
LEICESTER CITY HEALTH AND WELLBEING BOARD

Date: MONDAY, 19 JUNE 2017

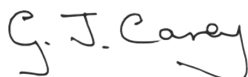
Time: 2:00 pm

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.



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>



City Mayor

healthwatch
Leicester



Leicestershire
Police
Protecting our communities

NHS
Leicester City
Clinical Commissioning Group

NHS
England

University Hospitals of Leicester **NHS**
NHS Trust

Caring at its best



Leicestershire Partnership
NHS Trust

LEICESTERSHIRE
FIRE and RESCUE SERVICE
protecting our communities

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

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

Making meetings accessible to all

Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

Filming and Recording the Meeting - The Council is committed to transparency and supports efforts to record and share reports of proceedings of public meetings through a variety of means, including social media. In accordance with government regulations and the Council's policy, persons and press attending any meeting of the Council open to the public (except Licensing Sub Committees and where the public have been formally excluded) are allowed to record and/or report all or part of that meeting. Details of the Council's policy are available at www.leicester.gov.uk or from Democratic Support.

If you intend to film or make an audio recording of a meeting you are asked to notify the relevant Democratic Support Officer in advance of the meeting to ensure that participants can be notified in advance and consideration given to practicalities such as allocating appropriate space in the public gallery etc.

The aim of the Regulations and of the Council's policy is to encourage public interest and engagement so in recording or reporting on proceedings members of the public are asked:

- ✓ 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. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MEMBERSHIP OF THE BOARD

To note the membership of the Board for 2017/18 approved by the Council on 11 May 2017:-

City 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 - Strategic Partnerships and Change

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

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)

City Council Officers

Andy Keeling - Chief Operating Officer

Frances Craven - Strategic Director – Education and Children’s Services

Stephen Forbes - Strategic Director - Adult Social Care.

Ruth Tennant - Director of Public Health

Local Healthwatch and 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

4. TERMS OF REFERENCE

**Appendix A
(Pages 1 - 6)**

To note the Board’s Terms of Reference approved by the Council on 11 May
2017.

5. MINUTES OF THE PREVIOUS MEETING

**Appendix B
(Pages 7 - 20)**

The Minutes of the previous meeting of the Board held on 3 April 2017 are
attached and the Board is asked to confirm them as a correct record.

6. LEICESTER CITY CHILDREN'S IMPROVEMENT PLAN 2016-18 **Appendix C**
(Pages 21 - 68)

The Strategic Director of Education and Children's Services to submit a report on the Leicester City Children's Improvement Plan 2016-18. This iteration of the Improvement Plan was approved in draft form by the Leicester City Children's Improvement Board in January 2017 and was last updated in March 2017. The Board is asked to consider the contents of the plan and any implications it has for Board members' organisation and to make any comments on aspects of the Plan.

7. TIME TO CHANGE LEICESTER: CAMPAIGN 2017/18 **Appendix C**
(Pages 69 - 74)

The Director of Public Health to submit a report on the Time to Change Leicester: Campaign 2017/18. Time to Change is a national charity that works to combat the stigma and discrimination faced by those who speak about their experience of mental health problems. Officers have been working in conjunction with Time to Change to develop a programme specifically for Leicester based upon the national campaign and using their national resources and support to support the campaign.

**8. HEALTH AND WELLBEING STRATEGY
ENGAGEMENT SESSIONS**

To receive a verbal update from the Director of Public Health.

9. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

10. DATES OF FUTURE MEETINGS

To note that future meetings of the Board will be held on the following dates:-

Thursday 17th August 2017 – 4.00pm
Monday 9th October 2017 – 3.00pm
Thursday 7th December 2017 – 10.30am
Monday 5th February 2018 – 3.00pm
Monday 9th April 2018 – 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.

11. ANY OTHER URGENT BUSINESS

Leicester City Health and Wellbeing Board

Terms of Reference

(As amended at the Leicester City Council meeting on 14 July 2016)

Introduction

In line with the Health and Social Care Act 2012, the Health & Wellbeing Board is established as a Committee of Leicester City Council.

The Health & Wellbeing Board operated in shadow form since August 2011. In April 2013, the Board became a formally constituted Committee of the Council with statutory functions.

1 Aim

To achieve better health, wellbeing and social care outcomes for Leicester City's population and a better quality of care for patients and other people using health and social services.

2 Objectives

- 2.1 To provide strong local leadership for the improvement of the health and wellbeing of Leicester's population and in work to reduce health inequalities.
- 2.2 To lead on improving the strategic coordination of commissioning across NHS, adult social care, children's services and public health services.
- 2.3 To maximise opportunities for joint working and integration of services using existing opportunities and processes and prevent duplication or omission.
- 2.4 To provide a key forum for public accountability of NHS, public health, social care for adults and children and other commissioned services that the Health & Wellbeing Board agrees are directly related to health and wellbeing.

3 Responsibilities

- 3.1 Working jointly, to identify current and future health and wellbeing needs across Leicester City through revising the Joint Strategic Needs Assessment (JSNA) as and when required. Preparing the JSNA is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.

- 3.2 Develop and agree the priorities for improving the health and wellbeing of the people of Leicester and tackling health inequalities.
- 3.3 Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) that is evidence based through the work of the Joint Strategic Needs Assessment (JSNA) and supported by all stakeholders. This will set out strategic objectives, ambitions for achievement and how we will be jointly held to account for delivery. Preparing the JHWS is a statutory duty of Leicester City Council and Leicester City Clinical Commissioning Group.
- 3.4 Save in relation to agreeing the JSNA, JHWS and any other function delegated to it from time to time, the Board will discharge its responsibilities by means of recommendation to the relevant partner organisations, who will act in accordance with their respective powers and duties
- 3.5 Ensure that all commissioners of services relevant to health and wellbeing take appropriate account of the findings of the Joint Strategic Needs Assessment and demonstrate strategic alignment between the JHWS and each organisation's commissioning plans.
- 3.6 Ensure that all commissioners of services relevant to health and wellbeing demonstrate how the JHWS has been implemented in their commissioning decisions.
- 3.7 To monitor, evaluate and annually report on the Leicester City Clinical Commissioning Group performance as part of the Clinical Commissioning Groups annual assessment by the national Commissioning Board.
- 3.8 Review performance against key outcome indicators and be collectively accountable for outcomes and targets specific to performance frameworks within the NHS, Local Authority and Public Health.
- 3.9 Ensure that the work of the Board is aligned with policy developments both locally and nationally.
- 3.10 Provide an annual report from the Health and Wellbeing Board to the Leicester City Council Executive and to the Board of Leicester City Clinical Commissioning Group to ensure that the Board is publically accountable for delivery.
- 3.11 Oversee progress against the Health and Wellbeing Strategy and other supporting plans and ensure action is taken to improve outcomes
- 3.12 The Board will not exercise scrutiny duties around health and adult social care directly. This will remain the role of the relevant Scrutiny Commissions of Leicester City Council. Decisions taken and work progressed by the Health & Wellbeing Board will be subject to scrutiny by relevant Scrutiny Commissions of Leicester City Council.

- 3.13 The Board will need to be satisfied that all commissioning plans demonstrate compliance with the Equality Act 2010, improving health and social care services for groups within the population with protected characteristics and reducing health inequalities.
- 3.14 The Board will agree Better Care Fund submissions and have strategic oversight of the delivery of agreed programmes.

4 Membership

Members:

Up to five Elected Members of Leicester City Council (5)

- The Executive Lead Member for Health & Wellbeing (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)
- An Elected Member nominated by the City Mayor (1)

Up to six representatives of the NHS (6)

- The Co -Chair of the Leicester City Clinical Commissioning Group (1)
- A further GP representative of the Leicester City Clinical Commissioning Group (1)
- The Managing Director of the Leicester City Clinical Commissioning Group (1)
- The Locality Director Central NHS England – Midlands and East (1)
- The Chief Executive of University Hospitals NHS Trust (1)
- The Chief Executive of Leicestershire Partnership NHS Trust (1)

Up to four Officers of Leicester City Council (4)

- The Strategic Director of Adult Social Care (Leicester City Council) (1)
- The Strategic Director Children (Leicester City Council) (1)
- The Director of Public Health (Leicester City Council) (1)
- The Chief Operating Officer of Leicester City Council (1)

Up to eight further representatives including Healthwatch Leicester/Other Representatives (8)

- One representative of the Local Healthwatch organisation for Leicester City (1)
- Leicester City Local Policing Directorate, Leicestershire Police (1)
- The Leicester Leicestershire and Rutland Police and Crime Commissioner (1)
- Chief Fire and Rescue Officer, Leicestershire Fire & Rescue Service (1)
- Two other people that the local authority thinks appropriate, after consultation with the Health and Wellbeing Board (2)
- A representative of the city's sports community (1)
- A representative of the private sector/business/employers (1)

5 Quorum & Chair

- 5.1 For a meeting to take place there must be at least six members of the Board present and at least one representative from each of the membership sections:
- Leicester City Council (Elected member)
 - Leicester City Clinical Commissioning Group or NHS England
 - One senior officer member from Leicester City Council
 - Local Healthwatch/Other Representatives
- 5.2 Where a meeting is inquorate those members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Board.
- 5.3 Where any member of the Board proposes to send a substitute to a meeting, that substitute's name shall be properly nominated by the relevant 'parent' person/body, and submitted to the Chair in advance of the meeting. The substitute shall abide by the Code of Conduct.
- 5.4 The City Council has nominated the Executive Lead for Health & Wellbeing to Chair the Board. Where the Executive Lead for Health & Wellbeing is unable to chair the meeting, then one of the other Elected Members shall chair (noting that at least one Elected Member must be present in order for the meeting to be declared quorate)

6 Voting

- 6.1 Officer members of Leicester City Council and any representatives of bodies asked to attend meetings of the Board as 'Standing Invitees' by the Board shall not have a vote. All other members will have an equal vote.
- 6.2 Decision-making will be achieved through consensus reached amongst those members present. Where a vote is required decisions will be reached through a majority vote of voting members; where the outcome of a vote is impasse the chair will have the casting vote.

7 Code of conduct and member responsibilities

All voting members are required to comply with Leicester City Council's Code of Conduct, including submitting a Register of Interests.

In addition all members of the Board will commit to the following roles, responsibilities and expectations:

- 7.1 Commit to attending the majority of meetings

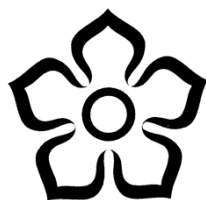
- 7.2 Uphold and support Board decisions and be prepared to follow through actions and decisions obtaining the necessary financial approval from their organisation for the Board proposals and declaring any conflict of interest
- 7.3 Be prepared to represent the Board at stakeholder events and support the agreed consensus view of the Board when speaking on behalf of the Board to other parties. Champion the work of the Board in their wider networks and in community engagement activities.
- 7.4 To participate in Board discussion to reflect views of their partner organisations, being sufficiently briefed to be able to make recommendations about future policy developments and service delivery
- 7.5 To ensure that there are communication mechanisms in place within the partner organisations to enable information about the priorities and recommendation of the Board to be effectively disseminated.

8 Agenda and Meetings

- 8.1 Administration support will be provided by Leicester City Council.
- 8.2 There will be standing items on each agenda to include:
 - Declarations of Interest
 - Minutes of the Previous Meeting
 - Matters Arising
 - Updates from each of the working subgroups of the Health & Wellbeing Board.
- 8.3 Meetings will be held six times a year and the Board will meet in public and comply with the Access to Information procedures as outlined in Part 4b of the Council's Constitution.
- 8.4 The first meeting of the Health and Wellbeing Board was on 11 April 2013.

Version 9.3

As amended at Council on 14 July 2016



Leicester
City Council

APPENDIX B

Minutes of the Meeting of the HEALTH AND WELLBEING BOARD

Held: MONDAY, 3 APRIL 2017 at 2:00 pm

P R E S E N T :

Present:

- | | |
|-----------------------------------|---|
| Councillor Rory Palmer
(Chair) | – Deputy City Mayor, Leicester City Council. |
| John Adler | – Chief Executive, University Hospitals of Leicester
NHS Trust. |
| Councillor Piara Singh
Clair | – Assistant City Mayor, Culture, Leisure and Sport,
Leicester City Council. |
| Councillor Adam Clarke | – Assistant City Mayor, Energy and Sustainability,
Leicester City Council. |
| Steven Forbes | – Strategic Director of Adult Social Care, Leicester
City Council. |
| Chief Inspector Jed Keen | – Local Policing Directorate, Leicestershire Police. |
| Richard Morris | – Leicester City Clinical Commissioning Group |
| Councillor Abdul Osman | – Assistant City Mayor, Strategic Partnerships and
Change, Leicester City Council. |
| Councillor Sarah Russell | – Assistant City Mayor, Children's Young People and
Schools, Leicester City Council. |
| Michael Smith | – Healthwatch Leicester |
| Ruth Tennant | – Director of Public Health, Leicester City Council. |

In attendance

- | | |
|--------------|--|
| Graham Carey | – Democratic Services, Leicester City Council. |
|--------------|--|

61. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Lord Willy Bach	Leicester, Leicestershire and Rutland Police and Crime Commissioner
Andrew Brodie	Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service
Karen Chouhan	Healthwatch Leicester
Frances Craven	Strategic Director Children's Services, Leicester City Council
Prof. Azah Farooqi	Co-Chair, Leicester City Clinical Commissioning Group
Andy Keeling	Chief Operating Officer, Leicester City Council
Chief Supt Andy Lee	Head of Local Policing Directorate, Leicestershire Police
Roz Lindridge	Locality Director Central NHS England, Midlands and East (Central England)
Dr Peter Miller	Chief Executive, Leicestershire Partnership NHS Trust
Dr Avi Prasad	Co-Chair, Leicester City Clinical Commissioning Group
Toby Sanders	Senior Responsible Officer, Better Care Together Programme

62. 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 made.

63. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the Minutes of the previous meeting of the Board held on 6 February 2017 be confirmed as a correct record.

64. CCG GP FIVE YEAR FORWARD VIEW

The Board received a report from the Leicester City Clinical Commissioning Group (CCG) on the Blueprint for General Practice – Delivering the General Practice Five Year Forward View; that had been jointly published on 24 February 2017 by all 3 CCGs in Leicester, Leicestershire and Rutland.

The Chief Executive, Leicester City Clinical Commissioning Group introduced the report and commented that primary medical care was the foundation of a high performing health care system and was critical to the successful implementation of the LLR Sustainability and Transformation Plan. Ensuring the development and resilience of Primary Care would assist in bringing about the system-wide transformation required to focus on prevention and the moderation of demand growth.

The Plan had been prepared by the three separate CCGs in LLR each had distinct geographical, political, social and economic environments, with very differing health needs. All three CCGs were committed to the development of our response to the GP 5 Year Forward view as a collective, and consequently there was a focus in the plan on what brought them together and how they would jointly tackle the challenge, whilst also highlighting locally sensitive solutions to their own areas of responsibility.

GPs from each CCG Board had actively engaged in the development of the plan and fully supported it. There were many challenges facing General Practice, including workforce, funding and rising demand. All CCGs would work together to develop and co-design a resilient and sustainable model in which general practice could thrive and meet the challenges in the future.

