



Families and Wellbeing Policy and Performance Committee

Date:	Tuesday, 9 September 2014
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Lyndzay Roberts
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AGENDA

1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

Members are reminded that they should also declare whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

2. MINUTES (Pages 1 - 12)

To approve the accuracy of the minutes of the last meeting of the Families and Wellbeing Policy and Performance Committee held on 8 July 2014.

3. COUNCIL REFERRAL - NOTICE OF MOTION 'BECOMING A DEMENTIA-FRIENDLY COUNCIL' (Pages 13 - 14)

At the meeting of the Council held on 14 July 2014 (minute 17 refers), the attached Notice of Motion proposed by Councillor T Anderson and seconded by Councillor T Smith was referred by the Mayor to this Committee for consideration.

In accordance with Standing Order 7 (6), Councillor Anderson has been invited to attend the meeting in order for him to be given an opportunity to explain the Motion.

4. FUTURE COUNCIL

Proposed Arrangements for scrutiny of options - update .

5. COMMUNITY DENTAL SERVICES: PAPER FOR LOCAL AUTHORITIES OVERVIEW AND SCRUTINY COMMITTEE (Pages 15 - 58)

6. NORTH WEST SPECIALISED COMMISSIONING PLANNING AND ENGAGEMENT

To receive a presentation from Andrew Crawshaw, NHS England.

7. TRADED SERVICES

To receive a verbal update from Mr David Armstrong, Assistant Chief Executive/Head of Universal & Infrastructure Services.

8. CHILDRENS SAFEGUARDING ANNUAL REPORT (Pages 59 - 150)

9. ADULTS SAFEGUARDING ANNUAL REPORT (Pages 151 - 208)

10. FAMILIES AND WELLBEING DASHBOARD (Pages 209 - 232)

11. WORK PROGRAMME (Pages 233 - 238)

FAMILIES AND WELLBEING POLICY AND PERFORMANCE COMMITTEE

Tuesday, 8 July 2014

Present: Councillor M McLaughlin (Chair)

Councillors	D Roberts	B Berry
	T Johnson	P Hayes
	T Norbury	M Hornby
	W Smith	C Povall
	C Spriggs	P Cleary
	J Williamson	Gilby
	W Clements	

Also Present: Ms Jo Goodfellow, Wirral University Teaching Hospital
Ms Suzanne Edwards, Cheshire and Wirral Partnership NHS Trust
Mr Simon Gilby, Wirral NHS Community Trust

Deputies: Councillor I. Williams (in place of Councillor Brightmore)
Councillor P. Gilchrist (in place of Councillor Brighthouse)

1 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

Councillor Hornby declared a personal interest by virtue of his appointment as a trustee/Director of the Voluntary and Community Action Wirral.

Councillor Cleary declared a personal interest by virtue of his wife's employment.

Councillor Gilchrist declared a personal interest by virtue of his appointment with Cheshire and Wirral NHS Partnership Trust.

2 MINUTES

RESOLVED:

That the Minutes of the Families and Wellbeing Policy and Performance Committee held on 8 April 2014 be approved.

3 **CLATTERBRIDGE CANCER CENTRE - PROPOSED REORGANISATION**

The Committee considered a verbal presentation from representatives from the Clatterbridge Cancer Centre, regarding the planned consultation.

Dr Nicky Thorpe, Clinical Lead, outlined the work that had taken place in Cheshire and Merseyside to consider and bring forward proposals for the development of world class cancer services in Cheshire and Merseyside through the establishment of a new Cancer Centre in Liverpool in conjunction with the Clatterbridge Cancer Centre NHS Foundation Trust, while retaining many services at Clatterbridge to ensure local access, and the further development of services across the area, to include an enhanced research facility.

Dr Thorpe reiterated that they would continue to offer services on Wirral, with 90% of patients living in Wirral being receiving treatment in Wirral from 2018.

Ms Fiona Jones, Project Director highlighted the processes to be undertaken and the timescales to which the project would be working to. It was scheduled that the new Cancer Centre at Liverpool would be completed by autumn 2018 and refurbishment of Clatterbridge would be done a further nine months later. Work on the Liverpool site would hopefully start in July 2016, subject to business case approval, planning permissions and the detailed design being signed off.

The business case was due for sign off early 2015-early 2016 and prior to this would be taken to the Board for sign off; further consultation would be undertaken with consultants.

Ms Jones indicated that all Merseyside and Cheshire local authorities Scrutiny Committees were being asked to determine whether the proposed changes at Clatterbridge Cancer Centre were deemed to be a substantial variation to service for to their residents. If Committees agree it to be so and at least one other Merseyside & Cheshire local Authority also agree that the changes were a substantial variation to service for them too, the new protocol for joint health scrutiny would come into play. In those circumstances, a Joint Scrutiny Committee across the participating authorities would be created for the duration of the review. It was currently anticipated that a number of the Merseyside & Cheshire local Authorities would be participating in this process.

Ms Jones further indicated that a public consultation exercise would be undertaken during July-September 2014 and she would be working in consultation with NHS England.

Ms Jackie Robinson, Commissioning Support Unit, highlighted the consultation undertaken to date and the feedback received so far.

Pre-consultation process was undertaken in August 2012. Officers from the Trust consulted with a wide range of people including members of the public, community voluntary sector, patient groups, Healthwatch, cancer groups, clinicians and local authority Overview and Scrutiny Committees.

To date 90,000 people had completed the online consultation and attended the roadshows undertaken.

Following the consultation exercise, concerns had been raised by residents mostly living within the CH63 and CH64 postal area regarding access, extended travel, tunnel fares and parking facilities.

Ms Robinson indicated that all feedback received would be used to forward plan and that feedback received to date had proved positive for the move to Liverpool. However, there would be a continual dialogue with the public addressing all feedback received.

A consultation process would be undertaken following NHS England sign off and an information event would be held with GP's and universities etc. Two further events would be held for the CVS, Healthwatch and Community Champions.

In response to Members' comments, Ms Robinson indicated that there were comprehensive plans in place to undertake formal consultation and agreed to share this with Members.

In relation to parking charges, Ms Jones indicated that the Chief Executive had reiterated that the free parking for Cancer patients would remain on the new site at Liverpool.

The Committee was reassured that the high level of standards would be carried through to the new centre encompassing the ethos of Clatterbridge.

The plans highlighted by the Trust and reiterated that this proposal was not just about the building, it was about better outcomes for patients and better treatment access.

In response to comments, Ms Jones indicated that discussions had been held with CCG's and GPs but there was a need to consult with them further.

Dr Thorpe responding to Members' comments said that £11m would be invested into the Clatterbridge site. She expected all staff to continue to be employed although some people may change their place of work. Catering facilities management was provided through a separate organisation and with

there being no in-patients on the future site there would be some loss of catering staff.

RESOLVED: That

- (1) the proposals of the Clatterbridge Cancer Centre (CCC) NHS Foundation Trust seeking to reorganise service delivery affecting Wirral be noted and Ms Jones, Dr Thorpe, Ms Robinson and Ms Scott be thanked for their informative presentation;**
- (2) in response to the formal consultation undertaken in respect of the proposals of Clatterbridge Cancer Centre NHS Foundation Trust, it be agreed that the proposals are a substantial development or variation in service for Wirral;**
- (3) further to (2) above, the following members be appointed to the Joint Health Scrutiny Committee which will further consider the proposal relating to Clatterbridge Cancer Centre NHS Trust in accordance with the “Protocol for the Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside”;-**

**Councillor Moira McLachlan
Councillor Wendy Clements**

Deputies

**Councillor Denise Roberts
Councillor Cherry Povall**

**** Two further Members are to be nominated by their political groups.**

4 TWO YEAR PLAN - NHS ENGLAND AREA TEAM

The Committee considered the report of Mr Andrew Crawshaw, NHS England outlining the national and regional context together with specific update on priorities that the Area Team was responsible for delivering and how these priorities were progressing. The report also summarised the proposed initiatives in the Operational 2 year plan for commissioned services. It also provided a brief report card on the initiatives pursued in 2013-14 and the outcomes from these so far.

Mr Crawshaw indicated that in relation to the dental review, this was ongoing and there would be more opportunity for discussion in the future.

In response to a Member, Mr Crawshaw indicated that the 40% reduction in costs upon completion of the amalgamation and redesign of Primary Care Support Services related to administration costs not a reduction in GP services.

Ms F Johnstone, Director of Public Health/Head of Policy and Performance informed the Committee that it was the intention to extend the bowel screening programme to those aged 55.

In response to Members, Mr Crawshaw indicated that NHS England were looking to provide different models of care; assess how GPs could best be supported within the community and maintain patients within their own homes.

In relation to the Healthy Child Programme, Mr Crawshaw indicated that this was a national programme for all health visitors across England.

RESOLVED: That

- (1) the contents of the report be noted;**
- (2) the Committee be requested to build the specific initiatives into the Committee's work plan over the next two years as advised.**

5 FUTURE COUNCIL

This report provided the Families and Wellbeing Policy & Performance Committee with an update as to the progress of the Future Council project, as well as an opportunity to engage with and influence the emerging options which were being developed in order to transform the Council and achieve the savings required of the Council.

The emerging options would be further developed and then published by the Chief Executive, as officer budget options, for full public, staff and service user consultation in September 2014.

Ms Clare Fish, Strategic Director introduced the report and in response to Members indicated that in relation to the out of hours provision, one of the cross cutting options to be considered was looking at combining the various out of hours services into one multi functional service.

In relation to LAC (looked after children) the department would be looking into the packages of care which took up a significant part of the budget allocation. Officers would be looking at how children became LAC to ensure that they didn't come into the care system too quickly or unnecessarily, and also that children did not remain looked after for longer than necessary.

Ms Fish further indicated that she was pleased to note that the number of children subject to a child protection plan and Children in Need was reducing and that the Department was working with other local authorities on various initiatives and sharing best practice.

Members suggested that workshops be held on the proposals for Future Council to enable Members to focus more time on the proposals being put forward in September.

Members also requested that the scrutiny process should be accessible to the public.

RESOLVED:

That the report be noted.

6 ARRANGEMENTS FOR THE ATTAINMENT SUB-COMMITTEE

This report enabled members to approve the terms of reference and nominate the membership to the Attainment Sub-Committee for the 2014/15 municipal year.

RESOLVED: That

- (1) the terms of reference for the Attainment Sub-Committee be approved;**
- (2) the following nominations for members to the Attainment Sub-Committee be agreed as follows:- Councillors M. McLaughlin, T. Norbury, P. Brightmore, W. Smith, W. Clements, P. Hayes and A. Brighthouse; and**
- (3) the appointment of Deputies shall take effect upon the Group Leaders of each political group notifying the Head of Legal & Member Services of their deputy nominations.**

7 ARRANGEMENTS FOR THE HEALTH AND CARE PERFORMANCE PANEL

This report enabled Members to approve the terms of reference and nominate the membership to the Health and Care Performance Panel for the 2014/15 municipal year.

RESOLVED: That

- (4) the terms of reference for the Health and Care Performance Panel Sub-Committee be approved;**
- (5) the following nominations for members to the Health and Care Performance Panel Sub-Committee be agreed as follows:- M. McLaghlin, D. Roberts, T. Johnson, C. Spriggs, W. Clements, C. Povall and A. Brighthouse.**
- (6) the appointment of Deputies shall take effect upon the Group Leaders of each political group notifying the Head of Legal & Member Services of their deputy nominations.**

8 FAMILIES AND WELLBEING DIRECTORATE - KEY ISSUES FROM DEPARTMENTAL PLAN

The Committee considered a verbal update from Ms Clare Fish, Strategic Director, Families and Wellbeing Being, Ms Julia Hassall, Children's Services Director, Graham Hodgkinson, Director of Adult Social Services and Fiona Johnstone, Director of Public Health/Head of the Policy and Performance highlighting their departments key objectives and challenges for 2014/15.

In response to Members, Mr Hodgkinson indicated that in respect of care provision there would be some new build and some refurbishment provision and agreed to share with Members information in relation to the schemes to be undertaken.

Mr Hodgkinson, in response to a member, indicated that there are to be legislative changes from 2015 with major changes in 2016, the key change being for those people currently paying for their own support.

The Government wanted to make provision so people would no longer have to sell their houses to pay for their care, people could be charged for their support once they reached a potential limit. Government would set a limit as to how much somebody would have to pay in their lifetime

In relation to Public Health, Ms Johnstone indicated that Age Concern and the Public Health Team had been lobbying the Government for some national policy on betting shops as they were often located in deprived communities. Still trying to understand the legal position of what the Council could do.

In response to a Member, Ms Johnstone indicated that a spotlight session was being planned regarding health inequalities.

In relation to E-cigarettes nationally Public Health were trying to ascertain what the current situation was. These products were becoming increasingly popular and Ms Johnstone indicated that anxiety had been expressed that these products could normalise smoking, however, more evidence was needed.

In response to a Member, the Chair suggested that the Co-ordinating Committee could look at undertaking a cross cutting exercise to look at departments across the Council in particular licensing and planning processes to identify what the Council could and could not do to help the Council bridge the gap in relation to alcohol and smoking and also cumulative impact.

In response to a Member, Mr Hodgkinson indicated that there was a long way to go for Council to give the right sort of information for people to make choices, as to how they may go about supporting themselves.

Ms Hassall in response to Members indicated that Wirral in comparison to other authorities did not pay Social Workers well; the authority did have a number of incentive schemes, but the baseline pay needed to be reviewed. There would be a piece of work undertaken as part of the Future Council project to be done by September at the latest in relation to the rates of pay. There was a need to get pay on a comparable level to neighbouring authorities.

It was the Department's intention to try and retain those Social Workers with considerable expertise.

RESOLVED:

That the Families and Wellbeing Directorate update be noted.

9 FAMILIES AND WELLBEING DIRECTORATE DASHBOARD REPORTS

The Committee considered the report of the Strategic Director of Families and Wellbeing and the Director of Public Health/Director of Policy and Performance which provided an update in relation to the 2013/14 Year End performance of the Families and Wellbeing and Public Health Directorates against the delivery of their Directorate Plans for 2013/14 whilst also providing an update of current performance (as at 31st May 2014) against the 2014/15 Directorate Plans.

The report translated the priorities set out in the Directorate Plans into a coherent and measurable set of performance outcome measures and targets. Members were requested to consider the details of the report and highlight any issues.

The Directorate Plan 2013/14 Year End Performance Report set out performance against 38 outcome measures for 2013/14, 28 were rated green, 4 were rated amber and 6 were rated red. The 6 measures rated red had action plans which referred to:

- Smoking Quitters (4 weeks)
- Smoking status at time of delivery: rate per 100 maternities
- Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Overall satisfaction of people who use services with their care and support
- Proportion of people who use services who say that those services have made them feel safe and secure

The Families and Wellbeing and Public Health Directorate Plans 2014/15 set out the key functions the Directorates were responsible for and the contribution they made to the delivery of the Corporate Plan priorities. The plans would be monitored through the Performance Dashboard which contained 57 measures for 2014/15.

Data was currently available for 7 of the 2014/15 measures all of which were rated as Green.

In relation to the number of children Looked After, Ms Hassall indicated that there were 677 children at the end of March, to date the figure had increased to 690. There were plans for the next two years to take £2 million pounds out of the LAC budget, £500,000 for January till the end of March 2015. Ms Hassall confirmed that there were clear plans in place, although this will remain a challenging target.

RESOLVED: That

- (1) the Directorate Plan be noted; and**
- (2) the information contained within the report be used to inform the Committee's future work programme.**

10 **FINANCIAL MONITORING**

The Strategic Director for Families and Wellbeing presented the report of the Director of Resources, which set out financial monitoring information for Month 2 (May 2014), to ensure consistency across Policy and Performance Committees and provide sufficient detail for Members to scrutinise budget performance for the Directorate.

RESOLVED –

That the report be noted.

11 **WORK PROGRAMME**

The Committee considered the report of the Chair of the Committee, updating on the progress and the activity proposed for this Committee in relation to its agreed Work Programme.

The Chair indicated that the Committee needed to look at its workload and prioritise. Two sub-groups had now been established focusing on attainment and health & care performance.

The Chair indicated that she would be meeting with the Vice-Chair and Spokespersons to discuss the work programme and prioritise the workload; this would enable the agendas to be more manageable and enable the Committee to focus on the big issues.

Initially, there would be four spotlight sessions arranged which were as follows:

- NHS framework
- Care Act
- Children and Families Act
- Health Inequalities

In relation to reports it was suggested that those report for “noting” be circulated as hard copy and via email to Members and included on the agendas for future meetings only if Members felt it appropriate. Reports would be published and be noted as part of the Work Programme report.

RESOLVED: That

- (1) the Work Programme be noted;**
- (2) the Chair and Vice-Chair and Group Spokespersons develop the work programme further and undertake the prioritisation work outlined within the report;**

- (3) the proposed changes outlined in Paragraph 5 of the report to improve the effectiveness of the Committee be approved and that these changes be reviewed by the Committee in February 2015.

12 **BARNADOS VIDEO - YOUNG CARERS**

Due to technical difficulties the members were unable to view the video in relation to Young Carers.

RESOLVED:

That the link to the video be emailed to Members in order for them to view its contents.

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Council – 14 July 2014

Motions

The following motion has been submitted in accordance with the notice required by Standing Order 7(1).

1. BECOMING A 'DEMENTIA FRIENDLY' COUNCIL

Proposed by Councillor Tom Anderson

Seconded by Councillor Tracey Smith

Council:

1. Recognises that dementia is becoming a serious issue in society and is alarmed that one in three people over 65 will be diagnosed with dementia.
2. Applauds the great work that the Alzheimer's Society is doing in aiming to get 1 million people trained as a 'Dementia Friend' by the end of the year.
3. Notes Dementia Friends is a national programme that takes a maximum of 1 hour educating people on dementia and its effects.

Council believes that this is a worthy programme and the Council can play its part.

Therefore Council requests the Chief Executive to:

- a. Encourage Council staff to become Dementia Friends (and to undertake relevant training as soon as practicably possible).
- b. Write to the Alzheimer's Society requesting advice on how best to assist them in rolling out training across Wirral.
- c. Allow for Council property, where suitable, feasible and within reason, to be used free of charge by those delivering Dementia Friends Training.
- d. Encourage all Elected Members to become a 'Dementia Friend'.
- e. Invite key Council staff members to become 'Dementia Friend Champions' thereby enabling the roll out of Dementia Friends Training referred to.

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Our Ref: TL KM OSC 2014-08-22

Cheshire Warrington & Wirral Area Team
Quayside
Wilderspool Business Park
Greenalls Avenue
Stockton Heath
Warrington
WA4 6HL

26 August 2014

Email: tina.long@nhs.net
Tel: 01138252785

To: Overview and Scrutiny Committees
Cheshire, Warrington and Wirral

Dear Colleague

Please find attached two papers for the 'Oral Surgery Dental Services: Paper for Local Authorities Overview and Scrutiny Committee' and the 'Community Dental Services: Paper for Local Authorities Overview and Scrutiny Committee'. This paper sets out the requirement of NHS England to re-procure the service contracts over the coming months.

The procurement process is about to commence and prospective bidders will be submitting their proposals in due course. The commissioners intend to procure services that are almost identical to those that are already in place. The intention is subsequently to undertake an in-depth dental service review, involving all stakeholders and leading to bespoke dental contracts designed to address the dental agenda including inequalities.

The final form of the contracts associated with this interim re-procurement exercise have yet to be decided and will depend upon how providers respond to the bidding process. However, the service specification has been written in such a way that the anticipation is that material change to existing contracts will be minimal.

A communications and engagement plan has been developed (a copy is included). A series of stakeholder events is anticipated and these will go on throughout and beyond the procurement process.

It is anticipated that Local Authority representatives will be invited to participate in the contract evaluation process.

Should you require any further information please do not hesitate to contact me.

Yours Sincerely



Tina Long
Director of Nursing

Cc Glenn Coleman, Head of Primary Care.

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Oral surgery services:
Paper for Local Authority
Overview & Scrutiny
Committee



Oral surgery services: Paper for Local Authority Overview and Scrutiny Committee

Cheshire, Warrington & Wirral Area Team

First published: August 2014

Prepared by Kerry Davis, Dental Lead, Cheshire, Warrington & Wirral Area Team (NHS England) with support from Lesley Gough, Consultant in Dental Public Health, Public Health England

Contents

	Page
Introduction	4
Background	4
Programme Aims & Objectives	5
The Role of the Local Authorities	6
Timeline	6
Appendix 1 ...Communication & Engagement Plan	7
Appendix 2 ...Summary paper of procurement process	16

Introduction

NHS England (Cheshire, Warrington & Wirral Area Team) is responsible for commissioning oral surgery services from both primary and secondary care based providers. Currently oral surgery services are provided across Cheshire Wirral and Warrington by four Acute Trusts (Arrowe Park, Countess of Chester, Warrington General, and East Cheshire), two Community Dental Services (provided by Bridgewater and East Cheshire Trust) and three independent contractors. The Community Trust and independent contractors are currently contracted to provide their services until 1st April 2015 and 1st July 2015 respectively. A small proportion of referrals are referred to providers out of the Cheshire Wirral and Warrington geographical footprint – including Liverpool and Manchester Dental Hospitals.

A needs assessment exercise has indicated that there is scope for some of the straightforward oral surgery activity currently referred to and undertaken in the acute hospital setting, could be carried out in a primary dental care setting by appropriately skilled specialist. Elsewhere, this shift of activity has been successfully achieved via implementation of a centralised referral and triage system for referrals from primary care dentists. This has ensured that patients receive oral surgery treatment in an appropriate and readily accessible location, delivered by suitably trained clinicians with minimum waiting times. In general provision of care in a primary care setting is more cost effective than provision in an Acute Trust setting. It is proposed that a similar model is commissioned for oral surgery services in Cheshire, Warrington and Wirral.

Background

Oral surgery includes a spectrum of clinical activity ranging from straightforward procedures such as extraction of teeth which can be undertaken by all primary care dentists to highly complex procedures which should be undertaken by consultants within an acute hospital setting. Nationally within NHS England work an oral surgery 'care pathway' has been developed: this divides oral surgery procedures into three categories: Level One procedures which are within the capability of all primary care ('high street') dentists, Level Two procedures which are more complex and would require additional skill up to specialist level and Level Three procedures which are technically highly complex or for patients who have complex needs and require treatment within an Acute Trust environment. There is general agreement across the profession that Level One and Level Two procedures can be safely undertaken in a primary care setting by dentists who are trained to the appropriate level.

A number of areas have implemented the national care pathway with the overarching aim of ensuring that patients are treated by the appropriate clinician

in the appropriate setting. Referral management systems have been shown to be effective in achieving this aim.

Within Cheshire Wirral and Warrington there is a variety of providers of oral surgery services (as outlined in the Introduction) but at the present time the system is not joined up: A needs assessment exercise undertaken between October 2013 and July 2014 confirmed that many straightforward procedures are referred unnecessarily (and at significant cost) to the Acute Trust based services and conversely a number of complex procedures are referred inappropriately to primary care based providers.

There is also some evidence that a small proportion of referrals are made which should be undertaken by primary care dentists within their own practices.

The NHS England CWW area team intends to undertake a procurement exercise to re-commission 'Level Two' oral surgery services so that an increased amount of this activity will be undertaken in the primary care setting rather than within Acute Trusts. The re-commissioned services will be linked to a referral management and triage system which will be developed and implemented with appropriate consultation with professional colleagues.

The re-commissioned oral surgery system will be monitored and evaluated by the Area Team (with Public Health England support) from the perspective of quality of care, patient experience, activity levels and cost effectiveness.

Programme Aims and Objectives

The purpose of the re-procurement exercise is to:

Re-commission 'Level two' oral surgery services from appropriately trained providers and in appropriate settings across Cheshire, Warrington and Wirral.

Ensure that an increased amount of straightforward (Level Two) oral surgery procedures is undertaken in a primary care setting which is accessible for patients.

Ensure that the oral surgery activity undertaken within Acute Trusts is increasingly focussed on the most complex (Level Three) activity.

To implement a referral management and referral triage system which aims to ensure that referrals are directed to the appropriate provider according to the needs of the patient.

Ensure that waiting times for patients requiring oral surgery are kept to a minimum.

To establish systems for monitoring the quality of care, patient experience and activity levels

The Role of the Local Authorities

Statutory Instrument 3094 makes it clear that Local Authorities have a legitimate interest in the planning and evaluation of the arrangements for the provision of NHS dental services.

Local Authorities are invited to participate in the evaluation panel whose role is to develop criteria for judging the quality of contract bids and making a decision on which bids are successful.

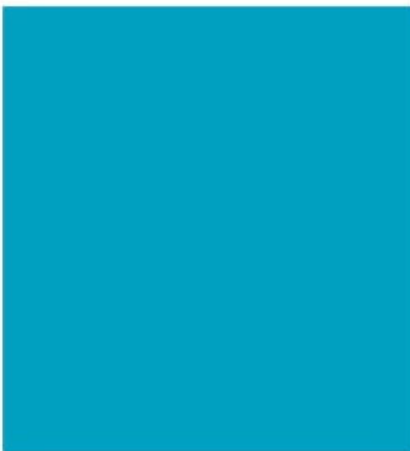
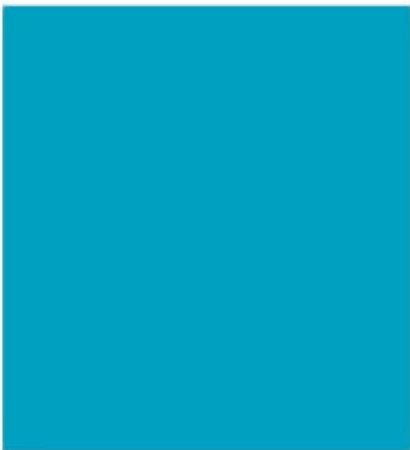
They will also be asked to receive service monitoring and evaluation reports at appropriate intervals.

A Service Specification has been prepared based on the needs assessment and when finalised, this can be made available for information.

Timeline :

Action	Who leads / responsible	Timescale
Review report from referral management system (dated July 14)	Lead and Deputy dental manager and . Public Health Consultant	August 2014
Engagement with LPN to discuss revised referral proforma increase use of e-referral system	LPN, CWW commissioning team & Public Health Consultant	26 th August 2014
Discussion with reported 'high referrers' and high level 1 referrers to identify any underlying explanation or concerns	Commissioners, Dental Practitioner Advisers	W/c 4 th September 2014
Clinical Engagement Event	Lead and Deputy dental manager and . Public Health Consultant	September 2014- date to be confirmed
Develop and pilot training programme for Level 1 oral surgery skills for foundation year dentists in Wirral	Mersey Deanery, LPN Chair and training practices. Cons DPH to evaluate pilot	Pilot by end July 2014
Commence Procurement	Lead and Deputy dental manager and . Public Health Consultant and procurement hub	Estimated to commence 1 st October 2014.

Appendix 1: Communication and Engagement Plan Version 1:
19th August 2014



Oral Surgery Dental Service Contract Re-procurement – Communications and Engagement Plan August 2014

1. Introduction

This document has been prepared by NHS England Cheshire, Warrington and Wirral Area Team (CWW). It outlines the communications and engagement activity to support the procurement of Level 2 Oral surgery services across Cheshire, Warrington and Wirral.

The Area Team will seek strategic guidance and advice from North, Midland & East Communication's services (NM&E).

2. Background and context

NHS England (Cheshire, Warrington and Wirral and Merseyside Area Teams) is responsible for commissioning oral surgery services on behalf of local communities. There are oral services provided via the Community Dental Service Contracts and 3 primary care providers in Cheshire, Warrington and Wirral Area Teams. All of these contracts cease on 31st June 2015. From July 2015 new contracts to provide Primary Care Oral surgery will be awarded for a period of three years and procurement has to follow the rules set out by the European Commission and the OJEU (Official Journal of the European Union) process. This is standard operating procedure for the NHS.

Primary care based oral surgery services work in a complementary way to hospital and primary care dental services providing level 2 type oral surgery which is deemed too complex for primary dental care but does not require an acute hospital setting. Patients will be referred in from primary and community dental services via an e-referral management system. This will ensure that less complex (Level 2 procedures) are undertaken wherever possible in a primary care setting. And will avoid unnecessary referrals into secondary care.

In re-procuring the level 2 oral surgery service it is anticipated that high quality of patient services will be maintained, waiting times will be managed appropriately and patients will be treated nearer to home. This will also allow the secondary care based services to focus on the most complex care (and consequently enable them to manage referral to treatment times within required timescales).

3. Aims and Objectives

This communications and engagement plan has been developed to ensure that those involved in commissioning and providing the services, the wider NHS, the public and local stakeholders are kept regularly informed as discussions progress.

The aim is to ensure a co-ordinated and consistent communications approach that we will make the best use of a wide range of communications channels, provide patients and other stakeholders with the opportunity to feedback and encourage effective two way communication.

Consideration will be taken of how the procurement fits into the overall vision and strategy for primary and secondary care dental services across the area. Discussions with stakeholders and overview and scrutiny committees (OSCs) will help clarify the approach that needs to be taken with patients and the public. OSCs in particular will be interested in understanding how any potential changes fit into an overall strategy that will improve the quality of services; and will want assurance that access to services will not be poorer for patients.

A project plan has been developed which sets out communications and engagement actions required.

The objectives of the plan are:

1. To ensure that all stakeholders are kept up to date, fully informed and engage about the scope of the potential changes and how they fit into the context of dental care service provision in the area.
2. To reassure all stakeholders about the nature of the changes and those steps will be taken during the implementation process to mitigate concerns.
3. To provide varied opportunities for all stakeholders to give their views, ask questions, raise concerns and make comments in order to inform implementation.
4. Develop communications that are consistent, clear and tailored to different audience needs.
5. To be honest, open, timely and responsive in all communications and engagement activities.

4. **Key deliverables** :The key deliverables are summarised below; further detail can be found in the attached programme plan:

Programme Area	Deliverables	Timescales
Overarching	Stakeholder mapping and prioritisation	By end June 2014
Overarching	Communications plan and media handling plan in place	By early September 2014
Ensuring there is a clear program of communication and engagement	Regular bulletins/updates on progress and developments	On-going
Communication	Ensure there are feedback mechanisms	On-going
Evaluation	Evaluation all communications during the implementation process outlining key achievements ad areas for improvement	On-going

5. Risk analysis

Risk: Stakeholders are unhappy with the potential changes to the service.

Mitigation: The communication plan will take account of the need to ensure two –way communications and that all views are listened to and taken account of. Our plan identifies the need to ensure communications and engagement is targeted to reach different audiences with the right messages, in the right way at the right time.

Risk: Once final decisions are taken, stakeholders oppose plans.

Mitigation: Ensure there is transparency about the process by which decisions are taken and that stakeholders are aware how potential changes fit into the context of dental health care services in the area.

Risk: Once a decision has been taken stakeholders are unclear about the impact this has on them.

Mitigation: Ensure that there are accurate and up-to-date information accessing services.

As new risks arise, these will be addressed through the project delivery team.

6. Overarching lines to take and key messages

The three core messages below will form the basis of the key messages.

1. Ensuring that local people have access to high quality, convenient services.
2. It is important that as commissioners we constantly review services to make sure that they are up to standard for local people.
3. We will work to ensure that patients, the wider public and other stakeholders are involved in and kept up-to-date about any discussions about the future shape of services.

7. Key audiences

There are several important stakeholders and this is not an exhaustive list.

- Patients
- Patient participation groups
- Current providers of oral surgery services (primary and secondary care)
- Healthwatch
- Local Professional Network/Local Dental Committees
- Public Health England
- Media
- Local Councils- Oversight and Scrutiny Committees
- MPs
- Clinical Commissioning Groups
- Health and Wellbeing Boards

8. Costs & Actions

The actions set out in the plan will need to be delivered by the Area Team primary care dental team and other external providers (as required).

Costs & Actions

The actions set out in the plan need to be delivered by the Area Team dental project lead in conjunction with NM&E Communications.

1. Operational Deliver to be led by NHS England CWW Area Team Primary Dental Team

2. Communications support, advice and guidance for the area team will be sought from NM&E Communications.
3. Delivery and Progress against the plan will be monitored and reviewed by the dental project group.

9. Communications and Engagement plan
Proposed summary of alterations to services-

Current Service	Proposed Service	Changes to Service
Primary care based oral surgery services and secondary care oral surgery provision	Primary care based oral surgery service and secondary care provision	Increased capacity in primary care based on needs assessment exercise (reviewing case complexity) linked to referral management system.

Communications and Engagement Summary –

The various elements of the current services fit into different points around the 'Engagement Cycle'.

Engagement Activity	Feedback	Outcome	Timescale
Initial meeting with current services providers to discuss service re-procurement	Discussion with existing providers	Decision to review and amend referral management form	June 2014
Market engagement event outlining proposed services for proposed bidders	A number of service delivery items were identified at the event	The service specifications have been updated to reflect the items identified and further ratified by project oversight group.	Sept 2014
Media Statement (to be prepared and utilised as required) TBC			On-going
Project paper sent to OSC including cover letter and comms & engagement plan			Completed by early July 2014
Project Paper presented to OSC			Sept 2014
Copy of Project paper to MPs for information			Sept 2014
A summary Information sheet/Notice of current and proposed services along with a feedback/ comments section to be sent out to: CCG patient groups	TBA – set date for return feedback, summarise finding and consider and appropriate changes to Service Specs		September 14

Healthwatch Voluntary groups.			
Letter to CCGs			September 14
Briefing to Local Dental Network and Local Dental Committee interface groups			September 14
Communication with primary dental care providers via Local Dental Network	TBA		September 14
NHS Staff affected by changes.	AT facilitate liaison with current and future service providers		Ongoing

10. **Current Service Sites – Cheshire, Warrington and Wirral Area**

- Ellesmere Port – Stanney Lane Clinic - **Provider Bridgewater**
- Wirral – Arno Dental Practice – **Provider Mr Askar**
- Warrington Baths Health and Well-being centre - **Provider Bridgewater**
- Ashfield's Primary Care Centre, Middlewich Road Sandbach CW11 1EQ – **Provider : Mr Ahovi.**
- Ashfields Primary Care Centre, Middlewich Road Sandbach CW11 1EQ **Provider: East Cheshire Trust.**
- **Old Surgery Dental Practice Ltd.** 31 Hungerford Road Crewe CW1 5EQ
Provider : Steve Lomas and Richard Willis

Appendix 2

Primary care based oral surgery: re-procurement - Summary paper Background

Cheshire Warrington & Wirral has to be re-procured by 1st July 2015. (legislation)

- Old Surgery Dental Practice:
 - East Cheshire Trust
 - Mr W Askar- Wirral
 - Mr H Ahovi
 - Bridgewater Trust
-
- 3 year contracts will be placed starting 1st July 2015.
 - Currently lower complexity cases being referred into secondary care and inappropriate use of resources. Variable waiting times.
 - New and existing providers encouraged to bid for contracts
 - The nature of the dental services re-procured will be essentially unchanged (important point) but with increased capacity
 - The providers may change
 - The new 3 year contracts will be 'fit for purpose'
 - The service specifications that underpin the new contracts have been produced locally but reflect national guidance re oral surgery care pathways.
 - Potential bidders have been given an opportunity to see the service specifications and comment. Where appropriate, comments will be taken into account
 - Representatives of Local Authorities will be given the opportunity to participate in the bidder evaluation process

1. Technical issues associated with the re-procurement exercise

The contracts offered will reflect the whole area geography (Cheshire West and Chester, Wirral, Warrington and Eastern and Central Cheshire) and reflecting the learning from the Health Needs Assessment.

2. Communication and engagement (C&E)

The re-procured services will be similar to the existing services, and in keeping with NHS England procurement guidelines, there is a need to deliver a communications and engagement exercise. A Communications & Engagement (C&E) plan has been prepared

- C&E will take place throughout and beyond the re-procurement exercise
- C&E will ensure that stakeholders are kept up to date and fully informed about how the new services fit into the context of dental service provision in the area.
- C&E will reassure stakeholders
- C&E will provide an opportunity for stakeholders to give their views, ask questions and raise concerns.
- All views will be taken into consideration.

