the Women and Children's work stream as shown in the diagram below;



A steering group[1] was established with representation from local authorities, voluntary sector, health watch, Office of Police Crime Commissioner (OPCC), health commissioners and providers. The steering group meets monthly it is responsible for the delivery, implementation and monitoring of plan, and delivery of services as agreed in business cases and service specifications. The group is accountable to each organisation's Boards / Governing Bodies and three Health and Wellbeing Boards for the area.

3. How we developed the Transformation Pathway

The transformation journey started with engagement events, held between January and March 2016. These enabled us to capture children and service user views. The voice of the child was used to inform pathway development (shown below) and the planned schemes of work



[1] Better Care Together Mental health and wellbeing of children and young people steering group 2015: terms of reference

4. Progress of each scheme of work

Each scheme of work aims to achieve set goals. Implementation and service delivery is overseen by six multi-agency working groups who each hold responsibility for achieving the goals of a scheme. The transformation pathway established through these workstreams will provide appropriate, timely, access to a range of services to meet the needs of children and young people (C&YP), their families and carers. We have developed a range of new referral routes to provide access to services. These include self-referral in to the early help service and on line counselling and enabled direct referral to CAMHS by schools, school nurses and the voluntary sector.

Through collaborative working and monitoring of the whole pathway we will ensure the ease of service, allowing C&YP to be discharged from one service and admitted into another without prolonged waits. We will work with adult mental health services to ensure the smooth transition of C&YP into adult services as necessary.

4.1 Building Resilience - Promote good emotional health and resilience for all children, young people and their families

Young people said that they wanted to have the confidence to talk about emotional problems openly and without stigma. They want to be able to find information and support from their school, college or youth service, as well as from websites and social media.

Education services want to offer guidance to pupils, and provide pastoral support and understand when to ask for specialist assistance. Parents, young people and schools were all concerned about the impact of cyber-bullying.

The aim of the resilience scheme is to develop a range of ways for children, young people and carers to find information about mental health support including the use of social media and more traditional communication methods.

We have

- Developed and agreed a resilience service model for the future
- Commenced the procurement process to identify an appropriate service provider to be completed by end of December 2016. The resilience model will be fully operational from December 2017

The Resilience Service Model will build on initiatives already undertaken in some local schools and introduce resilience activity to others. It will support and engage schools and wider partners across LLR to strengthen mental health resilience throughout our schools. Actions will encourage staff and children to promote mental wellbeing and develop self and organisational resilience.

The provider will work with partners to focus on supporting, extending and consolidating existing work and identifying gaps or emerging areas of concern. The work will take into account mental health needs, emerging problems and target gaps in service provision

4.2 Early Help - Development and delivery of co-ordinated, accessible and non-stigmatising early and targeted support for those experiencing emotional distress and the first signs of mental disorders

Young people and carers have said that they want access to help and support quickly and locally, without being stigmatised, they want a say in the kind of help they receive and be encouraged to become resilient and maintain their independence. They also want potentially serious problems to be recognised quickly, and to no longer be told that “they are not ill enough” to get any help.

Organisations such as health, education, youth justice and social care said they want to work together to understand the needs of a young person and decide together with the young person and/or parent what support to offer. We know that a range of public, private and community organisations can provide effective support. Providers and users want their services to be part of a commissioned pathway of support, meeting high quality standards and linked to more specialist services.

We have

- Developed a multi-agency “First Response” service model which will assess the level of distress and risk facing a child, young person or family in order to co-ordinate the right intervention and support.
- Agreed the use of approved risk assessment tools; the Merton Risk Assessment Tool and Signs of Safety.
- Started to build on and develop partnerships with local community groups such as the City of Sanctuary (refugees and asylum seekers) and the Lesbian, Gay, Bi-sexual and Transgender organisations in order to work with children and young people from hard to reach groups .
- Commenced the procurement process, the service will be operational from April 2017.

It is important that a prompt local access to ‘First Response’ occurs and that it benefits from the expertise and knowledge of practitioners from various agencies. The services will signpost the young person or family, escalate the case if required, or offer low intensity support and help. This will include offers such as counselling, group work and parental support. But it will also include direct access to specialist mental health services if required. Mental health professionals within co-located with other Early Help service staff will support a team around the professional model

4.3 Access to CAMHS - Single gateway to specialist CAMHS services with clear access standards

The specialist Child and Adolescent Mental Health Services (CAMHS) is experiencing approximately 9% more referrals each year and an increasing number are for urgent situations and complex cases. Young people say they value the quality of care and support they receive from the specialist CAMHS service; they appreciate the therapeutic relationship they can develop with their practitioners and the support offered to their family and carers.

It is recognised that accessing the service can be difficult and there is a perception that a young person will be told that they are “not ill enough” to receive CAMHS help.

We have

- Supported the CAMHS service to pilot a single access team during 2015/2016: The pilot; team received all referrals to the service and made direct contact with both the referrer and the young person and their carers (if appropriate) to understand the presenting issues, offering short term interventions or they were referred to specialist CAMHS services if required.
- Commissioned a full service from 2016/17 onwards.
    - It has locally agreed access waiting time standards and includes engagement with local authority social care access teams to share information (with consent) and to plan joint interventions.
    - It provides a range of evidence based NICE concordat therapies, such as Systemic Family Therapy, Cognitive Behavioural Therapy, Parenting Support and Interpersonal Psychotherapy.
- Enhanced access to CAMHS and the new model is now operational; it has addressed a backlog of referrals and is now meeting the national 13 week target.
- We have an agreed reporting schedule with providers. Providers are currently developing these reports.

4.4 Eating Disorder - Specialist community services for children and young people with eating disorders

NICE clinical guidance recommends family interventions for those with anorexia and cognitive behavioural therapy for children and adolescents with bulimia.[2]

We have

- Invested in a specialist multi-disciplinary community based eating disorders service for children and young people up to the age of 18, for up to 100 new referrals per year. The service will serve a general population of 1 million children and young people.

[2] Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders: National Institute for Clinical Excellence 2004

We are reviewing further opportunities to enhance the service and enable full compliance with current and future guidance in line with new NICE guidelines planned for publication in 2017.

4.5 Crisis and Home Treatment - Co-ordinated support to prevent crisis and at time of crisis

The current co-ordinated service includes an all age crisis resolution and home treatment service (CRHTx), a designated "Place of Safety" and an all age liaison service. Children, young people and their families as well as some service providers identified a gap in the current crisis and home treatment service.

As a result, the all age Crisis Resolution and Home Treatment Service (CRHT) has been extended to children and young people as well as adults and will be a 24hour -7days a week service. The children's service is aligned to the adult service and the local authority single point of access (referred to as the front door). Referral into the crisis service can be made by a range of organisations including: health services, GPs, early help, schools, police and voluntary sector through a dedicated phone line.

We have

- We have developed an all age liaison service for children and young people as well as adults will support children and young people with acute mental health or behavioural problems arriving at the emergency department. The team will include a CAMHS consultant, CAMHS nurse, child psychologist, family social worker and specialist substance misuse worker. This is set out in the action plan for Leicester, Leicestershire and Rutland to deliver the Mental Health Crisis Care Concordat[3].

- Agreed a phased implementation of the service, phase 1 became operational in September 2016, with 3 staff delivering telephone and face to face assessments for C&YP in crisis.

[3] Crisis Care Concordat for Mental Health: Leicester, Leicestershire and Rutland action plan

4.6 Workforce

To support delivery of the transformation plan a multi-agency group has developed a service model to help improve both the capacity and capabilities of practitioners that work with children and young people with mental health issues.

To meet expected standards a specialist workforce with clinical skills and experience in Cognitive Behavioural Therapy, Systemic Family Therapy, and Psychodynamic Psychotherapy as core interventions is required. These need to be supported by knowledgeable and well trained professionals from the wider children's workforce. Therefore both targeted and universal practitioners will have training in generic child mental health and have access to support and advice.

We have:

- Recruited staff onto the CYP IAPT programme
- Commenced a training needs analysis, to be completed by Jan 2017.
- The training needs analysis findings will be shared across the partnership and will lead to the development of a mental health and wellbeing workforce training offer for the children and young people's workforce with a clear coordinated training offer.

5. How we will know the Transformation Plan is making a difference to children and young people's mental health and well-being?

The pathway and identified schemes of work will provide access to a range of services to meet the individual needs of the children and young people (C&YP) and we will know they are receiving the right service at the right time by:

- a reduction in A&E attendances, in-patient admissions, inpatient facilities, out of area placements and care and treatment reviews
- a reduction on the length of time from referral to access CAMHS
- C&YP who are able to recognise when they need help and are able to access it

- A reduction on the length of time from referral to treatment

6. Measuring the Impact of Change

Performance will be monitored through our contracting teams, assessing delivery of services in terms of activity as well as measurement against quality indicators and clinical outcomes as described in the service specifications. We want to be assured that the service being delivered is making a difference to C&YP and their families and that we are able to measure the impact of this change. This will be will be captured and presented in the emotional health and well-being dashboard to include;

1. Reduction in CYP attendance a A&E presenting with non-physical needs
2. Reduction in in-patient admissions to CAU or Paediatric ward of C&YP with a mental Health need.
3. Reduction in admissions / reduced length of stay to the CAMHs Ward.
4. Reduction in CYP Tier 4 placements OOA
5. East CCG Reduction on OOA placements complex care - shared funding (Speak to Noelle)
6. Reduction in patients referred back to GP following CAMHS assessment
7. Numbers accessing early help
8. Numbers accessing CAMHs
9. Numbers accessing CRHTx
10. Increasing number of schools accessing the resilience programme
11. Service user led, local annual, feedback and patient satisfaction survey.

LLR will be agreeing the details of the national CQUIN focusing on transition from Children to Adult services. This will be reported and monitored on a quarterly basis and will be linked to the Children and Young Peoples pathway.

7. Workforce: staffing levels and skill mix

The workforce relevant to this plan is comprised of staff working in a wide range of services across the system, including those supporting parents, those working in community groups, those in universal services (such as schools), those in targeted services and services for specific groups of children (such as the children's centre programme or specialist voluntary organisations) and those working in specialist CAMHS.

One of the aims of the Future in Mind Programme is to increase the number of staff across the partnership by,1,700 by 2020 to meet the additional demand for services. The current local specialist CAMHS workforce has 80 whole-time equivalent clinical posts within this specialist service which is less than recommended by the Royal College of Psychiatrists

The chart shows the workforce data for the specialist CAMHS service including primary mental health, community CAMHS, specialist CAMHS teams as well as local hospital (tier 4) services.

Role	Grade	WTE 15/16	WTE 16/17	Additional staff 2016/17		
Medical	Consultant	13	14.55			
	Specialty Doctor	1				
Nursing	Qualified	46	53.20	X3 CRHTx	X1 Liaison service	X6 Early help
	Unqualified	11	21.20			
OT	Qualified	8	23.13			
	Apprentice	1	1.00			
Psychology		22	25.44			
Therapy		7	7.13			
Overall Total		109	145.65			

Data tells us that the CAMHS has

- 24% of staff are from an ethnic minority background.
- 80% are female
- A staff age range from 21-65yrs ; with 20% aged over 50.

Further work to undertake a whole system analysis of the workforce available across services in LLR is required.

We need to be certain that the existing and new workforce is suitably skilled and confident, capable of delivering the new models of care that we are developing through the transformational programme. Therefore we are taking a whole systems approach to recruitment and retention and training and development of all staff delivering care across the C&YP pathway.

The CAMH service has established a workforce development plan which covers recruitment, leadership development, and training in specific therapeutic approaches such as cognitive behavioural therapy and interpersonal psychotherapy, this will be complemented by a programme of training and support for all practitioners across the system; it will be open to health, social care, public health, police, school staff and the voluntary and community sector.

The training programme will be provided through the Children & Young People's Improving Access to Psychological Therapies Programme (CYP-IAPT) as LLR is part of the East Midlands Collaborative aimed at supporting the delivery of the CYP IAPT programme.
There are 3 routes available for training

1. IAPT programme
2. Psychological wellbeing practitioners
3. Recruit to train

Recruitment to these courses is underway with staff from specialist services and partnership organisations

7. Finance

The three CCGs fund the specialist CAMH service to the value of £6.5 million in 2015/16. They also fund other children's services such as paediatric, disabled children's services and speech and language therapy which also work with many children and young people who will have associated neurodevelopmental or mental health conditions. Adult mental health services (which receive CCG funding of £80million per year) also support young people aged 16-25years.

Local Authority Children's and Early Help services are funded at around £25million per annum. This includes a range of specialist services (such as Educational Psychology, Disabled Children's Services) and generic child and family services.

NHS England (East Midlands) estimates an annual cost of £3.5 million per year on hospital and specialist services for children and young people from Leicester, Leicestershire and Rutland.

The Office for the Police and Crime Commissioner has committed £140,000 per annum to commission emotional support services for a child that is a victim of crime as a contribution to a partnership approach.

There is a commitment from the partners to this plan to deploy existing budgets alongside the Transformational Plan funding to jointly address the issues facing our local communities.

7.2 Financial Allocations 2016/2017

In 2016 - 2017 the three CCGs for Leicester, Leicestershire and Rutland have set aside a total of £2.055m for the transformational plan.
In August 2016 an additional £0.466m (non-recurrent) was awarded by NHSE to accelerate the implementation of the Liaison & CRHT service, plus an additional allocation of £0.519m has also been received for Eating Disorders. Further additional funds of £0.431m has now been awarded non-recurrently to support a reduction in waiting times.

There are also other funding streams from the CCGs, local authorities, public health and the Office for the Police and Crime Commissioner that will contribute to the overall transformation. We have a clear view that the Future in Mind funding is a catalyst for partner agencies to contribute to the overall transformational of mental health services for C&YP.

Priority	Funding (£m) 2015/16			Funding (£m) 2016/17		
	Total Funding	Funding Sources		Total Funding	Funding Sources	
		FIM	Other		Baseline	Other
Eating Disorders	0.440	0.440		0.519		0.519
Programme Management	0.100	0.100		0.100	0.100	
Children's CRHTx	0.966	0.500	0.250	0.966	0.500	0.466
Improving Access to CAMHS	0.100	0.100	0.288	0.196	0.196	
Early Help	0.460	0.460		0.460	0.460	
Public Help and Engagement	0.200	0.200		0.200	0.200	
Workforce Development	0.142	0.070		0.070	0.070	
CAMHS Interventions	0	0		0.529	0.529	
Waiting Times	0	0		0.431	0	0.431
Total	**2.408**	**1.870**	**0.538**	**3.471**	**2.055**	**1.416**

8. The Implementation Plan 2015-2017

The Implementation Plan for 2015-17 set out below is based on the aspirations set out in Future in Mind. It is the first stage of our journey to transform the mental health and wellbeing of children and young people by 2020.

Each objective aims to be SMART: to be clear, measurable, to a deadline and with a clear accountable officer. There are identified leads for each objective, although all will require strong partnership working.