The CCGs had a clear direction for the future of primary care in which general practice was the foundation of a strong, vibrant, joined up health and social care system. The new system was patient centred, engaging local people who use services as equal partners in planning and commissioning which results in the provision of accessible high quality, safe, needs-based care. This would be achieved through expanded, but integrated, primary and community health care teams; offering a wider range of services in the community with increased access to rapid diagnostic assessment and, crucially, patients taking increased responsibility for their own health.

The following points were noted in response to discussion and questions from Members of the Board:-

- a) Work on the strategy had been taking place for some time in what was a complex area. There had been a difference in approach from NHS England who had acknowledged the level of investment and resources in primary care had been inadequate. Many GPs had complained for a number of years that the lack of investment had not enabled primary care to keep on track with the rest of the health system.
- b) The three key issues locally were:-

- Capacity - the ability to deliver in different parts of the workforce around the LLR area.
 - The health needs challenge presented by the city arising from deprivation.
 - The level of investment.
- c) The Primary Care strategy was seen as an enabling document for larger strategies such as the STP to be delivered. The focus in the strategy was on:
- Providing support to patients for self care.
 - An appropriate and accessible primary care service.
 - Integrated care bringing health and social care teams together to care for patients.
 - A home first model aimed at keeping people at home as long as possible and getting patients out of hospital as soon as possible where it was safe to do so, to avoid people becoming institutionalised the longer they stay in hospitals; which then required them to have more support when they returned home. Primary care was integral to support this.
- d) The Primary Care Plan was a blue-print for the LLR and was a part of the STP. Although it was a joint plan for the LLR area it was broken down to recognise the difference in populations, health needs, and the state of health care between the county and city. Parts of the Plan looked at health care across the LLR in its entirety and parts looked at specific issues with the city.
- e) Primary care continued to be the corner stone of the NHS. It was the part of the service most used by patients on regular basis and the part used to build relationships over long periods of time. There were relatively high satisfaction levels with primary care although these were lower in the city. There had been significant challenges of demand and funding over the last 15 years and recruitment and retention of GPs still remained a challenge.
- f) The key points in the CCGs vision for the next 5 years were that:-
- GP practices remained at the heart of health care and central to the health service.
 - Named GPs would take on more responsibility for active treatment of acute conditions. This may mean that patients attending with routine conditions and enquiries may not always see their named doctors, but may see a health professional who was qualified to provide the level of treatment required by the patient.
 - Practices would come together and collaborate more than they had in the past. This might be through informal or formal collaboration arrangements. The CCG wanted to provide an

environment which would enable voluntary collaboration of GP practices without the CCG being prescriptive on the arrangements.

- The Plan incorporated the national requirement to provide access to urgent on the day GP services, and built upon the developments that had been made in the city over the last 12-18 months. The biggest development had been the opening of three GP hubs. These had provided 180,000 additional GP appointments in the city per year and were open to any registered patient of a city GP practice. They had been piloted for 18 months and the CCG had now secured funds from NHS England to continue them for the next 2 years. The hubs would be developed to provide a wider range of services for patients and communities by providing both routine diagnostic tests such as blood, urine and ECGs, but also other services that currently required an outpatient appointment. In addition to the £2.2m for continuing with the hubs, the CCGs were also making £600k available in each of next 2 years to deliver transformation measures to make the system more sustainable in the long term or engaging in collaborative working.
- The vision for GP recruitment envisaged the need for a change of skill mix with more nurses, nurse practitioners and clinical pharmacists working in practices to support GPs in order to create capacity for GPs to focus on patients with more complex conditions who needed more time and support.
- Not every GP practice in the City experienced difficulty in recruitment and some had innovative working practices to recruit GPs which would be shared with others. This included a varied portfolio providing experience of working in other parts of health service, research opportunities, lecturing at the universities and working in hospital setting. 20 GPs had been recruited in the last year and the 3rd phase of the local GP recruitment scheme had attracted 27 applications.
- There would be more investment through changing the GPs contract by increasing the current payment of £78 per patient per year to £85 per patient per year.
- There had been significant engagement with clinicians within the LLR and the Plan had been endorsed by city GPs. The Plan also built upon public views expressed in the last 2 years and further engagement would be undertaken.
- The document was written in NHS technical language and a public facing document was being prepared to enable further public views to be expressed on whether the proposals in the Plan were appropriate and met the demands that were currently seen within the service.

NHS England had published the 'Next steps on the NHS Five Year Forward View' on 31 March 2017, which set out actions to deliver NHS care fit for the future. The implications of this were being considered to see if this impacted upon the Plan and whether any changes were required as a result.

The Healthwatch representative referred to an 'Enter and View' inspection carried out at the Westcotes Health Centre which had provided positive patient feedback on the flexibility of the system and also that some patients were using the hub as an alternative to their own GP practice. It was hoped that those GPs who needed extra help in operating their practices were not overlooked by the hubs masking an underlying issue. It was also felt that the scale and risk associated with the culture change required for patients to take more responsibility for their own health was understated in the Plan. The creation of the integrated team model was, however, a good way forward to help reshape services.

In response to the Chair's comment that the Plan had little reference to the important role that community pharmacies could play in relation to access, prevention and the self-care agenda, it was noted that a member of Pharmacy Board had recently been invited to join the Programme Board. It was also recognised that there were groups within the local population who had low levels of confidence in using pharmacies in their own countries and there would be a need to work with these communities to increase their awareness and confidence in using pharmacies.

It was also noted that NHS England, as the commissioners of pharmacy services, were in the process of launching a 5 year forward view for pharmacy services and embarking on a national campaign to promote the services pharmacies could provide.

The Chair observed that GPs had expressed views that the system was fragile and not resilient. It felt that the focus in the document was primarily on structural governance arrangements when people wanted to feel assured that they could see a doctor or nurse and get good care at home when it was appropriate. The public also wanted to have equality of access across all 3 CCG areas and for services to have equitable outcomes. At present there were high variants of cancer detection between the 3 CCG areas.

In response, it was noted that some outcomes were affected by GPs individual contracts. Evidence was emerging that by forming federations small GP practices could come together and share skills which enabled them to extend their services. GPs could choose to offer other services above their core contracts if they wished. Sometimes the physical accommodation in the building itself could be a constraint to offering additional services. A federation offered an opportunity to allow practices to work together and have a consistency of approach. Currently 12 practices had indicated that they were not interested in forming a federation. The variance in cancer outcomes for patients etc were being addressed through the STP process where system wide funds could be used by all 3 CCGs, in partnership, to provide a targeted approach to encourage people to come forward in those areas where there were low outcomes in cancer detection.

A member of the public asked a question relating to there being no reference to providing training for GPs in the strategic document and the importance of

sharing examples of good innovative practices to promote consistent standards across all GP practices. There were concerns that when GPs retired, these innovative services could be lost and thought should be given to training new GPs to ensure continuity of quality care in these instances.

In response it was stated that:-

- The CCG provided training and planned to provide training where specific health needs were identified. One such area was diabetes where the CCG had invested significant sums in providing diabetes training for GPs and nurses and had offered enhanced payments to GPs to provide increased service provision. Increased outputs in quality of care had been observed in last 2 years as a result.
- The importance of training in clinical governance and patient care was also recognised as being important for those patients with more complex health care needs in the future.
- There would be a separate work stream for training for the future and work was being undertaken on the training hub in the city in conjunction with medical students, Kings College and Nottingham University to improve training, coaching and mentoring to increase skills and share examples of best practice.

Following comments from Board Members it was noted that:-

- a) The CCG was investing time and effort in meeting GPs and it was encouraging that many younger GPs had already expressed interests in the 5 year view, forming federations and wanting to help shape future services. The CCG were encouraging young GPs and practice nurses to take on leadership roles in the future.
- b) The CCG had started dialogues with the PPG forum to encourage the participation of the individual PPGs and this had received a positive and productive response in the exciting opportunities the document gave them in going forward.
- c) The proposals for shared investment mentioned in the 5 Year Forward would be funded by a two thirds contribution from NHS funding sources and the remainder from individual GP practice funds.
- d) The STP was still awaiting approval from NHS England to enable it to proceed to the consultation stage. The proposals for primary care would not in themselves meet the thresholds for the formal consultation process, but there would be public engagement on the proposals. Once the formal consultation process had been approved it would enable more meaningful conversations with patients, carers and the public on the draft proposals.
- e) The CCG had a responsibility to ensure that patients did not travel too

far to access services and this was taken into account when forming federations. The CCG also had a responsibility to ensure that qualified staff delivered services commissioned by the CCG's to their standards. The CCG would be issuing protocols in practices so that practice nurses could see and provide treatment to patients where they were qualified to do so. It was noted that these changes were being introduced nationally.

- f) The current healthcare service was not sustainable in the long term and these plans were required to ensure that all staff had the appropriate skills to provide safe treatment to patients at the appropriate level for the patient's needs and health conditions. Not all health conditions required treatment from a GP.

The Chair commented that he had concerns in relation to what the changes could mean for health services generally. Introducing large structural changes required considerable amounts of existing capacity, time and resources, which could impact upon the ability to provide services during the planning and implementation period. Where there was not a requirement for full formal consultation on proposals, there should still be good effective consultation with patients so that they could make informed judgements. This was particularly important in instances where there was no opportunity to challenge an individual practice in joining a federation and to help the public to understand the reasons why self-care was important in reducing the demands upon health and social care services.

AGREED:-

That the report and update be noted and that elements of the proposals be submitted to future meetings and the Health and Wellbeing Scrutiny Commission to link in with discussions on the STP.

There was a need for the Board and the Scrutiny Commission to be informed of specific timescales and proposals and to understand how the proposals specifically impacted upon the city, especially the impact of establishing federations in a particular area of the city and what services they will provide and what outcomes were expected as a result.

65. HEALTH, WELLBEING AND PREVENTION STRATEGY

The Director of Public Health submitted a report on the Draft Health, Wellbeing and Prevention Strategy which would succeed the previous Joint Health and Wellbeing Strategy 'Closing the Gap'.

The draft strategy had been developed through informal engagement within the city council and local NHS. The strategy set out a framework for prevention in the city across 5 key themes and provisionally identified bodies to take responsibility for moving forward particular elements of the strategy, led by the Health and Wellbeing Board. The key themes, responsible bodies and their responsibilities would need to be confirmed. Implementation of the strategy

would be supported through an annual action plan

Public engagement on the Strategy was provisionally planned for May. A one-page public facing version of the Strategy would also be prepared for the final version. The strategy had 5 key themes:-

- Healthy Start – covering maternity, ante-natal and childhood services.
- Healthy Lives – covering lifestyle factors and helping people to live healthier lives
- Healthy Minds – mental health and wellbeing and good services and community provision for people with low level mental health concerns to prevent them becoming more acute
- Healthy Ageing – reducing isolation and helping people live longer and healthier for longer.
- Healthy Places – how to make better use of, and recognise the importance of, 'place' which was around making the best use of resources , assets, facilities and social capital in communities to help make communities healthier. It was about linking in with opportunities that were provided by consultations and engagement on other plans such as the local plan policy framework which also shape and affect communities.

Each of the themes had key outcomes and specific indicators to measure performance.

The Chair asked for views on whether the specific indicators and the structure of the strategy were appropriate and whether the outcomes addressed the challenges being faced in communities, and by the Council and the NHS.

The Director of Public Health commented that the draft strategy had been built upon the previous work undertaken in 'Closing the Gap' and developing existing work. It was important to outline what 'prevention' would look like in a local strategy designed to bring about long term changes and differences in health needs identified in Joint Strategic Needs Assessment beyond the nominal lifetime of these 5 year strategies. There would be more engagement and consultation as the strategy developed.

The Assistant City Mayor, Children, Young People and School stressed the importance of linking the strategy with work in other strategies and with the work of other Boards. She felt that draft strategy should include an outcome around 'attachment' which could fit into any of the first three themes. Getting the outcomes right for young people was an important part of long term prevention measures.

The Chair commented that the series of public engagements and development of the prevention strategy would take place in May and encouraged partners to

take an active part in those events.

AGREED:

- 1) That the draft strategy be received and the overall aim and approach of the draft strategy be supported.
- 2) That the final version of the draft strategy be submitted to the next meeting of the Board.

66. SPORT ENGLAND BID UPDATE

The Director of Public Health submitted an update on Sport England's new strategy 'Towards and Active Nation'. The Director also made a presentation on the local proposals that were being developed by the Council and its partners.

The following was noted during the presentation:-

- a) Sport England introduced a new strategy on 1 April 2017. One of the funding streams was called 'Local Delivery' which was a place based fund. 10 local areas would be funded to implement local strategies for physical activities and sport. There was £130m available for this funding stream and there was a particular focus on addressing physical inactivity and working with under-represented groups. Sport England were not being prescriptive and were seeking genuine innovation and wanted to see a whole system approach in proposals put forward.
- b) The Council had formed a coalition with 4 professional sports clubs that had existing public community projects and engagement in community. The coalition would provide leadership and oversight of project management as well as identify target communities and provide 'needs' information.
- c) Both local universities were engaged to provide support to the Expression of Interest and the bid preparation and would undertake research regarding interventions.
- d) A stakeholder workshop included membership from NHS, the 2 local universities, staff from the Council's parks, active transport, leisure and public health services, community groups and Voluntary Action Leicester. Other sports clubs and community groups would provide support and enable access and potential delivery of some initiatives.
- e) Sports England did not require well defined plans at this stage but wanted details of the prospective proposals to address the locally identified needs through engagement with community groups.
- f) The short term outcomes of after the first 2 years (2017-19) were expected to be:-

- Development of evidence based plans.
 - Identification of priority audience groups and local challenges/goals.
 - Building deeper understanding of audience and needs.
 - Genuine engagement and consultation.
 - Change in ways of working to increase collaboration.
- g) It was already known that a third of the local population exercised for less than 30 minutes a week and Leicester's performance was worse than many other places with similar characteristics. The trend had changed little since 2012. Surveys had shown that many were motivated to change their lifestyle and exercise regimes but felt there were numerous barriers preventing them from doing so. If the right solutions could be found, there was a existing cohort of people who were willing to make a change. There was good information on what people had identified as the barriers stopping them from changing their routines. These included:-
- Too busy/no time – 42%
 - Ill-health – 17%
 - Work commitments – 17%
 - Laziness – 16%
 - Weather – 8%
 - Tiredness – 7%
 - Affordability – 5%
 - Disability – 4%
 - Nearness to facilities – 2%
 - Afraid of injuries – 2%
- h) The challenge was to normalise exercise and build it into people's lives. There were specific challenges around older people but lots could be done to achieve light exercise through swimming and GPs would need to be involved to inform patients of the exercises that were available. Other exercise could also be provided by activities such as gardening or heavy house work. Currently brisk walking was the most popular form of physical activity in the city (59%) compared with heavy house work (18%) gym/outdoor gym exercise (15%), Sports (12%) and jogging (12%)
- i) Data collecting from schools indicated that 15% of primary pupils were exercising at the recommended levels and there were considerable variances across different areas in the city. Promoting active travel by encouraging pupils to walk or cycle to schools could be an important means of encouraging further physical activity.
- j) There were many assets in the city and these needed to be developed as part of the strategy. The use of social media and technology such as 'fitbits' could also be part of initiative to drive change.
- k) The sports sector was currently a growth sector for employment and

local pilots could provide a useful source of intelligence on what we know already works or doesn't. Sustainability presented a real challenge in using existing assets differently and sport and leisure staff had an important role in getting over other messages on exercise to people.