3. The next steps

- The service specifications and the geographic contract footprints are now being finalised
- Finance/HR issues are being addressed
- The bidding process will get under way expected timescale October 2014
- Communications & Engagement will be ongoing and we expect to develop further
- Contracts will be placed by June 2015
- Contracts to go live 1st July 2015
- Contract monitoring to ensure successful bedding in of contracts

Community Dental
Services: Paper for Local
Authority Overview &
Scrutiny Committee



Community Dental Services: Paper for Local Authority Overview and Scrutiny Committee

Cheshire, Warrington & Wirral Area Team

Merseyside Area Team

First published: June 2014

Prepared by Kerry Davis, Dental Lead, Cheshire, Warrington & Wirral Area Team (NHS England) with support from Keith Milsom, Consultant in Dental Public Health, Public Health England

Contents

Introduction.	4
Background.	4
Programme Aims & Objectives	5
Role of the Local Authorities	6
Appendix 1: Communication and Engagement Plan.....	7
Appendix 2 : Summary briefing paper	18

Introduction

NHS England (Cheshire, Warrington & Wirral Area Team and Merseyside Area Team) is responsible for commissioning dental services from the Community Dental Service (CDS). There are five Community Dental Service contracts in Cheshire and Merseyside and all of these expired on 31st March 2014. All contracts were 'rolled over' for twelve months. There is a legal requirement to re-procure the CDS contracts for 1st April 2015 and NHS England (Cheshire, Warrington & Wirral Area Team and Merseyside Area Team) is currently engaged in the process of re-procurement.

Background

The CDS work in a complementary way to General Dental Services, essentially providing clinical specialist services for routine patients and routine care for patients who have special needs. The service exists primarily to provide services to people who would find difficulty in accessing normal general practice. For example people who need domiciliary care, people with learning disabilities or dementia, people with serious medical conditions or physical disabilities and, increasingly, older people. These services are often used to provide services to other socially excluded and vulnerable groups. Many community dental services also provide specialist dental services on a referral basis, including sedation and general anesthesia for high needs children and adults with special needs. Some services also fulfill a teaching function, a dental public health function (collection of epidemiological data) and participate in (modified) screening programs. Additionally, the CDS has often been the service to take on dental functions that have been difficult to procure e.g. out of hours urgent care.

Whilst undoubtedly the CDS undertakes valuable work, historically there has been a lack of transparency about the nature of that work and the activity levels associated with it. This suboptimal position has made the commissioning of CDS activity problematic. Additionally, this opaque understanding has occasionally led to unnecessary skepticism about the specific role the CDS undertakes.

The recent reforms of the NHS have provided a platform for a 're-think' about the way Community Dental Services are commissioned. The reforms have divided the commissioning responsibilities for the CDS between NHS England and Local Authorities. This splitting of the functions prompted the question "is the time now right to stop considering the CDS as an organisation that should be commissioned as one overarching service and instead, begin thinking of the CDS as being comprised of a suite of services, each of which should be scrutinised and offered, where appropriate, to the wider dental provider market?" The benefits of disaggregating the functions of the CDS and inviting other potential providers to bid for individual services, potentially include increased transparency,

the potential for a clearer focus on high quality service provision and an opportunity to enhance value for money in the delivery of these valuable services. Such an exercise has the potential to augment the reputation of the CDS as a pivotal contributor to the community.

The procurement process, (which has to be completed to a strict timeline) is expected to provide contracts that are 'fit for purpose' and delivered by the most appropriate provider. Most importantly these contracts will provide commissioners with appropriate and timely data on clinical activity, something that is currently unavailable. It is not anticipated that this exercise will lead to any material change in service level. These contracts will last for 3 years.

Once the new contracts are in place and high quality activity data becomes available, it is the intention of NHS England (Cheshire, Warrington & Wirral Area Team and Merseyside Area Team) to undertake an in depth dental health needs assessment. This will involve all key stakeholders and will consider the dental health of the population, dental health inequalities and available service provision. It is anticipated that over a twelve month period a strategic dental service plan will emerge that will have the support of the whole community. This plan will inform the re-commissioning of dental services in 2018.

Programme Aims and Objectives

The purpose of the re-procurement exercise is to:

- Disaggregate the functions of the Community Dental Service (CDS) in Cheshire, Warrington, Wirral and Merseyside into its constituent and discreet service areas.
- Produce a suite of agreed service specifications for the various individual dental services that NHS England (Cheshire, Warrington & Wirral Area Team and Merseyside Area Team) wish to commission in 2015.
- Decide on the geographic footprint that the individual services will be delivered.
- Engage with Local Authorities and the wider public on the proposal.
- Through the procurement process, secure new contracts with providers to start 1st April 2015.
- Using the newly placed dental contracts, begin a comprehensive dental health service review to inform future dental service commissioning.

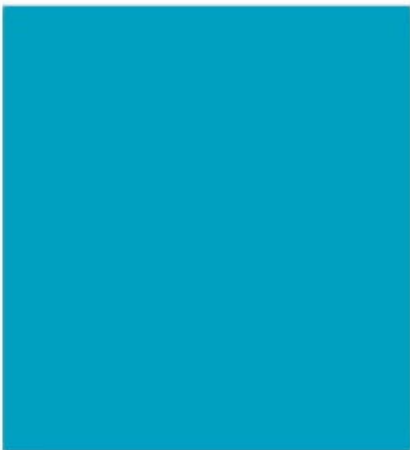
The Role of the Local Authorities

Statutory Instrument 3094 makes it clear that Local Authorities have a legitimate interest in the planning and evaluation of the arrangements for the provision of NHS dental services.

Local Authorities are invited to participate in the evaluation panel whose role is to develop criteria for judging the quality of contract bids and making a decision on which bids are successful.

Most importantly, NHS England (Cheshire, Warrington & Wirral Area Team and Merseyside Area Team) feels that once these new contracts are in place there is a need for a joint NHS England / Local Authority working group to be established to begin the work of the comprehensive dental health needs assessment exercise.

A series of Service Specifications have been prepared and once finalised can be made available for information.



Author:
Dental Project Group

Version 1:2.7.14

Contents

1. Introduction	3
2. Background and context	3
3. Aims and objectives	4
4. Key deliverables	5
5. Risks analysis	5
6. Overarching lines to take and key messages	6
7. Key audiences	6
8. Costs & Actions	6
9. Communications and Engagement plan	7
10. Current Service Sites	10

Community Dental Service Contract Re-procurement – Communications and Engagement Plan June 2014

1. Introduction

This document has been prepared by NHS England Cheshire, Warrington and Wirral Area Team (CWW). It outlines the communications and engagement activity to support the procurement of Community Dental Services across Cheshire, Warrington and Wirral.

The Area Team will seek strategic guidance and advice from North, Midland & East Communication's services (NM&E).

2. Background and context

NHS England (Cheshire, Warrington and Wirral and Merseyside Area Teams) is responsible for commissioning dental services from the Community Dental Services (CDS) on behalf of local communities. There are five Community Dental Service Contracts in Cheshire, Warrington and Wirral and Merseyside Area Teams. All of these contracts cease on 31st March 2015. From April 2015 new contracts to provide CDS will be awarded for a period of three years and procurement has to follow the rules set out by the European Commission and the OJEU (Official Journal of the European Union) process. This is standard operating procedure for the NHS.

Community Dental Services work in a complementary way to General Dental Services (high street dental practices), essentially providing clinical specialist services for routine patients and routine care for patients who have special needs. The service exists primarily to provide services to people who would find difficulty in accessing normal general practice – for example people with serious medical conditions or physical disabilities, people with learning disabilities or dementia, people who need domiciliary care and increasingly older people. These services are often used to provide services to other socially excluded and vulnerable groups. Many community dental services also provide specialist dental services on a referral basis, including sedation and general anaesthesia for high needs children and adults with special needs.

Whilst undoubtedly the community dental service undertakes valuable work, historically there has been a lack of transparency about the nature of that work and the activity levels associated with it. This suboptimal position has made the commissioning of community dental service activity problematic. Additionally, this opaque understanding has occasionally led to unnecessary scepticism about the role that the community dental service undertakes.

The procurement exercise forms the first stage of a whole service dental review of specialist primary dental care services across CWW. In re-procuring the

community dental services it is anticipated that high quality of patient services will be maintained and commissioners will have greater clarity of service activity and patient need. Over the period of the contract a detailed patient need analysis will be conducted with a view to procuring high quality appropriate dental services.

3. Aims and Objectives

This communications and engagement plan has been developed to ensure that those involved in commissioning and providing the services, the wider NHS, the public and local stakeholders are kept regularly informed as discussions progress.

The aim is to ensure a co-ordinated and consistent communications approach that we will make the best use of a wide range of communications channels, provide patients and other stakeholders with the opportunity to feedback and encourage effective two way communication.

Consideration will be taken of how the procurement fits into the overall vision and strategy for primary care dental services across the area. Discussions with stakeholders and overview and scrutiny committees (OSCs) will help clarify the approach that needs to be taken with patients and the public. OSCs in particular will be interested in understanding how any potential changes fit into an overall strategy that will improve the quality of services; and will want assurance that access to services will not be poorer for patients.

Re-procurement of community dental services is very much 'business as usual' for NHS England and therefore unless there is likely to be any substantial change to services, it should be treated as a communication and engagement exercise rather than a formal consultation. Best practice guidance should be adhered to.

A project plan has been developed which sets out communications and engagement actions required.

The objectives of the plan are:

1. To ensure that all stakeholders are kept up to date, fully informed and engage about the scope of the potential changes and how they fit into the context of dental care service provision in the area.
2. To reassure all stakeholders about the nature of the changes and those steps will be taken during the implementation process to mitigate concerns.
3. To provide varied opportunities for all stakeholders to give their views, ask questions, raise concerns and make comments in order to inform implementation.
4. Develop communications that are consistent, clear and tailored to different audience needs.

5. To be honest, open, timely and responsive in all communications and engagement activities.

4. Key deliverables

The key deliverables are summarised below; further detail can be found in the attached programme plan:

Programme Area	Deliverables	Timescales
Overarching	Stakeholder mapping and prioritisation	By end June 2014
Overarching	Communications plan and media handling plan in place	By early July 2014
Ensuring there is a clear program of communication and engagement	Regular bulletins/updates on progress and developments	On-going
	Ensure there are feedback mechanisms	On-going
Evaluation	Evaluation all communications during the implementation process outlining key achievements and areas for improvement	On-going

5. Risk analysis

Risk: Stakeholders are unhappy with the potential changes to the service.

Mitigation: The communication plan will take account of the need to ensure two-way communications and that all views are listened to and taken account of. Our plan identifies the need to ensure communications and engagement is targeted to reach different audiences with the right messages, in the right way at the right time.

Risk: Once final decisions are taken, stakeholders oppose plans.

Mitigation: Ensure there is transparency about the process by which decisions are taken and that stakeholders are aware how potential changes fit into the context of dental health care services in the area.

Risk: Once a decision has been taken stakeholders are unclear about the impact this has on them.

Mitigation: Ensure that there are accurate and up-to-date information accessing services.

As new risks arise, these will be addressed through the project delivery team.

6. Overarching lines to take and key messages

The three core messages below will form the basis of the key messages.

1. Ensuring that local people have access to high quality, convenient services.
2. It is important that as commissioners we constantly review services to make sure that they are up to standard for local people.
3. We will work to ensure that patients, the wider public and other stakeholders are involved in and kept up-to-date about any discussions about the future shape of services.

7. Key audiences

There are several important stakeholders and this is not an exhaustive list.

- Patients
- Patient participation groups
- Community Dental Service staff
- Healthwatch
- Local Professional Network/Local Dental Committees
- Public Health England
- Patients, families, carers
- Media
- Local Councils- Oversight and Scrutiny Committees
- MPs
- Clinical Commissioning Groups
- Health and Wellbeing Boards

8. Costs & Actions

The actions set out in the plan will need to be delivered by the Area Team primary care dental team and other external providers (as required).

Costs & Actions

The actions set out in the plan need to be delivered by the Area Team dental project lead in conjunction with NM&E Communications.

1. Operational Deliver to be led by NHS England CWW Area Team Primary Dental Team

2. Communications support, advice and guidance for the area team will be sought from NM&E Communications.
3. Delivery and Progress against the plan will be monitored and reviewed by the dental project group.

9. Communications and Engagement plan
Proposed summary of alterations to services-

Current Service	Proposed Service	Changes to Service
Paediatric Exodontia	Paediatric Exodontia	No material changes to service delivery Possible change of location Possible change of contract holder
Child & Adult Special Needs	Child & Adult Special Needs	No material changes to service delivery Possible change of location Possible change of contract holder
Out of Hours Urgent Care	Out of Hours Urgent Care	No material changes to service delivery Possible change of location Possible change of contract holder
In hours Urgent Care (Some Dental Access Centre provision 3 sites)	In hours Urgent Care – multiple sites in primary care setting	Future in hours urgent will be an enhanced service delivered from multiple sites across CWW
Dental Helpline- Wirral Dental Helpline- Cheshire (No formal contract)	Triage Service CWW wide	One Dental Helpline for CWW

Communications and Engagement Summary –

The various elements of the current services fit into different points around the 'Engagement Cycle'.

Engagement Activity	Feedback	Outcome	Timescale
Meetings with current services providers to discuss service re-procurement			Completed
Market engagement event outlining proposed services	A number of service delivery items were identified at the event	The service specifications have been updated to reflect the items identified and further ratified by project oversight group.	Completed June 2014
Questionnaire sent to all CCGs, and GPs around OOH dental services	Some communication issues raised around awareness of services and service provision	Communications, sign posting and advertising of Helpline numbers and In hours and OOH services specified in new service specifications	Completed
Media Statement (to be prepared and utilised as required)			On-going
Project paper sent to OSC including cover letter and comms & engagement plan			Completed by early July 2014
Project Paper presented to OSC			Wirral – July 2014 Other OSC – Sept 2014
Copy of Project paper to MPs for information			July 2014
Attempted co-op of Heathwatch member	Heathwatch declined		

onto project Oversight group	invitation, indicating they can only represent their own area		
Consultation meeting to be held near each DAC site to inform local stakeholders of the possibility that services may change in the future (3 sites)	TBA		Work in progress
A summary Information sheet/Notice of current and proposed services along with a feedback/ comments section to be sent out to: CCG patient groups Healthwatch Voluntary groups, Etc	TBA – set date for return feedback, summarise finding and consider and appropriate changes to Service Specs		
4 Information sharing events (CWW) – advertise a number of events to pass on information about present and proposed services	TBA – to be completed in next 2 weeks and feed comments into project group.		
A member of staff to visit each current CDS clinic to conduct a survey with patients/service users (spend 1 hour in each clinic asking patients service users to complete brief questionnaire)	TBA – to be completed in next 3 weeks, collate results and feed into service specs as appropriate.		TBA – to be completed by end July 2014
Questionnaire to local dental providers around dental services	TBA		

NHS Staff affected by changes	AT facilitate liaison with current and future service providers		Ongoing
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A task and finish group to be established to prepare the communications docs and roll out.

10. Current Service Sites – Cheshire, Warrington and Wirral Area

Alsager - Alsager Clinic, Sandbach Road South

Chester - OPD3 Countess of Chester Hospital

Chester - St Martins Clinic

Crewe - Eagle Bridge Health & Wellbeing Centre, Dunwoody Way

Ellesmere Port - Stanney Lane Clinic

Handforth - Handforth Clinic, Wilmslow Rd

Leasowe - Leasowe PC Centre, Hudson Road

Macclesfield - Weston Clinic, Earles Way

Nantwich - Church View PC Centre, Beam Street

Northwich - Victoria Infirmary, Winnington Hill

Sanbach - Ashfields PC Centre, Middlewich Road

Tranmere - Devonshire Park Clinic, Greenway Road

Wallasey - Victoria Central HC, Mill Lane

Warford - David Lewis Centre, Mill Ln

Warrington - The Baths

Winsford - Dene Drive PC Centre

Appendix 2

Community Dental Service (CDS) re-procurement -Briefing Summary paper for OSC Chair

1. Background

- CDS in Cheshire Warrington & Wirral(CWW and Merseyside) has to be re-procured by 1.4.15 (legislation)
- 3 year contracts will be placed starting April 2015.
- Current CDS contracts are providing inconsistent service data and delivery creating inequality.
- New and existing providers encouraged to bid for contracts
- The nature of the dental services re-procured will be essentially unchanged (important point)
- The providers may change
- The new 3 year contracts will be 'fit for purpose'
- The service specifications that underpin the new contracts have been produced locally, but the work of the service specification group has been overseen by an 'oversight group' with national representation and LA representative
- Potential bidders have been given an opportunity to see the service specifications and comment. Those comments have been taken into account
- Representatives of Local Authorities will be invited to participate in the bidder evaluation process
- This re-procurement exercise will form a platform for a comprehensive dental health needs assessment across CWW (and Merseyside). This exercise will begin in 2015/16.All stakeholders will be involved
- The results of this comprehensive needs assessment exercise will be high quality, bespoke dental service contracts that meet the needs of the population and will address the inequalities agenda.
- These contracts will be placed 1.4.18

2. Technical issues associated with the re-procurement exercise

This is essentially a 'tidying up' exercise in preparation for an in depth dental health needs assessment in CWW (and Merseyside). New re-procured contracts have to be in place by 1.4.15.

10 contracts will be offered:

- One triage contract for signposting to dental care services across CWW – a simplified one telephone number 'dental helpline' for patients
- One contract for 'Out of hours urgent dental care' across CWW
- Four contracts for 'In hours urgent dental care' (Cheshire East, Cheshire West and Chester, Warrington, Wirral. These contracts will each contain a number of subcontracts to ensure good distribution of service geographically)
- Two contracts for paediatric exodontia (A. Cheshire West & Chester and Wirral. B. Cheshire East and Warrington)
- Two contracts for special care dentistry (adults and children). One contract covering Cheshire West & Chester and Wirral. The other covering Cheshire East and Warrington.

3. Communication and engagement (C&E)

Because the re-procured dental services will be similar to the existing services, and in keeping with NHS England procurement timelines, there is a need to deliver a communications and engagement exercise. At this stage it is anticipated that full consultation is not required because there will not be significant change to services. However, consultation will be an integral part of the next stage (see page 13, section 9 proposed summary of alterations to services).

- A Communications &Engagement (C&E) plan has been prepared
- C&E will take place throughout and beyond the re-procurement exercise
- C&E will ensure that stakeholders are kept upto date and fully informed about how the new services fit into the context of dental service provision in the area.
- C&E will reassure stakeholders
- C&E will provide an opportunity for stakeholders to give their views, ask questions and raise concerns.
- All views will be taken into consideration.

4. The next steps

- The service specifications and the geographic contract footprints are now being finalised
- Finance/HR issues are being addressed
- The bidding process will get under way autumn 2014
- Communications &Engagement will be ongoing and we expect to develop further
- Contracts will be placed by December/January 2015
- Contracts to go live 1.4.15
- Contract monitoring to ensure successful bedding in of contracts
- Preparation for dental health needs assessment exercise from April 2015.

WIRRAL COUNCIL

Policy and Performance - Families and Wellbeing

9th September 2014

SUBJECT:	Safeguarding Children
WARD/S AFFECTED:	All Wards
REPORT OF:	Director of Children's Services
RESPONSIBLE PORTFOLIO HOLDER:	Councillor Tony Smith
KEY DECISION?	

1.0 EXECUTIVE SUMMARY

- 1.1 Working Together to Safeguard Children defines that the Independent Chair of the Local Safeguarding Children's Boards (LSCB) are required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

The annual report for the Wirral Safeguarding Children's Board (WSCB) 2013-14 is presented in two sections; the report looking over the past 12 months and the business plan looking forward over the next 12 months. In Section 1 the WSCB annual report sets out the priority areas for 2013-14, the individual targets within those priorities and the progress made. This includes an assessment of what remains to be done.

Section 1 also includes the main findings from the Section 11 safeguarding audit undertaken by individual organisations, a summary of and the lessons learnt from SCR's and other reviews, headline performance information and reports which reflect and assess how the WSCB has fulfilled its responsibilities.

Section 2 of the report sets out the business plan for 2014-15 and details the priority areas and work to be undertaken through the WSCB over the next 12 months.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The Independent Chair of the WSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the

Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period (see chapters 4 and 5).

The report should also list the contributions made to the WSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All WSCB member organisations have an obligation to provide WSCB with reliable resources (including finance) that enable the WSCB to be strong and effective. Members should share the financial responsibility for the WSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

3.0 RELEVANT RISKS

- 3.1 The objectives and functions of the WSCB are set out in statutory guidance (Working Together to Safeguard Children). If the functions were no longer delivered there would not be any oversight of the effectiveness of activities to promote safeguarding and the welfare of children and young people. Organisations would not be held to account for the quality of their service and co-ordination of activity would be lost. There would be an inadequate judgment by Ofsted leading to significant Government intervention and reputational risks.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 It is a requirement to publish an annual report.

5.0 CONSULTATION

- 5.1 Partner agencies are significant contributors to the content of this report and the work of the Board.

6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

- 6.1 None.

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 7.1 Voluntary, Community and Faith Groups are represented on the Safeguarding Board and play a key role in developments. Working Together to Safeguard Children 2014 makes specific reference to the role of Voluntary and Faith organisations in being aware of their responsibilities for safeguarding and promoting the welfare of children.

8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 8.1 The WSCB has come under increasing financial pressure. Partner agencies have been asked to make additional financial contributions to support the work of the Board. Despite these pressures, the Board remains ambitious in its plans going forward.

9.0 LEGAL IMPLICATIONS

- 9.1 Working Together to Safeguard Children 2014 states that Local Safeguarding Children Board's (LSCB's) were established under Section 13 of the Children Act 2004. LSCB's are Independent multi-agency bodies who exist to coordinate and ensure effectiveness of safeguarding across organisations. Section 14 of the Act set sets out the objectives of LSCBs, which 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.

Working Together to Safeguard Children is issued under Section 7 of the Local Authority Social Services Act 1970, which requires local authorities in their social services functions to act under the general guidance of the Secretary of State; In addition section 16 of the Children Act 2004, states that local authorities and each of the statutory partners must, in exercising their functions relating to Local Safeguarding Children Boards, have regard to any guidance given to them by the Secretary of State.

10.0 EQUALITIES IMPLICATIONS

- 10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(a) Yes and impact review can be found via the following link:

<http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesion/equality-impact-assessments/eias-2010/children-young-people>

11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

- 11.1 None.

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 12.1 None.

13.0 RECOMMENDATION/S

- 13.1 That committee notes this report and considers how it can support the Board's plans to safeguard children and young people.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 The committee receives this report to consider the effectiveness of child safeguarding and promoting the welfare of children in the local area.

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APPENDICES:

Local Safeguarding Children’s Board Annual Report 2013-2014

BACKGROUND PAPERS/REFERENCE MATERIAL

BRIEFING NOTES HISTORY

Briefing Note	Date

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



WIRRAL
SAFEGUARDING
CHILDREN BOARD



Annual Report (13-14) and Business Plan (14-15)

Safeguarding is Everyone's Responsibility

Page 63

Foreword by the Independent Chair

Foreword to be included once the report has been reviewed by the Independent Chair.



Bernard Walker
Independent Chair

Contents	Page
Foreword by Bernard Walker, Independent Chair	2
Contents Page	3
Executive Summary	5
Section 1 – Annual Report	
Local Background and the Context for Safeguarding	10
Progress and Achievement 2013-14	12
Priority 1 <i>Review, monitor and develop professional expertise in safeguarding practice</i>	15
Priority 2 <i>Undertake Serious Case and Critical Incident Reviews and embed learning from these</i>	16
Priority 3 <i>Ensure the development of early help is quality assured to improve impact and outcomes</i>	17
Priority 4 <i>Ensure children and young people continue to be safeguarded in light of significant national reform and local changes</i>	17
Priority 5 <i>Develop and implement an action plan to tackle child sexual exploitation (CSE)</i>	18
Priority 6 <i>Continue to monitor and improve the functioning of the WSCB and ensure there is appropriate challenge to the Children’s Trust to drive up standards</i>	20
Priority 7 <i>Continue to strengthen joint working between the WSCB and SAPB and develop common approaches to safeguarding</i>	21
Section 11 Audit	22
Multi-Agency Safeguarding Hub (MASH)	27
Serious Case Reviews	28
Child Death Overview Panel	31
Multi-Agency Safeguarding Training	39
Early Help and Family Common Assessment Framework	44
Safeguarding and Child Protection Performance Data	48
Intensive Family Intervention Programme	57
Managing Allegations	61
Governance Arrangements	66
Financial Report 2013-14	68

Section 2 – Business Plan

WSCB Action Plan for 2014-15		69
Priority One	- Domestic Abuse	70
Priority Two	- Child Sexual Exploitation	72
Priority Three	- Neglect	73
Priority Four	- Learning and Improvement	74
Priority Five	- Effectiveness of Early Help	75
Priority Six	- Signs of Safety	76
Priority Seven	- Supporting Safeguarding in Wirral	77

Section 3 – Appendices

Appendix One	- WSCB Structure	80
Appendix Two	- WSCB Membership	81
Appendix Three	- Committees and Achievements	82
Appendix Four	- Glossary of Terms	88

Executive Summary

Introduction

Working Together to Safeguard Children defines that the Independent Chair of the Wirral Safeguarding Children Board (WSCB) is required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report for 2013-14 is presented in two sections; the report looking back over the past 12 months and the business plan looking forward over the next 12 months.

In Section 1 the WSCB annual report sets out the priority areas for 2013-14, the individual targets within those priorities and the progress made. This includes an assessment of what remains to be done.

Section 1 also includes the main findings from the Section 11 safeguarding audit undertaken by individual organisations, a summary of and the lessons learnt from SCR's and other reviews, headline performance information and reports which reflect and assess how the WSCB has fulfilled its responsibilities.

Section 2 of the report sets out the business plan for 2014-15 and details the priority areas and work to be undertaken through the WSCB over the next 12 months.

All of the WSCB's safeguarding activity across the partnership contributes to ensuring that:

“Children and young people in Wirral feel safe and are safe”

Section 1 – Annual Report

Priorities for 2013-14

The WSCB set seven priorities for 2013-14. A summary of the progress against each priority which is detailed in the report is presented below:

Priority 1 - Review, monitor and develop professional expertise in safeguarding practice

The WSCB undertook a successful training needs analysis (TNA) across the workforce to inform the training programme and it delivered a large programme of safeguarding training including briefings about Working Together 2013. The WSCB still has work to do with extending the TNA to reflect the needs of all partner organisations, and work remains to ensure all professionals have access to safeguarding supervision.

Priority 2 - Undertake Serious Case (SCR's) and Critical Incident Reviews and embed learning from these

Learning from SCR's and other reviews was embedded in WSCB training and delivered through briefings, posters, summary document resources and through a specific training event held for frontline practitioners called Who's Looking Out for the Teenagers? which was very successful. The WSCB needs to develop an evaluation strategy to enable it to assess the impact on practice of training.

Priority 3 - Ensure the development of early help is quality assured to improve impact and outcomes

Targeted Preventative Services, established by the local authority in August 2013 to co-ordinate the early help offer, presented a draft performance scorecard to show the scope and effectiveness of the early help offer. The WSCB also maintained oversight of the quality of the new CAF/TAF (Team Around the Family) process through the CAF Quality Assurance group. An evaluation of the impact of Targeted Services and the CAF/TAF model will need to be undertaken in the next year.

Priority 4 - Ensure children and young people continue to be safeguarded in the light of significant national reform and local changes

Discussion and briefings about the NHS reforms were established as a standing agenda item of WSCB meetings and the WSCB relationship with the Children's Trust Board and the Health and Wellbeing Board were developed and defined in a protocol. The WSCB needs to ensure it can demonstrate that it effectively holds the other Boards to account for the effectiveness of safeguarding.

Priority 5 - Develop and implement an action plan to tackle child sexual exploitation (CSE)

The WSCB through its CSE sub committee commissioned Catch-22 to deliver multi-agency training and developed and disseminated a wide variety of resource material including leaflets, posters, video links and resources for schools. It also developed briefings for the wider community. CSE remains a priority area into 2014-15 to ensure an adequate partnership response and services for young people are available.

Priority 6 - Continue to monitor and improve the functioning of the WSCB & ensure there is appropriate challenge to the Children's Trust to drive up standards

The 2012-13 annual report and discussion of priority areas was presented to the Children's Trust and a memorandum of understanding and relationship protocol exist. The Independent Chair attends the Children's Trust to offer challenge and provides safeguarding update reports. Work remains to ensure the WSCB has an effective performance information solution.

Priority 7 - Continue to strengthen joint working between the WSCB and SAPB and develop common approaches to safeguarding

Both Boards form part of a single Corporate Safeguarding function and are led by one Independent Chair. The Boards have resolved to establish a joint domestic abuse committee and work will continue on other initiatives such as developing a single learning and improvement framework.

Findings from Section 11 Audit

The Section 11 audit is designed to demonstrate the strength of safeguarding arrangements across the partnership following completion and analysis of a safeguarding audit form by individual organisations, including individual schools. In 2013-14 153 individual organisations completed the audit which provided a picture of good safeguarding practice across the partnership. Headline findings from the audit include:

- The WSCB can be assured that safeguarding practice is well embedded and of a high quality
- Commitment to safeguarding is very strong across organisations who without exception have a safeguarding lead and appropriate policies and procedures in place
- Partnership working is a strength
- Safer recruitment is well embedded
- Staff know what to do if they have concerns about a child
- Ensuring all staff have access to safeguarding supervision remains a challenge
- Understanding of the CAF/TAF process and the role of the LADO and agencies responsibilities to managing allegations are not clear in a small number of agencies.

Learning from Serious Case Reviews (SCR's)

The annual report includes a summary and the learning from the most recent SCR undertaken in Wirral in 2012. It also includes new and emerging learning from a recent and a newly published Critical Incident Review (CIR). Learning from recent Wirral reviews includes ensuring professionals:

- understand the importance of the timely sharing of information

- are aware of the pernicious and corrosive effects of long term neglect on children and young people
- don't underestimate the vulnerabilities of teenagers
- don't overestimate the resilience of teenagers, particularly those with moderate learning difficulties
- have a clear understanding of the Wirral thresholds of need
- always balance optimism with objective evidence

Safeguarding Reports

The annual report also includes several individual WSCB reports which set out:

- Work undertaken and achieved by the Merseyside Child Death Overview Panel (CDOP)
- A summary of the headline performance information for the past 12 months. This includes the number of referrals and repeat referrals into children's social care, the number of children in Wirral who are subject to a child protection or child in need plan and the number of children who are looked after. This also includes comparison with local and national data and highlights that Wirral has a much higher number of children who are looked after than in most other areas in England.
- The number of children who are managed in Team Around the Family (TAF), which has replaced Team Around the Child to provide a family focused solution following assessment through the Common Assessment Framework.
- An overview of multi-agency safeguarding training, including the role the WSCB plays in ensuring single agency training is of a good quality
- Report from the Local Authority Designated Officer for Allegations (LADO) providing an overview of the managing allegations process
- A summary of the Intensive Family Intervention Programme (IFIP) evaluation report which includes a detailed case study of how the programme successfully helped a family with multiple entrenched issues achieve positive outcomes

Section 2 – Business Plan

Priorities for 2014-15

The WSCB has set seven priorities for 2014-15. For each priority area the WSCB has stated what this will mean for children and young people in Wirral, as set out below:

Priority One - Domestic Abuse

Children and Adults will live in environments where they feel safe

The WSCB has established a sub-committee to lead on this priority following identification across the partnership of a need to identify and respond to domestic abuse in all its forms. The domestic abuse group will have strategic oversight of the partnership response to domestic violence, forced marriages, honour based violence and female genital mutilation.

Priority Two - Child Sexual Exploitation (CSE)

Children and young people have healthy and non-exploitative relationships and children who are vulnerable are identified early and receive help in a timely way

CSE continues to be a priority for the WSCB and the work set for 14-15 builds on the work already achieved in 2013-14. The multi-agency response to CSE is led through the CSE sub-committee and planned work includes continuing a strategy for awareness raising and for ensuring an appropriate response and support services are available for children who are victims of, or are at risk of CSE.

Priority Three - Neglect

Children and young people are protected from the pernicious and corrosive effects of neglect

The WSCB has published a multi-agency neglect strategy and has set neglect as a priority area in response to neglect being the most frequent reason for a child to be subject to a child protection plan. The work around this priority will be led by a recently established neglect task and finish group who will oversee completion of the published delivery plan. This includes a review of the training, practice guidance and use of the graded care profile tool and to ensure a response to neglect exists at the earliest opportunity across the continuum of need.

Priority Four - Learning and Improvement (including training)

People working with children and young people feel confident, competent and equipped to ensure all children feel as safe as possible

The WSCB published the Learning and Improvement Framework earlier in the year to provide a single framework for the undertaking, publication, learning from and dissemination of learning from Serious Case Reviews (SCR's), Critical Incident Reviews (CIR's) and other practice and learning reviews. This is a priority area to ensure the framework is understood and embedded across the partnership and to expand it to include all similar reviews undertaken by the Safeguarding Adult's Partnership Board (SAPB).

Priority Five - Effectiveness of Early Help

Children and young people have their needs identified and effectively responded to as early as possible

The WSCB is responsible for ensuring the effectiveness of early help across the partnership. This priority largely refers to the development and publication of a quality assurance framework to assure the Board of the effectiveness of early help services. This will complement development of an early help dashboard currently being developed by Targeted Preventative Services.

Priority Six - Signs of Safety

Children and young people in need of help and protection have their needs responded to through an effective framework for identifying strengths and risks and implementing plans which improve outcomes

The WSCB has resolved to introduce the Signs of Safety approach to child protection during 2014-15. The work towards achieving the priority will include commissioning of a provider to work with partners to introduce and roll out the approach. This will include providing training and developing a Signs of Safety model appropriate for Wirral.

Priority Seven - Supporting Safeguarding in Wirral

Children and young people benefit from a strong partnership approach which ensures that safeguarding is everyone's responsibility

As part of its wider role to promote good safeguarding practice the WSCB has set a priority to develop the 'public face' of the Board to ensure members of the wider community as well as children's sector professionals understand not only that safeguarding is everyone's responsibility, but how this responsibility can be understood and promoted. The priority area includes gaining feedback from community members, professionals and children and young people.

Section 1 – Annual Report

2013-14

Local Background and the Context for Safeguarding

The Metropolitan Borough of Wirral encompasses 60 square miles (160km²) of the northern part of the Wirral Peninsula and is bound by the river Mersey to the east, the Irish Sea to the north and the river Dee to the West. Major settlements include Birkenhead, Wallasey, Bromborough, Heswall and West Kirby.

Wirral is a place of great disparity in terms of social and economic indicators including health and predicted need outcomes. The western part of Wirral contains some of the wealthiest wards in Britain with very high educational outcomes reported from both grammar and state schools. In the eastern part of the borough, particularly in the built up towns along the river Mersey, there are high levels of poverty which impact upon children's lives and their development.

Approximately 24% of children in Wirral live near or below the poverty line, but almost 100% of these children live close to the eastern shore on a line from Liscard in Wallasey, through Birkenhead and into Rock Ferry. Wirral remains the 60th most deprived borough nationally in the Index of Multiple Deprivation (2010) but a number of the eastern wards are in the top 3% most deprived nationally.

The population of Wirral is 320,200 including approximately 70,500 children and young people (0-18). The population of Wirral is predominantly white British (93%) but significant ethnic minority groups exist, particularly Irish, Chinese and Polish. It is a key challenge for agencies working in Wirral to eliminate the differences in outcomes for children and young people and to ensure our most vulnerable families receive help at the earliest opportunity. All of the WSCB's safeguarding activity across the partnership contributes to ensuring that:

“Children and young people in Wirral feel safe and are safe”

The period 2013-14 in Wirral has continued to be a time of austerity and public sector change. Many partner public sector organisations such as health, probation and the police have undergone significant restructuring and loss of funding and the local authority continues to be remodelled in response to very significant cuts. However, the safeguarding agenda remains a priority area for all partner organisations and partners continue to deliver high quality services to children and families.