Future in Mind - implementation plan

REF	Action	Task Owner	16/17	status
Improve Access to Children and Young peoples services -				
	Sign off business case at CCB	MT/EEM	June	
	Write Service Specification and Contract variation		July	
	Identify and agree key performance and quality indicators	EEM	July	
	Present case at competition and procurement panel - for procurement regulations	MT/EEM	July	
	Agree Reporting Schedule	EEM/AM	Aug	
	Agree timeline for recruitment of staff and implementation of the new service model	EEM/AM	Sept	
	Commence recruitment	CM/CT	Oct	
	Commence population of dashboard	EEM	Nov	
	Complete phase 1 of service	EEM /AM	Jan 17	
	Full service delivery	EEM / AM	April 17	
Deliver an all age 24/7 Crisis & Home Treatment service	Release of accelerator money from NHS E	GW	July	
	Write Service Specification	EEM	Oct	
	Identify and agree key performance and quality indicators	EEM /AM	July	
	Agree Reporting Schedule	EEM	Aug	
	Agree timeline for recruitment of staff and implementation of the new service model	EEM /AM		
	Begin phase 1 of the implementation	EEM	Sept - March17	
	Agree Implementation plan for delivery of full service over 3 years	AM	Dec17	
Eating Disorders	Agree Monitoring of Service Spec	AE/EEM	June16	
	Agree Reporting Schedule	AE/EEM	Aug 16	

	Populate Dashboard - Key Performance and Quality Indicators	AE/EEM	Nov16	
	Undertake gap analysis	AE/EEM	July16	
	Membership of Regional Eating Disorder Group	AE/EEM	July 16	
	Agree actions to address gap	AE/EEM	Nov16	
	Develop RAP	AE/EEM	Dec16	
IAPT	Recruit 5 mth support officer	MT/EEM/H	Nov 16	
	Allocation of staff onto leadership programme	EEM	Jan16	
	Share CIAPT across partners	EEM	Oct 16	
	Agree request for placement onto training	EEM	Nov	
	Submit applications to NHSE	EEM	Nov	
	Monitor staff attendance	EEM	Nov	
	Manage backfill	EEM	Nov-March	
	Create whole system staffing number base line and projection plan to increase staffing	EEM	Feb16	
Early Help	Sign off business case at CCB	MT/EEM/BC	Aug	
	Present case at competition and procurement panel - for procurement regulations	MT/ EEM/BC	Nov 16	
	Commence procurement process	EEM /KG	Oct – Jan 17	
	Write Service Specification	EEM/BC	Oct 16	
	Identify and agree key performance and quality indicators	EEM/BC	Oct 16	
	Undertake marketing event	TR	Oct 16	
	Agree Reporting Schedule	BC/EEM	Aug 16	
	Agree timeline for recruitment of staff and implementation of the new service model	BC/EEM	Aug 16	
	Commence population of dashboard	BC/EEM	Jan16	
Resilience	Sign off business case at CCB	MMC/MT/EEM	Aug	
	Present case at competition and procurement panel - for procurement regulations	KG	Oct	
	Commence procurement process	KG / P	OCt	
	Commission implement a public health campaign on mental health and resilience for CYP	MMC/MT/EEM	Nov 15	
	Evaluate public Health Campaign	MMC/MT/EEM	Jan16	
	Write Service Specification	MMC/MT/EEM	Oct16	
	Identify and agree key performance and quality indicators	MMC/MT/EEM	Aug16	
	Present case at competition and procurement panel - for procurement regulations	MMC/MT/EEM	Nov 16	
	Agree Reporting Schedule	MMC/MT/EEM	Nov16	
	Agree timeline for recruitment of staff and implementation of the new service model	MMC/MT/EEM	Nov 16	
	Commence population of dashboard	MMC/MT/EEM	Jan16	
improving access to therapies	Review of current service	AM/CT	Sept16	
	Design service model	AM/CT	Oct16	
	Agree way forward	AM/CT	Nov16	
Early implementer of	Presentation from researchers and clinicians	Nott's /LPT	Oct16	

evidence based practice for assessment of ADHD	Agree way forward	Nott's /LPT	Nov16	
	Agree model	Nott's /LPT	Nov 16	
	Agree evaluation	Nott's /LPT	Dec16	
Developing the workforce	Recruit 5 month Lead	LM	Oct - March	
	Undertake training needs analysis	LM	Nov - Dec	
	Undertake marketing event	LM / VAL	Jan 17	
	Produce report	LM	Feb 17	

9. Appendix 1: Transformation plan for mental health and wellbeing services for children and young people (Oct 2015)

Please double click the icon below to open the 2015 plan.

November 2015 CYP Mental Health Transfo

LEICESTER CITY HEALTH AND WELLBEING BOARD
6 FEBRUARY 2017

Subject:	**The Personal Health Budgets Local Offer**
Presented to the Health and Wellbeing Board by:	Maria Smith - Strategic Lead for Personal Health Budgets for Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups
Author:	Maria Smith

EXECUTIVE SUMMARY:

Forward View into action: Planning for 2015/16 [1] states:

"*To give patients more direct control, we expect CCGs to lead a major expansion in 2015/16 in the offer and delivery of personal health budgets to people, where evidence indicates they could benefit.....CCGs should engage widely and fully with their local communities and patients, including with their local HealthWatch, and include clear goals on expanding personal health budgets within their published local Joint Health and Wellbeing Strategy."*

In addition there is an expectation that CCGs will publish a 'Local Offer' detailing the offer to the local population in relation to Personal Health Budgets that all stakeholders are sighted on and signed up to. Therefore this paper aims to set out for the Board the basis for the CCGs' Local Offer and the plans currently in development to expand on that offer in accordance with national guidance.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

AGREE the plan for further expansion of the personal health budget/integrated personal budget offer into 2017 and beyond; and

NOTE the progress made in relation to the local personal health budget offer.

[1] Planning guidance for the NHS, setting out the steps to be taken during 2015/16 to start delivering the NHS Five Year Forward View

1. Background

A personal health budget is an amount of money to support a person's individual health and wellbeing needs, as agreed between the individual and their local NHS team.

The CCGs' approach to delivering the required expansion of Personal Health Budgets (PHB's) is detailed at Appendix I and forms the basis for the Local Offer for the Health and Wellbeing Board's consideration and agreement.

The LLR CCGs view PHB's as a tool to support personalised care. As such, and to ensure a population level benefit the CCGs will continue to ensure a focus on personalised care planning, which could result in a PHB being offered. Until detailed work is undertaken to restructure contracts and budgets, (in future years the Local Offer will provide more detail on how this will be achieved) there is no capacity to provide direct payments to those receiving services funded through block contracts, although they may benefit from personalised support planning and options regarding a notional budget should be considered.

As at 29th December 2016 there are 105 personal health budgets in place or agreed across LLR, made up of CHC patients and those jointly funded with social care, as well as 4 personal health budgets for children eligible for continuing care.

2. The Local Offer

The Government's Mandate to NHS England for 2016-17 and the NHS Planning Guidance for 2016/17- 2020/21 were published in December 2014, re-affirming the Government and NHS England's commitment to the roll-out of personal health budgets.

The Mandate sets a clear expectation that 50,000-100,000 people will have a personal health budget or integrated personal budget by 2020 – this translates to around 1-2 people

per thousand of the population. The Planning Guidance requires all CCGs to include personal health budgets and integrated personal budgets in their Sustainability and Transformation Plans (STPs) as a key mechanism to hand more power to patients. In addition, local plans for Transforming Care need to show how people with a learning disability and/or Autism who have a mental health condition or display behaviour that challenges, are provided with the same rights to choice and control over their health care as everyone else. Through the use of PHBs and integrated personal budgets these groups of people can be supported to live to their full potential within their local community and avoid admission to out of area specialist placements or mental health inpatient settings.

It has been demonstrated that benefit from a PHB derives from the level of need rather than particular diagnosis or condition. The planning guidance for 2015-16 allowed for local flexibility on which groups will be offered personal health budgets and while this has been carried over for 16/17 there is an expectation that CCGs will be able to meet the requirements laid out in the Bubb Review[2]. Therefore there is an expectation that the CCGs' Local Offer will include a cohort of individuals with Learning Disability and/or Autism that have the right to request a PHB. Furthermore it is expected that CCGs will move towards 1- 2 per 1000 people in the population being in receipt of a PHB over the next 3-5 years, which equates to between 1,011 and 2,022 PHBs for Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups.

2.1 Adults

The request and provision of PHBs for adults is via a single referral pathway to the Personal Health Budgets Team currently based at ELR CCG.

From 1st April 2014 adults eligible to receive Continuing Healthcare funding have had a 'Right to Have' a PHB and from 1st April 2016 Adults with Learning Disability and/or autism who have a Significant Health Need are able to request a PHB – please see Appendix I for

[2] WINTERBOURNE VIEW – TIME FOR CHANGE Transforming the commissioning of services for people with learning disabilities and /or autism. Sir Stephen Bubb 2014

details of the proposed scope of the CCGs' Local Offer with respect to Learning Disabilities in the first instance, moving on to mental health and long term conditions in the longer term.

2.2 Children and young people

The request and provision of Personal Health Budgets for children and young people is via a single referral pathway to the Personal Health Budgets Team currently based at ELR CCG.

From the 1st April 2014 children and young people eligible to receive continuing care funding have had a Right to Have a PHB and from the 1st April 2016 children with Learning Disability and/or Autism who the CCG consider may benefit from money from health, will be able to have a PHB as part of an integrated personal budget through their Education Health and Care Plan. Please see Appendix I for details of the scope of the CCG's Local Offer for this cohort of children.

2.2.1 Significant Health Need

Individuals with learning disabilities and/or Autism, that are not eligible for continuing healthcare or continuing care funding, but still have significant health needs should have the option of a personal health budget, along with support to manage those budgets, that enables them to remain living in the community and avoid out of area placements.

'Significant health needs' with regard to adults with Learning Disabilities and/or Autism will be defined in the first instance by the following criteria:
Learning Disability and/or Autism **AND**

- Individual is currently inpatient under s3 of the Mental Health Act 1983 (as amended 2007) who is fit for discharge and could be supported to live in the community **OR**
- Individual does not meet the criteria for 100% health funded CHC, but has significant health needs deemed above what can reasonably be expected of the Local Authority to provide for.

In order for children and young people to be included in this group there is an expectation that their care requires a multifaceted and multi-disciplinary approach to meet their holistic needs. The CCGs are currently considering the resource implications of setting the following criteria for children and young people with Learning Disability and/or Autism to be offered a PHB:

- A child or young person with Learning Disability and/or Autism **AND**
- A child or young person who is under regular care of a hospital/community paediatrician **AND/OR**
- A child or young person who is under the regular care of any CAMHS Consultant **AND**
- A child or young person who has 2 High level needs identified on the Continuing Care decision support tool.

It should be noted that any personal health budget awarded to a person fitting one of the above criteria is likely to be as part of an integrated personal budget joint funded with the Local Authority, determining percentage or funding splits in line with statutory responsibilities and current local arrangements.

2.2.2 EHC Plans

Education, Health and Care needs assessments and plans have replaced Special Educational Needs assessments and Statements for children and young people with special educational needs or disabilities and are available up to the age of 25. EHC plans specify any additional provision required to meet or facilitate the educational needs of those children or young people and the eligibility criteria for these plans are set by the local authority. EHC plans must focus on outcomes and whilst the process is led by local authorities, they must ensure a multiagency joint assessment and planning process across health, social care and education, which will inform the EHC Plan.

The PHB Team is working with the Children's Commissioning Team, contracting colleagues, Leicestershire Partnership Trust and Local Authority colleagues to explore the

current arrangements for options for delivering short breaks to children with complex needs and to find opportunities to join these up through integrated personal budgets. Additionally the PHB Team together with the Children's Commissioning Team intend to explore therapy services for children and whether there is any scope to offer any element of these services as PHBs, to ensure that those with Education Health and Care Plans are able to benefit from additional choice and control as part of an integrated personal budget across health, social care and education.

3. Wider implications; changes to support expansion of PHBs and increased personalisation.

Expansion of PHB's and increased personalisation is dependent on all partners engaging with the detail of how to make change happen. The key partners are set out in the table below, plus HealthWatch and independent sector providers.

3.1 The 2016-17 work plan outline

- Plans are in place through existing target groups/projects (Table 1). Increasing Personal Health Budget uptake figures and measuring progress will be captured to demonstrate improved outcomes and reduced inequality.
- The CCG's uptake of Personal Health Budgets within Continuing Healthcare (CHC) is currently 13.8% of all individuals eligible for CHC and living in the community including Fast Track patients. As Fast Track patients are not routinely offered a personal health budget, when these patients are removed from the figures the percentage within the remaining CHC population increases to 25%. This significant increase in percentage is due to the establishment of the Personal Health Budgets Team and plans are being developed to continue to increase the number of PHBs by embedding them as 'business as usual' for CHC.
- Continued work to raise the profile of PHBs as an enabler to the Transforming Care agenda and the knowledge amongst those care planning for these individuals that PHBs are an option.

- Engagement with the Transforming Care Short Breaks review across LLR health and social care, ensuring that the resultant new models of short break provision are conducive to individuals using a PHB to achieve these outcomes.
- Scoping possibilities to offer PHBs to those with mental health difficulties, starting with s117 funded individuals but also considering commissioned services that may not currently be working for people and how they could be delivered in a different way.
- The development of PHBs will be linked closely with the consultation currently underway regarding the Resilience and Recovery Hubs for mental health as well as the Better Care Together workstream regarding the Integrated Locality Teams for those with complex needs.
- Build on the Peer Network that has been established to support current PHB holders and to provide a reference group to help shape the future PHB offer.
- Work to increase understanding of costs and impacts on current commissioned services.
- Work with providers to explore the potential for internally releasing funds
- Work with Local Authority colleagues to develop and embed joint systems and processes to deliver integrated personal budgets to eligible individuals.

3.2 Current success drivers

- The operational processes for PHBs in CHC are being finalised and embedded to ensure productivity and efficiency in delivery.
- A tender process has now concluded to procure a new CHC/CC/PHB service for this cohort of adults and children – this provides the opportunity to embed a new service model whereby PHB is the default position for this cohort, which should result in increased numbers. The new service should be operational by April 2017.
- Information and advice about PHB's is available on all three CCGs' websites and a Communications and Engagement Plan is in the final stages of development, to be implemented during 2016-17
- Direct Payment Support Organisations are available and funded for all PHB recipients who require this, as detailed in the PHB Policy. They are able to provide support and advice for PHB recipients regarding recruitment, payroll, HMRC, and other employer responsibilities.

- Peer Support Networks are important for both the individual PHB recipient, and for supporting the development of co-production locally. There are now sufficient PHB numbers to create a fully functioning Network. An initial meeting was very successful, being attended by 12 families at varying stages of the PHB process. The Communications and Engagement Plan details plans to develop the network.
- Good links between the national team and the local PHB Team ensure regular communication regarding resources, tools and expectations from NHS England.

3.3 Risks to the Local Offer

- The operational and governance mechanisms to deliver personal health budgets for groups such those with Education, Health and Care Plans and learning disability cohorts are in progress.
- Additionally, further work is required regarding children's contracts in relation to nursing, short breaks and therapies to ensure funding availability beyond continuing care for those within scope who have a PHB. This work has commenced.
- Case/care management is not in place for all cohorts in scope and is a wider piece of work to plan and implement organisational changes.
- As PHBs are an entirely new delivery model, there is no way of gauging demand and patient appetite for them as the local offer is expanded to new cohorts.
- Work to address the cultural change required is ongoing. This is a considerable piece of work, due to the extent to which PHBs counter much of current NHS culture. This is likely to take several years before PHBs are embedded as an NHS delivery mechanism and promoted effectively.
- There is a considerable amount of work to be done by the PHB Team to promote the benefits of purpose of PHBs and facilitate cultural change. Work planned through the Communications and Engagement Plan should help to address this but allaying fears from clinicians and service providers will take time.

3.4 Expanding PHBs to Mental Health and Long term conditions

Personal health budgets are part of a much wider programme of personalisation in health and social care. It is LLR CCGs' intention to extend the offer and availability of personal

health budgets to more people over time. During 17/18 the CCGs have an agreed timeline for implementation of PHBs to more people to include those with Mental Health needs. This offer is just beginning to be scoped to establish who might benefit within mental health and whether any existing services are not meeting outcomes and therefore could be considered for PHBs instead. Similarly, data regarding those with long term conditions for whom current services are not working is just beginning to be scoped to understand numbers, current spend and whether PHBs could be part of the solution.

When planning commences, any changes must be implemented in line with commissioning and contracting cycles and in accordance with the strategic objectives of the CCGs.

The way in which services are commissioned means that funding is tied up in block contracts and any expansion will be dependent on the freeing up of resource to fund budgets from these contracts. This takes time due to logistical, contractual, relational and cultural challenges.

PHBs are not about new money, but using the same allocation in a different way to meet assessed care and support needs. In order for this to happen there needs to be change in systems and thinking at all levels, and the CCG is committed to promoting culture change at all levels within commissioner and provider organisations.

Appendix I

2015/16	a) Continue to identify those individuals in receipt of continuing health care or children with continuing care.
2016/17	a) Children and young people with learning disabilities and who have significant health needs b) People with learning disabilities and significant health needs. c) People with learning disabilities who are inpatient but could be supported to live in the community through a PHB/be supported through a PHB to maintain in the community and prevent further admission d) Continue with year 1 cohort
2017/18	a) People with mental health difficulties – specifics currently being scoped b) Patients subject to S117 after-care as part of the Mental Health Act 1983* for their package of community support c) Wheelchair users in line with national expectation d) Scope children and young people with an EHC Plan who would benefit e) Continue with year 1 and 2 cohorts
2018/19	a) Long term conditions – this has yet to be scoped b) Explore PHBs for those individuals for whom traditional services are not working. c) Continue with year 1, 2 and 3 cohorts
2019/20	a) Continue with above

Appendix E

LEICESTER CITY HEALTH AND WELLBEING BOARD
6 FEBRUARY 2017

Subject:	Leicester Safeguarding Adults Board
Presented to the Health and Wellbeing Board by:	Jane Geraghty – Chair of Leicester Safeguarding Adults Board
Author:	Barbara Grell/ Leicester Safeguarding Adults Board Partners.