- l) Proposals would be based upon how many people locally needed to get up to the national average levels of exercise per week.
- m) Leicester already had initiatives such as the Active Leicester brand and the outdoor gyms programme was now fully installed and people were actively using these that didn't normally go to gyms for exercise.
- n) The aims of the proposals were to increase physical activity in 20,000 people in Leicester over the next four years by:-
 - o Supporting over 2,000 5-15 year olds and 5,000 people aged over 16 years to become active.
 - o Helping over 2,000 5-15 years old and 11,000 people aged over 16 years to change from doing some activity each week to levels of activity recommended to maintain a healthy lifestyle.
- o) The timescales for the process was:-
 - Workshops held during February and March and the Expression of Interest (EOI) had been prepared and submitted by 31 March 2017.
 - The EOIs were being assessed by Sports England and the selection of partners for the 10 Pilot were expected to be announced on May 17 2017.
 - Sports England would then work with the selected partners to prepare their detailed bids. Should Leicester be successful, further discussions would need to take place with NHS partners to identify potential resources for the detailed bid.

AGREED:-

That the Expression of Interest be supported and a further report be submitted to the Board on the outcome of the initial assessments, if successful, proposals for developing the detailed bid.

67. IMPACT OF BREXIT ON THE LLR NHS AND CARE WORKFORCE

The Board discussed the possible impact of Brexit on the LLR NHS and Care workforce. The Deputy City Mayor and the Chief Executive of University Hospitals Leicester NHS Trust (UHL) made a joint presentation to the Board on the issues involved.

The Chair had asked for this to be discussed by the Board following the formal

triggering Article of 50. This was now a very big, worrying and strategic work force challenge for health and social care system. The NHS had included a useful statement in their Next Steps for the Five Year Forward View, indicating that they would work actively with the government to safeguard and secure the contribution made by international doctors and nurses and other staff as the Brexit negotiations proceeded.

The Chair felt that it was of concern that no government statement had been made to provide clarity or certainty for other nationals of EU member states working in the health and social care sector or in the private sector. The Chair had met trades union representatives earlier to explore ways of reaching out and supporting the Council's staff and was interested in hearing others views as to what they were doing in this area.

It was noted that nationally there were 10,150 doctors and 21,032 nurses & health visitors who worked in parts of NHS originally from EU countries. This represented 9.7% of doctors and 7.1% of nursed and health care workers. There had also been no statement to clarify whether the NHS would receive the £350m per week that had been inferred during the campaigning for the referendum as part of the Article 50 announcement.

Chief Executive of University Hospitals Leicester NHS Trust (UHL) stated that:-

- a) UHL's employment of staff with EU nationalities was slightly higher than that of LPT as the Trust had previously had a recruitment campaign to attract nurses from EU countries.
- b) Overall 6.4% of UHL's full time equivalent staff were EU nationals which was slightly higher than the national average of 5%. There were, however variances within specific service areas. For example 11% of nursing and midwifery staff were EU citizens; which was higher than the national average, whilst the 8.8% of medical and dental staff was lower than the national average.
- c) There were approximately as many EU citizens as there were non-EU citizens working for UHL.
- d) The turn-over rate for staff had now stabilised and was flattening out after the rise in EU staff turnover immediately prior to the referendum. The Trust had made concerted efforts to reassure EU staff that the Trust valued them and did not wish them to leave. Since the Brexit vote there were now less EU citizens coming forward for employment. Many other hospitals were focusing on recruiting in other Non-EU countries. UHL were switching their focus to recruiting staff from the Philippines. Historically staff from the Philippines tended to stay locally longer than compared to EU staff, who tended to stay for shorter periods before moving to other areas of the country.
- e) UHL also recruited locally from those training in medical professions with De Montfort and Leicester Universities.

- f) It was expected that there would be a net loss of 50 EU staff than those that would be recruited from the EU in the next 12 months. Whilst the EU was not the only source for recruitment, it was an important one and the sooner the employment status of existing EU citizens was regularised the better it would be for planning and retention purposes.

The Chair commented that the City's employment of EU citizens representing approximately 5% of the Adult Social Care workforce may be slightly higher than regional figures for social care workforce.

The Chair felt that the issue would dominate the health and social care agenda for some time and would be revisited again at regularly intervals. He felt there was an urgency in seeking clarity and certainty for EU citizens employed by both the NHS and the Adult Social Care Service and there would be joint working between the NHS and the Council to make views known to the government and the local MPs. The Chair also felt it was important to raise this as an issue in 5 year plan and this would be revisited and discussed further with the Chief Executive of the Leicestershire Partnership NHS Trust who was leading on workforce streams within the STP.

AGREED:-

That the initial update be noted and the issue be revisited at future meetings as the discussions under Article 50 progressed.

68. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

69. DATES OF FUTURE MEETINGS

It was noted that future meetings of the Board would be published after the Annual Meeting of the Council on 11 May 2017. Meetings of the Board were usually held in Meeting Room G01 at City Hall.

70. ANY OTHER URGENT BUSINESS

There were no items of Any Other Urgent Business.

71. CLOSE OF MEETING

The Chair declared the meeting closed at 3.30pm.

LEICESTER CITY HEALTH AND WELLBEING BOARD
19th June 2017



Subject:	Leicester City Children's Improvement Plan 2016-2018
Presented to the Health and Wellbeing Board by:	Frances Craven – Strategic Director, Education and Children's Services
Author:	Frances Craven – Strategic Director, Education and Children's Services

EXECUTIVE SUMMARY:

Ofsted published their inspection report in March 2015, following their inspection of the local authority's services for children in need of help and protection; children looked after and care leavers and a review of the effectiveness of the local safeguarding children board. In July 2015, Edward Timpson MP, Parliamentary Under Secretary of State for Children and Families, issued an Improvement Notice to Leicester City Council.

The LSCB embarked on a vigorous programme in response to the inspection findings published in March 2015. After a slow start there has now been significant strengthening of the performance monitoring framework and improved delivery of data by partner agencies. A number of projects have resulted in new developments, including the neglect strategy, refreshed guidance on injuries to non-mobile babies, engagement with young people and engagement with frontline staff.

The 2015 Leicester City Children's Improvement Plan set out Ofsted's findings in Leicester City and the overall plan for improvement to better the outcomes for children and families across the city. The monthly Leicester City Children's Improvement Board, chaired by DfE Specialist Advisor, Tony Crane, has scrutinised and challenged all aspects of the improvement journey using the Improvement plan and a suite of reports including risk registers, monthly progress updates, management and quality assurance reporting and a dashboard summary and progress of Key Indicators.

Since April 2016, 12 week action plans introduced by the Improvement Board have identified key areas to accelerate progress. This new refreshed improvement plan takes us into the area of consolidating progress, strengthening and embedding our practice and focusses on 9 key strands:

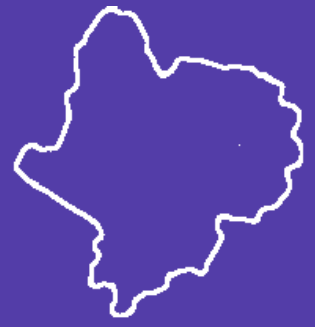
This iteration of the Improvement Plan was approved in draft form by the Leicester City Children's Improvement Board in January 2017 and was last updated in March 2017.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Consider the contents of the plan and any implications it has for Board members' organisation.

Comment on any aspect of the plan.



Leicester City Children's Refreshed Improvement Plan 2016-2018

Changing for the better

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Foreword

Improvement Plan introduction

Ofsted published their inspection report in March 2015, following their inspection of the local authority's services for children in need of help and protection; children looked after and care leavers and a review of the effectiveness of the local safeguarding children board. In July 2015, Edward Timpson MP, Parliamentary Under Secretary of State for Children and Families, issued an Improvement Notice to Leicester City Council.

The LSCB embarked on a vigorous programme in response to the inspection findings published in March 2015. After a slow start there has now been significant strengthening of the performance monitoring framework and improved delivery of data by partner agencies. A number of projects have resulted in new developments, including the neglect strategy, refreshed guidance on injuries to non-mobile babies, engagement with young people and engagement with frontline staff.

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Since April 2016, 12 week action plans introduced by the Improvement Board have identified key areas to accelerate progress. This new refreshed improvement plan takes us into the area of consolidating progress, strengthening and embedding our practice.

Our ambition for children and young people

Our vision: By 2020 Leicester's Education and Children's Services will be a professional, dynamic and forward thinking service working with partners to provide the best quality experiences for children and young people to be safe, learn, achieve and grow

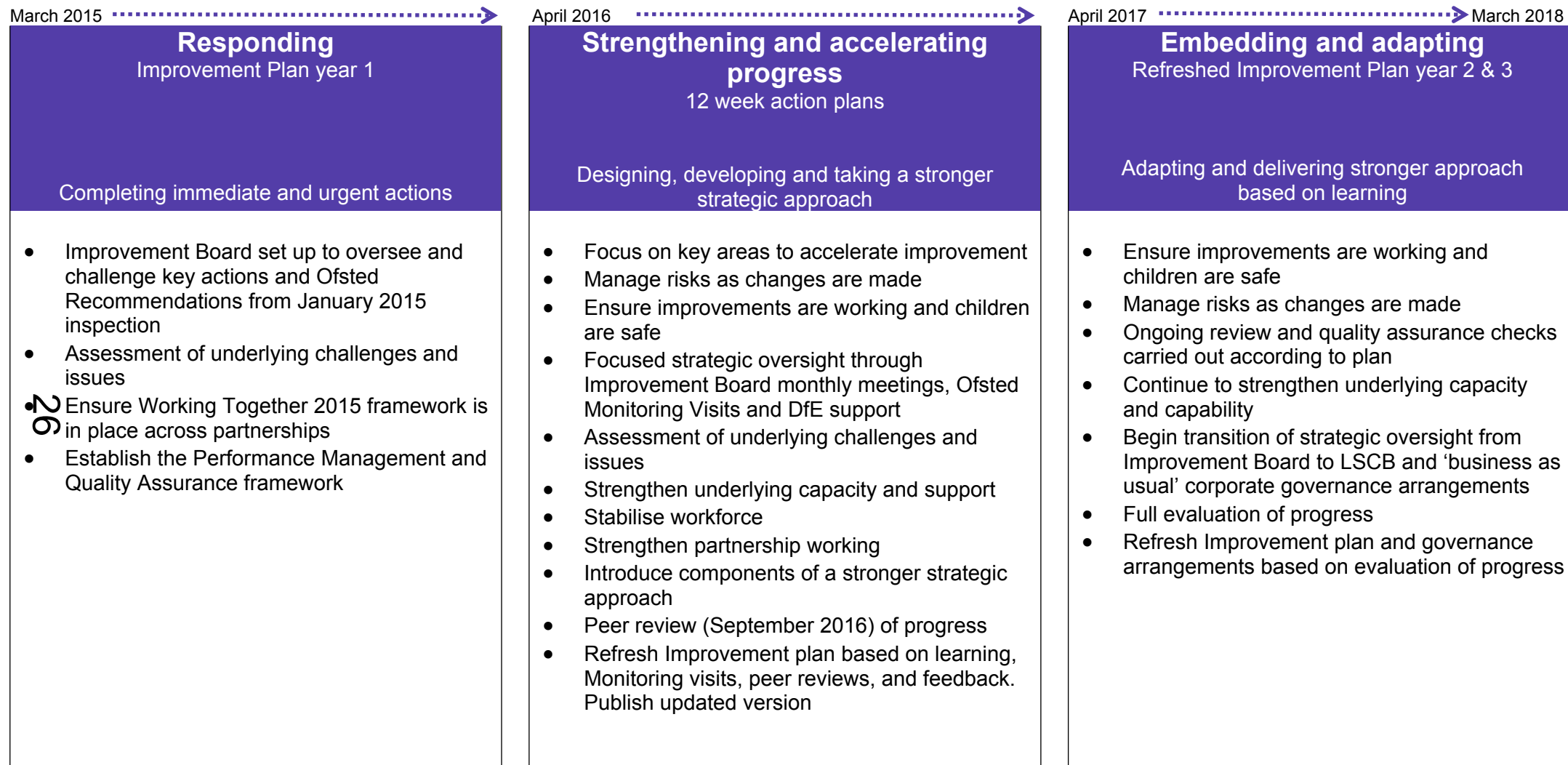
Education and Children's Services

~ supporting children and young people to be safe, learn, achieve and grow

Our Mission: Leicester's Education and Children's Services will improve children, young people and families' lives by working in partnership to raise aspirations, build achievement, and protect the most vulnerable.

Our Values: Be confident, Be clear, Be respectful, Be fair, Be accountable

Leicester City Children's Improvement Journey



Working in Partnership

This improvement plan links to a number of other strategies and plans that are in place within the council and across wider Leicester Partnerships.

It also encompasses:

- the learning and recommendations made through peer challenges, Ofsted Monitoring visits and other appropriate regulatory inspections
- action and improvement plans made at social care and early help divisional and service levels

The improvements require effective whole system partnership working and it is important to note that a complementary business plan has been developed following the March 2015 Ofsted review of the Leicester Safeguarding Children Board (LSCB), which focuses on joint partnership actions.

The table on the right sets out the respective roles of some of the key boards and governance groups.

Board/group	Role	Strategic Plans
Improvement Board (LCCIB)	To monitor and challenge the LA and partnership response (and through LSCB) to Ofsted inspection report of March 2015	Leicester City Children's Improvement Plan
Health & Wellbeing Board	A forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.	Health and Wellbeing Strategy/Children's JSNA
LSCB	The key statutory multi-agency mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.	LSCB Business Plan
Corporate Parenting Board	The partnership between the local authority departments, services and associated agencies who are collectively responsible for meeting the needs of looked after children, young people and care leavers.	Corporate Parenting Strategy
Children's Trust	To bring together strategic representation from across the sectors in Leicester to achieve our purpose ('To improve children's lives – working in partnership to raise aspirations and build achievement'). The Early Help Strategic Partnership Board (reports to the Childrens Trust) has focus on early help	Children and Young People's Plan Leicester's Early Help Strategy
Safer Leicester Partnership (Statutory Community Safety Partnership)	Brings together a number of agencies and organisations; and is responsible for reducing crime, disorder and substance misuse.	Safer Leicester Partnership Plan
Multi-Agency Public Protection Arrangements Strategic Board	Multi-agency LLR-wide forum to assess and manage the potential risk of MAPPA registered offenders.	
Young Offender Management Board	The YOMB has senior officer level representation from statutory services (Police, Health and the National Probation Service) and from Public Health and the Connexions Service. The quarterly board reviews performance and management information to inform strategic decisions and resource allocation. Analysis of performance includes: key national and local youth justice indicators, audit and self-assessment activity, Serious Incident reporting, National Standards audits and quarterly YJB monitoring reports.	Youth Justice Plan 2016/17

Our approach – Vision, Values and Principles

A strong set of values and principles are essential to guide both what we do and how we do it.

Key themes for achieving outcomes for children and young people have emerged from a number of conversations with staff that resonate and also align with the corporate values of the local authority. They are summarised on the right.

The outcomes build on core values and ideas already in place across the local authority, professional practice and partners. During the early part of 2017, services will build on those core values and further discussions will be held at all levels about how we proactively use these to deliver our work.

We will continue to test ourselves against these commitments and seek feedback on whether we are putting them into practice consistently and to good effect.



Progress made to date

Since the Ofsted inspection in January 2015, the main focus was on immediate and urgent actions to be taken in response to Ofsted findings, their 24 recommendations, and to ensure children were safe.

