



*Meeting:* **Health and Wellbeing Board**

*Date/Time:* **Thursday, 15 September 2016 at 2.00 pm**

*Location:* **Guthlaxton Committee Room, County Hall, Glenfield**

*Contact:* **Ms. R. Palmer (Tel: 0116 305 6098)**

*Email:* **rosemary.palmer@leics.gov.uk**

### **Membership**

Mr. E. F. White CC (Chairman)

John Adler	Rick Moore
Karen English	Mr. I. D. Ould CC
Mr. Dave Houseman MBE, CC	Cllr. P. Posnett
Dr Andy Ker	Cllr. P. Ranson
Dr Satheesh Kumar	Toby Sanders
Dr Mayur Lakhani	Mike Sandys
Supt Kerry McLernon	Trish Thompson
Paul Meredith	Jon Wilson

### **AGENDA**

<u>Item</u>	<u>Report by</u>	
1. Election of Vice Chairman.		
2. Minutes of the meeting held on 7 July 2016 and Action Log.		(Pages 5 - 14)
3. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.		
4. Declarations of interest in respect of items on the agenda.		
5. Position Statement by the Chairman.		
6. Board Governance. <u>Strategy.</u>	Chief Executive	(Pages 15 - 18)
7. Joint Health and Wellbeing Strategy.	Director of Public Health	(Pages 19 - 54)



- |     |                                                                                                |                                                                     |                   |
|-----|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------|
| 8.  | Sustainability and Transformation Plan.                                                        | Leicester, Leicestershire and Rutland Clinical Commissioning Groups |                   |
|     | There will be a powerpoint presentation for this item.                                         |                                                                     |                   |
| 9.  | Children's Heart Surgery at Glenfield Hospital.                                                | Chief Executive and Director of Public Health                       | (Pages 55 - 60)   |
|     | <u>Performance.</u>                                                                            |                                                                     |                   |
| 10. | Update on Performance of the Leicester, Leicestershire and Rutland Discharge Workstream.       | Better Care Together                                                | (Pages 61 - 68)   |
| 11. | Healthwatch Leicestershire Annual Report 2015-16.                                              | Healthwatch                                                         | (Pages 69 - 124)  |
| 12. | Safeguarding Annual Report.                                                                    | Independent Chair of the Safeguarding Boards                        | (Pages 125 - 184) |
| 13. | Department of Health Audit Autism Self-Assessment Evaluation 2016.                             |                                                                     | (Pages 185 - 190) |
| 14. | BCF Quarterly Submission.                                                                      | Director of Health and Care Integration                             | (Pages 191 - 198) |
|     | <u>Governance</u>                                                                              |                                                                     |                   |
| 15. | Better Care Fund Plan/Disabled Facilities Grant Progress Update.                               | Chief Executive                                                     | (Pages 199 - 204) |
| 16. | Healthwatch Leicestershire Review and Re-commissioning.                                        | Chief Executive                                                     | (Pages 205 - 208) |
| 17. | Dates of future meetings.                                                                      |                                                                     |                   |
|     | Future meetings of the Health and Wellbeing Board will be held at 2pm on the following dates:- |                                                                     |                   |
|     | 17 <sup>th</sup> November 2016;                                                                |                                                                     |                   |
|     | 5 <sup>th</sup> January 2017;                                                                  |                                                                     |                   |
|     | 16 <sup>th</sup> March 2017;                                                                   |                                                                     |                   |
|     | 1 <sup>st</sup> June 2017;                                                                     |                                                                     |                   |
|     | 20 <sup>th</sup> July 2017;                                                                    |                                                                     |                   |
|     | 21 <sup>st</sup> September 2017;                                                               |                                                                     |                   |
|     | 16 <sup>th</sup> November 2017.                                                                |                                                                     |                   |
| 18. | Any other items which the Chairman has decided to take as urgent.                              |                                                                     |                   |



Minutes of a meeting of the Health and Wellbeing Board held at County Hall, Glenfield on Thursday, 7 July 2016.

PRESENT

Leicestershire County Council

Mr. E. F. White CC (In the Chair)	Neil Hanney
Mr. Dave Houseman MBE, CC	
Mr. I. D. Ould CC	

Clinical Commissioning Groups

Karen English  
Prof Mayur Lakhani

Healthwatch Leicestershire

Rick Moore

Leicestershire District Councils

Cllr Pauline Ranson

Leicestershire Police

Chief Supt Sally Healy

NHS England

Trish Thompson

In attendance

Angela Bright, West Leicestershire CCG  
Helen Burchnall, Leicestershire Partnership NHS Trust  
Vandna Gohil, Healthwatch Leicestershire  
Mike McHugh, Leicestershire County Council  
Sandy McMillan, Leicestershire County Council

288. Minutes and Action Log.

The minutes of the meeting held on 5 May were taken as read, confirmed and signed.

289. Urgent Items.

There were no urgent items presented for consideration. However Chairman did make reference to breaking news of NHS England's intention to cease the commissioning of children's heart surgery at Glenfield Hospital and the significant concerns this news had

generated locally. The Chairman noted that John Adler had been unable to attend the meeting as he was dealing with the associated media enquiries about this.

290. Declarations of Interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mr. I. D. Ould CC declared a personal interest in respect of Item 13 as the Cabinet Lead Member for Children and Family Services (Minute 300 refers).

291. Position Statement by the Chairman.

The Chairman gave a position statement on the following matters:-

- Engagement events for Non-emergency Patient Transport Services;
- Two LPT projects shortlisted for national awards;
- Education's "power" to prevent Type 2 diabetes;
- A range of national publications.

A copy of the position statement is filed with these minutes.

292. Approach to the Wider Determinants of Health.

The Board considered a report of the Director of Public Health concerning one of the key actions arising from the Board's development session held in February 2016, which aimed to take a more systematic approach to the wider determinants of health and wellbeing within the agenda of the Board, including ensuring the Board's strategy and work plan provides more prominence to these matters in 2016/17. A copy of the report marked 'Agenda Item 5' is filed with these minutes.

Arising from discussion the following points were raised:-

- The positive engagement of district council colleagues was welcomed;
- It was felt that more needed to be done as part of the planning application process for new housing developments to ensure that adequate provision was made for GP surgeries. The impact of new care homes on local health services was also raised, as these developments often happened rapidly and without adequate engagement of primary care, with local surgeries faced with putting in place support a short notice. This was felt to be of particular relevance to medium to large-sized developments. In response to a request, officers indicated that partners would be engaged with a view to considering how best this issue could be addressed.

RESOLVED:

- (a) That the proposed arrangements for Board Members to receive targeted updates from other bodies delivering work relating to the wider determinants of health be noted;
- (b) That the proposed approach to health in all policies be approved;

- (c) That the Board will ensure that the refreshed Joint Health and Wellbeing Strategy presents a systematic approach to the wider determinants of health and wellbeing, in accordance with the proposals set out in the report;
- (d) That it be noted that the recommendations from the report will support the implementation of the Better Care Together Programme and Sustainability and Transformation Plan in Leicester, Leicestershire and Rutland.

293. Accommodation Strategy for Older People.

The Board considered a report of the Director of Adults and Communities advising the Board on the forthcoming consultation on the draft Adult Social Care Accommodation Strategy for Older People and to present the annual review of progress in relation to extra care housing in the County. A copy of the report marked 'Agenda Item 6' is filed with these minutes.

RESOLVED:

That Board members be invited to seek comments from their respective organisations as part of the consultation process, and that the actions arising from the Extra Care Annual Review as highlighted in paragraph 15 (a) to (f) be noted.

294. Developing the Joint Health and Wellbeing Strategy.

The Board considered a report of Director of Public Health concerning the proposed new Outcomes framework for the strategy and the scope of the draft Health and Wellbeing Strategy 2017-2020. The report included feedback from the discussions that had taken place with Board members and stakeholders about the Joint Health and Wellbeing Strategy (JHWS) including the Health and Wellbeing Board Development Session of 21st June 2016. A copy of the report marked 'Agenda Item 7' is filed with these minutes.

Arising from discussion the following points were raised:-

- The focus on outcomes was welcomed, though a suggestion was made that Outcome Four should have an increased focus on "end of life" care. A further suggestion was made for some regard to be given to dementia within this Outcome. In response, officers indicated that suggestions such as these would be a focus of the associated Delivery Plans;
- A view was expressed at the high number of closely linked strategies now coming before the Board and the need to avoid duplication and demonstrate alignment. It was noted that work was underway as part of this Strategy to identify any gaps and interrelationships across existing work streams, for example in the context of BCT and the STP;
- A single mission statement for health and care across Leicester, Leicestershire and Rutland was being developed as part of the Sustainability and Transformation Plan. The Joint Health and Wellbeing Strategy would have regard to this;
- It was felt that there may be some duplication between Outcome Three and the work of the Safeguarding Board. A suggestion was made to include reference to the statutory obligations of the Director of Children and Family Services and the

Cabinet Lead Member for this area;

- It was suggested that paragraph 47(b) of the report should be amended in light of the Board's decision today to adopt the "Health in all policies" approach when planning and commissioning services.

RESOLVED:

- That the proposed outcomes set out at paragraph 34 of the report be approved, subject to the comments of the Board and that further regard be given to "end of life" care and dementia as part of Outcome Four;
- That it be noted that Board will be required to provide a clear steer regarding the content of the priority objectives and actions which will underpin the Joint Health and Wellbeing Strategy;
- That the mission statement and principles to enable the Board to work in a more proactive and collaborative way be approved;
- That the timetable for completion of the Joint Health and Wellbeing Strategy outlined in Paragraphs 48 to 52 of the report be approved;
- That members of the Board be asked to consult their own organisations on the content of the Joint Health and Wellbeing Strategy in order to approve the final strategy at the Board meeting in November.

295. Leicestershire County Council's Early Help and Prevention Strategy.

The Board considered a report of the Director of Public Health concerning the medium term strategy for early help and prevention services within Leicestershire County Council and the associated review of current delivery, and the governance proposal and outline programme approach to deliver the recommendations of the Strategy. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Director reported that the principal aim of the project was to provide a consistent offer in respect of early help and prevention services, as these services had previously been operated across multiple Council departments. £48.3 million was currently spent by the Council on prevention services. It was hoped the project would deliver some £3 million in savings.

It was noted that the Director would act as the project sponsor, with Mr. White CC acting as the Lead Member for the project. Update reports on the progress of the project would be provided to future Board meetings.

RESOLVED:

- That the Medium Term Strategy for Early Help and Prevention services within Leicestershire County Council and the associated review of current delivery be noted;
- That the governance proposal and outline programme approach to deliver the recommendations of the Strategy as approved by Leicestershire County Council's Cabinet on the 17th June 2016 be noted.

296. Progress on the Emotional Health and Wellbeing of Children Transformational Plan.

The Board considered a report of the Director of Children and Family Services concerning an update on progress made by the Better Care Together programme for improving the mental health and wellbeing of children and young people. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from a discussion, the following points were noted:

- Tributes were paid to the former Director of Children and Family Services in leading this work across LLR, and who had recently taken up an equivalent post at Northamptonshire County Council. An emphasis had been placed on improving CAMHS and this had already resulted in reduced waiting times and the reduction of a large backlog of cases;
- It was felt that more could be done to bring the various sectors together to tackle CAMHS issues on a more collaborative basis and improve integration;
- School nurses now fell within the responsibility of Public Health and there was a need to manage expectation and tackle bureaucracy given a transformation plan to tackle CAMHS issues was being implemented over the next 4-5 years.

RESOLVED:

That the update on progress made by the Better Care Together programme for improving the mental health and wellbeing of children and young people be noted.

297. Listen to Me: Work with Children and Young People.

The Board considered a report and supporting presentation of Healthwatch Leicestershire concerning the findings of Healthwatch Leicestershire's (HWL) 'The Listen to me: #YoungVoicesMatter report' that saw HWL listen to the views, opinions and experiences of young people. A copy of the report marked 'Agenda Item 10' and the slides forming the supporting presentation is filed with these minutes.

Arising from a discussion, the following points were noted:

- Though some of the issues brought out in the report would be impacted by the work around improving access to CAMHS(see Minute 296), there were some concerns around the results of the survey where the views expressed by the young people showed their levels of concern about self-esteem, for example many young people (both male and female) worried constantly about their personal appearance. It was noted that elements of support available to address these types of concerns fall outside of the CAMHS service and are part of wider service provision within mental health services (e.g. work on mental health resilience);
- While the results around the number of young people who said they had self-harmed were concerning, the context of the small sample size used for the report was discussed, along with the fact that the local results appeared to be in line with proportions reporting self harm in larger surveys. For some, the high number of those who said that had self-harmed was also reflective of wider "health literacy"

issues, where increased support on a family basis would be needed;

- Those young people that had participated in the survey would be issued with a copy of the full report by way of feedback and the Board asked that this feedback include action taken as a result of the survey. It was hoped that those who had contributed would also form a cohort which could be consulted on future Healthwatch proposals;
- Confidentiality was viewed by young people as being an important factor in accessing support services, such as school nurses. In this case, it was noted that some young people might be put off making use of this facility if it was apparent fellow students to see that they had visited the school nurse's office. The use of the chat health confidential texting service was noted as a positive development in support of this issue;
- It was suggested that the report be sent to GP surgeries, libraries and schools and its findings be publicised to youth groups, such as the County Youth Council for Leicestershire (CYCLE), the Children in Care Council and the LPT's "Evolving Minds" Group. In the case of the youth groups, it was suggested that any actions arising from the discussions that took place should be fed back to the Board with a view to establishing whether any further action was required.

RESOLVED:

- (a) That Healthwatch Leicestershire's "Listen to me: #YoungVoicesMatter" report and the supporting presentation setting out key findings and themes be noted;
- (b) That the Board's comments on the recommendations (a) – (g) of the report be noted;
- (c) That the findings of the report be presented to the Children in Care Council, the County Youth Council for Leicestershire (CYCLE) and the LPT's "Evolving Minds" Group;
- (d) That, arising from (c) above, the Director of Health and Care Integration would follow up with members of the Board to consider if further actions should be taken to address the Healthwatch survey findings relating to young people's self-esteem and anxieties around their personal appearance;
- (e) That the report be circulated widely to GP surgeries, libraries and schools.

298. CAMHS Enter and View Report.

The Board considered a report of Healthwatch Leicestershire concerning the findings of Healthwatch Leicestershire's Enter & View visit to the Child and Adolescent Mental Health Services (CAMHS) Unit at Coalville Community Hospital (Ward 3) on the 23 February 2016. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

RESOLVED:

- (a) That the findings of the report and actions for improvement of the service and the system as a whole as outlined in the report be noted;

- (b) That it be noted that this report is to be presented at the West Leicestershire Clinical Commissioning Group Quality & Performance Committee on 19 July 2016 and Voluntary Action Leicestershire's Children, Young People & Families Forum on 16 August 2016.

299. BCF Quarterly Submission.

The Board considered a report of the Director of Health and Care Integration concerning assurance on the quarterly reporting requirements for the Better Care Fund (BCF) including the pay for performance element of the fund, which is linked to achieving reductions in emergency admissions. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

RESOLVED:

That it be noted that the final 2015/16 quarterly return was approved by the Integration Executive on 24th May and submitted to NHS England on 27th May.

300. Terms of Reference for Supporting Leicestershire Families Executive.

The Board considered a report of the Director of Children and Family Services presenting the terms of reference for the Supporting Leicestershire Families Executive for the Board's approval. A copy of the report marked 'Agenda Item 13' is filed with these minutes.

Mr Ould, having declared a personal interest in this matter, chose to leave the room during discussion of this item.

RESOLVED:

- (a) That the Terms of Reference for the Supporting Leicestershire Families Executive be approved;
- (b) That those partner organisations which have not yet nominated a representative to serve on the Supporting Leicestershire Families Executive be asked to do so as soon as is reasonably practicable.

301. Date of next meeting.

The next meeting of the Board would take place on Thursday 15 September at 2.00pm.

2.00 - 3.30 pm  
07 July 2016

CHAIRMAN

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Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
254(e)	07/01/16	Receive progress reports on the CAMHS Transformation Plan, including performance information with regard to the outcomes framework on a quarterly basis.	Paul Meredith	Next progress report is scheduled for November meeting.	GREEN
266(c)	10/03/16	Submit a report to the Health and Wellbeing Board in July setting out a timed and quantified plan for addressing issues related to Parity of Esteem	Jim Bosworth/ Mike McHugh	Progress report will be circulated to the Board for information in September 2016	GREEN
280(c)	05/05/16	Seek County Council representation for the LLR working group on the future of models of primary care	Jon Wilson	Discussions are ongoing.	AMBER
286(a)	05/05/16	Circulate the Integration Programme Director's Highlight Report to all members of the Health and Wellbeing Board on a monthly basis.	Rosemary Palmer	The report is now being circulated.	GREEN
286(b)	05/05/16	Consider the following items relating to health and social integration at future meetings of the Board:- • Lightbulb Business Case; Health and Wellbeing Outcomes for Social Prescribing; Summary Care Record Solution for Care Planning; Joint Commissioning Work Plan.	Rosemary Palmer	The Board has already considered a report on the emerging approach to Social Prescribing, a report on Joint Commissioning is on the agenda for September and reports on the Lightbulb Business Case and Summary Care Records will be considered by the Board in November	GREEN
292(c)	07/07/16	That the Board will ensure that the refreshed Joint Health and Wellbeing Strategy presents a systematic approach to the wider determinants of health and wellbeing, in accordance with the proposals set out in the report	Mike Sandys	The approach to the wider determinants of Health is reflected in the draft Strategy which will be considered by the Board in September. The draft Strategy includes the Health in All Policies commitment and a focus on housing and employment. The delivery plan included integrated lifestyle services and the other prevention initiatives from the Unified Prevention Board on activity, community inclusion etc.	GREEN

Health and Wellbeing Board Action Log

No.	Date	Action	Responsible Officer	Comments	Status
297(c) and (d)	07/07/16	Present the findings of the Listen to Me: #YoungVoicesMatter report to the Children in Care Council, the County Youth Council for Leicestershire (CYCLe) and the LPT's "Evolving Minds" Group and ask the Director of Health and Care Integration to follow up with members of the Board to consider if further actions should be taken to address the Healthwatch survey findings relating to young people's self-esteem and anxieties around their personal appearance.	Vandna Gohil/ Cheryl Davenport	<p>Healthwatch has been invited to present the 'Listen to Me: #Young Voices Matter' report to LPT's Divisional Quality and Safety Meeting on Thursday 22nd September.</p> <p>A campaign will be run on the Health for Teens website - scoping work to be carried out in conjunction with young people.</p> <p>Healthwatch attended a CYCLe meeting on 7 July to provide feedback on the findings of the report. The meeting took the format of round table discussions that saw groups of young people and stakeholders move from table to table to listen and discuss various topics. Topics included the Healthwatch report 'Listen to Me', the Mental Health and Wellbeing 'Shelf Help' project, staff representing the children's hospital with a Q&amp;A and a CYCLe member presenting her campaign ideas for feedback.</p> <p>On 8 July, the support officer for CYCLe was sent an electronic version of the following reports and was invited to circulate them amongst the members of the group:</p> <ul style="list-style-type: none"> <li>• Listen to me #youngvoicesmatter report (recommendations and media release);</li> <li>• Parents Quick Poll report;</li> <li>• Enter &amp; View CAMHS report.</li> </ul>	GREEN
297(e)	07/07/16	That the Heathwatch report Listen to Me: #YoungVoicesMatter be circulated widely to GP surgeries, libraries and schools.	Vandna Gohil	Healthwatch is not able to progress this action as it cannot print and disseminate the reports. Health and Wellbeing Board members are asked to review how to implement this action.	RED



## **HEALTH AND WELLBEING BOARD: 15 SEPTEMBER 2016**

### **REPORT OF LEICESTERSHIRE COUNTY COUNCIL CHIEF EXECUTIVE**

#### **BOARD GOVERNANCE**

##### **Purpose of report**

1. The purpose of this report is to seek approval of changes to the membership of the Health and Wellbeing Board and to the appointment of a Vice Chairman.

##### **Recommendation**

2. That the Health and Wellbeing Board:-
  - (a) Approves the appointment of Dr Andy Ker as Vice Chairman of the Health and Wellbeing Board;
  - (b) Approves the following changes to the membership of the Board:-
    - (i) Appointment of a Chief Executive representative for the Leicestershire District Councils;
    - (ii) Appointment of a representative of the Office of the Police and Crime Commissioner, in addition to the representative from Leicestershire Police;

##### **Policy Framework and Previous Decisions**

3. The Terms of Reference for the Board were last amended by the Health and Wellbeing Board at its meeting on 5 May 2016, to reflect changes proposed at the Development Session on 10 February 2016.
4. Arrangements for the appointment of a Vice Chairman for the Board have not been reviewed since the Board was in Shadow Form. The membership of the Board has not been reviewed since 13 February 2014, when representatives from the University Hospitals of Leicester and Leicestershire Partnership Trust were added to the membership.

##### **Background**

###### **Vice Chairman**

5. In June 2011 the Shadow Health and Wellbeing Board agreed that, in the absence of the Chairman of the Board, either of the two County Councillors serving on the Board should act as Chairman and that in the absence of all three County Councillors, the meeting should be deferred.
6. Since this decision was taken, changes have been made to the substructure of the Board, most notably the establishment of the Integration Executive to oversee the

health and care integration programme and the delivery of the Better Care Fund Plan.

7. The Integration Executive has a clinical chairman, who is also a member of the Health and Wellbeing Board. It is proposed that the Health and Wellbeing Board should have a clinical Vice Chairman, reflecting that the Board is a partnership body. Given the links between the Integration Executive and the Health and Wellbeing Board, it is proposed that the Chairman of the Integration Executive be asked to fill the post of Vice Chairman.

### Membership

8. Leicestershire Police has been represented on the Health and Wellbeing Board since March 2012. The election of a Police and Crime Commissioner (PCC) at the end of 2012 introduced a split between strategic and operational work in the police force, with responsibility for strategy and commissioning resting with the PCC. With the election of the new PCC, Lord Willy Bach, in May 2016, it was felt that this was a good opportunity to review the representation of the police force on the Board. It is therefore proposed that a representative of the Office of the Police and Crime Commissioner be appointed to the Board in addition to the representative from Leicestershire Police.
9. Membership of the Board has included two elected members representing the seven District Councils in Leicestershire since the Shadow Board was established. These elected members have always been supported at the Board by the District Council Chief Executive with lead responsibility for health and housing. It is proposed that this support arrangement be made more formal by appointing the relevant District Council Chief Executive as a full member of the Board.
10. A list of the new membership of the Board is attached for information and that list includes the Chief Executive of the County Council.

### Resource Implications

11. None.

### Timetable for Decisions

12. The membership of the Board will be amended in the light of any decision taken.

### Background papers

Reports on Board Governance to the Health and Wellbeing Board on the following dates:-  
5 May 2016

<http://cexmodgov1/documents/s118753/12%20Outputs%20from%20the%20Board%20Development%20Session.pdf>

13 February 2014

<http://cexmodgov1/documents/s90571/Future%20Development%20of%20the%20HWB%20and%20TOR.pdf>

13 March 2012 <http://cexmodgov1/documents/s68276/Board%20Governance.pdf>

23 June 2011 <http://cexmodgov1/documents/s54292/Board%20Governance.pdf>

**Circulation under the Local Issues Alert Procedure**

None

**List of Appendices**

Appendix A – Membership of the Board

**Officer to Contact**

Rosemary Palmer  
Democratic Services Manager  
Telephone: 0116 305 6098  
Email: rosemary.palmer@leics.gov.uk

**Equality and Human Rights Implications**

13. None arising from this report.

## MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

### Leicestershire County Council

Mr E F White CC – Chairman of the Health and Wellbeing Board, Lead Member for Health;  
 Mr D W Houseman CC – Lead Member for Adult Social Care;  
 Mr I D Ould CC – Lead Member for Children and Families;  
 Paul Meredith – Interim Director of Children and Families;  
 Mike Sandys – Director of Public Health;  
 John Sinnott – Chief Executive;  
 Jon Wilson – Director of Adults and Communities.

### East Leicestershire and Rutland Clinical Commissioning Group

Dr Andy Ker – Vice Chairman of the Health and Wellbeing Board, Clinical Vice Chair;  
 Karen English – Managing Director

### West Leicestershire Clinical Commissioning Group

Prof Mayur Lakhani – Clinical Chair;  
 Toby Sanders – Managing Director

### Leicestershire District Councils

Cllr Pam Posnett;  
 Cllr Pauline Ranson;  
 Jane Toman, District Chief Executive with lead responsibility for housing and health

### Healthwatch Leicestershire

Rick Moore, Chair of Healthwatch;  
 Vacancy

### NHS England

Trish Thompson, Director of Operations and Delivery (Leicestershire and Lincolnshire)

### University Hospitals of Leicester

John Adler, Chief Executive

### Leicestershire Partnership Trust

Dr Satheesh Kumar, Medical Director

### Leicestershire Police

Supt Kerry McLernon, Neighbourhood Policing Lead  
 Supt Mark Newcombe, representative of the Office of the Police and Crime Commissioner



## **HEALTH AND WELL BEING BOARD: 15<sup>th</sup> SEPTEMBER 2016**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

#### **LEICESTERSHIRE JOINT HEALTH AND WELLBEING STRATEGY AND DELIVERY PLAN 2017 - 22**

##### **Purpose of report**

- 1 The purpose of the report is to present the draft Health and Well Being Strategy 2017-2022 to the Health and Well Being Board and outline next steps in the development of the strategy.

##### **Link to the local Health and Care System**

2. The Health and Well Being Strategy sets out the priorities for the Health and Well Being Board for the next five years. It contributes to the delivery of Better Care Together/Sustainability and Transformation Plan (STP). The strategy supports the aims of the BCF Plan and reflects the ongoing joint working in the delivery plan.

##### **Recommendation**

3. The board is asked to:
  - (a) Approve the draft Joint Health and Wellbeing Strategy and delivery plan as attached at Appendix 1 to this report for wider engagement with key stakeholders;
  - (b) Consider the recommendations for new ways of working outlined in paragraphs 12 -16 of this report;
  - (c) Approve the timetable for completion of the Joint Health and Wellbeing Strategy outlined in Paragraphs 21 - 22 of this report;
  - (d) Consult on the draft Leicestershire Joint Health and Wellbeing Strategy 2017 – 22 with the Board of their own organisation (as required) in order to approve the final strategy at the November Health and Wellbeing Board meeting.

##### **Background**

4. The current Joint Health and Wellbeing Strategy was published in January 2013 and refreshed in January 2015. The strategy forms the Health and Wellbeing Board's (HWB) response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment (JSNA). It sets out the key

priorities that partners need to address in order to improve the health and wellbeing of the population.

5. When considering the refresh of the JHWS, the Board emphasised the importance of focusing on a small number of key strategic issues which would have a positive impact on the health and wellbeing of the people in Leicestershire based on the evidence from the JSNA.
6. The Board has requested that the Strategy identifies priorities where a collaborative, partnership approach is needed to effect improvements. This will ensure shared ownership and bring focus to the work of the Board and make the best use of the resources available across the partnership.

### **The Health and Wellbeing Strategy 2017 - 22**

7. The Joint Health and Wellbeing Strategy has been refreshed at a time of rapid and significant change to the health and care system, both in terms of resources and the way in which services are delivered. There is an ongoing need to deliver efficient and effective services that make the best use of available resources.
8. Significant work is already been undertaken locally to transform the health and care system across Leicester, Leicestershire and Rutland (LLR) and to ensure that services are sustainable and built around the needs of the local population. The key drivers for this work are the Better Care Together Programme, which has a Five Year Plan covering the period up to 2019. There is requirement from NHS England to develop a Sustainability and Transformation Plan for LLR for the period 2016 – 2021 which will build on the existing health and social care transformation across the footprint. The Joint Health and Wellbeing Strategy has been aligned to both these overarching Plans.