EXECUTIVE SUMMARY:

The Leicester Safeguarding Adults Board has a statutory duty to produce an annual report of is work and the provide details of how strategic business plan objectives were met during the year.

The LSAB are also requested to share this report to the local health and Wellbeing Board.

Jane Geraghty, incumbent LSAB chair, will be presenting the LSAB Annual Report.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

- Consider the contents of the Annual Report and consider how Board members can improve their contribution to the safeguarding of adults throughout their own organisations and the joint work of the LSAB.

Leicester City Council

Leicester Safeguarding Adults Board

WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

See it! Report it! Stop it!

Leicester City Safeguarding Adults Board Annual Report

Executive Summary

1 April 2015 to 31 March 2016

Leicester Safeguarding Adults Board

Executive Summary

2.1 Introduction

This is the first report that I am presenting on behalf of the Leicester Safeguarding Adults Board (LSAB) as the new independent chair. Having taken on this role in January 2016 I have met with board members individually and facilitated a board development day in February 2016. The board development day gave us all an opportunity to discuss and decide on a robust local strategy and to drive forward developments and initiatives that will ultimately provide protection from harm and abuse to the most vulnerable adults. It will be my ongoing challenge to provide the leadership necessary to make this strategy a reality. I have been very impressed with the previous achievements and the ongoing commitment of all board members and representatives and am likewise honoured and committed to continuous learning and improvement of local arrangements.

This report represents a summary of the many achievements, agency commitment and overview of local safeguarding activities. The report reflects the work and improvements made and some of the learning we are taking forward to make future improvements. I am impressed by the commitment of each and every partner agency and would particularly like to thank Councillors Palmer and Masters for their ongoing involvement, challenge and encouragement. The local Clinical Commissioning Group (CCG), Police and Adult Social Care have provided sufficient funding to enable the board to drive its priorities forward. Finally, I would like to pledge my own commitment to learning and improvement and would like to thank local professionals and people for their vigilance.

Jane Geraghty (Independent Chair – Leicester Safeguarding Adults Board)

2.2 Statutory requirements of LSABs

The Care Act 2014 introduced new safeguarding duties for local authorities, including:

- Leading a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Making or causing enquiries to be made where there is a safeguarding concern, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Hosting safeguarding adults boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- Carrying out safeguarding adults reviews (SARs) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them

Arranging for the provision of independent advocates to represent and support a person who is the subject of a safeguarding enquiry or review, if required

2.3 Meeting statutory requirements

What the Care Act says about Adult Safeguarding Boards:	What is currently in place?	Do we meet the standard?
Core membership consisting of the local authority, the local clinical commissioning group and the chief officer of police.	Board membership was reviewed to maximise engagement from agencies; this was approved and implemented December 2014.	✓
Appointment of a chair	In 2010 the LSAB jointly recruited an Independent Chair (with the LSCB) using a job specification outlining the skills and expertise required for the role	✓
A SAB must publish and regulate safeguarding procedures	Adult Safeguarding procedures have been updated across Leicester, Leicestershire and Rutland we published these April 2015. LSAB has a constitution, values statement, protocols with related bodies and other key documentation, this has been reviewed and updated this year.	✓
A joint pot of funding by agencies should be created toward SAB work SAB members may provide staff, goods, services, accommodation or other resources for purposes connected with the SAB	The LSAB is supported financially by a number of key agencies. We are supported with accommodation and resources by the local authority (who hosts the board). Agencies have agreed to support the board by providing training resources / venues etc.	✓
A SAB must publish for each financial year its “strategic plan”	Every year we have reported progress against our strategic plan outlining the key objectives for the year and actions we will take forward to meet these.	✓
A SAB must produce an annual report and share this with a specific set of agencies.	Since its creation the SAB has produced an outward facing annual report. The Independent Chair has met with all statutory chief executives within Leicester, formally presented the annual report and reviewed multi-agency cooperation. The newly created Health and Wellbeing Board, Health-Watch, Police Commissioner, Mayor and Board members all received a copy of the 2014 LSAB Annual Report. The annual report is published on our website. The Independent Chair has bi-annual meetings	✓

	with the City Mayor and the Assistant Mayor (lead member) for Adults and Older People.	
They must conduct Safeguarding Adult Reviews	The LSAB has in place an Adult Review and Learning Sub-Group. The group has reviewed terms of reference in 2015 to reflect the new terminology and Care Act requirements in conducting Safeguarding Adult Reviews. It has worked with neighboring boards to develop a framework which helps us take forward this work.	✓

2.4 Background and Content

Leicester City Council's department for Adult Social Care is the responsible lead agency for providing care services for people in need, including those at risk of abuse. The Leicester Safeguarding Adults Board (LSAB) has given direction, support, guidance and quality assurance to safeguarding adult policies, procedures and practice in Leicester and via its local network across Leicestershire and Rutland. The multi-agency Safeguarding Adults Board's (SAB) role is to promote, inform and support safeguarding adults work. We ensure that priority is given to the prevention of abuse, and adult safeguarding is integrated into other community initiatives as well as links to other relevant inter-agency and community partnerships.

SABs have three core duties under the Care Act 2014 (gov.uk/guidance/care-and-support-statutory-guidance/safeguarding). They **must:**

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

In addition to the above, the LSAB has agreed to manage the statutory domestic homicide review (DHR) process (gov.uk/government/collections/domestic-homicide-review) on behalf of the Leicester Safer Partnership

2.5 Safeguarding Activities in Leicester

Leicester City Council has statutory delegated responsibility under Section 42 of the Care Act 2014 to make enquiries.

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there): -
    (a) has needs for care and support (whether or not the authority is meeting any of those needs),
    (b) is experiencing, or is at risk of abuse or neglect,

(c) a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this part or otherwise) and if so, what and by whom.

(3) Leicester City Council's Adult Social Care carries out this responsibility with some responsibility delegated and shared with University Hospitals Leicester (UHL) and Leicestershire Partnership Trust (Mental Health Trust).

2.5 Key Section 42 enquiries statistics

- A total of 1,404 communications relating to concerns of abuse and neglect were received during 2015/16 by Leicester or its safeguarding partners. 641 of these were not responded to under local safeguarding adult's procedures and did not meet the description of an adult at risk.
- A total of 356 cases lead to Section 42 enquiries being made. Allegations of abuse were spread across the various categories of abuse and in many cases named more than one category.
- Half of the cases leading to Section 42 enquiries involved an adult at risk who lacked the mental capacity to safeguard themselves or to make decisions relating to their safety. This data indicates and agrees with other national data that the loss of mental capacity increases the risk of harm and abuse
- Cases taken forward for Section 42 enquiries do not reflect the ethnic make-up of Leicester. The local census of 2011 shows a population of: 50.52% White, Asian or Asian British 37.13%, Black and Black British 6.24%, Mixed 3.51% and Other 2%. This does not identify that white adults are at greater risk but perhaps that abuse against people from minority groups is less likely to be reported? An aspect that is debated and considered.
- The population break down by age shows that Leicester is a 'young city' with almost 85% of the population being of working age. However, older people in the city experience a disproportionate risk of harm compared to their younger counterparts and the data shows an increased risk the older you get.
- The gender distribution did not raise any concern for the board. Abuse is reported in almost equal numbers.
- A challenge that this year's data identified was that a total of **86 individuals** have had more than one safeguarding enquiry recorded during 2015/16. 43 have had a repeat Section 42 enquiry 43 have had a repeat 'other safeguarding enquiry'
- Some individuals had more than two enquiries in the year. The LSAB has identified a need to undertake case audits to identify if there is an issue with the way cases are responded to at the initial referral or if some other theme can be identified that leads to these high numbers of repeats. This aspect will be brought forward in the board's audit plans for 2016/17.

2.6 Key Section 42 enquiries statistics

The DoLS activity continues to present a challenge with a backlog of cases awaiting assessment. Overall 723 cases were assessed from a total of 1,833 cases.

The safeguards provided under DoLS for people who are deprived of their liberty, of course, do not protect the people on the waiting list and hence the LSAB has included this on its risk register for ongoing monitoring and improvement.

2.7 Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs)

Care home X SAR was commissioned in 2014/15 and completed in 2015/16, to identify any learning points regarding the actions of individual agencies in contact with this home prior to safeguarding allegations and concerns which were investigated and whether agencies could have worked together more effectively.

A number of recommendations were made, all of which were accepted and acted upon by the Safeguarding Adults Board. These included:

- Improving the extent to which issues within a care home setting can be gathered together from individual residents' records
- Ensuring that families are involved in reviews of residents and that residents are engaged directly in quality and compliance assurance visits
- Ensuring that allegations which appear to be criminal in nature are swiftly reported to the police and that a multi-agency strategy discussion takes place
- Improving information regarding the training of staff and the use of deprivation of liberty safeguards within a care home
- Improving the joint response to investigating allegations in care homes

In response, a comprehensive action plan was developed and the delivery of actions overseen by the adult review and learning group. Progress has been made in a number of areas including:

- Review of the joint protocol for completing large scale investigations
- The development of a care home team within Leicestershire Police
- The creation of a supported residents care team in Leicester City Council
- A refresh of the multi-agency information sharing meeting arrangements, bringing all agencies together to share information that is held about provider quality concerns

- Involvement of Healthwatch in supporting the board's work to address the level of safeguarding concerns arising within a residential or nursing care setting

2.8 The Board Strategic Objectives for 2015/16: sit under the following five theme areas:

- **Strategic Priority Area 1 – Core business: Partnership, governance and board functions**
  Strategic Priority Area 2 – Prevention and protection
- **Strategic Priority Area 3 - Partnerships and communications work – Hearing the voice of the people**
- **Strategic Area 4 – Quality assurance and effectiveness of multi-agency practice**
- **Strategic Area 5 – Workforce Development**

In order to achieve its priorities, the board has reviewed its membership and strengthened it where this was needed:

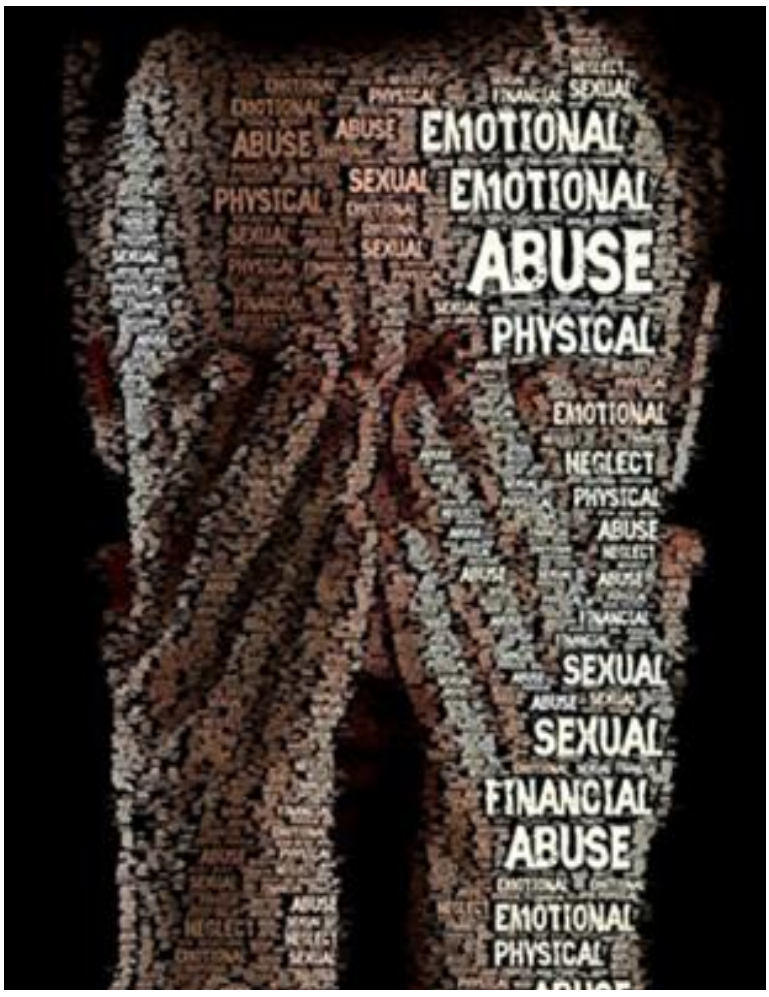
- Healthwatch will be represented from 2016 onward.
- All agencies providing services will be represented in recognition of the fragmentation of the service.
- The LSAB has communicated with CQC about their lack of attendance during 2015/16.
- It has reviewed and where needed revised its network and structure (see Appendix 2 – Board Structure Chart).
- A new service user reference group will support the board's work from July 2016.
- The board office has been strengthened through the appointment of a DHR coordinator and full time administrator. Temporary appointments have been made for the board manager to provide stability in the medium term.
- There is an appropriate budget in place through funding and a three-way split by the statutory partners: Adult Social Care, CCG and Police.

For the complete annual report please follow link.

https://www.leicester.gov.uk/health-and-social-care/adult-social-care/what-support-do-you-need/safeguarding-adults-board/

Leicester Safeguarding Adults Board

Annual Report 2015-16



Leicester Safeguarding

Adults Board Office

llradultsafeguarding.co.uk

LSAB@leicester.gov.uk

If you, or someone you know, are being abused, please get in touch...

Telephone

Leicester: **0116 454 1004**

Leicestershire: **0116 305 0004**

Rutland: **01572 758 341**

Leicestershire Police: 101 non emergency, **999** emergency

We work in partnership to keep adults safe in Leicester:

Leicester City Council

NHS

Leicestershire Police
Protecting our communities

LEICESTERSHIRE FIRE and RESCUE SERVICE
protecting our communities

healthwatch Leicester

National Probation Service

Safer Leicester Partnership
Working together for a safer City

Content

Introduction

This is the first report that I am presenting on behalf of the Leicester Safeguarding Adults Board (LSAB) as the new independent chair. Having taken on this role in January 2016 I have met with board members individually and facilitated a board development day in February 2016. The board development day gave us all an opportunity to discuss and decide on a robust local strategy and to drive forward developments and initiatives that will ultimately provide protection from harm and abuse to the most vulnerable adults. It will be my ongoing challenge to provide the leadership necessary to make this strategy a reality. I have been very impressed with the previous achievements and the ongoing commitment of all board members and representatives and am likewise honoured and committed to continuous learning and improvement of local arrangements.

The LSAB continues to work closely with partners across Leicestershire and Rutland and our partners in children's services and the Safeguarding Children Board. Joined up arrangements will be strengthened going forward with continued commitment to the work of the LLR joint executive group. This is aimed at achieving a consistent approach across local boundaries.

We have identified that hearing the voices of adults at risk and involving adults, needs strengthening and this is therefore one of our strategic priority areas going forward. We are seeking to involve adults at risk via the LSAB reference group – to be established during 2016 and have established a task and finish group to embed the principles of 'Making Safeguarding Personal'.

The numbers and types of concerns raised have not varied significantly over the past three years. However, locally we have not had to implement major improvements relating to health and social care providers as has been the case previously.
With national cases of institutional abuse and failure to provide effective care not decreasing, this continues to be an area that the LSAB will monitor.

During last year there was no need to commission any safeguarding adults reviews (SARs). The adult review and learning group will continue to review cases and take account of national learning from cases.

This report represents a summary of the many achievements, agency commitment and overview of local safeguarding activities. The report reflects the work and improvements made and some of the learning we are taking forward to make future improvements.

I am impressed by the commitment of each and every partner agency and would particularly like to thank Councillor Palmer and Councillor Masters for their ongoing involvement, challenge and encouragement. The local Clinical Commissioning Group (CCG), Police and Adult Social Care have provided sufficient funding to enable the board to drive its priorities forward.

Finally, I would like to pledge my own commitment to learning and improvement and would like to thank local professionals and people for their vigilance.

Jane Geraghty (Independent Chair – Leicester Safeguarding Adults Board)

Background and content

The Care Act 2014 introduced new safeguarding duties for local authorities, including:

- Leading a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Making or causing enquiries to be made where there is a safeguarding concern, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Hosting safeguarding adults boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- Carrying out safeguarding adults reviews (SARs) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- Arranging for the provision of independent advocates to represent and support a person who is the subject of a safeguarding enquiry or review, if required

This report will provide a summary of how these requirements are met in Leicester and will provide the necessary overview and assurance that safeguarding arrangements are robust and that the board enables and drives continuous improvement. In this respect we will also summarise and evaluate our 2015/16 strategies for improvement.