The focus incorporated the Department for Education's (DfE) improvement notice and their reviews, which contained a range of improvement actions.

Up to October 2016, Ofsted have made 5 Monitoring Visits, taking deep dive audits in areas relating to the Ofsted recommendations: Assessments, Children in Need Plans, Child Protection Plans, Care Leavers and Pathway plans, and Care Plans. In January 2017, Ofsted will undertake a further monitoring visit in relation to Assessments to check progress.

The DfE have undertaken 6-month and yearly reviews of progress.

All these areas have been overseen by the Chair of the Improvement Board and specialist advisor to the Department for Education.

As part of the LCCIB work there has been a significant focus on ensuring better partnership working.

Milestones		
To June 2015	To September 2015	To March 2016
<ul style="list-style-type: none"> Leicester City Children's Improvement Board established External Case file auditing of all Ofsted cases Performance Management and Quality Assurance Framework developed Frontline Group of social workers re-established Review, re-branding and launch of Early Help Assessment Joint protocol between Children's, Adults and Housing established (ref A3) Monthly Performance Book established 	<ul style="list-style-type: none"> Performance Management and Quality Assurance Framework implemented fully Monthly Dashboard indicators with threshold/target markers set out First Staff Survey Corporate Parenting Forum indicators set Two Ofsted improvement visits – Single Assessments and CP plans No unallocated CP cases Technology rollout completed for CIN and LAC social workers Liquid Logic health-check completed. DfE 6 month review LSCB Performance Book Key actions completed for Ofsted Recommendations: A1, A3, B17, L1 Workforce Strategy signed off by LCCIB 	<ul style="list-style-type: none"> Ofsted Monitoring Visit- CIN plans Learning & Development Hub Launch Commissioning framework agreed between health & children's services Ofsted summarised findings to LCCIB Permanent Director of Children's Social Care & Early Help appointed YOS multi-agency inspection East Midlands framework for CSE, Missing Trafficked agreed Principal Children and Family SW appointed Key actions completed for 12 Ofsted Recs: A4, B1, B3, B5, B8, B10, B11, B12, B13, B14, B15, B16 Review of QA & Safeguarding Unit CSE workspace launched in LL East Midlands Regional DCS Group agreed standards for raising participation of CYP Young People's Council reps elected Upgrade of Liquid Logic version 11 Termly PEPs implemented
To June 2016	To September 2016	To March 2017
<ul style="list-style-type: none"> Single Assessment Team established Practitioners move to new accommodation New Conference facilities established New LSCB chair appointed Heads of Service secured in social care Ofsted Monitoring Visit focus on Pathway plans and leaving care 13 Children's & 5 Adults ASYEs graduated to level 2 Multi-agency practitioners forum established 12-month self- evaluation report to DfE Divisional away ½ days established Key Boards set to accelerate progress Early Help Performance Book developed 	<ul style="list-style-type: none"> Review of LSCB Governance CSE Missing Trafficked Hub induction of Leicester City staff Interviews held for cross-agency Service Manager of LLR CSE, Missing Trafficked Hub 9 Permanent Advanced Practitioners appointed - lead themes established Re-launch of online procedures for practitioners Workforce shows signs of stabilising Early Help Strategy ratified by Children's Trust Roll out of Rickter Scale outcomes tool for Early Help practitioners Sector led Peer Challenge (SAVMAX) held Ofsted Monitoring Visits – Care Plans 	<ul style="list-style-type: none"> New LSCB Governance arrangements New ASYE cohort of 18 SAVMAX findings presented to LCCIB Refreshed Performance Management and QA framework Department drives vision values & principles Young People LSCB Shadow Board set up CSE Missing Trafficked Leicester city team E-PEP implemented Signs of Safety agreed to start in June 2017 Case Progression Tracking in pre-proceedings and proceedings One number access to EH & CSC launched Social work progression framework, Firstline, Frontline and AP offer established SEND peer review held

We know there is more work to do to consolidate and sustain improvements. Further work on each of the recommendations will be completed as we strengthen our approach over the next 12 months. Reports on progress will continue to be reviewed by the Improvement Board.

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Outputs		
To June 2015	To September 2015	To March 2016
<ul style="list-style-type: none"> • 10 Key Service Standards for frontline staff drafted, consulted and agreed • Leicester City Children's Improvement Plan developed • Monthly Case file audit reports • Performance Book developed • Range of Operational reports developed • LSCB QA framework and performance book developed • Early Help Assessment Module went live June 2015 • MACFA full day briefing for all partners • Mandatory training for CIN and LAC Team Managers 	<ul style="list-style-type: none"> • Workforce Strategy implementation • Identification of new accommodation for Children's Services • Roll out of mobile technology for social workers • One stop Induction process for social workers • Case file management testing by frontline group • Staff Briefings and communication following improvement visits and DfE 6 month review • Staff interactive sessions focus on themes • Quarterly QA reporting established 	<ul style="list-style-type: none"> • LSCB annual report • Members training plan for new year established • Ofsted Monitoring Visit report • "How will you hear me" Children and Young People's Participation resource for professionals • Deep Dive dashboard incorporating LSCB and Early Help/Partnership indicators for LCCIB challenge • QA Audit yearly forward plan • Corporate Parenting focus on performance and impact through 5 strategic priorities • Partners undertook deep dive analysis of contacts to statutory care • Annual 'Celebrating success' and 'Stars in the making' events for Children in care held • Buddy system set up between CICC reps on Improvement Board with IB members • PEP compliance increased to at least 90%
To June 2016	To September 2016	To March 2017
<ul style="list-style-type: none"> • Monthly Twilight lectures from Learning and Development Hub • Performance Board scrutinising performance data • Weekly surgeries between Early Help and social work teams to support step down and joint working of cases • Multi-agency weekly Missing Return interviews & weekly CSE meetings • CYP Scrutiny members enabled, through training, to challenge progress • Corporate Parenting Forum improved • Departmental staff briefings increased attendance and participation • Learning Events share good practice • RIP led leadership development for Managers • Monthly audit findings shared with staff • Divisional ½ day away days established 	<ul style="list-style-type: none"> • Neglect tool published and circulated to stakeholders • Improved Performance in Key measures in relation to Single Assessments and S47, strategy meetings • Workforce skills mix forecasting undertaken for CIN service • Learning events following Ofsted Monitoring visits and published reports • Leicester's strategy for providing Early Help to children, young people and their families – Support • Strengthen • Thrive – agreed. 	<ul style="list-style-type: none"> • Refreshed Improvement Plan incorporates findings & recommendations from Ofsted, Monitoring Visits, SAVMAX peer review, QA reporting, SCR learning & auditing actions. • Health and Wellbeing Survey rolled out to all Departmental Staff • Service areas working to ensure service plans align to vision values and principles • Children in Care Pledge refreshed • Neglect assessment tool rolled out • Lunch and Learn sessions for practitioners • Reduction in Children on CP plans • Reflective Supervision tool rolled out • Early Help Remodelling consultation informs planning • Leicester Children's JSNA published online • YOS Victim Contact Worker awarded 2017 national Restorative Justice Practice • Annual 'Celebrating success' and 'Stars in the making' events for Children in care held

Strengthening the Approach and Accelerating Progress

From April to October 2016, 12 week action plans accelerated progress in key focus areas.

Those key focus areas are combined with actions and recommendations from the peer challenges, SCR learning, audit and monitoring visit recommendations to create a set of 9 key areas of work for the **Refreshed Improvement Plan**

The diagram below summarises the nine key areas of work that we will focus on next in order to strengthen our approach over the next 12 months.

We will continue to develop strong and effective leadership, management, governance and assurance, which will create the conditions for a culture and practice that makes a positive difference to children and young people's lives.

We are continuing to build on our quality assurance arrangements to continually learn and improve what we do.

We want to make sure our workforce is stable, able and capable and has the right support, skills and tools to make a difference and aim high for children and young people in Leicester City.

By doing these things we will be able to get things right consistently for vulnerable children which include:

- children in need, subject to child protection plans, looked after children and care leavers.
- those at risk of, or who have been subject to child sexual exploitation and trafficking
- those missing, and suffering other types of harm or neglect

We will judge our efforts by listening and hearing whether it makes a positive difference to the experience of children and young people and helps them feel confident in their future.

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Leadership, Management and Governance

Culture and Practice

Quality Assurance

Workforce

Children in need of Early Help

Casework Improvement

CSE, Missing, Trafficked

Looked After Children and Care Leavers

Voice and Experience of Children and Young People

Refreshed Improvement Plan

Leadership, Management and Governance

Why are we focused on this area?

The changes made to transform the delivery of services for children in need and early help, together with a new children's recording system were implemented in 2014. This contributed to significant disruption in the workforce and significant issues as a result, predominantly, high numbers of unallocated child protection cases and insufficient and inconsistent safeguarding of vulnerable children in need. Ofsted judged our Leadership, Management and Governance as inadequate in March 2015.

Since that time Strategic management has taken decisive action to identify areas of weakness in practice, management oversight and governance to ensure we know where to improve outcomes for children and young people. Strong partnership arrangements at a strategic level, with challenge and support from the Improvement Board and LSCB are driving forward the improvement plan

As the recent Peer Challenge (September 2016) noted, "Children's Services is on an ambitious journey of improvement and is demonstrating a strong commitment to improving outcomes for children and families in Leicester City".

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)

YOS joint inspection (FJI)

Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)

SAVMax (SAV)

QA audits (QA)

Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

What we will now achieve

- Strong and robust individual and partnership arrangements for all children in need including those at risk of DV, CSE, FGM and/or who go missing
- Ensure the strategic framework is embedded in performance activity and work we do
- Refresh and rollout the strategic communications plan
- Embed the roles of practitioner groups to support the improvement journey as business as usual
- Sustain the open dialogue and visibility of leadership created


How we will do this

- Continue to strengthen links across the local authority, with elected members, children and young people fora and the whole partnership system to ensure the conditions for excellent partnership working and practice flourish
- Consolidate & strengthen governance arrangements ensuring there is a culture of listening to views of children, having professional curiosity and providing constructive challenge
- Continue to implement member training programme
- Promote the workforce strategy and the culture of learning and development
- Seek ways in which innovative opportunities can be created
- Seek ways in which partners can work more closely together to better serve vulnerable children and young people

How we will know when it's working

- Governance supports challenge and effective use of management performance and quality assurance information
- Improved performance on key measures is sustained
- Feedback from staff through a variety of touchpoints, including annual surveys and practitioner groups show morale and commitment is demonstrable
- Good practice is routinely shared and presented
- There is a golden thread of oversight from the top
- Oversight by the Improvement Board

Leadership, Management and Governance

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
Leadership									
SAV	Embed Children's services vision, values and principles across the workforce	Workforce articulate their role & responsibilities in creating positive aspiration and ambition for children and families in Leicester	Finalise the revised Strategic framework and communicate to the workforce	Apr-May 2017	DCS		Service Plans align with vision values and principles by March 2017 Steering group of Practitioners contribute to embedding across workforce		DMT with HOS
SAV	Enable staff to understand their roles & responsibilities within the vision, how they connect & support child's journey	Workforce articulate their role & responsibilities in creating positive aspiration and ambition for children and families in Leicester	Embed the strategic framework into annual professional development reviews (PDRs)	End 2017	DCS		Strategic Framework is evidenced as part of performance management in PDRs Practitioners can articulate the story of Leicester and their role		DMT with HOS
	Ensure workforce recognises all Children's services roles as being one organisation	Workforce articulate their role & responsibilities in creating positive aspiration and ambition for children and families in Leicester	Reinforce message through departmental briefings and via senior management team events	ongoing	DCS		Workforce surveys, DMT with Hos, SMT and feedback (managers and practitioner groups)		DMT with HOS
Management									
FJI	YOMB membership and composition allows for all partners to effectively challenge performance, are involved in service design and contribute to the reduction of reoffending rates, the management of risk of harm and in protecting vulnerable children and young people.	Reduction of reoffending rates and the management of risk of harm and in protecting vulnerable children and young people	YOS IAG	End of Dec 2016			Quarterly CSE reporting to YOMB - standard agenda item Redesign of live tracker complete and built in quarterly reviews on impact. Ongoing positive results being indicated – review in 12 months Toolkit will be used to better understand the reoffending of young people in order to offer targeted and tailored interventions		YOMB
FJI	Management oversight is consistent and effective in ensuring that all case management work is conducted to a good standard	Case management work is conducted to a good standard	YOS IAG	July 2016			Review impact of measures in place.		YOMB

Governance								
SAV	Review referral routes into Children's services, one through EH and one through DAS.	Facilitate partner access to Council Children's Services EH & DAS	Launch of one front door number to EH and DAS	Jan 2017	HoS EH & CIN		Feedback from Partners through both operational and strategic meetings is positive.	SUSD T&F reporting to SMT
SAV	Create a fully shared and consistent language which reflects work processes accurately i.e.: use of step up/step down, single agency	Standardise use of language and performance measures between EH & DAS/CIN to ensure clarity	Verification and validation of reporting figures in relation to SUSD/transfer between DAS-EH Response and vice versa	Feb 2017	HoS EH & CIN		Performance measures more accurately show difference between SUSD and transfer	EH Strategic Board
SCR	LADO	Performance Reports on the LADO role will evidence an effective timely service and meet statutory requirements	Work of the LADO is moved to be recorded in Liquid Logic children's recording system	Apr 2017	HoS SG & QA		<ul style="list-style-type: none"> ▪ LADO supervision and QA focuses on child protection procedures informed by national SCR's. ▪ LADO allegations in LSCB quarterly report Child protection procedures followed. 	SG&QA Service Improvement plan

Refreshed Improvement Plan

Culture and Practice

Why are we focused on this area?

Good practice comes from strong leadership which develops a confident workforce with a culture focused on the 'hearts and minds' of children, young people and families. This is supported by a quality assurance framework that is embraced and embedded at every level of the service. A key challenge is ensuring consistency of practice and management oversight, recognising that high quality practice makes a direct difference to outcomes for children and young people.