Similarly to other areas, the most vulnerable families in Wirral are being impacted by welfare reforms which are likely to result in a significant increase in stress and vulnerabilities in some families which in turn may lead to further demands being made on services, many of whom are struggling to maintain previous levels of service following cuts to public sector funding.

The local authority has remodelled children's services, partly in response to the findings from a Peer Challenge, and partly following a shift in focus towards providing a robust early help offer to families. This resulted in the launch of Targeted Preventative Services in August 2013. The simple raison d'être for Targeted Preventative Services is to prevent children and young people from experiencing disadvantage for too long by offering an effective early help intervention. Research tells us that effective early help interventions are less costly than social care interventions, when a family's situation may have deteriorated and problems may have become more entrenched. Early help interventions often require a focused approach in partnership with the family.

Wirral continues to respond to national safeguarding issues and challenges and has maintained a focus on protecting children from child sexual exploitation and providing an effective missing from home/ care service. The WSCB has also continued to expand its efforts

to ensure all professionals benefit from learning the lessons from local and national serious case reviews and other research.

Wirral continues to have very high numbers of children who are looked after (100 per 10,000) compared both to neighbouring areas (79 per 10,000)* and to England (60 per 10,000). It remains a challenge for the partnership to safely reduce these numbers in the future. Work is ongoing within the local authority to develop a strategy to reduce the number. The numbers of children subject to a Child in Need plan is also higher (401 per 10,000) than the England average (332 per 10,000), but over the past 12 months the figure has fallen following the launch of Targeted Services and as a result of work undertaken in the social care districts to safely step down cases to Team Around the Family.

The number of children subject to a Child Protection Plan (40.7 per 10,000) is lower than the north-west average (42.6 per 10,000) but is slightly higher than the England average (37.8) per 10,000.

A key challenge is for the partnership to correctly prioritise reduced resources, to ensure that support from specialist and targeted services are targeted effectively. The Intensive Family Intervention Programme (IFIP) is successfully working with families across the continuum of need to increase their resilience and reduce their reliance on numerous specialist services interventions.

*Quoted Wirral figures are from March 2014; comparative figures are averages for 2013.

IF WIRRAL HAD JUST 100 CHILDREN and YOUNG PEOPLE:

- 49 would be girls, 51 would be boys;

- 93 would be white British and 7 would be from ethnic minorities, most probably 1 or 2 would speak English as an additional language;

- 24 would be living at or below the poverty line

- 1 would get into enough trouble to be referred to the Youth Offending Team;

- 20 would be living in families in receipt of Child Tax Credit, (<60% median income), Income Support or Job Seekers Allowance and 19 would be living in lone parent families;

- 3 would have been allocated a social worker, 1 would have a Team Around the Family Plan, 1 would be in care and less than 1 would be subject to a child protection plan;

- 14 would have a special educational need, 2 of whom would have a statement, most probably for moderate learning difficulty;

Progress and Achievement 2013-14

Publication of an annual report is defined in Working Together to Safeguard Children (2013). The purpose of the annual report is to present an accurate picture of safeguarding across agencies for 2013-14 and to review the progress against the set priorities.

Since the publication of the 2012-13 Annual Report significant progress has been made in a number of areas. The WSCB continued to work towards developing excellent practice in the conduct, and dissemination of learning from Serious Case Reviews (SCR's). The WSCB have developed and published a Learning and Improvement Framework (as required under Working Together 2013). The Board contributed to the development of a north-west document which has been adapted to fit the desired process in Wirral.

There is a thread linking all aspects of the SCR process through the WSCB and its committees; establishment and conducting of reviews, and setting of action plans is the responsibility of the permanent SCR committee; the Performance Committee assumes responsibility for ensuring agencies complete their actions and quality assures the process and the Learning and Development Committee is responsible for ensuring lessons are learned, disseminated and embedded in training. Questionnaires for practitioners test that learning has reached, and is having a positive impact on front line practice, and ultimately on improving outcomes for children and young people.

There is an established WSCB Child Sexual Exploitation (CSE) action plan which is driven by the multi-agency CSE Committee and which links into the locally developed pan Merseyside and Cheshire protocol and identified priority areas. A focus of the committee this year has been awareness raising across organisations in respect of CSE and the WSCB has provided multi-agency training events and resources to promote this. Work undertaken across the Merseyside region has been identified as good practice by the Officer of the Children's Commissioner and the Board is building on this practice by joining and participating in the activities of the National Working group (NWG) for CSE.

WSCB has a responsibility to 'monitor and evaluate the effectiveness of what is done by the local authority and the Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve'. In order to fulfil its responsibility and as part of its commitment to continuous improvement WSCB developed a quality assurance framework for 2012 and a three year quality cycle. The framework is intended to drive improvement in outcomes for children and their families.

The Section 11 Safeguarding Audit undertaken over the past 12 months was completed by 153 organisations including health, education, police, local authority, housing, voluntary, community and faith organisations. The audit tells us that organisations in Wirral have robust safeguarding arrangements in place and contribute extremely well to multi-agency working across the continuum of need to ensure Wirral children and young people are kept safe. The audit findings acknowledge that whilst safeguarding is a strength, work remains to be undertaken to improve supervision arrangements for staff across all organisations and to fully capture the voice of the child.

The Board has also published a safeguarding competency framework and training needs analysis (TNA) for the children's workforce. The online competency framework and TNA allow for the first time to assess how competent and confident the workforce are with aspects of safeguarding but also to use the information to inform the training plan for next year. Results from the analysis are shared with individual organisations who can see the profile for their workforce.

The WSCB and the Safeguarding Adults Partnership Board (SAPB) have continued to develop opportunities for closer working. The two Boards have an established joint Learning and Development Committee and have resolved to develop a joint Domestic Abuse strategic group. Domestic abuse, in its widest sense is a priority area for the WSCB and a strategic plan has been developed to support training and the response to domestic abuse across the continuum of need. The WSCB have contributed to the development and introduction of the Merseyside Forced Marriage and Honour Based Violence protocol and are rolling out Operation Encompass in October 2014 which provides an early notification from the Police to schools where a domestic violence incident has been reported.

The two Boards benefit from having a single Independent Chair and have collaborated to produce a joint training needs analysis, a joint protocol for defining their relationship with the Health and Wellbeing Board and the Children's Trust and development of a joint Training Pool and delivery of corporate safeguarding training. The two Boards continue to explore ways to collaborate to improve safeguarding outcomes for children, young people and adults at risk.

The governance arrangements of the WSCB have been reviewed and updated in light of Working Together 2013 and the Independent Chair is now appointed by, and accountable to the Chief Executive of the Local Authority. The Independent Chair and the Chief Executive meet quarterly to discuss the safeguarding role and work undertaken by the WSCB and the elected member for Children's Services attends the WSCB meetings as a participating observer, on behalf of the Council.

Other notable work undertaken by the WSCB in 2013-14 includes:

- Introduction of a series of single item weekly Safeguarding Update email newsletters, including topics such as child sexual exploitation, learning from serious case reviews, introduction to Operation Encompass, use of the escalation procedure etc
- Production and dissemination of a series of safeguarding posters which emphasises that safeguarding is *everyone's responsibility*
- Completion of a joint development day with Wirral Children's Trust Board to consider development of an Early Help Offer
- Organisation of a practitioners day to explore '*Who's Looking Out for the Teenagers?*'
- Holding of a practitioners forum to explore the *purpose and effectiveness of core groups and CP conferences*
- Contributing to the Children and Young People's Plan
- Presentation of the Annual Report to the health and Wellbeing Board
- Undertaking of a comprehensive training needs analysis across the children's and adult's workforce supported by a multi-agency competency framework introduced through a series of managers briefings
- Undertaking of a Section 11 Audit of agencies safeguarding arrangements
- Completion of a series of multi-agency briefings detailing organisation's responsibilities under Working Together to Safeguard Children 2013
- Introduction of the Merseyside Child Death Overview Panel (CDOP) learning from local practice briefing sessions
- Establishment of a Domestic Violence committee
- Undertaking work with the families of children with disabilities to ascertain families views about the quality of the service they receive
- Implementation of the 'distance travelled tool' for children, young people and families

- Establishment of the Multi-Agency Safeguarding Hub (MASH);
- Undertaking a range of multi-agency audits including *the impact of Parental Mental Health Training; quality of child protection plans; review of the multi-agency escalation process; and*
- Development, revision and approval of a range of safeguarding procedures including the *CSE Protocol; Neglect Strategy; Managing Allegations Procedure; Single Assessment procedure*

The business plan for 2014-15 will set out the priority areas which the Board will focus on over the next 12 months. The plan for 2014-15 is underpinned by a strong emphasis on an integrated approach to early help and intervention underpinned by the Team Around the Family' approach to supporting families at the earliest opportunity. The plan also sets out the partnership's plan to introduce the Signs of Safety approach to children who are in need of help and protection, and to explore the possibility of extending the approach across the continuum of need.

The plan for 2014-15 also details two new priority areas highlighted from practice in Wirral; Neglect and Domestic Abuse. The Board has published a neglect strategy to support practitioners with the early identification and response to cases where neglect is suspected or known, prior to the families requiring intervention through the child protection process.

The Board has also established a Domestic Abuse committee to provide multi-agency strategic oversight of all approaches to combat and reduce the incidence of domestic abuse in all its forms. This will include responses to forced marriages and honour based violence as well as the adoption of initiatives such as the Operation Encompass early warning for schools of a domestic violence incident. A priority action for this committee will be to develop a co-ordinated multi-agency response to domestic abuse across the continuum of need.

Development and embedding of a coordinated multi-agency response to Child Sexual Exploitation (CSE) remains a priority area for the safeguarding board.

Priority 1: Review, monitor and develop professional expertise in safeguarding practice		
Action Set	Achieved	To be Done
Targeted provision of training informed by the training needs analysis will ensure the workforce is competent, confident and equipped to keep children and families safe	<ul style="list-style-type: none"> • Training needs analysis (TNA) undertaken across the children's and adults workforces • Analysis of TNA results by Learning and Development Committee informed training calendar for 14-15 • TNA identified difficulties in collecting information and simpler TNA designed for 2014 	<ul style="list-style-type: none"> • Revised TNA to be sent out to agencies in 2014 • Briefings set for multi-agency operational and strategic managers to support completion of questionnaire
Safeguarding practice including arrangements for access to safeguarding supervision and opportunities for reflection is monitored through Section 11 self-assessment and audits	<ul style="list-style-type: none"> • Supervision standards agreed across the partnership • Monitoring included in the Section 11 return • Schools highlighted as organisations where opportunities for safeguarding supervision are limited 	<ul style="list-style-type: none"> • Strategy for staff from schools and other identified organisations to access safeguarding supervision through the partnership to be devised and agreed
Core procedures are regularly updated and maintained through Tri-X and are accessible to the children's workforce	<ul style="list-style-type: none"> • Regular meetings with identified Tri-X held • Alignment between WSCB and social care procedures • Questionnaire undertaken with frontline practitioners about how easy is it to access the online procedures • Good attendance at regularly held Policy, Procedures and Practice (PPP) committee 	<ul style="list-style-type: none"> • Questionnaire highlighted difficulty with navigation of procedures website – to be addressed with Tri-X • Review of Tri-X contract undertaken in light of fees increase
WSCB ensures safeguarding practice meets the requirements set out in Working Together (2013)	<ul style="list-style-type: none"> • Well attended briefings held for multi-agency staff to highlight agency responsibilities in Working Together 2013 • Briefing papers distributed • Multi-agency meeting held to explore implications of changes to policies and procedures • PPP committee continues programme of review. 	<ul style="list-style-type: none"> • PPP committee to complete update of policies and procedures

Priority 2: Undertake Serious Case and Critical Incident Reviews and embed learning from these		
Action	Achieved	To be Done
The requirements for SCR's as set out in Working Together (2013) are implemented	<ul style="list-style-type: none"> Briefings held to highlight SCR changes in Working Together 2013 SCR panel established as permanent committee to develop resources and highlight agencies responsibilities Development and publication of Learning and Improvement Framework including processes and requirements for SCR's 	<ul style="list-style-type: none"> Embedding of Learning and Improvement Framework Development of a Children and Adult's Framework
Learning from recently undertaken SCR's and CIR's is disseminated across the WSCB	<ul style="list-style-type: none"> Learning embedded in multi-agency training Learning presented at WSCB and disseminated through the Board Learning resources (briefings/ posters etc) developed and disseminated across partnership Who's Looking out for the Teenagers? day held for practitioners to reinforce learning from local SCR Learning from local and national (children and adults) SCR's included in learning and development briefing to operational and strategic managers 	<ul style="list-style-type: none"> Use SCR committee to develop and deliver short briefings to staff highlighting learning from SCR's Deliver briefings to elected members and other identified groups
Systems are in place to measure the impact of learning from SCR's and CIR's	<ul style="list-style-type: none"> Process developed linking SCR, Performance and Learning and Development committees to ensure learning is disseminated and tested 	<ul style="list-style-type: none"> Introduction of new robust evaluation process for attendees at training to include a measure of the impact of learning

Priority 3: Ensure the development of early help is quality assured to improve impact and outcomes		
Action	Achieved	To be Done
The WSCB has oversight of the implementation of early help and intervention, particularly ensuring processes give due regard to safeguarding	<ul style="list-style-type: none"> • Draft early help scorecard developed and presented to the WSCB • WSCB supported development of the Family CAF and Targeted Services referral form • WSCB represented through CAF QA Manager on Targeted Services practice improvement unit 	<ul style="list-style-type: none"> • Development of early help quality assurance framework • Presentation of final early help scorecard
Thresholds for access to service for children and families are scrutinised and approved by the WSCB	<ul style="list-style-type: none"> • Staying Safe Strategy group scrutinise access to services through targeted and specialist services 	<ul style="list-style-type: none"> • Multi-agency review of thresholds to be undertaken
The need for children and young people to become looked after is reduced by identifying and addressing common risk factors	<ul style="list-style-type: none"> • Specialist services group established to address the high numbers of looked after children in Wirral 	<ul style="list-style-type: none"> • Effective strategy needs to be implemented to safely reduce the number of looked after children

Priority 4: Ensure children and young people continue to be safeguarded in the light of significant national reform and local changes		
Action	Achieved	To be Done
New NHS organisations and structures are securely embedded within the WSCB	<ul style="list-style-type: none"> • NHS organisations very well represented at the WSCB and across the sub committees • NHS developments have been standing agenda items at the WSCB over the past 18 months • Impact of NHS changes briefing delivered to WSCB members 	<ul style="list-style-type: none"> • Impact of NHS reforms continues to be reported at each WSCB meeting
The WSCB effectively challenges the Wirral Children's Trust Board, particularly with regard to commissioning arrangements	<ul style="list-style-type: none"> • WSCB Independent Chair sits on the Children's Trust • Memorandum of Understanding published • Commissioning arrangements scrutinised at the Board 	<ul style="list-style-type: none"> • Ensure WSCB challenge extends to the Health and Wellbeing board through publication of a new protocol

The WSCB scrutinises 'think family' practice to ensure the needs and wishes of children are central to planning positive outcomes for families	<ul style="list-style-type: none"> • WSCB instrumental in development of the Family CAF assessment • WSCB developed distance travelled tool to record experiences and journey of children and adults in the household 	<ul style="list-style-type: none"> • Collect and publish case studies of good practice detailing collecting and acting on needs and wishes of children and young people
WSCB continues to undertake regular multi-agency audits to ensure thresholds are consistently applied and practice improves outcomes for children and young people	<ul style="list-style-type: none"> • Audit programme developed and overseen by the multi-agency WSCB Performance Committee • WSCB contribution to single agency audits • WSCB undertake practitioner questionnaires to help triangulate standard of safeguarding practice • Audit reports including recommendations presented to the Board and disseminated across partnership 	<ul style="list-style-type: none"> • Complete audit programme for 14-15 • Introduce online Section 11 audit tool • Develop '<i>purpose of audits</i>' guidance

Priority 5: Develop and implement an action plan to tackle child sexual exploitation (CSE)		
Action	Achieved	To be Done
An infrastructure is developed to support an effective response to child sexual exploitation	<ul style="list-style-type: none"> • WSCB CSE committee established • Publication of action plan which is reviewed at each meeting 	<ul style="list-style-type: none"> • Completion of action plan • Embedded use of the CSE protocol
Children and young people who are experiencing or at risk of sexual exploitation are identified and provided with effective integrated services	<ul style="list-style-type: none"> • Establishment of monthly Multi-Agency CSE (MACSE) meetings chaired by the police to identify and plan intervention for young people • Attendance by specialist services and the safeguarding unit at the MACSE meetings • Catch-22 commissioned to support children and young people identified as at risk or a victim of CSE • Referral processes established for all suspicions of CSE to be referred into CSE 	<ul style="list-style-type: none"> • Embedding use of the CSE referral pathway

<p>Awareness of child sexual exploitation is raised in communities leading to a decrease in incidence</p>	<ul style="list-style-type: none"> • Catch-22 commissioned to deliver multi-agency awareness raising training • Attendance by specialist services lead, social workers and IRO's at multi-agency training • Leaflets, posters, briefing documents and other resources widely disseminated • CSE awareness raising training for identified groups completed by Barnardo's • Resources identified for schools • Briefings for wider community groups eg taxi drivers delivered 	<ul style="list-style-type: none"> • WSCB to join the National Working group for CSE • Briefing session for elected members (scheduled for Sept 14) • Commissioning of theatre group for multi-agency and wider community audience • Implementation of CSE 'readiness' measurement tool for organisations
<p>Activity related to child sexual exploitation is successfully disrupted leading to the successful prosecution of offenders</p>	<ul style="list-style-type: none"> • Police led MACSE meetings ensure relevant intelligence gathered and shared • Regular police led meetings held with CPS to discuss individual cases • Publication of Merseyside/ Cheshire protocol • Regular CSE chairs/ police meetings established in Merseyside • Strategies developed to raise awareness across wider community as tactic to disrupt exploitation 	<ul style="list-style-type: none"> • CPS attendance at CSE strategic group

Priority 6: Continue to monitor and improve the functioning of the WSCB and ensure there is appropriate challenge to the Children's Trust to drive up standards		
Action	Achieved	To be Done
The WSCB Quality Assurance Framework drives improvement by measuring, analysing and evaluating a range of performance information	<ul style="list-style-type: none"> Quality assurance framework updated Quality of performance information reported to the Board has been improved Task and Finish group completed framework for IT presentation of multi-agency performance information 	<ul style="list-style-type: none"> Presentation of IT solution for performance information Presentation of the Health scorecard
Regular audits of practice across the WSCB partnership measure the effectiveness of professional practice and identify targets for improvement	<ul style="list-style-type: none"> Audit programme established Performance Committee membership enhanced Regular audit reports produced 	<ul style="list-style-type: none"> Publication of auditing guide Closer scrutiny of single agency audits of safeguarding practice
The effectiveness of WSCB to keep children safe can be demonstrated in all aspects of local safeguarding	<ul style="list-style-type: none"> Annual report published Wide attendance at WSCB multi-agency training and events Section 11 safeguarding report reveals children and young people are kept safe in Wirral Auditing programme evidences positive multi-agency working to safeguard children and young people 	<ul style="list-style-type: none"> Develop website as a source of safeguarding information for children, young people, families and professionals
The WSCB sub committees have clear action plans and can demonstrate the effectiveness of work undertaken including learning from the child death overview process	<ul style="list-style-type: none"> Action plans created for relevant committees Progress reports presented by committee chairs at quarterly WSCB Executive meetings and summaries presented to the full Board CDOP quarterly and annual reports presented to the WSCB 	<ul style="list-style-type: none"> Include rigorous scrutiny of committees contribution to the WSCB's priorities at each quarterly Executive meeting

Priority 7: Continue to strengthen joint working between the WSCB and SAPB and develop common approaches to safeguarding		
Action	Achieved	To be Done
Shared service areas are identified and integration continues through sub-committee working	<ul style="list-style-type: none"> • Learning and Development committee established as a successful children and adults committee • Plan to establish a children and adults Domestic Abuse group developed • Joint children and adults protocol developed detailing relationship with Health and Wellbeing Board and Children's Trust • Regular progress and development meetings held with the Board Managers, the Corporate Safeguarding Manager and the Independent Chair 	<ul style="list-style-type: none"> • Establish joint children and adults domestic abuse group • Develop and publish a joint Learning and Improvement Framework
The IFIP programme and newly developed Team Around the Family approach are embedded and promote a holistic approach to working with families	<ul style="list-style-type: none"> • Progress reported into Staying Safe strategy groups on a quarterly basis • WSCB representation on IFIP steering group 	<ul style="list-style-type: none"> • Undertake evaluation of the effectiveness of TAF episodes to improve outcomes for children, young people and families

Section 11 Audit

The WSCB is the key statutory body for co-ordinating and ensuring the effectiveness of arrangements to safeguard and promote the welfare of all children in Wirral. It is the duty of WSCB to hold agencies to account in terms of their safeguarding arrangements and practices. The principle means by which this is achieved is via the Section 11 Safeguarding Audit.

Section 11 was issued under the Children Act (2004) and has been reinforced in Working Together to Safeguard Children 2013. Section 11 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Section 11 places a duty on:

- local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- Schools and colleges (under Sections 175 and 157 of the Education Act 2002).
- NHS organisations, including the NHS Commissioning Board and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
- the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London;
- the British Transport Police;
- The UK Border Agency (and under Section 55 of the Borders, Citizenship and Immigration Act 2009)
- Housing Authorities (and under Part 1 of the Housing Act 2004)
- the Probation Service;
- Governors/Directors of Prisons and Young Offender Institutions;
- Directors of Secure Training Centres; and
- Youth Offending Teams/Services (and under Section 38 of the Crime and Disorder Act 1998).

Paragraph 4, chapter 2 of Working Together states that organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children. The Section 11 audit examines how these agencies are fulfilling their responsibilities and is the means by which WSCB ensures that arrangements are robust and effective.

2014 Section 11 Audit

The audit was fully completed by 153 organisations (an increase on the 85 who participated in the previous audit). The 153 organisations comprised:

- 124 education settings including early years/ infants schools, primary schools, secondary schools, independent schools and post 16 and vocational colleges
- 6 health organisations including NHS England, Wirral Clinical Commissioning Group, Wirral University Teaching Hospital, NHS Community Trust and the Cheshire and Wirral Partnership NHS Foundation Trust

- 15 organisations from the voluntary, community and faith sector
- Wirral Local Authority
- Merseyside Police, Merseyside Fire and Rescue Service, CAFCASS, the Probation Service.

The Section 11 audit form was undertaken using two similar forms; one form for schools (including colleges and early years) and one form for other organisations.

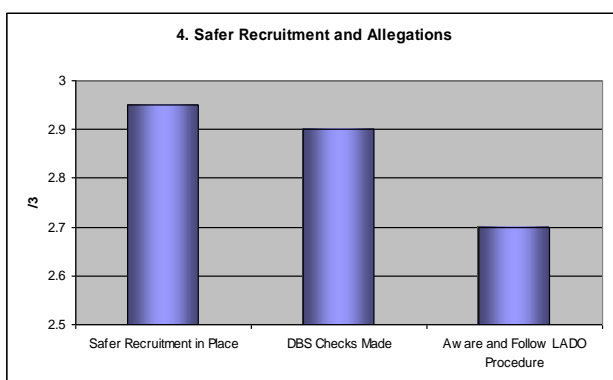
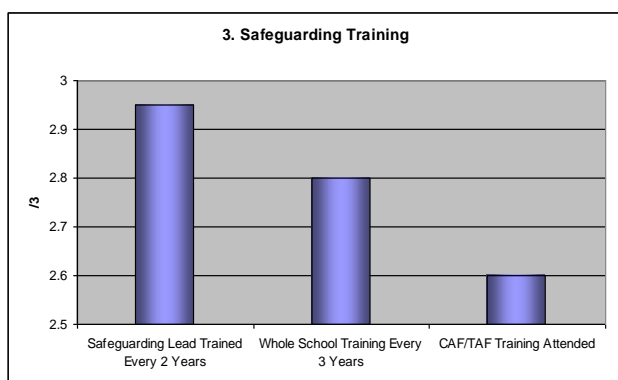
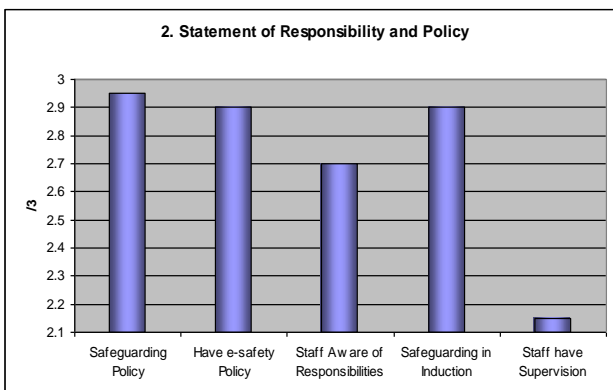
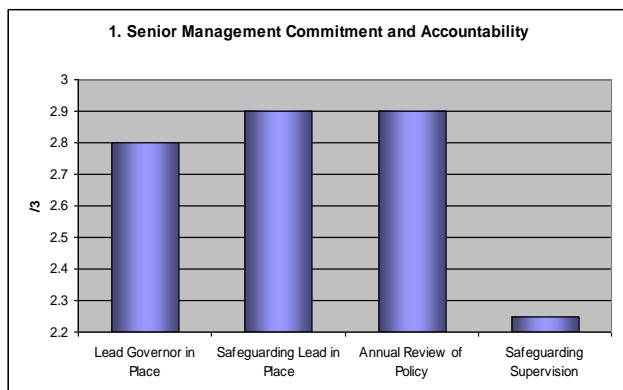
Schools

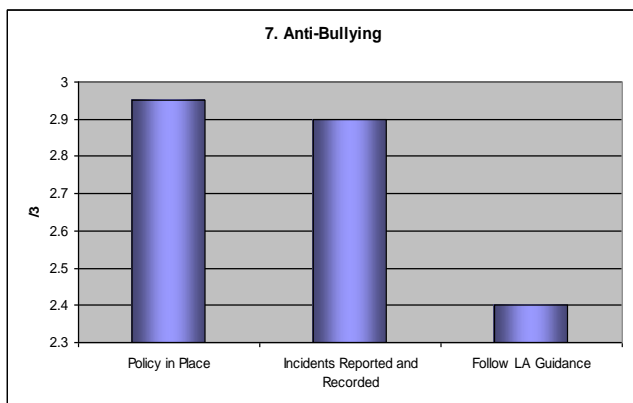
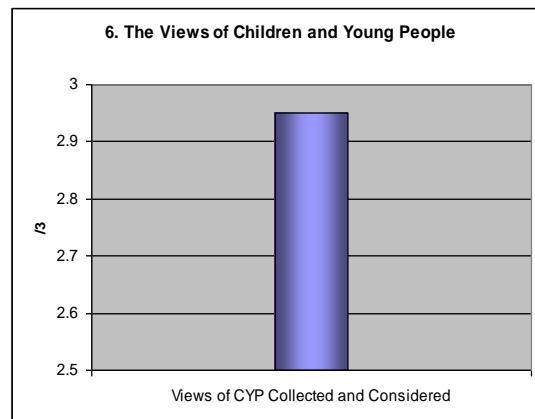
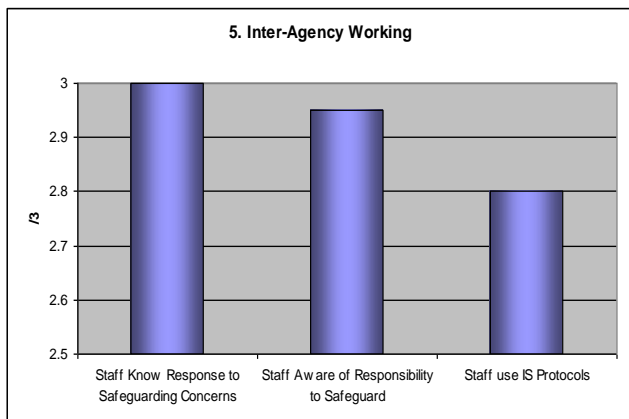
The Section 11 Audit form for schools contained seven sections:

1. Standard One – Senior Management Commitment and Accountability
2. Standard Two – Policy and Procedure for Safeguarding
3. Standard Three – Safeguarding Training
4. Standard Four – Safer Recruitment, Vetting and Managing Allegations
5. Standard Five – Inter-Agency Working
6. Standard Six – The Views of Children and Young People
7. Standard Seven – Anti-Bullying

The data from the audit was analysed for themes and trends. Responses to individual questions were scored out of 3: **3 = fully in place**; **2 = making progress to achieving target**; **1 = not making progress to achieving target**.

The highlight results for each standard are shown in the graphs below:





The main findings from the 2014 audit for education establishments (collectively referred to as schools) are:

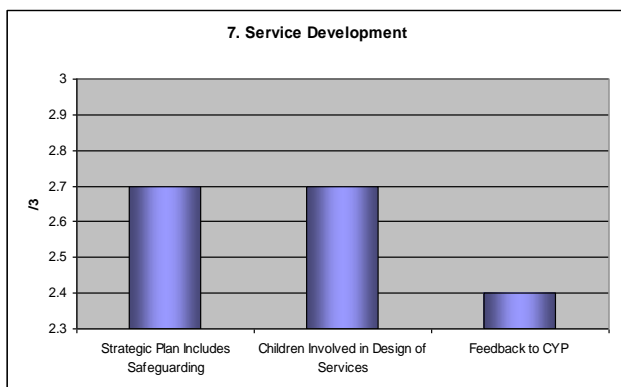
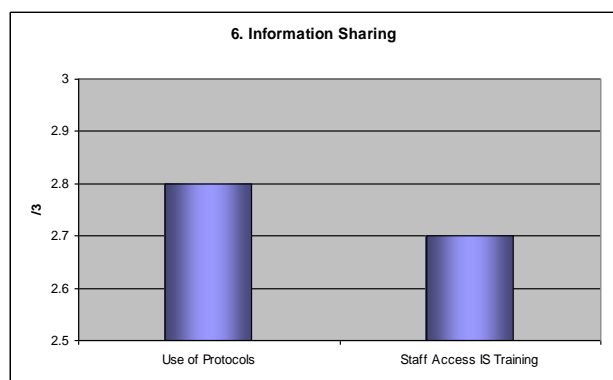
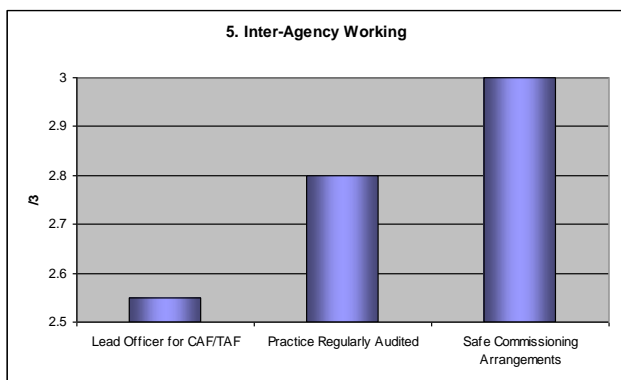
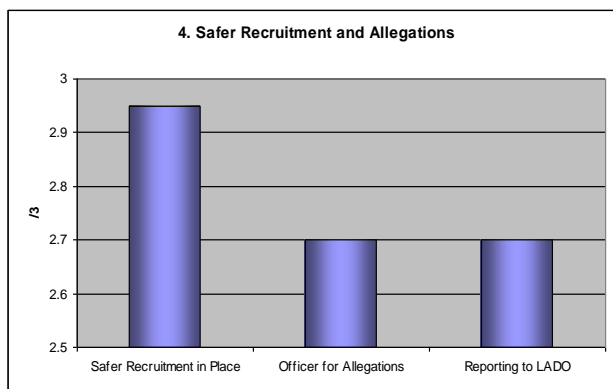
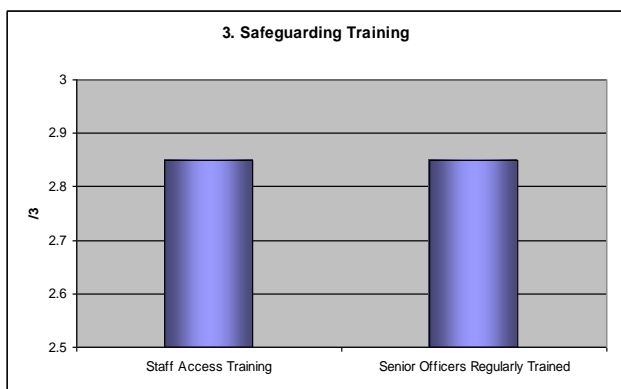
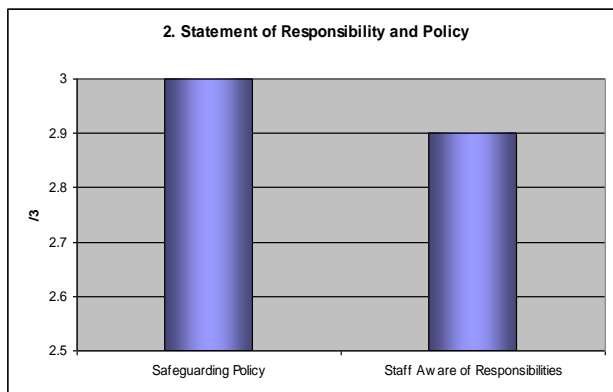
- The WSCB is assured that children and young people are safe in our schools
- There is universal commitment to safeguarding
- All schools have a safeguarding lead and attend safeguarding training
- Safer recruitment practices exist in all schools
- Partnership working to safeguard children is a strength of practice and staff know what to do if they have safeguarding concerns about a child
- The views of children and young people are routinely collected and considered
- All schools have an anti-bullying policy in place
- Access to safeguarding supervision is not well embedded
- Greater attendance at CAF/TAF training is required across all schools
- Greater understanding of LADO role and statutory requirements to report allegations are needed
- Staff understanding of all of their safeguarding responsibilities needs wide promotion in all schools
- Clarification of information sharing responsibilities and processes needed

Partner Organisations

The Section 11 Audit form for partner organisations also contained seven sections:

1. Standard One – Senior Management Commitment and Accountability
2. Standard Two – Statement of Responsibility
3. Standard Three – Safeguarding Training
4. Standard Four – Safer Recruitment, Vetting and Managing Allegations
5. Standard Five – Inter-Agency Working
6. Standard Six – Information Sharing
7. Standard Seven – Service Development

The highlight results for each standard are shown in the graphs below:



The main findings from the 2014 audit for partner organisations are:

- The WSCB is assured that Wirral children and young people are safe in partner organisations
- Safeguarding and promoting the welfare of children and young people is a priority area across partner organisations
- Safeguarding policies and procedures are published in all organisations and staff are well aware of their responsibilities to safeguard children
- Staff know what to do if they have safeguarding concerns about a child
- Safer recruitment practices exist in all organisations
- Where partners commission other agencies, robust safeguarding arrangements are in place
- A good understanding of information sharing protocols exists
- Mechanisms exist in many and are developing in all organisations to involve children in their design
- Access to safeguarding supervision is becoming embedded but needs greater work across a minority of organisations
- All organisations need to ensure that all staff have access to safeguarding training
- Understanding of the role of the LADO and the managing allegations process is poor in a number of organisations
- Commitment to CAF/TAF is variable and is not well understood in a small number of organisations
- Mechanisms to provide feedback to children and young people are developing but are not fully in place in all organisations

Support for Organisations

Where weaknesses were identified in the safeguarding provision of individual agencies the WSCB offered support through a consultation and agreed an action plan for improvement. Support from the WSCB is offered to agencies by:

- Identification of training needs
- Publication of the Findings from Section 11 Audit Report
- Sharing identified good practice across agencies
- Follow up accountability meetings to establish and monitor action plans
- Help with creating and reviewing agency safeguarding policies and procedures

Multi-Agency Safeguarding Hub

Partners in Wirral have agreed to establish a Multi-Agency Safeguarding Hub (MASH) at the Moreton Offices where staff from the Local Authority and the Police will be co-located. This will include staff from children's and adult's social care front doors (CADT), the early help Gateway and the Police Family Crime Investigation Unit (FCIU). The Wirral MASH is intended to:

- Improve safeguarding decision making at the point of referral
- Assist early identification of harm and risk
- Improve interface with early help services
- Support effective information sharing
- Improve harm identification and reduction

The MASH will be staffed with colleagues from Children's and Adult's Social Care CADT, the Family Safety Unit and police officers based there, the probation service, the missing from home service, and health and education colleagues.