Leicester City Council's department for Adult Social Care is the responsible lead agency for providing care services for people in need, including those at risk of abuse. The Leicester Safeguarding Adults Board (LSAB) has given direction, support, guidance and quality assurance to safeguarding adults policies, procedures and practice in Leicester and via its local network across Leicestershire and Rutland. The multi-agency Safeguarding Adults Board's (SAB) role is to promote, inform and support safeguarding adults work. We ensure that priority is given to the prevention of abuse, and adult safeguarding is integrated into other community initiatives as well as links to other relevant inter-agency and community partnerships.

SAB have three core duties under the Care Act 2014 (gov.uk/guidance/care-and-support-statutory-guidance/safeguarding). They must:

(1) Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.

(2) Publish an annual report detailing how effective their work has been.

(3) Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

This report will summarise how the Leicester Safeguarding Adults Board (LSAB) meets its core duties as well as evaluate the strategic plan it set out for 2015/16 and include the strategic plan for 2016/17.

In addition to the above, the LSAB has agreed to manage the statutory domestic homicide review (DHR) process (gov.uk/government/collections/domestic-homicide-review) on behalf of the Leicester Safer Partnership and, in this respect, we will be providing an update of DHRs and SARs undertaken during the reporting period (1 April 2015 to 31 March 2016).

Safeguarding activities in Leicester 2015/16

Leicester City Council has statutory delegated responsibility under Section 42 of the Care Act 2014 to make enquiries.

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there): -

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this part or otherwise) and if so, what and by whom.

Leicester City Council's Adult Social Care carries out this responsibility with some responsibility delegated and shared with University Hospitals Leicester (UHL) and Leicestershire Partnership Trust (Mental Health Trust). When information is received in relation to abuse, neglect and harm, a decision is made if the 'safeguarding adults thresholds' (as described by the Care Act – quoted) apply and an enquiry under Section 42 should be undertaken. A local procedural document is available for safeguarding practitioners to assist them to make this decision and to ensure consistency and compliance.

A total of 1,404 communications relating to concerns of abuse and neglect were received during 2015/16 by Leicester or its safeguarding partners. 641 of these were not responded to under local safeguarding adults procedures and did not meet the description of an adult at risk.

Table SG1a	Age band						
Counts of individuals by age band	18-64	65-74	75-84	85-94	95+	Not known	Total
Individuals involved in safeguarding concerns	597	176	257	317	43	14	1404
Individuals involved in Section 42 safeguarding enquiries	139	48	44	52	6	0	289
Individuals involved in other safeguarding enquiries	122	44	82	88	15	0	351

The table SG1a above shows that during 2015/16 a total of 640 individuals of a total of 1,404 led to enquiries being made. 289 cases led to Section 42 enquiries and 351 cases were signposted to other processes with a focus on resolving concerns, preventing harm and collating 'soft' information about the safety of care providers for example, indicating when there are 'ongoing' concerns being raised even when they do not meet safeguarding thresholds.

The LSAB receive information relating to all enquiries and are therefore able to take account of a wider range of information. Whilst this report will focus in the main on the analysis of Section 42 (statutory enquiries), it is important to note that the LSAB does have this information available as part of its indicator and data set and that it undertakes analysis of this information. As part of this report we will take account of the outcomes and actions resulting from 'other enquiries'.

Counts of enquiries by action, result and source of risk	Source of risk		
	Social care support	Other-known to individual	Other-unknown to individual
No action taken	38	18	40
Action taken and risk remains	9	11	15
Action taken and risk reduced	83	40	93
Action taken and risk removed	24	5	27

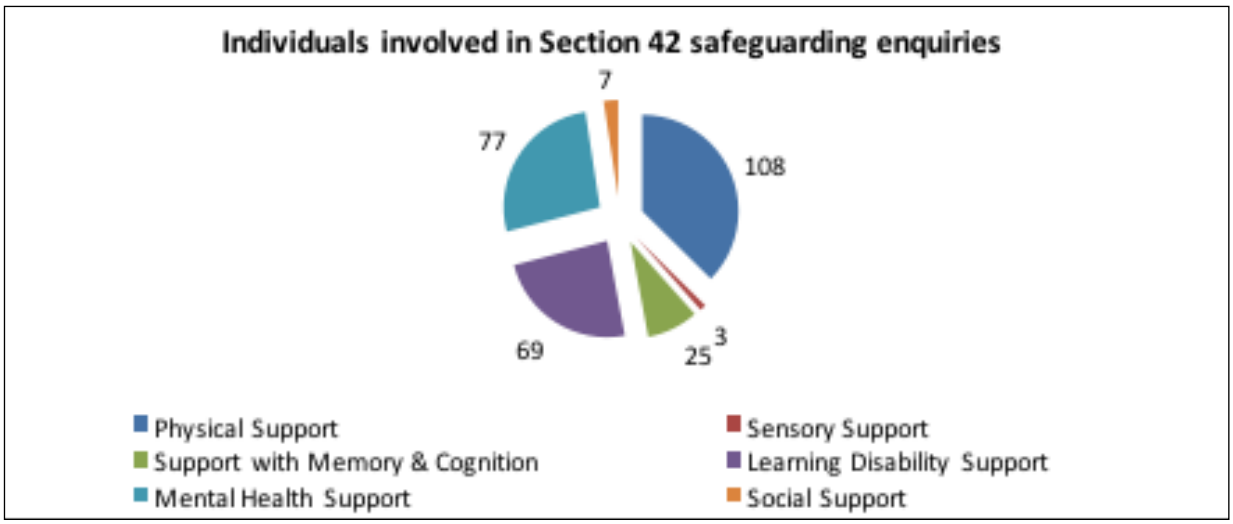
Table SG2 above shows if action was taken and if risks were reduced or remained. The table differentiates the sources of risk – social care support would indicate that the perpetrator is an employed carer and others known or unknown to the victim. Where the person is known this is likely to be family or friends but the data shows that this group faces the highest risk from paid care givers and people not known to them. The data also shows that action is not always taken and risks are not always removed or reduced. This is accepted and appropriate as 'adults at risk' have a right to be able to make and influence decisions relating to any risks that they face. The data however also clearly shows that in the majority of cases there was an opportunity to reduce and remove risks and prevent harm and abuse. The LSAB is assured that 'other enquiries' result in local adults being safer and are assured that help is available to prevent more serious harm, even when safeguarding threshold relating to Section 42 enquiries are not met at the time of information being received.

Analysis - Section 42 Enquiries

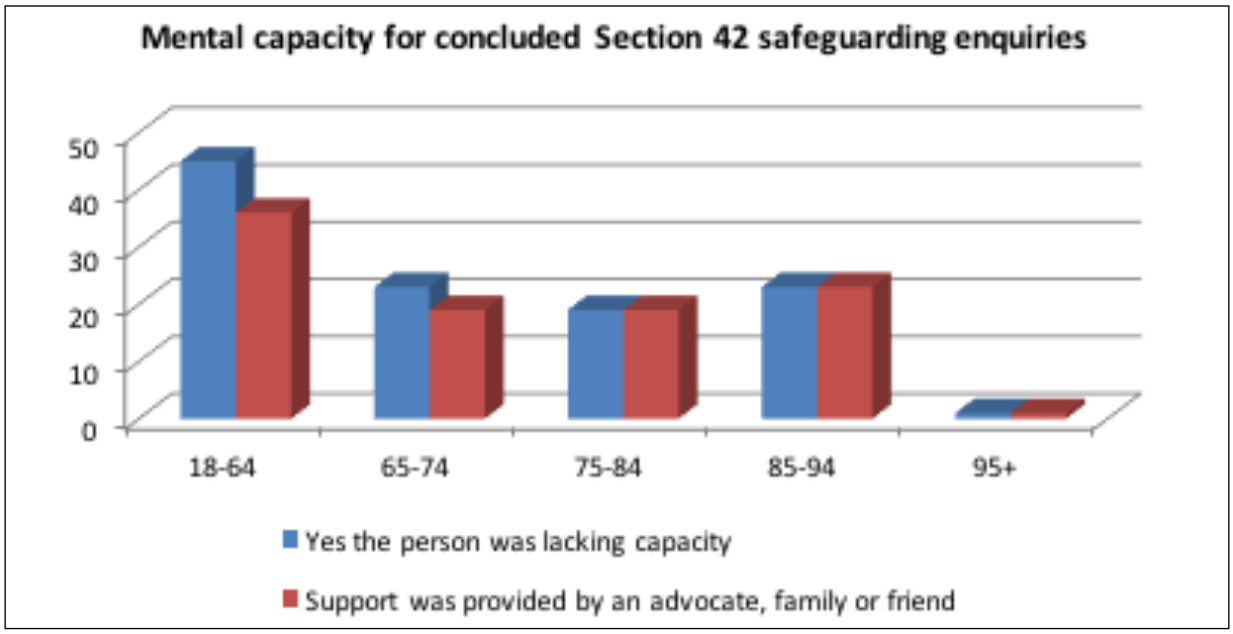
A total of 356 cases lead to Section 42 enquiries being made. Allegations of abuse were spread across the various categories of abuse and in many cases named more than one category.

Category of alleged abuse	Total – all sources
Physical abuse	98
Sexual abuse	14
Psychological abuse	51
Financial or material abuse	97
Discriminatory abuse	5
Organisational abuse	29
Neglect and acts of omission	95
Domestic abuse	7

In order to be eligible, the relevant person (the adult at risk) would have to have support needs that affect their ability (or cause an inability) to prevent harm. Cases taken forward showed that the adults at risk had a variety of support needs.

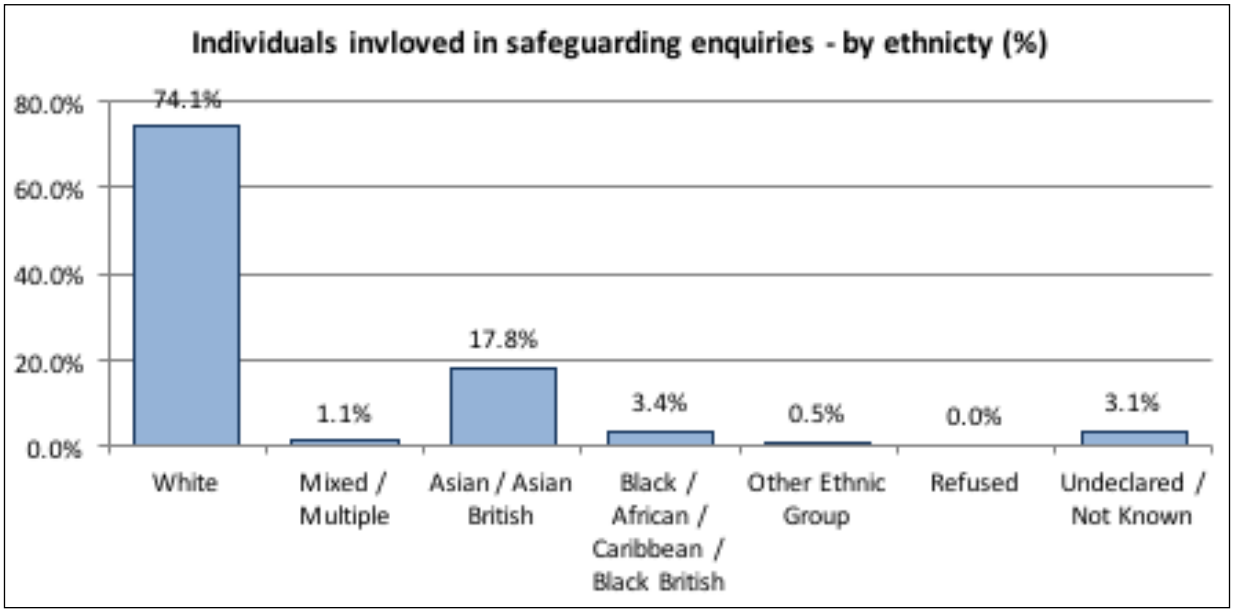


The table below shows that in over half of the cases leading to Section 42 enquiries, that the adult at risk lacked the mental capacity to safeguard themselves or to make decisions relating to their safety.

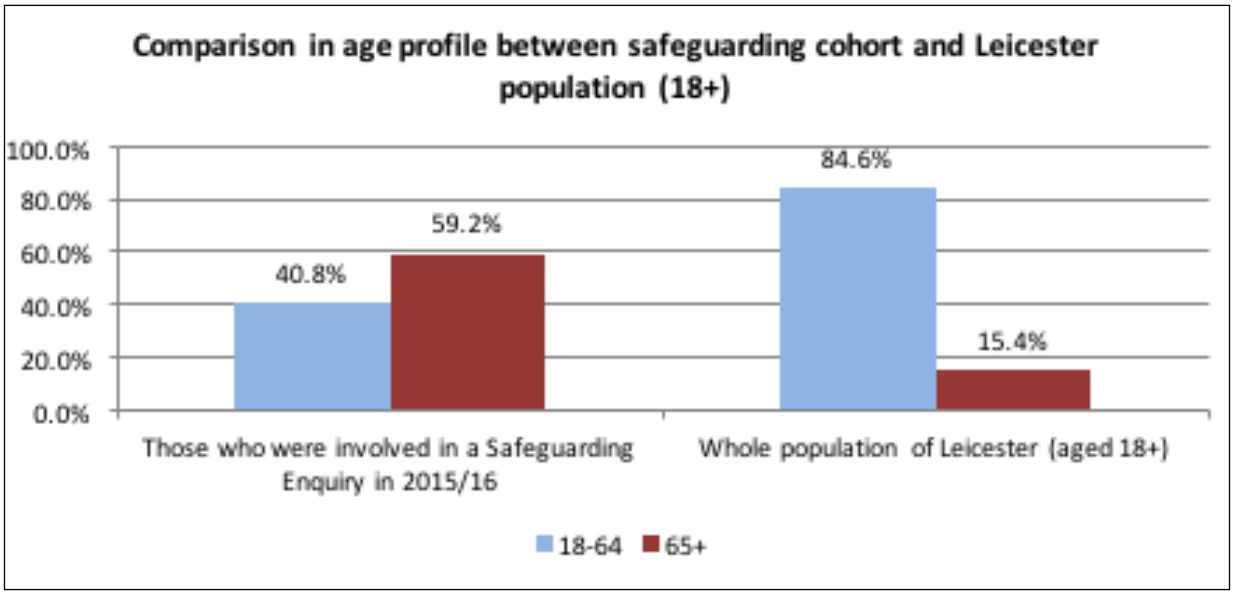


The majority were provided with advocacy in order for their voice to be heard and their right to be represented ensured. This data indicates and agrees with other national data that the loss of mental capacity increases the risk of harm and abuse. The fact that the local adult social care department is particularly monitoring and responding to new deprivation of liberty safeguards (DoLS) applications would hence make a lot of sense and shows that the DoLS process applies another layer of safeguarding as intended.

The table below shows the breakdown by ethnicity:



Cases taken forward for Section 42 enquiries do not reflect the ethnic make-up of Leicester. The local census of 2011 shows a population of: White 50.52%, Asian or Asian British 37.13%, Black and Black British 6.24%, Mixed 3.51% and Other 2%. This does not identify that white adults are at greater risk but perhaps that abuse against people from minority groups is less likely to be reported; an aspect that is debated and considered.



The population break down by age shows that Leicester is a 'young city' with almost 85% of the population being of working age. However, older people in the city experience a disproportionate risk of harm compared to their younger counterparts and the data clearly shows an increased risk the older you get.

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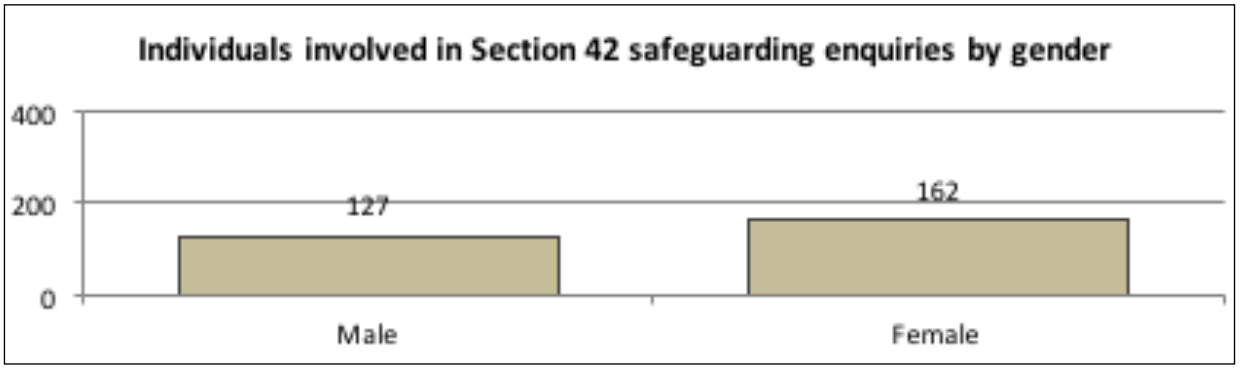
Individuals involved in Section 42 safeguarding enquiries	**139**	**48**	**44**	**52**	**6**	**0**	**289**
Individuals involved in other safeguarding enquiries	**122**	**44**	**82**	**88**	**15**	**0**	**351**

Table SG1a further shows that this is the case relating to alerts, and all enquiries. This fact triaged with the fact that the majority of all cases identify paid carers as the main source of harm and abuse was taken into account by the LSAB when they made the decision to set up a task and finish group in 2016 to identify and address any concerns in the local care sector and provide assurance to the LSAB that local adult services provide safe and good quality care. Over 200 enquiries (Section 42 and other) related to the source of risk as paid carer(s).