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)
YOS joint inspection (YI)
Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)

SAVMax (SAV)

QA audits (QA)

Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

What we will now achieve

- Consistent practice is shaped by a shared understanding across the workforce of the practice values and standards

How we will do this

- Continue to develop an enhanced programme of practice workshops, lunch and learn programmes, learning events (Learning Hub with DMU)
- Advanced Practitioners promote and contribute to improved practice through their lead themes
- Implementing learning from audits, peer reviews, feedback from children/young people and families

How we will know when it's working

- There is evidence of consistently higher standards of practice in all stages of work with children and young people
- There is evidence of higher quality case work (e.g. 30% of case file audits rated *Good* by end Dec 2016)

Culture and Practice

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
SAV	Launch and Implement overarching practice framework	Improve consistency of practice to reflect how Leicester city want children and families to experience their services	Agreement made with Signs of Safety organisation to implement May/June 2017	May 2017	Principal SW/Direct or Social Care & Early Help		Framework (with reflective supervision tool) is widely used with children and families and contributes to better plans and outcomes for children/yp		Workforce Strategy Group
SAV	Practitioners to consistently focus on trajectories, impact and outcomes of the child’s plan	Improve consistency of practice to reflect how Leicester city want children and families to experience their services	Soft rollout of Supervision tool with practitioners	Dec 16	Principal SW/ QA & Improvement Manager		<ul style="list-style-type: none">Since April 2015, 981 cases have been audited and there have been discernible improvements evident since the time of the Ofsted Inspection (January 2015). An increasing number of case file audits are assessed to be good or betterThe local authority’s case audits were accurate and of good quality. They demonstrated that managers had a sound understanding of what is good practice (Ofsted Monitoring Visit – August 2016)		Workforce Strategy Group
MV1	Practitioners are not given sufficient opportunities to reflect and analyse their casework practice		“Lunch and learn” programme to be developed to include CAFCASS+ and other themes	Jan 2017					
MV2			Advanced Practitioner leads developing and rolling out L&D around key themes	Nov 16					
36									
SAV SIF	Develop opportunities for joint supervision/team meetings across the workforce especially between early help and social care	Create opportunity to increase cross team/service working	Extended SMT facilitate joint meetings between team across the division	Jan 2017	HoS Early Help/CIN/ LAC		<ul style="list-style-type: none">Cases are jointly worked between Early Help and CIN teamsServices ensure transfer/transition of cases is robust with clear management oversight.		SMT
			Team Managers practice group facilitates connection between EH and Social Care	Mar 2017	Principal SW				
SAV MV1 A4 SCR	Assessments and case records demonstrate an inconsistent level of professional curiosity	Improve consistency of practice to reflect how Leicester city want children and families to experience their services	Service Improvement Manager to improve quality and frequency of chronologies across all social care services Increased attendance and	Dec 2016	Director Social Care & Early Help		<ul style="list-style-type: none">The Division rolled out an Assessment training programme for all social workers. RIP Assessment training held for all staff in order to strengthen and significantly improve the quality of		ESMT

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
		Ensure that history informs assessments, identification of risks and planning	evidence of practitioners using lunch and learn sessions, APs leads, learning and development hub and other learning events to increase levels of professional curiosity	Feb 2017	Principal SW		assessments. ▪ A Single Assessment toolkit developed to support workers is available online and within the induction product. Children's Social Care and Early Help Assessment Toolkit link ▪ Positive feedback from practitioners attending Learning and Development Hub series of lectures - research and theories support reflective opportunities.		
SCR MV3 MV5	Robust Assessments should address risk, inform assessment and planning.	Practitioners understand, take account and record individual diversity needs Family history should be included in all single assessments Ensure Care plans are informed by regular and up-to-date assessment of needs (B9)	▪ Review diversity training and ensure heritage model is re launched and used.	Apr 17	Principal SW				SMT
			▪ Performance meetings to dip sample cases ▪ QA process will collate information where this is not the case in order to develop further themed learning.	Jan 17	HoS HoS SG				
FJI	Cases open to YOS & children's social care, are jointly managed	The individual child/young person is protected better	YOS IAG	Dec 2016	HoS, SMs & f/l staff		▪ Review CSC/YOS procedure ▪ Joint Meetings to ensure effective partnership ▪ Undertake joint auditing of cases open to CSC and YOS		YOMB
SCR	Case Recording - Agencies to provide assurance and evidence to LSCB that they have reviewed their own agencies recording practices	Standards must be compliant with the LLR Multi-agency safeguarding procedures Practitioners to ensure the 10 Key standards and expectations are part of supervision discussions	Self-audits and work undertaken in service areas (CIN teams) had impact – activity to be done across other service areas.	Dec 16 – Jan 17	HoS CIN/ LAC		▪ Timeliness of case recording is being measured by the Service Improvement Manager -more than 95% of CIN cases have case note recordings in 14 days. ▪ The Service Improvement Mgr will drive the quality of case recording to ensure that this is consistently good and provide updates to the Casework Improvement Board		Performance Board
SCR	Completion of Systems training to support practitioners	Practitioners are confidently and accurately using systems to update the child's record	Practitioners are accessing essential training 1 and 2 and version update training	Dec 16	HoS CIN/ LAC/ SG&QA		▪ Systems training completed. Team Managers, Advanced Practitioners and champions support practitioners		Liquid Logic Steering Group

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
			Implement changes to the Disabled Children's Service system	Dec 16 – Jan 17	Director Learning		▪		
MV5	Quality of Permanence Planning is too variable and often quite poor, particularly at initial stages of a case	Service has robust management oversight of all children's cases 6 months after entrance to care to prevent drift.	LAC teams are represented at final LPMs to ensure all arrangements including contact are supportive of permanence being achieved	Dec 16	HoS CIN/ LAC		<ul style="list-style-type: none"> Improved care and permanence planning evident in case recording Increased proportion of LAC achieving permanence Tracker of all potential exits from care monitored on a regular basis to ensure children exit care in a timely, appropriate way. 		Edge of Care Board
			Service Managers visit outstanding tri-borough to evaluate their systemic practice process for exits from care	Jan 17	LAC SMs				
			Permanence progression panel to be chaired by Director to oversee all plans for exit.	Mar 17	Director SC&EH				
38 MV5	Good practice examples to be routinely shared across services	Tools and good practice examples are easily accessible to practitioners	Auditors/QA team with SMs build up portfolio of good cases	Dec 16	HoS SG		<ul style="list-style-type: none"> Good cases portfolio to be uploaded to online resource Use of good cases in CPD sessions 		SMT
			Lunch and learn sessions feature good practice examples	Jan 17	Principal SW		<ul style="list-style-type: none"> Forward plan includes sessions from Advanced Practitioners, Independent Chairs, Legal, partners, Fostering and Adoption and the CFS Team. 		Workforce Strategy Group

Refreshed Improvement Plan

Quality Assurance

Why are we focused on this area?

We want good practice which ensures the child is at the centre of all we do. The Performance Management and Quality Assurance framework developed and approved by the LCCIB in July 2015 has created a structure for improvement and is enabling a shift in culture to drive a passion for high quality practice. The 10 Key Standards and Expectations are embedded into practice and are threaded into our quality assurance framework and planning. Over the last year, increased access to meaningful reports and sharing of good practice has shaped service improvements at all levels. We want to achieve sustainable and deeper improvements for all those working with children young people and families, to embrace strong shared beliefs, to have a commitment to high quality practice and have ambitions for those children and young people.

Our further improvement work addresses many of the Ofsted recommendations and the continued exploration of improvement through Monitoring Visits, self-audits, multi-agency audits and external reviews.

What we will now achieve

An improvement in consistency and quality of practice ensures children and young people experience better outcomes which are timely and aspirational

How we will do this

- Good practice examples, including those reflecting the voice of the child in both early help and social care, are consistently shared in practice.
- Use a common shared framework bespoke to Leicester following a strengths-based approach and using local research from De Montfort University 'The Triad of Understanding'.
- Consistent use of the Supervision tool rolled out in January 2017
- Centralised online procedures which are continually updated to support practitioners

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)
YOS joint inspection (YI)
Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)
SAVMax (SAV)
QA audits (QA)

Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

How we will know when it's working

- QA reporting shows we are providing a standard of service that is "Good", to children and young people.
- The voice of the child is clearly heard through casework and recordings.

Quality Assurance

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
SCR	Agencies to provide assurance and evidence that practitioners are compliant with LLR LSCB multi-agency safeguarding procedures	Practitioners are confident of procedures and know from where and from who to access information SW's know the procedures and their role in resolving professional disagreements. Safeguarding Unit rigorously supports, enables and challenges the safeguarding partnership in its arrangements to support and protect children and families.	<ul style="list-style-type: none"> LA launched online procedures with desktop shortcut access. Website usage will be monitored monthly, updates will be provided twice per month Managers ensure changes in practice and protocol are updated via one-stop shop - online procedures Managers monitor and support practitioners with ongoing supervision and professional development 	Nov 2016 Nov 2016 and ongoing	SMT SMT		<ul style="list-style-type: none"> Performance data on procedural compliance is available in the performance book and daily reporting of key data. Scrutinised via meetings including, monthly Performance Board chaired by DCS. The LSCB procedures re-launched in October with mandatory training for all frontline staff and managers. Online Host provider reported that Leicester has one of the highest hits across the country evidencing accessing of procedures has significantly improved 		Operational workforce Group/ PAAG/LSCB
SCR 40	Practitioners should always undertake multi-agency enquiries and ensure fathers are included in assessments	Fathers are shown to be considered as part of assessments on children and young people.	<ul style="list-style-type: none"> Audits to check if fathers are fully considered and concerns fully assessed Themes will be used to inform training. LSCB to do multi-agency audit on involvement of fathers, quality of assessment and information sharing. 	Nov 16 Feb/Mar 17	SG & QA HoS		<ul style="list-style-type: none"> Quality assurance reporting shows that assessments are fully informed by other agencies and include all parents Outcome of multi-agency audit by LSCB shows positive learning 		SMT/Performance Board/ PAAG/LSCB
MV2	Strengthen the QA role of the IRO and CP chairs to address drift and delay	Significant improvements in evidencing the role of IRO in case notes, including evidencing challenge. IRO's are robust in challenging social care where the agreed plan has not been progressed in the interest of promoting best outcomes Ensure effective re-unification plans are agreed by a statutory review (B12)	<ul style="list-style-type: none"> Make good practice recommendations as part of a learning culture Audit of reunification plans by IRO service Escalation pathway incorporated into the LL system Develop Dataset monitoring form to identify pattern and trends EH attends all initial conferences to assess if 	Mar 17	SG& QA HoS		<ul style="list-style-type: none"> The SG & QA Monitoring form encapsulates the 10 service standards and informs quality assurance reporting Monitoring Forms/ feedback from cyp/concerns and escalations inform the QAF on emerging themes/ quality of practice issues Increase in EH joint working on CIN/CP cases, currently 35% of all cases have EH involvement. 		SG & QA Service improvement plan/ SMT

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
			there is a role for Early Help.						
MV5 B14	Too many foster carer reviews are not completed within timescale or chaired independently	80% of FHRs to be completed within timescale by Jan 2017	<ul style="list-style-type: none"> External independent reviewer contracted to review Foster Carers and regulation 44 	Dec 16	Director SC &EH/ HoS LAC		<ul style="list-style-type: none"> Reduction in FHRs out of time Independent reviewer reports and makes recommendations on any themes arising 		Performance Board

Refreshed Improvement Plan

Workforce

Why are we focused on this area?

We are building on the work to recruit, retain and upskill an able and stable workforce to deliver high quality services to children to keep them safe and make a real difference to their lives.

A national shortage of social workers and team managers meant that our strategy was to recruit ASYEs and grow our own experienced and committed practitioners.

Increasingly, a more positive profile of Leicester City in practitioner networks has contributed to shifting perceptions of how we are supporting practitioners to make a difference and be ambitious for the children and young people in Leicester. We are making sure practitioners are, and feel supported, and stay committed to Leicester City children, by offering excellent training, supportive supervision and management caseloads, whilst providing the right environment and culture for practitioners to develop their skills and experience.

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)

YOS joint inspection (YI)

Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)

SAVMax (SAV)

QA audits (QA)

Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

What we will now achieve

Attract and support the development of a skilled and competent workforce through a strong ASYE offer, leadership training; a learning and development environment and one which enables career progression

How we will do this

- Greater numbers of permanent managers and senior officers to ensure consistency of practice and support
- A robust ASYE and CPD offer
- Strong leadership thread from senior management through Principal Social Worker, managers and advanced practitioners
- Promote vision values and principles of working with children and young people in Leicester City

How we will know when it's working

- Learning and development programme is developed from practice needs, research and PDR.
- Systematic audits show frontline practice work is informed by latest research, uses direct work with children and young people and is compliant with legislation, statutory guidance and Leicester service standards.
- A succession planning 12 month forward plan is reviewed regularly.
- Principal Social Worker ensures that in-practice development of staff is systematically delivered.

Workforce

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
MV2 MV3	Stability and experience of the workforce, in common with many other local authorities, continues to be a challenge for Leicester City.	Support the development of a skilled and competent workforce; enable career progression	All PDRs completed to inform learning and development needs across staff Refresh and strengthening of Workforce Strategy Workforce Progression framework launch ASYE offer and programme embedded	Oct 16 May 17 Apr 17 Mar 17	DCS DCS Director SC &EH Director SC& EH	<div></div> <div></div> <div></div> <div></div>	<ul style="list-style-type: none"> Bespoke training is commissioned by the SMT Skills audit completed for Targeted Early Help services which informed workforce development plan 	<div></div>	Workforce Strategy Board
SAV SIF 43	To increase the level of skills and experience across the Team Managers	Team Managers use learning and leadership skills to support practitioners, provide strong supervision and clearly demonstrate sound management oversight.	Ongoing programme of skills mix Evaluation and forecasting in teams and managers identifies areas of need Leadership programme for Team Managers rollout refresh	Ongoing Apr 17	HoS HoS/ HR	<div></div> <div></div>	<ul style="list-style-type: none"> Permanent CIN Service Managers Introduction of SAT team given breathing space for CIN teams Team Managers cohort is stabilising and ratio of permanent Team Managers increasing. Managers ensure oversight, reflective practice and guidance is clearly recorded in casework 	<div></div> <div></div>	Workforce Strategy Board
SAV	Advanced Practitioners could be better harnessed to develop a more cohesive support framework to staff within the teams and drive forward practice	Improve consistency of practice to reflect how Leicester city want children and families to experience their services	Advanced Practitioners are linked to individuals in the new ASYE cohort starting in November and support individuals moving to level 2 practitioner	Nov 2017	Principal SW	<div></div>	<ul style="list-style-type: none"> All 9 advanced practitioners in post - each leads on a theme (e.g. DV) and has workforce lead (practitioner group) Good feedback from new ASYE cohort re: support and supervision 	<div></div>	Workforce Strategy Board
SCR	To improve safeguarding practice of staff	Safeguarding competency framework, learning and development includes awareness, understanding, knowledge and skills	Ensure practitioners complete and understand safeguarding using framework Continuous CPD via lunch and learn, mentoring, audit feedback, QA framework, training and development sessions	Ongoing	Org Dev/ OWG	<div></div>	<ul style="list-style-type: none"> All 9 advanced practitioners in post - each leads on a theme (e.g. DV) and has workforce lead (practitioner group) Good feedback from new ASYE cohort re: support and supervision 	<div></div>	Workforce Strategy Board

Refreshed Improvement Plan

Children in need of Early Help

Why are we focused on this area?

Our Early Help offer recognises the strengths that already exist in families and communities, which enable children to grow up to be independent and resilient adults. It is vital that Early Help support is available and easily accessible to avoid crises developing that may need more specialist service involvement.

The following partnership principles agreed in Leicester's recently published Early Help Strategy 'Support – Strengthen – Thrive' guide and support service delivery:

- Early Help is the shared responsibility of all partner organisations who work with children of any age and at any time
- Early Help services should be responsive, flexible and focused on safeguarding children, improving their outcomes and promoting their health and wellbeing
- Children and young people's needs are best met when addressed in the context of the whole family, meaning that parents / carers / siblings' needs are addressed with consent as part of a holistic and integrated Early Help response
- All children and families have a right to receive high quality Early Help services that are appropriate to their needs and take their views and lived experience into account, irrespective of their circumstances or background
- Where possible, children should be supported in their local communities in universal settings, avoiding the need for statutory involvement
- The Early Help workforce should be capable and confident, with organisations supporting staff to develop their skills and work collaboratively to provide support to children and their families
- Early Help partner organisations will share information appropriately (in line with the Information Sharing Agreement and on Liquid Logic) in order to improve services and mitigate the risks that result when information is not shared

What we will now achieve

A working together partnership approach to ensure children, young people and families are supported and avoid the need for statutory involvement.