The MASH will allow more robust decision making among professionals because decisions will be based on accurate, sufficient information which will be sought and shared quickly as required. Informed decision making at the MASH will help ensure cases are appropriately prioritised and managed at the right level. It will aid the processes for stepping up, down and across cases between children's social care (level 4) and the Gateway (Levels 2 and 3).

Co-location amongst agencies at the MASH will promote working together and help avoid duplication of work across agencies. Greater efficiencies in process can mean re-allocation of resources to other areas i.e. prevention work around Child Sexual Exploitation (CSE).

Other anticipated advantages of the MASH in Wirral are:

- An increase in the uptake of the use of family CAF early help assessments.
- A reduction in repeat referrals and cases ending in 'no further action' through earlier sharing of information leading to earlier intervention in cases.
- Better Information sharing across partners – enables better safeguarding of the children and young people involved as concerns which initially appear to be of a low level when seen in isolation, are sometimes recognised as part of a long standing pattern of abuse and neglect which needs a response when information is pooled together.
- Improved engagement of partners in helping to identify risks and intervene early.
- Improved knowledge management – partner organisations (and the staff within them) develop a better understanding of the work undertaken by each organisation.
- Reduces the risk of 'borderline cases' slipping through the net without any action being taken.

An agreed process has been introduced for analysing and assessing risk, based on the fullest information picture. All notifications relating to safeguarding and promoting the welfare of children will go through the MASH which will enable effective interventions at the earliest opportunity. This approach was strongly endorsed by the Ofsted report, 'Good Practice by Local Safeguarding Children Boards' and 'The Munro Review of Child Protection'.

Key outcomes include early identification and understanding of risk, victim identification and intervention and harm identification and reduction.

Serious Case and Critical Incident Reviews

Serious Case Reviews (SCRs) are initiated when abuse or neglect of a child is known or suspected; and the child has died or has been seriously harmed and there is cause for concern as to the way in which the agencies have worked together to safeguard the child. Critical Incident Reviews (CIRs) are undertaken when the threshold for initiating a SCR has not been reached but the WSCB believes that analysis of the case will bring significant learning to improve practice across the partnership. The SCR Committee of the WSCB uses a decision making matrix to calculate what type of review is the most appropriate in any case.

The WSCB is the statutory body responsible for undertaking reviews of serious cases in specified circumstances. In Wirral the process for undertaking a Serious Case Review is set out in the Learning and Improvement Framework and this includes appointing an independent reviewer, overseeing the publication of the SCR report and setting of an action plan to improve future practice which will help prevent a similar tragedy happening again.

Integral to the success of this approach is the sharing of learning on a wide area basis to ensure transparency, accountability and consistent improvement to practice.

The Serious Case Review committee are establishing a relationship with the Family Safety Unit for the undertaking and oversight of Domestic Homicide Reviews. This will ensure that learning relevant to children's services is captured from these reviews and used to improve practice.

Undertaking and Reporting SCRs and CIRs

SCRs and CIR's are considered by the WSCB SCR Panel with the final report being undertaken by an independent author.

A multi-agency action plan is produced for each SCR and CIR and progress against actions is monitored by the WSCB Executive Group who hold agencies to account for their identified actions.

Disseminating Learning

Learning from national and local SCRs and CIRs disseminated to agencies and practitioners in a variety of ways including:

- Presentation of findings and recommendations to the WSCB Board;
- Publication of the Overview report;
- Training events, such as the Who's Looking Out for the Teenagers? day;
- Safeguarding briefings (attached)
- Embedding in WSCB multi-agency training, particularly lessons learned in Working Together training
- Through multi-agency focus and discussion groups (approach to be developed);
- Through publication of learning posters (an example is included overleaf)

Additionally, the Performance Committee undertake follow up audits and case sampling as a mechanism to see whether lessons learned have been reflected in practice. The committee also evaluate the impact of actions completed and identify how these actions have contributed towards improving the outcomes for children and their families.

Learning from Wirral SCR's

The WSCB has not undertaken a SCR in the reporting period but has continued to disseminate learning in a variety of ways (posters, briefings, training event etc) from the most recent SCR – Child G. The main learning from this SCR is summarised below:

Child G SCR

The findings of the SCR Report identified 6 'ecologically related' elements which formed the basis of the recommendations and will be central to the learning from the SCR. These are:

- a) understanding the child's needs, characteristics and behaviours;
- b) providing services that positively promote the child's welfare as well as reacting to concerns about harm;
- c) ensuring that services are co-ordinated, targeted and delivered by the fewest number of professionals with any individual family;
- d) ensuring that national and local policies and procedures provide a guide to practice;
- e) taking personal responsibility for professional excellence, including issues relating to challenge; and,
- f) ensuring that the child's views are understood, recorded, and, where appropriate, influence service provision.

The learning for the WSCB and partner agencies resulting from this SCR involves ensuring:

- Child protection conferences effectively assess risks of harm, particularly for assessing and managing the needs of 16/17 year old young people;
- Ensuring agencies have a clear understanding of the thresholds of need and use them and the related level descriptors when consulting with children's social care;
- The process for de-escalating cases from children's social care to Team Around the Child/ Family is robust and transferring cases clearly identifies the outstanding needs of the child;
- Practitioner's are aware of their agencies escalation procedure and the WSCB multi-agency escalation procedure, and that they feel confident and supported to use them;
- All practitioners are aware of and have easy access to WSCB multi-agency safeguarding procedures, and refer to and use them in their day to day work;
- The multi-agency training from the WSCB, particularly the Working Together course includes local and national learning from SCR's and is regularly updated and informed by research;
- The children's workforce has access to training which specifically focuses on the needs of young people in the 16-18 age group, particularly those who have learning needs and are particularly vulnerable to being sexually exploited;
- Children's Social Care considers establishing a 16+ service to develop expertise and manage cases regarding young people in the 16-18 age group.

Learning from Wirral CIR's

The WSCB has one recently completed CIR (Child 1) and has recently undertaken another review (Child 2).

Child 1 CIR

The learning for the WSCB and partner agencies resulting from this CIR are to ensure:

- Children with disabilities in Wirral are identified as early as possible and an offer of support is made to parents/ carers;
- Specific children with disabilities multi-agency training for practitioners is offered by the WSCB and includes identification of vulnerabilities;
- Health agencies and children's social care establish a mechanism to ensure correspondence is recorded and responded to in a timely manner;
- Early Years services agree a common method for recording correspondence on children's files.
- The register of Children with a Disability is utilised as a method of providing support, and signposting to relevant agencies and services for parents and carers of children with a disability.

Child 2 CIR

The emerging learning for the WSCB and partner agencies resulting from this CIR is to ensure:

- Placements of children with kinship foster carers are subject to rigorous planning and review
- A rigorous quality assurance framework exists around LAC plans to ensure they focus on long term as well as short term outcomes
- Full multi-agency attendance at conferences and reviews is essential
- Professionals must be aware of appropriate responses to identified or suspected neglect, including the early use of evidence based tools such as the graded care profile
- Where entrenched parental substance misuse exists it is vital an assessment of parents' capacity to change is undertaken to inform that an appropriate course of action is followed
- A clear transition plan exists for young people who are leaving special schools to help maintain appropriate levels of support into adulthood
- Professionals do not overestimate the levels of resilience or ability to self assess risk of young people with moderate learning difficulties

CASE STUDY

Example of a Learning from SCR Poster shared with organisations across the partnership

Learning from Serious Case Reviews



Recent Teenager Case Reviews undertaken in Wirral tell us we must:

- Share information across agencies to ensure services are targeted and co-ordinated
- Be aware of the corrosive effects of long term neglect on young people
- Don't underestimate the vulnerabilities of teenagers, particularly those who have moderate learning difficulties
- Don't assume older teenagers are more resilient than younger children and therefore need less support
- Have a clear understanding of the Wirral thresholds of need and know where and how to access the WSCB multi-agency safeguarding procedures
- Ensure the views of young people are understood and recorded and where appropriate influence service design
- Always balance optimism with objective evidence

Safeguarding is Everyone's Responsibility....

For more information please visit the WSCB website:

<http://www.wirral.gov.uk/my-services/childrens-services/local-safeguarding-childrens-board>



Child Death Overview Panel

The Merseyside Child Death Overview Panel (CDOP), formed in April 2011 with member areas: Liverpool, St. Helens, Sefton and Wirral – Knowsley joined the CDOP in April 2014.

The CDOP analyses any deaths occurring in children, aged from newborn up to eighteen years old, and identifies any modifiable factors that could represent areas for future improvement.

During April 2013 to March 2014 Merseyside CDOP met 11 times and 74 child deaths were reported across the four areas.

Functioning of CDOP

The Merseyside CDOP protocol has been revised following the implementation of Working Together 2013.

The notification process via paediatric liaison and hospital/hospice staff continues to function extremely well and there is the ability to cross-reference with information received through the Registrars and Coroner's Officers, in addition to cross-referencing with the annual DfE return of notifications to them from Registrars.

The Rapid Response requirement of CDOP is fulfilled using the SUDI and SUDC multi-agency protocols that were revised in October 2012. It has been identified that this is a risk as the rapid response arrangements are not totally compliant with Working Together to Safeguard Children 2013 in that there are no joint visits occurring that involve a police officer and paediatrician. This has been raised with LSCB Chairs and Clinical Commissioning Groups across Merseyside.

A consent form has been compiled for blood testing of parents/carers involved in SUDI and SUDC. It has been approved by Merseyside Coroners and the Crown Prosecution Service and inserted into the respective protocols.

Sentinel Database

Merseyside CDOP has continued to use the Sentinel database system for initial notifications of any child death that occurs in Merseyside. During 2013-14 150 notifications were received, 76 of them were external to Merseyside, therefore converted to a word document and securely e-mailed to the respective CDOP contact for the LSCB area.

Bi-monthly meetings continue involving the CDOP team and the LSCB/CDOP administrators in the respective areas to address any emerging issues.

Historical information dating back to 1.4.2008 has been inputted into Sentinel. This will enable analysis of 6 years of data to be progressed, the outcome of which will be recorded in an additional report due later in the year.

Child Deaths Occurring in Merseyside during 2013-2014

In the period 1st April 2013 to 31st March 2014, there were 74 child deaths across the four LSCBs of Merseyside CDOP. Figure 1 shows the breakdown of these deaths according to the relevant LSCB area.

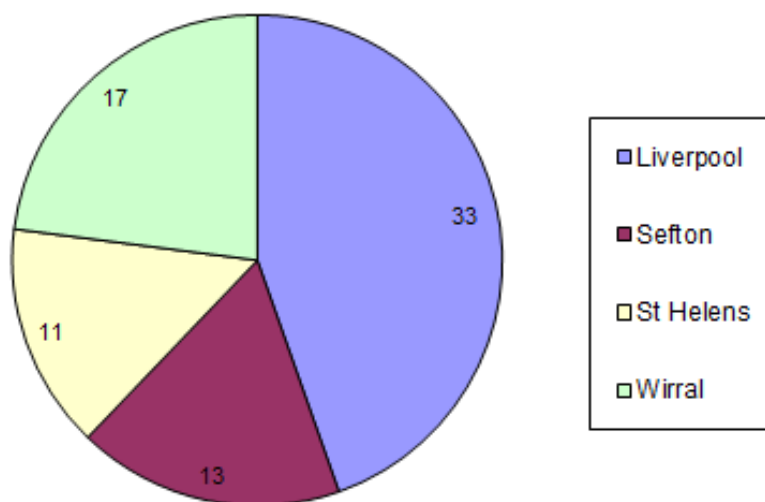
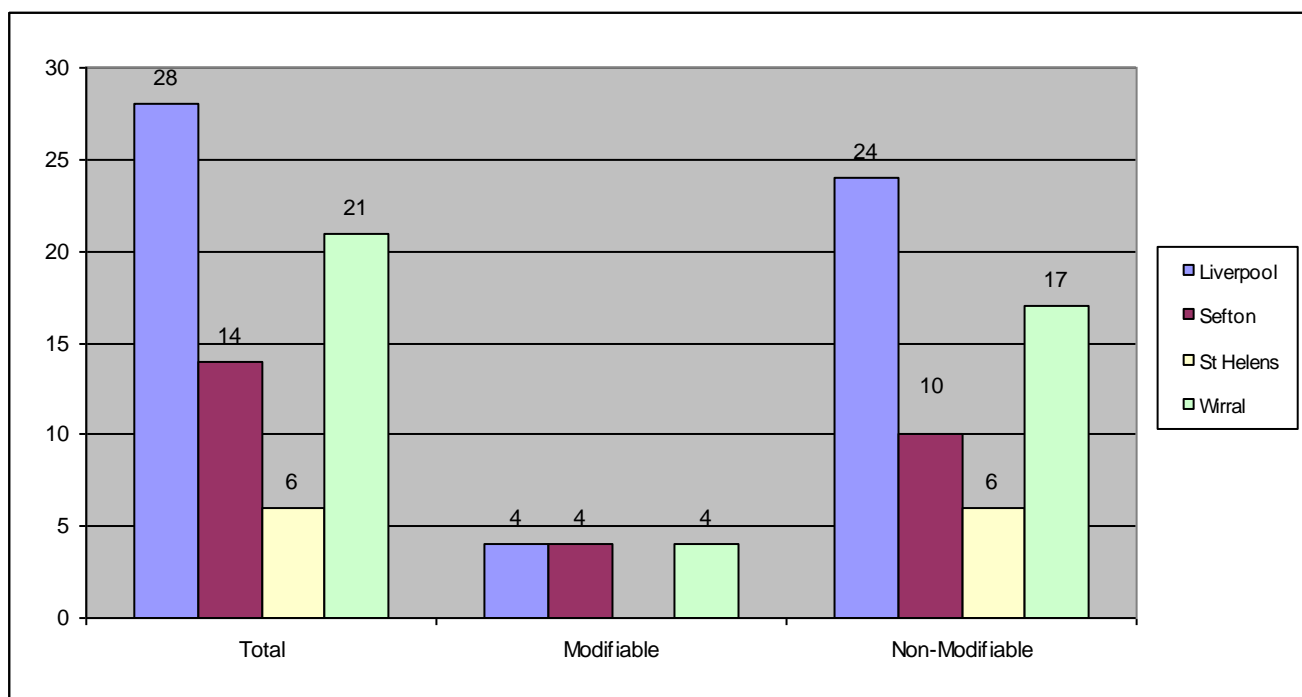


Figure 1: Child deaths occurring April 2013 – March 2014 by LSCB area

During the eleven panel meetings that Merseyside CDOP held they considered 86 and concluded 69 deaths; some of these related to deaths occurring in 2012-13 and one from 2011-12 .

Figure 2 below shows the number of deaths reviewed for each LSCB area, of the 69 deaths concluded 12 were considered to have modifiable factors.



The modifiable factors identified in the 12 cases included:

- Potential misdiagnosis with significant medical history;
- Poor service provision and delay in progressing required medical intervention;
- Appropriate warning signage and public awareness of hazards required;

- Recommendations for changes in practice identified in a root cause analysis report;
- Recommendations for changes in practice identified in a Serious Case Review;
- Delay in diagnosis;
- Co-sleeping and substance misuse;
- IVF x 2: exceeding NICE guidelines re number of eggs implanted;
- Smoking and alcohol;
- Co-sleeping;
- Securing of a heavy item and appropriate adult supervision.

On occasions panel members have not felt able to conclude that there were modifiable factors identified but felt the situation warranted issues being identified. Below is a summary of the issues raised:

- Delay in bereavement support;
- Admission/observation policy desirable for vulnerable patients;
- Auditing of practice requested with a resource when a child death in similar circumstances occurred despite a previous Root Cause Analysis report recommending changes to address;
- Dietary input for patients with low BMI;
- Difficulties obtaining post mortem reports;
- Care pathway for cardiac babies;
- Alcohol and parental responsibility;
- Medical record transfer;
- Risk taking behaviour;
- Flawed categorisation due to DfE documentation not being sufficiently specific;

The implementation of the Sentinel database has improved the time span for return of agency reports but this will continue to be focused upon for greater improvement. There is further scope to consider the quality of the reports and information shared once the historical data has been analysed. It is anticipated that reports will improve with the dissemination of the agency guidance to assist agencies in completing reports.

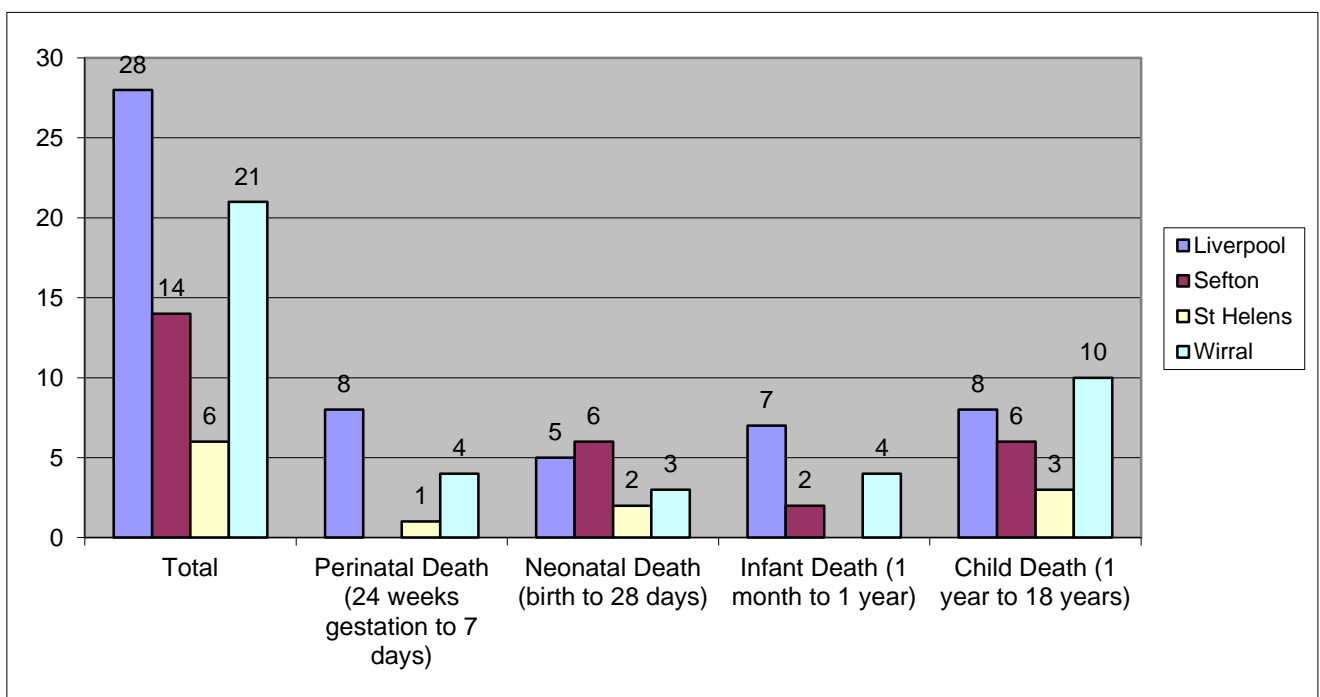


Figure 3.1: Child deaths reviewed 2013 – 2014 for respective LSCBS (Perinatal/Neonatal)

Figure 3.1 shows the total number of child deaths, further divided into the number of perinatal deaths, neonatal deaths, infant deaths and deaths of children and young people from 1 year old up to 18 years for each LSCB.

It can be seen that St Helens had no child deaths reviewed for infants and Sefton had no perinatal deaths reviewed during this year.

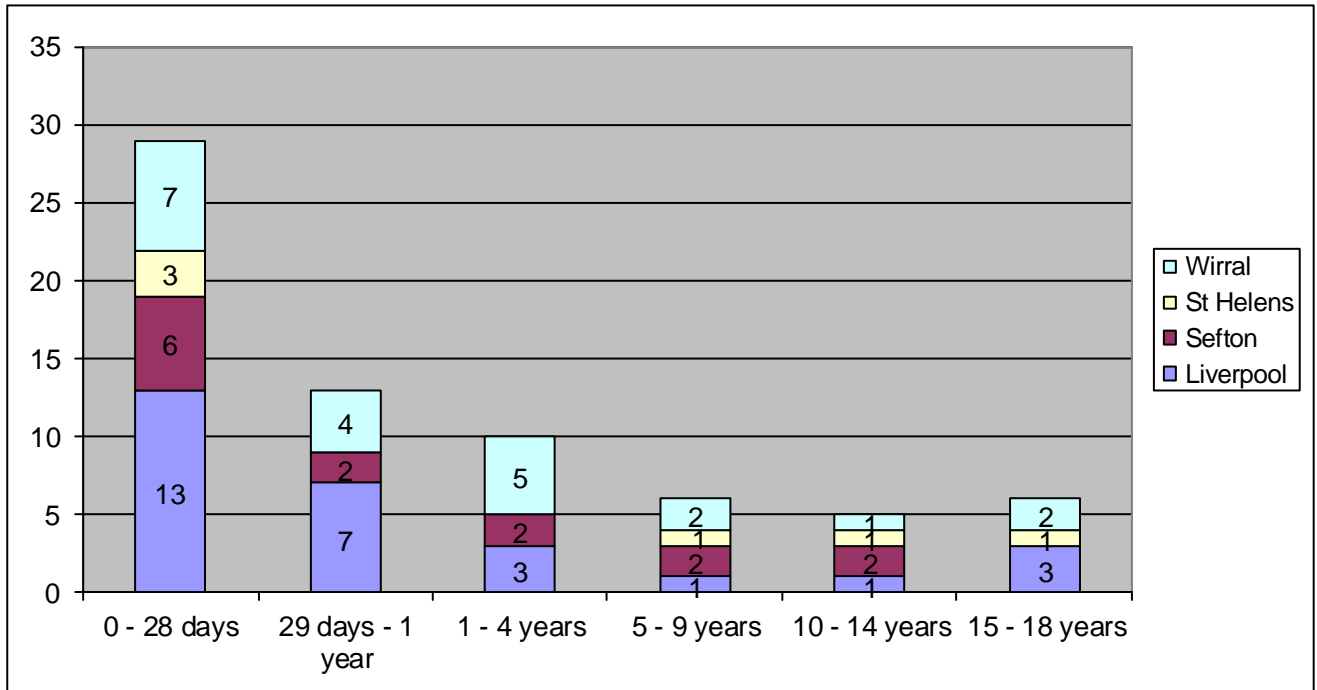


Fig 3.2: Child deaths reviewed for respective LSCBs 2013 - 2014 using DfE age categorisation

Figure 3.2 highlights that the highest proportion of deaths, 29 from a total of 69 reviewed, occurred during the neonatal period, this equates to 42%. This figure increases to 42 with the addition of the infant deaths up to 1 year, equating to 60.1% of all deaths reviewed.

Location in which Child Deaths Occurred

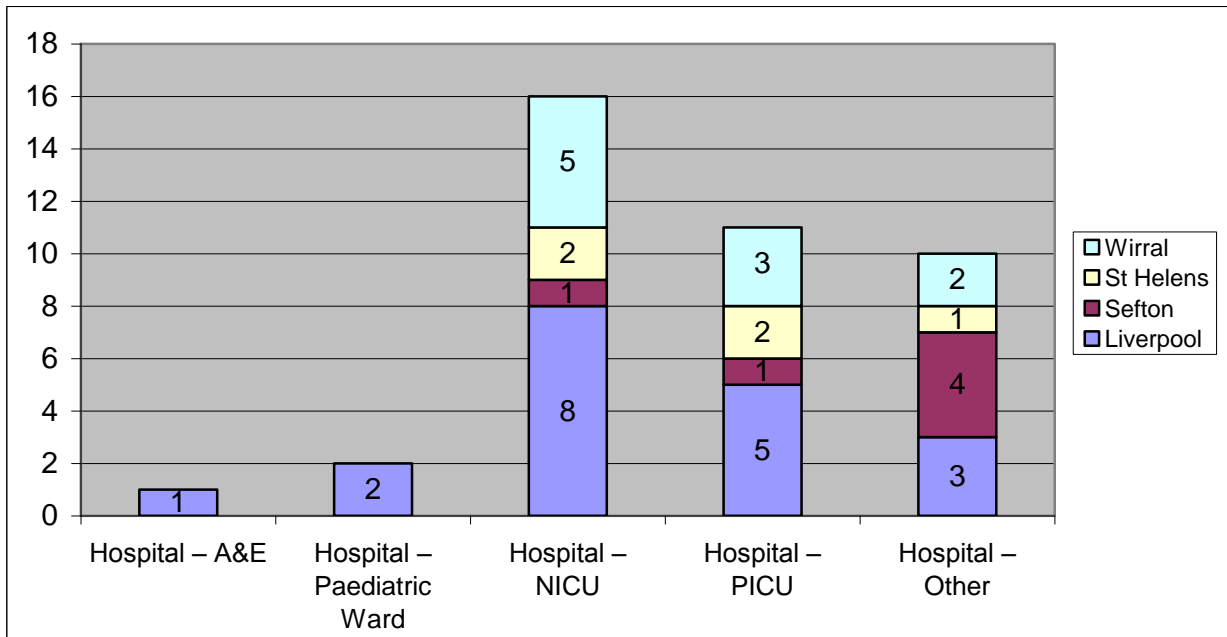


Figure 4.1: Location of child deaths within hospital by LSCBs 2013 - 2014

Figure 4.1 highlights that the majority of deaths considered occurred in the neonatal intensive care unit (NICU), 16 in total, with 11 occurring in the paediatric intensive care unit and 10 in hospital 'other' that would include the delivery suite.

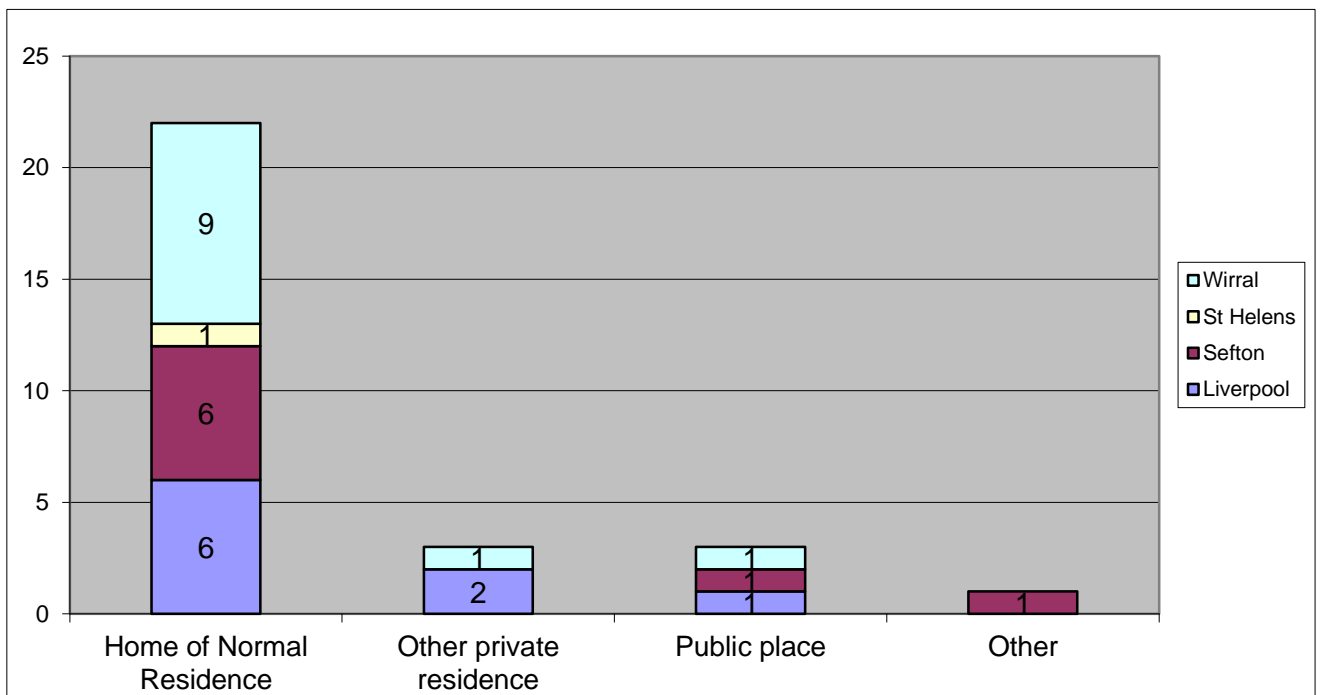


Fig 4.2: Location of child deaths outside of hospital by LSCBs 2013 - 2014

The second highest category of child deaths occurred in the child's home of normal residence, 22 in total. This would reflect sudden deaths and those children with life limiting conditions that have a pathway to die at home. There were no deaths occurring in adult intensive care units

(16-18 year olds); foster or residential care; school; hospice; mental health units, abroad or other.

Category of Child Deaths Reviewed

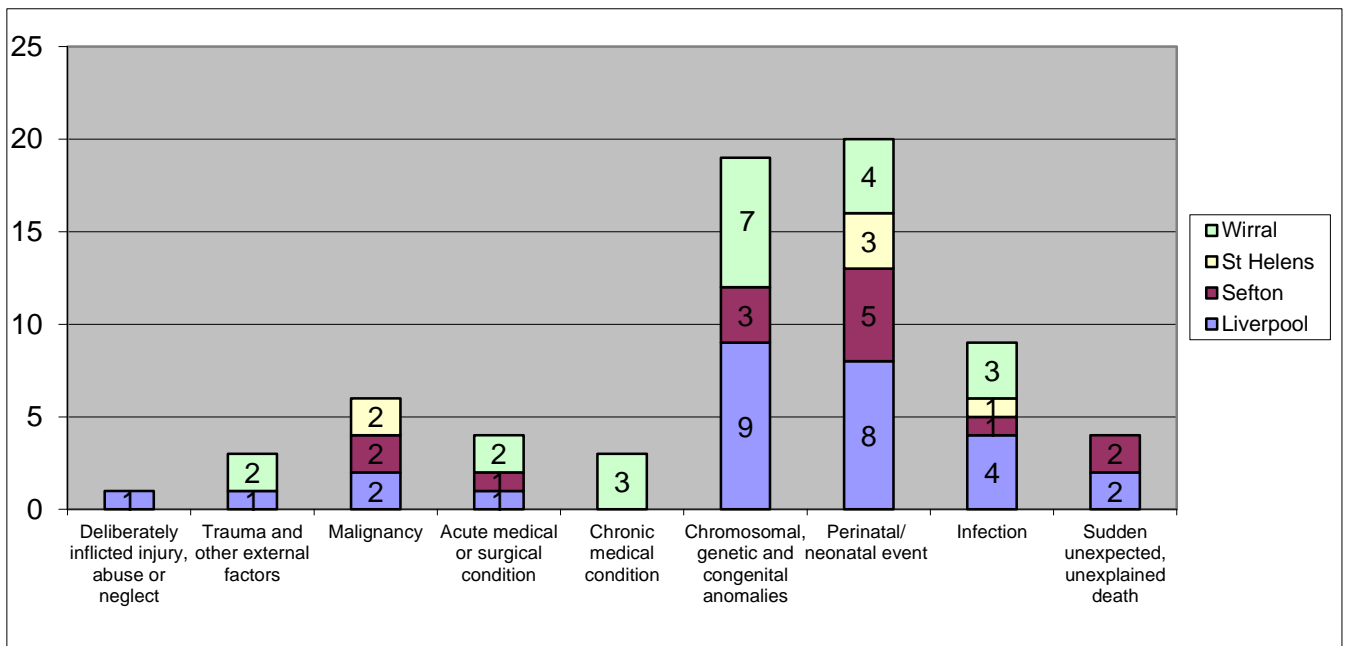


Figure 6: Category of child deaths by LSCB area 2013 - 2014

Figure 6 shows the total number of deaths reviewed in 2013 - 2014 under each category of child death, specific to the LSCB area where the death occurred.

There were no deaths from any LSCB area in the category of suicide or deliberate self-inflicted harm.

Cause of Death

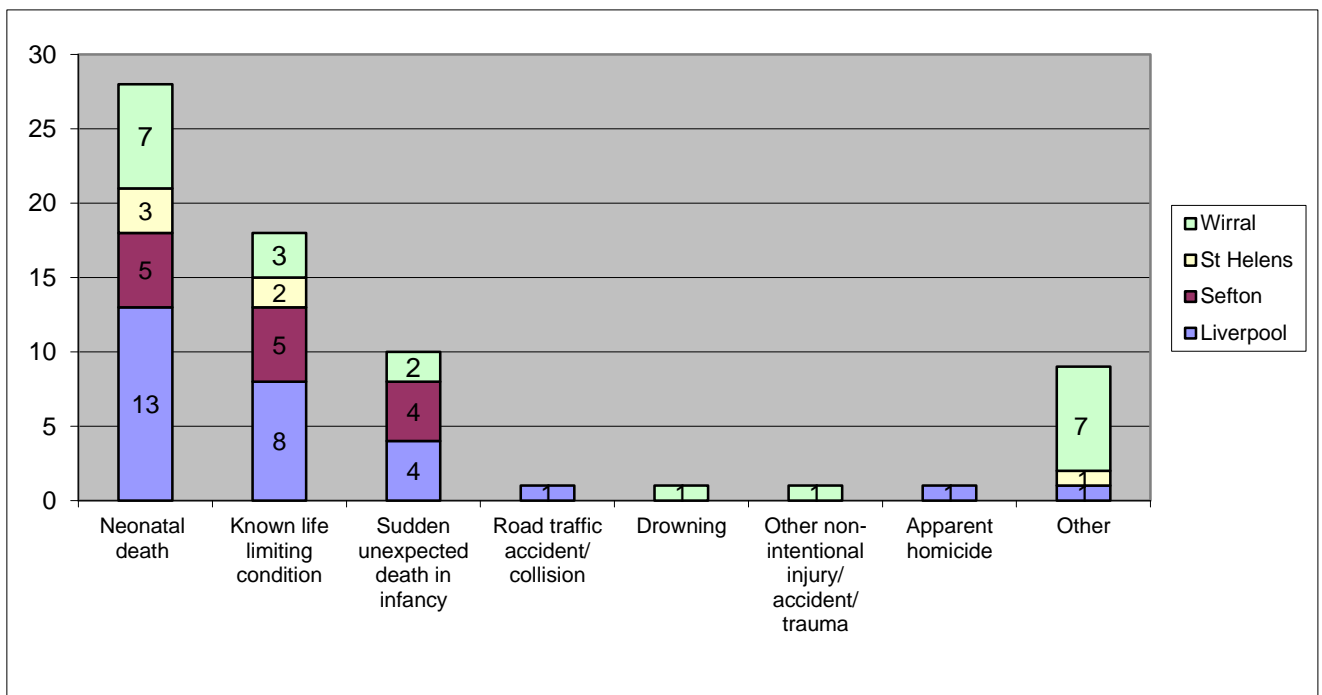


Figure 7: Cause of child deaths by LSCB area 2013 – 2014

Figure 7 shows the cause of the deaths reviewed by the Merseyside CDOP in 2013-2014, by LSCB area. Neonatal deaths form the largest group, there are four categories for which no deaths occurred in any area: fire and burns; poisoning; substance misuse and apparent suicide.

The child deaths occurring that feature under the heading 'other' relate to deaths caused by conditions for which there are no supplementary forms.

Safe Sleeping

During this time period the panel reviewed two deaths where co-sleeping was identified. Whilst it was only possible to highlight this as a modifiable factor in one child's death it remained a risk factor in the other. There has been no progress in response to lobbying for a national initiative to raise awareness of the risks of co-sleeping. However, in the absence of this, a safe sleeping campaign is being planned, possibly in conjunction with the Pan-Cheshire CDOP.

A safe sleep pathway that incorporates best practice and enables each area to adapt to meet their specific needs is currently being devised and will be disseminated in the near future. Initially, the pathway will be implemented across health agencies but will ultimately be 'rolled out' to all agencies having contact with families.