In relation to Section 42 enquiries there is a 40:60 male/female split.



The gender distribution did not raise any concern for the board. Abuse is reported in almost equal numbers.

A challenge that this year's data identified was that a total of 86 individuals have had more than one safeguarding enquiry recorded during 2015/16.

- 43 have had a repeat Section 42 enquiry
- 43 have had a repeat 'other safeguarding enquiry'

Some individuals have had more than two enquiries in the year. The totals for the number of repeat enquiries are as shown:

Enquiry type	Number of repeat enquiries	Individuals involved in more than one
Section 42	101	43
Other enquiries	108	43
Total	**209**	**86**

This translates into almost a third of all Section 42 enquiries and around a quarter of other enquiries. The LSAB has identified a need to undertake case audits to identify if there is an issue with the way cases were and are responded to in the first place or if some other theme can be identified that lead to these high numbers of repeats. This aspect will be brought forward in the board's audit plans for 2016/17.

Table SG2c shows the outcome of enquiries including source of risk:

Table SG2c	Concluded Section 42 Enquiries		
Counts of enquiries by action, result and source of risk	Source of risk		
	Social care support	Other-known to individual	Other-unknown to individual
No action taken	15	11	35
Action taken and risk remains	0	5	14
Action taken and risk reduced	36	59	88
Action taken and risk removed	13	14	43

In the majority of cases action was taken and risks reduced or removed. This is not reflected in the fact that so many cases are referred for a second or even third time. The LSAB are moving forward to identify underpinning reasons for the number of repeat referrals by undertaking a programme of qualitative audits during 2016/17

The deprivation of liberty safeguards (DoLS) activity 2015/16

We report on activity relating to the deprivation of liberty safeguards (DoLS) for several years now and DoLS compliance continues to be challenged not only locally but nationally as well. The Supreme Court judgement relating to the cases and overruling previous judgements relating to P v Cheshire West and Chester Council and P&Q v Surrey County Council, have led to clarity and what is commonly known as the 'acid test', resulting in increased numbers of requests for authorisations to deprive adults of their liberty. Local authorities have to undertake a number of assessments in order to authorise a deprivation of liberty, or not if this is indicated. Assessors are highly trained and experienced professionals and overall there is an apparent national skills gap as well as an escalation of costs that both impacted on the ability of Leicester City Council and the majority of local authorities to comply with the authorisation process.

Adult Social Care has doubled the number of full-time best interest assessors (BIA) from three to six. These appointments were made in July and September 2015. However, as these were recruited internally, this depleted the pooled BIA assessors which reduced from 3.6 to 0.6 (full-time equivalent). Since October 2015, we have increased the pooled resource by an additional two BIAs. Each pooled BIA assessor is required to undertake six assessments per year (if they are full-time employed), or four if they are working on a part-time basis. Until we build our pooled resource further, we will not see much benefit by way of completed assessments against the rate of requested authorisations. It is hoped that by the end of 2016 we will have an additional seven to eight pooled BIAs who are currently completing the training course. The authority also continued to utilise independent BIAs to complete assessments.

Over the past year Adult Social Care has increased the number of signatories for authorisation and sign off from five to ten with a further four being trained. Sign off by a senior manager with sufficient knowledge is crucial in ensuring that those assessments completed are of sufficient quality to withstand legal challenge and ensures that the rights of individuals are safeguarded.

The DoLS activity table shows that there continues to be a backlog of cases awaiting assessment. At the end of the period this accounted for 548. Overall 723 cases were assessed from a total of 1,833 cases. The safeguards provided under DoLS for people who are deprived of their liberty, of course, do not protect the people on the waiting list and hence the LSAB has included this on its risk register for ongoing monitoring and improvement.

DoLS Activity 2015/16	Total
Referrals received	1833
Granted	693
Not granted	30
Withdrawn	562
Not yet signed off by supervisory body	548

Adult Social Care has reviewed the way cases are prioritised and is focused on reducing the backlog of new referrals from April 2016. This is in recognition of the risks when an adult, their situation and any risks are not known. Adult Social Care will no longer prioritise cases already subject to a standard authorisation that is due to expire. This change is based on the limited resources and how to use them to best protect adults at risk of harm and abuse. Independent legal advice was sought from Brown Jacobson in support of the change whilst recognising that whatever and whoever is prioritised for DoLS assessment; it still leaves some adults and the organisation at risk.

A significant risk factor influencing the change in prioritising requests, was the fact that with new requests for DoLS 'sitting' on the waiting list, there was no way to measure the risk attached to these individuals as the service was and is dependent on the managing authority providing all relevant information to support prioritising those with greater need correctly. In part, this was underpinned by learning from a safeguarding review (discussed later in the report) which identified that seven residents were waiting for assessments to be completed and that indeed harm and abuse might have been prevented, reduced the risk or ensured earlier alerts; had assessments been completed in a timely manner. The DoLS team and commissioners regularly exchange intelligence in order to further prioritise assessments and target stretched resources where adults maybe at the greatest risk.

Safeguarding adults reviews (SARs)

The Care Act 2014 requires local safeguarding adults boards (SABs) to include within the annual report information relating to any safeguarding adults reviews (SARs) that it has arranged. This includes reviews that have concluded in the year, that are still ongoing at the end of the year and also what has been done to implement the findings of any reviews.

A SAR should be arranged when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if the same circumstances apply where an adult is still alive but has experienced serious neglect or abuse.

In Leicester, the adult review and learning subgroup of the LSAB makes arrangements to carry out any reviews agreed by the board and the implementation of any recommendations.

During 2015/16 one SAR was concluded; this review had started in the previous year.

Care Home X was a care home located in Leicester, registered to provide care for 21 people with dementia, learning disabilities, mental health conditions, physical disabilities and sensory impairments. A whistle-blower had raised allegations of serious abuse and neglect of a number of residents at Care Home X residential home by care staff.

As a result of these allegations there was a police investigation, a responsive inspection from the Care Quality Commission (CQC) and an adult safeguarding investigation, carried out in line with local multi-agency safeguarding procedures. These enquiries and investigations identified further areas of concern, potentially affecting the whole resident group.

Council staff supported the provision of care in the home whilst the situation was progressed. The company which owned the home decided to cease operations and the home was closed 10 days after the allegations had been received. In the days before closure, all residents had been transferred into alternative accommodation and care settings.

A SAR was commissioned to identify any learning points regarding the actions of individual agencies in contact with this home prior to the allegations and whether agencies could have worked together more effectively.

A number of recommendations were made, all of which were accepted by and acted upon by the LSAB. These included:

- Improving the extent to which issues within a care home setting can be gathered together from individual residents' records
- Ensuring that families are involved in reviews of residents and that residents are engaged directly in quality and compliance assurance visits
- Ensuring that allegations which appear to be criminal in nature are swiftly reported to the police and that a multi-agency strategy discussion takes place
- Improving information regarding the training of staff and the use of deprivation of liberty safeguards within a care home
- Improving the joint response to investigating allegations in care homes

In response, a comprehensive action plan was developed and the delivery of actions overseen by the adult review and learning group. Progress has been made in a number of areas, including:

- Review of the joint protocol for completing large scale investigations
- The development of a care home team within Leicestershire Police
- The creation of a supported residents care team in Leicester City Council
- A refresh of the multi-agency information sharing meeting arrangements, bringing all agencies together to share information that is held about provider quality concerns
- Involvement of Healthwatch in supporting the board's work to address the level of safeguarding concerns arising within a residential or nursing care setting

No new SARs were arranged during 2015/16.

Domestic homicide reviews (DHR)

Three domestic homicide reviews (DHR) have been ongoing during this period. The LSAB has an agreement in place to undertake the reviews on behalf of the local community safety partnership. The reviews have been delayed due to the legal processes but all are now on schedule for completion during the summer of 2016.

The LSAB is assured that implementation of identified learning is being implemented whilst the review process is being completed. The LSAB's adult review and learning group has received quarterly updates in relation to all three DHRs ongoing, including updates on identified learning, themes and progress against early actions.

Safeguarding partner agencies - Annual reports

Organisation name:	Leicestershire Police
Name of person(s) completing the report:	T/Supt Jon Brown (Supt, Serious Crime), PS Gail Simpson (Crime & Intelligence Directorate Support Team) and Barney Thorne (Safeguarding Partnership Manager)
Partner agency logo:	Leicestershire Police Protecting our communities
Overview 2015/16: Safeguarding vulnerable people (both adults and children) has continued to be a major focus of policing activity during 2015/16: • We have referred over 7,000 incidents during 2015/16. • This has led to 129 multi-agency investigations.	

- We have issued 53 domestic violence prevention orders.
- Project 360 has been extended.
- New SARC (Sexual Assault Referral Centre) has been opened.
- Co-location of Signal (rape investigation) and Domestic Abuse and Complex Investigation Team to ensure best use of specialist resources.
- UAVA (United Against Violence & Abuse) has commenced providing force wide support via one referral pathway.
- PVP4 (protecting vulnerable people), a force wide training programme, is being delivered to all front line operational staff - this includes specific modules relating to adult safeguarding issues.
- The removal of the immediate threat of huge budget cuts, together with an increase in Precept has allowed the force to increase investment in resources for this area of business, but this will not largely have an impact until 2016/17 - this will see 38 detectives, 21 PSCOs (Police Community Support Officers) and 17 Investigative Support Officers join the directorate as we look to make the most of our resources.
- The Force continues to develop organisational structures and working practices to ensure policing for the future is as effective and efficient as it can be, and protects the most vulnerable in our communities. Ongoing projects include Blueprint 2020, whichcontinues the work commenced under Project Edison; the strategic alliance (with Northamptonshire and Nottinghamshire forces); and the force is also exploring use of the Cambridge Harm Index which indexes crimes on level of harm rather than number of occurrences, as a way of prioritising resources.

Internal safeguarding adults governance and audit arrangements:

- Management structure has remained consistent during 2015/16 - Crime and Intelligence Directorate (CAID) headed up by the Ch Supt, supported by T/Supt (Serious Crime), DCI (Adult Serious Crime) and the Safeguarding Partnership Manager.
- New Force operating model was implemented during 2015/16 and is now embedded. Specialist departments were ring-fenced during this change to maintain continuity around safeguarding investigations – DAIU (Domestic Abuse Investigation Units), Signal and ARD (Adult Restorative Disposal) remits remain as before.
- Governance structure: daily DMM (conference call) which addresses immediate tasking and resourcing issues; monthly Crime and Intelligence Directorate (CAID) tasking and co-ordination meeting which discusses data, resource issues, specific tasking; Performance Development Group which discusses performance at chief officer level. This is supported by Force and directorate audit regimes, and management of departmental action plans derived from Force, regional and national objectives. Governance also provided via HMIC (Her Majesty's Inspectorate of Constabulary) and safeguarding board audits.

- A new audit regime began at the end of 2015, via the CAID Support Team. This is a rolling process of audits by department, quality assuring priority areas highlighted by HMIC inspections, SCRs (Serious Case Reviews), DHRs and self-assessment. Results and feedback go to departments via DCI Adult Safeguarding – domestic abuse and sexual offences audits have so far shown good compliance with required procedures and a good level of service.
- Quality assurance process introduced re Body Worn Video (BWV) use to ensure best possible evidence is captured, particularly where there may be reluctance to support prosecution.
- Achieving Best Evidence Group set up during 2015 to address issues around quality of video recorded evidence provided in relation to vulnerable and intimidated witnesses. This has resulted in an upgrade of equipment in all video recording suites, refresher training, clarification of procedures and a quality assurance regime around video interviews carried out.
- We are looking at new working practices to make the best use of our available resources for VRIs (visual recorded interviews) to ensure the highest quality possible.

Safeguarding adult work undertaken and key achievements:

- New SARC opened in March 2016 providing excellent resources for victims of sexual assault (adult only at this time).
- Project 360 extended.
- NHS England funded Mental Capacity Act training which was delivered to 16 key frontline managers across the force, with a vision to ensure an understanding is fostered around mental capacity. While this does not give us expertise, it will allow investigations to consider practical positive routes for some of our most vulnerable victims.
- Funding has been received from the Police and Crime Commissioner to set up an Integrated Vulnerability Management Unit. This will include CPNs (community psychiatric nurses), drug and alcohol workers, PCs aimed at assisting local authority colleagues with Section 135s. The project will then pool these new individuals with the Adult Referral Team and the Mental Health Triage Car giving greater expertise with a shared focus and goal.
- We have had to update our internal managing adults at risk procedure to be Care Act 2014 compliant, and have also taken this as an opportunity to raise expectations for officers around identifying vulnerable people and the use of strategy discussions.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

We have seen a number of incidents involving care homes this year. Better understanding of the managing adults at risk procedure has led to an increase in the number of strategy discussions undertaken with multi-agency partners.

In several of these incidents, having a strategy discussion at the onset of the investigation has led to either a greater understanding of the incident, resulting in no further action, or allowing the incident to be escalated to the Force's Complex Investigation Team. This has resulted in multiple social workers initially embedding themselves at the beginning of the investigation which has been an excellent demonstration of multi-agency working, challenge and desire to get the best for our victims.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

A lot of our Neighbourhood Officers are tasked with seeking out opportunities to engage with the local community and take on a project to assist the community. One of our officers situated in Beaumont Leys came across a day centre for people with dementia. The outside of the day centre had become overgrown and there was little use made of it by the people who attended the centre. The officer asked internally for volunteers and went to local businesses, McDonalds, Greggs and B&Q in order to redevelop the garden, adding a pond and garden furniture and giving it a much needed lick of paint, all at no cost.

Following the project we have seen a surge in engagement taking place between officers and the local community around the day centre.

The challenges:

- Police forces nationally have for the last five years seen a reducing budget from the government. However, we are now in a position where although the budget has not increased via national funding, we have an opportunity to consider how we do what we do. This has seen us use the Cambridge Harm Index to ask the Police and Crime Commissioner to increase the precept from the council tax to allow us to grow in certain areas of the Force where resource is needed or if there is an opportunity to redevelop the work that we do.
- This year, as with past years, has seen an increase in reporting of historical sexual abuse. While these may not be considered as adult safeguarding investigations, the victims are predominantly adults now and may need safeguarding through the process as a result of trauma and abuse during childhood. These investigations carry a high degree of political and media attention for obvious reasons and as a result have led to the decision making being heavily scrutinised both organisationally and individually. When these investigations are reported in the media we have seen a direct increase in reporting from the public, particularly as local investigations have received national attention. This may present a challenge in the future as we currently have a small non-recent investigation team. However, they are situated within a large directorate of detectives and resources can be aligned if and when necessary.

Awareness raising and staff training:

- PVP4 training programme commenced in 2015 and will continue throughout 2016. Ten modules have so far been scheduled. These are delivered face-to-face by team leaders, using video input from specialist departments and supporting online resources. Modules specific to adult safeguarding have already been delivered around domestic abuse, mental health and crime in adult care settings. Two further modules on HBA/FM (honour based abuse/ forced marriage) and vulnerability referral forms are in development and will be released during the next few months.
- A series of regular updates by the DCI Adult Safeguarding has commenced which will follow the format of PVP and include any learning points arising from SCRs, DHRs or the internal audit results. The first one went out in April 2015 and included specific points around safeguarding adults - signposting people to the best kind of help, best practice to assist victimless prosecutions, and ensuring intelligence checks are completed.
- Managers from the adult referral team have given training to Force senior investigators (who lead investigations relating to death) to raise awareness of wilful neglect, the Mental Capacity Act and the Care Act. They were also given advice about investigations in health or care settings.