### **Outcomes**

9. A set of high-level outcomes have been developed and tested against the following criteria; the outcomes must:
  - a. be underpinned by evidence, local knowledge and experience;
  - b. require a collaborative approach whereby the contribution of a range of partners is needed in order to achieve the outcome;
  - c. have significant impact on the system in 5 years' time if not addressed;
  - d. have a positive impact on the health and wellbeing of Leicestershire;
  - e. take account of the wider determinants of health.
10. The draft Outcomes in the JHWS are:-
  - a. The people of Leicestershire are enabled to take control of their own health and wellbeing;
  - b. The gap between health outcomes for different people and places has reduced;

- c. Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing;
  - d. People plan ahead to stay healthy and age well and older people feel they have a good quality of life;
  - e. People give equal priority to their mental health and wellbeing and can access the right support throughout their life course;
11. It was agreed by the Board that each outcome is underpinned by priority objectives that would highlight the key challenges that needed to be addressed in Leicestershire. These are included in the draft Strategy document (Appendix 1).

### **Monitoring delivery of the Strategy**

12. In order to enable the Board to track progress against the outcomes, a high level delivery plan has been developed through engagement with all partners and wider stakeholders to capture the programmes that are addressing the identified priorities and to highlight any gaps. It is recommended that the Board receive an annual progress report against the delivery plan and that revisions are made to reflect service changes.
13. The action plan sets out the current position, the change we would expect to see in five years' time and the actions that will be taken. It is recommended that a lead Board member be named as a 'champion' for each priority/outcome.
14. The Board expressed a desire for a performance framework that was streamlined to focus on the 'big issues' but there was little support for additional targets. The Board supported a performance framework which reflected the aims and ambition of the Board and clearly illustrated current performance and trends. Board members wanted performance data to drive learning and evaluation and to prompt action. It was also considered important that the Strategy performance framework could be used as a tool for communications and wider engagement and should therefore be relevant and understandable for the public.
15. In light of the above requirements, the performance framework will be developed and finalised by the County Council's Business Intelligence service in consultation with Board members and key officers in partner organisations.
16. An iterative approach has been taken to the drafting of the Strategy and Delivery Plan and it is recommended that this is maintained throughout the five year period it covers so that the Board can ensure that it adapts and responds to the changing policy landscape. This will enable it to stay relevant and will support the Board in its aim to complement and contribute to the wider health and care system across LLR.

### **The role of the Board – a new way of working**

17. Board members have highlighted their desire to shift to a more proactive and collaborative approach. The health and wellbeing board is operating in a complex and fast moving environment and therefore the Board needs to be

able to 'navigate' the system ensuring that key strategies and interventions are joined up and identify and respond to change.

18. Further, at a time of increasing demand and reducing resources partners need to work together more proactively to maximise their impact for the good of the people of Leicestershire. The new JHWS sets out the Board's commitment to participating in a combined effort towards shared outcomes and priorities and includes a set of Board Principles.

### **Consultation**

19. It is intended that there will be a wider engagement process through the County Council's website targeted at key stakeholders, particularly those who will have a role in delivering the strategy. It is intended that this engagement will be supported by Healthwatch Leicestershire.
20. This period will allow Board members to gain endorsement from their own organisations to allow them to give approval to the final Strategy at the meeting of the Health and Wellbeing Board in November.

### **Timetable for Decisions**

21. An Equalities and Human Rights Impact Assessment screening has been completed and concluded that the Strategy would have a net positive impact on equalities issues so a full assessment is not required.
22. The final version of the Strategy will be presented to the Health and Wellbeing Board on 17th November 2016 for approval.

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### **Appendices**

Appendix A: Leicestershire Joint Health and Wellbeing Strategy 2017 - 22  
 Appendix B: Leicestershire Joint Health and Wellbeing Strategy Delivery Plan

**Leicestershire Joint Health and Wellbeing Strategy**

**2017 - 2022**

## **1. Foreword**

## **2. Introduction**

### **2.1. Background**

Leicestershire's Health and Wellbeing Board is made up of local councillors, GPs, health and social care officials and representatives of patients and the public. The board was set up to lead and direct work to improve the health and wellbeing of the population of Leicestershire through the development of improved and integrated health and social care services. Health and Wellbeing Boards have been introduced across all local authorities with responsibility for social services by the government to develop and deliver a joint health and wellbeing strategy which will set the local framework for commissioning integrated public health, health and social care services that meet the needs of the whole local community.

This Strategy outlines the Leicestershire Health and Wellbeing Board's approach to reducing health inequalities and improving health and wellbeing outcomes for the people of Leicestershire. The Board has identified health needs and priorities across Leicestershire and used this information to prepare and publish the Joint Strategic Needs Assessment (JSNA) 2015. The process of developing the Joint Strategic Need Assessment identified the current and future health and wellbeing needs of the local population, and has informed the priorities and targets for the Strategy. Extensive engagement with partners, organisations and service users has shaped this Strategy; both through work on the JSNA and other exercises carried out across the sector.

The Joint Health and Wellbeing Strategy provides the vehicle for delivery of progress against the priorities identified in the Needs Assessment and leads to agreed commissioning priorities across the partner organisations and informs all policy making to support better health and wellbeing.

The refresh of the Joint Health and Wellbeing Strategy 2017 has taken into account the progress made against the priorities in the previous Strategy 2013, the results of the 2015 Joint Strategic Needs assessment and the ongoing integration of health and social care services across Leicester, Leicestershire and Rutland. The new Strategy is a five year strategy which runs from 2017 to 2022.

This Strategy seeks to provide a clear picture of existing activity across the health system in Leicestershire, to reflect the shared vision and ambition of the Health and Wellbeing Board and identify the key priorities for the board for the next 5 years. The Strategy reflects the Health and Wellbeing Board's role to support good health and wellbeing, reduce inequality, and enable the shift to prevention, early intervention and embedding 'health in all policies'. Through acknowledging the important work of all partners such as the Police, District and Borough Councils and voluntary and community organisations it aims to encourage wider stakeholders to understand the

health and wellbeing priorities for Leicestershire and make their own contribution and understand where they 'fit' into the bigger picture.

## **2.2. The Context**

### **2.2.1. The national picture**

The Leicestershire Health and Wellbeing Strategy 2017 has been developed following a time of rapid change across public finance and the statutory framework for services set by national government. This transformation is fundamental to the way health and social care services are delivered in the county with the aim of delivering efficient and effective integrated services within the constraints of reduced budgets across public services now and in the future.

The NHS Five Year Forward View (2014) set out a new shared vision for the future of the NHS based around new models of care and the need to address existing health and wellbeing; care and quality; and funding and efficiency gaps.

### **2.2.2. The Local Picture**

This Strategy does not exist in isolation and does not attempt to include all the issues that exist in Leicestershire nor all the valuable activity that is already being delivered. It aims to reflect existing initiatives (outlined below) that have been developed to address the issues facing the county and to focus on key priorities to improve the health and wellbeing of people across Leicestershire.

## **Leicester, Leicestershire and Rutland Sustainability & Transformation Plan**

In December 2015, the NHS shared planning guidance 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

Leicester, Leicestershire and Rutland constitutes one of 44 STP 'footprints' across England which aim to deliver plans that are based on the needs of local populations. The footprint has been locally defined, based on natural communities, existing working relationships, patient flows and takes account of the change needed to deliver the services, transformation and public health programmes required, along with how they best fit with other footprints.

## **Leicester, Leicestershire and Rutland Better Care Together**

Better Care Together (BCT) is a partnership of organisations across Leicester, Leicestershire and Rutland's Health and Social Care system. The Better Care Together Strategy 2014-19, published in June 2014, is a 5 year strategic plan for Leicester, Leicestershire and Rutland.

The BCT strategy is aligned to the three local authority Joint Health and Wellbeing Strategies (Leicester City, Leicestershire County and Rutland County). The focus of the BCT Strategy is providing effective care in the most appropriate setting across eight overarching service models:

- Urgent care
- Frail and older people
- Long term conditions
- Planned care
- Maternity and new born Services
- Children's services
- Mental health
- Learning disabilities

### **Health and Social Care Integration in Leicestershire**

The Better Care Fund (BCF) is one of the most ambitious programmes across the NHS and local government to date. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources into social care and community services for the benefit of the people, communities and health and care systems.

The Better Care Fund (BCF) Plan 2015 - 2017 for Leicestershire is a two year plan to deliver more joined up care for the population using a pooled budget. The four key themes which contribute to the delivery of this Strategy are included in the Delivery Plan. The interventions within Leicestershire's BCF plan are designed to transform how integrated care and support is experienced by local people, particularly outside of hospital.

### 2.2.3. Leicestershire and its people

The mid-2014 population estimate for Leicestershire was 667,900 and the county comprises seven local authority districts, each with its own distinctive character. Leicestershire is a predominantly rural County and has over 300 settlements with a population of fewer than 10,000 people. The majority of these are very small, with nearly half having a population of fewer than 250.

The county faces the combined challenge of an ageing population with a reduction in the working age population over the next 20 years. The population of Leicestershire is projected to grow by 14.7 percent by 2037 from 2012. The over 65 population is predicted to grow by 72.7 percent while the 85 and over population is predicted to grow by 186.8 percent. The population aged 40 to 44 is projected to decrease by 10.5 percent and 9.4 percent for residents aged 45 to 49. The rural population represents 30% of the population in the county and is growing more slowly but growing older more rapidly than the county as a whole.

With our ageing population we need to consider the plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on preventable ill health, particularly in working age adults. Health needs increase with age. Understanding the population that have health and care needs which limit their activities of daily living will help us to target preventative services to reduce longer term dependency on services.

The population growth patterns in Leicestershire have implications for the provision of services for older people. There will be more older people with complex needs who will require input from all parts of the health and social care system. However, the reduction in working age adults suggests that there will be challenges in providing unpaid informal care and the health and wellbeing needs of carers need to be addressed to maintain independence and support people to manage their own health and care needs. It is also recognised locally, that supporting people to live independently through appropriate housing provision is a key enabler for the future sustainability of health and social care.

Leicestershire is an ethnically and culturally diverse county, benefiting greatly from close links with Leicester, one of the most culturally diverse cities in the UK. International migration has had, and will continue to have, an impact on both service provision/access and community cohesion across the county, as new arrival communities integrate into existing communities both within Leicestershire and Leicester.

The vast majority of the county population (91 percent) belong to White ethnicities, including White British and White Irish. This equates to almost 600,000 people. The next largest ethnic group in Leicestershire is Asian, which constitute 6.3 percent of the population, followed by the Mixed or Multiple Ethnic Group with 1.7 percent and Black, with 0.6 percent. There are differences in the diversity of communities across the county with the highest diversity around Leicester and in Loughborough.

The level of moderate to severe physical disabilities in 18 – 64 year olds is predicted to stay constant in Leicestershire until 2030 at a level of just over 40, 000 people. It is anticipated locally that the number of children with SEND will increase. People with learning disabilities are more likely to experience health inequalities and have lower life expectancy than the rest of the population and this needs to be addressed.

Leicester and Leicestershire functions as an integrated economic area in terms of travel-to work patterns, retail and cultural catchments and transport links. It benefits from a diverse industrial structure and is not dependent on the fortunes of any one sector or employer. The west and north-west of the county have a strong industrial heritage of manufacturing and mining industries and are more densely populated and situated along major motorway routes. In the north, the town of Loughborough hosts a university and a higher density urban population.

Leicestershire is a relatively affluent County and experiences very low levels of social-economic deprivation overall. Even so, pockets of significant deprivation exist, with some neighbourhoods in Loughborough and Coalville amongst the most deprived neighbourhoods in England and all districts have areas that are in the most deprived 20-40% of areas in England.

In 2010-12 life expectancy at birth for males in Leicestershire was 80.1 years and for females it was 84.0 years. This is significantly higher than the average for England. However, health life expectancy was 64.9 years for males and 66.7 years for females. For 2010/12 the gap in life expectancy between the most deprived areas and the least deprived areas is 6.1 years for males and 5.2 years for females.

This life expectancy gap is driven by inequality in deaths from circulatory diseases (heart disease and stroke), cancer and respiratory diseases. The biggest preventable risk factors for these conditions relate to lifestyles, including smoking, poor diet, alcohol and increasingly, sedentary behaviour and low levels of exercise. These 'health behaviours' are in turn affected by people's life chances, access to education, employment and the environment in which they live (the 'wider determinants of health'). This means that the opportunities to improve the health for everybody in Leicestershire will come from the collective efforts of all parts of society.

The NHS Five Year Forward View states "if the nation fails to get serious about prevention then recent progress in health life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness." The Leicestershire Health and Wellbeing Strategy aims to support this shift to prevention whilst still meeting the needs of those that need health and social care services.

### **Detailed evidence and background**

Leicestershire's Joint Strategic Needs Assessment (2015) provides the detailed information and evidence which forms the basis for the priorities in the Joint Health and Wellbeing Strategy 2017 – 22. It includes analysis by life course stages and a number

of health conditions and is available at <http://www.lsr-online.org/leicestershire-2015-jsna.html>

## **Section 3 – Our Approach**

### **3.1. Vision**

“We will improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources”

### **3.2. Board Principles**

At a time of increasing demand and reducing resources it is clear that partners need to work together more proactively to maximise their impact for the good of the people of Leicestershire.

In order to meet this challenge, the Health and Wellbeing Board have agreed a number of principles which will govern the way they will work together to add years of healthy life and reduce inequality through a proactive and collaborative approach.

**The Health and Wellbeing Board will provide leadership and champion opportunities to improve health and wellbeing outcomes for everybody in Leicestershire by:**

- (a) Putting health and wellbeing at the centre of all public policy making by influencing other agendas such as economy, employment, housing, environment, planning and transport.
- (b) Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.
- (c) Working together in partnership to deliver a positive, seamless experience of care which is focussed on the individual to give the right support, in the right place, at the right time.
- (d) Listening to our population, building on the strengths in our communities and using place based solutions.
- (e) Having a clear strategic understanding of the roles and responsibilities of all partner organisations and how innovation and collaboration can improve health and wellbeing through support and challenge.

## **Section 4 - Better health and wellbeing outcomes for Leicestershire**

In order to achieve the vision for Leicestershire, there are a number of health and wellbeing outcomes that need to be achieved. The specific needs of the Leicestershire geography and population must be considered if we are to reach the ultimate goal of improved health and wellbeing for all.

The following outcomes reflect the health and wellbeing conditions that we want to achieve in Leicestershire over the next five years.

1. The people of Leicestershire are enabled to take control of their own health and wellbeing;
2. The gap between health outcomes for different people and places has reduced;
3. Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing;
4. People plan ahead to stay healthy and age well and older people feel they have a good quality of life;
5. People give equal priority to their mental health and wellbeing and can access the right support throughout their life course;

## **Section 4 - Delivering the outcomes; focussing on our priorities**

To enable progress towards the vision it is important to focus on which challenges need to be tackled as a priority. The Health and Wellbeing Board will seek to deliver the outcomes for Leicestershire by focussing on goals that have the most potential to reduce health inequalities; that require collaborative working across the partnership and which will have the greatest impact on Leicestershire people. In addition, each of the priorities will support the Board to make the best use of resources, often through investing in early intervention to avoid higher costs in the future. It is recognised that there is much additional existing activity within partnerships, organisations and services that is not included here which will contribute to the outcomes and vision. The priorities below are considered the most significant challenges to success and are best tackled together.

### **Outcome 1: The people of Leicestershire are enabled to take control of their own health and wellbeing;**

#### **We will:**

- 1.1. Use our influence to advocate the importance of all public policy making in improving the external factors that affect people's health and wellbeing.
- 1.2. Use our influence to advocate the importance of housing for good health with a focus on maximum independence for the ageing population and disabled people both now and in the future.
- 1.3. Use our influence and control to advocate and offer good quality employment for all for health and wellbeing.
- 1.4. Enable people to stay safe, well and healthy for longer with independence and connection to their community and provide targeted support for those most at risk of poor health and wellbeing.
- 1.5. Provide care closer to home and enable local communities to help themselves through strong and vibrant community networks to reduce avoidable pressure on acute hospitals.
- 1.6. Identify, recognise, value, involve and support carers of all ages.

## **Outcome 2: The gap between health outcomes for different people and places has reduced**

### **We will:**

- 2.1. Improve our understanding of the people with the worst health and most at risk within the Leicestershire population; who they are and where they are.
- 2.2. Use evidence to improve the targeting of activity to reduce health inequality between people and places based on local need.
- 2.3. Work in partnership to improve outcomes for people with disabilities throughout their lives.

## **Outcome 3: Children and young people in Leicestershire are safe and living in families where they can achieve their potential and have good health and wellbeing**

### **We will:**

- 3.1. Ensure the best start in life for children and their families.
- 3.2. Work proactively in partnership to keep children and young people safe and free from harm and sexual exploitation.
- 3.3. Support those families identified as most troubled to become self-sufficient and resilient.
- 3.4. Enable children with special educational needs, and/or disabilities and their families, to become increasingly independent through personalised, integrated care and support.
- 3.5. Enable children in care to experience good physical and mental health throughout their lives.

**Outcome 4: People plan ahead to stay healthy and age well and older people feel they have a good quality of life****We will:**

- 4.1. Improve the diagnosis and support for self-management of long term conditions.
- 4.2. Plan for the ageing population and the needs of the increasing number of frail older people to minimise avoidable time they spend in hospital.
- 4.3. Encourage people to plan for the end of their life in the place of choice and provide support to them and their carers.

**Outcome 5: People give equal priority to mental health and wellbeing and can access the right support throughout their life****We will:**

- 5.1. Provide positive mental health promotion and improve awareness of risk factors for poor mental health to increase resilience.
- 5.2. Improve access to mental health services for all ages to promote recovery and independence.
- 5.3. Increase the early detection and treatment of mental health and wellbeing needs for children and young people.
- 5.4. Increase the early detection and improve the management of dementia.

## **Section 5 - Monitoring and managing progress**

### **Monitoring progress**

The Health and Wellbeing Board will receive regular performance reports on the headline indicators linked to the five outcomes and priority objectives. Additional key performance information will be reported as required to meet the Board's responsibility to have oversight of health and social care across Leicestershire.

An annual update report on the delivery plan will be provided to the Board in January and a review will be completed to recommend changes required to reflect new priorities and activity. The performance framework will be used to highlight any areas of concern for the Board's consideration.

### **Governance**

The Health and Wellbeing Board is responsible for overseeing the delivery of the Joint Health and Wellbeing Strategy 2017 - 22. The Health and Wellbeing Board will continue to have links with the Leicester, Leicestershire and Rutland Better Care Together Partnership Board and formal links to the Better Care Fund Integration Executive and Unified Prevention Board to approve local plans.

The Health and Wellbeing Board will continue to receive updates and develop further links and assurance with other Boards and Partnerships named in the delivery plan including the Leicestershire Safeguarding Adults Board, Leicestershire Safeguarding Children's Board, Leicestershire Safer Communities Strategy Board, Supporting Leicestershire Families Executive, Corporate Parenting Board and further links will be developed to the Housing Partnership Board, Strategic Planning Group, and the Leicester and Leicestershire Economic Partnership, Work and Skills Forum.

The Health and Wellbeing Strategy governance structure is outlined below in Figure 1.

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## Leicestershire Joint Health and Wellbeing Strategy 2017 – 22

**Outcome 1: The people of Leicestershire are enabled to take control of their own health and wellbeing**

<i>Where are we now?</i>	<i>Where do we want to go?</i>	<i>How do we get there?</i>	<i>Key Programme And/Or Partnership</i>
<b>Use our influence to advocate the importance of all public policy making in improving the external factors that affect people’s health and wellbeing.</b>			
Health and wellbeing priorities are not always considered in all public policy making	Making the most of the total contribution available for health and wellbeing from all public policy making	Share evidence to build health into the local environment through Health Impact Assessments and Health in All Policies	Health and Wellbeing Board
		Use the Social Value Act in commissioning and procurement to maximise health benefits of all public spending	Health and Wellbeing Board
<b>Use our influence to advocate the importance of housing for good health with a focus on maximum independence for the ageing population and disabled people both now and in the future.</b>			
There is a need to meet the current and forecast demand for the right home environment for health and wellbeing	Coordinated working across housing, health and social care sectors to provide the right home environment for health and	Memorandum of Understanding for joint action across local government, health, social care and housing sectors in Leicestershire in existing housing stock	Housing Services Partnership/Health and Wellbeing Board
		Continue to deliver a one-stop shop for	Better Care Fund; Unified Prevention Offer; Lightbulb Service

throughout life for all.	wellbeing throughout life	housing support	
		Deliver the Warm Home Heathy Homes Project to tackle fuel poverty	Better Care Fund; Unified Prevention Offer; Lightbulb Service
		Engagement with development planning to promote quality developments that support health and to influence housing numbers and types to maximise independence	Strategic Planning Group
<b>Use our influence and control to advocate and offer good quality employment for all for health and wellbeing</b>			
Employment rates for adults with learning disabilities, autism and mental health issues are lower than the national average	Employment rates are similar or better than the national average for adults with learning disabilities, autism and mental health issues	Complete health impact assessments of sector growth plans  Engage with the Work and Skills Forum on employment for health issues and employment gaps	LLEP; Work and Skills Forum
Carers of all ages provide vital support for health and wellbeing in Leicestershire	Carers have access to flexible good quality employment	Engage with the Work and Skills Forum  Implement the Carers' Strategy	LLEP; Work and Skills Forum  Better Care Together; Frail & Older People and Dementia work stream; Carers Delivery Group

<b>Enable people to stay safe, well and healthy for longer with independence and connection to their community and provide targeted support for those most at risk of poor health and wellbeing</b>			
Health system driven by reactive care	Shift to prevention, early intervention and self-care	Providing joined up approaches to universal information and advice to prevent ill health.	Better Care Together; Prevention Strategy Better Care Fund; Unified Prevention Offer
		Deliver a clear and consistent menu of services for a range of social, emotional and practical help.	Better Care Fund - Unified Prevention Offer
		Targeted support for people identified as at risk of specific conditions, events or behaviours or those that already have existing lower level needs.	Better Care Together – Frail & Older People Better Care Together – Long Term Conditions Better Care Fund - Unified Prevention Offer

<p>Lifestyle behaviours such as poor sexual health, smoking, alcohol and substance misuse, poor diet, sedentary behaviour and low levels of exercise are leading to preventable health gaps</p>	<p>Healthy choices are the norm</p>	<p>Deliver integrated lifestyle change services</p> <p>Deliver the Sexual Health Strategy</p>	<p>Better Care Fund - Unified Prevention Offer</p>
<p>Feeling safe is important to maintaining independence.</p> <p>The Toxic Trio of mental health issues, domestic violence and alcohol/substance misuse cause harm to many families and communities in Leicestershire.</p>	<p>Organisations work together to keep communities safe and free from harm</p>	<p>Deliver the Safer Communities Strategy</p>	<p>Leicestershire Safer Communities Strategy Board</p>
<p>Our workforce are not always being</p>	<p>Our workforce are health exemplars</p>	<p>Implementing new approaches to workplace</p>	<p>Better Care Together; Prevention Strategy</p>

advocates for a healthier lifestyle	and champion good health	health	
<b>Provide care closer to home and enable local communities to help themselves through strong and vibrant community networks to reduce avoidable pressure on acute hospitals</b>			
A strong and vibrant community sector that could be utilised more to support people and increase inclusion	A strong, coherent community sector that provides support close to home	Implement the Leicestershire Communities Strategy to develop asset-based approaches to working with local communities to maximise their capabilities and resources to enhance health and well-being by improving their networks and resilience	Link to Better Care Fund; Unified Prevention Offer
GP practices under pressure from increasing demand	Federated GP practices as hubs for wrap around services/care	Work together to deliver place-based multi-specialty community providers	West and East Leicestershire and Rutland CCG Operational Plans
<b>Identify, recognise, value, involve and support carers of all ages</b>			
Carers of all ages provide essential care and need support	Carers maintain a balance between their caring responsibilities and a life outside caring, while enabling the	Implement the Carers Strategy	Better Care Together; Frail & Older People and Dementia work stream; Carers Delivery Group  Better Care Fund; Unified Prevention Offer

	person they support to be a full and equal citizen		
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## **Outcome 2: The gap between health outcomes for different people and places has reduced**

<b><i>Where are we now?</i></b>	<b><i>Where do we want to go?</i></b>	<b><i>How do we get there?</i></b>	<b><i>Key Programme And/Or Partnership</i></b>
<b>Improve our understanding of the people with the worst health and most at risk within the Leicestershire population; who they are and where they are</b>			
There are inequalities in health between people and places	We have a comprehensive understanding of the detailed needs of communities across Leicestershire	Risk profiling across public sector (health, local government, police) to target communities with greatest inequalities and demand for high-dependency services	Health and Wellbeing Board
<b>Use evidence to improve the targeting of activity to reduce health inequality between people and places based on local need</b>			
Services are not providing the same outcomes between different areas of Leicestershire and across the social gradient	Health inequality is reduced	Provide locality based services based on evidence of local needs and risk profiling	West and East Leicestershire and Rutland CCG Operational Plans
<b>Work in partnership to improve outcomes for people with disabilities throughout their lives</b>			
There are gaps in the health outcomes of people	The outcomes of people with physical and	Provide effective support for people with physical and	Whole life disability strategy; Leicestershire County Council

with disabilities when compared to the rest of the population	sensory disabilities are improved	<p>sensory disabilities:</p> <ul style="list-style-type: none"> <li>• improve independence for people with physical disabilities through the use of aids and adaptations in the home;</li> <li>• improve access to services for people with sensory disabilities.</li> </ul>	
	The health outcomes of people with learning disabilities are improved	<p>Improve services for people with learning disabilities and / or autism;</p> <ul style="list-style-type: none"> <li>• improve recording of people with learning disabilities and sharing this information with partners to ensure they get the best care;</li> <li>• ensuring that people have access to effective services that are tailored to meet their individual needs; and</li> <li>• equity of access to all services for this population.</li> </ul>	<p>Better Care Together; Learning Disabilities work stream</p> <p>Leicestershire &amp; Rutland Safeguarding Adults Board</p>

**Outcome 3: Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing**

<i>Where are we now?</i>	<i>Where do we want to go?</i>	<i>How do we get there?</i>	<i>Key Programme And/Or Partnership</i>
<b>Ensure the best start in life for children and their families</b>			
Health outcomes in early life in Leicestershire should be better. Existing services for children and young people are delivered by different organisations and can be hard for children and families to find their way around.	Leicestershire is amongst the highest performers on early years, children and young people's health and wellbeing	Work together to join up health and care services for pregnant women, babies, children and young people to deliver the Infant Mortality Strategy and Action Plan	Better Care Together; Maternity & neonates,
		Recommission a co-designed healthy child programme 0-19	
		Deliver Healthy Tots and Healthy Schools Programme	

		Deliver the Teen Pregnancy Strategy	
		Deliver the Leicester, Leicestershire and Rutland Oral Health Promotion Programme	
		Ensure lessons are learned and disseminated from preventable child deaths	Leicester, Leicestershire and Rutland Safeguarding Children's Board; Child Death Overview Panel
<b>Work proactively in partnership to keep children and young people safe and free from harm and sexual exploitation</b>			
Annual increases in the referral of children at risk of Child Sexual Exploitation (CSE) since 2012/13 (increase of 67% over three years).	<ul style="list-style-type: none"> <li>• Create an environment where CSE is prevented, identified and challenged within all communities.</li> <li>• Ensure that children, young people and families whose lives are affected by CSE will receive a high level of support as well as protection, and that perpetrators will be held accountable</li> </ul>	Deliver the Leicester, Leicestershire and Rutland joint Child Sexual Exploitation (CSE), Trafficking and Missing Children Strategy	Leicester, Leicestershire and Rutland Safeguarding Children's Board

	for their actions, and where possible brought to justice		
<b>Support those families identified as most troubled to become self-sufficient and resilient</b>			
A small number of families place high demand on intensive and expensive services.	Action is taken as soon as possible to tackle problems emerging for children, young people and their families or with the population most at risk of developing problems.	Work together to identify those most at risk and offer families and communities better opportunities be less dependent on services.	Supporting Leicestershire Families Executive
<b>Enable children with special educational needs, and/or disabilities and their families, to become increasingly independent through personalised, integrated care and support</b>			
Health and wellbeing outcomes for children with special educational needs and/or disabilities are below those for other children. Increasing numbers of SEND children resident in Leicestershire.	The gap in outcomes for children with special educational needs and/or disabilities is reduced	The continuity of cross agency planning and support for special educational needs and disabled (SEND) children in preparation for adulthood.	Whole Life Disability Strategy  SEND Framework  Working Age Adult Strategy – transitions; Leicestershire County Council