Risk Taking Behaviour in Teenagers

There have been a number of deaths of teenagers in the 16-18 year age group where 'risky behaviour' has been a feature, for example, engaging in risky or inappropriate activity without the necessary safety equipment. This has led to agreement that awareness raising of the risks is warranted.

Merseyside CDOP Finance

The funding made available to Merseyside CDOP for 2013/14 from Public Health was determined using a public health formula based on child population size:

Liverpool: £32,375

Sefton: £20,350

St Helens: £14,800

Wirral: £24,975

Each LSCB contributed £5,000.

The funding has been used to finance the ongoing CDOP process and the administrative costs. Additionally, some funding was used to progress the translation of 'safe sleep' messages to meet the needs of the Merseyside population. The translations were made available on the Lullaby Trust website.

Merseyside Developments

- Agency guidance for report writing
- Safe Sleep pathway incorporating core principles
- Amendment to SUDI/SUDC protocols to include blood testing consent form
- Revision of CDOP protocol
- Compilation of 'good practice' agency reports
- Access to external support for CDOP staff and panel members

Multi-Agency Safeguarding Training

Role of the WSCB Safeguarding Training Officer

The Safeguarding Training Officer's role is to manage and coordinate the training programme on behalf of the WSCB Learning and Development committee, organising presenters who will deliver or co-deliver interesting, up to date and lively training to increase knowledge and awareness of safeguarding issues.

Training Calendar

The Learning and Development Committee of WSCB and Wirral Safeguarding Adults Partnership Board (SAPB) is responsible for co-ordinating the multi-agency safeguarding training calendar; ensuring that courses are high quality and meet the diverse needs of the workforce. In 2013-14 the training programme offered 26 different courses, many appropriate to both adult and children's workers. Evaluations are undertaken following each course and the overall score for every course has been between 4 good and 5 excellent.

Throughout the year the training calendar was regularly updated to integrate and respond to learning emerging from SCRs and CIRs. Training available included Child Protection Conferences and Core Groups, Engaging Effectively with Resistant Families/Risk in Practice, Workshop to Raise Awareness of Prevent and Safer Recruitment all delivered with or by local colleagues with relevant expertise.

A multi-agency audience has been achieved at all courses which enhances learning across the partnership. 1,015 attendances were recorded in 2013-14. Staff attended from many different areas of the workforce and the third sector was regularly represented. There was an encouraging attendance from General Practitioners.

Senior Designated Person training for schools has been administered by Education Quality (EQ) since summer 2012 and in 2013-14 full day training has been completed by 83 senior school staff with a further 89 completing the refresher course. The 123 Schools involved in EQ receive three yearly basic safeguarding "Introduction to Safeguarding Children and Young People" training for hundreds of staff. This is also made available to Children's Centres.

Further "Introduction to Safeguarding Children and Young People" sessions were offered to the Voluntary, Community and Faith Sector at varying times of the day, including evenings and took place in different localities and faith/voluntary agency venues with the Wirral Link Forum administering the sessions and providing refreshments. 165 people have attended from 33 different organisations. Feedback has been excellent.

"Fantastic training and appreciated an evening session"
Voluntary, Community and Faith Sector Worker

Progress

The Learning and Development committee has continued to oversee the programme of training and addressed various issues especially of attendance. The action plan has been progressed and during this year we have developed a Competency Framework, Training Strategy, Training Programme, Impact Evaluation and an on-line Training Needs Analysis approved by both Boards. Previous efforts to evaluate training impact and survey the workforce's training needs have proved difficult. In an effort to gain the support of managers Learning and Development launch day has been arranged for May 2014. This consisted of presentations on three separate times during the day for managers from our multi-agencies across Wirral. Hopefully managers will be able to support and sustain a positive response to

the training needs analysis, understand the competency framework and ensure a commitment to the evaluation of impact of training on practice and therefore families.

In 2013 the WSCB delivered eight one hour information sessions over a number of days to promote the Working Together to Safeguard Children document published in April 2013. These were attended by 196 people from 30 different agencies.

A Training Pool workshop is to be held in May to bring current and future trainers together and to support those who already or wish to deliver multi-agency sessions. The inputs of knowledgeable, practising colleagues are invaluable to the learning process and well received by participants. A pack has been developed for members to include background information, where their knowledge could be used and a form to commit to a number of sessions each year with their manager's support. This group could also increase the number of training sessions where there is a greater need.

“I found all of the session relevant. It reflected some of the situations experienced in work in relation to challenging thoughts, attitudes and influences”

Community Mental Health Team worker

Quality Assurance

Due to the difficulties of the previous attempts to evaluate the impact of training the Learning and Development Committee decided to use the forthcoming launch to support this initiative. This more formal approach will link directly to WSCB's performance management reporting structure.

Course evaluations continue to be positive and comments are responded to if they will enhance learning by adding to the course programmes.

Single Agency Training

The Learning and Development Committee maintain oversight of the range and quality of single agency training offered across the partnership. The Safeguarding Training Officer supports organisations, particularly across the voluntary, community and faith sector, by providing basis awareness safeguarding sessions. This has also included sessions for domestic staff, leisure services staff and catering staff.

The WSCB also offer Senior Designated Person training for senior staff members in organisations and contributes to the 3 yearly whole staff training sessions for schools.

The Safeguarding Training Officer has also facilitated a day of training for over 60 social workers and managers to clarify the procedures for medical examinations in cases of child sexual abuse with presentations by senior colleagues from Health, Police and Children's Social Care.

“A really helpful session. I feel much more confident in how to approach cases of child sexual abuse”

Children's Services Social Worker

Future Developments

Feedback from the training needs analysis will be analysed and presented to the Learning and Development committee, and will be used to inform both the children's and adult's training plans for the coming year and to ensure that the WSCB offer needs led training. Impact evaluations will be undertaken and assessed on specific courses during the coming year. This will aim to assess the impact of training on worker's practice and on the families they work with.

An E learning Safeguarding Children package has been further developed and is planned to be available during 2014.

Development of a Training Pool continues to be an issue. There are many willing presenters supporting the programme and delivering excellent training but more are needed to reflect a truly multi-agency approach.

National and local issues from Serious Case Reviews and Critical Incident Reviews will continue to be incorporated into the training.

The Committee will continue to address issues of non-attendance as this can create difficulties in ensuring large enough groups to run exercises. A number of people have cancelled at the last minute or not attended and this is impacting on training.

“Excellent day. Very well presented with a great mix of trainers who are all very knowledgeable about their area of work”

Department of Adult Social Services worker

Priorities for the Committee for 2014-15 are:

- 1 Findings from the Training Needs Analysis (TNA) will inform internal and external commissioning of training.
- 2 Embed the multi-agency training evaluation strategy.
- 3 Devise and publish a children and adult's learning and improvement framework.
- 4 Embed flexible approaches to the delivery of safeguarding training for hard to reach groups.
- 5 Establish the training pool to be the lead delivery vehicle for high quality multi-agency training.
- 6 Improve effectiveness of communication to support learning and development.
- 7 Improve the quality and usage of performance information data to support safeguarding.

CASE STUDY



Who's Looking Out for the Teenagers?

A recent WSCB Serious Case Review highlighted the need for practitioners to have a greater understanding of the risks faced by older teenagers. A number of concerns were raised and it was felt that the WSCB should embark on a large scale workshop to highlight the main issues raised in the review. In response to this the WSCB held a development day on 7th March 2014.

The day involved more than 150 multi-agency practitioners moving from table to table at half hour intervals to experience eleven different presentations, sessions and discussions with each table hosted by specialist colleagues from Health, Youth Service, Children's Services, the Response Service, Adolescent Crisis Team, Youth Offending Service, Health Services, Wirral Metropolitan College, Transitions Team, Catch-22 and the Voluntary, Community and Faith Sector.

These were the topics for the day:

Child Sexual Exploitation and Runaways
Substance Misuse
Learning Difficulties and Autism
Relationships and Domestic Abuse
Leaving Care and Transition

Housing and Homelessness
Mental Health
Neglect
Offending Behaviour
Diversionary Activities

The workshops were vibrant and very well received. Teen Wirral were represented and one of the staff sat in on many sessions. The Wirral Youth Theatre gave a powerful performance to highlight issues of domestic abuse in teenage relationships and almost everyone stayed until the end of a very busy Friday!

Feedback



What should the Partnership now do?

- *inform everyone – information sharing essential on all level*
- *communicate more with other agencies and use their resources*
- *consider 16-18 year olds more*
- *develop the Gateway more so it is an even more effective system*
- *work smarter – be more thorough*

Feedback

- *need to listen to the young person – hear their voice – what's their story?*
- *familiarise myself with range of services available to children*
- *when concerned ask a question to relevant agency no matter how small the concern*
- *be more mindful of what neglect means on a daily basis*
- *look at the whole picture and do not make assumptions with teenagers*

What will Partners now do?



Feedback



Other Comments?

- *I have definitely learnt a lot and now know about services and who to contact – thank you, very well organised*
- *excellent day very informative*
- *excellent event – lots of information and gaps filled*
- *this was a brilliant way to see, meet and learn from relevant agencies*
- *realised how much work Wirral is putting in to support for teenagers*

Early Help and the Family Common Assessment Framework

In September 2013 the Children and Young People's Department launched a new Targeted Preventative Service to promote and support early intervention including both single and multi agency responses in order to meet additional needs of children and consists of four separate services coming together for effective early intervention. The service comprises Restorative Practice, Youth Service, Children's Centres and Family Support. From September 2013 requests for services have been made by completing a referral form. For referrals requesting a multi agency response the case is triaged by the Gateway Social Worker and sent to a weekly allocations meeting within the locality where the child resides.

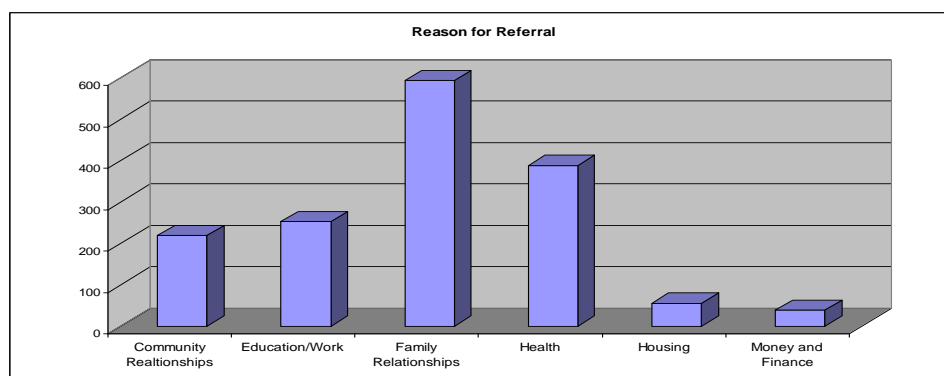
The Common Assessment Framework (CAF) and Team Around the Family (TAF) processes, as defined in Wirral's Guide to Integrated Working, have been established and developed over the past 7 years as the agreed multi-agency framework for delivering co-ordinated early intervention support for children, young people and families.

Since September 2013 there have been a total of 1,545 referrals into Targeted Services. Schools (23%), Health Visitors (10%), the Voluntary, Faith and Community sector (8%) and the Police (7%) made the most referrals. Support provided by the Locality Teams includes access to a social worker for consultations, help with undertaking the CAF or offering consultations in relation to safeguarding concerns, signposting to agencies, provision of training and attendance at TAF meetings if requested.

The Gateway database system collects data from the referrals into the Gateway and the subsequent journey of the child. This information is used as the basis of the Targeted Services Performance Management Dashboard report which details CAF activity. The report provides agencies and practitioners with data to help them monitor their own engagement in the CAF and TAF process. It also provides useful data highlighting particular needs and important local trends

Key Performance Data

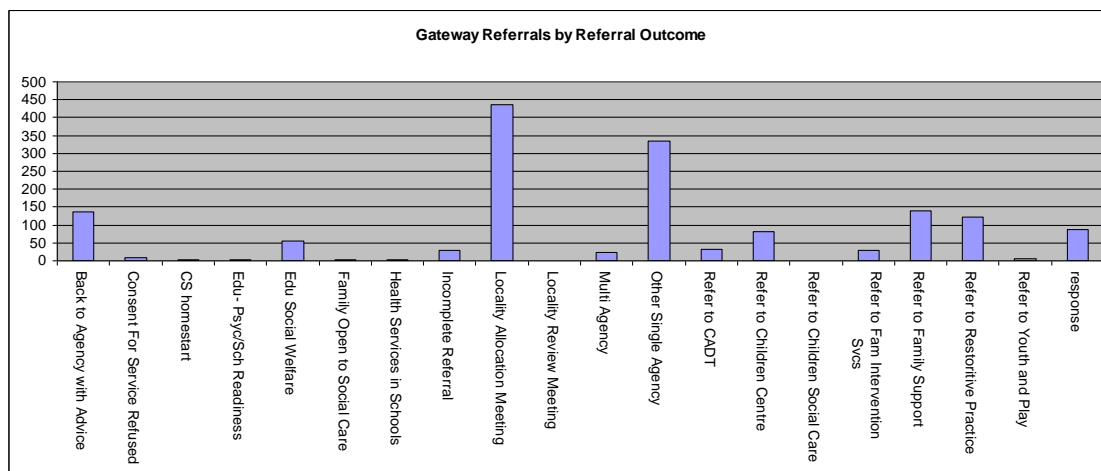
The primary reason for those referrals is shown in graph one. Family relationships account for 38% of all the referrals the Gateway received from Sept 13-March 31st 2014. Issues relating to health account for 25%



Graph One – Reason for Referral

This information can be further broken down as shown in graph two. Some referrals will come to the gateway and the referrer may be unsure as to whom to approach to meet the needs of the child and family. A Gateway social worker situated within the Gateway triages such referrals in order to identify not only threshold concerns and identify cases that may require

social care intervention but also sign post cases to the most appropriate agency. Some cases that are referred may request a single additional service to meet the needs of the child and family but following triage be identified as requiring a multi agency outcome (TAF) in order to coordinate support.

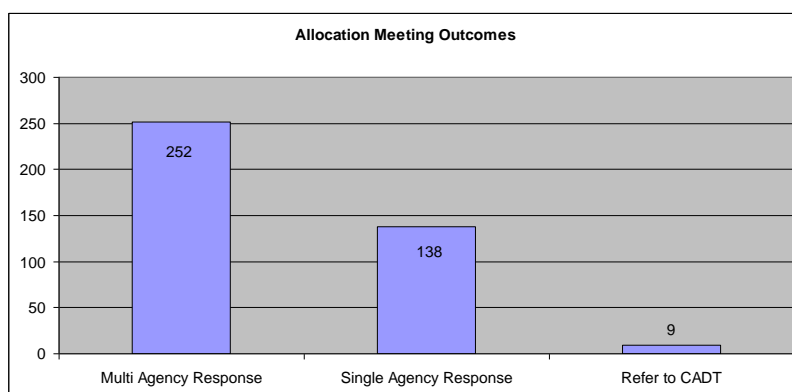


Graph Two – Referrals by Referral Outcome

Targeted Services launch in September also included the launch of a new Family Support Service. This was created by combining Family Support staff from within the previous structure into a single service to support families with children aged 0-19 years using a single point of access (the Gateway) This new service currently receives 9% of all the referrals.

As mentioned previously cases that are deemed as requiring a multi agency outcome go to an allocation meeting. These meetings are held within each Locality (Wallasey, Birkenhead and South and West Wirral) on a weekly basis. The meetings are chaired by the Senior Locality Manager and are attended by Targeted Services managers and partners. In the majority of cases (63%) the families require a multi agency response.

The outcomes from the allocations meetings since September are shown in graph three:



Graph Three – Allocation Meeting Outcomes

Step Down

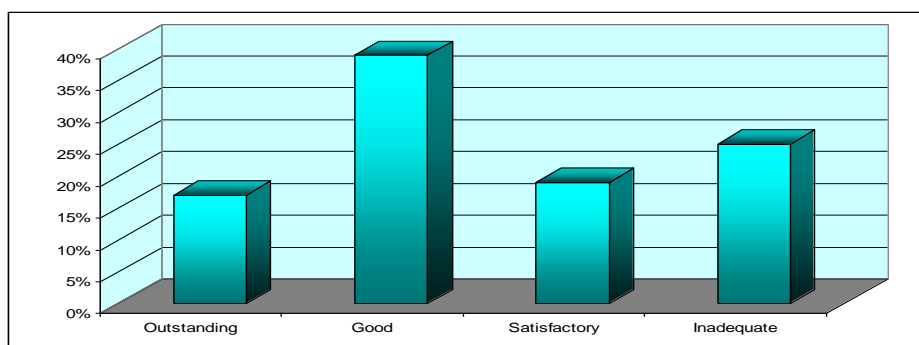
Targeted Services continue to work closely with Specialist Services (Children’s Social Care) to ensure a timely and smooth transition of services for families who no longer require a social worker in order to meet their needs.

For the cases that were stepped down into Targeted Services in 2013-14 the majority went into TAF (74%)

CAF Quality

Alongside the launch of Targeted Services in September was the introduction of the Family CAF. Prior to the launch the CAF was based on an individual child's additional needs. The Family CAF focuses on the needs of everyone within a family where a multi agency outcome is required and consent has been gained. A multi-agency CAF QA group sample a random selection of CAFs each month taken from the database. The CAFs sampled are CAFs that agencies send back to the Gateway. 54% of the Family CAFs QAd had been completed by Family Support followed by Health Visitors (14%) and Nurseries and Primary Schools (10%)

By the end of 2012 on average 90% of CAFs were rated as at least satisfactory (shown in graph four below):



In September 2013 the CAFs were replaced by new Family CAF Assessments. For the new CAFs QA'd from September 13 to March 14 75% were classed as satisfactory and above using a redesigned and updated tool. Anyone who completes an outstanding CAF receives a certificate and support is offered to agencies who receive an inadequate mark. As part of improving standards further and for quality assuring the entire CAF/TAF process the CAF Quality Assurance Framework (QAF) was updated in October 2013 and is available on the CAF website. The framework sets out how individual authors of CAFs, agencies, locality teams and families involved can be part of the process to monitor and record the quality of the experience. A key part of the framework is the toolkit which includes a wide variety of supportive tools.

CAF and TAF Training

CAF training has been comprehensively updated and is delivered free of charge to practitioners and includes two half day full training sessions and currently one hour overview briefings. From September 13 to March 14 a total of 543 professionals have applied for training. The sessions offered include Information Sharing, Family Common Assessment Framework, the Role of Lead Professional and how to chair a TAF meeting. The highest number of applicants have come from education (30%) and Family Support.

The CAF and TAF training courses were updated prior to the launch in September and have had two reviews, one in December and a further one in May. The trainers have undertaken peer observations to support each other and improve practice.

Distance Travelled Tool

Targeted Services evidence the impact Team Around the Family has on the families they support from the family's perspective. One of the ways of doing this is by using the Distance Travelled Tool. The tool consists of 20 questions relating to the Family CAF and the parents and/or young person scores their family depending on where they see the issues. Over time the **TOTAL** figure should **LOWER**. This will show an improvement in the family's situation

CASE STUDY

Initial Concerns

- Mother (18years) expecting her first baby, she lives with her parents.
- Two previous referrals- one to Targeted Services, one to CADT. Mother did not realise she was pregnant until 5 weeks prior to the birth. Baby was born at 33 weeks.
- Both parents are young and have expressed concerns about how they will cope. They plan to move in together

The Plan

- Allocations meeting- allocated to a Family Support Worker (FSW) to see if home is prepared and inform the hospital. FSW will support both parents access parenting course and engage them with local children's Centre. FSW will complete a CAF and initiate a TAF. Family Nurse Partnership will also work with the family and neo natal community nurse will visit the baby within the first 4-6 weeks.

Decisions

- Support, enable and empower these new parents to be able to look after their child in a safe way.
- This will include an assessment, when appropriate, if and when they are able to move into their own home. The grandparents should be a party to this discussion.
- In the event of any part of this plan not working then a discussion should initially take place with the Locality Social Worker or directly to CADT

Distance Travelled /Outcome

- FSW is the Lead Professional. All support is in place and the family are accessing any and all support necessary and the baby and family are making excellent progress. The family have completed the Distance Travelled Tool and the findings are set out below. Over time the **TOTAL** figure should **LOWER**. This will show an improvement in the family's situation.
- In the total score given following the first meeting the family felt that they scored **65** out of a possible 96. At the end of the intervention the family scored a much lower **19** points.
This is a decrease of 44.2% and clearly evidences a significant improvement in outcomes for the family.

Areas for Development in 2014-15

Over the next twelve months some key areas for development are:

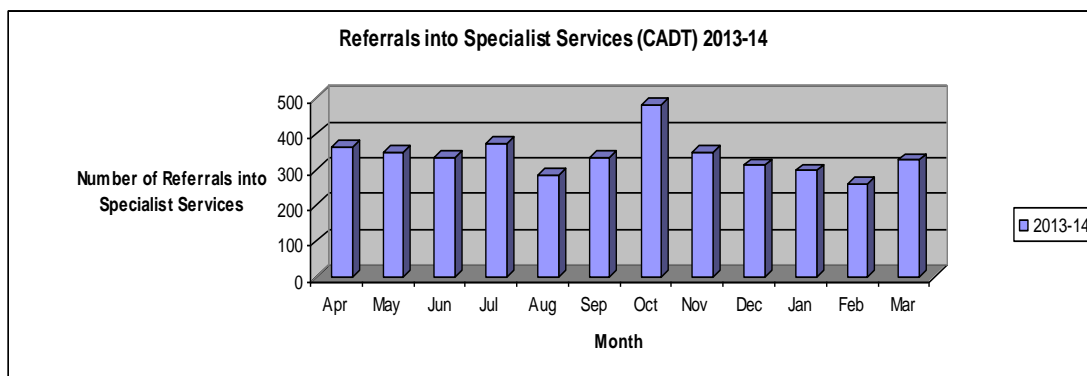
- A significant CAF audit will take place focussing on the TAF episodes that have closed focussing on the journey of the child and whether outcomes have been achieved
- Improving the quality of TAF episodes
- Review of thresholds across the partnership
- Development of an early help performance framework
- Development and sharing of resources including an example of an outstanding CAF
- Development of further training resources including an e-learning solution

Safeguarding and Child Protection Performance Data

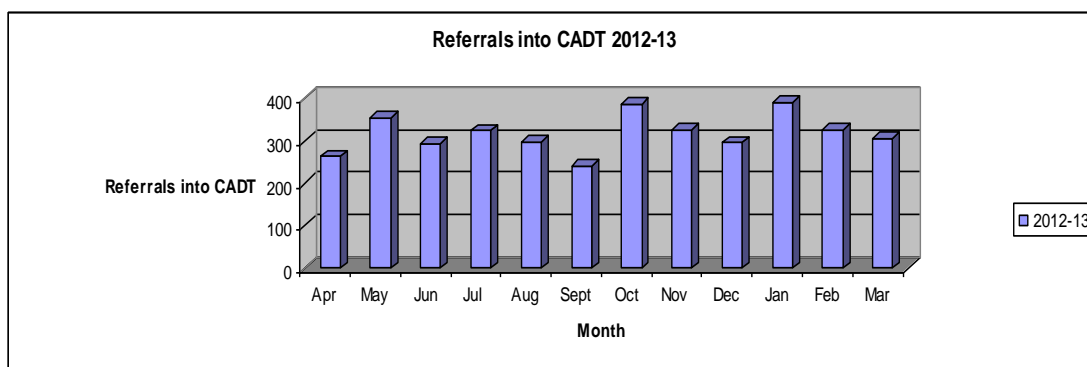
Referrals into Specialist Services (CADT)

A referral is a request for services to be provided by Children's Specialist Services. This is in respect of a case where the child is not previously known to the Local Authority, or where the case was previously open but is now closed.

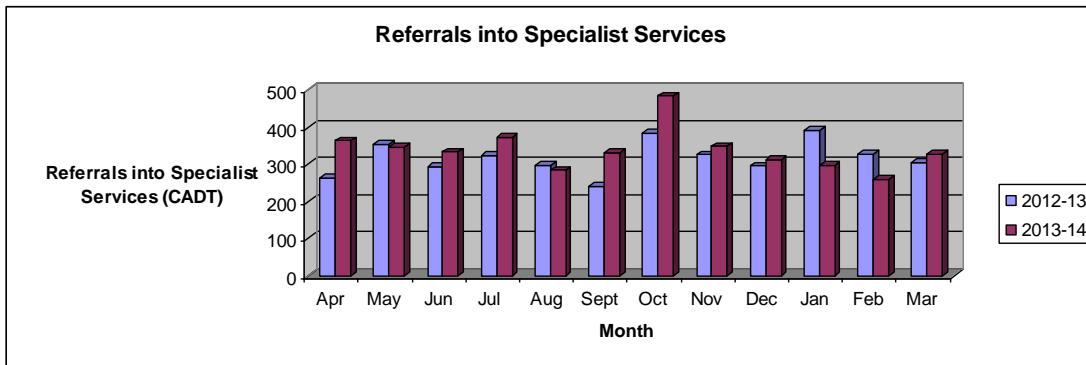
A contact can only be progressed to a referral when an assessment practice manager/ team manager decides that further information needs to be gathered to consider whether a child is in need and therefore requires a service. (This decision must be made within 24 hours of receiving a contact about the welfare and well-being of a child).



In 2013 -14 Wirral Specialist Services (CADT) received 11,299 contacts; a contact is an initial approach to Children's Specialist Services for advice, information or to request the provision of a service by Children's Specialist Services. Some, but not all, contacts will progress to referral. Out of these 11,299 contacts 4057 progressed to referral.

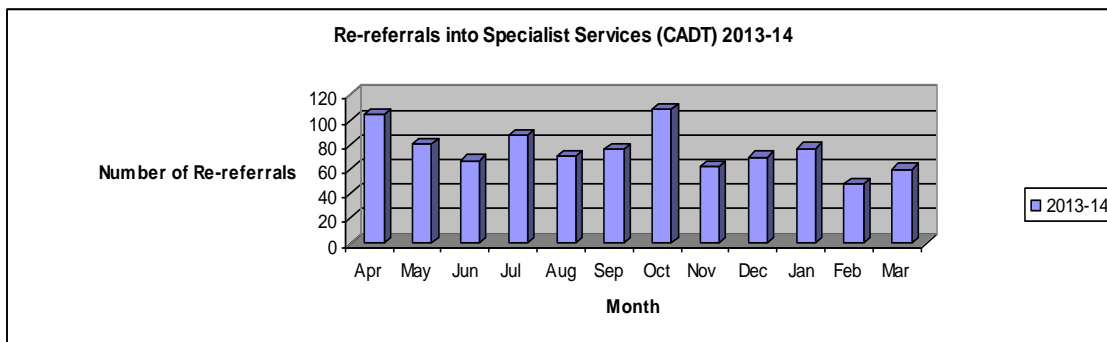


In 2012-13 Wirral Specialist Services (CADT) received 8,417 contacts out of these 4896 progressed to referral.



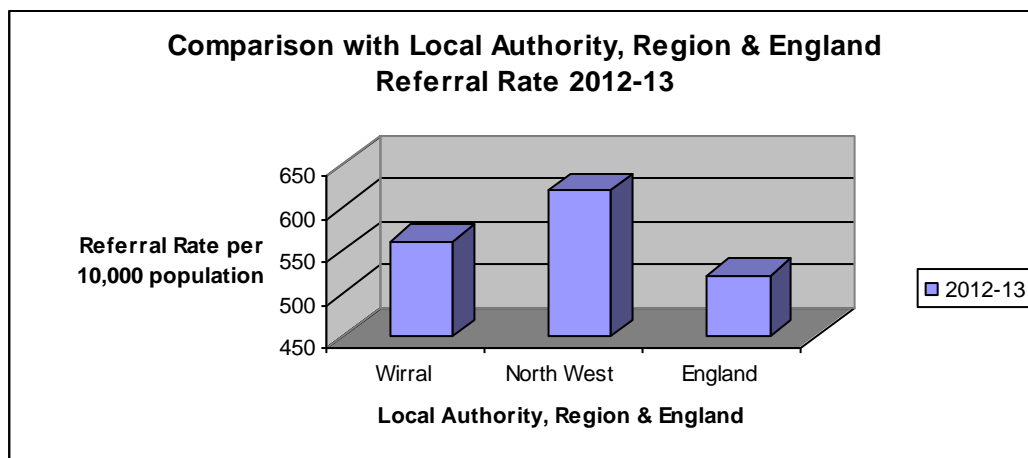
In comparison 2013 -14 to the previous year of 2012-13 there has been a decrease in referrals of 17%; this reduction is likely due to the launch of Targeted Services, which since September 2013 has been receiving referrals for level 2 (single agency) and level 3 (multi-agency CAF/TAF) services.

Re- Referrals into Specialist Services (CADT)



In 2013-14 Wirral Specialist Services (CADT) received 912 re-referrals into CADT this is an increase from 805 re-referrals in 2013.

Wirral's re-referral rate (550 per 10,000) is lower than the average for neighbouring NW authorities (600 per 10,000) but is higher than the average for England (505 per 10,000) as illustrated in the graph below.



Initial child protection conferences and reviews

An initial child protection conference brings together family members, the child who is the subject of the conference (where appropriate) and relevant professionals involved with the child and family, following a Section 47 investigation.

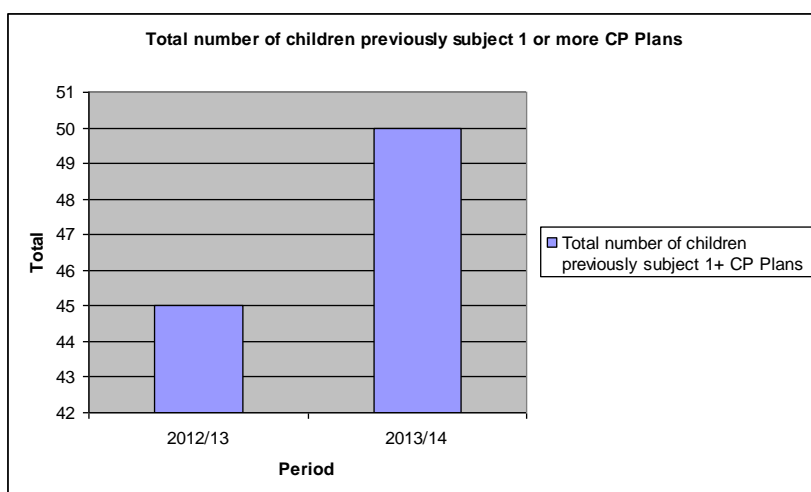
Child protection conferences are convened in all cases where Children’s Social Care has reason to suspect a child may suffer, or has suffered significant harm. The conference offers a robust multi-agency meeting to analyse information which has been obtained about the child’s developmental needs and the parents’ or carers’ capacity to respond to these needs to ensure the child’s safety and promote the child’s health and development within the context of their wider family and environment. The initial conference will also evidence and make a clear judgement about the likelihood the child is suffering or is likely to suffer significant harm.

During the period 1 April 2013 – 31 March 2014 the total number of children who became subject to Child Protection Plans is **391**.

Of these 391 children, 50 children had previously been subject to CP Plans. The breakdown is shown below:

Number of previous Plans	Total number of children
1	42
2	8
Total number of children subject to more than one Child Protection Plan between 1 st April 2013 -31 st March 2014	50

The chart below illustrates the comparison of 2012/2013 period total of 45 children who had more than one previous Child Protection Plan. Between of 1st April 2012 – 31st March 2013; and the same period in 2013-14 the figure has increased 11.1%.



Child Protection Plans by category

The data below illustrates the total number of children subject to Child Protection Plans and the abuse categories they have been recorded against. Children can occasionally be registered under multiple abuse categories depending on their circumstances.

Abuse Category	Total recorded
Emotional Abuse	21
Neglect	99
Physical Abuse	83
Sexual Abuse	16
Total number of children subject to CP Plans by category	219

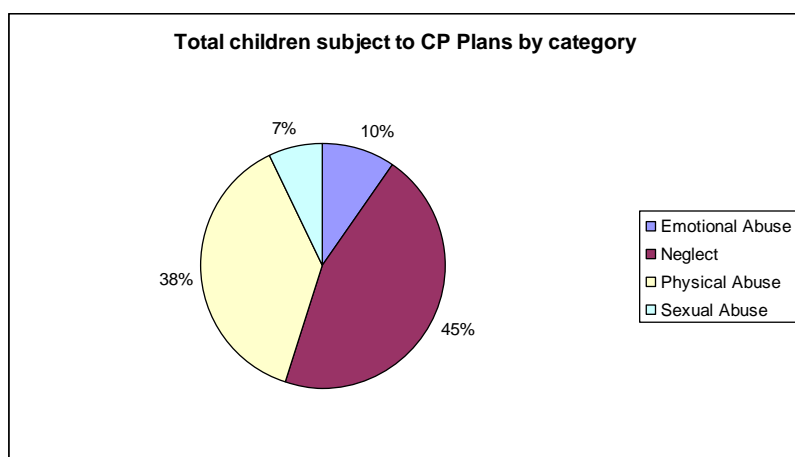
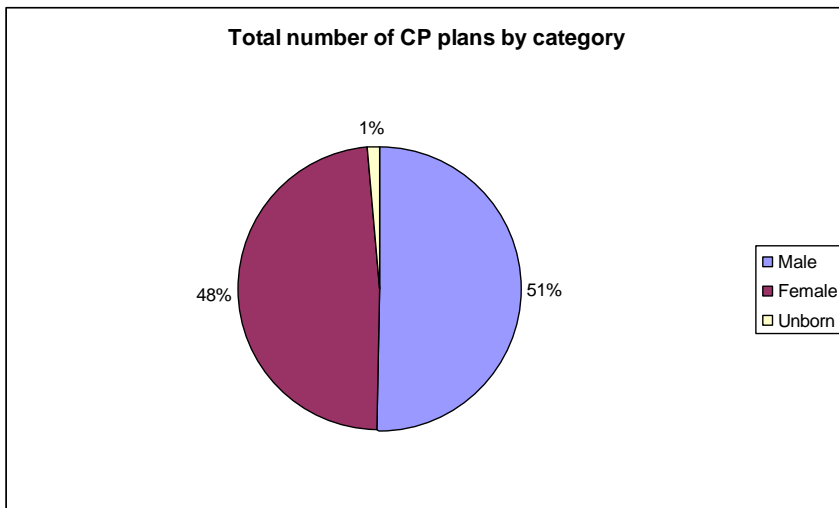


Figure: This data is a current count of children subject to CP Plans by category.

Child Protection (CP) Plans by gender

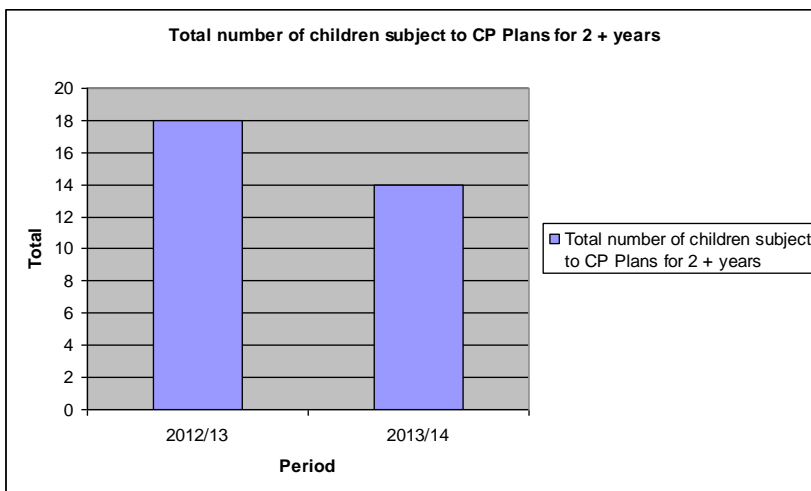
The table below shows that boys and girls are equally likely to be the subject of a CP plan. The graph shows that 1% of plans are for unborn babies.

Gender	Total
Male	110
Female	106
Unborn	3
Total number of children subject to CP Plans by gender	219



2 year Child Protection Plans

During the period 1 April 2013 – 31 March 2014 there were 14 children subject to Child Protection Plans for 2 years or more. This shows a decrease of 22% in comparison to last year.