Organisation name:	Leicester City CCG
Name of person(s) completing the report:	Adrian Spanswick / Mina Bhavsar
Partner agency logo:	NHS Leicester City Clinical Commissioning Group

Overview 2015/16:

Leicester City CCG is a statutory NHS body with a range of statutory duties, including safeguarding adults and children. CCGs are responsible for commissioning most hospital and community healthcare services. CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

Leicester City CCG hosts on behalf of the three Leicestershire, Leicester and Rutland CCGs, the safeguarding team, which includes designated professionals who cover children and adult safeguarding, designated doctor for safeguarding children, named GP for safeguarding children and heads of safeguarding for children and adults. It should be recognised that the designated professionals undertake a whole health economy role. The CCG collates assurance in relation to health providers as part of the contracting process.

The CCG gains assurance from all commissioned services which includes NHS statutory and independent healthcare providers. This activity occurs throughout the year to ensure continuous improvement and may consist of assurance visits and attendance at provider safeguarding committees.

Leicester City CCG is able to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:

- Governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements, this is the Director of Nursing and Quality (who is also chair of the CCG's Strategic Safeguarding Group).
- CCG policies setting out a commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- A CCG safeguarding adults training programme in place for GPs.

The Leicester City CCG works with its inter-agency partners and is represented at senior level in LSAB by the Director of Nursing and Quality, with support by the consultant/designated nurse safeguarding children and adults. In addition the CCG has actively contributed to the subcommittees of the board.

Internal safeguarding adults governance and audit arrangements:

- Leicester City CCG, in partnership with West Leicestershire/East Leicestershire and Rutland, have a quarterly strategic safeguarding group (children and adults), which receives a safeguarding report, case review report, overviews policies and procedures and current key developments. All key papers are then reported through CCG's internal governance processes and then to the governing body on a monthly basis.
- Monitor implementation of CCG safeguarding strategy/plan and provide quarterly reports to the SSG in relation to safeguarding activity.
- Business continuity plan.
- Contribute to internal 360 assurance audit when requested. Last one completed July 2014.
- Consultant/designated nurse monthly meeting with Director of Nursing and Quality. In addition a meeting also takes place with the wider designated professionals from hosted safeguarding team on a monthly basis.
- Completion and submission of the safeguarding adults assurance framework for LSAB.
- Commissioner monitoring frameworks, systems and processes for large and small NHS providers.
- Monitor compliance against Care Act 2014, DADV, Crime and Victims Act 2004 and other key areas of legislation.
- Regular update and escalation/oversight of team/directorate and organisational risk assessment/register.
- Mental Capacity Act (MCA) checklist jointly agreed with Leicester Partnership Trust (LPT) and University Hospitals Leicester (UHL).

Safeguarding adult work undertaken and key achievements:

- The CCG's ongoing commitment and contribution to progress the LSAB business plan.
- Securing and overseeing primary care engagement for DHRs, SARs, SILPs (Serious Incident Learning Process), and providing support and monitoring of resulting actions.
- Attendance, contribution and oversight provided from a CCG perspective in relation to progressing LSAB priorities.
- Attendance, contribution and oversight provided from a CCG perspective in relation to DHR and SAR panel membership.
- Revised Mental Capacity Act (MCA) assurance provider template that has been aligned to the NHS contract for completion and return.
- High percentages of city GPs have completed and continue to complete, their safeguarding adults training Level 2 and 3.
- Prevent training programme in place for GPs.
- A successful MCA/DoLS programme funded by NHS England delivered 2014/15 to city care homes, health practitioners and GPs.
- A further programme secured to deliver bespoke training (legal firms and/or experts in the MCA/DoLS field) aligned to gaps identified following 2013/14 training. Target group UHL staff, Community Health Council (CHC) staff (extending to domiciliary care providers), Leicestershire Partnership NHS Trust (LPT) and East Midlands Ambulance Service (EMAS) staff.
- Attendance and contribution from CCG Senior Executive/CCG hosted safeguarding team at LSAB and all subcommittees of the board.
- Attendance and contribution from CCG at Large Scale Investigations meetings and other relevant meetings for safeguarding enquiries.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

CCG Prevent leads have been instrumental in finding a solution for a gap that emerged in the final parts of the pathway for individuals who were ready to be discharged from the Channel process. An exit strategy came into effect which allows individuals to continue receiving oversight in relation to their health and wellbeing from schools, primary care (GPs) etc.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

Over the past year we have engaged with a number of particularly vulnerable groups which includes those at risk of harm or abuse, most notably young carers, learning disability carers groups, the homeless, asylum seekers/refugees and learning disability patients. The engagement activity has covered a wide range of issues, from carer's rights to GP services, access requirements and mental health. We have also taken part in a number of workshops and events with local people at risk, to encourage people to give their views and get involved.

The engagement team has an internal structure in place to make sure that any safeguarding issues can be quickly dealt with should anything arise. This includes providing contact phone numbers at events, and liaising with any issues of concern. The safeguarding team also supported the Engagement Manager when it was necessary to make a referral to the safeguarding team, after spotting a potential issue at a carer's event.

The safeguarding team are also integral to our strategy development, and have ensured safeguarding considerations are at the forefront of our work. As an example, the safeguarding team supported the development of a series of patient experience surveys. This involved advising the team on the needs of young carers, putting them in touch with external agencies and supporting a young person on work experience.

CCG is engaged with the LSAB with the safeguarding adults communication and engagement work stream.

The challenges:

- Educating and skilling up a diverse workforce to understand their roles and responsibilities in meeting the requirements of the Care Act 2014, Cheshire West etc.
- Delay of certain government guidance.

Awareness raising and staff training:

- Online eLearning
- Face-to-face MCA session
- Face-to-face Prevent sessions
- Face to face safeguarding adults training planned March 2015 and delivered 2016 (PLT (Protected Learning Time) slot not available until 20 April 2016)
- Safeguarding briefings via CCG newsletter

Organisation name:	Leicestershire Partnership Trust
Name of person(s) completing the report:	Rachel Garton, Trust Lead Safeguarding

Partner agency logo:

Leicestershire Partnership NHS
NHS Trust

Overview 2015/16:

2015/16 was a period of significant change in relation to safeguarding within LPT and the wider safeguarding partnership, both in terms of changes to guidance and legislation and changes to key staff roles. The implementation of the Care Act 2014 necessitated consideration of how well we work as individuals and as part of the wider partnership to safeguard those adults at risk that we care for. Learning from

Operation Yewtree, the overarching 'Lessons Learnt Report' authored by Kate Lampard, a full compliance visit from the Care Quality Commission (CQC) in 2014/15 and information sourced from our internal safeguarding audits and investigations, provided a timely opportunity for LPT to review elements of safeguarding process and practice, helping to focus its safeguarding work and review systems, processes and procedures. This work has begun to cement existing good practice and bring about change - a positive step towards continual service improvement.

Internal safeguarding adults governance and audit arrangements:

The Chief Executive of the Trust is ultimately responsible for safeguarding arrangements; he/she is supported by the Chief Nurse, who is the executive responsible for safeguarding within the Trust, the Head of Professional Practice and Education and the Trust Lead for Safeguarding Children and Adults.

Each of LPT's three divisions holds a monthly safeguarding forum, with a bi-monthly Trust-wide Mental Capacity Act forum also in place. These groups are overseen by the Trust's safeguarding committee, which in turn reports to the Quality and Assurance Committee (QAC), a subgroup of the Trust board. QAC receives a regular highlight report. Terms of reference for the group are reviewed annually.

The Safeguarding Committee provides the strategic leadership and co-ordination of the quality assurance processes that underpin the clinical governance agendas for safeguarding activity across the Trust; the committee is chaired by the Chief Nurse and membership includes professional leads across divisional areas, safeguarding named professionals and training and human resources staff. Each division is represented on the committee.

The Safeguarding Committee oversees the safeguarding annual audit plan, which in 2014/15 included a Trust wide annual safeguarding audit, sent out to all clinical staff via survey monkey, a 360 assurance audit of Mental Capacity Act and a 'Think Family' audit. Action plans are monitored via the Trust audit department and overseen by the safeguarding committee.

Safeguarding adults work undertaken and key achievements:

A number of key objectives were achieved in 2015/16, the following list is not exhaustive:

- Adult safeguarding team co-authored and delivered joint training, with LPT Specialist Nurse for Domestic Violence, to practitioners who work within Mental Health Services for Older People (MHSOP).
- Divisional leads, supported by adult safeguarding specialist nurses developed and sustained an MCA Champions forum, involving key staff from practice areas who are in a position to bring about positive change in practice.
- Data collection and analysis, whilst further work is needed, has improved year on year.
- Development of an integrated forum - seeing children's and adult's safeguarding teams working in greater alignment.

- Between April 2014 and April 2015, the Adult Safeguarding Team responded to approximately 860 calls on the adult safeguarding advice line from staff with safeguarding concerns. Specialist advice has been provided on thresholds, referrals and procedures or wider risk management.
- Safeguarding adults training remained green throughout 2014/15, with all areas consistently achieving upwards of 85% compliance.
- The Trust Prevent policy has been in place since September 2014, with 2,109 staff already trained in Prevent by April 2015.
- Training figures are monitored by the bi-monthly safeguarding committee.
- MAPPA (Multi-Agency Public Protection Arrangements) training now forms part of the full-day Trust induction program and the Level 2 safeguarding adults training.
- A MAPPA briefing is also available to staff attending Trust induction. Bespoke sessions have been carried out in the Community Health Service (CHS) division and training was also rolled out to medical staff in 2015.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

Specialist Nurse Safeguarding Adults have recently supported two separate multi-agency safeguarding strategy meetings in relation to domestic violence for older people. The decision to investigate met the threshold for a higher level concern. LPT Safeguarding Nurse supported the meeting by:

- Providing expert advice to other agencies about Domestic Violence Assessment (DVA) in older people.
- Advice in relation to the use of the risk identification and assessment and management model using the Domestic Abuse, Stalking and Harassment and Honour Based Violence tool (DASH (2009)).
- Information sharing with agencies involved.
- Supporting LPT practitioners involved in care and treatment of the victims.
- The outcome of both meetings established the risks and potential level of harm was increased in both cases to meeting the threshold for a serious concern. Protection plans were put in place for both victims and separate referrals to Multi-Agency Risk Management Conference (MARAC) were completed.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

This has been a challenging area and one which is a priority moving forward in terms of consultation with local people, or adults at risk. As an organisation we are embracing the ‘making safeguarding personal agenda’ and hope to make significant progress in this area in the year ahead.

The challenges:

2015/16 was a stimulating year for safeguarding due to the fast growing agenda. The safeguarding team, colleagues within divisions, and partners, have worked hard to ensure LPT is effective in keeping its service users free from harm. This in itself is not without its challenges – to continually feel assured around the safety of our patients, it is vital that learning is embedded into practice; this can be difficult due to the often reactive nature of the work. The adults safeguarding team's key aim for 2015/16 is to promote visibility in practice areas and provide additional face-to-face support to practitioners.

Involvement and participation of service users, carers and the public is difficult to achieve in a meaningful way. We plan to work with the local safeguarding boards to ensure we are at least as a baseline seeking views of service users of their experience of safeguarding whilst in our care, including how safe they feel in our services.

The ever growing agenda adds significant pressure to the safeguarding training provision - ensuring we adequately equip staff with the knowledge and skill required to effectively safeguard without unlimited training resource. A review of training is underway to ensure best use of time and provision in order to continue to give staff a good training experience that can be easily translated into practice.

Managing inward and outward facing work and ensuring the two are aligned is an ongoing challenge, close working with partners and good internal integrated working is a continued priority for LPT moving forward.

Awareness raising and staff training:

All Trust staff receive adult safeguarding awareness as part of their core mandatory training package. Clinical staff also receive safeguarding adults training at Level 2 and bespoke sessions in relation to required safeguarding topics as and when needed.

Organisation name:	University Hospitals of Leicester NHS Trust
Name of person(s) completing the report:	Sarah Meadows

Partner agency logo:

University Hospitals of Leicester NHS
NHS Trust

Overview 2015/16:

The Trust continues to prioritise adult safeguarding arrangements and the team has expanded over the past 18 months, with the addition of two safeguarding specialist nurses, to support the service. This has enabled improvements in data collection and sharing, innovative service developments, as well as a strengthening of existing processes. The team continues to receive increasing numbers of referrals year on year.

Internal safeguarding adults governance and audit arrangements:

Adult safeguarding arrangements are governed by the UHL Safeguarding Assurance Committee (SAC), chaired by the Deputy Chief Nurse and with representation from the clinical management groups (CMGs) and the CCG designated nurses.

The overarching role of the SAC is to review and endorse key performance safeguarding indicators for UHL and performance manage their implementation. The SAC monitors and supports the Trust's compliance with relevant legislation, national policy and guidelines and provides a forum to review the effectiveness of the CMGs to ensure robust safeguarding practice. The SAC has oversight of lessons learned from safeguarding incidents and SARs/DHRs. The SAC also has oversight of any risks associated with adult safeguarding and takes/recommends actions required to mitigate those risks. The SAC reports directly to the Executive Quality Board and regular reports are provided to the Quality Assurance Committee and CCGs (via CQRG (Care Quality Reference Group)).

In addition to SAC, the adult safeguarding professionals participate in LSAB and CCG assurance processes, monitored through CCG CQRG meetings and equivalent LSAB groups such as the Performance, Effectiveness and Quality (PEQ) subgroup.

Safeguarding adult work undertaken and key achievements:

- Increased capacity of the UHL Safeguarding Team in late 2014, from one staff member to three, this has enabled the service to be increasingly responsive and to widen its sphere of practice. It has also enabled service development and innovative practice.
- Development and implementation (from January 2015) of the Trust-wide MCA/DoLS intensive support project. This is an initial 18 month project aimed at supporting practitioners to embed MCA/DoLS theory into practice. The project has been developed and implemented by the adult safeguarding team with no additional resource and is an example of best practice.
- Development of domestic abuse guidance, policy and training for UHL staff.
- Participation in a number of SARs/DHRs, as Independent Management Review (IMR) authors and panel members. Development and implementation of a range of actions to improve practice, following lessons learned.
- Strengthened links with the UHL Patient Safety Team – cross fertilisation of learning and ensures that adult safeguarding is central to Serious Incidents and Complaints, where appropriate.
- We were instrumental in developing the pathway for local authorities to oversee health-led investigations from 1 April 2015 (Care Act requirement) and our openness and transparency has facilitated smooth transition of processes and robust change to assurance processes.
- We have facilitated a huge increase in the number of DoLS applications submitted by the Trust.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

Miss EJ

This young woman presented with a history of self-neglect, substance misuse and was being exploited by others. She was a known sex worker who was struggling to cope with her addiction. She was seriously unwell and initially non-compliant with treatment. The adult safeguarding team and the wider clinical team spent many weeks and months developing a meaningful relationship with her. The team were compassionate and non-judgemental in their dealings with her - something that she greatly valued. The team employed consensual supervision whilst she was in our service in order to enhance compliance. The team engaged her with support services that could support her post discharge. The team facilitated multi-agency communication, gained her confidence and subsequently her compliance with treatment regimes. For the first time in many years she abstained from substance use and entered a recovery programme. She 'got clean' and became fit for surgery (which she underwent successfully). She was discharged to her own flat with support from New Futures.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

- Through lessons learned from internal safeguarding incidents, Serious Incidents and Complaints and participation in LSAB commissioned reviews.
- It is standard practice for the adult safeguarding team to consult with patients/ significant others during safeguarding adult enquiries and this is captured within our reports.
- Through Friends and Family Test (FFT).

The challenges:

- Representation at the various LSAB (city and county) groups remains challenging although we remain committed to the partnership.
- Escalating number of DHRs over the past year has placed additional pressure on the service although we are on track with single agency actions.

Awareness raising and staff training:

- Implementation of the 'essential to job role' eLearning modules for Consent, MCA and DoLS for all staff with direct clinical contact with patients.
- Revised mandatory safeguarding adults training, to include awareness of Prevent. Currently 94.56% staff are trained in adult safeguarding.
- Provided face-to-face training for staff that are unable to access eLearning.
- Provided individual training/awareness raising sessions with key groups of staff following DHRs i.e. Emergency Department staff and musculoskeletal staff.
- Development of webpages dedicated to safeguarding adults for both staff and members of the public.The ever growing agenda adds significant pressure to the safeguarding training provision - ensuring we adequately equip staff with the knowledge and skill required to effectively safeguard without unlimited training resource. A review of training is underway to ensure best use of time and provision in order to continue to give staff a good training experience that can be easily

Organisation name:	National Probation Service
Name of person(s) completing the report:	Jeanne Smith / Carolyn Maclean

Partner agency logo:

National Probation Service

Overview 2015/16:

In June 2014 Leicestershire and Rutland Probation Trust was dissolved and under what is described as Transforming Rehabilitation, two new organisations were created - the National Probation Service (NPS) and the Community Rehabilitation Company (CRC). This necessitated a significant amount of organisational chaos affecting every aspect of the organisation, for example NPS no longer has any corporate services and Leicestershire, Leicester and Rutland (LLR) is now part of the Midlands Division. LLR lost its local training unit who would keep training records and deliver the safeguarding training and large numbers of cases were transferred to Offender Managers both before and after the split. The NPS was given new responsibilities at Court and new processes were introduced to manage these. Senior Probation Officers were also given additional responsibilities, particularly in relation to managing human resources.