Enable children in care to experience good physical and mental health throughout their lives			
<p>The health outcomes of children with social care needs are worse than average</p>	<p>Health outcomes are improved for children with social care needs</p>	<ul style="list-style-type: none"> <li>• The health and safety needs of children in care and adopted children must remain a priority for the council and its partners to ensure the need of this vulnerable group are addressed.</li> <li>• To provide effective health care and public health interventions for looked after children.</li> <li>• To provide support and counselling provision for children in care and adopted children, where targeted provision and social work support cannot meet the need.</li> </ul>	<p>Corporate Parenting Board</p> <p>Leicester, Leicestershire and Rutland Looked After Children Health Strategy Group.</p>

**Outcome 4: People plan ahead to stay healthy and age well and older people feel they have a good quality of life**

<i>Where are we now?</i>	<i>Where do we want to go?</i>	<i>How do we get there?</i>	<i>Key Programme And/Or Partnership</i>
<b>Improve the diagnosis and support for self-management of long term conditions</b>			
Long-term conditions and cancer are the main drivers of health inequalities in Leicestershire particularly cardiovascular disease, cancer and respiratory diseases.	The variation in detection and treatment of long-term conditions and avoidable hospital admissions are reduced.	<ul style="list-style-type: none"> <li>• Support prevention of long-term conditions</li> <li>• Support people to manage their conditions more effectively on their own</li> <li>• Ensure consistent care and support across Leicestershire</li> <li>• Provide effective community support to reduce hospital admissions and readmissions.</li> </ul>	<p>Better Care Together; Long Term Conditions work stream</p> <p>Better Care Fund; Integrated, Proactive and Urgent Care</p>
<b>Plan for the ageing population and the needs of the increasing number of frail older people to minimise avoidable time they spend in hospital</b>			

<p>An ageing population that will have increasingly complex needs.</p> <p>Many frail older people arrive in hospital not because it is the best place for them following, say, a fall or infection but because hospital is the only available option.</p>	<p>Improve independence and wellbeing.</p> <p>More older people with agreed and managed care plans.</p> <p>Fewer older people going into hospital unnecessarily.</p> <p>Reduced delayed discharges from hospital.</p> <p>Reduce readmissions.</p>	<p>Make sure we know who are the most vulnerable and give them the most support. Work with carers, and especially those who are looking after people with dementia, to make sure they get the help they need. Respond to calls for help from the most vulnerable quickly to avoid them reaching the point where a stay in hospital is the only option.</p> <p>Provide a falls prevention service to help people at risk of falling</p> <p>Improved care and planning for those with complex conditions and/or the over 75s</p>	<p>Better Care Together; Frail &amp; Older People work stream</p> <p>Better Care Fund; Integrated, Proactive and Urgent Care</p> <p>Better Care Fund; Unified prevention offer</p> <p>Better Care Fund; Integrated, proactive care</p>
		<p>Work together across health and social care to reduce the amount of time people have to wait in hospital for care packages</p>	<p>Better Care Fund; Hospital Discharge and Reablement</p>
<p><b>Encourage people to plan for the end of their life in the place of choice and provide support to them and their carers</b></p>			

<p>People who do not have a plan for the end of their life often do not die in their place of choice</p>	<p>More people make and share plans for the end of their life and die in their place of choice.</p>	<p>Develop the End of Life Care work stream</p>	<p>Better Care Together; End of Life Care</p>
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**Outcome 5: People give equal priority to mental health and wellbeing and can access the right support throughout their life**

<i>Where are we now?</i>	<i>Where do we want to go?</i>	<i>How do we get there?</i>	<i>Key Programme And/Or Partnership</i>
<b>Provide positive mental health promotion and improve awareness of risk factors to increase resilience</b>			
Focus on treatment rather than prevention	Fewer people with mental health conditions	Deliver the Better Care Together Mental Health Five Year Plan and Prevention Strategy	Better Care Together Recovery and Resilience Group, Mental Health Five Year Plan
<b>Improve access to mental health services for all ages to promote recovery and independence</b>			
About a quarter of the population will experience some kind of mental health problem in the course of a year. People with enduring	Fewer crisis escalation episodes, with quicker response times when	Develop our mental health services to better meet the demands of patients and enable parity of care.	Better Care Together; Mental Health Five Year Plan

<p>mental health problems generally have far worse physical health than the rest of the population and they die younger</p>	<p>required</p> <p>Fewer delays in people leaving hospital and shorter hospital stays</p> <p>Integrated pathways and valuing mental illness equally with physical health</p> <p>Less reliance on acute services and increased focus on recovery</p>		
<p><b>Increase the early detection and treatment of mental health and wellbeing needs for children and young people</b></p>			
<p>Services can be difficult for children, young people and their families to find their way through</p>	<p>Join up services much more and provide help as early as possible to prevent problems from getting worse.</p>	<p>Deliver the “Transformational plan for mental health and wellbeing services for children and young people“</p>	<p>Better Care Together; Children and Young Peoples work stream;</p>
<p><b>Increase the early detection and improve the management of dementia</b></p>			

<p>Increasing numbers of older adults with dementia predicted in the future</p>	<p>Better dementia diagnosis improves the lives of people with the condition and gives them, their carers and professionals the confidence that they are getting the care and treatment they need.</p>	<p>Deliver the Joint Dementia Strategy</p>	<p>Better Care Together; Frail &amp; Older People work stream</p> <p>Dementia Action Alliance</p>
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**HEALTH AND WELLBEING BOARD: 15 SEPTEMBER 2016**

**CHILDREN'S HEART SURGERY AT GLENFIELD HOSPITAL**

**JOINT REPORT OF THE CHIEF EXECUTIVE AND THE DIRECTOR  
OF PUBLIC HEALTH**

**PART A**

**Purpose of the Report**

1. The purpose of this report is to give the Health and Wellbeing Board an update on local activity undertaken since NHS England announced its intention to cease the commissioning of children's heart surgery at Glenfield Hospital and to outline the next steps.

**Links to the Local Health and Care System.**

2. The announcement made by NHS England will have implications on the wider health and care economy of Leicester, Leicestershire and Rutland, as well as the East Midlands as a whole.

**Recommendations**

3. The Health and Wellbeing Board is recommended to:-
  - (a) Note the local activity undertaken since NHS England announced its intention to cease the commissioning of children's heart surgery at Glenfield Hospital and the proposed next steps;
  - (b) Provide any comments or views to be considered by the Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee when it meets to discuss the matter.

**Policy Framework and Previous Decisions**

4. The Health and Wellbeing Board at its meeting on 7 July 2016 was made aware that an announcement regarding the intention to cease the commissioning of children's heart surgery at Glenfield Hospital would be made by NHS England and proposed that an urgent item be added to the agenda for the meeting of the Cabinet on 18 July.
5. At its meeting on 18 August 2016, Leicester City Health and Wellbeing Board received a briefing on NHS England's proposals for the future provision of

congenital heart disease services, with particular reference to University Hospitals of Leicester NHS Trust. Mr White, Chairman of this Board, was invited to attend the meeting and representative from NHS England were also present to answer questions.

### **Background**

6. The East Midlands Congenital Heart Centre at the Glenfield Hospital provides comprehensive care including heart surgery for patients of all ages. It is one of only ten centres in England and Wales offering heart surgery to children.
7. Children's Congenital Heart services in England have been subject to continued national scrutiny since the Kennedy Report (2001) into unexpected deaths after heart surgery at the Bristol Royal Infirmary. The most notable of these was the Safe and Sustainable Review into Children's Heart Services (2012). The report produced service standards and a configuration of services which would ultimately lead to the closure of congenital heart surgical services at centres at the Brompton Hospital London, Leeds and Leicester.
8. This decision was successfully challenged by the Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee and the Health Overview and Scrutiny Committee for Lincolnshire. Following this, an Independent Reconfiguration Panel Review (2013) was established which recommended to the Secretary of State that the decisions made by the Safe and Sustainable Review should not be accepted and that a judicial review found certain aspects of the decision making process unlawful.

### **New Congenital Cardiac Review**

9. NHS England took over responsibility for commissioning congenital cardiac services from 1st April 2013 and launched the New Congenital Cardiac Review. The New Review had the following aims:-
  - Securing the best outcomes for all patients;
  - Tackling variation; and
  - Improving patient experience.
10. The New Review resulted in the establishment of around 200 standards and service specifications for children's and adults' services which were accepted by the NHS England Board in July 2015. These standards were applied from April 2016 with up to a five-year trajectory to full compliance.
11. The key standards to be achieved by 2021 include: providers must have at least four congenital cardiac surgeons working in their teams to ensure that there is cover 24 hours a day, every day (a standard of three surgeons was required with immediate effect); each of those surgeons should perform a minimum of 125 surgical procedures a year to ensure that skills and standards are maintained and improved, and; have children and adult services co-located to ensure effective transition for patients and shared skills.

12. In 2015 hospital trusts providing Congenital Heart Disease services were asked to assess themselves against the standards and report back on their plans to meet them within the set time frames. As a result of these assessments and, following further verification with providers NHS England intends, subject to the necessary engagement and service change processes, to take action to ensure that a good quality, sustainable service is in place across the country.
13. For the Children's Congenital Heart Unit at the Glenfield Hospital, the intention of NHS England is, subject to consultation with the relevant trusts and, if appropriate, the wider public, to work with UHL to safely transfer Congenital Heart Disease surgical and interventional cardiology services to appropriate alternative hospitals. In the announcement made by NHS England, it is stated that UHL does not meet the standards and is extremely unlikely to be able to do so.
14. Specialist medical services, excluding surgery or interventional cardiology, may be provided at Leicester as part of a wider network but only if it is considered to offer improved local access and additional needed capacity.

#### Recent Local Activity

15. NHS England announced its intention to decommission children's heart surgery from the Glenfield Hospital in a press release issued on 7 July. A report outlining the reasons for this decision was made publicly available on 15 July and is available via <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/chd/>
16. A letter has been sent from the Chief Executive of UHL to NHS England stating that that the East Midlands Congenital Heart Centre at the Glenfield Hospital has made excellent progress over the last 18 months through the leadership of its clinicians, the energy and efforts of the whole Congenital Heart Disease Team, the support of charities and the closer integration of partner organisations. UHL has expanded bed numbers, improved outcomes, invested in staffing, created a new adolescent unit and has briefed architects to create a new single site children's hospital which will both meet the co-location standard and provide a wonderful new environment for the care of all UHL's younger patients.
17. The letter also clarifies that UHL rejects NHS England's stated intention to cease commissioning a Specialist Surgical Centre for Congenital Heart Disease services from UHL and that UHL will use all the means at its disposal to reverse this intention.
18. Following the meeting of the Leicester City Health and Wellbeing Board, Mr White and Cllr Palmer, Chairman of the Leicester City Health and Wellbeing Board, are planning to co-author an open letter setting out their complete support for the East Midlands Congenital Heart Centre based at Glenfield Hospital in Leicester, and giving a local voice to the dismay and anger that

has been felt in Leicestershire since NHS England stated its intention to cease commissioning children's heart surgery from the Centre. This report will be circulated to Board members once it's available.

### Next Steps

19. The Leicestershire, Leicester and Rutland Joint Health Overview and Scrutiny Committee will meet in due course to hear representations from both NHS England and the University Hospitals of Leicester. This will enable the Committee to identify what further information it needs to respond to the proposed public consultation.
20. NHS England has committed to public consultation on its proposals for change in relation to Leicester and other congenital heart disease providers. This will be for a period of 12 weeks, and will be led nationally with regional support. Prior to the launch of public consultation, NHS England will undertake engagement with the Trust, local authorities, patient groups and other stakeholders. Pre-consultation engagement will include an assessment of the potential impact on other services within the Trust in the event that the proposals are approved.
21. At the meeting of Leicester City's Health and Wellbeing Board on 18 August, members were made aware that NHS England is planning to undertake national reviews of both Paediatric Intensive Care Services and ECMO (extra Corporeal Membrane Oxygenation). The Joint Health Overview and Scrutiny Committee will seek further clarification on the scope and timescales of these reviews when it meets.

### Timescale

22. Subject to advice from Overview and Scrutiny Committees and others during the pre-consultation engagement, NHS England's high level timetable is as follows:
  - Pre-consultation engagement: this has now started
  - Public consultation: up to 12 weeks, starting in the autumn (date to be confirmed following pre-consultation engagement)
  - Written six months' notification to providers of potential decommissioning of their services from April 2017, subject to the outcome of public consultation: 30 September 2016
  - Review of the outcome of consultation: January /February 2017
  - Final decisions: March/April 2017
  - Implementation of the final decisions: April 2017 onwards (with an appropriate transition plan for patients and staff).

### Conclusion

23. The announcement made by NHS England to cease commissioning children's heart surgery from the Glenfield Hospital is clearly very disappointing to UHL and likely to have an impact on the wider health and care economy.

24. It is recognised that those members of the Health and Wellbeing Board who are not elected members may feel some difficulty in agreeing the position taken by the Chairman of the Board. However, given the significance of the matter it was thought that all Board Members should be made aware of local activity, in particular the open letter from Mr White and Cllr Palmer.

### **Resource Implications**

25. The impact of the intention to cease commissioning children's heart surgery at Glenfield Hospital on the wider health and care economy is not yet known but will form part of the report to the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee.

### **Circulation under the Local Issues Alert Procedure**

26. None

### **Background Papers**

Press Release from NHS England issued 8 July 2016 - <https://www.england.nhs.uk/2016/07/chd-future/>

Proposed National Standards and Service Specifications for Congenital Heart Disease Services: Equality Analysis - <http://ow.ly/PzIn3027Mqx>

Report to Leicestershire County Council Cabinet on 18 July 2016  
<http://politics.leics.gov.uk/documents/b10260/Childrens%20Heart%20Surgery%20at%20Glenfield%20Hospital%20Monday%2018-Jul-2016%2014.00%20Cabinet.pdf?T=9>

Report to Leicester City Health and Wellbeing Board on 18 August 2016  
<http://www.cabinet.leicester.gov.uk/documents/s78090/LEICESTER%20CITY%20HEALTH%20AND%20WELLBEING%20BOARD.pdf>

### **Equality and Human Rights Implications**

27. NHS England undertook an equality analysis of the standards and service specifications for Congenital Heart Disease and found that they could help improve the way in which services are delivered to all those with Congenital Heart Disease, including those in protected groups.
28. The equalities issues at organisational level were not considered in this analysis as it is the obligation of providers of services to assess and manage equalities issues that arise in relation to their service provision and any proposed change to that provision.

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**Better care together**

Leicester, Leicestershire & Rutland health and social care

**HEALTH AND WELLBEING BOARD: 15 SEPTEMBER 2016**

**REPORT OF THE LLR DISCHARGE WORKSTREAM**

**UPDATE ON PROGRESS OF THE DISCHARGE WORKSTREAM ACROSS LLR**

**Purpose of report**

1. The purpose of this report is to provide a progress report of the LLR discharge workstream including the discharge summit and 8 high impact interventions for discharge.

**Link to the local Health and Care System**

2. Link to Better Care Together:-

<b>Workstream</b>	<b>Relevance</b>	<b>Workstream</b>	<b>Relevance</b>
Maternity, neonates, children and young people		Mental health	√
Long term conditions	√	Frail and older people	√
Urgent care	√	Planned care	√
Learning disabilities	√	End of life	√

The report applies to all patients who have an acute hospital stay and for whom discharge arrangements may be complex.

The majority of complex discharges however apply to frail older people, those with long term conditions, those with complex mental health problems, and those at the end of life.

**Recommendation**

3. The Health and Wellbeing Board is asked to receive the progress report which highlights a deterioration in performance in 2016/17 in terms of delayed transfers of care from hospital and the role of the discharge steering group in leading focused work to:
  - Address remaining gaps/barriers in implementing the 5 new discharge pathways for LLR;
  - Supporting additional analysis of the current performance, taking immediate remedial action to improve in year performance;
  - Providing assurance to the LLR Urgent Care Board and Chief Officers on the delivery of sustainable discharge improvements in the medium term.

## **Policy Framework and Previous Decisions**

4. In January 2016 the Leicestershire Health and Wellbeing Board received a progress report on delayed transfers of care which introduced the eight high impact changes for reducing delayed transfers of care and new discharge pathways.
5. The report proposed that the eight high impact changes document was presented back to the Board later in 2016.

## **Background**

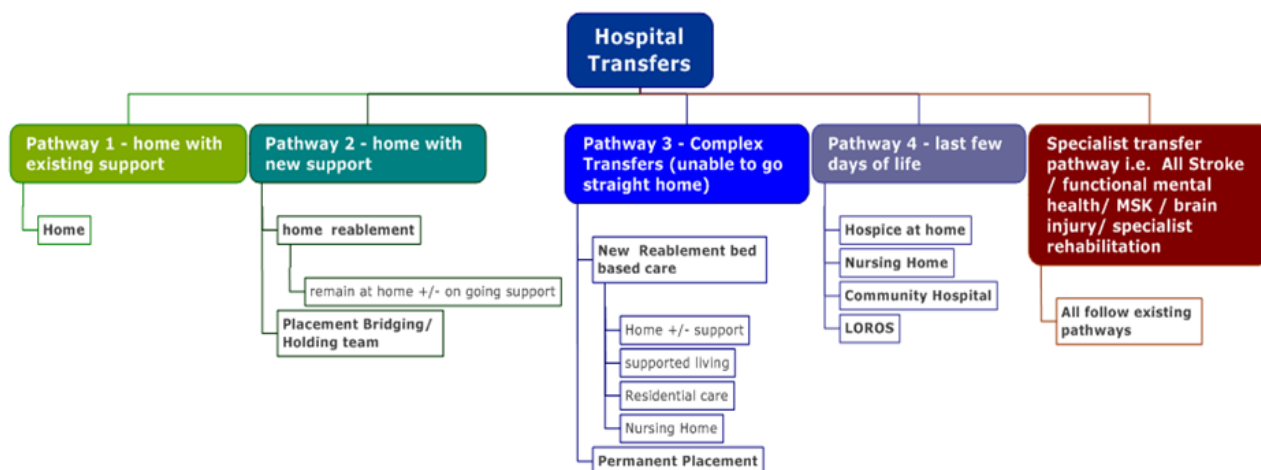
6. The Health and Wellbeing Board received a paper in January 2016 regarding progress made to reduce the number of delayed transfers of care across LLR which resulted in Leicestershire achieving the required rate of improvement on delayed bed days per 100,000 population in 2015/16, making an important contribution in tackling the ongoing pressures affecting the performance of the Urgent Care System as a whole in LLR.
7. Delayed transfers of care across LLR have however increased in 2016/17. The BCF target of 236.66 days per 100,000 population for April – June 2016 (Quarter 1) has been missed, with the actual number of days being reported during Q1 as 287.04.
8. Detailed analysis has shown that the number of days delayed at UHL has risen from 778 in 2015/16 Q1 to 1,685 in 2016/17 Q1. This accounts for 36% of all days delayed in this quarter. Delays have also risen at Kettering General from 132 in 2015/16 Q1 to 497 in 2016/17 Q1. This is a further 11% of the total days delayed in this quarter.
9. UHL has seen increases in the number of days delayed due to the following reasons:-
  - public funding (all patients whose assessment is complete but transfer has been delayed due to awaiting Local Authority funding or NHS funding);
  - residential homes (all patients whose assessment is complete but transfer is delayed due to awaiting Residential home placement, because of lack of availability of a suitable place to meet their assessed care needs. This does not include patients where Local Authority funding has been agreed, but they or their family are exercising their right to choose a home);
  - nursing homes (all patients whose assessment is complete but transfer is delayed due to awaiting Nursing home placement, because of lack of availability of a suitable place to meet their assessed care needs. This does not include patients where Local Authority funding has been agreed, but they or their family are exercising their right to choose a home);
  - care package in home (all patients whose assessment is complete but transfer is delayed due to awaiting a package of care in their own home).

The proportion of delays attributed to each organisation has not altered since 2015/16 Q1, except for delays in arranging care package in the home where 74% are attributed to the NHS in 2016/17 Q1 (e.g. the services of a district nurse, an occupational therapist or physiotherapist), compared to 58% in 2015/16 Q1.

10. Kettering General has seen a large increase in days delayed due to the category 'further non-acute NHS' (which means further NHS care is needed in the community)

from 86 in 2015/16 Q1 to 400 in 2016/17 Q1. This type of delay can only be attributed to the NHS.

11. A further analytical piece of work is underway to examine the range of data and metrics being captured across the LLR health and care system to better align the reporting and target setting to allow for improved discussions about targeted areas for improvement.
12. The 5 new discharge pathways that were designed for LLR in 2015/ are currently in varying stages of implementation/completion. Each pathway is designed to avoid ongoing eligibility assessments taking place while the patient stays within the acute trust, instead aiming for 'home first' with access to a trusted assessor in the community, plus a period of reablement for up to 6 weeks. These principles aim to reduce the wait for assessments whilst in hospital, reduce the number of people who require a health and/or social care package and reduce the complexity (number of calls and level of dependence), and reduce the number of people who need a new or increased level of care in a care home.
13. The information below describes progress made towards implementing the pathways:



### Pathway 1 – home with existing support

This pathway is ready to be launched. Communications messages have been agreed with UHL to support staff to restart existing care or services or to increase care packages by one call per day. Go live date to be agreed with UHL in the next 2 weeks.

### Pathway 2 – home with new support

In the county this pathway is called Help to Live at Home. The procurement phase has recently been concluded with 9 new providers appointed to deliver domiciliary care and the new service is on track to be mobilised in November 2016. City CCG are actively seeking to link their services with pathway 2 and an initial discussion is planned at the end of August 2016. Discussions are also progressing with regards to Intensive Community Support which is provided by Leicestershire Partnership Trust and how it forms part of the pathway 2 offer. Communication messages about the pathway are starting to be circulated.

### Pathway 3 – Complex transfers

This pathway is expected to be a replacement for the existing discharge to assess (D2A) pathway. The existing pathway is accessed and monitored by UHL. Pathway 3 is an

improved and recognisable D2A pathway with quality gains including a reablement focus in a care home, dedicated therapy resource and health and social care case managers. Initial procurement earlier in 2016 did not attract the market leading to no bids for the bed based service, however a recent market engagement event to discuss potential changes to the service specification was well attended by a range of care home providers and therapy providers, with helpful feedback given on why the initial procurement wasn't successful.

Service specifications for both the bed based service and therapy service have been amended as a result of the feedback, with a clearer definition of the the expected patient group (medically stable for transfer, able to participate in reablement, unable to initially return home). The new procurement plan will be for a total of 60 beds across LLR (as planned) but commissioned in two blocks of 10 beds rather than one block of 20 beds per CCG area.

Pathway 3 has been issued for re-procurement (16<sup>th</sup> August 2016) with a 3 month phased service mobilisation period, starting in January 2017. Planning for the mobilisation period has commenced and clarification questions have been received from potential bidders.

#### **Pathway 4 – last few days of life**

This pathway forms part of the wider end of life strategy currently being developed by the LLR End of Life team. However in the short/medium term, to achieve a robust last few days of life pathway that supports a person to die in their place of choice may require a capacity review of existing services. This pathway is due to be scoped during Autumn 2016 with progress reported back through the discharge steering group.

#### **Pathway 5 – specialist transfer pathway**

A pathway for people with severe dementia requires development. This will also commence scoping in Autumn 2016.

#### **Trusted Assessment (formerly minimum data set – MDS)**

The minimum data set project has been renamed 'trusted assessment' as it better describes the aims and process. The trusted assessment has electronically replaced several paper documents used in the assessment of patients between hospital and ongoing services in the community. It is now uploaded to UHL's "nervecentre" IT platform as an 'app' and is due to be trialled across a number of wards to ensure it works smoothly.

The aim of using the trusted assessment is to avoid multiple assessments taking place and to move towards a 'trusted assessor' principle across all of the pathways.

A stakeholder meeting was held at the end of July about this piece of work however it was clear from this that the LLR IT landscape has moved forward since the trusted assessment idea was originally conceived, so a task and finish group will now review the available solutions to make the app interoperable with other health and social care IT platforms. Links with existing prioritised IT projects (summary care records, etc) will be explored to ensure no duplication of effort. The nervecentre app can currently print to PDF, send information to another user via secure NHS email or can be accessed by a select number of hospital social care staff via virtual/remote access.

14. An LLR wide discharge summit was held in May 2016 to review what was working well and what required further improvement. The summit produced five priority areas to for partners to focus on:

- Responsiveness and timeliness of the discharge process (UHL internal processes)
- Staff training and support
- Step up / step down navigation hub
- Shared risk
- Single assessment

The projects were reviewed at the Discharge Steering Group in June and were amalgamated where possible with existing projects eg single assessment links clearly with the trusted assessment project.

**Responsiveness and timeliness of the discharge process** (lead Julie Dixon) has been amalgamated with the ward workstream and SAFER care bundle work at UHL. SAFER is:

**S - Senior Review.** All patients will have a Consultant Review before midday.

**A - All patients** will have an **Expected Discharge Date** (that patients are made aware of) based on the medically suitable for discharge status agreed by clinical teams.

**F - Flow of patients** will commence at the earlier opportunity (by 10am) from assessment units to inpatient wards. Wards (that routinely have patients transferred from assessment units) are expected to 'pull' the first (and correct) patient to their ward before 10am.

**E – Early discharge, 33%** of our patients will be discharged from base inpatient wards before midday. TTO's (medication to take home) for planned discharges should be prescribed and with pharmacy by 3pm the day prior to discharge wherever possible to do so.

**R – Review**, a weekly systematic review of patients with extended lengths of stay (> 14 days) to identify the issues and actions required to facilitate discharge. This will be led by clinical leaders supported by operational managers who will help remove constraints that lead to unnecessary patient delays.

UHL are completing an interactive baseline of SAFER across the medical wards with an action plan due to be written in September which will inform future actions to ensure SAFER is embedded in practice. The ward workstream and SAFER report progress to the Discharge Steering Group.

**Staff training and support** (lead Helen Crossley - UHL) - a group met on 18<sup>th</sup> July to describe the scope of the project and agree membership to ensure a well rounded programme can be drawn up. The group plans to design and deliver multidisciplinary, multi organisational learning about discharge which will be a mixture of group learning and e-learning.

**Step up/step down navigation hub** (lead Sam Merridale/Tamsin Hooton – LLR Urgent Care Vanguard team) is being scoped and reviewed to see if it links with the vanguard clinical navigation hub or whether it's a different issue to be addressed.

**Shared risk** (lead Mandy Gilhespie - UHL/Claire O'Donohue – LLR Urgent Care Vanguard Team) is more about developing principles than delivering a project. It will aim to describe clear principles about clinical risk management that be embedded into other aspects of LLR work, including organisational development, training and communications messages.

**Single assessment** (lead Claire O'Donohue) will amalgamate with the trusted assessment project and be reported as 'trusted assessment' via the task and finish group.

15. The 8 national (Department of Health) high impact interventions for discharge were well received by the LLR Discharge Steering Group earlier in 2016 however it proved difficult to complete the self assessment tool and then identify gaps in provision, without a lead officer to drive this. The new service improvement manager in the Urgent & Emergency Care Team (Claire O'Donohue) was tasked to complete this piece of work from July 2016.

The 8 high impact interventions are:

**Change 1 : Early Discharge Planning.** In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

**Change 2 : Systems to Monitor Patient Flow.** Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

**Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.** Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

**Change 4 : Home First/Discharge to Access.** Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

**Change 5 : Seven-Day Service.** Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

**Change 6 : Trusted Assessors.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

**Change 7 : Focus on Choice.** Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

**Change 8 : Enhancing Health in Care Homes.** Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Representatives from UHL, LPT Community Services, City Social Care, County Social Care, Rutland Social Care, Mental health and EMAS have each contributed to the self assessment document. The next steps are to present the document to the next Discharge Steering Group in September to review the gaps at a system level and then describe actions that may need to be taken.

The actions will be placed on the system wide Recovery Action Plan (RAP) for Urgent Care and link to the objectives of the new A&E delivery board of which numbers 4 & 5 are discharge related:

1.Streaming at the front door - to ambulatory and primary care
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2.NHS 111 - Increasing the number of calls transferred for clinical
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advice
3.Ambulances - DoD and code review pilots; HEE increasing workforce
4.Improved flow - 'must dos' that each Trust should implement to enhance patient flow
5. Discharge - mandating 'Discharge to Assess' and 'trusted assessor' type models.