Assessments

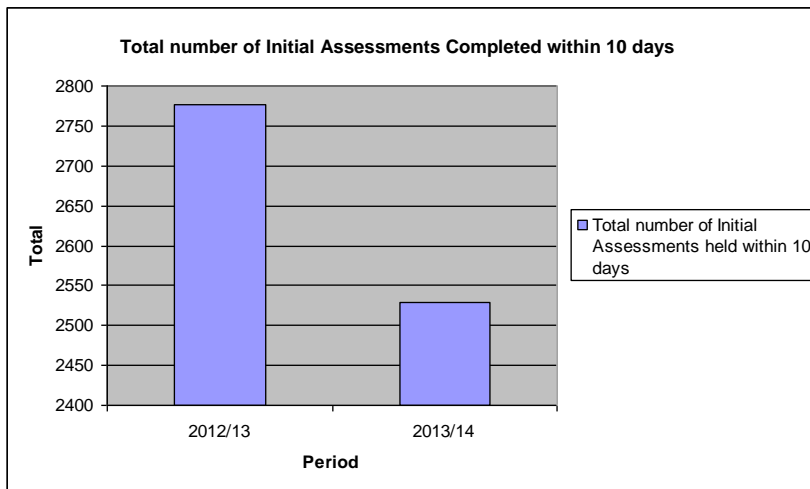
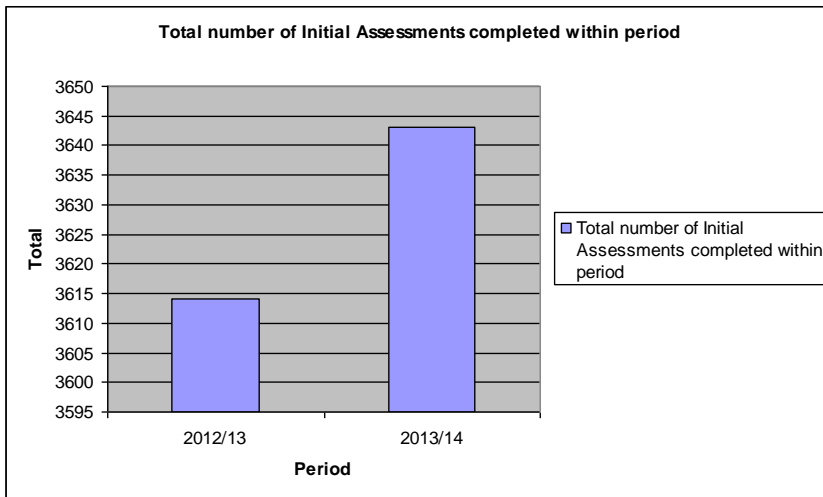
Working Together 2013 communicated a clear aim of the revised framework for assessment, which brought in the expectation of each local authority developing a single assessment. The single assessment was introduced in Wirral earlier in 2014, but as the reporting period for this annual report pre dates the introduction, figures for the previous initial and core assessments are included.

Initial assessments completed and within timescales

The purpose of Initial Assessments was to determine, quickly and accurately, whether a child was 'in need' and the nature of the services that the child and their family require.

During the period of 1 April 2013 – 31 March 2014, 3643 Initial assessments were completed and 2529 (70%) were completed within timescale (10 days)

This is an increase of 0.8% over the previous 12 month period (12-13) and is shown in the graph below:



Core assessments completed and within timescales

Core assessment were defined as; “in-depth assessments which address the central or most important aspects of the needs of the child and the capacity of his or her parents or caregivers to respond appropriately to these needs with the wider family and community context “. A core assessment can also be a means by which child protection enquiries are carried out.

Children’s Social Care was the lead agency with responsibility for the core assessment under section 47 of the Children’s Act 1989. In these circumstances the objective of the local authority’s involvement was to determine whether and what type of action was required to safeguard and promote the welfare of the child who is the subject of the section 47 enquiries.

In 2012/2013 period, 1968 core assessments were completed and 1380 were completed within timescales (35 days). During the period of 1 April 2013 – 31 March 2014 1836 core assessments were completed and 1201 were completed within timescales (10 days).

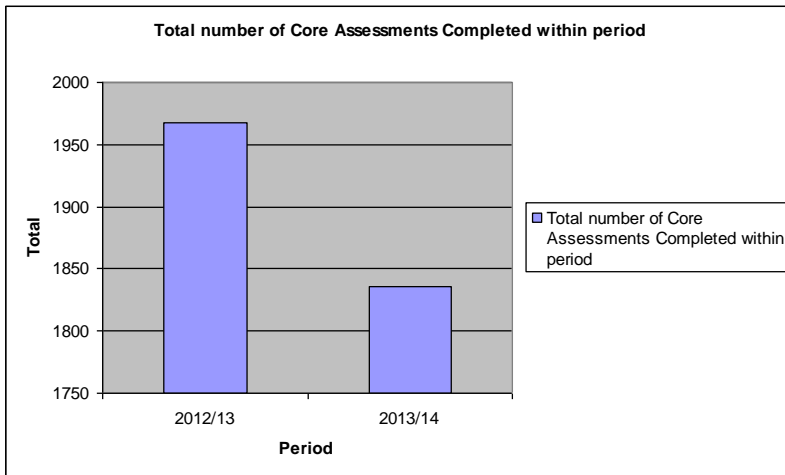
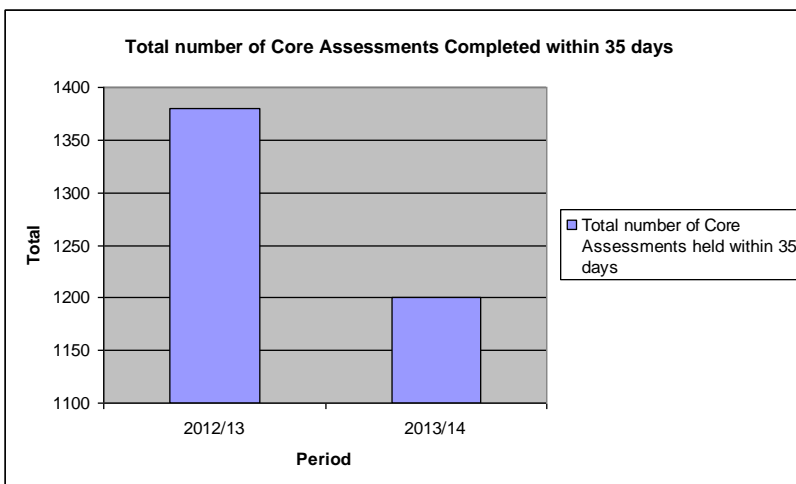


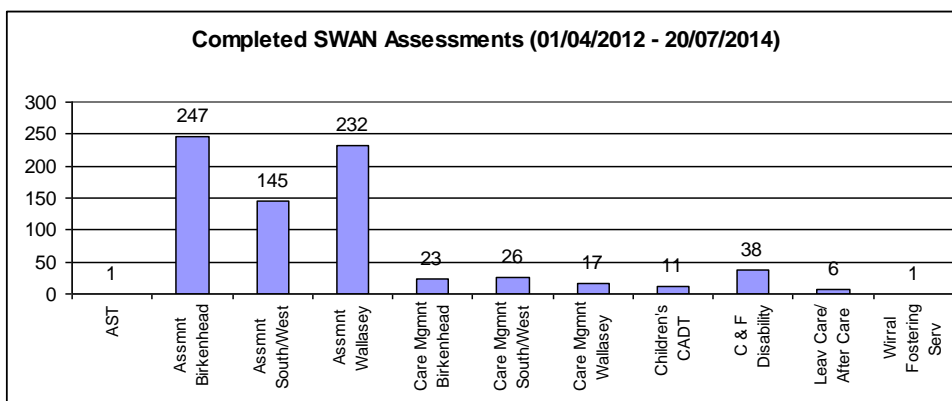
Figure: There is a decrease of 6.7% Core Assessments completed between the period of 2012/13 – 2013/14.



Wirral Social Work Assessment of Need (Single Assessment)

The Social Work Assessment of Need (SWAN) was introduced by Wirral Council in Feb 2014 (started being used on 1st April) in response to the recommendations of Eileen Munro and Working Together to Safeguard Children 2013. The Single Assessment has replaced the Initial Assessment and Core Assessment.

Between April and July 2014 747 assessments had been completed (shown by team in the graph below). 727 assessments (97.5%) were completed in timescale (45 days).



Child in Need

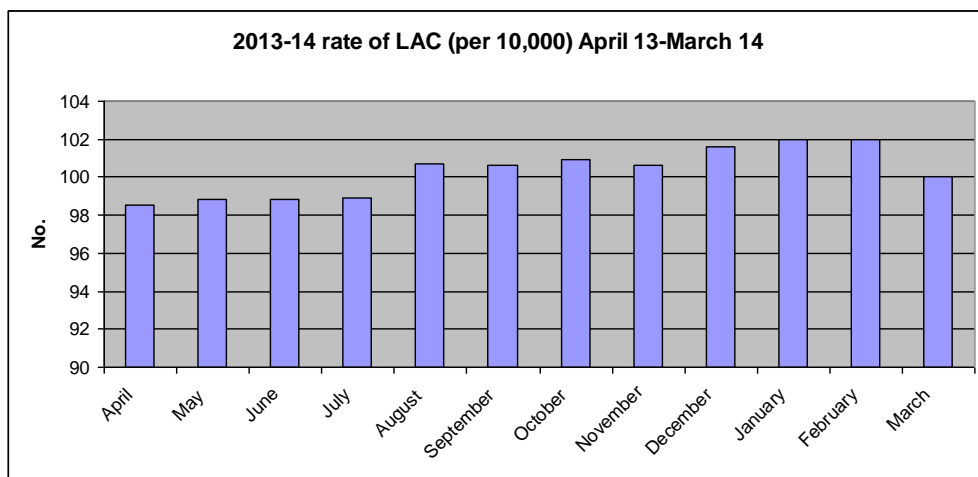
During the period 2013/14, there were a total of 2720 children subject to Child in Need Plans. In comparison to 2012/13 period total of 2814, this is a decrease of 3.5%. Again, it is likely that the introduction of Targeted Services and the single Gateway for level 2 and level 3 referrals had contributed to the reduction in the number of children on a Child in Need plan. Work has also been undertaken in the social care districts to review and step down (from level 4 to level 3) cases where it is safe to do so.

Children who are Looked After

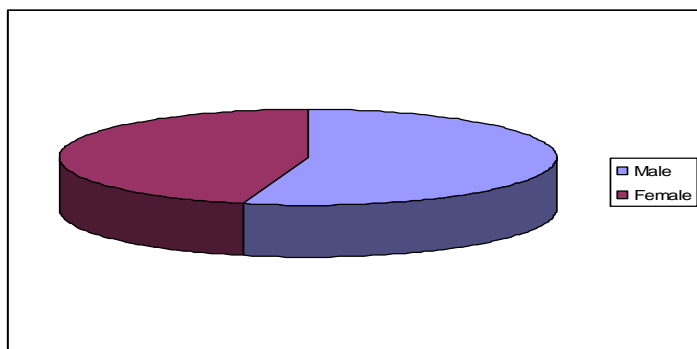
Wirral's Children and Young People's Department provides services for Children who are Looked After (LAC) which include support, placements and care of children within the Wirral. Children who are Looked After need a corporate approach to respond to their needs which includes all partners. Wirral Council is the 'Corporate Parent' to the children it looks after and it has a responsibility to ensure each child has the necessary help needed to ensure they achieve the best possible outcomes. This includes each child having a personal education plan, regular health checks and access to support and guidance for housing, finance, transition and other services.

Wirral provides support and placement in areas including adoption, foster care, residential care and young people leaving care. Wirral Council aims to assist children and young people by providing them with a range of placement options that will help them to be safe, secure and develop in order to meet their full potential.

As at 31 March 2014 Wirral had a total of 677 Children who are Looked After. This equates to 100 LAC per 10,000 of the child population. This is considerably above both the rate for England (60 per 10,000 in 2013) and for the North-West (79 per 10,000). Specialist Services within CYPD have established a strategic group and have a strategy in place to safely reduce the number of children who are Looked After.



The pie chart overleaf shows that in Wirral 54% of children who are looked after are boys and 46% are girls.



Children Missing from Education

Children missing from education in this report refers to children of compulsory school age who are not on a school roll, nor being educated otherwise (e.g. privately, in alternative provision or home educated) and who have been out of any educational provision for a substantial period of time (usually agreed as four weeks or more).

This includes Wirral children whose details have been posted on to the s2s Lost Pupil Database by their school as a missing pupil (whereabouts not established). Wirral children notified to ESWs as missing pupils (whereabouts not established) but who have not been added to s2s Lost Pupil Database.

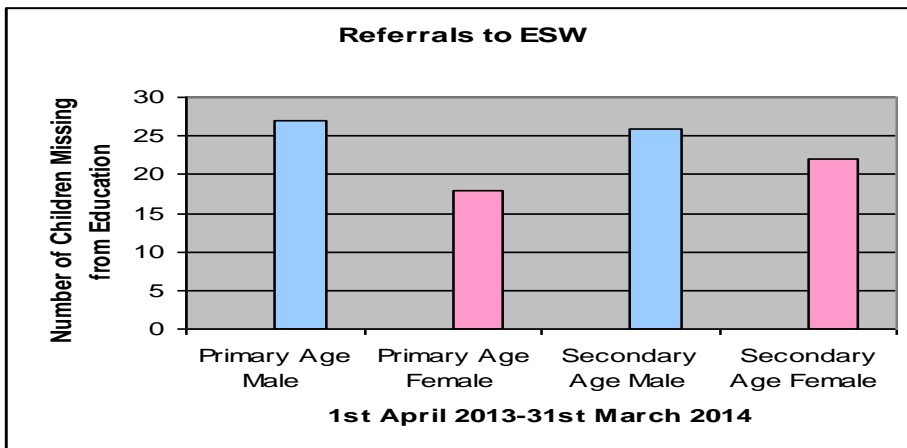
Out of Area children who are notified to ESWs as residing on Wirral and who are also not on a school roll elsewhere.

Referrals to ESWs				
	Primary Age		Secondary Age	
	Male	Female	Male	Female
April 2013 - March 2014	27	18	26	22
Total	93			
Missing Pupils Located (Whereabouts confirmed/In Admissions or Confirmed in Education)				
April 2013 - March 2014	68			
Missing Pupils Outstanding (Whereabouts unknown/Education not confirmed)				
April 2013 - March 2014	25			

From 1st April 2013 to 31st March 2014 the total number of children reported missing from education was 93; out of this number 68 children were located with 25 missing at the time of reporting (31st March). Since then the whereabouts of all children were established.

Some of the reasons recorded for pupils missing from education are:

- Children who are not British nationals and have returned to their home country, including China, USA and Slovakia.
- Children from families who are in the Armed Forces
- Children from Out of Borough and who have returned
- Children moving to another area of the country



The total number of males missing from education is 53, this includes both primary (27) and secondary (26) age groups; the total number of females is 40 this was made up of primary (18) and secondary (22).

Intensive Family Intervention Programme

Wirral's Intensive Family Intervention Programme (IFIP) is the local response to the national Troubled Families initiative. Launched in October 2012, the programme works with families from across the borough to improve school attendance, reduce anti-social behaviour and youth crime, and increase the number of adults entering employment. It is a payment by results programme which seeks to turn around the lives of some of our most vulnerable families.

Delivered in collaboration with Catch 22, Home-Start Wirral, and the Local Authority's Children's Services (CYPD), the model promotes a partnership approach with colleagues from a range of key services seconded onto the programme team.

Key drivers of the national initiative are to tackle intergenerational worklessness, reliance on public services and the high cost to the public purse these families generate. Research into the cost of supporting Troubled Families shows they cost approximately £75k each per year.

Beyond the costs which can be measured in financial terms are the human costs: the cost to family life, children's futures and to local communities. The value in helping a family turn their lives around, and giving them the skills to sustain those changes, will have further reaching benefits than balanced budget sheets.

In Wirral we have identified the families eligible for the programme against the government criteria, and report our results in the same manner, however, we recognise that the criteria often relate only to symptoms of more complex issues. Using a holistic approach with the whole family, and with the commitment of our multi-agency partners, we aim to promote independence and raise the aspirations of our most vulnerable families.

"I think of my role as trying to move families forward so that they can turn around their own lives. Turning their lives around takes a long time. What I do is plant a seed, show them what they are capable of doing."
IFIP Key Worker

Outcomes for Families

At 31st May 2014 the families receiving intensive support from an IFIP Key Worker had achieved the following outcomes:

- 88% of children's school attendance had increased to over 85%
- 76% of families with a history of crime and/or anti-social behaviour had stopped offending
- 94% of families self-assessed that their parenting capacity had improved
- 51% of families with a history of domestic violence had issues resolved
- 68% of families with substance misuse issues received support to address their problem
- 82% of families reported improved mental health
- 60% of families were supported to register with a GP

At 31st May 2014 the programme had achieved the following outcomes:

- Working with/worked with 674 families
- Achieved positive outcomes for school attendance, anti-social behaviour and/or youth crime: 376
- Adults progressing into sustained employment or work programmes: 32

The reach of IFIP in relation to the families identified is as follows:

- Percentage of families living in top 3% most deprived areas nationally: 35.1%
- Percentage of families living in the top 5% most deprived areas nationally: 43.0%
- Percentage of families living in the top 20% most deprived areas nationally: 75.1%

Cost Benefit Analysis

Using the DfE Cost Calculator tool the average saving/ cost avoidance per family is estimated at £76,557 , with the lowest saving at £2,400.91 and the highest at £147,420.10

Messages from the Evaluation

- Multi-agency collaboration works
- Sharing information across agencies works
- A multi-disciplinary approach to delivering the model works
- Providing flexible services works
- Pooling resources works
- Putting families at the centre of their support plans works
- Open, honest, simple communication with families works
- Utilising skills and resources within the voluntary, community and faith sector works
- Believing in families works

Next Phase

The first phase of the Troubled Families initiative will end on 31st March 2015. An opportunity to extend the programme for a further 5 years has been confirmed by government. Learning from IFIP will shape the delivery of the second phase and should significantly contribute to reducing the numbers of Children in Need, children subject to a Child Protection Plan and those at the 'edge of care'.

"Just don't give up on them. Making a difference to just one member of the family can eventually make a difference to them all."
IFIP Key Worker

CASE STUDY

Will's Story...see me differently

Will is 15 years old and lives with his mother. His father, who is diagnosed with schizophrenia, has moved out of the family home but keeps in regular contact. Will was missing from education and concerns were growing about his involvement in anti-social behaviour through associations with an older group of friends.

Agencies Involved:

*IFIP Team Social Housing Provider Pupil Referral Unit Tranmere Community Project
Rocket Training/ Basetech Youth Service Art Centre GP IFIP Police Secondee*

THE ISSUES:

School attendance- Will's school attendance had been below 85% for 3 years. At the beginning of the academic term he had been moved to a Pupil Referral Unit, which after 2 months he hadn't attended.

Family health problems- Will is medicated for ADHD. His mother has mobility problems and finds it difficult to walk short distances. In addition to schizophrenia, Will's father suffers with Gulf War Syndrome. Their different conditions contributed to their sense of isolation.

Anti-social behaviour- Missing school left Will with a lack of structure to his week and concerns grew about his behaviour in the community. Will's family were worried about the influence the group were having on him but felt powerless to tackle it. Will had become known to the Anti-Social Behaviour Team.

At home- The family are tenants with a social housing provider. Their property was in need of refurbishment and despite numerous attempts by the provider to inspect the property and make arrangements for repairs mother would not engage or give them access to the house. Mother's inability to meet or work with services was contributing to the barriers and isolation the family faced.

WHAT WAS DONE:

Engagement- The Key Worker's first priority was to establish engagement with Will and his family. Knowing that Will's mother had avoided contact with services over several years, the Key Worker took a persistent and consistent approach.

Education- The Key Worker acted on behalf of the Attendance Officer. Working in close contact he negotiated a placement with an alternative education provider on Will's behalf. Initially the Key Worker met with Will everyday at his placement to ensure he participated. Over time they began planning how Will's education would continue.

Anti-social behaviour- Breaking links with the group involved in anti-social behaviour was vital to Will's progress therefore the Family Plan involved participation in local youth groups.

Relationships- Understanding the importance of the relationship between Will and his father, the Key Worker ensured that dad was an integral part of the plan and meetings.

Housing improvements- With mother's permission the Key Worker co-ordinated the inspection and supported mother to manage the arrangements for refurbishment

The hook...not giving up on Will was the key to helping him turn his life around. Dad wasn't ready to give up on him and neither was his Key Worker.

THE OUTCOME:

Education: Will's attendance at the alternative education provider was consistently over 85%. Will has now commenced a 2 year apprenticeship as a Motor Vehicle Technician.

Positive Engagement: Will regularly attends a local arts centre run by the Youth Service and there have been no further concerns about his associations or involvement in anti-social behaviour.

Improved home conditions: Improvements have been made to the family home, including new doors and windows, and mother is more confident in engaging with the housing provider. Will's mother has gained a lot from this experience and is more able to deal with problems when they arise.

Relationships: Will's father continues to play an active and positive role in his life. The Family Meetings gave dad the opportunity to positively reinforce the progress Will has made in taking control of his future.

Reflections on the role of the Key Worker

One of the key learning points from Will's Story, and a feature of most IFIP cases, is a history of non-engagement with services. Will's mother would not engage with her housing provider and after 3 years of pursuit by the Attendance Officer, there had only been one face-to-face contact. Gaining and maintaining meaningful engagement is vital to helping families turn their lives around. IFIP Key Workers have reflected on how this is best achieved:

"Make yourself useful."

"Be persistent...let them know you're not going to abandon them."

"Sometimes you need to be ready to interrupt their cycle of crises."

"Listen to them. Families feel everything is against them, even within their own family. They feel like there's nothing out there for them."

"Explain things to families without jargon. Sometimes the most useful thing I can do is help families navigate their way through services, so that they understand in plain language."

"Keep the momentum going."

"Help them have a voice. Let them experience something different."

"Families need to believe in the services they are offered. A lot of the time they think they have tried it already. Sometimes it's easier for families to stick to what they know and the minute you let them down you lose them."

Managing Allegations

The Role of the Local Designated Officer for Allegations (LADO)

The role is defined in Working Together to Safeguard Children (2013). This outlines the procedures for managing allegations against people who work with children in a position of trust and agencies responsibility to refer all concerns pertaining to professionals to the LADO.

The LADO must be alerted to all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The guidance states that all agencies should have clear policies in line with those from the LSCB for dealing with allegations against people who work with children. This applies to paid and unpaid employees, volunteers, casual, fixed term or agency staff who are commissioned to work for any agency, and those self-employed. The LADO is responsible for considering concerns, allegations or offences emanating from within or outside of work; this also includes issues that may question the suitability of the individual to work with children and young people.

During 2013-2014 significant improvements to the functioning of the LADO role on behalf of the WSCB included:

- Reviewing and amending the procedure of Managing Allegations to incorporate with new recommendations from national fostering regulations, Working Together to Safeguard Children 2013 and Keeping Children Safe in Education 2014.
- Training 25 multi agency professionals on the one day Managing Allegations against Professionals Course
- 98 Foster carers have received a half day training session on Managing Allegations and Safer Working Practices.
- 83 schools professionals were trained on the one day Senior Designated Safeguarding Person Training.
- Delivering 3 briefing sessions for groups of student social workers resulting in a further 32 individuals who have received an overview of the LADO role and Managing Allegations procedure

The LADO continues to be the single point of contact for Children's Services at Multi-Agency Public Protection Arrangement (MAPPA) meetings where an offence against an adult or a child/young person has been committed; this also includes all violent offences in the context of domestic violence.

The LADO also regularly meets with Children's Social Care to ensure appropriate attendance at Level 2 MAPPA's and to contribute to the risk management of offenders scheduled to be released into the community.

The work of the LADO also involves participating in all Level 3 and Level 2 MAPPA meetings without Social Care involvement. In the month ending April 2014, this involved participation in 12 active cases.

Data Collection

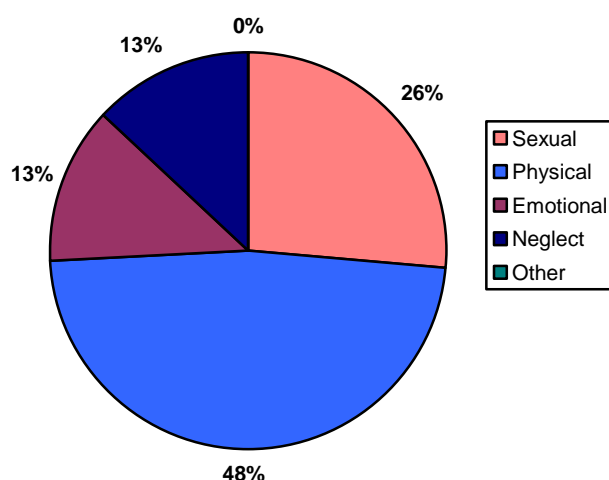
Data with regard to allegations against professionals has been collated by the WSCB since August 2006. During this period the following statistics have been recorded:

Period	Number of Allegations Recorded
August – December 2006	3
January – December 2007	16
January – December 2008	53
January – December 2009	50
January – December 2010	86
January – December 2011	93
January – December 2012	139
January – December 2013	179

As can be seen from the figures above, there is a steady increase in the number of allegations reported to the LADO. During the period 2012 to 2013 there has been a 28.7% increase in allegations which, following initial consultation, have met the threshold to be opened as an Allegation against a Professional case. These cases have been referred from 134 different agencies or departments and represent allegations in relation to Professionals from 159 different settings. It is suggested that this does not reflect an increase in instances of inappropriate behaviour, rather that awareness of the procedures and role of the LADO has significantly improved.

Agencies that have not previously referred allegations to the LADO and have managed allegations within their own setting are now becoming aware of the procedure and the need to consult with the LADO. For every referral that meets the threshold for an allegation against a professional and is opened as a case, there are over 4 cases that are closed after discussion with the LADO, initial consideration and preliminary investigation. This reflects the commitment of local agencies to work together to safeguard Wirral's children and young people.

During 2013, allegations managed by the LADO were categorised as follows:



It is noted that since the introduction of Working Together to Safeguard Children 2013 removed the role of the LADO in cases pertaining to suitability, there are no allegations which fall into the category of other during this period.

The total number of allegations managed by the LADO during 2012 were categorised as follows:

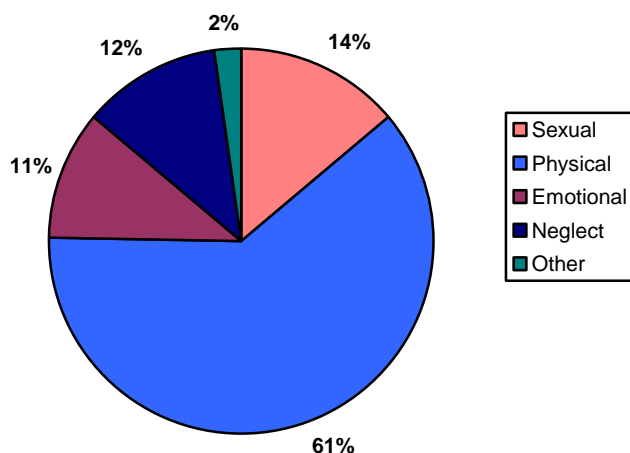


Figure 2: Categories of alleged abuse 2012

During 2011, allegations relating to physical abuse had increased by over a third, but in 2012 they remained static following ongoing training and briefings alerting agencies as to the risks of disproportionate physical intervention and safer working practices when working with children and young people. During 2013, awareness raising regarding proportionate physical intervention priority and as such allegations relating to physical abuse have decreased this year by 13%. It is noted that a number of schools have amended their physical intervention policy this year following the introduction of the Use of Reasonable Force guidance issued by the DfE in July 2013.

Allegations regarding sexual concerns have nearly doubled this year. Although the majority of these allegations relate to non contact offences such as inappropriate electronic social contact, this is concerning and will be a target area for 2014. It is noted that much of this increase has resulted due the increase in non statutory setting referrals.

Allegations recorded in 2013 have resulted in the following outcomes:

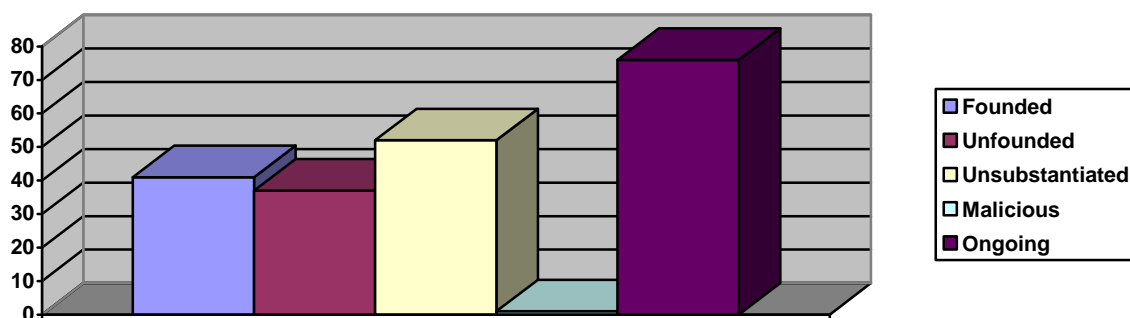


Figure 3: Outcomes of Investigations of Allegations

Those recorded as not ongoing relate to current allegations which continue to be investigated and also include long standing cases that are currently awaiting trial. Allegations, where police investigations are taking place and cases are being considered by the Crown Prosecution Service can result in allegations taking a number of months to conclude.

Following allegations of abuse concerning professionals who work with children and young people that were concluded within 2012, and recorded as founded, the following action was taken:

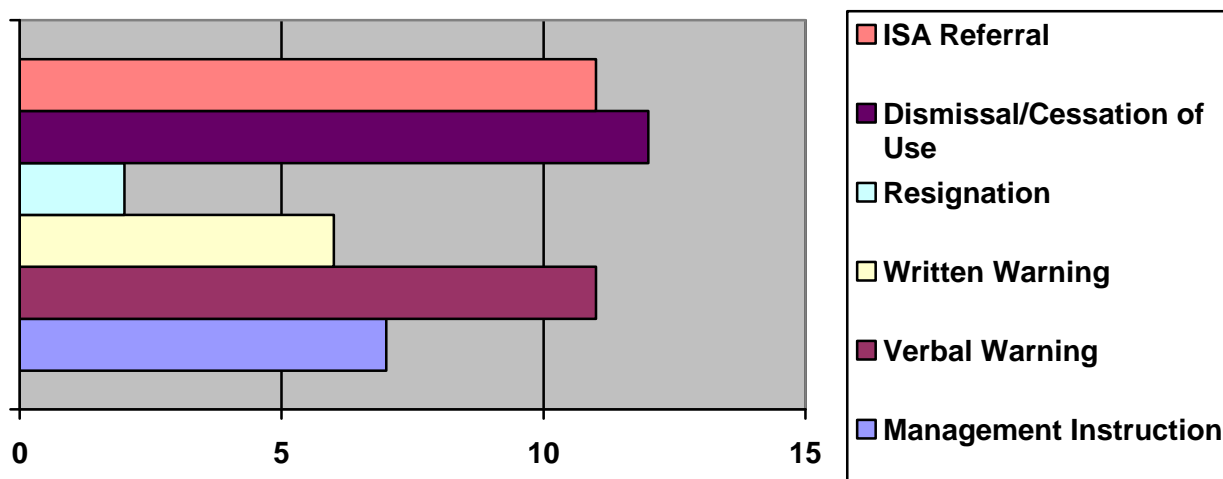


Figure 4: Action taken following investigations

It is noted that there may be further ISA referrals in relation to those where Dismissed/Cessation of use has been implemented whilst awaiting the conclusion of any court action. Also it should be noted the courts are able to auto bar an individual for working with children for life.

Multi Agency Risk Assessment

The LADO is the single point of contact for MAPPAs (Multi Agency Public Protection Arrangements) and provides a set of statutory arrangements for managing sexual and violent offenders (principally those who have committed Domestic Violence). MAPPAs are a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated way.

Agencies come together to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, safeguard children including previous victims, from serious harm. They aim to do this by ensuring that all relevant agencies work together effectively to:

- Identify all relevant offenders – sexual and violent.
- Complete comprehensive risk assessments that take advantage of the co-ordinated information sharing across the agencies,
- Devise, implement and review robust Risk Management Plans and
- Focus the available resources in a way which best protects the public from serious harm through active multi-agency management.

MAPPAs are the mechanism for ensuring that up to date information is shared in a timely manner between agencies which will inform any action that the agencies take as a whole or as individuals to ensure that appropriate safeguards are implemented to minimise risk.

The Ministry of Justice figures show that on 31 March 2012, 55,002 violent and sexual offenders were eligible for management under MAPPAs nationally. This figure includes 40,345 sex offenders.

The Local statistics as at 31 March 2012 for Wirral are shown overleaf:

Wirral 2012	Level 2 Meetings	Level 3 Meetings
Jan – March	49	2
April – June	37	3
July- Sept	45	1
Oct- Dec	51	1

MAPPA Meetings are attended by professionals who are, have, or will be actively involved in the management of the individual upon their release from Prison. Such professionals can include Prison, Probation or Police Officers, Social Workers, Housing Providers, Health related professionals and any other service who can contribute to minimise the risk these individuals may present upon release.

The LADO represents Wirral LA at MAPPA meetings and is responsible for ensuring that any risks to children and young people across Wirral and beyond are the focus of this risk assessment. This is achieved by ensuring that the MAPPA always considers any risks to children and young people as a priority. Children and young people can be those who have been previous victims of the offender, who may be current family members, be the child of any current or future partners or those who may reside in the wider community. They can also include children who may be at risk from an offender’s activity, such as being employed in a position which would provide them with access to children or have access to technology which would increase their ability to abuse children through the internet or other such means.

During MAPPA meetings the LADO will ensure that risk assessments are made and actions agreed to protect children and young people. This can include restrictions that can be implemented to contribute to a reduction in the risk that any released offender may present to children and young people. Consideration may be give to the requirement of the offender to reside at a secure premise for a period of time, restrictions and curfews, signing in times, exclusions from geographical areas. It can also restrict an individual from making contact with a named child or young person or groups as a whole, such as those under 18 years of age.

Prohibitions can be set regarding the individual entering or residing in premises or establishments where young people are, preventions from working with children and young people or prohibiting an individual from having unsupervised contact with children and young people who may be members of their family.

Effectiveness of a coordinated approach

During 2013/2014, a total of 800+ MAPPA Meetings were held on Wirral as part of the multi-agency strategy to manage the risks posed to children and adults from the release of offenders.

WSCB Structure and Governance Arrangements

Statutory Objectives and Functions of WSCB

Section 14 of the Children Act 2004 sets out the objectives of the WSCB, which are to:

- (a) co-ordinate 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) ensure the effectiveness of what is done by each such person or body for those purposes.

Working Together to Safeguard Children (2013) requires the WSCB to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Wirral and to submit the report to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

The WSCB operates as an independent body under the direction of an independent chair and it is not subordinate to any other body. The structure of the WSCB is illustrated on page 80 and the multi-agency membership is shown on page 81.

Relationship between the WSCB, the Health and Wellbeing Board and the Children's Trust

The work of WSCB to safeguard children contributes to the wider goals of the Children's Trust, with particular focus on ensuring children and young people stay safe. The Children's Trust has a role in the planning and development of services for children and young people, whereas the function of WSCB is to quality assure the effectiveness and ensure services are sufficiently well co-ordinated across the partnership to deliver excellence in safeguarding children and young people.

The WSCB is not subordinate to or subsumed by the Children's Trust, it has a separate identity and an independent voice which allows it to challenge and scrutinise the effectiveness of the work of the Children's Trust and its partners. A Memorandum of Understanding exists to clarify and strengthen the relationship between the two bodies.

The relationship between the WSCB and the Safeguarding Adults Partnership Board (SAPB) and the Health and Wellbeing Board and the Children's Trust is defined in a single protocol. The protocol defines each bodies responsibilities and mutual reporting arrangements to help ensure alignment of priority areas of work.