In summary, it was a year of significant investment in reorganisation and trying to balance these demands with keeping the organisation running to a high standard. Despite the high level of change, LLR was the only area in the Midlands to maintain case auditing arrangements. The MAPPA Thematic Inspection in 2014/15, but published in 2016, provided many examples of good practice - the MAPPA Manager is a Senior Probation Officer with the NPS. The Integrated Offender Management Team (IOM) also continues to perform strongly.

Internal safeguarding adults governance and audit arrangements:

The internal governance is that within the Midlands Division, Senior Probation Officers were assigned local responsibility for adult safeguarding/board arrangements. There has been limited capacity in relation to auditing due to the size of the organisation and the restructuring of the organisation. The Deputy Head of NPS – LLR has functional responsibility for adult safeguarding.

In terms of audit arrangements, adult safeguarding is not specifically targeted. The context of any audit that is conducted is around the management of risk of serious harm and vulnerability. The core work of the NPS is the assessment and management of harm. This may include those who present a risk of serious harm, vulnerable individuals and victims. Offender Assessment System (OASys) assessments require the vulnerability of all cases to be assessed – this includes self-harm, suicide, learning disabilities etc. Where needs are identified, the expectation is that the Offender Manager will then make contact with the necessary service provider.

Safeguarding adults work undertaken and key achievements:

Throughout the transitional period, NPS have continued to ensure that the core adult safeguarding training has been delivered. This now takes place via e-learning followed by a classroom event. It is difficult to separate out the key achievements as adult safeguarding is an intrinsic part of the work of the National Probation Service. Adult safeguarding remains a key partner in MAPPA and, as such, they continue to make a significant contribution to the management of those cases where safeguarding is an issue.

Best practice example (how we have supported an adult at risk of harm and abuse to keep safe, prevent harm, abuse and neglect or helped the person to access justice etc.):

Submitted by the Offender Manager, City North.

In terms of the support offered to this case, this included:

We completed some work on domestic violence including warning signs of perpetrators, materials from the Freedom Programme were used in sessions (which were adapted accordingly) and I ensured I was responsive to her learning needs and used a lot of visual aids.

I liaised with the offender managers for the co-defendants to ensure non-contact licence conditions were implemented to safeguard this case, as she experienced intimidation from them. She also feared any potential contact from them.

I worked closely with her Learning Disability Social worker to help access community resources and support, such as a drama group to help empower her and develop her social confidence and constructive use of time. This social worker initially accompanied the case to Supervision appointments including her pre-sentence report interview as a way of offering her support.

I also contributed to safeguarding assessments regarding her child, attended child protecting meetings and also supported her practically and emotionally at a meeting where she met the adoptive parents of her child.

She also engaged in a work placement within Probation where she acquired new skills. We also visited Voluntary Action Leicester and we approached charity shops for voluntary work. She also engaged with Move-On as a way to develop her employability.

This case was referred to a Mother and Baby project where she resided for a period of time; this placement prevented any further harm in context of domestic abuse and also safeguarded her vulnerability. As part of Supervision, we also had some appointments at Sure Start Centres to help develop her confidence in accessing community resources.

There were also warning markers on her address in relation to her vulnerability and being a victim of domestic abuse.

When this case had moved on to independent accommodation, which was a shared house, checks were made on the occupants within this address to prevent any future abuse or harm. Also there was liaison with the landlord regarding this case's vulnerability to ensure appropriate measures were in place.

When this case's Order ended she wrote a blurb about her experience on Probation and how much she appreciated the support offered to her. Towards the end of the Order she had developed her confidence and had secured part-time work.

How we engaged and consulted with local people and or adults at risk of harm or abuse and how this impacted on our safeguarding adults work:

There are several ways in which information is gathered from both individual service users and groups of service users:

- NPS undertake regular offender surveys, primarily as a means of gathering service user feedback. The Offender Survey is a national survey that is carried out once each year. The surveys are collated and the results published. The information gathered is then used to inform safeguarding adults work.
- Every offender has an OASys assessment completed by an Offender Manager and an ongoing dialogue takes place between the Offender Manager and the offender in relation to issues of known vulnerabilities. Action is then taken in response to this and recorded appropriately.
- Each offender is also required to complete a self-assessment questionnaire which would provide a further opportunity to identify adult safeguarding issues.
- The BTEI (Birmingham Treatment Effectiveness Initiative) map is also used with offenders, of which one of the purposes is to identify adult safeguarding issues.

The challenges:

It is reported anecdotally by NPS staff that they are struggling to obtain services for adults who are vulnerable/challenging. Whilst some may have a package of care in place when in the community, should they go into custody, decisions are frequently made to close the case and then re-open assessments when the case is due to be released or has already been released. This in effect causes additional work and frequently slows down service delivery. A more helpful approach would be for these cases to be put in a pending file thus avoiding the need for a duplication of assessments. The view at present is that there is not a collective sense of responsibility for difficult/vulnerable individuals with low-level multiple needs. The challenge is how we work together to address this.

Awareness raising and staff training:

The NPS – LLR have appointed a Senior Probation Officer who is the lead on diversity. Whilst in post, she has delivered and facilitated a range of training with marginalised groups, dementia and ADHD being just three examples. The NPS is also involved in DHR trawls and, where appropriate, with reviews; the learning from these investigations being shared with staff. Staff are frequently invited to attend events delivered by partners, charities etc. in order to extend their knowledge and facilitate closer working relationships.

Strategic business plan 2015/16 – Evaluation and review

During 2015/16, the LSAB set out four strategic priority areas to be completed over the next two years. These were underpinned by objectives, actions needed and taken, outcome and impact measures. The board had set timescales for completion of work and ensured that there were key lines or reporting by its subgroups, members and safeguarding partner agencies.

The Care Act 2014 was coming into force and the board needed to ensure that it met its statutory functions and reviewed the impact the changes would have in relation to the functioning, structure and priorities of the now statutory board. Dr David Jones, the LSAB chair for almost three years, retired from his role as independent chair of the adult board and this resulted in the recruitment of a new Independent Chair, Jane Geraghty.

Strategic Priority Area 1 – Core business: Partnership, governance and board functions

The LSAB reviewed the structure, functioning and cycle of review and revision and made strategic improvements in relation to:

- The board agreed a Constitution and the Terms of Reference in relation to all subgroups and task and finish groups. As part of this exercise, the board also reviewed membership and representation and improved this when needed. An example of this was Healthwatch joining the LSAB as a full member in March 2016. The board continued to work locally with Leicestershire and Rutland and continued joint working with the Safeguarding Children Board.
- Processes were reviewed and revised in order to make improvements to the reporting arrangements. The LSAB recognised that further financial investment would be needed during 2016/17 in order to ensure a fully functional and effective board office.
- The LSAB reviewed its financial position and agreed revised funding arrangements from April 2016.
- The board agreed and commissioned development and training opportunities for the general public, user groups and professionals in order to drive consistent improvements in safeguarding. This had a particular focus on working with individuals in a family context, joined working to safeguard children and young adults in the transition to adulthood etc.

- The table shows the level of attendance by safeguarding partner organisations at LSAB board meetings during 2015/16.

Date	CQC	Police	CCG	EMAS	ASC	Prison	NHS	UHL	LPT	NPS	CSC	LCIL	EMC	Healthwatch
18-05-2015	N	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	N	
17-09-2015	N	Y	Y	N	Y	Y	N	Y	Y	N	N	N	Y	
17-12-2015	N	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	
10-03-2016	N	Y	Y	Y	Y	N	N	Y	N	N	N	Y	Y	Y
	0%	**100%**	**100%**	**50%**	**100%**	**50%**	**25%**	**100%**	**75%**	**50%**	**0%**	**25%**	**75%**	**100%**

- Statutory board members (ASC, CCG & Police) attended 100% of meetings. This shows a high level of commitment by statutory organisations. With the exception of University Hospitals Leicester (UHL), no other agency attended 100% of meetings and, overall, there is an average attendance level of under 50% in relation to non-statutory safeguarding partner organisations. Hence attendance remained a challenge during 2015/16.

Strategic Priority Area 2 – Prevention and protection

- The LSAB and its partners worked alongside and supported ASC in implementing a family approach to working with people. In this respect there were workshops and training events for professionals and members of the public. The ASC recognises the importance of taking a holistic approach that goes beyond the needs of the individual and takes account of each person's support networks and any challenges and support family brings with it.
- Female genital mutilation (FGM) was a focus of the children and adult boards across Leicester, Leicestershire and Rutland and a joined approach was led by the CCG and resulted in guidance and strategies being launched during July 2015. It culminated in the launch of a public video: youtube.com/watch?v=2XdHwHGJHCk&feature=youtu.be
- Information relating to FGM lrsb.org.uk/fgm-female-genital-mutilation and applicable procedures were updated.
- The board particularly welcomed the fact that the new Care Act included self-neglect and hoarding and set itself a target of identifying any local concerns. This has since been revoked by government and therefore remains an area of focus with local procedures in place or being developed.

Strategic Priority Area 3 – Partnerships and communications work – Hearing the voice of the people

The LSAB had particular focus on working with adults at risk, local community groups aimed at increasing participation in the board's strategic work, review of safeguarding experience and in anticipation of 'Making Safeguarding Personal' (MSP). The board and Adult Social Care invested in a work stream lead post to facilitate and progress this very important aspect.

The Participation & Communication Work Stream consulted extensively with 'participation partners,' a wide and diverse group of local people who use services or are carers and family members, staff or members of the general population with a particular interest in adult safeguarding.

The participation partners gave the following, important messages:

- Participants told us: "Adult safeguarding posters and leaflets should be redesigned, reflecting our feedback about simple language and strong imagery".
- We responded by: Redesigning our posters and leaflets with clear messages and strong images. The newly designed resources have now been distributed to our existing partner organisations, but also to more varied environments where people might experience bullying or abuse, such as licenced premises and public spaces.
- Participants told us: "The LSAB should have a dedicated forum for eliciting regular feedback from local users of safeguarding services".
- We responded by: Working closely with partners, we developed an 'Expert by Experience' working group. The group has met regularly and has taken forward their self-determined agenda, including a film of user experiences of safeguarding and planning the development of the future expert feedback model.
- Participants told us: "The LSAB should use our experiences to provide learning and training that will improve services".
- We responded by: Working with a suitably experienced local provider, we have commissioned a film of user experience, to be used as a training and public awareness tool about adult safeguarding. The film will be available for viewing in August 2016 and is aimed at adults at risk and professionals.
- Participants told us: "We want a dedicated, independent user group".
- We are responding by: Working with our participation partners to design the future engagement model between the safeguarding adults board and the local community. A dedicated user reference group is being developed that will be responsible for the future participation and community engagement work for the partnership. Members of our Expert Feedback and Engaging with Diverse Communities groups will work alongside user representatives from safeguarding partner agencies, providing the core membership for this group.

Working closely with the local authority to develop and embed the 'Making Safeguarding Personal' (MSP) approach locally. To support this aim, we have made MSP one of our strategic priorities for 2016/17 and have set up a dedicated board subgroup to oversee that this work is progressing as it should, and to gain assurance that our partner organisations are equally committed to the approach.

Strategic Priority Area 4 – Quality assurance and effectiveness of multi-agency practice

The Safeguarding Effectiveness Group (SEG) reviewed and revised the data collected and the way this was presented to the board. The SEG implemented an audit cycle that collated information about multi-agency practice from organisations and individuals and identified no concerns overall from these findings. Audits undertaken focused on the use of questionnaires. The outcome confirmed that:

- Partner organisations, professionals and staff are aware of safeguarding adults and safeguarding children reporting procedures.
- This included the majority of professionals stating that they are aware of specialist support relating to radicalisation, domestic abuse, modern slavery and so on.
- Staff was reported to have appropriate levels of training and this was confirmed by individual respondents.
- Overall professionals felt supported by their managers.

Whilst the LSAB focused on the knowhow of organisations and professionals involved in preventing or responding to abuse over the past two years, for 2016/17 there will be a focus on the outcomes for individuals. Not as perceived by professionals (as was the case in previous surveys and audits), but as judged by the adult at risk. The LSAB plans to have this quality aspect central in its monitoring of safeguarding practice and has set up a task group to implement 'Making Safeguarding Personal'. The board is seeking assurance around the experience of individuals and has taken account of this year's data analysis in making this decision.

Strategic Priority Area 5 – Workforce Development

The board was particularly seeking:

- A workforce who are able to understand and apply safeguarding knowledge and have the skills to respond according to safeguarding concerns, in a way that is proportionate to their roles and responsibility.
- A workforce who are skilled and able to recognise and represent the voice of the adult, empowering choice and decision-making where possible.
- A workforce who are able to take appropriate action in relation to whistleblowing / escalation of concerns / resolving professional disputes.
- Organisations that are committed to training and developing their workforce to have a good understanding of safeguarding and apply this within their organisation.
- Practitioners who are able to demonstrate competence, confidence and a commitment to safeguarding children, young people and adults.

- Strategic and organisational commitment to safeguarding adults and to support their workforce to be highly skilled and trained to support service users.
- Strategic and organisational commitment to offer assurance of the impact of their safeguarding learning.

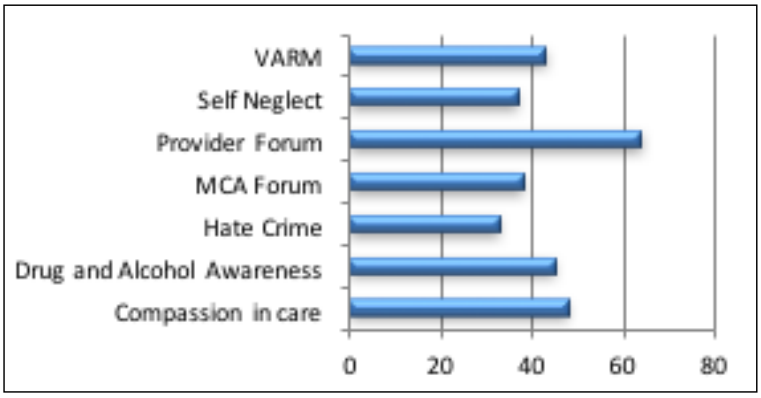
The SEG audits and analysis provided assurance to the board that effective training is being delivered both through the LSAB (multi-agency training) and within safeguarding partner organisations. Partner agency reports provide their own evidence of internal training provision.

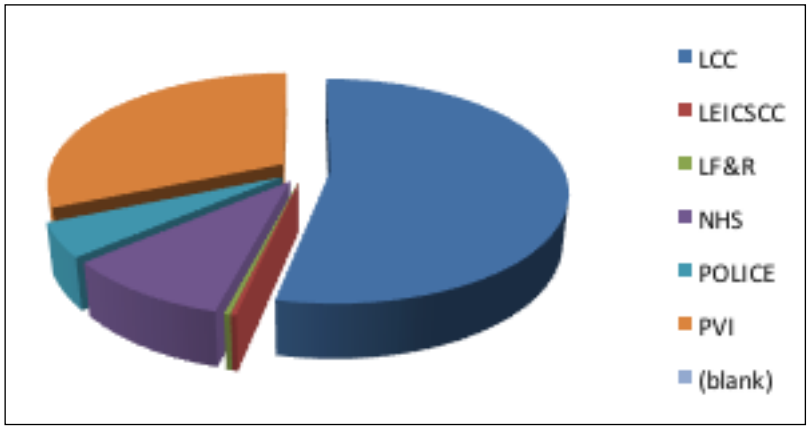
The LSAB's multi-agency training provision was attended by over 350 delegates participating in ten events.

Numbers in attendance

There were two compassion in care sessions, three drug and alcohol awareness raising sessions, two sessions looking at issues of self-neglect and the Leicester Vulnerable Adults Risk Management (VARM) system, one MCA forum looking at Court of Protection and two MCA provider only forums (funded by NHS MCA improvement project monies). Areas were focused on specialist knowledge and knowledge gaps as identified through reviews, audits and surveys undertaken during the year or identified by data or otherwise.