## **Conclusion**

16. The discharge steering group continues to drive forwards the system wide changes required to reduce delayed transfers of care and it provides a governance structure to support, escalate and challenge performance against the workplan. The group also oversees the implementation of the work remaining to embed the 5 new discharge pathways and identifies and resolves where needed any strategic and operational barriers to delivery?
17. The 8 national high impact interventions for reducing delayed transfers of care will be analysed for further improvements across the health and social care system
18. The new discharge pathways, along with the focused actions from the LLR discharge summit will provide a new way of working across LLR which should see a reduction in delayed transfers of care.
19. While the 5 new pathways are being implemented, and their impact fully realised further specific actions are needed to analyse and address the deterioration in delayed transfers of care performance experienced in Q1 of 2016/17
20. The new A&E delivery board will continue the focus on all parts of urgent and emergency care (including discharge).

## **Officer to Contact**

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## **List of Appendices**

- Quarter 1 DTOC data
- 8 high impact interventions – DRAFT as due for further discussion 6<sup>th</sup> September at the Discharge Steering Group

## **Relevant Impact Assessments**

### **Equality and Human Rights Implications**

21. Discharge planning is a person centred approach which considers the specific needs and preferences of the patient/service user, and involves working closely with their advocates, carers, or family members. Due regard is paid to protected characteristics in assessing an individual's needs and preferences and health and care staff receive specific equality duty training. As part of discharge planning person centred information is transferred securely between agencies within the health and care system which is essential to ensure continuity in care between hospital and community settings.

#### Partnership Working and associated issues

22. The delivery of sustained improvements in delayed transfers of care (DTOC) remain a high priority for all partners in LLR and a joint approach is taken to delivering system improvements, reporting our position and sharing accountability for our performance as a system.
23. As highlighted in the report, joint working is currently taking place to review the metrics and measurement of DTOC across LLR and embed the 5 new system 5 discharge pathways fully within the health and care system – this work is being actively supported by all partners and will lead to stronger relationships and an improved ability to describe areas for improvement.

#### Risk Assessment

24. The impact of reduced DTOC performance presents risks to patient/service user experience, quality of care and places the effectiveness of the entire system of urgent care at risk
25. The deterioration of performance on delayed transfers of care may be the subject of further escalation within NHS and LA systems, locally, regionally and nationally (linked to achievement for example of Better Care Fund metrics which are reported quarterly to NHS England)
26. Pathway 3 is subject to a successful re-procurement process based upon improved engagement of the market prior to the procurement going live. If the procurement is not successful, a review of the approach will be undertaken, including the possibility of 'assessment only' beds and 'rehab beds'.

## HEALTH AND WELLBEING BOARD

15 SEPTEMBER 2016

### REPORT OF HEALTHWATCH LEICESTERSHIRE ANNUAL REVIEW 2015 -16

#### Purpose of report

1. The purpose of this report is to present Healthwatch Leicestershire's (HWL) Annual Review 2015-16 to the Health and Wellbeing Board. Healthwatch Leicestershire's purpose is to promote continuous improvements in local health and social care services - improving outcomes for local people in Leicestershire. We believe that the best way to do this is by designing local services around the needs and experiences of local people. As the local Healthwatch for the County, everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.
2. In our Annual Review we report on our statutory activities over the last year and demonstrate the impact that these activities are having on the commissioning, provision and management of local health and social care services. We also provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively. We have complied with Healthwatch England guidance by using the Healthwatch trademark and reporting on our statutory requirements including meeting the 30 June 2016 submission date.
3. The full **Annual Review** (Appendix 1) is also available at <http://alturl.com/9dnq3>. The summary version on the year's successes and highlights is labelled Appendix 2.

#### Policy Framework and Previous Decisions

4. The County Council, following the Health and Social Care Act 2012, is required to directly commission a local Healthwatch. The local Healthwatch in turn has a set of statutory activities to undertake, such as gathering local views and making these known to providers and commissioners, monitoring and scrutinising the quality of provision of local services and a seat on the Health and Wellbeing Board.
5. HWL has become an established member of the Health and Wellbeing Board where we are able to present evidence-based insights and findings reflecting patients and the public views of health and social care services.

#### Background

6. By Statute Healthwatch must produce a report in relation to its activities at the end of each financial year. The report must address such matters as the Secretary of State may direct and the report must be made publicly available and a copy has been sent to each of the following:

- NHS England
- West Leicestershire Clinical Commissioning Group (WL CCG) CCG and East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG)
- Leicestershire County Council Health and Wellbeing Board
- Leicestershire County Council Healthwatch Commissioners
- Healthwatch England; and
- The Care Quality Commission.

### Patient and Public Involvement

7. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.
8. In the past year 2015 -16, HWL was in contact with **2,654 individuals** across **105 different events and activities** and exceeded its performance targets. HWL Board members have represented local voices at **42** health and social care meetings and committees and our sign posting and information service helped **465** people.
9. A key focus for HWL's work is capturing evidence and insights from patients and the public and these are in reports and publications, which have been well received by stakeholders and Healthwatch England. The Commissioners have also commented positively on the production of these reports for their readability, accessibility and quality of the findings.
10. Throughout the year we have produced nine Healthwatch Leicestershire reports excluding Enter & View reports. Each of our reports gives an insight into the patient perspective of the particular service we are scrutinising. All reports are based on evidence and include recommendations for improving the service. Here is a list all the reports published this year.
  - 1) **Annual Review 2014-15:** This report highlights activities over the last year and demonstrates their impact.
  - 2) **My Voice Counts Winter Tour:** This report captures experiences and also asked local people what they would change or improve about their local services.
  - 3) **Community Conversations: Talking to the public about transforming local services:** With the ever-mounting pressure on Accident and Emergency (A&E), Urgent care and GPs, we spoke to 500 members of the public about reducing strain on health services. We found a mixed picture that suggests that people want clearer information on where to go for the right health care.
  - 4) **Lost in Translation: Findings from Mental Health service users at Richmond Fellowship:** This report found that changes to the service provided by Richmond Fellowship are resulting in service users feeling less cared for.
  - 5) **Quick Poll Survey: Your views about GP services:** Local people have been telling Healthwatch Leicestershire about their opinions and experiences of GP services in the county through a quick poll.
  - 6) **Quick Poll Survey: Your views about Ambulance and Emergency services:** During September to October 2015, we asked local people about their experiences of ambulance and emergency services.
  - 7) **Unsafe Discharge for Vulnerable People:** We conducted a study in summer 2014 to understand in greater depth the impact unsafe discharge can have for patients.

The study forms part of the Healthwatch England programme of research and focuses on the experiences of homeless people, people with mental health conditions and older people. The report was published in July 2015.

- 8) **Quick Poll Survey: Your views about Dental Services:** During April to June 2015, over one third of the enquiries Healthwatch Leicestershire received were in relation to accessing dental services. The data shows that many patients struggle to find and access NHS dental provision and they have difficulty understanding dental charges. The purpose of this quick poll survey was to gather more data to gain a deeper understanding of public opinion.
- 9) **Road to Recovery: Voices from substance misuse service users and staff at Swanswell:** We collaborated with Swanswell, a national alcohol and drug charity, to listen to the experiences of people working within and using substance misuse services.

11. Using its statutory powers for **Enter and View**, HWL has produced reports, which have informed and shaped changes by the Care Quality Commission, Patient Participants Groups and NHS England Quality Surveillance Group to improve services for adults in health and social care settings.

12. In this year we've completed six Enter & View visits within Leicestershire:

- 7 July 2015 - Barrow Health Centre
- 9 July 2015 - The Surgery, Ashby
- 24 September 2015 - Wymeswold Court Care Home
- 24 October 2015 - Lyndhurst Lodge Residential Home
- 20 January 2016 - Coalville Community Hospital
- 23 February 2016 - Child and Adolescent Mental Health Services (CAMHS) Unit

13. Each visit took approximately 12-16 weeks to complete this included contacting the service provider, pre-visit to the provider, preparation by visit team, actual visit, drafting the report, inviting provider comments, finalising the report for design and then disseminate to meet the statutory requirements. All of our Enter & View reports are available at [www.healthwatchleicestershire.co.uk/enter-view](http://www.healthwatchleicestershire.co.uk/enter-view)

### **Finance Implications and Timetable for Decisions**

14. Voluntary Action Leicester (VAL) successfully tendered for the delivery of Healthwatch functions and statutory activities is responsible for the HWL contract and the HWL Board has operational independence and exercises judgements to ensure it is accountable to the public and stakeholders.

15. VAL has established a strong and successful partnership with a voluntary board working alongside a dedicated staff team employed by VAL. The role of the HWL Board is to drive the strategic direction for HWL and ensure engagement with all segments of the local population in order to provide a representative voice for as many residents and health and social care service users as possible in a way that promotes better outcomes for all. This governance model reflects Healthwatch England relationship with the Care Quality Commission. Through mirroring this model, HWL benefits from access to VAL's expertise, voluntary and community sector networks and in-house support services that makes use of limited resources more efficient and effective.

16. The current HWL Agreement started on the 1 April 2013 and expired on midnight 31 March 2016. The Agreement stated that the Council may extend this Agreement beyond the Initial Term (April 2013 - March 2016) by a further period or periods not exceeding 2 years (Extension Period).
17. The Council has extended this Agreement by one year to March 2017 and commissioned a review of HWL to inform the specification for the recommissioning the service from April 2017. This review is the subject of a report elsewhere on the agenda and the outcome will be reported to the Health and Wellbeing Board in November and to the County Council's Cabinet.

### **Recommendations**

18. The Health and Wellbeing Board is recommended to:-
- a) Note and receive Healthwatch Leicestershire's Annual Review 2015 -16;
  - b) Note that Leicestershire County Council, as commissioners of Healthwatch Leicestershire, is undertaking a review.

### **Officer to Contact**

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### **List of Appendices**

1. Annual Review 2015-16
2. Summary of Our year at a glance 2015-16

### **Relevant Impact Assessments**

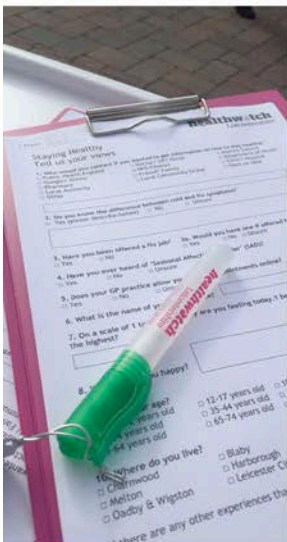
### **Equality and Human Rights Implications**

1. HWL is aware that the Public Sector Equality Duty (PSED) applies to all functions of public authorities that are listed in Schedule 19 Equality Act 2010. Schedule 19 list does not include Healthwatch England or Local Healthwatch organisations, however as bodies carrying out a public function using public funding we are subject to the PSED general duty.
2. Healthwatch Leicestershire is committed to reducing the inequalities of health and social care outcomes experienced in some communities. We believe also that health and social care should be based on a human rights platform. We will utilise the Equality Act 2010 when carrying out our work and in influencing change in service commissioning and delivery.



# Healthwatch Leicestershire

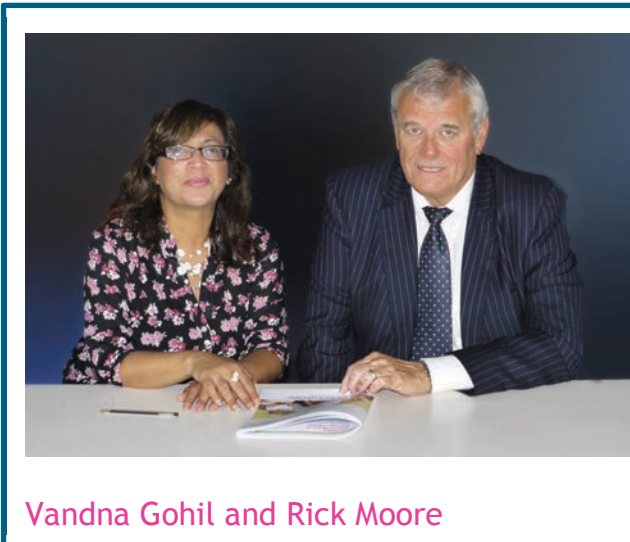
Annual Report 2015/2016



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# Chair and Director's Message



Vandna Gohil and Rick Moore

The need for a strong, independent and sustainable local Healthwatch for Leicestershire is even more important over the next few years. Services in the NHS and Social Care are under severe pressure from the increasing level of demand and reductions in funding; this could mean the possibility of people receiving poor or unsafe care will increase. Local indications of this include:

- NHS England, the Trust Development Authority and Monitor identify Leicester, Leicestershire and Rutland (LLR) as one of eleven "challenged" health and social care communities in England deemed to be in need of additional support (see page 30 New models of care).

- As LLR, we are taking on the challenges facing health and social care services head on with the Better Care Together (BCT) and the new Sustainability Transformation Plans (STPs) as the place based, multi year plans built around the needs of local populations. The STP is delivered by local health and care systems by the organisations working together to deliver transformation and sustainability.

At Healthwatch Leicestershire (HWL), we are keen to be involved the local 'footprint' to ensure the local community and public are engaged in the development of the STP. We recognise that in order to bring about the changes necessary, everyone needs to be signed up and actively involved.

With our active 'watchdog' role at HWL we take learning from people's experiences as well as from specialists and experts to build on what is already known and collaborate in developing and sharing new insights.

Our work continues to be in line with NHS England's commitment to working and engaging with patients, carers, service users and the public in a wide range of ways with an aim to improve the health outcomes for Leicestershire residents.

## Learning and evolving

After three years of HWL being in operation, we were keen to understand how we could improve our service and impact.

So, we volunteered and took part in Healthwatch England's Quality Statements 360 pilot. The pilot invited over 50 key stakeholders in the local health and care system to give their views about their experience of working with us.

The stakeholder included East Leicestershire and Rutland Clinical Commissioning Group, West Leicestershire Clinical Commissioning Group, University Hospitals of Leicester, Leicestershire Partnership Trust, the District Councils, NHS England Central Team and Leicestershire County Council.

We were delighted that nearly 70% of respondents thought that HWL is effective.

**“From my perspective Healthwatch Leicestershire has been the most effective patient voice organisation that I can recall in many years working in the NHS.”**

Stakeholder comment

We completed the pilot and our experience has shaped the national roll out across the Healthwatch Network.

The findings from the project with our actions denoted in *italics* are outlined below

HWL is valued for its strong strategic relationships with Commissioners and partners such as the Health and Wellbeing Board and Clinical Commissioning Groups (CCG).

*HWL representatives continued to act as participating observers on multi agency boards, CCGs and NHS Trusts. Our Board member representatives ensure that the recommendations of reports such as Francis, Winterbourne, Keogh, Cavendish and Berwick are implemented and not forgotten or allowed to slip ‘beneath the horizon.’*

HWL produce professional and independent reports. Their reports are easily understood, balanced and presented in a way to influence Commissioners and providers. The Health and Wellbeing Board felt that HWL reports are **“the best reports received in terms of clarity”**. Stakeholder comment

*This year we have produced eleven reports - see Our Work in Focus: Reports on page 38. Each of our reports gives an insight into the patient perspective of the particular service we are scrutinising. All reports are based on evidence and include*

*recommendations for improving the service.*

HWL utilises its networks effectively in order to seek experiences and concerns from patients and service users. “A week at LRI” Report provided a valuable patient perspective on current service provision, which directly influenced the work and priorities of the Urgent Care Board. See page 30 for more details.

The pilot also highlighted areas for us to improve as follows:

Not everyone understood the rationale behind HWL local priorities; in order to overcome this we need to be clearer on how we develop our priorities and communicate this.

*We shared the emerging findings from the consultation on our future priorities in January (see page 41) with stakeholders. This was to better inform them and align our key messages.*

Some people are not aware of the signposting, information and advice service provided by HWL.

*As you will read, we have produced revised editions of the Health and Social Care Directory (see page 23) and with our reduced resources we will be making refinements to our service and to clarify the specific role of HWL.*

We need to better clarify which groups we are working with, in particular seldom-heard groups.

*As part of our new workplan for 2016-17 (see page 41), we have defined our priorities and we are working with other organisations with similar interests.*

### Spotlight on great care

This year we have also been involved with the Simulation to Evaluate Great Care (SIMTEGR8) project (see page 34). This project began because of the public concern with the Urgent Care System in Leicestershire. The system is under huge pressure, the demand on services is increasing leading to a rise in emergency admissions and A&E is unable to meet their performance target. Health services, Social services and GPs are not as fully co-ordinated as they could be.

The findings from the SIMTEGR8 project informed the refresh of the Leicestershire Better Care Fund for 2016/17 and provided valuable insights into the operational effectiveness of the four pathways.

Our involvement has come to an end, with the learning and reflections presented at the annual Healthwatch England network conference in June 2016 with the launch in July of the toolkit and handbooks at the regional Better Care Together Leads event.

## Resilience, Results, Recognition and Retendering

The current staffing structure and Board has delivered the results presented in this report. This has been achieved with a reduced team of one full time Development Officer in June 2015 and changes to the staffing model.

This year's performance has been accomplished with an in year cut of £80,000 and it should also be noted that Voluntary Action LeicesterShire (VAL) Trustees have agreed to subsidise a small shortfall to year end 2016 (see page 46). Over the last two years we have had a 30% reduction in budget, further reductions in funding will mean we will have a smaller staff team and our capacity to deliver results in the future will inevitably be impacted.

The Commissioners have advised that the current contract has been extended to March 2017 and that during 2016-17 they will re-procure Healthwatch functions.

VAL is responsible for the HWL contract. The HWL Board has operational independence and exercises judgements to ensure it is accountable to the public and stakeholders. This governance model reflects Healthwatch England relationship with the Care Quality Commission. Through mirroring this model, HWL benefits from access to VAL's expertise, voluntary and community sector networks and in-house

support services that makes use of limited resources more efficient and effective. (See page 44 for more about the Board).

As part of consultation on local priorities (See page 41) we were delighted that over 400 people completed the survey online and postal. Over 50% of the respondents were members of the public and the remainder HWL members. We wanted to gauge how much our members and the public understand about HWL. As a relatively new organisation, we are pleased that of the 212 responses from the public 1 in 3 had heard of Healthwatch Leicestershire.

## Acknowledgements

We would like to thank our Enter & View volunteers for supporting our activities, Board members for all their time, passion and commitment and also the dedicated staff team. See page 44 for a full listing of the Healthwatch Leicestershire team. And finally, without the support from VAL, the achievements outlined in this report would not be possible.

We hope you find the Annual Report informative, insightful and interesting.

**Rick Moore, Chair**  
**Vandna Gohil, Director**

# The year at a glance

This year we've reached **3,245** members, subscribers & twitter followers



Our Signposting and Information service has helped **465** individuals



Our board members represent local voices at **42** different health & care meetings and committees



We've undertaken **6 Enter & View** visits to local health and care services



We published **6** insight reports on issues ranging from **access** to **GPs** and **mental health**



We've met **2654** local people at **105** events and activities



# Who we are

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.



Healthwatch Leicestershire Board

## Our Vision

**Higher quality and more accessible health and social care services in Leicestershire through public involvement.**

## Our Mission and Objective

To be an independent, influential consumer champion of health and social care services in Leicestershire, ensuring that consumer rights and responsibilities in health and social care are understood and delivered. We achieve this by:

**Understanding** what matters most to consumers, especially those most vulnerable, by always starting with their needs and rights.

**Developing** evidence-based local insights to share with local partners, and Healthwatch England to inform a national picture.

**Influencing** those who have the power to change design and delivery of services so they better meet the needs and rights of users.

## Our priorities for 2015-2016

Ahead of our work this year we consulted with patients, stakeholders and members of the public to identify key issues to inform our priorities for 2015-2016.

During the year we have focused on making a difference by influencing change for the better based on these priorities.



# Listening to people who use health and care services



# Gathering experiences and understanding people's needs

## Community Conversations

Our Community Conversations Campaign was part of an initiative to take a wider view of the local health landscape. The campaign ran from 16 August to 5 October 2015.

We spoke to 500 members of the public about reducing the strain on health services such as Accident & Emergency (A&E), Urgent Care and GPs.

We found a mixed picture that suggests that people want clearer information on where to go for the right health care.

The same questions were asked at a series of events to gauge the public's understanding of accessing services and to review the health information that is shared or could be potentially shared with them.

500 individuals were listened too  
326 surveys were completed  
14 events were held

## Emerging themes

### 1. When the GP is closed

Members of the public are beginning to change their behaviour, thinking about the best ways to receive care and using the NHS 111 service for advice and guidance. The majority of people told HWL that they would call NHS 111 in the first instance that their GP practice was closed.



### 2. Urgent Care Centres (UCC)

When we spoke to attendees at the Over 50's Day in Hinckley, we found that 34 out of 46 (80%) people did not know or were unsure where to find their nearest UCC.

In total, over 40% of people we spoke to were unsure of where to find the nearest UCC. A small amount of people that stated they did know where their nearest centre was, were actually mistaken.

### 3. Sharing information

Patient's that were suddenly admitted to hospital, told us that it would be useful if the consultant had access to their GP information, especially in times of emergency. Overwhelmingly, respondents agreed that it would be useful for symptoms and conditions to be shared across healthcare professionals when in need of care.

### 4. Waiting room information

Overwhelmingly, people told us that they wanted information that advised them where to go as an alternative to their GP including contact information for out-of-hours services and where to go for specific illnesses.

People told us that it would be very useful to have relevant information about UCCs as well as to inform them of which services would be most appropriate for their individual symptoms.

The findings suggest that people are aware of a range of health services but are sometimes unsure of which option is most suitable to their individual situation. Many feel that they would benefit from additional information.

The findings were presented and discussed with both West Leicestershire Clinical Commissioning Group (WLCCG) and East Leicestershire and Rutland Clinical

Commissioning Group (ELRCCG) and aims to support healthcare providers, Clinical Commissioning Groups (CCGs) and other providers as they work to increase care in the community by integrating health and care services across Leicestershire, Leicester and Rutland.

The report was presented to the WLCCG People Powered Health Delivery Group and Professor Lakhani, WLCCG Chair *“noted the quality of the work and that the CCG was fortunate to have Healthwatch Leicestershire as a critical friend to help identify clear areas for improvement. He stressed the need to join up care interfaces for quality and safety”*.

**“I want to be able to make an appointment much more quickly than I can at present. I was once inside my practice and was told that I could not make an appointment, as it had to be done via the phone. I then stood in the GP’s reception, rang the practice number and continued to book an appointment whilst looking at the receptionist.”**

- Hinckley & Bosworth resident

**“I view my health holistically and would like my health professionals to do the same.”**

- Charnwood resident

## Healthy You, Happy You Campaign

In October 2015, we took part in the 'Healthy You, Happy You' campaign that was run in partnership with West Leicestershire Clinical Commissioning Group (WLCCG), Public Health, Leicestershire County Council, Alzheimer's Society, Let's Talk - Wellbeing, Voluntary Action South Leicestershire and Patient Participation Groups.

The campaign ran from 7 October until 17 October. The theme of the campaign was improving the health and wellbeing of people. We did this by informing people on ways to improve both physical and emotional health.

The aim of this campaign was to:

- Increase awareness and engagement with our target audiences
- Provide support and information to eligible audiences
- Communicate the messages of health and wellbeing to a wide audience
- Forge stronger partnerships with other health and social care organisations

We were able to capture patient experiences and signpost people to available health information. We heard from people across West Leicestershire and visited Thurmaston, Loughborough, Coalville, Hinckley and Ashby.

We conducted a survey to find out people's views on staying healthy. There were over 2,300 conversations across the six events and we directly listened to 119 people and completed 76 Surveys.

We asked people who would they contact if they want to get information on how to stay healthy.

- 33% Go Online
- 28% Contact a doctor or nurse
- 20% Visit a pharmacy

We asked if people knew the difference between cold and flu symptoms:

- 54 did know
- 9 did not know
- 13 were unsure

We asked people if they had been offered a flu jab.

- 49 respondents had been offered and/or had the flu jab
- 48 respondents would have a flu jab if it was offered for free

WLCCG reported that there were 671 people referred directly to another service or programme as a result of the campaign. Examples include people referred for immediate flu vaccinations, exercise and weight loss programmes, stop smoking, sign-ups for information and memberships or other programmes.

**"I went to see the nurse who gave me the flu jab and the nurse gave me information about health and how to stay healthy."**

- Charnwood resident

## Enter & View

**The Enter & View and Safeguarding (E&VnS) Working Group meets bimonthly to oversee the delivery of our Enter & View visits and any safeguarding issues and concerns.**

Their role is to go into health and social care premises to find out how they are being run and to make recommendations for improvements.

These visits can happen if people tell us there is a problem with a service. Equally, they can occur when services have a good reputation, this enables us to learn about and share examples of what the provider does well.

The group have all undergone training to become Authorised Representatives that enables them to conduct Enter & View visits. The groups are:

Sue Staples - HWL Board member and Board Safeguarding Lead

Gemma Barrow - Development Officer, Staff Lead

Margaret Bellamy

Sharon Bessey-Saldanha

Chris Bosley

Ann Cluskey

Anne Collier

Simon Farmer

Pat Fraser

Jill Gore

Bob Harrison

Tanuja Parmer

Lynn Pearson

Mike Perks

Ian Staples

Jeff Wooldridge

In this year we've completed six Enter & View visits within Leicestershire:

- 7 July 2015 - Barrow Health Centre
- 9 July 2015 - The Surgery, Ashby
- 24 September 2015 - Wymeswold Court Care Home
- 24 October 2015 - Lyndhurst Lodge Residential Home
- 20 January 2016 - Coalville Community Hospital
- 23 February 2016 - Child and Adolescent Mental Health Services (CAMHS) Unit

Each visit took approximately 12-16 weeks to complete this included contacting the service provider, pre-visit to the provider, preparation by visit team, actual visit, drafting the report, inviting provider comments, finalising the report for design and then disseminate to meet the statutory requirements.



**On the 7 July 2015 the Authorised Representative undertook an Enter & View visit to Barrow Health Centre. This is what they found out...**

Making appointments is an issue for patients, they do not understand the appointment booking system and reported that the telephone often cuts out while they wait in the queue to make their appointment.

Patients told us that due to poor experiences of telephone appointments they had taken the option of booking in person. They are often waiting 20-30 minutes for their call to be answered. Patients who had to take children to school or commuted to work expressed their frustration of an inefficient telephone booking service.

We made a recommendation to the surgery to consider changes to the appointment system with improvements on how patients can use the existing system:

- Flexible appointment system to meet patient needs
- Address technical issues with the telephone system

The surgery responded and told us that their staff will be visiting other surgeries in the area and observing their systems with a review to compare and improve where necessary.



The calling system has now changed. Now when patients call instead of sitting in a long calling queue (sometimes 25 callers) the calling queue is reduced to 7 callers, if you are the 8th plus caller you will hear an engaged tone, or depending on your telephone provider hear the message this number is currently unobtainable or this number is busy please call back. This ensures the patient is now not in a long calling queue and reducing their telephone costs and indicates to them to call back in a few minutes.

The Enter & View Team made **ten recommendations** in total to the practice and we included the responses from the practice in the report.

On 2 October 2016, The Care Quality Commission (CQC) put Barrow Health Centre into special measures. The CQC findings mirrored some of our findings as patients found that the staff were efficient, helpful and caring but some patients found it difficult to get through on the telephone to make appointments. The CQC will inspect the practice again to consider whether sufficient improvements have been made.