Roles and Responsibilities

The WSCB is led by the Independent Chair. It is the responsibility of the Chief Executive of Wirral Council to appoint or remove the chair with the agreement of a panel including WSCB partners and lay members. The Chief Executive, drawing on other WSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the WSCB.

The Independent Chair holds regular set quarterly meetings with the Chief Executive and also with the Director of Children's Services.

Statutory guidance on the role of the Lead Elected Member and Director of Children's Services was issued by the Coalition Government in March 2012.

The Director of Children's Services and the Lead Elected Member for Children's Services have crucial roles in improving outcomes for children and young people in Wirral: the Director of Children's Services has lead organisational responsibility and the Lead Member is politically accountable for ensuring that the local authority fulfils its legal responsibilities for safeguarding children. The Director of Children's Services is a member both of Wirral Children's Trust and of the WSCB. The Lead Member is Chair of Wirral Children's Trust and is a 'participant observer' of the WSCB. The independent chair of the WSCB also sits on the Children's Trust Board.

All members of the WSCB are accountable to the Independent Chair and the Board for their contribution to the work of the Board, whether they are local authority officers, professionals or lay members. Professional members of the Board both represent and 'hold to account' their own organisations. New members receive induction training and an induction pack and are encouraged to attend WSCB training courses. Members of the WSCB, including all sub committee members attend a joint development day with the Children's Trust held each December. Recent training has included defining Wirral's Early help offer and developing a response to neglect.

WSCB's annual report will be presented to the Health and Wellbeing Board, the Children's Trust and Safeguarding Adults Partnership Board for information, and to the Chief Executive of Wirral Council and the Police and Crime Commissioner. It will be widely disseminated across the partnership and will be publicly available on the wirral.gov website.

Responsibilities of Agencies

Whilst the WSCB has a key role in co-ordinating and ensuring the effectiveness of local agencies in safeguarding children, it is not accountable for their operational work. Each member agency retains its own existing lines of accountability within its service. This means that each organisation is responsible for ensuring that its work is informed by the WSCB and safeguarding activity in undertaken in line with its guidance.

Individual agency responsibilities are defined in Working Together to Safeguard Children 2013. The WSCB monitors the quality and effectiveness of safeguarding in individual organisations, primarily through the Section 11 audit and the wider work of the Board and its committees. These are also the main mechanisms for ensuring agencies cooperate and work together to improve outcomes for children and young people.

Financial Report 2013-14

Expenditure	2012-13	2013-14
Staffing	188 500	171,700
Training	12,000	5,500
Serious Case Reviews	15,000	13,100
Advertising/ Marketing	0	0
Room Hire	9,000	5,500
Operating Costs/ General expenses	12,200	10,700
Total	236,700	206,500
Income	2012-13	2013-14
Children's Social Care	111,500 (includes Child Death Grant)	99,590 (includes Child Death Grant)
CAFCASS	550	550
Merseyside Police	10,000	10,000
Health	30,000	31,800
Connexions	0	0
Probation Service	5,000	5,000
Schools Budget	30,000	30,000
Child Death Grant	(included above)	(included above)
Total	187,050	176,940

The WSCB is supported financially by its member organisations and, when available, by government or other grants. Managing the finances of the WSCB is a difficult process as although *Working Together to Safeguard Children* (2013) states that all LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective, it does not prescribe a funding formula other than to say: “Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies”.

Amounts contributed by partners are agreed through negotiation and the commitment of the individual members that the contributions made remain consistent. Consideration of the finances of the WSCB is a standing agenda item at the Board and expected contributions are considered in light of the WSCB's agreed priorities.

For 2014-15 partner organisations have agreed to increase contributions to support the implementation of Signs of Safety training for the partnership and the introduction of an online Section 11 solution and to make up the shortfall from the budget reserve which has been utilised at the rate of £29,000 per year and is now depleted. The Local Authority is the largest financial donor to the WSCB and continues to ensure the WSCB can meet its financial obligations.

Section 2– Business Plan

2014-15

WSCB Action Plan for 2014-15

Priority One: Domestic Abuse

Children and Adults will live in environments where they feel safe

DESIRED OUTCOMES	ACTIONS	LEAD	COMPLETION DATE
<ul style="list-style-type: none"> • WSCB and SAPB publish a joint children's and adult's domestic abuse strategy which improves partnership understanding, identification and response to Domestic Abuse • WSCB partners develop greater understanding of the impact of DV on children across the partnership • WSCB and SAPB have oversight of effectiveness of domestic abuse strategy across partnership, including early help and intervention 	<ul style="list-style-type: none"> • Establishment of joint WSCB and SAPB Domestic Abuse sub committee 	WSCB Business Manager, Family Safety Unit Manager	July 2014
	<ul style="list-style-type: none"> • Development of procedure and practice guidance for use across continuum of need 	Chair of Domestic Abuse Committee	December 2014
	<ul style="list-style-type: none"> • Development of tools to assess the impact of DV on children and adults 	Chair of Domestic Abuse Committee	December 2014
	<ul style="list-style-type: none"> • Review and evaluation of impact of training 	Chair of Domestic Abuse Committee	January 2015
	<ul style="list-style-type: none"> • Introduction of a launch event and multi-agency training to support the Forced Marriage protocol (including honour based violence and female genital mutilation) 	Chair of Domestic Abuse Committee and Chair of L and D Committee	January 2015
	<ul style="list-style-type: none"> • Sub committee ensures strategy links CADT, MASH and Gateway 	Chair of Domestic Abuse Committee	November 2014
	<ul style="list-style-type: none"> • Introduction of Operation Encompass across Wirral 	WSCB Business Manager	October 2014

	<ul style="list-style-type: none"> • Sub committee develops DV strategy with Public Health and other identified partners 	Chair of Domestic Abuse Committee	February 2015
	<ul style="list-style-type: none"> • Committee reviews MARAC process, governance and functioning, particularly the relationship between MARAC, the MASH, CADT and the Gateway 	Chair of Domestic Abuse Committee	February 2015

Priority Two: Child Sexual Exploitation

Children and young people have healthy and non exploitative relationships and children who are vulnerable are identified quickly and receive help in a timely way

DESIRED OUTCOMES	ACTIONS	LEAD	COMPLETION DATE
<ul style="list-style-type: none"> <i>Workforce and wider community have a greater understanding of signs, symptoms and impact of child sexual exploitation (CSE)</i> <i>Multi-agency working to identify and combat CSE is effective</i> <i>Appropriate support for young people at risk of or victims of CSE is available at the earliest opportunity</i> 	<ul style="list-style-type: none"> Publication of the Protocol for CSE and Merseyside/ Cheshire strategy including referral pathways across continuum 	Chair of CSE Committee	September 2014
	<ul style="list-style-type: none"> Establishment of relationship between MACSE meetings and statutory services 	Chair of CSE Committee and Police	September 2014
	<ul style="list-style-type: none"> Review of multi-agency training and assessment of impact 	Chair of L and D Committee and Catch-22	January 2015
	<ul style="list-style-type: none"> Assessment of readiness of partners to identify and tackle CSE 	Chair of CSE Committee	February 2015
	<ul style="list-style-type: none"> Audit and review of available support to victims of CSE 	Chair of CSE Committee	February 2015
	<ul style="list-style-type: none"> Development of resources to raise awareness of CSE 	Chair of CSE Committee	December 2014
	<ul style="list-style-type: none"> Completion of CSE multi-agency action plan 	Chair of CSE Committee	March 2015

Priority Three: Neglect

Children and young people are protected from the pernicious and corrosive effects of neglect

DESIRED OUTCOMES	ACTIONS	LEAD	COMPLETION DATE
<ul style="list-style-type: none"> WSCB improves partnership understanding and responsiveness to neglect through the published Multi-agency Neglect Strategy 	<ul style="list-style-type: none"> Publication of neglect strategy 	WSCB Manager and Chair of PPP Committee	June 2014
	<ul style="list-style-type: none"> Review and revision of multi-agency Neglect training 	Chair of Staying Safe	October 2014
	<ul style="list-style-type: none"> Review and revision of the Graded Care Profile tool and publication of revised tool 	Chair of PPP Committee	October 2014
	<ul style="list-style-type: none"> Implementation of the Neglect delivery plan 	Chair of Staying Safe	August 2014
	<ul style="list-style-type: none"> Audit of the effectiveness of the training six months after completed review 	Chair of L and D Committee	March 2015
	<ul style="list-style-type: none"> Audit of the effectiveness of the strategy to improve outcomes for children and young people twelve months after publication 	Chair of Performance Committee	June 2015

Priority Four: Learning and Improvement (including training)

People working with children and young people feel confident, competent and equipped to ensure all children are as safe as possible

DESIRED OUTCOMES	ACTIONS	LEAD	COMPLETION DATE
<ul style="list-style-type: none"> WSCB publishes the Learning and Improvement Framework which supports the undertaking and learning from SCR's, CIR's and other reviews and audits WSCB evaluates the effectiveness of multi-agency training through the published Evaluation Strategy WSCB publishes an evidence based multi-agency training plan The WSCB can measure the impact of learning from SCR's 	<ul style="list-style-type: none"> Publication of Learning and Improvement framework and promotion through multi-agency training including process for referring cases for review 	WSCB Manager and SCR Committee	June 2014
	<ul style="list-style-type: none"> Implementation of training Evaluation Strategy 	Chair of L and D Committee	September 2014
	<ul style="list-style-type: none"> Formalising of relationship between SCR, Performance and Learning and Development committees to strengthen learning and dissemination of learning from reviews across the partnership 	Chairs of SCR, Performance and L and D Committees	June 2014
	<ul style="list-style-type: none"> Development of a joint SAPB and WSCB Learning and Improvement framework 	WSCB and SAPB Business Managers	March 2015

Priority Five: Effectiveness of Early Help

Children and young people have their needs identified and effectively responded to as early as possible

DESIRED OUTCOMES	ACTIONS	LEAD	COMPLETION DATE
<ul style="list-style-type: none"> WSCB assesses the effectiveness of Early Help through a published Quality Assurance Framework 	<ul style="list-style-type: none"> Development and publication of an Early Help Quality Assurance Framework linked to revised Performance Management Information including Targeted Services Performance Information 	WSCB Business Manager and Targeted Services Performance Improvement Unit	September 2014
	<ul style="list-style-type: none"> Continued auditing of the quality of Family CAF assessments and outcomes delivered through Team around the Family interventions. 	Chair of CAF QA Group	March 2015
	<ul style="list-style-type: none"> Undertake audit of the quality of a selection of Team Around the Family episodes. 	Chairs of Performance Committee and CAF QA Group	March 2015

Priority Six: Signs of Safety

Children and young people in need of help and protection have their needs responded to through an effective framework for identifying strengths and risks and implementing plans which improve outcomes

DESIRED OUTCOMES	ACTIONS	LEAD	COMPLETION DATE
<ul style="list-style-type: none"> WSCB introduces and implements the Signs of Safety approach to safeguarding children which demonstrates improved outcomes for children and young people 	<ul style="list-style-type: none"> Specification for contract developed and advertised 	WSCB Manager and Contracts Manager	July 2014
	<ul style="list-style-type: none"> Provider commissioned to facilitate implementation meeting and deliver multi-agency training Signs of Safety roll out plan developed and overseen by Learning and Development sub committee 	WSCB Manager and Chair of L and D Committee	January 2015 (for roll out)
	<ul style="list-style-type: none"> Impact of Signs of Safety added to 15/16 audit cycle (impact on practice, quality of plans and outcomes) 	Chair of Performance Committee	August 2014 (audit calendar finalised)

Priority Seven: Supporting Safeguarding in Wirral

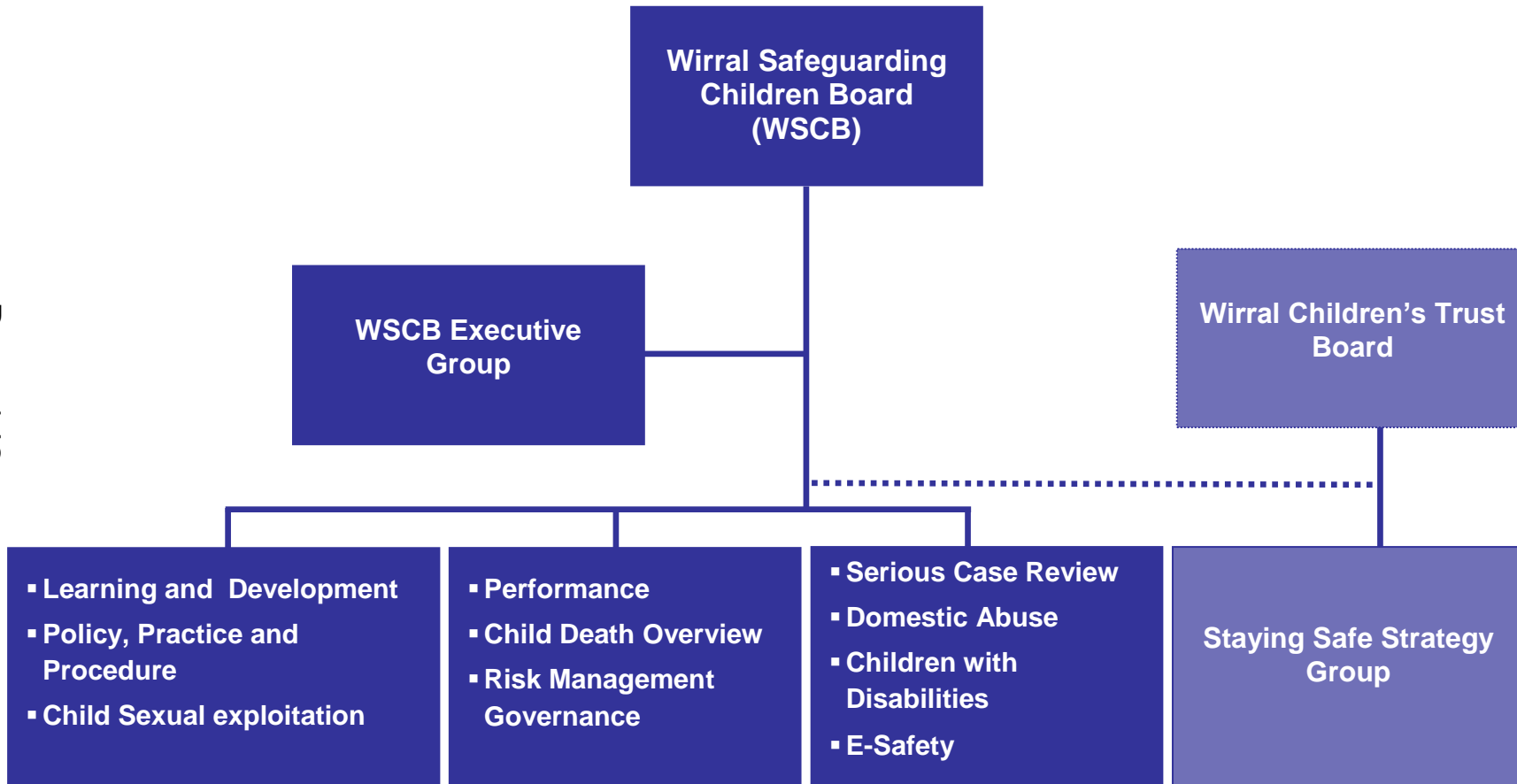
Children and young people benefit from a strong partnership approach which ensures that safeguarding is everyone's responsibility

DESIRED OUTCOMES	ACTIONS	LEAD	COMPLETION DATE
<ul style="list-style-type: none"> WSCB identifies safeguarding themes across partnership and focuses on areas for development which support professional practice and community awareness 	<ul style="list-style-type: none"> Contribute to partnership (Children's Trust, health and Wellbeing Board) strategies & plans 	Independent Chair	March 2015
	<ul style="list-style-type: none"> Measure safeguarding effectiveness across organisations through the new online Section 11 solution and engagement with non-statutory partners and community groups. Responding to the findings from the 13-14 Section 11 audit 	WSCB Manager	January 2015 (for launch of tool)
	<ul style="list-style-type: none"> Evaluate the establishment of the MASH 	MASH Implementation Group	December 2014
	<ul style="list-style-type: none"> Triangulate safeguarding competency through use of practitioner and young people and families feedback 	WSCB Manager	March 2015
	<ul style="list-style-type: none"> Establish a young person's safeguarding sub committee and ensuring the voice of the child is clearly heard throughout practice 	WSCB Executive	January 2015
	<ul style="list-style-type: none"> Develop the website as a community safeguarding asset through partnership with the LA and raise the profile of the WSCB 	WSCB Manager	September 2014 (updated website)

	<ul style="list-style-type: none"> identify opportunities to collaborate with the SAPB e.g. through establishment of a domestic abuse sub committee 	Corporate Safeguarding Manager and WSCB and SAPB Managers	March 2015
	<ul style="list-style-type: none"> Review the assessment and response to cases where fabricated illness is a significant factor 	Task and Finish group	January 2015
	<ul style="list-style-type: none"> Consider the response to the Saville report and review policies and procedures in light of findings and recommendations 	Chair of the PPP Committee	December 2015
	<ul style="list-style-type: none"> Continue to respond to safeguarding issues and themes including e-safety, vulnerable groups and child death overview 	Chairs of sub Committees and WSCB Manager	March 2015
	<ul style="list-style-type: none"> Evaluate impact of weekly safeguarding updates 	WSCB Business Manager	December 2015

Section 3– Appendices

Appendix One –	WSCB Structure
Appendix Two –	WSCB Membership
Appendix Three –	WSCB Committees and Achievements
Appendix Four –	Glossary of terms



- Bernard Walker Independent Chair
- Julia Hassall Director of Children's Services, CYPD
- Simon Garner Corporate Safeguarding Manager
- Emma Taylor Head of Specialist Services, CYPD
- Amanda Bennett Designated Doctor-Safeguarding Children
- Sandra Christie Director of Quality and Nursing, Community Trust
- Debbie Hammersley Designated Nurse-Safeguarding Children (CCG)
- Lisa Cooper Assistant Director of Nursing, Quality & Safety NHS England
- Jill Galvani Director of Nursing and Midwifery WUTH
- Vicki Shaw Borough Solicitor
- David Robbins WSCB Business Manager
- Sheila Clark Area Service Manager, Connexions
- Deborah Gornik Head of Targeted Services, CYPD
- Bev Morgan Link Forum
- Steve Dainty Primary Schools Representative
- Paula Waring Special Schools Representative
- Phil Sheridan Secondary Schools Representative
- Lorna Quigley Interim Chief Operating Officer NHS Wirral CCG
- Paula Simpson Head of Quality and Nursing, Wirral Community NHS Trust
- Avril Devaney Director of Nursing, CWP
- Andrea Hughes Deputy Director of Nursing, CWP
- Mandy McDonough Lead Nurse for safeguarding Children and Adults, WUTH
- Tony Smith Councillor, Lead Member
- Jane Harvey Public Health Consultant, NHS Wirral
- Sue Blevins Strategic Service Manager-HR, CYPD
- Rosie Goodwin Assistant Chief Executive, Merseyside Rehabilitation Committee
- David Metherell Senior Manager, Merseyside Probation Trust
- Richie Davies Superintendent, Merseyside Police
- Catherine Court Deputy Principal, Wirral Metropolitan College
- Paul Murphy Group Manager, Merseyside Fire and Rescue
- Anne Steel Head of Housing, Wirral Methodist HA
- Michelle Evans Service Manager, CAF/CASS
- Trish Jaggard Lay Member
- Mandy Hope WSCB Business Administrator

The Executive Group**Purpose**

The Executive Group was formed in 2010 and brings together the Chairs of each of the committees, the Director of Children's Services and a number of senior representatives from key agencies. The group was formed to enable more effective communication between the committees and the Board and to reduce the growing number of responsibilities held by the WSCB.

Priorities

- To receive quarterly progress reports from each of the sub committees
- To ensure the Board progresses the WSCB Business Plan
- To set the agenda for the WSCB
- To undertake awareness-raising and public relations functions
- To support the links to the Children's Trust, the Safeguarding Adults Partnership Board, the Health and Wellbeing Board and other influential board's and forums.
- To closely monitor performance and resources in light of recent and on-going cuts

Performance Committee**Purpose**

The Performance Committee monitors and evaluates the effectiveness of multi-agency safeguarding practice and has a responsibility for undertaking Critical Incident Reviews.

Priorities

- To oversee completion of multi-agency and single agency action plans in relation to Serious Case and Critical Incident Reviews To undertake Critical Incident Reviews as necessary
- To lead and complete the WSCB's annual audit plan and provide reports for the WSCB and partnership
- To develop a framework that has clear and measurable outcomes based on national and local performance indicators

Achievements 2013-14

- ✓ Completed follow up parental mental health and impact of training audit
- ✓ Developed and published the Learning and Improvement Framework with the SCR committee
- ✓ Reviewed multi-agency and single agency action plans
- ✓ Completed audit of quality of core assessments and child protection plans
- ✓ Developed frontline practitioner questionnaires including neglect and escalation
- ✓ Published new terms of reference
- ✓ Completed audit of use of the escalation procedure
- ✓ Published audit plan for 2014-15

Serious Case Review Committee

Purpose

The Serious Case Review Committee makes recommendations to the WSCB Chair on the need for SCRs. They are responsible for overseeing the production, publication and quality assurance of SCRs. If a SCR is agreed by the Independent Chair, an SCR panel is established comprised of core members of the Committee as well as Quality Assurance senior officers from the agencies involved.

Priorities

- To manage and oversee any arising serious case reviews
- To advise on appropriate levels for reviews
- To implement the Learning and Improvement Framework
- To improve learning from SCR's and CIR's
- To review the formal processes for SCR's and undertake regular committee meetings as well as case specific panel meetings

Achievements 2013-14

- ✓ Developed and published the Learning and Improvement Framework with the Performance committee
- ✓ Established the group as a permanent committee
- ✓ Oversaw publication of the Child 2 CIR
- ✓ Set the multi-agency action plan for the Child 2 CIR
- ✓ Developed and disseminated learning from SCR's

Policy, Practice and Procedures Committee

Purpose

The Policy, Practice and Procedures Committee have responsibility for providing staff with guidance in line with national and local requirements.

Priorities

- To oversee the management of the online procedures
- To continue to have lead responsibility for providing multi-agency guidance
- To approve new safeguarding guidance
- To monitor and report on the implementation of inter-agency procedures and processes

Achievements 2013-14

- ✓ Approved and published new and updated procedures including Forced Marriage Protocol; CSE protocol; Sexual Health Policy; Medically Fit for Discharge Policy; Learning and Improvement Framework; Single Assessment; Managing allegations guidance

Child Sexual Exploitation Committee

Purpose

The CSE committee is responsible for ensuring agencies work together to ensure children are protected from being sexually exploited. The CSE Committee also has responsibility for monitoring the effectiveness of the response to children who go missing from home or care and who may be the most vulnerable to sexual exploitation.

Priorities

- To develop an infrastructure to support an effective response to child sexual exploitation
- To ensure children and young people who are experiencing or at risk of sexual exploitation are identified and provided with effective integrated services
- To ensure awareness of child sexual exploitation is raised in communities leading to a decrease in incidence
- To ensure activity related to child sexual exploitation is successfully disrupted leading to the successful prosecution of offenders

Achievements 2013-14

- ✓ Commissioning of multi-agency training
- ✓ Membership of the National Working Group for CSE
- ✓ Contribution to pan Merseyside protocol and working – commended by the Office of the Children’s Commissioner
- ✓ Publication of learning resources
- ✓ Publication of awareness raising resources
- ✓ Contribution to the Who’s Looking Out for the Teenagers? event
- ✓ Awareness raising work undertaken with taxi drivers
- ✓ Roll out of agencies self check assessment

Domestic Abuse Committee

Purpose

The Domestic Abuse Committee has been established to support the Domestic Abuse priority area agreed by the WSCB. The committee will have strategic oversight of all aspects of work undertaken to combat domestic abuse. The scope of the group will extend across children’s and adult’s services and will include domestic violence, forced marriage, female genital mutilation and honour based violence.

Priorities

- To devise the multi-agency domestic abuse strategy across children’s and adult’s services
- To provide strategic leadership and co-ordination to all aspects of multi-agency working
- To ensure appropriate high quality services exist for victims and potential victims of domestic abuse in all its forms
- To work with other sub committees to develop and disseminate learning

Achievements 2013-14

- ✓ Committee is newly established

Child Death Overview Panel

Purpose

The Child Death Overview Panel collects, collates and evaluates information about the deaths of children in Wirral, seeking to identify learning through preventable or modifiable factors.

Priorities

- To review, in accordance with Working Together statutory guidance, all child deaths in Wirral
- To contribute to and ensure smooth running of the Merseyside CDOP partnership
- To produce an annual report on Child Deaths, which is submitted to the national review
- Chairs of Merseyside CDOPs to progress a joint CDOP panel in order to promote efficiencies and enable more effective analysis of trends. This will involve piloting new processes and structures.

Achievements 2013-14

- ✓ Held Safe Sleeping launch event which was very well attended
- ✓ Designed, as part of Merseyside CDOP, a series of multi-agency learning sessions
- ✓ Contributed to publication of quarterly and annual reports detailing work of the Merseyside CDOP

Learning and Development Committee

Purpose

The Learning and Development committee plan, designs, delivers and evaluated multi-agency WSCB training as well as monitoring the effectiveness of single-agency training across the borough.

Priorities

- To provide a comprehensive and relevant multi-agency training calendar
- To review the effectiveness of multi-agency training
- To develop the training competency framework
- To undertake quality assurance observations of both single and multi-agency training
- To ensure lessons from SCR's are disseminated through training
- To develop, oversee and manage the annual training needs analysis (TNA)
- To ensure a robust training evaluation strategy exists

Achievements 2013-14

- ✓ Developed safeguarding competency framework
- ✓ Developed IT based Training Needs Analysis
- ✓ Led briefings on competency framework and TNA for operational and strategic managers across the partnership
- ✓ Established learning from SCR's and other reviews as standing agenda item
- ✓ Developed multi-agency training pool
- ✓ Devised evaluation strategy

e-Safety Committee

Purpose

The e-Safety Committee monitors child safety issues related to Information Communication Technology, advising in respect of education, training and expectations of agencies and employees.

Priorities

- To develop a response model for partners to use when dealing with e-Safety incidents
- To use the response model to establish a system for monitoring e-Safety incidents across the borough
- To update policies/procedures/guidance available on the WSCB website
- To undertake projects related to social media, guidance, training and workshops for professionals, organisations, parents/carers and young people

Achievements 2013-14

- ✓ Reviewed e-safety in schools with professionals group of teachers
- ✓ Designed, with young people from a school, a keep IT leaflet and video
- ✓ Established pathway with Merseyside Police for sharing e-safety concerns
- ✓ Set work plan including activities for Safer Internet day

Children with Disabilities Committee

Purpose

The Children with Disabilities Committee ensures that the needs of those with complex needs are considered and accommodated in all aspects of safeguarding.

Priorities

- To scrutinise and test how existing policies, procedures and protocols address the needs of disabled children
- To identify gaps in service development and commissioning for children with disabilities
- To inform the WSCB of training needs of staff and support the development of training
- To provide advice and guidance to WSCB committees, as a 'critical friend'

Achievements 2013-14

- ✓ Completed audit of the quality of service received by children with a disability
- ✓ Reviewed and updated the WSCB Children with Disabilities training
- ✓ Designed and completed questionnaires with families
- ✓ Led completion of a learning action from a critical incident review
- ✓ Designed draft register for children with a disability and guidance

Risk Management Governance Group

Purpose

The Risk Management Governance Group utilises multi-agency partnerships to monitor and support cases where children and young people are identified as posing a high risk to others.

Priorities

- To continue to monitor and support individual cases as required, involving frontline practitioners in the review process

Achievements 2013-14

- ✓ Reviewed 25 young people who are at most risk of failing to achieve short term and long term positive outcomes.

Staying Safe Strategy Group – Joint sub committee with the Children’s Trust

Purpose

The Staying Safe Strategy Group serves both the WSCB and the Children’s Trust. Its function is to promote the availability of safeguarding services in Wirral and to ensure that all agencies understand their accountability in relation to safeguarding practice.

Priorities

- To participate in the local planning and commissioning of services for children in Wirral
- To ensure safeguarding is widely promoted across the partnership
- To ensure children are safe at home, at school and in the community
- To ensure children in care are safe and supported
- To review the effectiveness of early intervention processes and monitor thresholds across the partnership

Achievements 2013-14

- ✓ Completed actions from the Children and Young People’s plan
- ✓ Contributed to the 2014-16 Children and Young People’s plan and set partnership reporting schedule
- ✓ Contributed to restructure of the Children’s Trust

Appendix Four

Glossary

CADT	Central Advice and Duty Team – <i>‘front door’ into children’s social care</i>
CAF (FCAF)	(Family) Common Assessment Framework – <i>early help assessment</i>
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group – <i>commission health services</i>
CDOP	Child Death Overview Panel – <i>reports on every child death</i>
CIN	Child in Need – <i>social care intervention to ensure child’s needs are met</i>
CIR	Critical Incident Review – <i>review of a case to provide learning</i>
CP	Child Protection – <i>social care intervention to ensure child is kept safe</i>
CSE	Child Sexual Exploitation – <i>child(ren) exploited by adults for sex</i>
CTB	Children’s Trust Board – <i>set local strategy to help all children thrive</i>
CWP	Cheshire and Wirral Partnership NHS Foundation Trust
CYPD	Children and Young People’s Department – <i>local authority children’s services</i>
DA	Domestic Abuse – <i>wide term for all aspects of domestic oppression</i>
DBS	Disclosure and Barring Service – <i>undertake criminal record checks</i>
DV	Domestic Violence
FGM	Female Genital Mutilation – <i>illegal practice of female circumcision</i>
FM	Forced Marriage
FSW	Family Support Worker – <i>helps families who experience difficulties</i>
HBV	Honour Based Violence – <i>crimes committed to defend ‘honour’</i>
HWBB	Health & Wellbeing Board – <i>local body to set strategy to improve wellbeing</i>
IFIP	Intensive Family Intervention Programme – <i>helps most troubled families</i>
IRO	Independent Reviewing Officer – <i>ensure plans for children are robust</i>
JSNA	Joint Strategic Needs Assessment – <i>identifies health and wellbeing needs</i>
LADO	Local Authority Designated Officer for Allegations
LP	Lead Professional – <i>leads a multi-agency intervention for a child</i>
LSCB	Local Safeguarding Children Board – <i>statutory lead body for safeguarding</i>
MAPPA	Multi-agency Public Protection Arrangements – <i>management of offenders</i>
MARAC	Multi-agency Risk Assessment Conference – <i>to discuss risks to DV victims</i>
MASH	Multi-agency Safeguarding Hub – <i>enables rapid information sharing</i>
MFC/ MFH	Missing from Care/ Home
OFSTED	Office for Standards in Education – <i>inspects children’s services and LSCB’s</i>
QA	Quality Assurance
S11	Section 11 (of the Children Act) – <i>organisations safeguarding responsibilities</i>
S17	Section 17 (of the Children Act) – <i>criteria for Child in Need</i>
S47	Section 47 (of the Children Act) – <i>criteria for Child Protection</i>
SAPB	Safeguarding Adults Partnership Board – <i>adult services version of the WSCB</i>
SCR	Serious Case Review – <i>review undertaken by LSCB’s</i>
SUDC	Sudden Unexpected Death of a Child
SUDI	Sudden Unexpected Death of an Infant
SWAN	Social Work Assessment of Need – <i>social care led assessment</i>
TNA	Training Needs Analysis – <i>annual survey to assess training needs</i>
VCF	Voluntary, Community and Faith – <i>term for all non statutory agencies</i>
WT 2013	Working Together to Safeguard Children 2013 – <i>statutory guidance</i>
WSCB	Wirral Safeguarding Children Board – <i>our local LSCB</i>
WUTH	Wirral University Teaching Hospital NHS Foundation Trust
YOS	Youth Offending Service

WIRRAL COUNCIL

Families and Wellbeing Policy and Performance Committee

9 September 2014

SUBJECT:	Safeguarding Adults
WARD/S AFFECTED:	All Wards
REPORT OF:	Director of Adults Social Services
RESPONSIBLE PORTFOLIO HOLDER:	Councillor Christine Jones
KEY DECISION?	

1.0 EXECUTIVE SUMMARY

This Wirral Safeguarding Adults Partnership Board (SAPB) annual report considers the work of the Board over the last two years. This includes how partner agencies work together to protect the safety of vulnerable adults. The report covers national developments with regard to safeguarding adults, the Board's role and governance arrangements and the work of its sub groups. The report includes information on safeguarding activity and outlines the contribution partners have made in their own organisation, to assure themselves that safeguarding practices are in line with procedures and best practice. The report provides the key objectives going forward for 2014/15.

2.0 BACKGROUND AND KEY ISSUES

2.1 The SAPB publishes an annual report on the effectiveness of safeguarding adults at potential risk of harm in the local area. The annual report should be published in relation to the preceding financial year and should fit with Local Authorities planning, commissioning and budget cycles. The report should include lessons from reviews undertaken within the reporting period and provide details of how partner agencies are meeting their safeguarding responsibilities.

3.0 RELEVANT RISKS

- 3.1 If the functions of the SAPB were no longer delivered there would not be any oversight of the effectiveness of activities to promote safeguarding. Organisations could not be held to account for the quality of their service and co-ordination of activity would be lost. Consequently, it is highly likely that any future inspection by the Care Quality Commission (CQC) would conclude that this was indicative of poor performance which would potentially lead to significant Government intervention and reputational risks.

4.0 OTHER OPTIONS CONSIDERED

- 4.1 The Care Act 2014 draft statutory guidance on Adult Safeguarding is still in a consultation phase and has yet to confirm if an annual report will be an expectation in future. At this stage, provision of a report in this way provides a consistent approach across the Safeguarding Boards for adults and children.

5.0 CONSULTATION

- 5.1 Partner agencies are significant contributors to the content of this report and the work of the Board.

6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS

- 6.1 None.

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 7.1 Voluntary, Community and Faith Groups are represented on the SAPB and play a key role in developments.

8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 8.1 The SAPB has no formal budget. The Care Act 2014 statutory guidance is proposing to include an expectation that partner agencies will contribute resources to support the work of the Board.

9.0 LEGAL IMPLICATIONS

- 9.1 'No Secrets' (2000) advocated for the development of Multi Agency Management Committees (Adult Protection). The Care Act 2014 places a requirement on Local Authorities to have an Adults Safeguarding Board. The statutory guidance for adult protection is due to be issued in April 2015. The SAPB has been part of the consultation on this draft guidance.

10.0 EQUALITIES IMPLICATIONS

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

Yes

11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS

11.1 None.

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 None.

13.0 RECOMMENDATION/S

13.1 That Committee notes this report and considers how it can support the Board's plans to safeguard adults.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 The Committee receives this report to consider the effectiveness of adult safeguarding in the local area.

REPORT AUTHOR:

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APPENDICES:

Appendix 1

Safeguarding Adults Partnership Board Annual Report 2012-2014

BACKGROUND PAPERS/REFERENCE MATERIAL

BRIEFING NOTES HISTORY

Briefing Note	Date
N/A	

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

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SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2012 - 2014



CONTENTS

Foreword	page 02
Working Together Locally	page 03
Safeguarding Adults Partnership Board Subgroups	page 07
National Developments	page 09
Adult Safeguarding Activity	page 11
Case Reviews	page 20
Key Achievements and Future Priorities	page 22
Learning & Development Activities	page 23
Appendix 1 SAPB Business Plan 2013 - 2015	page 25
Appendix 2 SAPB Partner updates	page 32

FOREWORD

This is an extremely important report as making sure that anyone who may be at risk of abuse of any sort is safe is a key priority for all communities. Regular and high profile media coverage provides ample evidence of this.

It describes the work over the past two years of the organisations who are members of the Safeguarding Adults Partnership Board in Wirral and outlines the plans that are in place for the next twelve months. During this period the implementation of the Care Act 2014 will mean that for the first time there is a statutory framework for safeguarding adults.