How we will do this

- Partners confidently lead on single agency assessments and EHAs
- Council Children's Services facilitate partner access to advice and guidance for Early Help and Safeguarding
- Ensure thresholds are understood and applied appropriately

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)

YOS joint inspection (YI)

Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)

SAVMax (SAV)

QA audits (QA)

Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

How we will know when it's working

- Partners report increased numbers of taking role as appropriate lead practitioner on EHAs
- Early Help Assessments are shown to be appropriate to the needs of children/young people and families
- Launch of one number to access Leicester City Council Early Help and Social Care

Children in need of Early Help

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
SAV LCCIB (S5, B3)	Engage partners as Lead Professional in practice	<ul style="list-style-type: none"> - Increase the number of external partners as Lead Practitioners - Improved and co-ordinated active partnership approach to Early Help Assessments (EHA) - Improved feedback from children, young people and families on EHA process 	<p>Early Help Strategy agreed at Children's Trust – to be launched</p> <p>Task and Finish group set up to progress</p> <p>Proposals for Lead Practitioner to be submitted to EHSPB, CTrust, LSCB and LCCIB.</p> <p>Plan for go-live in April 2017</p>	<p>Dec 16</p> <p>Sep 16</p> <p>Nov 16 - Jan 17</p> <p>April 17</p>	<p>DCS</p> <p>Director SC & EH</p> <p>Director SC & EH</p> <p>T&F grp</p>	<p>Green</p> <p>Green</p> <p>Green</p> <p>Yellow</p>	<ul style="list-style-type: none"> ▪ Partner group monitor EHAs and assign new EHAs appropriately. ▪ Quarterly EHA report by all partners is provided to Early Help Strategic Partnership Board. ▪ Improved feedback from children, young people and families on EHA process 	<p>Yellow</p>	SUSD T&F group
45 SAV MV1	System of internal referral process between early help and statutory services not supportive to practitioners	<ul style="list-style-type: none"> - Remove unnecessary bureaucracy when seeking intervention from other services in the organisation 	Monitor performance of all cases stepping down to early help services	Aug 16	HoS/ SMT	Green	<ul style="list-style-type: none"> ▪ EH attendance at initial conferences, closures where EH is identified as a next step and weekly surgeries held by Early Help for social work teams have improved case working join up/step down 	Green	SUSD T&F group
FJI	<p>All health needs of children and young people supervised by the YOS are identified and met.</p> <p>This should include the physical and sexual health needs and speech, language and communication needs.</p>	<ul style="list-style-type: none"> - Clear pathways for all health needs (physical and sexual) to be developed and embedded across the service. - A clear training package to be revisited (speech, language & comms needs for young people) with a clear pathway through to specialist services - Health data to be considered as a standard item at the YOMB. 	YOS IAG action plan for YOMB	<p>Sep 16</p> <p>May 16</p> <p>July 16</p>	YOS IAG	<p>Green</p> <p>Green</p> <p>Green</p>	<ul style="list-style-type: none"> ▪ Health data through health assessments on all young people known to service – in developmental stage – with further work required on CAMHS data ▪ CAMHS pathway refreshed and a briefing held with staff ▪ "View point" system highlights health needs of service users as part of their voice ▪ Lead Commissioner Health reviewing all specifications regarding performance and data sharing 	Yellow	YOMB

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
		<ul style="list-style-type: none"> - Service users to carry out a service audit about met health need to ensure interventions are maximised. - Revisit training on all health pathways 		<div>Aug 16</div> <div>Aug 16</div>					
MV3	Step up to Children's Social Care rates require careful monitoring.	To ensure that early help practitioners have the skills and knowledge to recognise when children and young people require support and protection with statutory services.	<p>Monthly reporting and monitoring to track SUSD rates</p> <p>QA auditing of cases to check quality</p> <p>Partnership Performance Group sample cases to check quality</p>	<div>Jan 2017</div> <div>March 2017</div> <div>Jan 2017</div>	HoS EH & HoS CIN		<ul style="list-style-type: none"> ▪ Monthly reporting through the EH Performance Book ▪ Auditing of cases as part of the QAF framework to check that cases are appropriately stepped up to social care. ▪ Low step up (under 2%) from council early help services to social care. 		Performance Board
46 MV3	Re-referral rates require close monitoring. A greater number of cases are now stepping down to early help. The effectiveness of early help services will need to be evaluated by the local authority	Ensure children and young people receive intervention/ support when they need it, assessments are	<p>SUSD arrangements reviewed, including auditing SUS protocol revised</p> <p>Deliver and embed triage and screening principles across DAS, EHR and SAT teams</p> <p>Remodelling of Early Help services implemented</p>	<div>Feb 17</div> <div>Mar 17</div> <div>Mar 17</div> <div>Oct 17</div>	HoS CIN & EH TS		<ul style="list-style-type: none"> ▪ Audit recommendations, thresholds review and screening principles inform the revised protocol ▪ 		SUSD T&F group

Refreshed Improvement Plan

Casework Improvement

Why are we focused on this area?

Leicester is striving to be an authority where direct work with children, young people and families is of the highest quality and is delivering measurably improved outcomes and for progress to exceed expectations for some children and families.

In order to achieve this, we will:

- continue to develop procedures processes and practice to ensure that help is provided is well coordinated and recorded
- ensure that thresholds between early help and statutory child protection work are appropriate, understood and operate effectively
- ensure that records of action and decision are clear and up to date
- ensure that children and young people are listened to and heard
- support social workers to build effective relationships with children and their families in order to assess the likelihood of, and capacity for, change
- ensure that risk is well understood, managed and regularly reviewed
- ensure that children and young people experience timely and effective multi-agency help and protection through risk-based assessment, authoritative practice, planning and review that secures change.

What we will now achieve

Ensure practitioners know what they should be doing for children and help them to be able to do their job well by giving them the time they need and the right help and support.

Create a culture of learning that provides social workers and practitioners with high support and high challenge.

How we will do this

- Principal Social Worker to develop further joint work with DMU, increasing learning and development opportunities
- Advanced Practitioner to drive progress and improvement in their lead areas
- Closer inter-team working to be promoted
- Service Improvement and Quality Assurance teams to support learning and work 1-1 with practitioners
- Service Improvement team to ensure good practice examples are shared with practitioners and in team meetings

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)

YOS joint inspection (YI)

Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)

SAVMax (SAV)

QA audits (QA)

Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

How we will know when it's working

- Evidence of greater use of research, resources and tools to inform assessments, plans and decision making
- Quality Assurance reporting shows improvements in casework practice
- Practitioners feedback improved partnership working with a focus on the child/young person
- Records show evidence of engagement and direct work with children and families

Casework Improvement

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
SAV	Intermittent joint supervision at specific points in the life of a case between Team Manager, Advanced Practitioner and ASYE	To ensure that planning for children is constantly evaluated to seek the best outcomes and aspirations for children and young people	Supervision tool rolled out as part of the Supporting Safety framework	Jan 2017	Principal SW/ HoS		<ul style="list-style-type: none"> ASYE portfolios and their feedback illustrates clarity of roles and affirms supportive supervision enables development 		Workforce Strategy Group
48 SCR	Quality of and timeliness of Pre-Birth Assessments to be improved	<ul style="list-style-type: none"> Pre-birth assessments to be improved with tools and resources readily available for social workers. Social work methodology will support strengthening assessments QA manager to support with strengthening 	<ul style="list-style-type: none"> Lead advanced practitioner (for PBA's) checks every case requiring pre-birth assessment to identify and plan action. A further single agency audit of pre-birth assessments to be included in the QA audit plan cycle Information on LSCB website for social workers is promoted 	Dec 2016	QA auditors		<ul style="list-style-type: none"> Outcome of MACFA audits actions are tracked Pre-birth Advanced Practitioner tracks cases and supports practitioners to do assessments More timely assessments and intervention to protect unborn babies demonstrate the effectiveness of a pre-birth tracking tool 		SMT
				Jan 2017	QA auditors				
				Dec-Jan	HoS				
SCR	Strategy Discussions need to involve all relevant professionals	All professionals understand and contribute to ensure risks for children and young people are fully considered	<p>Operational Performance Meetings between partners and LA put in place</p> <p>Tracking of all contributions to strategy meetings monitored and escalated where issues arise</p>	<p>Jan 2017</p> <p>Ongoing</p>	Health, Education Police; HoS CIN HoS LAC		<ul style="list-style-type: none"> Quantitative data for strategy meetings include core agencies. Audit activity confirms the majority of strategy meetings are WT compliant. Daily monitoring of strategy meetings/S47's shows the majority are undertaken within timescales. Strategy discussions are monitored in the weekly performance meeting chaired by Service Mgr. Ofsted notes in Jan 2017 Monitoring Visit that Partners attend and contribute to Strategy discussions 		Multi-agency performance meetings
SCR	Failure to Thrive	Use of all resources to ensure plans seek the best outcomes for children and young people	Service areas to ensure Neglect toolkit is used to support workers in assessing issues of neglect	Jan 2017	HoS, CIN/LAC, Early Help		<ul style="list-style-type: none"> Evidence of effective practitioner usage of Neglect tool kit 		SMT/Performance Board
SCR	Use of written agreements	Written agreements are	Re-launch PLO procedures	Dec	Director		<ul style="list-style-type: none"> 		Casework

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
	with families	consistently evidenced in the PLO process but are not relied upon to safeguard the children	to CIN managers	2016	SC&EH				Improvement Board
SCR	Contacts made by partners – Referral thresholds to be increasingly understood across partner agencies and self-filtered by partners	Inappropriate contacts reduce as partner agencies are more confident to refer cases for early help (Council or partners)	Referral thresholds to be addressed within multi-agency performance meetings. EH and DAS at front door reference thresholds	Nov 2016 Jan 2017	Partners/ HoS CiN/ Early Help		<ul style="list-style-type: none"> Further dip-sampling of contacts in June 2016 (Health partners and LA) has shown appropriate thresholds for referrals increasingly met. 		Multi-agency performance meetings
SCR	Referral thresholds to be more consistently applied from CIN to CP	A stable CIN service workforce improves quality of practice including more consistent application of thresholds	Referral thresholds to be monitored by Senior Management Team Permanent CIN Service Manager appointed Recruitment of 4 Permanent Team Managers CIN Teams	Nov 2016 Oct 2016 Mar 2017	SMT		<ul style="list-style-type: none"> Thresholds for progressing cases from CIN to CP are identified within the QA framework, and escalated by the safeguarding unit as and when required. 		SMT
SCR	Staff have access to Legal advice and LPM	Tracker system enables case tracking manager to ensure LPMs are taking place. All staff have access to legal advice including the IRO service who have access to independent legal advice.	LPM decisions are recorded in case files Safeguarding Unit system tracks and responds to LPMs not taking place CAFCASS training to be incorporated into lunch and learn plan (12 to 1pm every Wednesday at HH) Legal Team to re-run training	Ongoing Ongoing Dec 2016 Dec 16 - Jan 17	CAFCASS/ Principal SW		<ul style="list-style-type: none"> Issues across Legal, CAFCASS and FJB monitored and actioned from Casework Improvement Board Newly appointed Case tracking Manager updates Board on areas requiring improvement. QA checkpoint in November to evaluate progress compared to January Private Law performance group notes good performance 		SMT
SCR	Children subject to a child protection plan for over 2 years	Ensure that children and young people are not subject to 2 nd or subsequent CP plan due to quality of practice	Senior managers to review all cases over 2 years Further monitoring by safeguarding unit as numbers are too high (10 -	Dec 2016 Dec 2016	SMT HoS SG & QA		<ul style="list-style-type: none"> Senior managers reviewed all children on CP plans to ensure plans are being progressed appropriately. Safeguarding Unit reports on children subject to CP planning for 		Performance Board/ SG&QA Service Improvement plan




Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	R A G	Evidence of Impact/ Outcome Measure	R A G	Workstream
			Nov 16)				over 2 years to reduce drift and delay (31 Dec, 10 children from 5 families remain subject to		
LCCIB/ PAAG	Children subject to a child protection plan for a 2 nd or subsequent time	Ensure that children and young people are not subject to 2 nd or subsequent CP plan due to quality of practice	Review of cases by Service Manager to report to PAAG.	Nov 2016	HoS SG & QA		<ul style="list-style-type: none"> Action is taken by service following Child Protect Service reviews and recommendations on cases. 		Performance Board



Refreshed Improvement Plan

CSE, Missing, Trafficked

Why are we focused on this area?

Tackling children who are at risk of or subject to CSE or Trafficking is a local strategic priority. Across Leicester, Leicestershire and Rutland (LLR), a joined up multi-agency strategic and operational approach is being driven forward. Building on existing local arrangements a specialist multi-agency CSE, Missing trafficked Leicester team was formed in September 2016 and forms part of the Multi-agency CSE Missing Trafficked Hub responsible for sharing intelligence and coordinating the operational response to CSE, trafficking and missing across LLR. The development of the team is based on a number of other successful models operating across the country. This Hub and Spokes model ensures that whilst the multi-agency LLR CSE team will have overall responsibility for coordinating the response to CSE, tackling CSE will remain everyone's business. The multi-agency CSE Hub's tactical approach is closely aligned to the objectives of the local strategy underpinned by the following strategic priorities:

-  **PREVENTION**
(reduce numbers of children at risk)
-  **PROTECTION**
(reduce the risk of harm to children)
-  **PURSUE**
(disrupt and bring offenders to justice)

-  **PROVISION**
(provide effective services for support and recovery)
-  **PARTNERSHIP**
(build public confidence)

What we will now achieve




Working alongside county colleagues, health and police partners will ensure a systematic approach is taken to understanding the issues for these young people at high risk. The co-ordination and sharing of key information is critical and it is envisaged that a better understanding of the prevalence of CSE and how this can be tackled can be achieved with this model.