**Other changes to services as a result of our Enter & View visits:**

*“We were very happy to see that the report was overwhelmingly positive and patients and carers are on the whole happy with the care that is delivered by our service. Most of the recommendations were underway or have been actioned as a result of the report.”*

**Coalville Community Hospital**

*“We would like to thank the team who visited on the day for their kinds words and encouragement. We would like to inform you that an action plan has been developed to action the recommendations made on the day and in the report.”*

**Wymeswold Court Care Home**



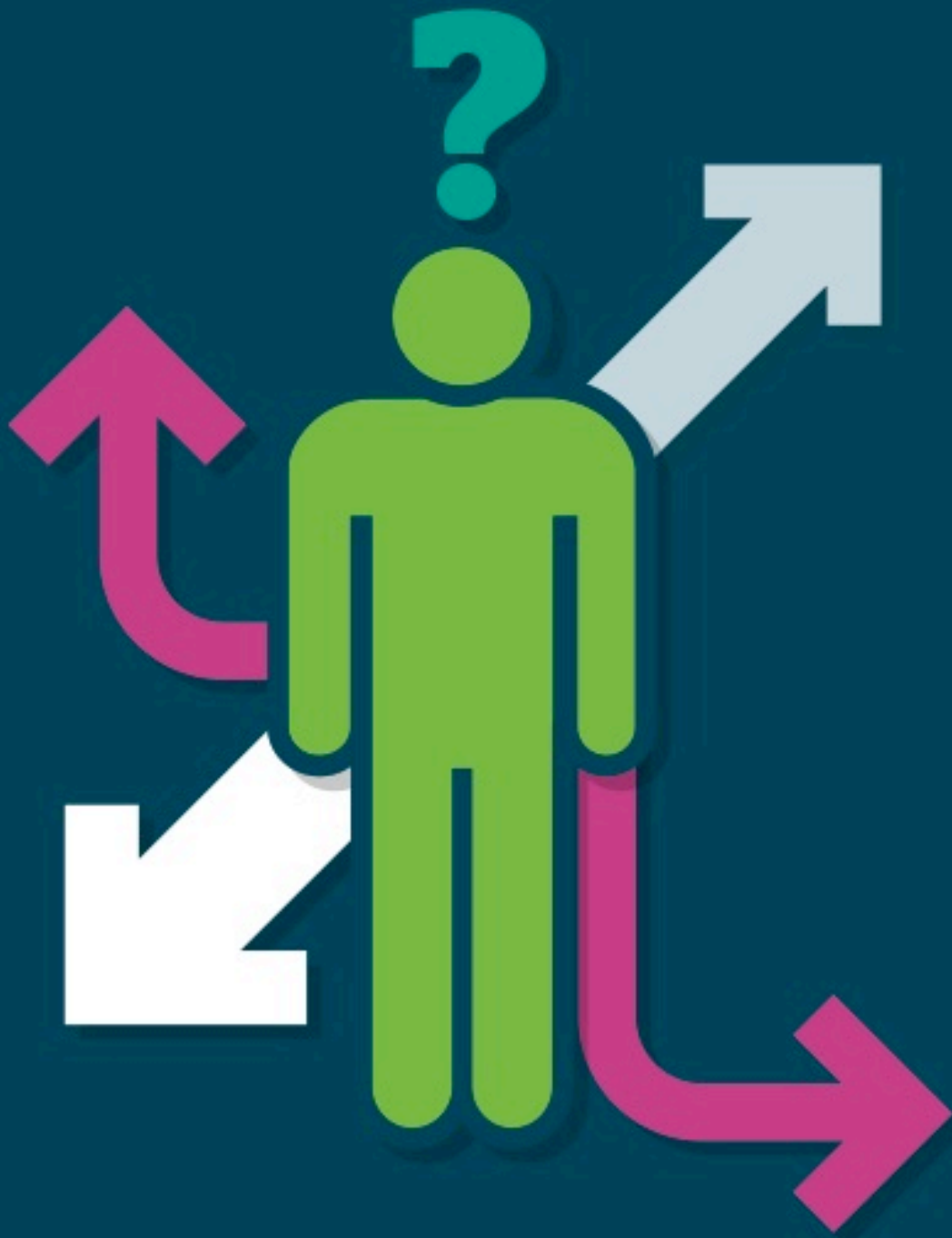
*“Thank you for your helpful and constructive report. We are delighted that nearly all our patients are happy with our service. Our aim is to provide a modern surgery but with old fashioned friendliness and continuity of care and we will endeavour to continue improving.*

*With regard to the issues raised about our waiting room chairs, the hot water tap labelling, our kitchen door and the disabled pull cord, these are all in hand or in the process of change. We already had new signs on order for the practice and these will be installed in the very near future.”*

**The Surgery, Ashby**

All of our Enter & View reports are available on our website.

# Giving people advice and information

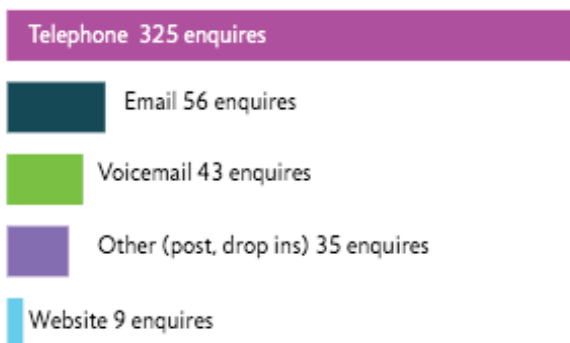


## Helping people get what they need from local health and care services

This year our Signposting and Information Service handled 465 enquires, this exceeded our 300 enquires target.

The service was open Monday to Friday, via telephone with voicemail services 24/7. Emails and communications through the website were responded to within 24 hours. We aim to respond to all queries within 24 hours (notwithstanding weekends).

### Breakdown enquiries received



### Top issues received through Signposting

- Lack of NHS dental vacancies/appointments (e.g. waiting times for up to 12 months to register)
- Domiciliary care and home visits (e.g. Dental and Optical services)
- Delays with Arriva Patient Transport Solutions
- Complaints about NHS services (e.g. GPs and Hospitals)

The overwhelming majority of enquiries (65%) to the signposting service are made

by telephone and seeking information about NHS dentists.

From our work on brand awareness and quality statements with external stakeholders, the signposting service was an area that was the least known about of our activities. It is apparent that members of the public and Health and Social Care colleagues call us via third parties, as we do not proactively advertise this service due to budgetary constraints.

We had to limit our drop in surgeries due to resources at the end of the first quarter, which has reduced our ability to hear from people telling us about their experience of local health and social care services.

The insights we gain from the helpline and information service contributes to our evidence base so that our voice is authentic where changes are needed to health and social care services.

### Access to GPs for new borns

A couple wrote to us about an issue they had with their GP surgery. They had a visit from their midwife to see their 11-day-old baby and were told to take her to the GP for a minor illness. The mother called the surgery and requested an appointment. When asked for the baby's details she could not provide the name of the baby, as the family had not decided.

The GP receptionist said they would not be able to see the baby as without a name they could not register. The new

parents were advised to take the baby to the walk in centre or hospital. The parents felt that this was inappropriate given the advice from the midwife and they only needed a prescription for their baby.

The father called the GP Practice and was told the same information. Unhappy with this, he then called another local surgery that offered to register the baby the same day and explained that the registration would be listed as “incomplete” until the baby’s name had been decided.

#### ***What we did***

We provided the parents with details of POhWER Advocacy as the couple had already made a formal complaint directly through the surgery and were waiting a response.

We also contacted the relevant Clinical Commissioning Group (CCG) to better understand the procedure for registration of new-borns.

#### ***Follow up***

The CCG informed us that a new-born can be seen by a GP under a temporary registration using the baby’s NHS number and the GP receptionist in this case was given the wrong information. The CCG will be looking into this and directly speaking to the GP surgery to ensure that this is not repeated.

## Support for Carers

A mother called us, as she was worried about her son who suffers from schizophrenia and obsessive-compulsive disorder. She explained that as his carer they had recently received some forms, which she needs to complete.

She explained that the forms are for her son to receive benefits and she does not understand how to complete them. She wanted to know if there are any services, which can help to complete forms and provide any support for her as a carer.

#### ***What we did***

We gave her details for a telephone Welfare Rights Advice service which provides help with completing forms. We also signposted her to Adults and Social Care at Leicestershire County Council and Support for Carers.

#### ***Follow up***

We followed up two weeks later for an update. She explained that she had been in contact with the telephone service and they had helped her to complete the forms. She has not followed up on other contacts.

## Understanding Hospital waiting times

We were contacted by the patient's wife regarding the GP referral for her husband, who had been suffering from back pain for a number of years. In September 2015 the husband went to see his GP who advised that he would need to see a back specialist and a referral will be sent through immediately.

After 10 days having not received an appointment letter or any documentation about the referral and the patient's wife rang Leicester General Hospital (LGH) to find out the reason behind the delay. She was told the patient's notes were waiting to be reviewed by the consultant and was asked to call back in two days.

She rang back and spoke to a different member of staff at the hospital and was told there is no record of her husband's referral. The member of staff contacted the GP and found that the referral had not been sent through. Due to lack of communication the patient was kept waiting and no appointment was booked.

A letter was finally received with an appointment for mid February 2016. The timeline from the GP referral to being seen by a specialist was 19 weeks and seemed unacceptable.

### *What we did*

We contacted the Spinal Department at the LGH and were informed that the standard wait is 18 weeks and subject to any cancellations patients may be seen earlier. We also asked whether a patient is fast-tracked if the referral had urgent written on it and advised that this does not happen. The patient is only fast-tracked if the consultant feels they need to be.

### *Follow up*

This information was fed back to the couple who appreciative the helpful information and clarification provided.

## Making a complaint

A patient wrote to us about her experience with an Endocrinologist. She told us that most of her thyroid had been removed several years ago and she has since been fighting to get a diagnosis and treatment. In October 2015 she had an appointment with an Endocrinologist who she felt was very rude and appeared to have no interest in the impact the condition has caused her, making her housebound due to the extreme symptoms she suffered.

The patient wanted help and someone to mediate for her with a complaint she had made regarding her care and treatment.

### *What we did*

We provided the patient with details of POhWER and asked her if she would like us to follow up with her on how she is doing.

### *Follow up*

In January 2016 when we called for an update, we were told she had spoken to POhWER and they had been able to arrange a resolution meeting.

In June 2016 we called the patient for a further follow-up. She explained that the resolution meeting in early 2016 went very well and that she was extremely happy with the outcome.

## Quarterly Meetings with CEOs

We coordinate Quarterly meetings with CEOs of local health services including University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT).

Healthwatch members and the public are invited to submit questions about local hospitals or any of the LPT divisions, which include, Adult Learning Disability and Mental Health, Families Young People and Children (FYPC) and Community Health Services.

Questions received on behalf of Healthwatch Leicester City and Healthwatch Rutland are reviewed, with emerging themes and topics highlighted alongside those from County residents then submitted for a response.

There were over 30 questions submitted to UHL and LPT. Below is a summary of issues and themes:

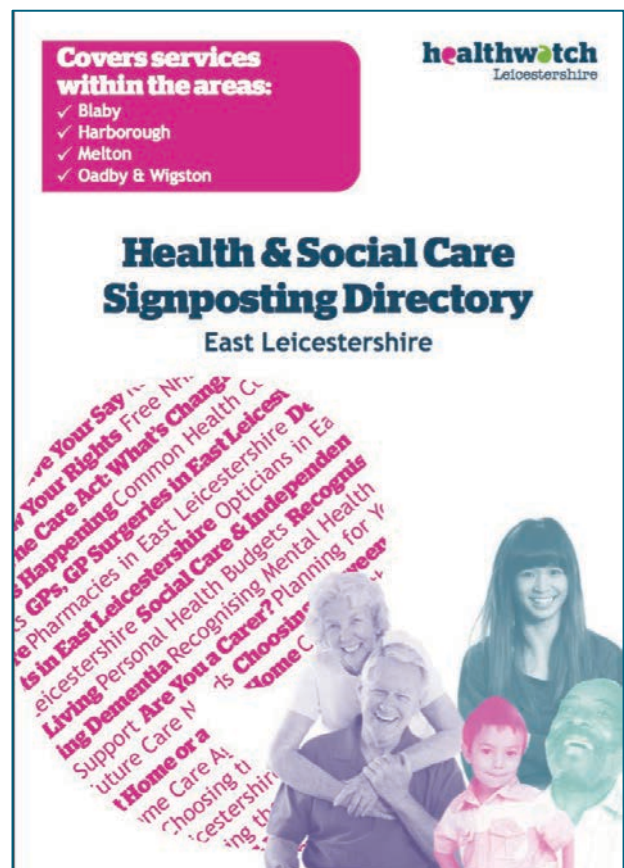
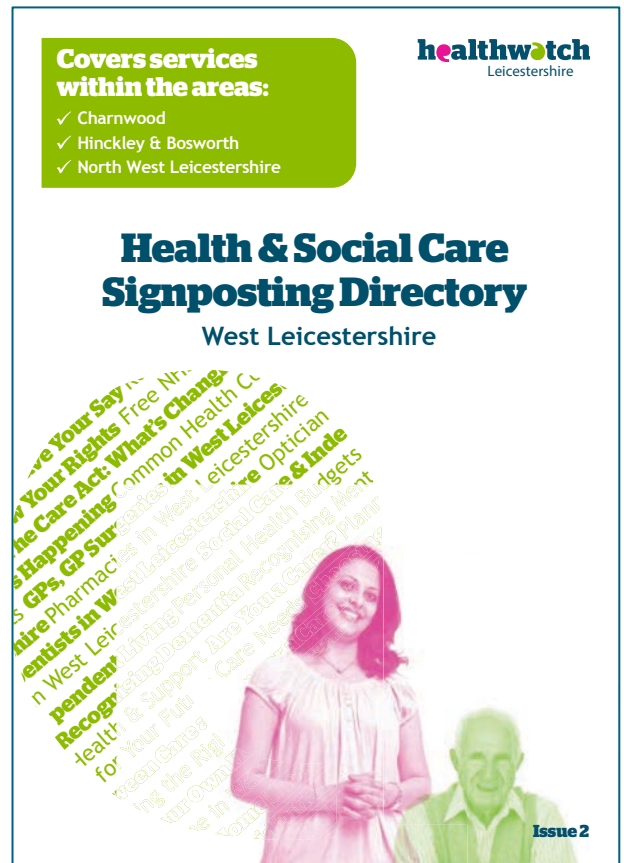
- Documentation (patient records, letters to patients)
- Cancer pathway and diagnosis
- Support for patients with a learning disability
- Nutritional requirements
- Young people and Children services
- CAMHS unit - shortage of beds
- Services for people with dementia/Alzheimer's disease

The final responses are posted onto our website where members and the public can access them.

**The Health and Social Care Signposting Directory**

In partnership with Health Care Publications we produced two Health and Social Care Signposting Directory's one for residents in East Leicestershire Clinical Commission Group (CCG) and the other residents in West Leicestershire CCG.

Twelve thousand copies of the directories were dispatched to GP surgeries, pharmacies, hospitals, domiciliary care providers, residential/nursing homes, various local authority departments, Meals on Wheels and other health care providers.



# How we have made a difference



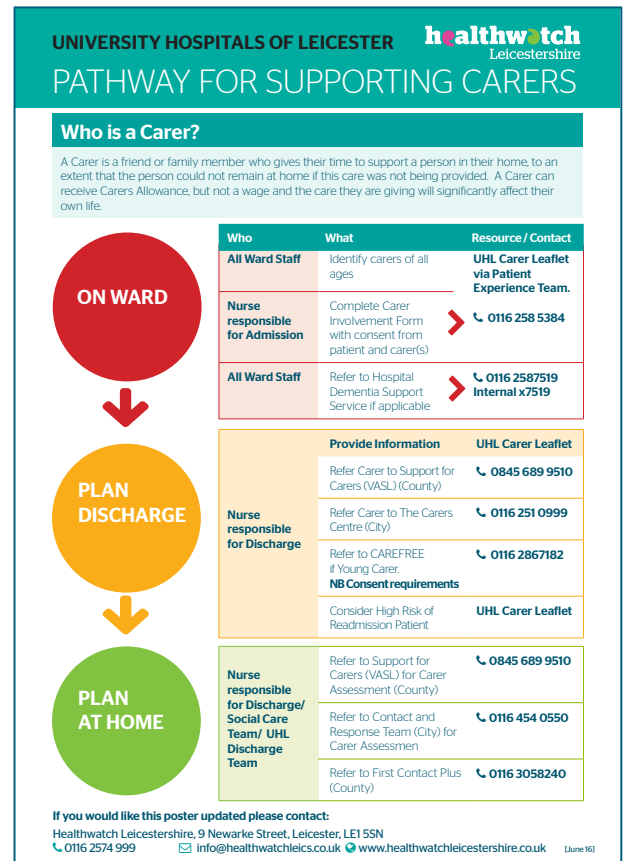
## Pathway for supporting carers

Our Carers Reference Group (HWL CRG) worked with the Leicester Royal Infirmary (LRI) Specialist Discharge Team and the LRI Senior Nurse in the Patient Experience Team. Together we addressed the concerns raised by the staff at their lack of knowledge and confidence to support carers and families during the hospital stays of the cared for person.

In March 2015, two representatives of the HWL CRG spent eight hours shadowing the LRI Specialist Discharge Team on visits to 12 Wards. During the visits carers were asked to complete a questionnaire on their experience of the discharge process. We also asked the Specialist Discharge Team members to complete a staff questionnaire.

The key messages gleaned from the questionnaire was that staff wanted to be better informed with a simple, easily accessible guide with advice for Carers.

In June 2015, we worked with multi-disciplinary representatives to produce a simple and easily accessible poster that signposts and directs staff to the current support networks for carers that are available locally.



The representatives we worked with to produce the above poster were the following:

- LRI Specialist Discharge Team
- LRI Patient Experience Team
- Healthwatch Leicester
- Leicestershire County Council
- Voluntary and Community Sector

In response to requests from staff within the local community health services and East Leicestershire and Rutland Clinical Commissioning Group we have provided a template that can be customised for use in other localities.

## Improving patients experience of Ophthalmology

In April 2015 we published a report 'A Week in Leicester Royal Infirmary (LRI): The Patient Perspective'. Since then we have been successful at progressing the recommendations we made to the Ophthalmology Department.

The report detailed the findings from the week we spent in four departments at LRI in January 2015;

- Accident and Emergency (A&E), 105 people
- Discharge Lounge, 8 people
- Ophthalmology, 83 people
- Ears, Nose & Throat (ENT) Department 66 people

During the week we talked to 262 patients finding out what changes patients and staff would make to improve the experience of using services at LRI.

Patients told us of their issues with; waiting times in Ophthalmology and A&E, delayed discharge processes and lack of communication with out patients in the ENT department.

Ophthalmology - is one of University Hospitals of Leicester (UHL) busiest services. We spoke to 83 patients when we visited of which;

58% had experienced a cancellation of previous appointment

80% had attended the Eye Clinic more than once in 12 months.

64% attempted to get help somewhere else before attending Eye Casualty.

Patients told us that better signage was something that they wanted along with understanding the reason for consistent lengthy waiting times. LRI recognises that the waiting times are too long and have invested in new staff to help see more patients quicker.

On 11 November 2015, UHL updated Leicestershire County Council's Health Overview and Scrutiny Committee by presenting an 'Ophthalmology Action Plan' which was created in direct response to our recommendations.

The hospital has already completed a number of actions in response to what patients told Healthwatch. For example, they have installed TVs and water machines in waiting rooms, improved signage and are integrating patient feedback into its booking centre plans.

The full report can be viewed at <http://alturl.com/ty6cu>

The Ophthalmology Action Plan of University Hospitals of Leicester can be viewed on page 103 <http://alturl.com/rhnhq>

## ‘Lost in Translation’ Mental Health Drop in Sessions

Living with a mental health problems can often have an impact on everyday life, making things that others take for granted a bit more difficult to deal with.

There is a stigma associated to mental health that can often deter people from talking about it. Groups that support people with poor mental health give service users the opportunity to speak openly and share their feelings with peers who understand their experiences. One of our priorities is ‘access to mental health services’.

In May 2015, we were invited to discuss a project to review the mental health social drop-in service with Leicestershire County Council, Adults and Communities. This service is commissioned to Richmond Fellowship, a national organisation that delivers mental health support services through Drop-in’s, In-reach (support for people unable to access drop-ins or the Inclusion Support Service) and Peer Support.

We launched our report in January 2016. The Commissioner is using our findings in their first year internal review of the Richmond Fellowship. As a result of the study, the Commissioners have told us that they are working with Richmond Fellowship.

Our findings highlighted that the transition from a previous provider to Richmond Fellowship had been a difficult adjustment for many service users and the staff. The varying style of support and contractual changes meant that service users have struggled to embrace the new approach to delivery.

63% of service users reported that more could be done to support their recovery

82% of respondents told us that family networks, peer support and structure to their daily lives helped them with their recovery

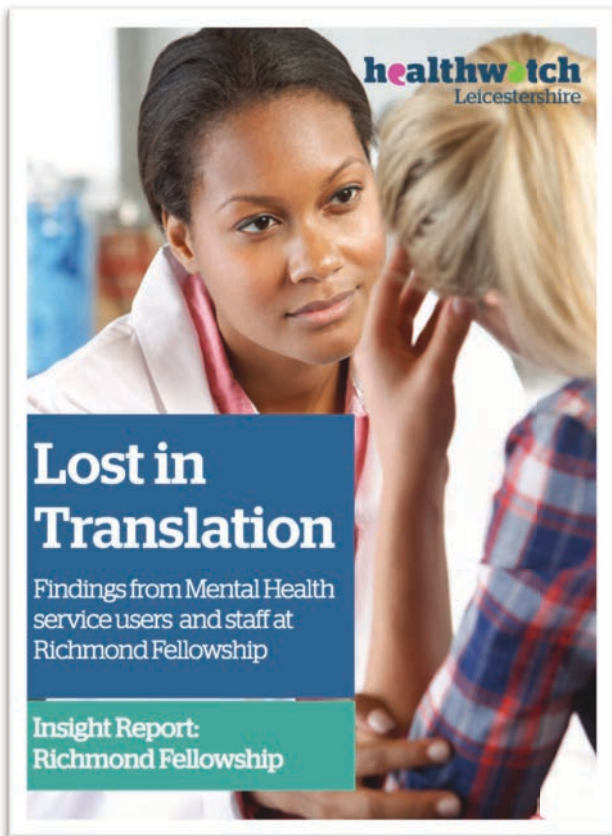
Service users were feeling less cared for under the new ‘arms length’ style where they are asked to do more for themselves and would like staff to spend more time with them at drop-in sessions. Staff told us that they could benefit with more training, particularly when taking over a support group and that they would benefit from having time to discuss their experiences on a regular basis to support each other and to help maintain morale.

*“It feels as if staff do not care even though we know they do. We were wrapped up in cotton wool before and now we have to do it for ourselves.”*

*- Service user*

The report has provided a starting point for commissioners to improve the drop-in services based on service users experiences and our recommendations.

The provider also has the opportunity to review how best to deliver services in the future. HWL will monitor the development of an integrated recovery and resilience network across health and social care through its scrutiny role on Commissioning Boards.



“...to increase the number of opportunities on offer to service users, with the provision of wellbeing groups offering focused activities for time-limited periods. The current mental health social drop-in provision will be subject to a formal review in 2016, due to the approaching end of the contract. This coincides with the move towards more integration of services across health and social care, and it is therefore opportune to reshape both health and social care provision in partnership.

The contents of the report will contribute to the evidence around current services. It also identifies areas and issues that will be further explored during the course of the review and in engagement with all stakeholders, but especially with current users of services. This will help to develop and shape future services with the aim of providing an integrated recovery and resilience network across health and social care.”

*Head of Strategic Commissioning and Market Development - Leicestershire County Council*

## Working with the Care Quality Commission

During this year we have provided insights and intelligence to the Care Quality Commission (CQC) for their inspection at University Hospitals of Leicester and the subsequent Risk Summit held in December and February.

Our relationship with the local CQC Central team has improved through more contact, information sharing and bimonthly meetings with other local Healthwatch and social care organisations.

Local relationships with CQC central team has improved through more contact and exchange via the Leicester, Leicestershire and Rutland Healthwatch Bi Monthly Information Sharing Meeting with commissioners and Healthwatch, where the quality of regulated Health & Social Care Organisations are discussed.

The meetings are an opportunity for open and transparent dealings with a focus on routinely sharing information about the standards of care of providers with the aim of improving the quality of regulated services.

To ensure there are no overlaps or gaps in CQC monitoring activities they routinely share relevant information to achieve;

- The safety and quality of services
- Improved outcomes for people who use services
- Safeguarding vulnerable adults.
- Reduced administrative impacts on providers

We have also submitted our Enter & View reports to inform their on-going work. We are receiving requests for information and insights to CQC forthcoming inspections alongside regular inspection report bulletins.

All our reports and recommendations have been shared with Healthwatch England. During the year we have not had to escalate any issues to them.



## New Model

We were chosen to showcase our work at NHS England's Vanguard Event

NHS England invited us to showcase our work at the NHS England Vanguard event on the 18 November 2015 in London. The event was an opportunity to discuss how to best support the vanguards communication and engagement with patients, local people and staff. 150 people attended the event. We were the only local Healthwatch to be invited to speak at the event.

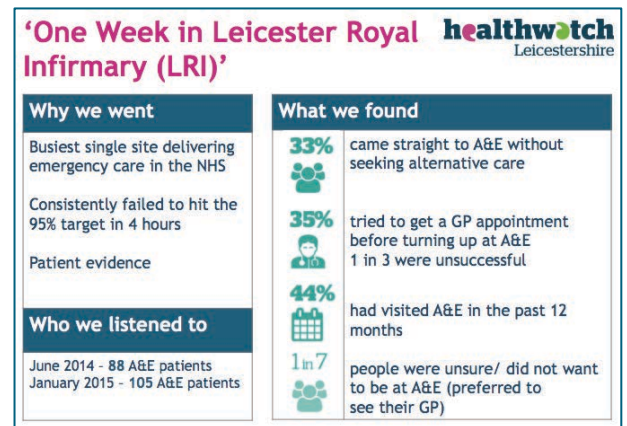
Our work with Urgent & Emergency Care in Leicestershire has contributed to shaping and influencing the NHS New Models of Care programme locally. In July 2015, NHS England and its national partners announced the eight Urgent & Emergency Care Vanguards are intended to improve the coordination of the services and reduce the pressure on A&E departments.

The Leicester, Leicestershire & Rutland (LLR) System Resilience Group won the bid to become a vanguard site for the Urgent and Emergency Care NHS New Care Models programme.

In developing their local bid, the group referenced our report 'A week at Leicester Royal Infirmary (LRI)' and other feedback. The research took place in January 2015 at LRI in four departments. Here we talked to staff and 262 patients to find out what changes they would

make to improve the experience of using services.

Gillian Adams, Vice Chair, represented us at the event. She presented examples of HWL's work, focusing on the reports referenced in the LLR vanguard submission as well as discussing how other vanguards can engage with their local Healthwatch.



**"I wanted to say a massive THANKS for all your help with organising the Healthwatch session at communications and engagement leads event. We have received some really positive feedback on the event, with 97% of people so far saying that it was good or excellent."**

Peta Mylan - Communications Manager (Vanguards) *New Care Models Programme - Five Year Forward View*

## Supporting our Representatives on the Health and Wellbeing Board

Our representation on the Health and Wellbeing Board (HWBB) provides a platform for sharing formal patient, user and public insights, evidence and intelligence to both inform the process of strategic commissioning and improve services for the benefit of local people.

We have established a strong presence and profile by providing our representatives with patient experiences from our latest reports and insights.

This year we have presented:

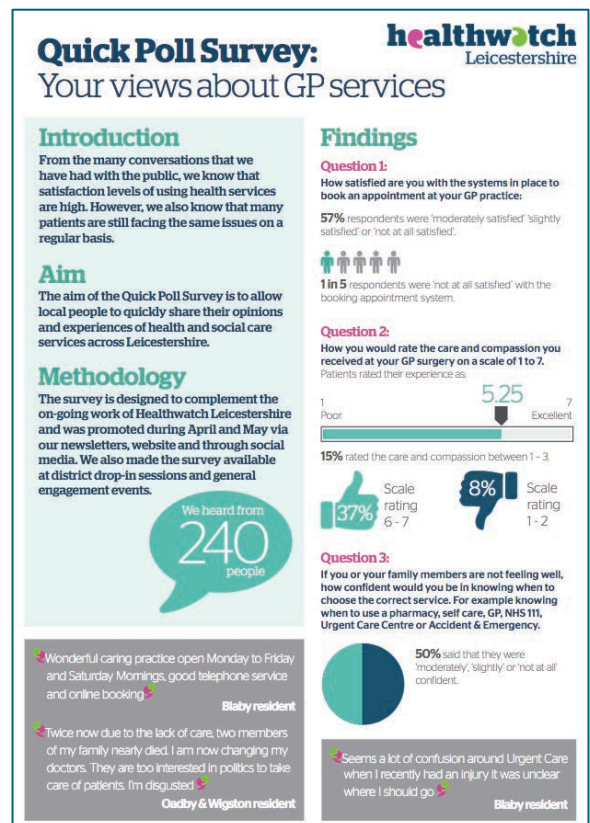
- GP Quick Poll - September
- Annual Report - November
- Dentist Quick Poll - November
- Swanswell - November
- Community Conversations - January
- Your Voice Matters - March

*“ The work HWL has undertaken related to urgent care services, particularly the week in LRI, EMAS handovers and primary care access, have provided a really valuable patient perspective on current service provision which has directly influenced the work and priorities of the LLR Urgent Care Board and our Vanguard site. The impact of these has been greater because of the clear and concise format through which these findings have been presented.”*

Here are some examples of how the HWBB has helped Healthwatch Leicestershire to raise its profile and improve outcomes for local people living in Leicestershire.