The table shows the total numbers of attendees on each specialist course provided:





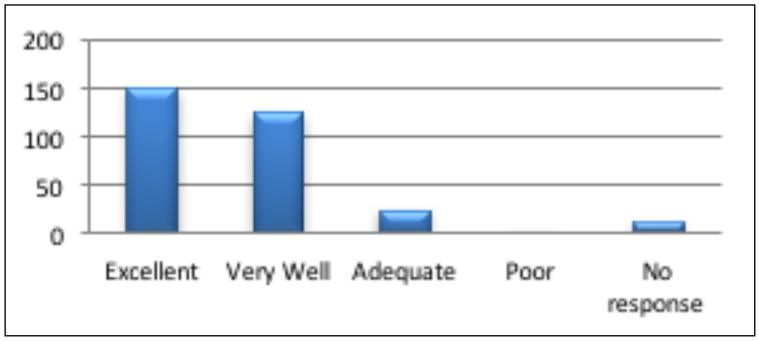
The breakdown of delegates in relation to the organisation they work for is broken down in the table below. It shows that delegates from all safeguarding organisations were able to access multi-agency training.

Overall ratings of events

At the end of each training session delegates were asked to rate the sessions from one to ten, one being poor ten being excellent. Delegates were also asked to rate the speakers and facilitators. These were rated as poor, adequate, good, very good, or excellent.

The combined results from all completed evaluation forms on the day were:

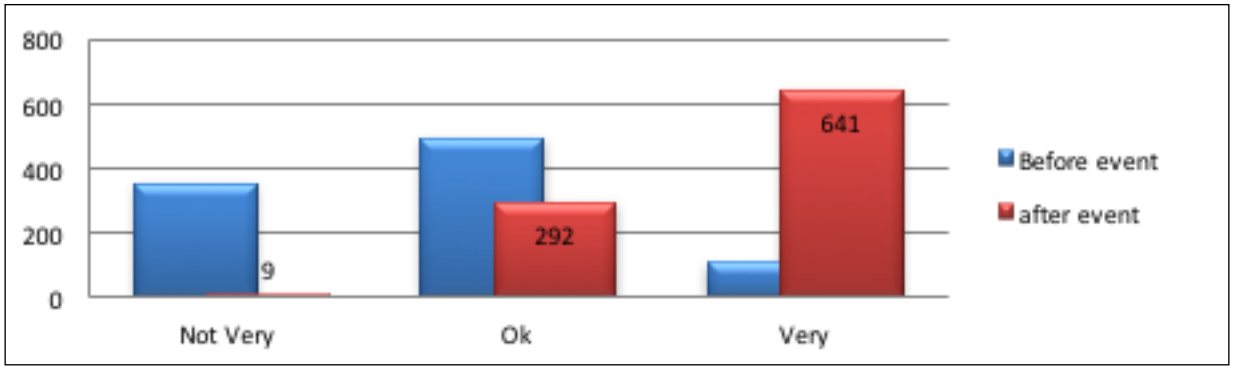
Overall ratings of events



Learning

Each delegate was asked about their level of awareness, confidence, or understanding of the specific areas being covered during a session, before and after the session:

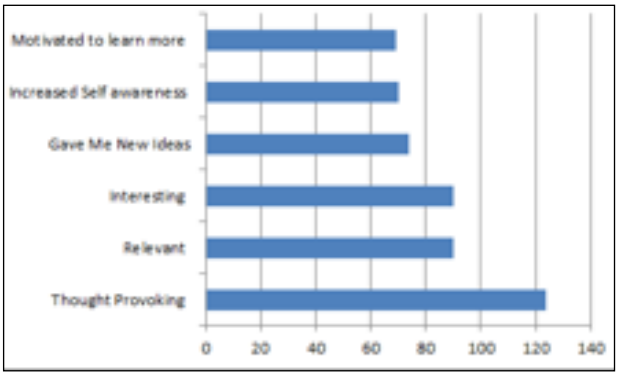
Learning after the events overall ratings



The table clearly shows that delegates felt that the learning increased their knowledge about the specific subject area in almost all instances. Appendix 1 includes a full breakdown of all training course learning and feedback.

Key thoughts from delegates

At the end of the sessions delegates were asked to select three key words/phrases that best described how they viewed the training sessions.



The table shows the top six chosen, from a list of 25.

Information available to the LSAB shows a good level of training provision locally and it plans to continue to provide specific multi-agency training during 2016/17.

Improving safeguarding in 2016/17 – Strategic plan 2016/17

At the beginning of 2016, the board and many of its member organisations underwent a major change of personnel. Dr David Jones retired from his role as independent chair after three years of leading the LSAB and supporting its developments and improvements. A new Police & Crime Commissioner was voted in and his representative on the LSAB for many years is due to retire in the summer of 2016. A further retirement of the CCG lead and changes within the leadership and management of Adult Social Care with a major structural review during 2015, has resulted in an almost complete change of major leaders within the safeguarding adults arena locally.

In February 2016 the new Independent Chair, Jane Geraghty, supported by Dr Ade Cooper facilitated the board to review and revise its business priorities. The following priorities were agreed for 2016/17:

Core business/statutory requirements:

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

Strategic business priorities:

1. To achieve assurance that young people who are becoming adults with care and support needs and are at risk of abuse are identified and appropriately supported.
2. This includes young people who have been identified as being at continued risk as a young adult due to child sexual exploitation.
3. To provide assurance to the board that systems allow the identification of organisations/agencies that present a safeguarding risk.
4. To assure the board that actions are taken (and robust processes are in place) to address when systemic failures and concerns are identified.

5. Identify what influences the high numbers of referrals relating to adults in care environments compared to alerts of abuse that takes place elsewhere, and develop remedial actions, where needed, to redress the balance.

6. The board will be assured on the delivery of 'Making Safeguarding Personal', including Section 42 enquiries.

7. The board will explore the use of the 'Making Safeguarding Personal' toolkit.

8. 'Making Safeguarding Personal' is fully embedded within local safeguarding activity and measured as part of data collection.

9. There is an agreed public facing communication action plan and delivery that provides assurance that safeguarding messages are reaching all communities.

10. Workforce awareness-raising – identify areas of the workforce that are not fully aware of safeguarding adults issues.

11. Develop and deliver a workforce awareness-raising plan to provide assurance that all parts of workforce are aware of safeguarding issues.

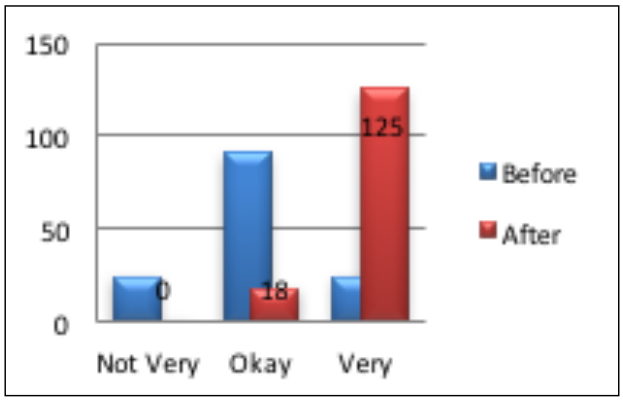
12. Oversee and progress SARs, DHRs and other adult reviews.

In order to achieve its priorities, the board has reviewed its membership and strengthened it where this was needed:

- Healthwatch will be represented from 2016 onward.
- All agencies providing services will be represented in recognition of the fragmentation of the service.
- The LSAB has communicated with CQC about their lack of attendance during 2015/16.
- It has reviewed and where needed revised its network and structure (see Appendix 2 – Board Structure Chart).
- A new service user reference group will support the board's work from July 2016.
- The board office has been strengthened through the appointment of a DHR coordinator and full time administrator. Temporary appointments have been made for the board manager to provide stability in the medium term.
- There is an appropriate budget in place through funding and a three-way split by the statutory partners: Adult Social Care, CCG and Police.

Appendix 1 – Training specific feedback

Learning from events for specific training sessions



Compassion in care

16% before the session not very aware, confident or knowledgeable of subject. After session this went down to **0%**.

64% before the session thought their knowledge; confidence in awareness of subject was okay compared **10%** after the session.

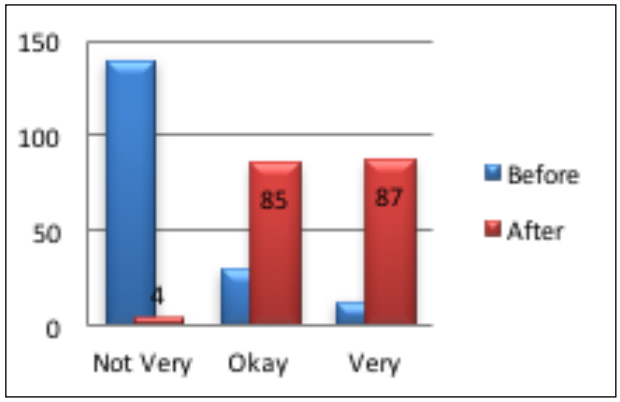
17% were very aware, confident or knowledgeable before the session, **87%** after the session.

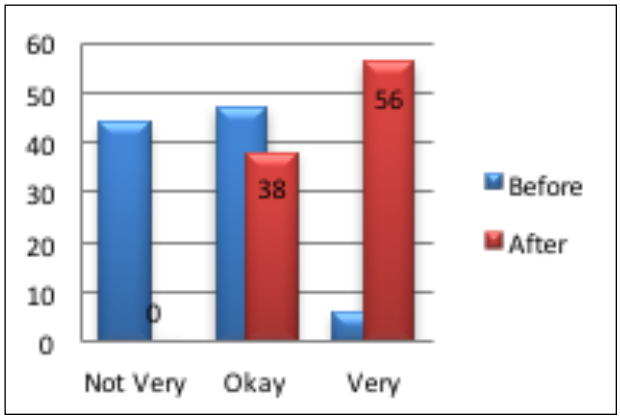
Drug and alcohol awareness training

77% before the session not very aware, confident, or knowledgeable of subject. After session this went down to just **2%**.

20% before the session thought their knowledge; confidence in awareness of subject was okay compared to **59%** after the session.

8% were very aware, confident or knowledgeable before the session, **61%** after the session.





Hate crime and Prevent awareness

45% before the session not very aware, confident, or knowledgeable of subject. After session this was **0%**

48% before the session thought their knowledge; confidence of awareness of subject was okay compared to **39%** after the session.

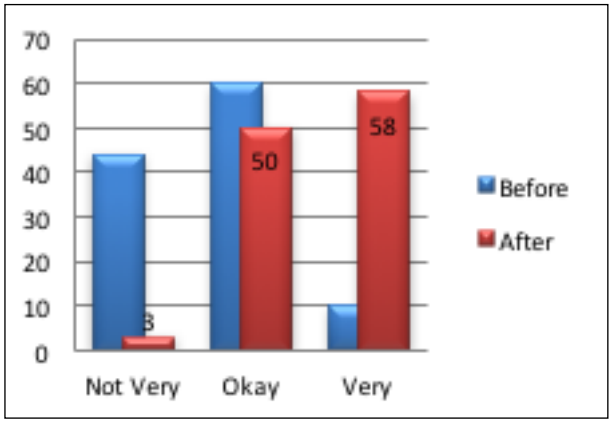
6% were very aware, confident or knowledgeable before the session, **58%** after the session.

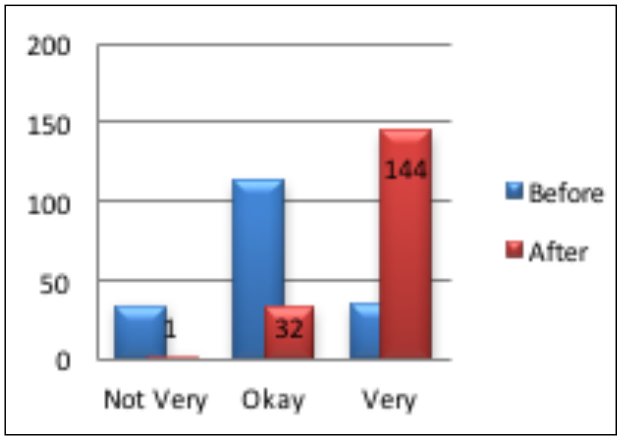
MCA forum – Court of Protection

37% before the session not very aware, confident, or knowledgeable of subject. After session this went down to just **3%**

53% before the session thought their knowledge; confidence of awareness of subject was okay compared to **44%** after the session.

9% were very aware, confident or knowledgeable before the session, **51%** after the session.





MCA provider only forum

18% before the session not very aware, confident, or knowledgeable of subject. After session this went down to just **0%**.

63% before the session thought their knowledge; confidence of awareness of subject was okay compared to **18%** after the session.

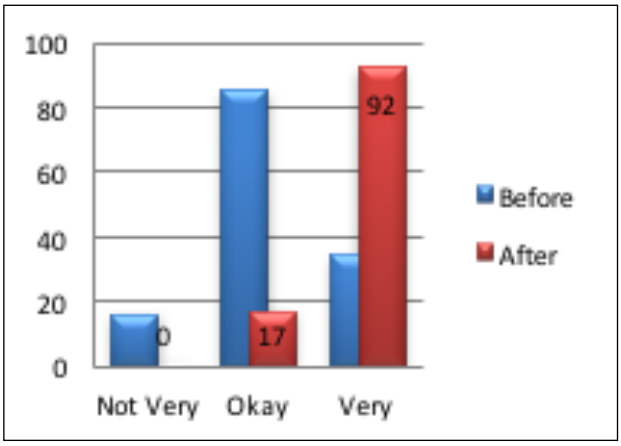
19% were very aware, confident or knowledgeable before the session, **80%** after the session.

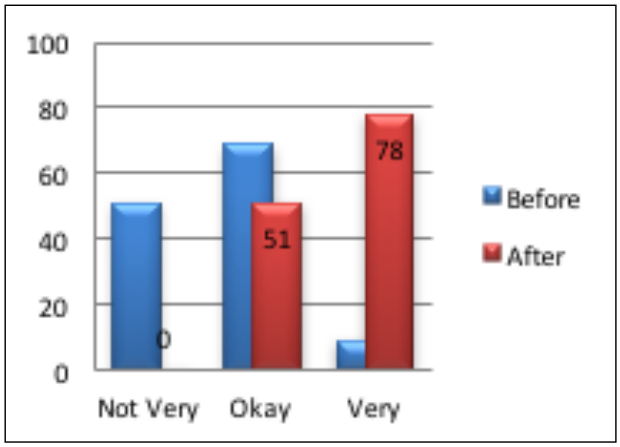
Self-neglect

12% before the session not very aware, confident, or knowledgeable of subject. After session this went down to **0%**.

63% before the session thought their knowledge; confidence of awareness of subject was okay compared to **12%** after the session.

25% were very aware, confident or knowledgeable before the session, **68%** after the session.





Vulnerable Adults Risk Management (VARMS)

40% before the session not very aware, confident, or knowledgeable of subject. After session this went down to **0%**.

53% before the session thought their knowledge; confidence of awareness of subject was okay compared to **40%** after the session.

were very aware, confident or knowledgeable before the session, 60% after the session.

Health and Wellbeing Board

East Midland SAB

Leicester City Council & Scrutiny Committee

National SAB Chair Meeting

Leicester

Safeguarding Adults Board

Chair – Jane Geraghty (Independent)
Board Office Support – Barbara Grell (LSAB Manager

Adult Learning & Review
Chair – Simon Cure
Leicestershire Police
Board Support - LB

Performance, Effectiveness & Quality
Chair – Ruth Lake (LCC)
Board Support – TE & B

Awareness & Public Engagement & Training
Chair – Adrian Spanswick
Board Support - TE

LSAB Service User Reference Group

MARAC
MAPPA
SV & DV Strategy

Making Safeguarding Personal
Lead – Jane Boulton (ASC)
Deputy – Jenny Williams
Board Support – TE

Making Safeguarding Personal
Lead – Jane Boulton (ASC)
Deputy – Jenny Williams
Board Support – TE

Institutional Abuse
Lead – Healthwatch
Deputy – Ann Ford
Board Support – BG

LLR Financial Abuse
Lead – Barney Thorne (Police)
Deputy –
Board Support – BG

LLR LSCB CSE, Trafficking & Missing Subgroup
LSAB Rep – TBC
Chair – Victor Cook
Service Manager Safeguarding Adults Leicestershire CC

Communication Work stream
LLR
LSAB link – JW
Chair – Barney Thorne (Police)
Board Support – TE

LLR SAB Procedures and De-velopment Subgroup
LSAB link – Jane Boulton
Chair – Mark Goddin (ASC Leicestershire)
Board Support – TE

Safer Leicester Partnership

ADASS, LGA, National & Regional Safeguarding Adults Board Network

LSAB Subgroups
LLR Groups
LSAB Task & Finish Groups
Safer Leicester Partnership Link