How we will do this

- Leicester City's CSE Missing and Trafficked team is co-located within the multi-agency LLR CSE hub.
- The LLR CSE Missing Trafficked Operations Group drives the Strategy & Action Plan
- An operating protocol (MACSE protocol) agreed.
- The Leicester City team undertakes return interviews, for missing children & young people
- Develop evidence base of prevalence of CSE and local need, highlighting risks and vulnerability indicators, so that historic, possible and current CSE, trafficking and missing can be identified
- Raise awareness across the workforce ensuring all frontline and strategic staff recognise the warning signs of CSE, understand and act on them

Linked with Recommendations from

LCCIB
Ofsted recommendations (SIF)
YOS joint inspection (YI)
Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)
SAVMax (SAV)
QA audits (QA)
Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
	Completed	Progress made
	On task	Progress starting
	Not started	No impact

How we will know when it's working

- The local profile of CSE will be better understood
- Enable targeted preventative, protection, disruption and prosecution activity Confident and competent workforce

CSE, Missing, Trafficked

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
52	<p>Ensure that practitioners are aware of the indicators of CSE; identify risk early and preventative measures can be put in place.</p> <p>Ensure there is effective management of CSE case progress in improving outcomes</p>	<p>The prevalence of CSE and local need is evidence based, includes highlighting risks and vulnerability indicators, so that historic, possible and current CSE, trafficking and missing can be identified</p> <p>Data informs local response and commissioning</p>	Recruitment of a Service Manager to lead LLR CSE Hub	Feb 17	CSE Missing Trafficked Action Plan		<ul style="list-style-type: none"> Missing Return interviews for the city are chaired by CSE team and intelligence linked with CSE hub LLR data reported and analysed on a quarterly basis which contributes to activity in relation to the OPPC strands of work Information sharing tool between partners in operation Aligning of processes to facilitate a comprehensive partnership approach Monthly operational profiling meeting has focus on victims, locations and offenders to understand and target prevention and disruption activity 		CSE Missing Trafficked Operations Group
			The dataset created across LAs to be reported monthly to the Operations Group and quarterly to PAAG/LSCB	Jan 17					
			Develop improved ways of capturing and recording data relating to known or suspected cases of CSE	Mar 17					
		<p>The formation of a multi-agency CSE Missing Trafficked Hub enables agencies to plan for risks to cyp and share intelligence to safeguard and protect cyp from risk of CSE and/or trafficking.</p>	CSE Missing Trafficked Leicester City team to relocate to Hub	Jan 17	HoS CIN		<ul style="list-style-type: none"> Weekly multi-agency Missing return meetings cover Out of area cyp and share intelligence which links in with CSE, Missing Trafficked hub Weekly CSE hub meetings share intelligence about those cyp at risk of or subject to CSE and/or being Trafficked 		<p>CSE Missing Trafficked Operations Group</p> <p>YOMB</p>
			<p>Missing protocol refreshed and multi-agency Missing meetings held</p> <p>Ensure YOS is represented at the Leicester City Child Sexual Exploitation meetings</p>	Oct 16	<p>Service Improvement Mgr</p> <p>YOS IAG</p>				

Refreshed Improvement Plan

Looked After Children and Care Leavers

Why are we focused on this area?

In Leicester we are committed to ensuring that decisions about children and young people becoming looked after are made using high-quality assessments about the risk of harm or actual harm to them and the likelihood of change in their family- Also, Children want to feel safe where they live and who they live with. The people who are caring for them should be able to protect them from harm. In order to achieve this, we will:

- ensure thresholds are clear and applied appropriately
- ensure children and young people are listened to by social workers who know them well
- ensure adults working with children and young people help them to understand and manage their early childhood experiences, to progress well, achieve educationally and to influence decisions about their future.

When children return home we will ensure that it is at a time that is safe for them and that they have the support they need. If this is not possible, we will support them to live in stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests. Care plans will be regularly reviewed to ensure that the child or young person's current and developing needs continue to be met. Permanent homes and families will be found for children and young people without unnecessary delay, ensuring that their needs are met and they live with their brothers and sisters if that is assessed as being in their best interests. We want to ensure that they do not experience placement moves unless they are part of a planned return home or in accordance with plans for their future. We will ensure that their education is not disrupted unless it is their best interests and plans for their schooling provide any extra help they need to make up time and learning that has been missed. We will support them to develop safe and secure relationships with adults that persist over time. When support is needed, children, young people and families will be able to access it for as long as it is needed, throughout their childhood and beyond.

What we will now achieve

Ensure:

- the decision to take cyp into care is made at the right time
- CYP go to live in the place that is right for them
- CYP get the support they need
- LAC and care leavers will be fully supported to achieve to the best of their abilities
- Plans for care and permanency will be robust and timely

How we will do this

- Robust health assessment service that covers both timely assessments and health histories for care leavers.
- We will have a strong pathway for permanency that tracks the timescales from decision to become looked after to planning for permanency.

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)

YOS joint inspection (YI)

Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)

SAVMax (SAV)

QA audits (QA)

Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

How we will know when it's working

- Children's health outcomes are improving across a range of measures, including both physical and emotional health and wellbeing.
- Timescales for care proceedings and adoption/special guardianship orders are in line with expectations and guidance.

Looked After Children and Care Leavers

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
MV4	Personal Advisers in the 16 plus service are not yet offering consistently good quality support to Care leavers	* Care leavers will receive consistently good support evidenced through audit * Improved outcomes for Care leavers in EET	LAC Service Action plan	May 17	HoS LAC		Supervisions will be compliant with supervision policy Quality of supervision will be assessed by Audits. Improved outcomes for Care Leavers in EET		Corporate Parenting Forum
B18 MV4	Care leavers are provided with good quality information on their health histories before they leave care	* 95% of Care leavers will have a Health history by the time they are 18 (Target is not 100% due to some young people refusing consent)	LAC Service Action plan	May 17	HoS LAC		95% of care leavers have a health history by Dec 2016		Corporate Parenting Forum
MV4 54	The views of care leavers are not always evident in the Pathway Plan and the format of the plan does not make them accessible for young people	* The Young person's views and wishes are embedded in the recording and Pathway plan	LAC Service Action plan	Apr 17	HoS LAC		YP's views and wishes are evidenced in audit of Pathway Plans, recording and in Young people Feedback CICC report that Young people are reporting that views and wishes are taken into account in Pathway Planning Children's rights and Participation service are able to report that 100% of young people are consulted in the review process Safeguarding and quality Assurance service report 100% of young people have inclusive Pathway Plans		Corporate Parenting Forum
MV4	Transition planning for care leavers who have special educational needs and /or disabilities is not sufficiently joined up and in some cases is poorly co-ordinated	* Improved and well-co-ordinated transition planning for young people with Special Educational needs and or /disability	LAC Service Action plan	May 17	HoS LAC		Auditors audit transition planning for yp with SEND/disability AP lead will confirm that all young people requiring a transitions assessments have been appropriately referred		Corporate Parenting Forum

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
SIF MV4	The proportion of care leavers who are NEET remains too high and not all care leavers have robust plans to support them in this area	* Raise the aspirations of care leavers and increase participation in EET * Access to two funding streams through Connexions Prospects and Leicestershire Cares who will target LAC and Care leavers. Progress will be reported through the CPF strategic groups	LAC Service Action plan	Apr 17	HoS LAC		Number of Care Leavers who are NEET will be at or below the average across comparator authorities		Corporate Parenting Forum
MV4	The quality and effectiveness of Pathway Plans is too variable	By Apr 2017 100% of Pathway Plans audited will be Good	LAC Service Action plan	Apr 17	HoS LAC		An audit of Pathway Plans in December 2017 by Service/auditors as part of audit planner in April 2017.		Corporate Parenting Forum
55 MV4	Risk assessments in relation to care leavers in unsuitable accommodation need to clearly evaluate current risks and how these can be reduced	100% of risk assessments will evaluate current risk and factors are in place to reduce risks.	LAC Service Action plan	Apr 17	HoS LAC		An audit of Risk Assessments in December 2017 by Service/auditors as part of audit planner in April 2017.		Corporate Parenting Forum
SCR	Family Group Conferences are actively promoted within Children's social care.	FGC is one service in a portfolio for CYP at the edge of care. MASP and LARP ensure FGCs are accessed at the earliest opportunity	The capacity of the FGC team is to be increased The FGC team will move to Early Help service.	Mar 17 Dec 16	Director of SC & EH HoS Early Help TS		Practitioners are supported to implement FGC principles within existing work and bespoke FGC role for cases who meet criteria.		Edge of Care Board

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	R A G	Evidence of Impact/ Outcome Measure	R A G	Workstream
	Prevent unnecessary admissions to care, improve placement stability and support an increased number of routes out of care.	Develop a range of therapeutic and supportive services for children and young people on the edge of care to prevent cyp unnecessarily coming into care All Children in care have appropriate permanence planning in place and placements are appropriate	Proposals for Edge of Care improvement presented to DMT Business checks and strengthens panels, their relationships, TOR and prevention of escalation into CSC. Permanence progression panel reviews all children in care Seek funding for rapid response team, MST CAN from Transformation Fund	Dec 16 Feb 17 Mar 17 Mar 17	Director of SC & EH				Edge of Care Board
B11 56	Improve the consistency and quality of Personal Education Plans as a tool to improve the educational achievements of LAC	PEP compliance at least 90% 80% PEPs judged as 'good'	Virtual School action plan	Dec 16 Mar 17	VHead, HoS RA		Monthly reporting by V Head to VS Management Committee		VS Man Committee
B12	Ensure effective re-unification arrangements are monitored following child's return home	* Revocations are completed in a timely way, outcomes are tracked and monitored regularly by the Head of Service LAC and action taken where gaps seen.	Learning feedback session held for managers from audits of cases selected. Safeguarding Unit Action Plan monitors compliance with the policy including the requirement for senior management sign off in accordance with regulations. Service Managers visit outstanding tri-borough to evaluate their systemic practice process for exits from care	Nov 16 Dec 16 Jan 17	HoS LAC and HoS SG unit		The Safeguarding unit details and monitors actions required following audits of the reunification plans The Legal Planning Meeting tracks outcomes, including revocations, and is updated regularly– this is monitored by the Head of Service.		Permanence Planning Group

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	R A G	Evidence of Impact/ Outcome Measure	R A G	Workstream
B10	Initial Health Assessments and Current Health Assessments do not take place within timelines	Ensure 95% of Initial Health Assessments take place within 20 working days of reception into care	<p>Proposal to strengthen CCG/NHS agreements to be taken to LCCIB</p> <p>Ensure LA informs Health partners within 48 hours of child entering care</p> <p>Ensure 72 hour placement meeting takes place in all cases</p>	<p>Jan 17</p> <p>Nov 16</p> <p>Nov 16</p>	<p>CCG/NHS</p> <p>HoS CIN</p> <p>HoS CIN</p>		<p>Out of area agreements in place for NHS/CCG enables children placed out of authority to have IHAs and RHAs in a timely manner.</p> <p>More than 95% of IHAs in area take place within 20 working days of reception into care.</p>		Corporate Parenting strand - Health

Refreshed Improvement Plan

Voice and Experience of Children and Young People

Why are we focused on this area?

In Leicester we strive to ensure that the views and experiences of children, young people and their families are at the centre of service design and influence development and strategic thinking. We want to be an authority where children and young people feel they are (and are demonstrably) listened to, where practice is focused on their needs and experiences and influenced by their wishes and feelings or, where they cannot represent their view themselves, those advocated on their behalf. There are pockets of excellent engagement work across the department, for example with the children's federation (young advisors, disabled children looked after children and care leavers) and we can see how this has improved our understanding of what our children and young people want and need. A participation framework 'How will you hear me?' launched in 2016 included short stories from young people including children in care, discussing their needs and experiences of local services, which were filmed across Leicester. The films have subsequently been used across the council and in partner forums (Health) and the wider public sector to support all agencies in better understanding how they can listen to the voice of young people in the planning and improving delivery of services. Elected young people's council representatives ensure that young people have a voice across a range of local partnerships including the Health and Wellbeing Board and the Local Safeguarding Children's Board where a shadow young people's board has been established. Young people also planned and delivered an award winning 'Don't Hate Educate' symposium supported jointly with the Police and aimed at tackling hate crime. However, our current approach to engaging with individual service users is not embedded enough. Feedback from children, young people and their families and carers must be routinely sought and used to improve services. We will work to ensure they are engaged in actions and decisions and understand the intentions of the help they receive. Where families refuse to engage we will undertake continued attempts to help them to do so.

What we will now achieve

- Learning from complaints and commendations built into the QA framework
- An expectation of improved supervision including the development of reflective supervision across all teams
- Continue the culture of strong C&YP representation through the Children's Council, Young Peoples Council, Young Advisors, Children in Care Council and Big Mouth Forum

How we will do this

- Development of reflective supervision across teams with the child at the centre
- Developing tools for direct work with children
- Extending the use of the practice framework and at its heart the voice of the child
- Build on success & spread learning across teams
- LSCB Young Person Shadow Board influences partnership working
- Development of a Participation Hub

Linked with Recommendations from LCCIB

Ofsted recommendations (SIF)
YOS joint inspection (YI)
Ofsted Monitoring Visit (MV1, MV2, MV3, MV4, MV5)
SAVMax (SAV)
QA audits (QA)
Learning from Serious Case Reviews (SCR)

RAG	Action	Impact
Green	Completed	Progress made
Yellow	On task	Progress starting
Red	Not started	No impact

How we will know when it's working

- QA framework continues to focus on the voice of the child and evidences listening and action
- Evidence of improved mechanisms to understand the experiences of children and young people and enable us to act on them
- Increased effective Participation of Children and Young People in work across department, council and partners

Voice and Experience of Children and Young People

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	RAG	Evidence of Impact/ Outcome Measure	RAG	Workstream
SAV	Participation and attendance of children and young people in child protection conferences is low	CYP will participate in their meetings and be directly involved in their care planning arrangements. Children encouraged to chair their own reviews	IRO service to produce child/young person's participation template and protocol on how they will be engaging young people in the child protection process.	Apr 17	HoS SG & QA				SG & QA Improvement Plan
QA	Encouraging & advocating CYP attendance & participation in meetings ensuring children and young people have a voice in the processes they are going through.	Not all children and young people will choose to meet with their IRO but they will be given the opportunity to express their views over the phone or by other facilitative methods. Promote use of advocacy services and independent visitors to LAC Children who require representation	MOMO (mind of my own is an app-led service to gather the views of children and young people using social care services) rollout. Advocacy service explores commissioning of NYAS	Jul 17 Apr 17	SMT HoS SG & QA				
SCR/ MV1-4	The voice of the child is embedded in practice and recorded appropriately	Case recording not only describes process of visits and meetings with family members including children's views, but that this informs analysis of the child's circumstances and supports purposeful intervention	Agencies to refresh the message on embedding voice of the child and their lived experience in planning and assessment Managers take into account voice of the child/lived experience in case recording/ management/practice LLR LSCB safeguarding training to be updated and rolled out to ensure the VOC/lived experience of CYP is considered throughout assessment and	Apr 17 Apr 17 Apr 17	HoS, agencies HoS CIN and LAC HoS SG & QA		Quarterly QA reports highlight if the voice of the child is being captured in a meaningful way. Whilst there is an expectation that this is recorded, QA will ensure that it informs the planning process. Service Performance meetings have voice of child as standing agenda item Good practice examples of intervention activities have voice of the child as a focus		SG & QA Service Improvement plan

Ref	Area of Improvement	Improvement Target	Action	Target Date	By Who	R A G	Evidence of Impact/ Outcome Measure	R A G	Workstream
			<p>safety planning</p> <p>Ways of participating will be recorded on the IRO case note</p> <p>Social workers to ensure they record children's views for ICPCs</p> <p>Core Groups for CP reviews to seek CYP's views</p>	<p>Mar 17</p> <p>Mar 17</p> <p>Feb 17</p>	<p>HoS SG & QA</p> <p>HoS CIN and LAC</p> <p>HoS CIN and LAC</p>				
60	Giving children the opportunity to give honest and open feedback about the services they receive	<p>Children's views support the design and delivery of services</p> <p>Children's views outside of review meetings will be evidenced in case records</p>	Mapping exercise review undertaken to understand how feedback is currently captured across the service	Apr 17	SMT		<p>Children's views are collated and support service quality assurance mechanism</p> <p>Young Inspectors conducted a mystery shopping exercise within targeted Early Help services which informed practice developments.</p>		SG & QA Service Improvement plan

Delivery

Improvement Board

The Leicester City Children's Improvement Board (LCCIB) will continue to oversee the delivery of the improvement plan which has moved into strengthening and accelerating progress. In addition, in order to sustain improvement, arrangements for transition to LSCB oversight and scrutiny are taking place during 2017.

The membership and terms of reference of the LCCIB stay as before and ensure that key senior representatives from health, police, schools and CAFCASS bring stronger partnership working, external challenge and support to the council.