### Patient Access to GP Services

We produced a quick poll survey to find out local people’s views on GP services. The findings were presented at the HWBB meeting held in September 2015. At the meeting, the Clinical Commissioning Groups (CCG) requested a breakdown of the data and now they plan to act on our insight alongside other intelligence they collect and respond accordingly to the GPs in their locality.



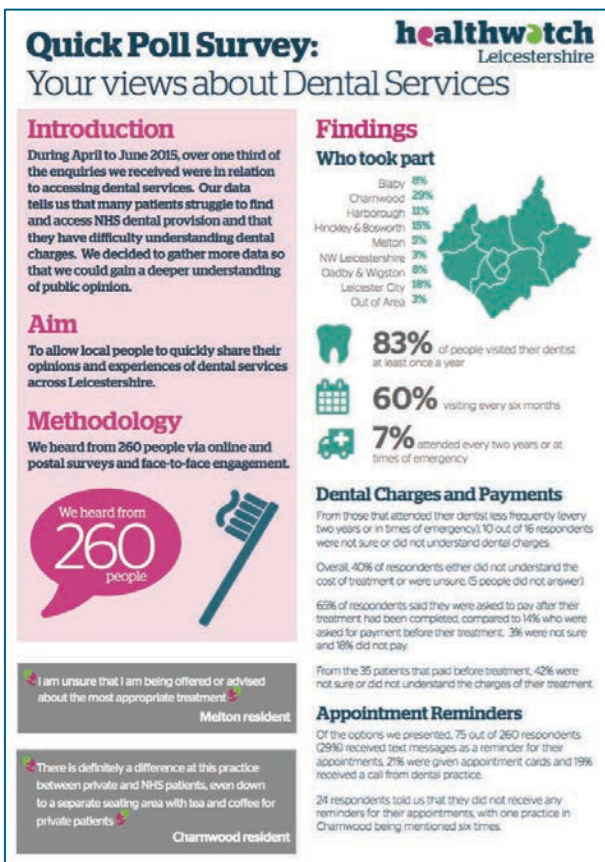
## Patient Access to Dental Services

The findings from our quick poll survey outlining local people's views on dental services were presented at HWBB meeting in November 2015. The Director of Operations and Delivery (Central Team) took the findings and plans to use them to inform the commissioning and contracts for dental services regionally. The report was also submitted to the Chair of the Local Professional Network (LPN) for Leicestershire and Lincolnshire.

Feedback we've received through the Quality Statements Pilot regarding our reports;

*"Excellent reports about visits which are balanced and presented in a way that influences commissioners and providers"*

*"The recent report is an excellent example of where Healthwatch truly add value and provide unique insights into service delivery"*



# Our work in focus



# Our work in focus: SIMTEGR8

## Simulation to Evaluate Great Care (SIMTEGR8) Collaboration Project



The one-year project formed an important piece of work that contributes to the ongoing evaluation of the impact of the Better Care Fund programme. The study reflected on the patient flow across the 4 emergency admissions schemes - examining the integrated journey and user experience, using modelling and simulation techniques.

The Urgent Care System in Leicestershire is under huge pressure with increasing demand leading to rising emergency admissions and an inability to meet A&E performance targets. Due to the impact of this on the sustainability of our health and care economy, Leicester, Leicestershire and Rutland has been designated as an Urgent Care Vanguard site and is embarking on a significant programme of redesign, in line with the new models of care as outlined in NHS England's Five Year Forward View.

Also the Leicestershire Better Care Fund (BCF) identified reducing emergency admissions as one of its main priorities, and partners across the health and care

system collaborated to implement 4 new emergency admissions avoidance schemes, which provide alternative community pathways to attending the Leicester Royal Infirmary (LRI).

During 2015, we spent time at LRI A&E Department to understand patients' experiences and gain their views. We produced three evidence based reports '12 hours in A&E', 'A week at LRI' and 'Ambulance Handover at LRI' all of which highlighted the pressure on the number of attendances and admissions to the department.

Our involvement with the SIMTEGR8 project stemmed from the local public concern that health services, social services and GP services were not fully coordinated.

The Leicestershire BCF has embedded a formal evaluation as part of its programme plan and a unique partnership between Loughborough University, Leicestershire County Council, Healthwatch Leicestershire (HWL) and SIMUL8 corporation was created. The partnership applied for an enterprise grant of £100,000 from Loughborough

University to study and conduct an evaluation of the four new interventions to reduce emergency hospital admissions. The findings will then be applied to the commissioning decisions and operational practice going forward. The award of this grant has funded the SIMTEGR8 project.

The project involved health and care professionals modelling and analysing the four patient pathways using the SIMUL8 tool. HWL lead workshops to discuss the models and capture patient insights and experience. **The 4 interventions were:**

**Falls** - support from East Midlands Ambulance Service and integrated community crisis response teams, for people who fall at home or in the community.



**Rapid assessment service for frail older people** - a geriatric specialist outpatient clinic situated in Loughborough for a comprehensive assessment of individuals that are referred by their GPs.



**Seven Day Services in Primary Care** - pilot schemes in both Clinical Commissioning Groups to test how their localities can offer services and support on a seven day basis to patients with complex needs.



**24/7 Integrated crisis response** - health and social care support given at home for up to 72 hours, including night nursing.



During September and October 2015, four evaluation workshops were undertaken - all of which generated further actions that could be incorporated into the existing plan for improving the performance of the pathways. The workshops enabled stakeholders to jointly review performance against trajectories, process map what they are doing now, define demand, capacity,

unmet demand, qualitative benefits and current risks and issues. In parallel, clinical audits are being undertaken for the four emergency admission avoidance schemes and the findings from the evaluations and the clinical audits will inform future commissioning for integrated care.

The SIMTEGR8 project developed the methodology and adapted it for the analysis of the intervention pilot schemes. This is to discover their effectiveness and to develop their efficiency both for the patient and for the delivery of the service. The aims of the methodology were to:

- Generate discussion about the model, the patient pathway, the reality of the situation and the veracity of the metrics being gathered as evaluations of the patient pathway
- Identify and resolve issues in order to improve the efficiency and effectiveness of the pathway with focus on good patient care

The aims of the workshops were not only to investigate whether the four interventions actually reduce unnecessary emergency hospital admissions but also whether a computer simulation as a dynamic process map used in a workshop situations could

provide an effective means of analysing and improving a patient pathway.

The stakeholder workshops were conducted at Leicestershire County Council and were attended by participants from the case study organisations Step Up/Step Down Integration programme team and from the organisations involved with delivery of the schemes i.e. East Midlands Ambulance Service (EMAS), East and West Leicestershire Clinical Commissioning Groups (CCGs), Leicester Partnership Trust (LPT), University of Leicester Hospitals (UHL) and Leicestershire Social Services.

HWL conducted the user workshops. Invitations to participate in the workshops were sent out widely to our members, patient organisations across the county and we also sought to recruit patients through contact with the Scheme Leads.

The findings from the SIMTEGR8 project informed the refresh of the Leicestershire BCF for 2016/17 and provided valuable insights into the operational effectiveness of the four pathways. The outputs provided additional actions and opportunities for commissioners and providers to consider in order to:

- improve the pathways in 2016/17

- achieve a greater understanding of their potential impact on emergency admissions avoidance
- take account of patient experience findings.

Each of the pathways already had an existing action plan in place, and the findings from the evaluation study were adopted into these plans.

The work has also resulted in each pathway having its own dynamic SIMUL8 model that can be used locally in the future. The dissemination of the work included a workshop at HWE Annual Conference held in June 2016; where we explained the SIMTEGR8 methodology and the lessons we have learnt during this project.

**SIMTEGR8**

## Simulation to Evaluate Great Care

**What is the project about?**

**BACKGROUND**  
As part of the Leicestershire Better Care Fund programme, there is a need to test the impact and effectiveness of new integrated care interventions on the health and care system. There is also a need to ensure that patient / service-user metrics provide an adequate test of the integrated service care experience.

The Research Centre of Service Management at Loughborough University, partnering with Healthwatch Leicestershire and Leicestershire County Council, have been awarded an Enterprise Project Grant (EPG) worth £100,000 by the University's Enterprise Office for a major new study evaluating how emergency admissions to hospitals can be reduced. The objective of this study is to reflect the patient flow across an integrated journey and user experience, using modelling and simulation techniques.

The one-year project will form an important piece of work that will contribute to the ongoing evaluation of the impact of the Better Care Fund programme. A robust evaluation of the impact of new integrated care interventions on admissions to hospital will provide important evidence to inform the future health and care commissioning plans.

**PROJECT DESCRIPTION**  
Exploiting the SimLean methodology, a computer modelling and simulation program developed by Loughborough University ([www.simlean.org](http://www.simlean.org)), the project will evaluate four current interventions aimed at reducing emergency hospital admissions:

- Falls
- Integrated Crisis Response
- Rapid Assessment Service for frail older people
- 7-day services in primary care

Loughborough University | healthwatch Leicestershire | Leicestershire County Council | SIMUL8 CORPORATION

In November 2015 and January 2016, we led on the Patient and Carers workshops to look at each of the schemes from a user's point of view. In each of the

sessions the patient pathway for each of the four interventions was discussed, issues were being identified and solutions being suggested. Discussing the process maps and correcting errors and misconceptions in comparison to the reality of the intervention was a way of improving the computer simulation. To do this the participants had to think clearly about the intervention and consider the effectiveness.

The workshops helped focus on the patient journey and most of the attendees felt that they had made a contribution to the development of the service, either by taking actions themselves or by contributing suggestions for improvement to the Council.

Collaboration between the health and social care services is vital for the success of the interventions as the patient pathway cuts across many services.

The case study reports from the workshops were presented to the Better Care Together project board and have influenced the implementation of the interventions in their next phase of operation and the Sustainable Transformation Plan.

A SIMTEGR8 website, handbook and SIMUL8 tools are being planned for publication from June 2016.

# Our work in focus: Reports

Throughout the year we have produced eleven Healthwatch Leicestershire reports including five Enter & View reports. Each of our reports gives an insight into the patient perspective of the particular service we are scrutinising. All reports are based on evidence and include recommendations for improving the service. Here is a list all the reports published this year.

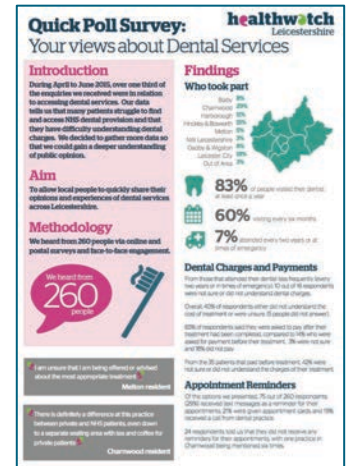
## Unsafe Discharge For Vulnerable People July 2015

We conducted a study in summer 2014 to understand in greater depth the impact unsafe discharge can have for patients. The study forms part of the Healthwatch England programme of research and focuses on the experiences of homeless people, people with mental health conditions and older people.



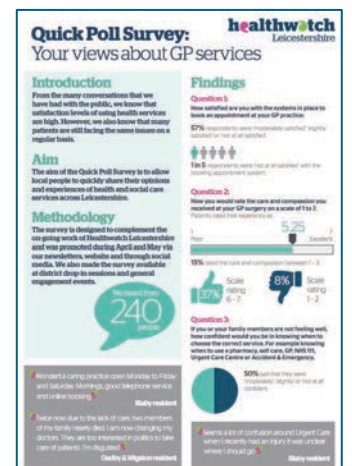
## Dental Quick Poll Report July 2015

During April to June 2015, over one third of the enquiries we received were in relation to finding a dentist, accessing NHS dental services and understanding dental charges. The purpose of this quick poll survey was to gather more data to gain a deeper understanding of public opinion.



## GP Quick Poll Report July 2015

Local people have been telling Healthwatch Leicestershire about their opinions and experiences of GP services in the county through a quick poll.



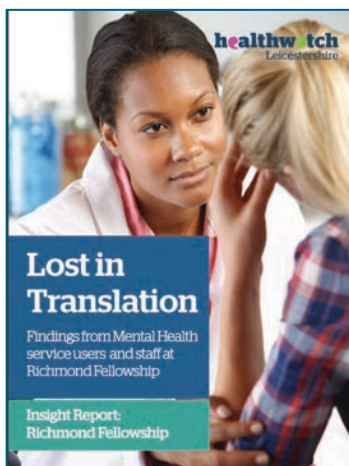
## Insight Report - Road To Recovery (Swanswell) October 2015

We collaborated with Swanswell, a national alcohol and drug charity, to listen to the experiences of people working within and using substance misuse services.



## Insight Report - Lost In Translation (Richmond Fellowship) December 2015

This report found that changes to the service provided by Richmond Fellowship resulted in service users feeling less cared for.



## Community Conversations January 2016

With the ever-mounting pressure on Accident and Emergency (A&E), Urgent care and GPs, we spoke to 500 members of the public about reducing strain on health services. We found a mixed picture that suggests that people want clearer information on where to go for the right health care.



### Enter & View Reports

The Surgery, Ashby - July 2015

Barrow Health Centre - July 2015

Wymeswold Court Care Home - Sept 2015

Lyndhurst Lodge Residential Home - Oct 2015

Coalville Community Hospital - Jan 2016

# Our plans for next year



## Future priorities

To help the Board determine its priorities and work plan for 2016-17, we asked our members and the general public to take part in a survey to learn more about what areas of health, wellbeing and social care they consider a priority. The results from the survey helped to shape our work plan for the coming year this includes campaigns, activities and programmes.

We received over 400 completed surveys via post and online 189 from members of HWL and 212 from members of the public.

We cross-referenced the survey findings to our previous evidence and insights. The findings reinforced what we already knew and supported the evidence we had gathered from our existing reports.

The issues to emerge from the survey are on-going concerns that we hear about during our engagement with the public.

### *Issues*

GP practices need to inform patients about their appointment service and how to access to other care professionals for their treatment. They should try to implement a system that allows patients to pre-book appointments and have access to on-the-day appointments and know the right points of access.

Patients, families and carers need to be more fully equipped with information about the type of support that is available to them and where they can access this support following hospital discharge.

Better promotion of different healthcare services available across the county resulting in a better-informed patient, carer and family.

Targeted work needs to be done around specific vulnerable or marginalised groups of people to ensure healthcare is accessible for all.

Our funding levels are reducing so we need to consider carefully where to focus our resources. The plan for 2016 onwards is to build on the work that has been done over the past three years and to prioritise the areas where we can make a difference to local people and services.

### *This will include:*

- Insight projects based on feedback from local people and statutory regulation to ensure we can make more difference locally through our reports and recommendations.
- Reviewing our signposting service so it is better at informing our activities and enabling us to identify and share trends in

patient experiences with providers and commissioners.

- Continuing to provide data and reports to inform CQC inspections and working more closely with Scrutiny Committees.
- Sustaining our Enter & View model giving local people the opportunity to scrutinise services, particularly in acute primary care.
- Supporting University Hospitals of Leicester NHS Trust on improving A&E and other parts of the system that are failing. We will do this by attending Quality Oversight groups, promoting the involvement of patients and carers and ensuring their views are informing future planning.
- Contributing data and intelligence to the planning of services through the Joint Strategic Needs Assessment.
- Supporting our Board Members on appropriate boards and committees with their involvement in the commissioning, provision and scrutiny of services.
- Continuing to develop relationships and influence on Transformation programmes, the Vanguard programme and Health and Wellbeing Board initiatives.

Pressure is increasing on frontline health services that puts Accident and Emergency (A&E), Urgent Care and GPs under tremendous strain. As a result, momentum is building to provide more care in the community, but this requires the redesign of local services and adds complexity to the delivery of community services (see page 30, New models of care).

Leicester, Leicestershire and Rutland (LLR) are taking on the challenges facing health and social care services head on with the Better Care Together (BCT) and the new Sustainability Transformation Plans (STPs) as the place based, multi year plans built around the needs of local populations. The STP is delivered by local health and care systems by the organisations working together to deliver transformation and sustainability.

At Healthwatch Leicestershire, we are keen to be involved in the local 'footprint' to ensure the local community and public are engaged in the development of the STP.

# Our people



## Decision making

The governance arrangements include an overarching Healthwatch Leicestershire Board (HWL Board) made up of members who are able to represent the diverse communities of our county.

The role of the HWL Board is to help determine the strategic direction and to ensure engagement with all segments of the local population in order to provide a representative voice for as many residents and health and social care service users as possible.

The HWL Board meets quarterly in public with the agenda, minutes and papers posted online 5 working days in advance. There is a standing item at each meeting for members of the public to ask questions.

The VAL Trustees employ staff to support the work of HWL and has the responsibility for financial management, insurance, contract performance and compliance. To support this relationship there are working agreements between VAL Chief executive and HWL Board, to ensure clear lines of responsibility and accountability including a VAL Trustee nominated lead.

### Board

**Rick Moore**, Chair

**Mina Rodgers**, Frail Older People Lead

**Sue Staples**, CCG, Enter & View Safeguarding Lead

**Fiona Barber**, CCG Lead

**Anne Collier**, VAL Trustee

**Pat Fraser MBE**, Carers and Mental Health Lead (Appointed in April 2015)

**Christopher Faircliffe**, LPT and EMAS Lead

**Narendra Waghela**, Planned Care Lead

**John Baker**, Urgent Care Lead

(Appointed in November 2015)

**Evan Rees**, Hospitals Lead (Appointed March 2016)

**Dee Nagra** (Appointed March 2016)

*Resigned*

**Gillian Adams**, Vice Chair

**Alistair Wood**

### Staff Lead

**Vandna Gohil**, Director

**Gemma Barrow**, Development Officer

**Ivan Liburd**, Development Officer

**Yachna Desai**, Information Assistant

**Stephanie Hollis**, Communications Officer

### Leavers

**Cherelle Farrell**, Advisor (left August 2015)

**Jennifer Darlow**, Development Officer (left June 2015)

We have 26 active volunteers who are involved in many activities including:

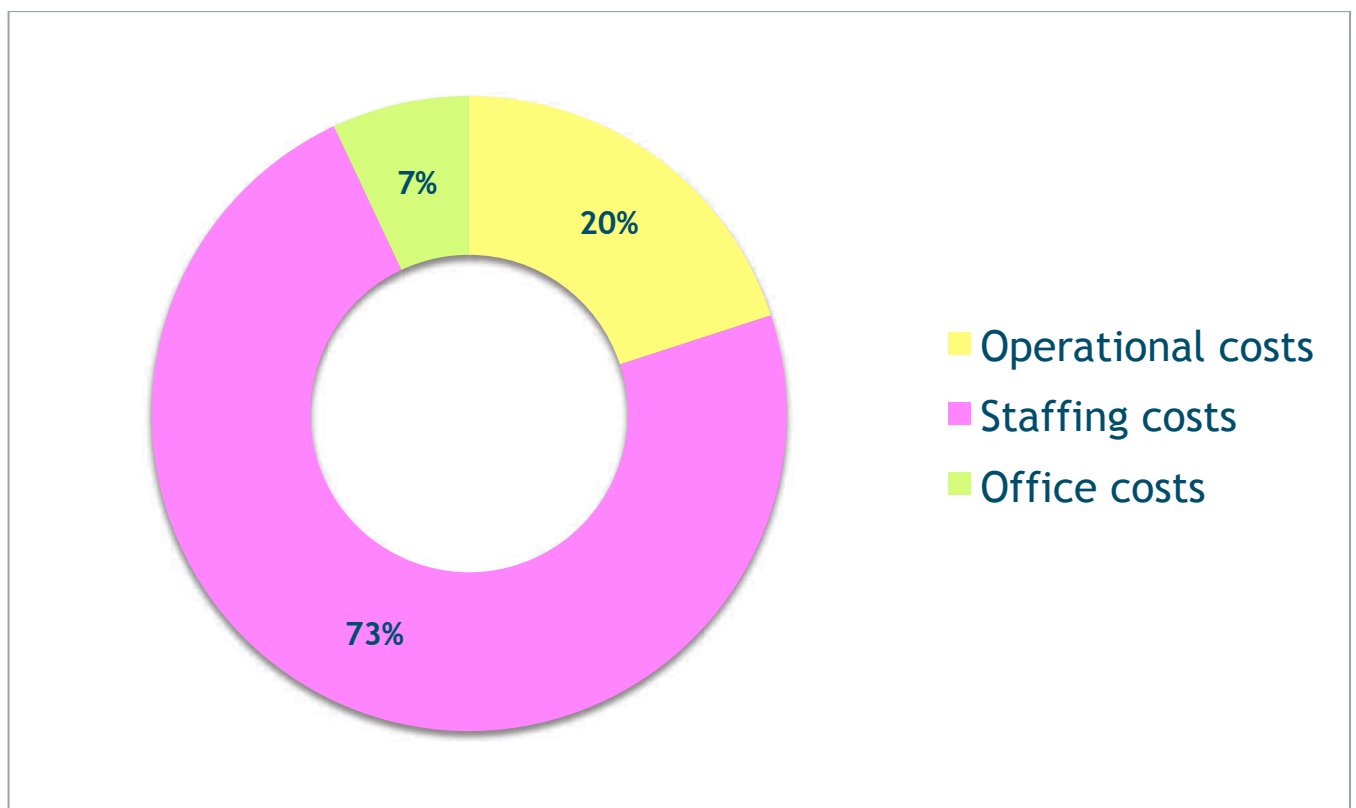
- HWL Board
- Sitting on Strategic Boards, Forums, Groups and Meetings
- Carers Reference Group
- Engagement Activities
- Enter & View and Safeguarding Working Group
- Quarterly meetings held with University Hospitals of Leicester, Leicestershire NHS Partnership Trust, East Midlands Ambulance Services, Arriva Transport Solutions Ltd

# Our finances



INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		187,391
Additional income		8,000*
Total income		195,391
EXPENDITURE		
Operational costs		46,452
Staffing costs		171,595
Office costs		16,007
Total expenditure		243,054
Balance brought forward		-17,502

\* Funding from the Better Care Fund for our involvement in the SIMTEGR8\* project



These figures are for guidance, as they are still subject to formal audit.

# Contact us



**Get in touch**

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LE1 5SN

**Phone number:** 0116 257 4999

**Email:** [info@healthwatchleics.co.uk](mailto:info@healthwatchleics.co.uk)

**Website:** [www.healthwatchleicestershire.co.uk](http://www.healthwatchleicestershire.co.uk)

**Address of contractors:** Strategy Business Intelligence  
Chief Executives Department  
County Hall  
Leicester Road  
Glenfield  
Leicester  
LE3 8RA


We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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# Our year at a glance



**2015**  
**2016**



**42**

Our board members represented local voices at 42 health & care meetings and committees



We met

**2,654**

local people at

**105** events & activities



Our signposting and information service has helped

**465**

## 2015-2016 has been a busy year for Healthwatch Leicestershire.

We've spent the year listening to local people, scrutinising local services and challenging stakeholders with the aim of improving health and social care services for county residents.

This summary highlights some of our achievements over the year.



**6**

6 insight reports published on issues ranging from access to GPs & mental health



**6**

We undertook 6 Enter & View visits to local health and care services



**3,245**

Members, subscribers & Twitter followers reached

Our full Annual Report is available at:

[www.healthwatchleicestershire.co.uk](http://www.healthwatchleicestershire.co.uk)

# How we've improved services for local people

## Making it easier for patients to book a GP appointment

**On 7 July 2015 we undertook an Enter & View visit at Barrow Health Centre.**

On our visit, patients told us that making an appointment was an issue. They said they sometimes wait 20-30 minutes for their call to be answered and whilst in the telephone queue the system often cuts off.

We made recommendations to the health centre asking them to consider making improvements to the appointment booking system.

The telephone booking system has now changed to ensure that patients are no longer waiting in a lengthy queue.



## Improving patients experience of Ophthalmology

**In April 2015 we published a report 'A week in Leicester Royal Infirmary (LRI): A Patient Perspective'.**

Since then we have been successful in progressing the recommendations we made to the Ophthalmology Department.

The Ophthalmology department at LRI is one of the busiest services at Leicester Hospitals. During our visit, patients told us that better signage was something they wanted along with understanding the reason for consistent lengthy waiting times.

Leicester Hospitals created an Ophthalmology Action Plan in direct response to our recommendations and they've already completed a number of actions.

TVs and water machines have now been installed in the waiting rooms, signage has



improved and patient feedback is being integrated into the plans for the booking centre.

**NB.** The Ophthalmology Department treats disorders and diseases of the eye.

## Supporting carers

**In March 2015 we worked with the staff at LRI to address staff concerns about their lack of knowledge and confidence to support carers and families during the hospital stays of the cared for person.**

Healthwatch Leicestershire representatives spent eight hours visiting 12 wards with the LRI staff responsible for discharging patients from hospital. During the visit carers and staff were asked to complete a questionnaire.

The results from survey highlighted that staff wanted to be better informed with a simple, easy to understand guide with information and advice for carers.

In June 2015, we worked with representatives from LRI, Leicestershire County Council and local voluntary organisations to produce the guide.



The guide is in the form of a poster that can be put up in staff areas. The poster informs staff of the current support networks that are available for carers. Staff can now pass on this information to carers and families when discharging patients from hospital.

Contact us for more information.

## Access to GPs for newborns

**Parents to a new born baby contacted us about an issue they had with their GP surgery.**

Their midwife had told them to take their 11-day-old baby to the GP for a minor illness. The mother called the surgery and requested an appointment. When asked for the baby's details the mother could not provide the name of the baby, as the family had not yet decided. The GP receptionist said they would not be able to see the baby as without a name they could not register at the surgery.

We provided the parents with the details of POhWER Advocacy a service that supports the general public to make formal complaints about NHS services. We also contacted the relevant Clinical Commissioning Group (CCG) to better understand the procedure for registration of newborns.

The CCG informed us that a new-born can be seen by a GP under a temporary registration



using the baby's NHS number and the GP receptionist in this case gave the wrong information. The CCG said they will look into this matter and will directly speak to the GP surgery to ensure that this is not repeated.

The parents went on to register their new-born at a different local GP surgery.

# The next 12 months

**The plan for 2016 onwards is to build on our work over the past three years and to prioritise the areas where we can make a difference to local people and services.**

This will include:

- More projects to understand and represent patients' views and experience of local services.
- Reporting our findings and make recommendations to health and care providers so services are improved.
- Improving our signposting service so it is better at informing our activities and to share patient experiences with those that run, plan and regulate local services.
- Continuing to provide information to the Care Quality Commissioner for future inspections of local services.
- Continuing with our Enter & View visits. These provide local people to inspect services. This year we will focus on acute and primary care.
- Supporting University Hospitals of Leicester NHS Trust on improving A&E and other departments in need. We will do this by involving patients and carers to make sure their views are informing future plans.
- Contributing information to the planning of local services

In Leicestershire, Leicester and Rutland pressure is increasing on frontline health services as a result this puts A&E, Urgent Care and GPs under tremendous strain.

As a result, momentum is building to provide more care in the community, but this requires changes to local services and the way they are delivered.

We want to be involved with the future plans to make sure that local communities and the public understand the changes that may take place.

Find out more:

[www.bettercareleicester.nhs.uk](http://www.bettercareleicester.nhs.uk)

## Healthwatch Leicestershire

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[info@healthwatchleics.co.uk](mailto:info@healthwatchleics.co.uk)

[www.healthwatchleicestershire.co.uk](http://www.healthwatchleicestershire.co.uk)



## **HEALTH AND WELLBEING BOARD: 15<sup>TH</sup> SEPTEMBER 2016**

### **REPORT OF THE INDEPENDENT CHAIR OF THE SAFEGUARDING BOARDS**

### **ANNUAL REPORTS OF THE LEICESTERSHIRE AND RUTLAND LOCAL SAFEGUARDING CHILDREN BOARD AND SAFEGUARDING ADULTS BOARD**

#### **Purpose of report**

1. The purpose of this report is to bring to the Health and Wellbeing Board's attention the draft Annual Report 2015/16 for the Leicestershire and Rutland Safeguarding Children Board (LRLSCB) and the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for consultation and comment.
2. The report will be presented for approval to a joint meeting of the Boards at their meeting on 28<sup>th</sup> October 2016. Any comments or proposed additions and amendments made by the Health and Wellbeing Board will be addressed in the final report before it is presented to the Board and subsequently published.

#### **Link to Better Care Together**

<b>Workstream</b>	<b>Relevance</b>	<b>Workstream</b>	<b>Relevance</b>
Maternity, neonates, children and young people	✓	Mental health	✓
Long term conditions	✓	Frail and older people	✓
Urgent care	✓	Planned care	✓
Learning disabilities	✓	End of life	

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

4. The LRSAB has now determined that the key focus of our inter-relationship should focus on the following 'Change and Intervention' areas set out in the five year strategic plan:
- Urgent care;
  - Frail older people;
  - Long-term conditions;
  - Planned care;
  - Mental health;
  - Learning Disability.

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

### **Policy Framework and Previous Decisions**

5. The LRLSCB and the LRSAB are partnerships that are required by regulation. The LRLSCB is required as a result of the Children Act 2004 and expectations of the Board are set out in Working Together 2015. The LRSAB is required as a result of the Care Act 2014.
6. It is a requirement of Working Together 2015 and the Care Act 2014 that the Annual Reports of the LRLSCB and LRSAB be presented to the Chairman of the Health and Well-Being Board. In Leicestershire and Rutland we have, in addition, a protocol between both safeguarding boards and the Health and Wellbeing Board that requires the presentation of the annual reports of the safeguarding boards with an expectation that the Health and Wellbeing Board will consider any implications of these annual reports for the health and wellbeing strategies of both counties.
7. The Business Plans for the LRLSCB and LRSAB are also shared with the Health and Wellbeing Board and the Business Plans against which the annual reports are written were circulated to Board members on 12<sup>th</sup> March 2015.

### **Background**

8. Leicestershire and Rutland Local Safeguarding Children's Board has been aligned to the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for four years and they share the same Independent Chair. The intention of alignment was to ensure that there are effective and efficient safeguarding services in an integrated manner across the communities of Leicestershire and Rutland. This has supported a focus on vulnerable children, adults and families.
9. Separate annual reports are produced for the LRSAB and the LRLSCB to comply with the separate statutory frameworks for the two Boards and allow appropriate focus on the achievements and issues in safeguarding both adults and children.
10. The LRLSCB and LRSAB Business Plans for 2016/17 were shared with the Health and Wellbeing Board on 10<sup>th</sup> March 2016. The Board will, therefore, be aware of some of the strengths and areas for development that arose from the assessment of performance in 2015/16 since this informed the framing of those Business Plans. However, the Annual Reports provides a full assessment of performance. In the children's arena the annual report will be a key document for consideration when

Ofsted carries out its 'Inspection of services for children in need of help and protection, children looked after and care leavers' alongside which a review of the effectiveness of the local safeguarding children board will be undertaken.

11. As pointed out earlier Working Together 2015 requires the Annual Report to be produced and identifies a range of issues that must be covered. It is, necessarily, a detailed report. The LRSAB Annual Report is similarly a detailed document. For this reason we have produced Executive Summary reports to assist readers in gauging the key achievements and development needs arising from the assessment of the Boards' performance across 2015/16.
12. The key purpose of the Annual Reports is to assess the impact of the work we have undertaken in 2015/16 on service quality and on safeguarding outcomes for children, young people and adults in Leicestershire and Rutland. Specifically it evaluates our performance against the priorities that we set in our Business Plans 2015/16 and against other statutory functions that the LSCB and the SAB must undertake.
13. The Executive Summary reports for the LRLSCB and LRSAB are attached as Appendices 1 and 2. Full versions of both the Annual Reports 2015/16 can be accessed at <http://lrsb.org.uk/draft-annual-reports-2015-16>.
14. Each annual report is presented against a similar framework:
  - a. A foreword by the Independent Chair;
  - b. A brief overview of the local area safeguarding context with some key context data;
  - c. An overview of the Boards' governance and accountability arrangements;
  - d. Analysis of performance against the key priorities in the 2015/16 Business Plan which were to:
    - "Safeguarding is Everyone's Responsibility"
    - Adults in need of safeguarding are safe, including assurance of the quality of care for any adult supported by registered providers (SAB)
    - Children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility (LSCB)
    - Services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe
    - Our Learning and Improvement Framework is raising service quality and outcomes for adults
    - The workforce is fit for purpose;
  - e. An overview of performance in key statutory functions notably the Serious Case Review Sub-Groups and Child Death Overview Panel – both of which are statutorily required in the children's safeguarding arena;
  - f. The challenges ahead including our Business Plans for 2016/17.

### **Proposals/Options**

15. The Health and Wellbeing Board is asked to consider the annual reports and to make any comments or proposed additions or amendments to the reports that will be addressed prior to the final versions being published.
16. There are a number of areas in which it would be helpful to consider the Health and Wellbeing Board's capacity to support the work of the safeguarding boards particularly where the annual reports identify need for improvement across partnerships that now feature within our business plans for 2016/17. Such areas include:
  - Robust engagement with Better Care Together workstreams regarding safeguarding.
  - The Joint LSCB & SAB Business Development Priority for 2016/17 - To be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults in particular areas: e.g. Suicide, Self-Harm, Emotional Wellbeing, Adolescent Mental Health, those supported through MCA/DoLS and the Learning Disability Pathway
  - Safeguarding assurance within commissioning arrangements.

### **Consultation/Patient and Public Involvement**

17. All members of the Boards and their Executive have had opportunities to contribute to and comment on earlier drafts of the annual report. In addition discussions have been held with youth councils in both local authority areas to enable them to contribute their views about safeguarding in Leicestershire and Rutland.

### **Resource Implications**

18. Both the LRLSCB and the LRSAB are funded through budgets to which statutory partner agencies contribute. The total budget within which the Boards operated in 2016/17 is £465,112. The LRLSCB has a budget of £328,650 and the LRSAB a budget of £95,962. In addition the Boards receive £40,500 from the community safety partnerships to support the undertaking of Domestic Homicide Reviews.

### **Timetable for Decisions**

19. The annual reports will be considered for final agreement by the LRLSCB and the LRSAB at their meetings on 28<sup>th</sup> October 2016. Any proposed amendments or additions proposed by the Health and Wellbeing Board will be considered and incorporated into the reports prior to their submission to the Boards.

### **Conclusions/Recommendations**

20. The Health and Wellbeing Board is asked to consider the Annual Reports and to make any comments or proposed additions or amendments to the reports that will be addressed prior to the final versions being published.
21. The Health and Wellbeing Board is also asked to consider any action it wishes to take in support of priorities for improvement that are identified in the annual reports and in the business plans for 2016/17.

## **Background papers**

The Annual Reports for the LRLSCB and the LRSAB are available on the Leicestershire and Rutland Safeguarding Boards Website [www.lrsb.org.uk](http://www.lrsb.org.uk) (the 2015/16 annual reports are available here: <http://lrsb.org.uk/draft-annual-reports-2015-16>)

The LRLSCB and LRSAB Business Plans for 2016/17 are similarly available on the website [www.lrsb.org.uk](http://www.lrsb.org.uk)

## **Officer to Contact**

Paul Burnett, Independent Chair of the LRLSCB and LRSAB  
Telephone: 0116 305 7130  
Email: paul.burnett@leics.gov.uk

## **List of Appendices**

Appendix 1: Executive Summary of the LRLSCB Annual Report  
Appendix 2: Executive Summary of the LRSAB Annual Report

## **Relevant Impact Assessments**

### **Equality and Human Rights Implications**

22. Safeguarding children, young people and adults concerns individuals who are likely to be disadvantaged in a number of ways. Information on differing needs of, and impacts on different groups of individuals with regards to safeguarding is considered as part of the process to develop the Board's Business Plan. Specific impacts on or views of different groups is also considered in the work of the LRLSCB and LRSAB Safeguarding Effectiveness Group (SEG) in assessing performance and effectiveness with regard to safeguarding.

### **Crime and Disorder Implications**

23. There is a close connection between the work of the LRLSCB and that of community safety partnerships in Leicestershire. For example the LSCB works closely with community safety partnerships to scrutinise and challenge performance in community safety issues that affect the safeguarding and well-being of individuals and groups e.g. domestic abuse and Prevent. The LSCB also supports community safety partnerships in carrying out Domestic Homicide Reviews and acting on their recommendations.
24. The LRLSCB Annual Report includes analysis of performance in a range of areas relevant to the community safety agenda and the evaluation of performance will be shared with these partnership forums to ensure that both strengths and development needs are recognised and acted on.

### **Environmental Implications**

25. The published LRSAB and LRLSCB Annual Reports will primarily be made available on-line in electronic form, rather than paper. There are no other environmental implications.

Partnership Working and associated issues

26. Safeguarding is dependent on the effective work of the partnership as set out in national regulation, Working Together 2015, published by the Department for Education.



LEICESTERSHIRE AND RUTLAND LOCAL SAFEGUARDING  
CHILDREN BOARD (LRLSCB)

# Executive Summary to Annual Report 2015/16



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

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

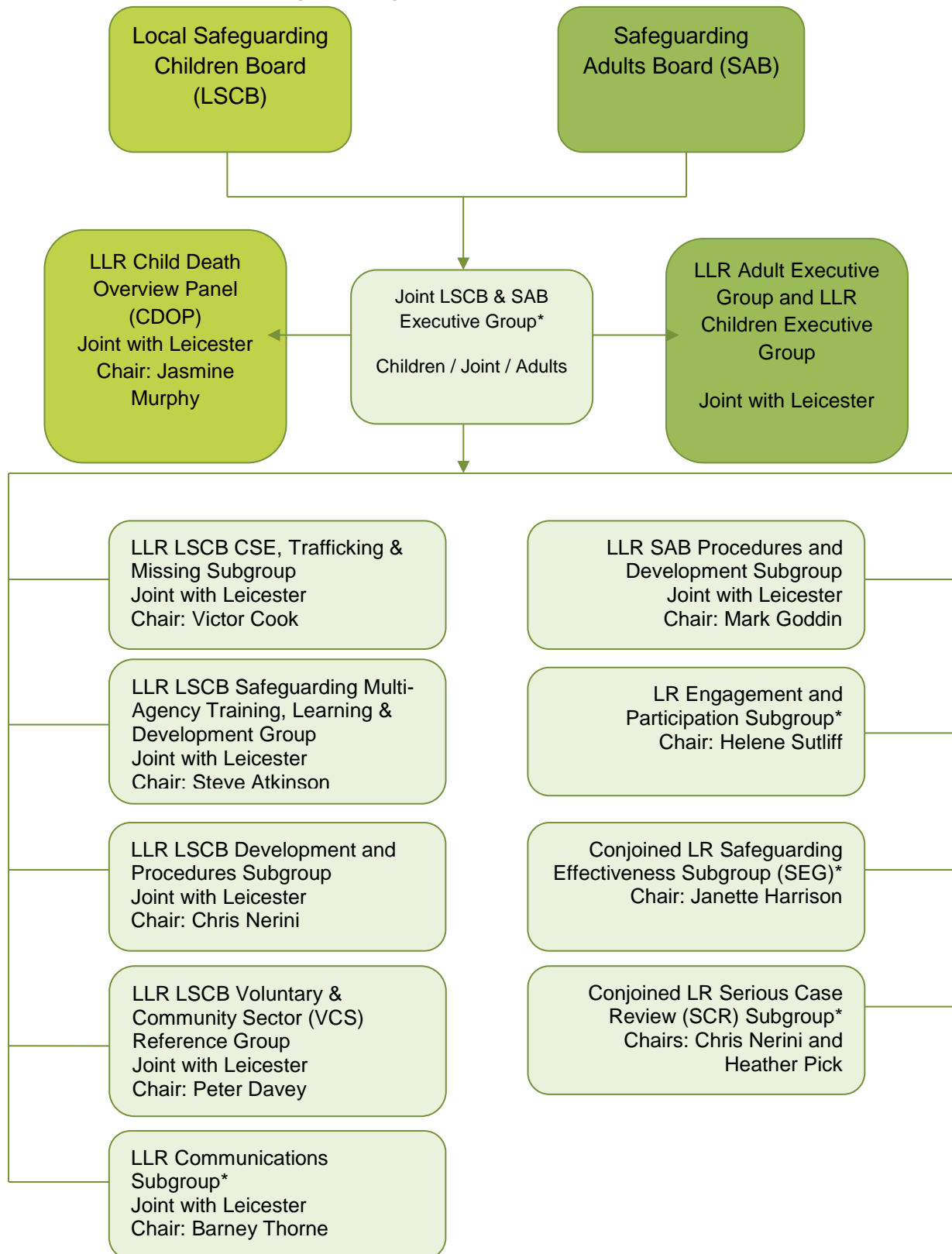
The overview includes reference to the work that has been undertaken in collaboration with the Leicestershire and Rutland Safeguarding Adults Board (LRSAB).

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

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

Paul Burnett  
Independent Chair, Leicestershire and Rutland Safeguarding Boards

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



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

## The Role of the Local Safeguarding Children Board

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

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

- a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- b) To ensure the effectiveness of what is done by each such person or body for those purposes.

## Business Plan Priorities 2015/16

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

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

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

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

## Priority 1:

### ‘Safeguarding is Everyone's Responsibility’

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Significant work was done to prepare for inspection which included:

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

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

### Priorities for 2016/17

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

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



## Priority 2:

### To be assured that children and young people are safe

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

The headline profile data is as follows:

#### Safeguarding Profile 2015/16

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

\*provisional data

More detailed analysis is provided on the following pages.

## In Leicestershire impact has included:

### Contact, referral and assessment

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

Qualitative audits show:

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

### Quality of Assessment

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

### Early Help

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

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

### Child Protection

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

### Looked After Children

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

## In Rutland impact has included:

### Contact, referral and assessment

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

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

Qualitative audits are showing signs of improvement in:

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

### Quality of Assessment

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

### Early Help

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

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

### Child Protection

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

### Looked After Children

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

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

## Across Leicestershire & Rutland

### Child Sexual Exploitation & Missing

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

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

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

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

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

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

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

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

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

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



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

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

Headlines from quality assurance and performance management include:

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

Numbers of CSE referrals to Children's Social Care:

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

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

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

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

### Impact of the specialist multi-agency CSE team

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

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

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

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

### Children going Missing

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

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

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

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

### Future Priorities

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

### Challenges

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

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

### Children Missing from Education

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

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

### Children Home Educated

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

### Private Fostering

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

### E-Safety

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

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

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

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

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

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

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

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

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

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

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

#### **Priorities for 2016/17**

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

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

## Priority 3:

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

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

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

#### Female Genital Mutilation (FGM)

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

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

#### Prevent (Preventing Violent Extremism)

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

#### Transition between children and adult services

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

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

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

Examples include:

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

### Domestic Abuse

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

Examples of impact and outcomes include:

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

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

### Priorities for 2016/17

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

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



## Priority 4:

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

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

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

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

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

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

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

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

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

Of those 69 cases:

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

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

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

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

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

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

### **Neglect Task & Finish Group**

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

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

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

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

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

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

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

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

During 2016/17 the Board will be:

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

### **Priorities for 2016/17**

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

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



## Priority 5:

### To be assured that the workforce is fit for purpose

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Priorities for 2016/17**

The priorities under this heading for 2016/17 are:

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

## Business Plan Priorities 2016/17

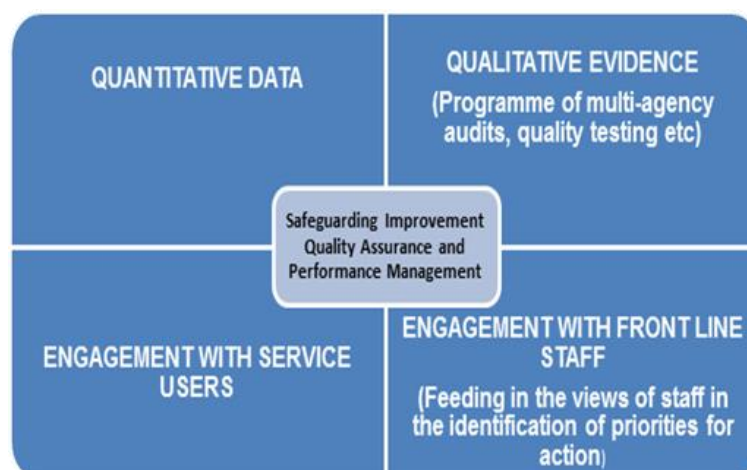
Within the broader core business of the LRLSCB the following specific priorities have been identified:

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

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

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

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



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

### Independent Chair

#### Statutory Members:

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

#### Other Members:

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

#### Professional Advisers to the Board:

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

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

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LEICESTERSHIRE AND RUTLAND SAFEGUARDING  
ADULTS BOARD (LRSAB)

# Executive Summary to Annual Report 2015/16



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

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

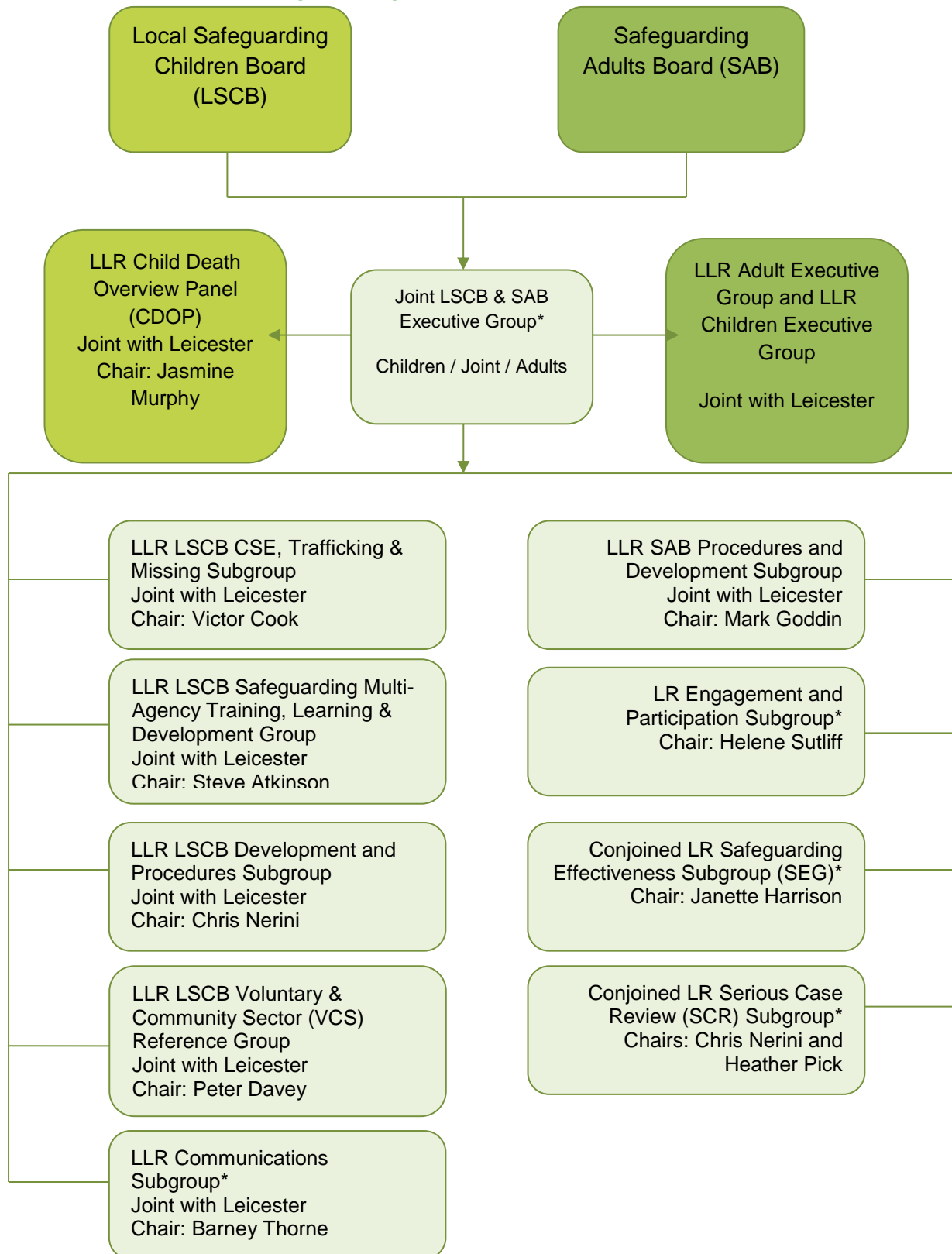
The overview includes reference to the work that has been undertaken in collaboration with the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB).

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

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

Paul Burnett  
Independent Chair, Leicestershire and Rutland Safeguarding Boards

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



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

## The Role of the Safeguarding Adults Board

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

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

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

Safeguarding Adults Boards have three core duties. They must:

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

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

## Business Plan Priorities 2015/16

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

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

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

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



## Priority 1:

### ‘Safeguarding is Everyone's Responsibility’

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

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

#### Care Act Compliance

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

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

Impact has included:

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

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

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

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

### **Other facets of the Board's operation**

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

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

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

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

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

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

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

### **Quality Assurance and Performance**

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

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

However:

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

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

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

### **Community Awareness of Safeguarding**

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

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

### Priorities for 2016/17

Our priorities for further improvement will include:

#### Care Act Compliance

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

In addition we will want to be assured that:

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

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



## Priority 2b:

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

#### In Leicestershire:

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

#### In Rutland

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

### Across Leicestershire & Rutland

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

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

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

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

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

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

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

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

### Priorities for 2016/17

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

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

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

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

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

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

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

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



## Priority 3:

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

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

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

#### Female Genital Mutilation (FGM)

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

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

#### Prevent (Preventing Violent Extremism)

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

#### Transition between children and adult services

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

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

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

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

### Domestic Abuse

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

Examples of impact and outcomes include:

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

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

### Priorities for 2016/17

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

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



## Priority 4:

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

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

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

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

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

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

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

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

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

### Priorities for 2016/17

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

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



## Priority 5:

### To be assured that the workforce is fit for purpose

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

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

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

#### Safeguarding Adults Trainers Network

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

The Network is an opportunity to share the following:

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

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

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

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

### Priorities for 2016/17

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

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



# Domestic Homicide Reviews and Making Safeguarding Personal

## Domestic Homicide Reviews

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

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

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

## Making Safeguarding Personal (MSP)

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

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

### Rutland

The council identified a group of practitioners and council officers to become champions of MSP who worked together in taking the MSP message into the teams and other areas, with a view to effecting culture change across the service.

Rutland has continued to develop the model with the champion group now being Safeguarding Continuing Professional Development (CPD) groups consisting of all practitioners and therapists. After commissioning Liquid Logic, Rutland are building MSP into this to capture outcomes of the customer journey to ensure their qualitative practice.

Wider MSP and safeguarding awareness training has been rolled out to the council's own regulated provider services and most recently the private sector providers by the provider forum, held quarterly, which is very well attended by providers and is organised by the Care Act/Better Care Fund (BCF) Operations Manager.

### Leicestershire

Within Leicestershire County Council, a MSP working group was established and a questionnaire was developed to ensure workers were considering MSP principles when undertaking safeguarding enquiries and discussing outcomes with individuals involved. In 2014 the Anne Craft Trust was commissioned to undertake an evaluation of this work and this was completed in August 2015. There were a number of challenges in engaging individuals involved in safeguarding enquiries

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

### **Leicestershire & Rutland**

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

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

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

## Business Plan Priorities 2016/17

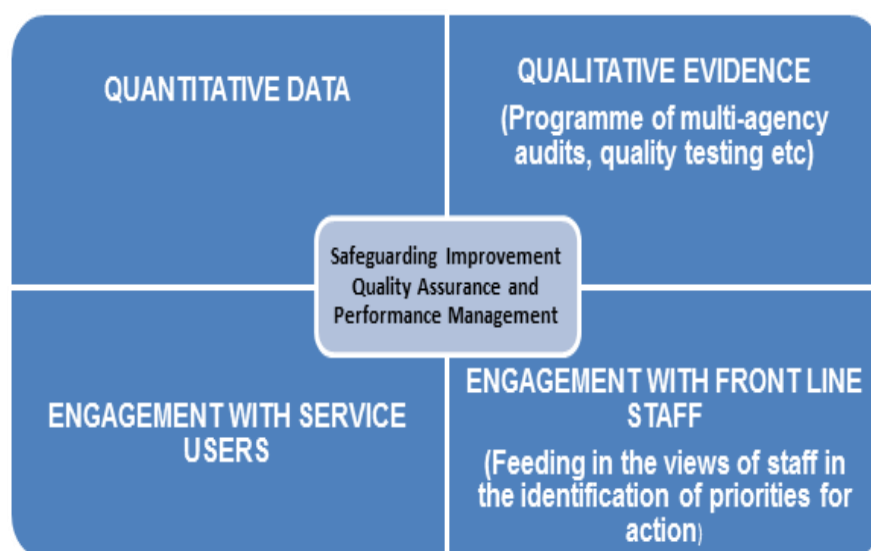
Within the broader core business of the LRSAB the following specific priorities have been identified:

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

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

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

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



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

### Independent Chair

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

### Observer status

Leicestershire County Council Lead Member  
 Rutland County Council Lead Member

### Professional Advisers to the Board:

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

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

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**HEALTH AND WELLBEING BOARD: 15 SEPTEMBER 2016****REPORT OF THE DIRECTOR OF THE ADULTS AND COMMUNITIES****DEPARTMENT OF HEALTH ADULT AUTISM  
SELF-EVALUATION 2016****Purpose of report**

1. The purpose of this report is to outline requirements and actions underway to complete the 2016 Joint Leicester, Leicestershire and Rutland (LLR) Autism Self-Evaluation which was requested on the 27 July 2016. The self-evaluation is to be submitted to the Department of Health by the 17 October 2016.

**Link to the local Health and Care System**

2. The purpose of the Autism Self-Assessment framework is to assist local authorities and their partners in assessing progress on the implementation of the 2010 Adult Autism Strategy. The Health and Wellbeing Board received a report in May 2015 on the completed 2014 Autism Self-Assessment.
3. The Health and Wellbeing Board is required by the Department of Health to endorse the findings of the 2016 Leicestershire Autism Self-Evaluation.

**Recommendation**

4. Due to the timescales set for the completion and submission of the self-evaluation it is recommended that:
  - a) The Health and Wellbeing Board authorises the Chairman of the Health and Wellbeing Board and the Director of Adults and Communities to sign off the report for submission by the 17 October 2016;
  - b) The Health and Wellbeing Board authorises the Director of Adults and Communities submits the Autism Evaluation on behalf of Leicestershire by the required date;
  - c) The report findings be presented to the Health and Wellbeing Board for consideration in November 2016.

**Policy Framework and Previous Decisions**

5. The purpose of the Autism Self-Evaluation is to evaluate Leicestershire's progress on the Autism Act 2009, and the National Strategy, 'Fulfilling and Rewarding Lives' which was published in 2010.
6. This was followed with 'Implementing Fulfilling and Rewarding Lives (DH 2010)', which gave a set of mandatory recommendations regarding what action Clinical

Commissioning Group's and Local Authorities should take to develop services for people with Autistic Spectrum Disorder (ASD).

7. A national update was published in April 2014 – 'Think Autism Fulfilling and Rewarding Lives, the strategy for adults with Autism in England: an update'.
8. Statutory guidance for Local Authorities and NHS organisations to support the implementation of the Adult Autism Strategy was published in March 2015. The guidance refers to the legal duties imposed upon Local Authorities and NHS bodies by the Autism Act 2009. It includes the Care Act 2014 and the Children and Families Act 2014. The guidance not only refers to what "must" be done to comply with legislation but also says what local authorities and NHS bodies "should" do with regard to the way in which they exercise their functions with a view to securing the implementation of the autism strategy.