Monitoring Progress

Robust oversight and scrutiny of progress comes via the following:

- LCCIB (improvement framework methodology as provided in first improvement plan)
- External review (Ofsted, DfE and peer reviews from Councils, LGA, others)
- Multi- agency boards, LSCB, Corporate Parenting Forum
- Programme and project management
- Wider oversight and scrutiny by Council members
- Children in Care Council and the Children's Federation

Progress reporting

Standing item reports are collated and submitted to internal Council and multi-agency groups as well as the Improvement Board

- Quality assurance framework and reporting
- Performance Management reporting
- Dashboard indicators
- Risk analysis/register

External Monitoring and Challenge


The following table charts key monitoring and challenge activity on the Improvement Journey

2015		2016		2017	
Jan	Ofsted Inspection	Jan	YOS joint inspection Sign off 4 Phase 1 Ofsted Recs	Jan	Ofsted Monitoring Visit: Assessments DfE 18 month review visit
Feb		Feb	Ofsted Monitoring Visit: CIN planning	Feb	Ofsted Monitoring Visit Letter published Sign off of all Phase 1 Ofsted Recs
Mar	Ofsted Report published	Mar		Mar	Letter from Edward Timpson (DfE review) SEND Peer review
Apr	LCCIB established, external DfE advisor chair	Apr	Sign off 8 Phase 1 Ofsted Recs Introduction of 12 week plan	Apr	Ofsted Monitoring Visit: Proceedings, preproceedings and care planning
May		May	Leicester submit Annual self-assessment to DfE	May	
62 Jun		Jun	Ofsted Monitoring Visit: Care leavers/Pathway Plans DfE annual review and visit 1st full review of 12 week plan Ofsted Monitoring Visit Letter published	Jun	
Jul		Jul		Jul	
Aug	Ofsted Monitoring Visit - Assessments	Aug		Aug	
Sep	DfE Improvement Notice to Leicester City Sign off 3 Phase 1 Ofsted Recs, + 1 for LSCB	Sep	Ofsted Monitoring Visit: Care Plans East Midlands Peer Review (SAVMAX) Ofsted Monitoring Visit Letter published	Sep	
Oct		Oct		Oct	
Nov	Ofsted Monitoring Visit - CP plans DfE 1/2 yearly review & visit	Nov		Nov	
Dec	DfE report to Edward Timpson	Dec		Dec	

Quality Assurance Activity Schedule

Leicester City Council's Yearly Auditing Activity QAF Framework (updated January 2017)

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AUDIT ACTIVITY				QA Manager collates audit findings Report is written	REPORTING ACTIVITY			
2017	Team Managers CIN/LAC/EH	Service Mangers	SMs / HoS / Dep Director / Director		Report Presented to SMT	Focus	Lead HOS taking Actions and Recs forward	Report to Performance Board
January	Pre Birth Assessments				January	CP Plans over 12 months	CIN	
February	DV				February	Pre Birth Assessments	CIN	March
March	Initial Viability assessments				March	DV	Safeguarding	April
April	Observations				April	Initial Viability assessments	LAC	May
May	Pathway Plans				May	Observations	All HoS	June
June	Observations				June	Pathway Plans	LAC	July
July	CSE				July	Observations	All Hos	August
August	Observations				August	CSE	CIN	September
September	LAC returned home in the last 3 months				September	Observations	All HoS	October
October	Observations				October	LAC returned home in the last 3 months	LAC	November
November					November	Observations	All HoS	December
December	Observations				December			January

Appendices

Ofsted Recommendations from March 2015

A Inspection Recommendations – Immediate action		Lead Officer
A1	Put into place an effective performance management framework; this to include: comprehensive and reliable performance data; clear monitoring and quality assurance arrangements; and effective performance management of teams and individuals	Director Social Care & Early Help
A2	Ensure that all staff receive regular reflective supervision, in line with the local authority's supervision policy, that provides direction and includes consideration of the individual's developmental needs and professional capability	Director Social Care & Early Help
A3	Ensure that suitable arrangements are in place to support and meet the needs of 16- and 17-year-olds who become homeless	HoS, Early Help Specialist
A4	Improve the quality and consistency of assessments so that risks and concerns are robustly considered and inform plans about what needs to change	HoS, CIN Service
A5	Improve the continuity of social worker for children and young people and ensure the timeliness and consistency of social work home visits	HoS, CIN Service
A6	Improve the quality and delivery of plans to meet the needs of children and ensure that they are not subject to drift or delay	HoS, LAC Service
B Inspection Recommendations		Lead Officer
B1a	Ensure effective oversight & examination of data and practice by the Scrutiny Commission	DCS
B1b	Ensure effective oversight & examination of data & practice by Corporate Parenting Forum	DCS
B2	Ensure the local authority's full engagement with Cafcass and the Family Courts and improve the quality of pre-proceedings and court work	HoS, CIN Service
B3	With partners, ensure that professionals are fully aware of their role in contributing to the identification and support of children with additional needs, and where appropriate assist them to access early help services	HoS, Early Help TS
B4	Ensure that the electronic social care recording system promotes good practice, supports managerial oversight and provides accurate performance information	HoS, Safeguarding
B5	Improve the timeliness of social work interventions and ensure effective permanence planning, including the consideration of all permanence options, within the child's timescales	HoS, CIN Service
B6	Improve the consistency and quality of case recording and chronologies and ensure that scanned documentation and key documents, such as looked after review outcomes, are more certainly and swiftly available on the electronic social care recording system	HoS, CIN Service
B7	Ensure that practitioners are aware of the indicators of child sexual exploitation so that risk is identified early and preventative measures can be put into place	Director Social Care & Early Help
B8	Ensure that when a child, in receipt of a social work service, goes missing from home or care, a return visit is completed promptly, that the outcome is appropriately recorded and that it informs the child's plan and local intelligence gathering	HoS, CIN Service
B9	Ensure that care plans are informed by regular and up-to-date assessments of needs	HoS, LAC Service
B10	Ensure that initial health assessments for children looked after take place within 28 days of their reception into care	HoS, CIN Service

B Inspection Recommendations		Lead Officer
B11	Improve the consistency and quality of personal education plans as a tool to improve the educational attainment and achievement of children looked after	Director Learning Services
B12	Ensure that effective re-unification plans are agreed by a statutory review and that these arrangements are monitored in a timely way following the child's return home	HoS, LAC Service
B13	Strengthen the capacity of the Independent Reviewing Officer (IRO) service to fulfil all aspects of the IRO Handbook, particularly enabling them to more effectively track and quality assure the progress of care plans in between statutory review processes	HoS, Safeguarding
B14	Improve the timeliness and quality of foster carer reviews and strengthen the level of independent oversight provided within reviews	HoS, LAC Service
B15	Ensure that caseloads are at a level that enables personal advisors to work proactively with all care leavers allocated to them, including those aged 16 and 17 years	HoS, LAC Service
B16	Strengthen the pathway review process to ensure that formal reviews take place regularly with the contribution of other agencies and are subject to robust management oversight	HoS, LAC Service
B17	Ensure that risk assessments are undertaken for all young people living in unsuitable accommodation	HoS, LAC Service
B18	Ensure that care leavers are provided with full information about their health histories prior to leaving care	HoS, LAC Service

Recommendations for LSCB

L Inspection Recommendations – Immediate action		Lead Officer
L1	Establish and implement a robust performance management framework and dataset that can enable the Board to exercise scrutiny of service effectiveness and outcomes for children. This should include reliable quantitative data, qualitative information, service user's views and experiences and practitioner's views.	HoS, Safeguarding
L2	Monitor the effectiveness of statutory services and practice provided to children in need of help and protection.	LSCB Chair
L3	Establish a clear line of sight and reporting from front line practice to the Board so that concerns and challenges can be identified more promptly and accurately	LSCB Chair

S Inspection Recommendations		Lead Officer
S1	Ensure that the information reported to the Board contains challenging analysis that enables members to identify the key priority areas for improvement and generate an effective Business Plan	LSCB Chair
S2	Increase the number frequency and range of multi-agency audits initiated by the Board	HoS, Safeguarding
S3	Produce and implement a plan to engage with children and young people in order to hear and act upon their voice	LSCB Manager
S4	Produce an Annual Report that is consistent with all requirements of Working Together	LSCB Chair
S5	Evaluate the current operation of the early help offer, including partners understanding and implementation of their early help responsibilities and the understanding and application of service thresholds	HoS, Early Help TS
S6	Ensure that an evaluation of the impact of recent CSE initiatives relating to prevention, protection, prosecution and disruption is undertaken and that the right support is being made available to victims	Director, SC & EH

Phases completed to address Ofsted Recommendations

Key		Complete	Phase 1 (P1):	Actions completed
		In Progress	Phase 2 (P2):	Evidence of impact through quality assurance
		Delayed/Stalled		
		Signed off by the Improvement Board		

As at 29th March 2017:

Rec	P1	P2
A1		
A2		
A3		
A4		
A5		
A6		
B1		
B2		
B3		
B4		
B5		
B6		
B7		
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S1		
S2		
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S4		
S5		
S6		



LEICESTER CITY HEALTH AND WELLBEING BOARD

19th June 2017

Subject:	Time to Change Leicester: Campaign 2017/18
Presented to the Health and Wellbeing Board by:	Catherine Crook - Project Officer, Public Health
Author:	Catherine Crook - Project Officer, Public Health

EXECUTIVE SUMMARY:

Time to Change is a national charity that works to combat the stigma and discrimination faced by those who speak about their experience of mental health problems. Leicester has been working in conjunction with Time to Change to develop a programme to curtail their national messages specifically to Leicester, providing us with resources and support from their national body to do so.

We have developed this into a campaign proposal to last until August 2018. This includes a communications campaign that will target several groups throughout the year, including children and young people, mothers and students in higher education. It will begin with a focus on men's mental health, launching in July 2017. Other outputs include a community grants scheme, to fund projects led by not-for-profit organisations that combat stigma and discrimination around mental health problems in Leicester's communities. £50,000 of funding will be available, with applicants able to apply for up to £5,000.

Time to Change Leicester will be governed by a series of organisations in a steering group who meet for regular meetings. This steering group will include representatives from health and social care, the voluntary sector, local businesses and universities. We propose that the Health and Wellbeing Board will have oversight of the Hub, appraising the work of the Steering Group and advising on building a strong and effective partnership.

The Health and Wellbeing Board will receive a presentation on the proposed aspects of the Time to Change campaign for the next year in conjunction with this paper.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

Consider the opportunity to develop 'Time to Change Leicester'

Advise on the campaign proposals for 2017/18.

Useful information

- Ward(s) affected: All
- Report author: Catherine Crook
- Report version number: 1.0

1. Introduction

Mental illness is common. With one in four people experiencing a mental health problem at some point in their lives, around 75,000 Leicester residents will be affected. People living with mental health problems say social stigma and discrimination linked to mental illness can make difficulties worse and make it harder to recover.

Time to Change is a national charity, created by Rethink Mental Illness and Mind, to challenge stigma and discrimination linked to mental illness. Time to Change Leicester is a local hub, co-ordinated by Leicester City Council, to distribute key messages so that they resonate better with the needs of Leicester communities.

Time to Change Leicester will promote positive attitudes towards mental health problems so that a constructive discourse about mental health and wellbeing will start in our homes, communities, schools and workplaces. We are looking to the Health and Wellbeing Board for guidance in building a strong and effective partnership which will lead to better outcomes for people with mental health and wellbeing problems.

2. Summary

Time to Change Leicester will be the focus of our public mental health campaigns for the next year. It will aim to:

- Change the behaviour and attitudes of the local population towards people with mental health problems;
- Reduce the levels of reported mental health stigma and discrimination in the local area;
- Empower people with experience of mental health problems to be at the heart of all agreed local activity.

These activities will be supported by a number of initiatives, including:

- A Time to Change Leicester community grants scheme, to support projects which combat stigma and discrimination linked to mental health in Leicester's communities;
- A Time to Change Leicester public mental health campaign aimed at promoting mental health and wellbeing in Leicester's homes, schools and workplaces;
- Initiatives in Leicester workplaces supportive of people with mental health problems and maximising the mental wellbeing of employees;

- Work with Leicester schools to help children and young people to grow up to be confident and resilient.

3. Stop the Stigma campaign

One of the major outputs of Time to Change Leicester will be our ‘Stop the Stigma’ public mental health campaign, with key messages targeted towards different groups throughout the year. We will create tailored campaign materials such as posters, leaflets and information packs for the following groups during 2017/18:

- Men, who are less likely to talk about mental health (with a campaign launch in July);
- Children and young people (July-August, focusing on the Summer Reading Challenge);
- Schools and places of education, including mothers as well as children (the September back-to-school period);
- Working age adults, focusing particularly on workplace stress (ongoing);
- Higher education and student mental health (February, coinciding with other university mental health awareness dates.)

These groups reflect Time to Change’s national campaign targets, and the materials will include testimonials of Time to Change volunteers.

We will launch our series of posters encouraging men to speak about their mental health at a media launch in early July. Press and partners from the voluntary sector and healthcare will be invited as well as the general public. The launch will be held in a pub venue, to present key messages about the relationship between men with mental health problems and lifestyle choices such as poor diet, lack of social engagement and alcohol dependence.

4. Employer support

Leicester already has organisations that have signed the Time to Change Pledge, a demonstrable commitment to being an employer that will not tolerate discrimination towards employees with mental health problems. The Pledge process requires writing an action plan that demonstrates how organisations will enforce this, and as a result is something we would encourage other businesses in Leicester to sign.

We would develop a forum for all signatories of the Pledge to meet and discuss best practice on combatting mental health stigma and discrimination in the workplace, encouraging other organisations to follow suit.

5. Governance

The proposed role of the Health and Wellbeing Board will be to oversee the work of the Time to Change Leicester campaign, appraising the work of the Steering Group and its partners (see **Appendix A** for proposed governance structure.)

The Steering Group is made up of stakeholders and mental health partners, including Champions’ representatives to have those with lived experience of mental illness on the board. It will also have representatives from headteachers networks, local

employers who are signatories of the Time to Change pledge, and the Student Mental Health Forum.

6. Community Grants fund

Our proposed Community Grants fund will be announced at the July media launch. This will be an initiative that financially supports organisations with project proposals that are best placed to share anti-stigma messages in their respective communities.

£50,000 will be put aside in the public mental health budget for the Community Grants scheme. Applicants must either be a not-for-profit constituted group or single organisation, or be working in conjunction with one. They can apply to funding up to £5,000. There is not one specific type of project we are looking to fund, but they must demonstrably be able to work towards combatting stigma and discrimination around speaking about mental health in their areas or communities.

Our guidance document and application forms have been shaped by successful guidance from the Adult Social Care Prevention Fund.

7. Conclusion

Time to Change Leicester is a public mental health campaign that will prioritise the voices of those with lived experience of mental illness, and promote the importance of combatting the stigma around mental illness throughout the city. Our approach will influence the general public, including specific target groups throughout the year, whilst simultaneously providing more tailored support through funding effective community projects.

It will incorporate the voices of people with lived experience of mental health problems at all levels of delivery. Their stories will be invaluable in shaping the campaign and shaping mental health problems as an issue far more commonplace than it is often thought of.

Time to Change Leicester will share messages encompassing the city's employers, schools and communities, and with the right strategic support will act as a catalyst to enable institutional change.

Appendix A: Proposed governance structure for Leicester Hub