### **Background**

9. Directors of Adult Social Services were notified of the fourth self-assessment on the implementation of the 2010 Adult Autism Strategy on 27 July 2016. This is due to be completed and submitted to the Department of Health by the 17 October 2016.
10. The 2016 self-assessment is comprised of 58 questions (nine more than the 2014 version) across seven sections: planning, training, diagnosis, care and support, accommodation, employment and the criminal justice system, with an additional five sections to highlight local good practice and the experience of self-advocates and their carers.
11. The last Autism Self-Assessment Framework was completed in 2014. The table in Appendix A outlines the key Red Amber Green (RAG) Rating Findings. In summary, previous self-assessments identified good progress being made on joint working across LLR, diagnosis, provision of information and guidance and access to training. The need for further improvement was identified in the collection of data about adults receiving a service from the County Council and better engagement with the Criminal Justice System.
12. Information from the LLR Autism Strategy 2014 – 2019 along with the accompanying Action Plan will be used to complete the self-assessment.

### **Consultation**

13. Local consultation will take place through the LLR Autism Strategy Group which includes adults with autism and their carers. There will be further consultation with self-advocates and carers and a request for them to help complete the self-assessment with their own accounts. The autism self-assessment will also be taken to the Leicestershire Learning Disability Partnership Board for information.

### **Resource Implications**

14. There are no implications in relation to the completion of the self-assessment. Actions arising from the assessment may have resource implications to relevant agencies but these will be assessed on a case by case basis.

**Timetable for Decisions**

15. The 2016 Autism Self Evaluation needs to be submitted by the 17 October 2016 as directed by the Department of Health.

**Conclusion**

16. The Health and Wellbeing Board is asked to agree to the submission of the Autism Self-Evaluation to the Department of Health by the Director of Adults and Communities by the 17 October 2016 and report the findings retrospectively to the Board in November 2016.

**Circulation under the Local Issues Alert Procedure**

17. This report is relevant to all areas of Leicestershire.

**Officer to Contact**

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**Relevant Impact Assessments****Equality and Human Rights Implications**

18. The Self-Assessment is a means for local areas to assess their progress against statutory requirements. The Self-Assessment will highlight areas for further work in relation to equalities to ensure people with autism can access services.

**APPENDIX A**

<b>Key RAG Rating Findings from the Leicestershire 2014/15 Autism Self-Evaluation</b>			
<b>RAG Rating</b>	<b>Green Good Progress Made</b>	<b>Amber Improvements Needed</b>	<b>Red Significant Improvement Needed</b>
Planning	Joint working across LLR including the Joint Strategic Needs Assessment (JSNA). Including people with autism and their carers in the planning of services.	Improvements required in the collection of data. More work around making reasonable adjustments to services is needed.	Significant improvements are needed in the collection of information on the specific needs of older people, women and people from black and minority ethnic (BME) communities with autism.
Training	Good provision and access to Autism Awareness Training delivered through a multi-agency training plan.		Significant improvements are needed in the engagement of Criminal Justice services and Probation services.
Diagnosis	Good progress has been made on the integrated diagnostic pathway.	Improvements are needed to ensure there is suitable access to speech and language therapy services following diagnosis.	Significant progress is needed to enable access to services such as psychology and occupational therapy following diagnosis.
Care and Support	Good progress is being made on the availability of suitability trained advocates which support people to meaningfully participate in needs assessment, care and support planning and safeguarding processes.		

Housing			Significant progress is needed to ensure that the housing needs of people with autism are included in local housing strategies.
Employment		Improvements are needed to ensure there is an employment focus within Transition processes	Significant progress is needed to promote employment of people with autism
Criminal Justice System	Good progress has been made as there is a Police representative (Hate Crime Officer) on the LLR Autism Strategy Group. An Autism “Keep Safe” card is being developed. People with autism have access to appropriate adults’ services in custody suites and nominated “places of safety”.		

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## HEALTH AND WELLBEING BOARD: 15 SEPTEMBER 2016

### REPORT OF THE DIRECTOR OF HEALTH AND CARE INTEGRATION

#### BETTER CARE FUND QUARTERLY PERFORMANCE REPORTING

##### Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with assurance on the quarterly reporting requirements for the Better Care Fund (BCF).

##### Policy Framework and Previous Decisions

2. The Health and Wellbeing Board approved Leicestershire's current BCF plan in May 2016.  
<http://politics.leics.gov.uk/documents/s118710/Better%20Care%20Fund%20Plan%20Submission%20and%20Assurance.pdf>
3. The day to day delivery of the BCF is overseen by the Leicestershire Integration Executive as agreed by the Health and Wellbeing Board in March 2014.  
(<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=3981&Ver=4>). The Integration Executive Terms of Reference have been refreshed, and were approved by the Health and Wellbeing Board in November 2015.
4. NHS England issued BCF implementation guidance in July 2016  
<https://www.england.nhs.uk/wp-content/uploads/2016/07/bcf-ops-guid-2016-17-jul16.pdf> which set out the requirements for quarterly reporting along with the draft templates and analytical tools that are required to be used for this purpose.

##### Background


5. The BCF plan was initially submitted to NHS England in September 2014 and was implemented during 2014/15 and 2015/16.
6. In line with the national policy requirements, the BCF plan was refreshed for 2016/17 at the beginning of 2016. The final plan was submitted to NHS England on 3<sup>rd</sup> May. Confirmation was received in July that the plan was fully approved.
7. The purpose of the BCF is to transform and improve the integration of local health and care services, in particular to:
  - Reduce the dependency on hospital services, in favour of providing more integrated community based support, such as reablement, early intervention and prevention;
  - Promote seven day working across health and care services;
  - Promote care which is planned around the individual, with improved care planning and data sharing across agencies.


### **Financial Position at the end of Q1 2016/17**


8. The BCF spending plan totals £39.4m in 2016/17. This comprises of minimum contributions from partners of £39.1m as notified by Government, and an additional locally agreed £0.3m allocation from the Health and Social Care Integration Earmarked Fund.
9. The current financial position at the end of quarter one was that a small underspend was being forecast in the BCF plan. This was mainly as a result of a negotiated reduction in contract value of one of the admission avoidance schemes in the plan.
10. A number of other investment opportunities have been explored and an additional scheme to support admission avoidance will now be funded through the BCF.
11. At this point in the financial year, the expectation remains that the whole £39.4m will be spent.
12. A risk pool of £1m has been created within the BCF which is accessed if the planned reduction of emergency admission is not achieved. The BCF plan also contains a general contingency of £1m. The risk pool and contingency are reviewed on a quarterly basis to ensure that they remain appropriate to the level of financial risks.
13. At the end of quarter one, it was agreed not to release funds from the contingency. It was anticipated that some of the risk pool would be released during 2016/17, which will be reviewed at the end of the next quarter.


### **Performance against BCF Outcome Metrics at the end of Q1 2016/17**

14. The BCF plan is measured against six outcome metrics. The following table explains the definition of each metric, the rate of improvement that is being aimed for, and progress at the end of quarter one.


National Metric (1)	Definition	Trajectory of improvement
 <b>Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population</b>	This is a nationally defined metric measuring delivery of the outcome to reduce inappropriate admissions of older people to residential care.	The target for 2016/17 has been set at 606.4 per 100,000. This equates to fewer than 865 admissions in 2016/17.  Quarter one data suggests 768 admissions in 2016/17 are likely.  <u>On track to achieve target</u>

National Metric (2)	Definition	Trajectory of improvement
 <p><b>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</b></p>	<p>This is a nationally defined metric measuring delivery of the outcome to increase the effectiveness of reablement and rehabilitation services whilst ensuring that the number of service users offered the service does not decrease.</p> <p>The aim is therefore to increase the percentage of service users still at home 91 days after discharge.</p>	<p>The target for 2016/17 has been set at 84.2%.</p> <p>The target was set low because of the re-contracting of homecare services, including reablement, due to be implemented in November 2016. It is anticipated that this may cause a temporary fall in performance.</p> <p>Quarter one data shows a rate of 88.2%</p> <p><i><u>On track to achieve target</u></i></p>


National Metric (3)	Definition	Trajectory of improvement
 <p><b>Delayed transfers of care from hospital per 100,000 population (average per month)</b></p>	<p>This is a nationally defined metric measuring delivery of the outcome of effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.</p> <p>The aim is therefore to reduce the rate of delayed bed days per 100,000 population.</p>	<p>Reductions during 2015 in delays have focussed on interventions in the acute sector. Therefore the target was set based on reducing the number of days delayed in non-acute settings by 0.5%, while maintaining the rate of days delayed in acute settings at its current low level. The targets are quarterly and are 236.66, 231.91, 214.66, 312.19 for quarters 1 to 4 of 2016/17 respectively.</p> <p>Delays in the non-acute sector have reduced substantially, but those in the acute sector are rising. At the end of quarter one the BCF DTOC metric was 287.04 against a target of 236.66.</p> <p><i><u>No improvement in performance</u></i></p>

National Metric (4)	Definition	Trajectory of improvement
 <p><b>Non-Elective Admissions (General &amp;</b></p>	<p>This is a nationally defined metric measuring the reduction in non-elective admissions which can be influenced</p>	<p>The target for 2016/17 is 724.37 per 100,000 per month, based on a 2.49% reduction on the probable number of non-elective admissions for patients registered with GP</p>

<b>Acute)</b>	<p>by effective collaboration across the health and care system.</p> <p>Total non-elective admissions (general and acute) underpin the payment for performance element of the Better Care Fund.</p>	<p>practices in Leicestershire for 2015/16 (allowing for population growth).</p> <p>This equates to a combined trajectory of 1,517 avoided admissions within the BCF schemes targeted at avoiding emergency admissions.</p> <p>Despite BCF admission avoidance schemes performing at over 80% of the target, the number of non-elective admissions continues to rise in Leicestershire.</p> <p>Q1 performance was 759.14 per month, which is amber rated against the target. This suggests that the final rate for 2016/17 will be 772.72 per month, amber rated against the target. The RAG rating allows a difference of up to 10% to be rated amber.</p> <p><u>No improvement in performance</u></p>
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<b>National Metric (5)</b>	<b>Definition</b>	<b>Trajectory of improvement</b>
 <p><b>Improved Patient Experience</b></p>	<p>Selected metric for BCF Plan from national menu: - taken from GP Patient Survey: "In the last 6 months, have you had enough support from local services or organisations to help manage long-term health condition(s)? Please think about all organisations and services, not just health." The metric measures the number of patients giving a response of "Yes, definitely" or "Yes, to some extent" to the above question in the GP Patient Survey in comparison to the total</p>	<p>This target was set at 62.2% for 2016/17. This is based on the 2015/16 target and a 2% increase in the number of positive replies.</p> <p>Current performance is 63.6% (as at July 2016).</p> <p><u>On track to achieve target.</u></p>

	number of responses to the question.	
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Local Metric (6)	Definition	Trajectory of Improvement
 <p><b>Injuries due to falls in people aged 65 and over</b></p>	<p>This is a locally defined metric measuring delivery of the outcome to reduce emergency admissions for injuries due to falls in people aged 65 and over.</p>	<p>A realistic target was set for 2016/17 which holds the number of falls in the 65-79 age group at the 2015/16 level, while reducing those in the 80+ population by 5% allowing for population growth. The target is 419.27 per 100,000 per quarter.</p> <p>Q1 activity shows a rate of 311.63 which is rated green against the target. However activity for April looks remarkably low although no data issues have been reported.</p> <p><i><u>On track to achieve target</u></i></p>

### Progress against BCF national conditions

15. The revised policy framework and technical guidance for 2016/17 indicates that BCF plans must demonstrate assurance regarding the following:
- Delivery against five national BCF metrics and a locally selected metric (see para 14);
  - How a proportion of the fund will protect adult social care services;
  - How data sharing and data integration is being progressed using the NHS number;
  - How an accountable lead professional is designated for care planning/care coordination;
  - Delivery of Care Act requirements;
  - How a proportion of the fund will be used to commission care outside of hospital;
  - How seven day services will be supported by the plan;
  - That the impact on emergency admissions activity has been agreed with acute providers;
  - That there is a locally agreed proactive plan to improve delayed transfer of care from hospital;
  - That Disabled Facilities Grant allocations within the BCF will be used to support integrated housing solutions including the delivery of major adaptations in the home.
  - Approval of the BCF plan by all partners being assured via the local Health and Wellbeing Board.

16. The Leicestershire BCF plan, through work during 2015/16 and to date during 2016/17, has been able to provide assurance that most of the national conditions of the plan have been met.
17. The exception to this is the question 'are support services, both in the hospital and in primary care, community and mental health settings available seven days a week to ensure next steps in the patient care pathway, as determined by the daily consultant-led, can be taken'.
18. It was agreed at this stage to state that this national condition was still in progress. This was due to the fact that work is still underway on the Leicester, Leicestershire and Rutland urgent care redesign. As this will be implemented in April 2017, it was reported that the national condition will be fully met by September 2017, to allow time for the changes to embed in.

### **Process to submit the BCF quarterly report to NHS England**

19. The BCF Operationalisation Guidance required that a quarterly performance template was submitted to NHS England by 9<sup>th</sup> September 2016, summarising the final position for quarter 1 2016/17.
20. The Integration Executive reviewed the completed template at their meeting on 6<sup>th</sup> September and submitted the required information to NHS England on 7<sup>th</sup> September on behalf of the Health and Wellbeing Board.

### **Recommendation**

21. The Board is recommended to note the contents of the report and that the quarter one 2016/17 BCF return was approved by the Integration Executive on 6<sup>th</sup> September, and submitted to NHS England on 7<sup>th</sup> September.

### **Officer to Contact**

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### **Relevant Impact Assessments**

#### **Equality and Human Rights Implications**

22. The BCF aims to improve outcomes and wellbeing for the people of Leicestershire, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.
23. An equalities and human rights impact assessment has been undertaken which is provided at: [http://www.leics.gov.uk/better\\_care\\_fund\\_overview\\_ehria.pdf](http://www.leics.gov.uk/better_care_fund_overview_ehria.pdf)

Partnership Working and associated issues

24. The delivery of the BCF plan and the governance of the associated pooled budget is managed in partnership through the collaboration of commissioners and providers in Leicestershire.
25. Day to day oversight of delivery is via the Integration Executive through the scheme of delegation agreed via the Integration Executive's terms of reference which have been approved by the Health and Wellbeing Board.
26. The delivery of the Leicestershire BCF ensures that a number of key integrated services are in place and contributing to the system wide changes being implemented through the five year plan to transform health and care in Leicestershire, known as Better Care Together <http://www.bettercareleicester.nhs.uk>

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## **HEALTH AND WELLBEING BOARD – 15 SEPTEMBER 2016**

### **REPORT OF THE CHIEF EXECUTIVE**

#### **BETTER CARE FUND PLAN / DISABLED FACILITIES GRANT – PROGRESS UPDATE**

##### **Purpose of the Report**

1. The purpose of this report is to update the Health and Wellbeing Board with respect to the progress made in addressing the objections raised by Charnwood Borough Council to the Disabled Facilities Grant (DFG) allocations as part of the Better Care Fund (BCF) Plan and pooled budget for 2016/17 and the development of the Lightbulb Integrated Housing Services Business Case, which is due to be completed by 28<sup>th</sup> September 2016.

##### **Recommendation**

2. The Health and Wellbeing Board is recommended to:
  - (a) Note the actions recommended by the Integration Executive at its meeting on 2<sup>nd</sup> August 2016 set out in paragraph 18 of this report;
  - (b) Note that, to date, the matter remains unresolved and lies with Charnwood Borough Council;
  - (c) Note further correspondence has taken place between the Chief Executive of Charnwood Borough Council and the Chair of the Integration Executive and Chief Executive of Leicestershire County Council, following the meeting of the Integration Executive on 2<sup>nd</sup> August;
  - (d) Note that the County Council's Cabinet will be updated on the current position at its meeting on 16<sup>th</sup> September;
  - (e) Note the mitigating actions that have been undertaken, and the positive impact these have had, in preparing the Lightbulb Business Case with partners since June 2016, set out in paragraphs 21 - 25 of this report.

##### **Policy Framework and Previous Decisions**

3. The Better Care Fund Plan 2016/17 was approved by representatives of all organisations represented on the Health and Wellbeing Board at the meeting of the Integration Executive on 26 April and submitted to NHS England.

## **Background**

### **Strategic Context**

4. In Leicestershire the Health and Wellbeing Board leads and advises on work to improve the health and wellbeing outcomes of the local population. Representatives on the Board include the Clinical Commissioning Groups, the County Council, District Councils, Leicestershire Police, and NHS England. Its Terms of Reference include approving the BCF Plan and the pooled budget for transforming local services to provide more integrated care and support for people.
5. Delivery of the BCF Plan is overseen by the Integration Executive, a subgroup of the Health and Wellbeing Board responsible for ensuring the vision for integrated health and care in Leicestershire is delivered, in line with national policy and local priorities. Membership of the Integration Executive is drawn from the same partner organisations as the Health and Wellbeing Board.
6. DFGs (funded through the Better Care Fund and administered by District Councils in Leicestershire) are means tested grants which support the installation of major adaptations in the home, such as level access showers and stair lifts.
7. The benefits of these adaptations are associated with maintaining independence in a person's own home. They can prevent/delay the need for other forms of care and support to be provided in the home, and reduce the risk of injury/admission to hospital, for example from a fall. They can also prevent or delay the need for admission to care home settings, by supporting the person in their own home for as long as possible.
8. DFGs are an important component of housing support; however a much broader and better integrated housing offer is being designed in Leicestershire via the Lightbulb project, which was formally established, via the introduction of the (multi-agency) Lightbulb Programme Board, in March 2015. The Department of Communities and Local Government has provided a £1 million transformation grant to support the project.
9. Not only will this project realise benefits within existing DFG processes, but it will also integrate a range of other support including hospital discharge housing support, affordable warmth, minor adaptations and home maintenance.
10. The proposed Lightbulb Housing Service is subject to approval of a business case in the autumn of 2016, with a view to implementation in 2017.
11. The ongoing success and development of the Lightbulb Project is predicated on joint investment by partners in a wider housing offer to incorporate delivery of DFG requirements. The proposed Lightbulb budget would also include the County Council's budget for minor adaptations. If District partners are not willing to include revenue funding associated with the delivery of DFGs in this

overall budget, there is a major risk that the ambition to offer improved housing support benefits to people across Leicestershire cannot be delivered.

#### Position of Charnwood Borough Council

12. The approved BCF plan provides for £425,000 DFG to be passported to Charnwood.
13. Charnwood Borough Council's Cabinet considered this matter on 9 June and resolved:
  - a) That the Council ensures that its 2016/17 Disabled Facilities Grant Allocation is processed in accordance with the requirements of the Minister of State for Housing and Local Government as set out in the grant determination letter of 18<sup>th</sup> April 2016 (published as a background paper to the report of the Chief Executive, filed with these minutes);
  - b) That the Chief Executive continues dialogue with Leicestershire County Council and other partners as may be required to develop proposals through which the Council can support the Better Care Fund in Leicestershire;
  - c) That the Chief Executive be given delegated authority, in consultation with the Leader of the Council, to agree any support for the Better Care Fund that is to be provided by the Council;
  - d) That the report of the Overview Scrutiny Group be noted.
14. In respect of part b) of the above, Charnwood Borough Council was asked to table a proposal(s) for consideration at the Integration Executive on 28<sup>th</sup> June and to consult beforehand with the West Leicestershire Clinical Commissioning Group (WLCCG). Charnwood Borough Council did consult with the WLCCG but did not provide a report/proposal for the Integration Executive on 28<sup>th</sup> June. They were invited again to do so for the next meeting of the Integration Executive on the 2 August.
15. In the meantime additional briefings were held with Charnwood Officers and Members about the BCF Plan and pooled budget so that the wider context of the Plan and how funding had already been prioritised by partners for 2016/17 could be reiterated.
16. Although no formal report or proposal was submitted to the Integration Executive on 2 August, the Chief Executive of Charnwood Borough Council attended the meeting and referred to a tabled e-mail exchange with West Leicestershire CCG as a way forward.
17. The Integration Executive understood that Charnwood Borough Council wished to receive an additional DFG allocation within 2016/17 and it would then transfer an equivalent sum to the BCF pooled budget. The Integration Executive's recommendation sought to clarify a way forward from what had

been said and that was communicated to the Chief Executive of Charnwood Borough Council on the 3 August.

18. The recommendation was as follows:-

- (a) That, in order to resolve the objection raised by Charnwood Borough Council to the decision of the Health and Wellbeing Board, with respect to 2016/17 DFG allocations, the Board be recommended to approve the transfer of the additional DFG allocation requested by Charnwood Borough Council from the approved BCF pooled budget to Charnwood Borough Council;
- (b) That (a) above is recommended on the basis that the Cabinet of Charnwood Borough Council approves the transfer of a corresponding amount from the Borough Council into the BCF pooled budget for 2016/17 by 13 September 2016;
- (c) The amount referred to in (b) above, to be transferred into the BCF pooled budget, is to be spent in accordance with:-
  - the BCF plan for Leicestershire for 2016/17 approved by the Health and Wellbeing Board on 5 May 2016;
  - the BCF section 75 pooled budget for 2016/17 as approved by the CCGs and Leicestershire County Council; and
  - the Government guidance which permits and encourages local areas to think strategically about the use of home adaptations, use of technologies to support people in their own homes, and to take a joined-up approach to improving outcomes across health, social care and housing;
- (d) That, subject to a decision of Charnwood Borough Council's Cabinet, the Health and Wellbeing Board be recommended at its meeting on 15 September to conclude this matter as set out above but also to record a concern at the potential harm which has been done to the future of the Lightbulb project.

19. The Integration Executive anticipated this would result in an immediate report to Charnwood's Cabinet on the 11 August to enact the recommendation. However no such report was made.

20. Subsequently the Chief Executive of Charnwood Borough Council wrote to the Chair of the Integration Executive. The Chair and the Chief Executive of Leicestershire County Council (as Secretary to the Health and Wellbeing Board) replied on 24 August.

#### Preparations for the Lightbulb Business Case

21. During the period June – September 2016 intensive work has been undertaken to prepare the Lightbulb Integrated Housing Service Business Case.

22. This has included briefings held with officers and members in each District, preparatory work with Adult Social Care in relation to the County Council's Equipment and Adaptations strategy and occupational therapy services, work with the Lightbulb Steering Group and Lightbulb Programme Board on operational and strategic matters, engagement with the Housing and Health Members Advisory Group, discussions with policy advisors at Foundations, a national body representing home improvement agencies, and with the Department for Communities and Local Government.
23. The engagement with District Councils and Adult Social Care on the future model for the Lightbulb service has been very positive and evidence from the pilot period of working has proved very compelling, including evidence on improvements to DFG procedures, hospital discharge support and supporting vulnerable people in the community where a new housing "MOT" with integrated housing support has been implemented working with GP practices.
24. The business case also contains financial modelling for the proposed service which is the subject of considerable pre work and engagement with section 151 (finance) officers across the county.
25. It should be noted that the financial model will include how revenue resources associated with the delivery of DFGs across the county will be used to support delivery of the new Lightbulb Service from 2017/18.

### **Resources Implications**

26. The decision taken by Charnwood Borough Council to request the passporting of its full DFG allocation could have financial implications for the BCF, Leicestershire County Council, and the wider health economy in the county, as the increase in DFG allocation is currently committed to other schemes in the BCF Plan.
27. The provision of the full DFG allocation to Charnwood might result in similar requests from other District Councils. This would mean that in-year cuts of £0.4m to £1.3m would need to be made to the previously approved BCF programme that relates to local authority services, i.e. funding for assistive technology, local area co-ordinators and housing support. As well as clear practical difficulties of making in-year savings, it would also have negative implications for the targeted reductions in hospital admissions and associated extra costs for the whole health economy. Given these issues, partners could be required to provide some one-off extra resources to meet the funding shortfall.
28. The medium term implications could be even more significant. The BCF for 2017/18 and future years will need to be reviewed to assess the implications of increased allocations for DFGs. Reductions in other programmes are likely to be required to ensure the BCF is within budget. The position could be exacerbated by an expectation that the DFG allocation could increase in 2017/18. At the moment the funding position for such an increase is unclear.

**Timetable for Decisions.**

29. The Health and Wellbeing Board will receive a report detailing the Lightbulb Business Case at its meeting on 17 November 2016.

30. District Councils will receive the Lightbulb Business case at their respective governance meetings between October 2016 and January 2017.

**Background Papers**

Report to the Health and Wellbeing Board on 5<sup>th</sup> May 2016 - 'Better Care Fund Refresh 2016/17'

<http://ow.ly/R3cF301haqb>

Report to Charnwood Borough Council Cabinet on 9 June - Disabled Facilities Grants Funding Arrangements

<http://ow.ly/h39a303KTUA>

**Equality and Human Rights Implications**

31. There are no equality and human rights implications arising from the recommendations in this report.

**Officers to contact**

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## **HEALTH AND WELLBEING BOARD: 15<sup>th</sup> SEPTEMBER 2016**

### **REPORT OF LEICESTERSHIRE COUNTY COUNCIL**

#### **HEALTHWATCH LEICESTERSHIRE REVIEW AND RECOMMISSIONING**

##### **Purpose of report**

1. The purpose of this report is to provide an update on progress with the Review of Healthwatch Leicestershire.

##### **Link to the local Health and Care System**

2. The purpose of Healthwatch is to promote continuous improvement in local health and social care services and achieve improved outcomes for local people. The contract scope includes services that are related to all of the work-streams of Better Care Together and are delivered within the context of the local strategic framework including the Joint Health and Wellbeing Strategy, Better Care Fund Plan and the developing Sustainability and Transformation Plan.

##### **Recommendation**

3. It is recommended that the Health and Wellbeing Board note this report.

##### **Policy Framework and Previous Decisions**

4. Proposals for the Review and Recommissioning of Healthwatch Leicestershire were reported to the Health and Wellbeing Board on 19<sup>th</sup> November 2015 when it was resolved that the proposals be noted.

##### **Background**

5. The Healthwatch Leicestershire (HWL) contract is hosted by Voluntary Action Leicestershire who deliver Healthwatch Leicestershire. The contract has been extended until the end of June 2017 reflecting good contract performance and the timetable for implementing the Review and re-commissioning process.

##### **Progress of the Review**

6. Mair Health Ltd has been appointed to carry out the Review of Healthwatch Leicestershire and the Review commenced at the end of July 2016. The Review will inform the specification for a future Healthwatch service and will consider the strategic objectives, scope and focus of the contract, governance and organisational structure, resources, measuring contract performance and progress, experience of implementing the current contract that is relevant to re-commissioning and experience of delivery in other areas.

7. The Review is currently progressing well and has included secondary research focused on analysis of information relating to Healthwatch Leicestershire and on information from Healthwatch England, the King's Fund and comparator areas. Primary research has included a focus on interviews and surveys to seek views from the Healthwatch Board, members and volunteers, chairs of meetings attended by Healthwatch, members of the Health and Wellbeing Board, stakeholders and other Healthwatch commissioners. The Review is due to be completed by 23<sup>rd</sup> September 2016.

### **Consultation**

8. The Review of Healthwatch Leicestershire has incorporated a wide-ranging programme of consultation as set out above.

### **Resource Implications**

9. Department of Health funding for Healthwatch and associated contracts (Independent NHS Advocacy Services (ICAS) and Deprivation of Liberty Safeguards (DOLS) in hospitals) is provided via the Local Reform and Communities Voices Grant (LRCVG). The Review of Healthwatch Leicestershire is being funded from County Council resources.

### **Timetable for Decisions**

10. The findings of the Healthwatch Review will be presented to the next meeting of the Health and Wellbeing Board to be held on 17<sup>th</sup> November 2016. The Review findings will be presented by the lead consultant. The Review will then be reported to the County Council's Cabinet for consideration at its meeting on 13<sup>th</sup> December 2016. It is proposed that the Healthwatch tender will be advertised before Christmas 2016 and awarded in April 2017 with a start date of 1<sup>st</sup> July 2017.

### **Background papers**

None

### **Circulation under the Local Issues Alert Procedure**

None

### **Officer to Contact**

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## **Relevant Impact Assessments**

### Equality and Human Rights Implications

11. Healthwatch Leicestershire is committed to reducing inequalities in health and social care outcomes and this priority will be reflected in future commissioning.

### Partnership Working and associated issues

12. Partnership working is fundamental to the work of Healthwatch Leicestershire and will be central to the future service specification. The views of partners are being sought to contribute to the Healthwatch Review.

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