Looking back over the period covered by the report one of the most significant initiatives it describes is the involvement in a national initiative, Making Safeguarding Personal. This emphasised the importance of

- providing better information to people needing safeguarding about how professionals would take forward the safeguarding process;
- helping people to identify the outcomes they wanted and influence the way these could be achieved.

Looking forward the Care Act requires Safeguarding Adult Boards to consider

- community awareness of adult abuse and how to respond;
- what individuals who have experienced the process say;
- what front line practitioners say about implementing policies and procedures;
- feedback from Local Healthwatch, people who use care and support and carers, community groups, advocates, service providers and other partners;
- how successful adult safeguarding is at linking with other parts of the system, for example children's safeguarding, domestic violence, community safety;
- the effectiveness of training carried out in the area and analysis of future need;
- how well agencies are co-operating and collaborating.

The work plan for the next twelve months reflects these priorities. There's an enormous amount to do but the efforts of the past two years described in this report provides a foundation for this. I look forward to working with all concerned and reporting back on our progress in the next annual report.

Bernard Walker
Independent Chair
Wirral Safeguarding Adults Partnership Board

June 2014

WORKING TOGETHER LOCALLY

Our Mission

The Wirral Safeguarding Adults Partnership Board is the multi-agency partnership that leads the development of safeguarding adults work in Wirral. The main purpose of the Board is to safeguard adults who are aged 18 and over and who are, or may be, eligible for community care services and because of their age, disability or illness are not able to effectively protect themselves from abuse or neglect. Wirral Safeguarding Adults Partnership Board seeks to ensure that all adults at risk in Wirral are able to live free from the fear of abuse, neglect, harm and exploitation.

The Board will promote a culture of positive learning and best practice across agencies and promote engagement with the wider communities of Wirral.

The Board will work to ensure adults who may be at risk are supported to enable them to exercise their rights, to live as independently as possible, and to receive access to appropriate information, care and support, protection and justice.

Membership includes representation from the main statutory agencies including Health Organisations, the Police, Housing, the Independent and Voluntary Sector, Probation and the Fire service.

For 2014 - 2015 the board has agreed the following six key objectives:

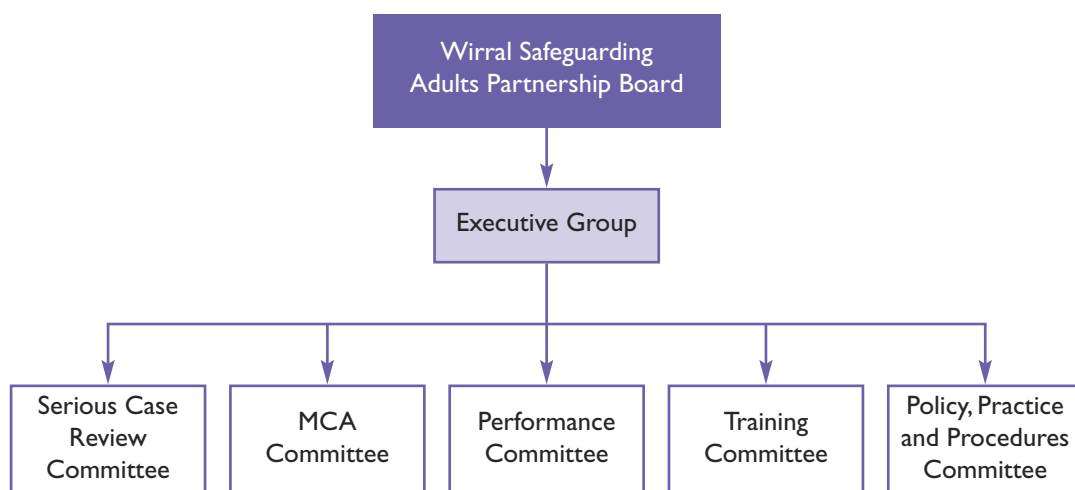
- To improve the functioning and accountability of the Safeguarding Adults Partnership Board
- To strengthen joint working arrangements between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children Board
- To develop a system for the completion of Case Reviews including the dissemination of learning across all Partners
- To ensure the workforce is adequately trained in order to undertake their responsibilities in relation to Safeguarding Adults
- To agree and implement a robust Quality Assurance Framework across the partnership for Safeguarding Adults
- To develop a Communication & Engagement strategy for the board to enable effective engagement with all stakeholders and local communities and to raise awareness of the work of the board

For further detail on the work to be undertaken by the board you can see the full SAPB Business Plan in Appendix One.

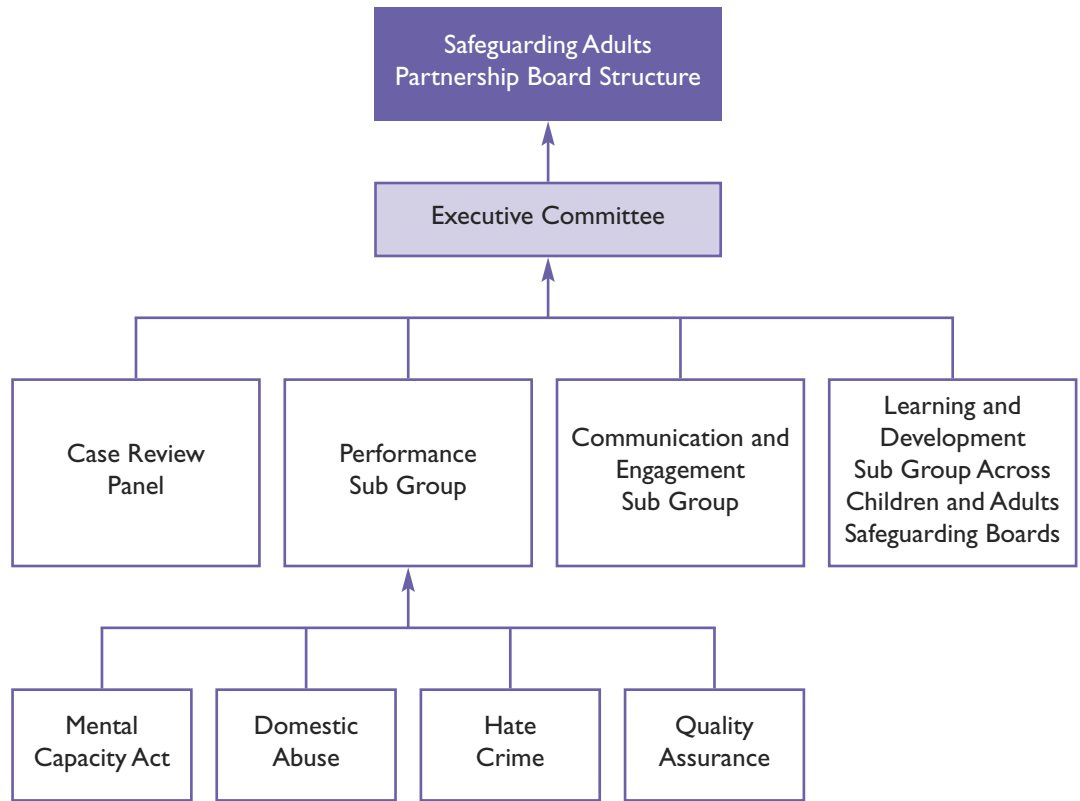
Role and Governance of the Wirral Safeguarding Adults Partnership Board

The Wirral Safeguarding Adults Partnership Board has a strategic role in determining policy and co-ordinating activity between organisations. The Board is chaired by an independent person and supported by the Safeguarding Adults Partnership Manager within the Department of Adult Social Services, within a clear governance structure.

The SAPB has been operating within structure 1 (shown below) for a number of years however following significant developmental work undertaken by the Board the structure will change from April 2014 to that shown over the page as structure 2. This will enable the Board to better meet the statutory requirements and responsibilities as set out in the Care Act 2014.

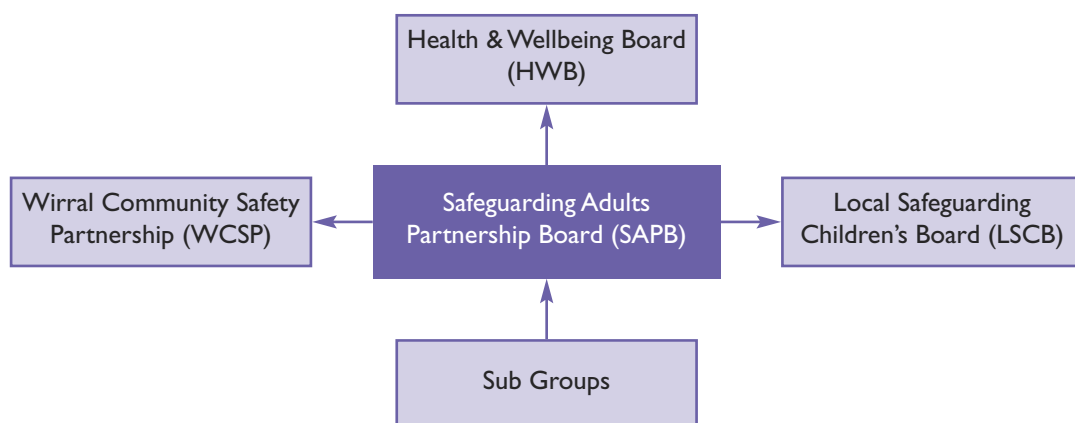


Structure 1 - Wirral Safeguarding Adults Partnership Board Structure



Structure 2 - Wirral Safeguarding Adults Partnership Board Structure post April 2014

The structure below demonstrates the lines of reporting to and from the Board.



SAPB Governance and Reporting Structure

SAFEGUARDING ADULTS PARTNERSHIP BOARD SUBGROUPS

The Board is supported by a number of subgroups which are accountable to the Board for progressing and delivering the priorities set out in its Business Plan.

The subgroups are:

- Case review
- Performance
- Communications and Engagement
- Learning and development

The chairs of the subgroups are also members of the Board and the Board's Executive Committee which is responsible for coordinating the work of the subgroups and supporting the Board.

Case Review subgroup

This group focuses on leading the process of reviewing serious and critical incidents but meets regularly to ensure a programme of work takes place to embed the learning from such cases locally and nationally and to monitor the completion of actions and recommendations by individual agencies.

Performance subgroup

This group focuses on a number of areas including the development of a Quality Assurance & Performance Framework for the board alongside developing and revising multi-agency safeguarding policies and procedures. It meets regularly to consider performance in relation to safeguarding activity on the Wirral.

Communications and Engagement

This is a newly formed group which is responsible for developing and implementing a strategy for raising the profile of adult safeguarding in the community and partnership, and particularly the work of the Board.

Learning and Development

The Multi-Agency Safeguarding Learning and Development group is committed to working in partnership to develop and provide learning and development solutions that support improved knowledge and practice of employees and volunteers and the experiences of Adult at Risk and their carers. The group is a joint group working across both Children and Adult safeguarding.

All activities provided through this group are included in the Multi-Agency Safeguarding Development Plan and can be found via this link <http://www.wirral.gov.uk/my-services/social-care-and-health/im-worried-about-someone/training>

During the two year period of April 2012 - March 2014 over 2,800 of the workforce (both paid and voluntary) across Wirral have accessed Adult Safeguarding training courses.

SAPB Attendance 2012 - 2014

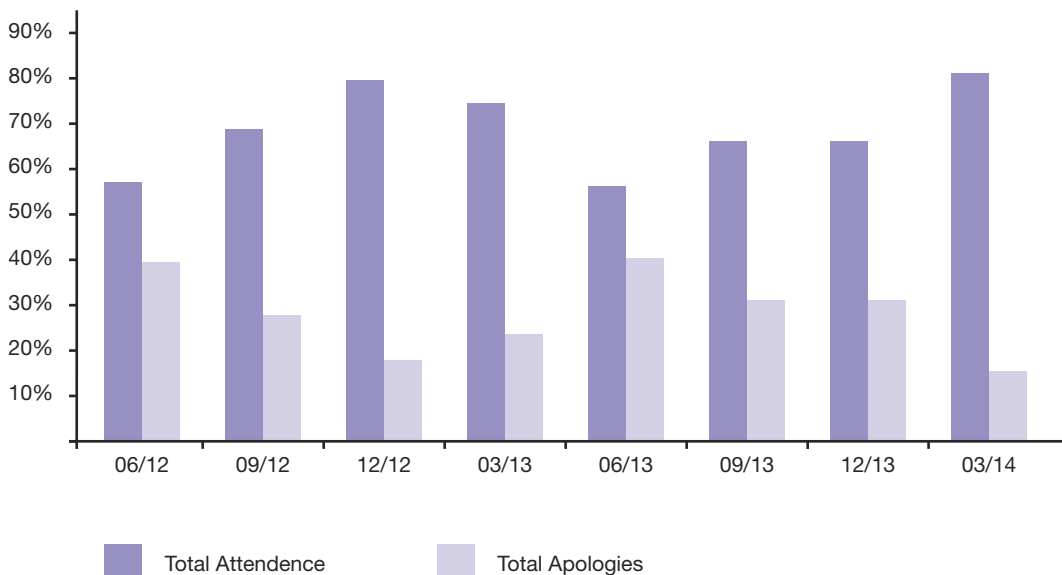
The key to a successful Safeguarding Adults Partnership Board is the active participation by a wide range of local services working within the Adult Health & Social Care economy. The Wirral SAPB is proud to have over 20 services represented on the Board with 70% average attendance over the last two years. In light of the Care Act 2014, however, the membership of the board will be reviewed in the near future.

Adult Safeguarding Unit

The Adult Safeguarding Unit is a team located in the Council's Department of Adult Social services and carries out work on behalf of the Board.

This includes:

- Coordinating multi-agency responses to abuse and harm in care home settings and other institutions and in domestic settings where paid staff are involved
- Supporting social workers to coordinate responses to abuse and harm in domestic or community based settings
- Providing advice and support to partner agencies and promoting best practice
- Monitoring the implementation of multiagency policies and procedures
- Support to the Board and the Chair
- Providing the Adult Local Authority Designated Officer function



NATIONAL DEVELOPMENTS

Adult Safeguarding and the Care Act 2014

In May 2014 the Care received Royal assent. The safeguarding adults' element comes into effect in April 2015. The statutory guidance in relation to this aspect of the act is currently out for consultation up to the 15th August 2014, and Wirral SAPB will be playing an active part in the consultation.

The following points relate to adult safeguarding:

The Act sets out the first statutory framework for adult safeguarding. The Local Authority as the lead organisation will have the responsibility for convening statutory safeguarding adults' board with core membership from the police and NHS organisations. The Board's role is to develop shared strategies for safeguarding and report to local communities on progress. The Local Authority will be empowered to make safeguarding enquiries into suspected cases of abuse or neglect. Safeguarding adults' boards will be responsible for carrying out safeguarding adults reviews where an adult with care and support needs experiencing abuse or neglect dies or there is concern about how one of its members conducted itself in the case.

Winterbourne View

The Panorama programme, broadcast on 31st May 2011, highlighted serious abuse and poor standards of care at Winterbourne View, a private hospital for people with learning disabilities in Bristol. This has led to a Serious Case Review, a report and recommendations from the Department of Health and a national review of similar institutions by the Care Quality Commission. The Board has considered the reports on national developments and recommendations and has received assurance about the local action in response.

Equality and Human Rights Commission: Close to Home

In October 2011, the Equality and Human Rights Commission (EHRC) published their inquiry into older people and human rights in home care. The enquiry examined the extent to which the human rights of older people who require or receive home care are promoted and protected by public authorities, together with the adequacy of the legal and regulatory framework.

The report raised issues related to the provision of advice for people who employ personal assistants; ensuring human rights are considered within assessments, procurement and commissioning of home care; improving consumer information and overcoming barriers that older people experience in raising concerns or making complaints.

**Equality and Human Rights Commission:
Hidden in plain sight - Inquiry into
disability related harassment**

In September 2011, the Equality and Human Rights Commission (EHRC) published a report from its inquiry into disability-related harassment, 'Hidden in plain Sight'. The inquiry showed that the harassment of disabled people a serious problem which needs to be better understood. Public bodies need to recognise the extent and impact of harassment and abuse on disabled people, take action to prevent it in the first place and intervene effectively when it does.

Domestic Homicide Reviews

Domestic homicide reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act 2004. Reviews, which came into force in April 2011, focus on the deaths of those aged 16 and above resulting from violence, abuse or neglect by a relative, a member of the same household or someone with whom the victim has or had previously had an intimate personal relationship. Governance for DHRs is the responsibility of the Community Safety Partnership and in the past two years there have been 3 DHR's on the Wirral. Both the SAPB and LSCB have agreed to a single domestic violence sub group of both boards to work on improving multiagency and community responses to this issue and better prevention.



ADULT SAFEGUARDING ACTIVITY 2012 - 2013 and 2013 - 2014

The Safeguarding Adults Partnership Board recognises that quantitative data does not reveal the human experience of the people to whom it relates, but reliable data collection, analysis and reporting systems can provide a useful picture which can inform the Board and partner agencies of how well the service is operating and what needs to change and develop. It can tell us what abuse is being reported, how it is being dealt with and what the outcomes are for people who experience and perpetrate abuse, whether intentional or not.



In this report:

- An **Alert** is a phone call or fax sent to Wirral Council's Central Advice and Duty Team (CADT) or out of hours Emergency Duty Team in which the caller expresses a concern that an adult at risk is or may be a victim of abuse;
All such alerts are assessed in the first instance by the CADT Safeguarding Social Worker and the relevant Team Manager;
- A **Referral** is defined as the progression of an alert that has been initially assessed in this way, when it has been judged appropriate to implement Wirral's inter-agency Safeguarding Adults Procedures;
- An **Investigation** is the careful gathering and examination of information that occurs following a strategy discussion between appropriate partner agencies involved, in order to look into the concerns/allegations.

For the purposes of this report the performance data will be illustrated for each one year period rather than a combined two year period.



Safeguarding Alerts by source

A total of 2662 safeguarding alerts were received during the period 1st April 2012 - 31st March 2013: this represents a significant increase on the previous reporting period of 131%. The increase in safeguarding alerts on the 2011 - 2012 period can be attributed to development work undertaken by the Board and the Safeguarding Team to support a greater awareness and understanding of safeguarding issues and the process to raise alerts. Such developments included the introduction of a threshold document, location of dedicated Adult Social Workers within the Central Advice and Duty Team and the introduction of a dedicated

team for monitoring the quality of provision of care in residential and nursing homes. During 2013 - 2014 a total of 2746 safeguarding alerts were received.

Tables 1a and 1b show that the largest numbers of referrals were made by Residential Care Staff followed by other professionals working across the health and social care sector. This indicates a good level of awareness by individuals working within this sector in relation to what constitutes abuse and neglect. It also shows recognition of the responsibility to report concerns, knowledge of how to respond in the first instance and the confidence to do so.

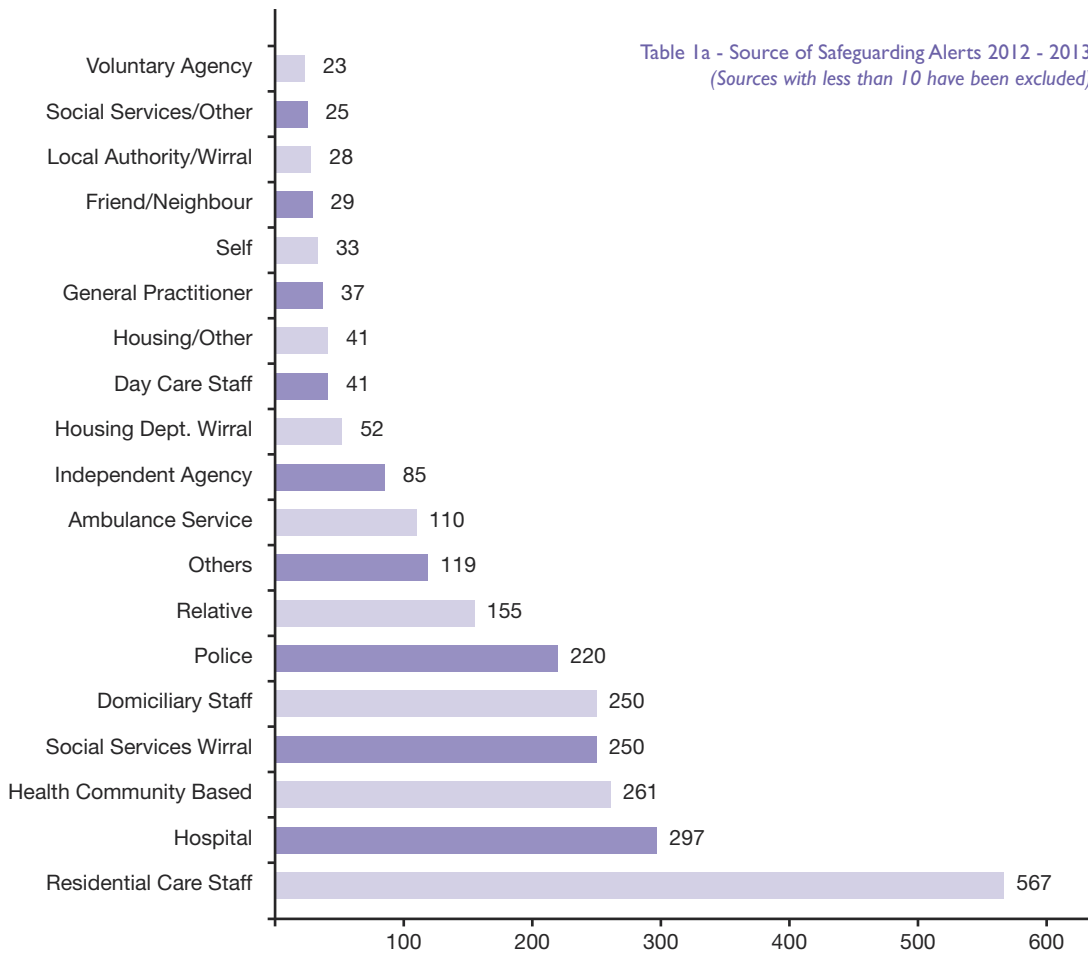
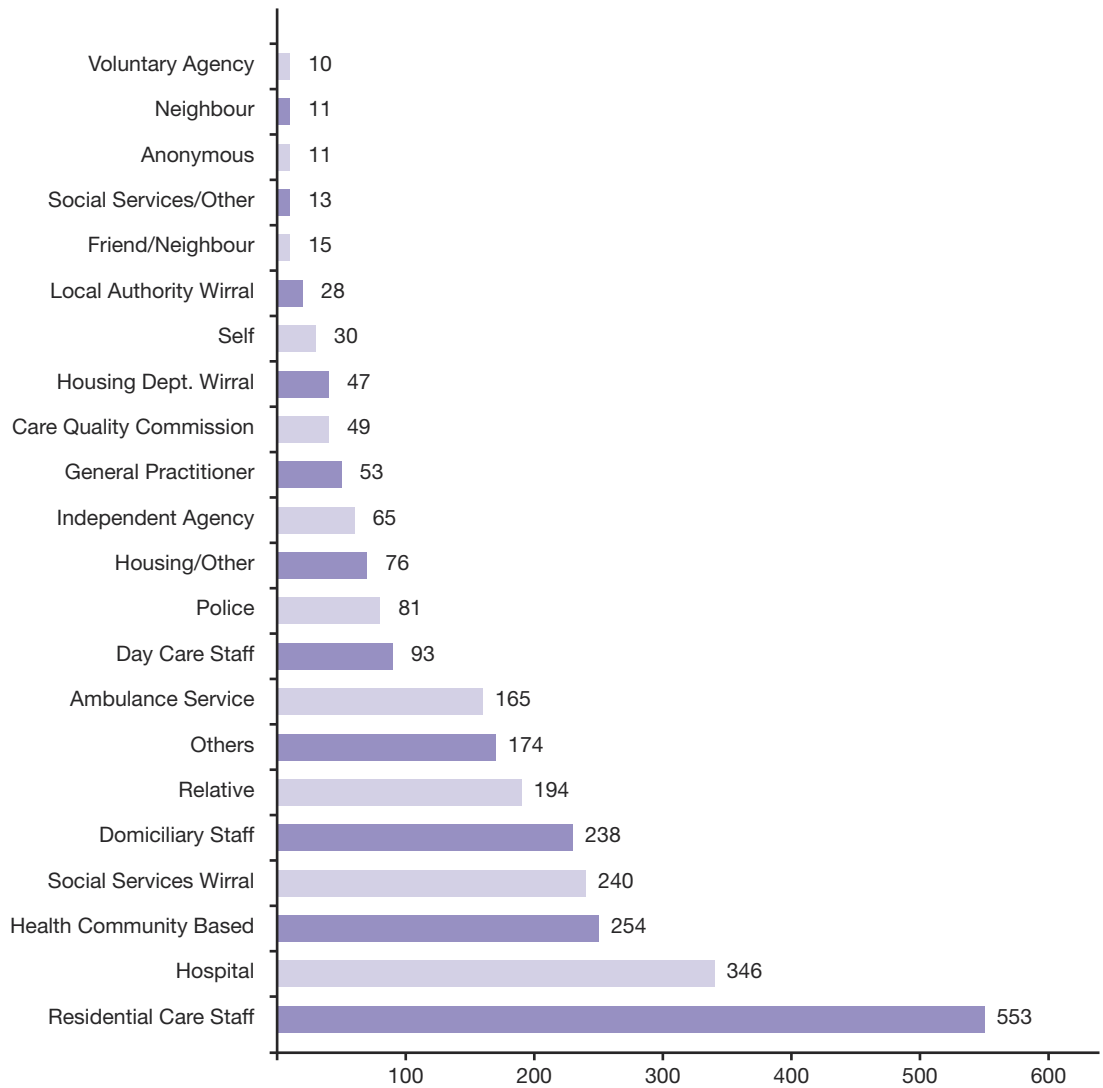


Table 1b - Source of Safeguarding Alerts 2013 - 2014



Safeguarding Alerts by Service User category

Table 2a and 2b provide a breakdown of Safeguarding Alerts by Service user Category and shows that the greatest number of alerts across both years concern those aged 65 years or over, followed by those with learning disabilities. The percentages for with those physical and/or sensory disabilities and mental health issues have remained largely consistent year on year. This data is not significantly different from the previous reporting period (2011 - 2012) and reflects the picture nationally.

Table 2a - Safeguarding Alerts by Service User Category 2012 - 2013

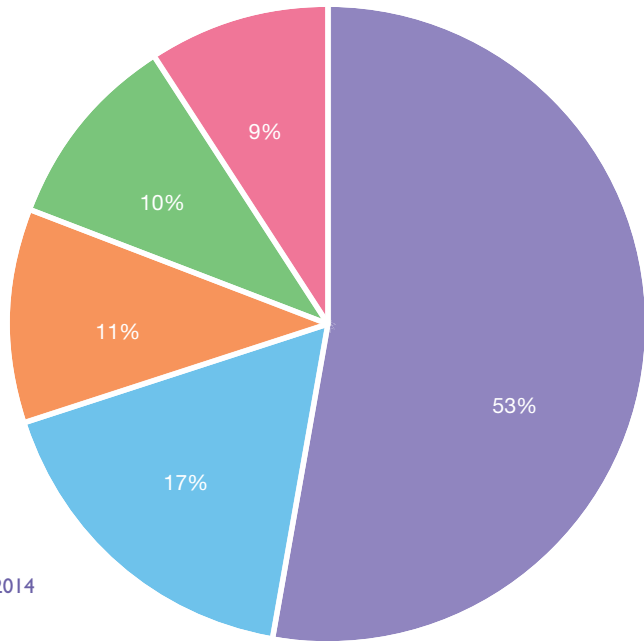
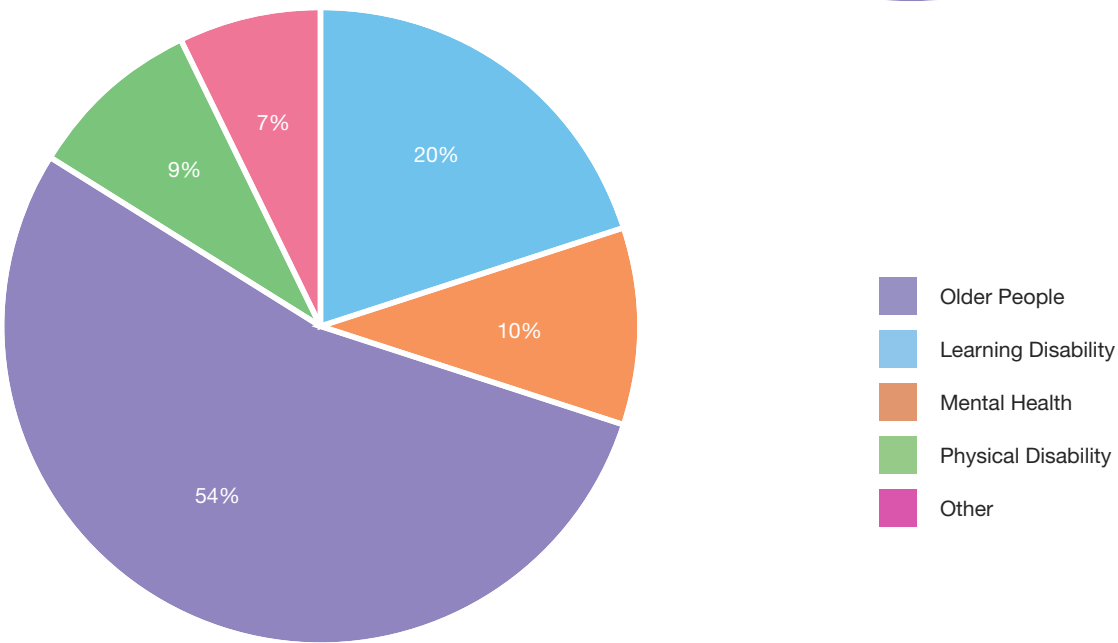


Table 2b - Safeguarding Alerts by Service User Category 2013 - 2014



Excludes sources with less than 10 alerts

Safeguarding Alert Outcomes

Tables 3a and 3b show that just under half of all safeguarding alerts resulted in an Adult Protection Assessment taking place. The majority of the alerts in both years that did not lead to a safeguarding assessment led to other actions, for example care management or review.

Table 3a - Safeguarding Alert Outcomes 2012 - 2013

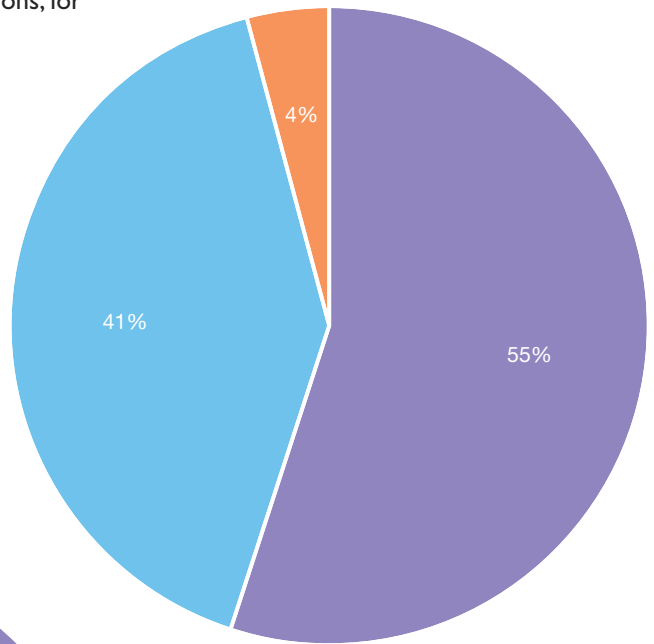
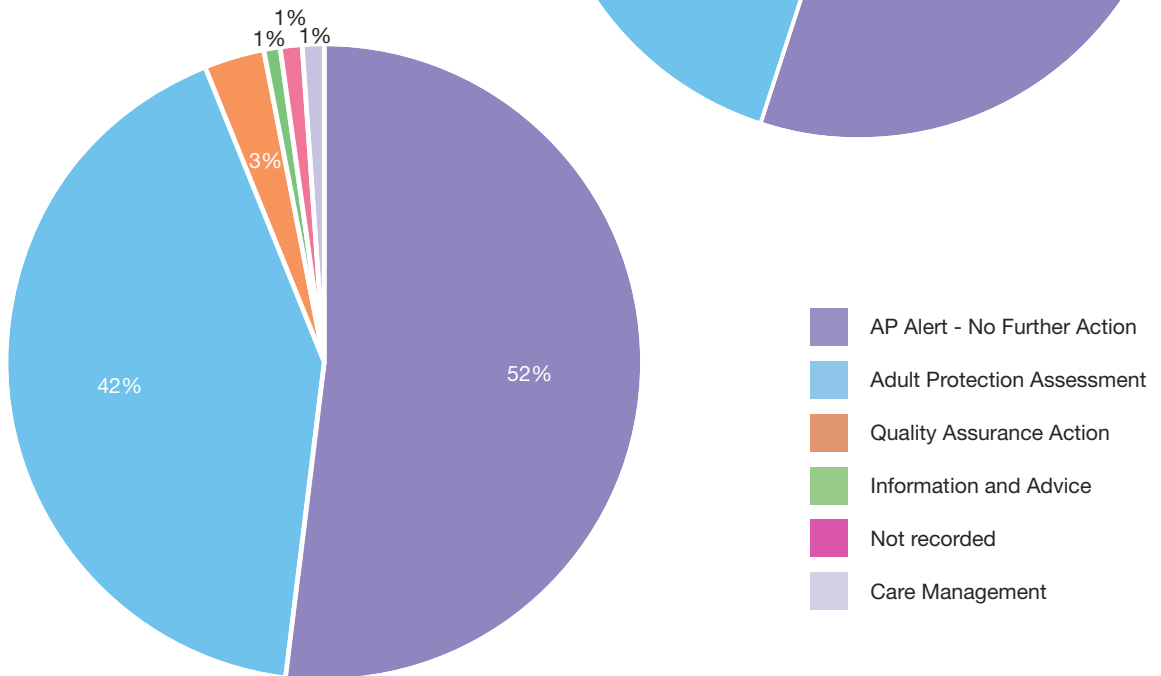


Table 3b - Safeguarding Alert Outcomes 2013 - 2014

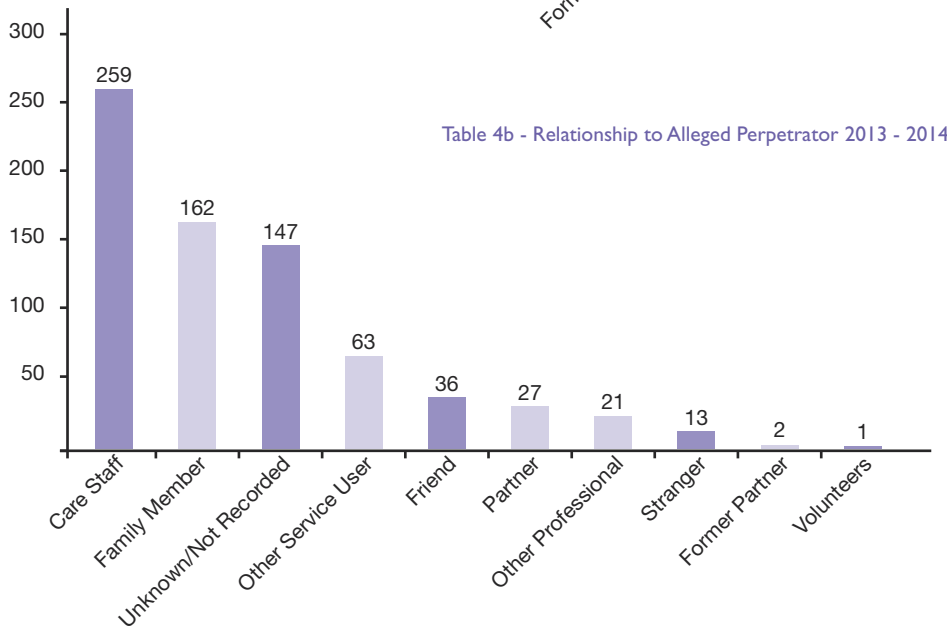
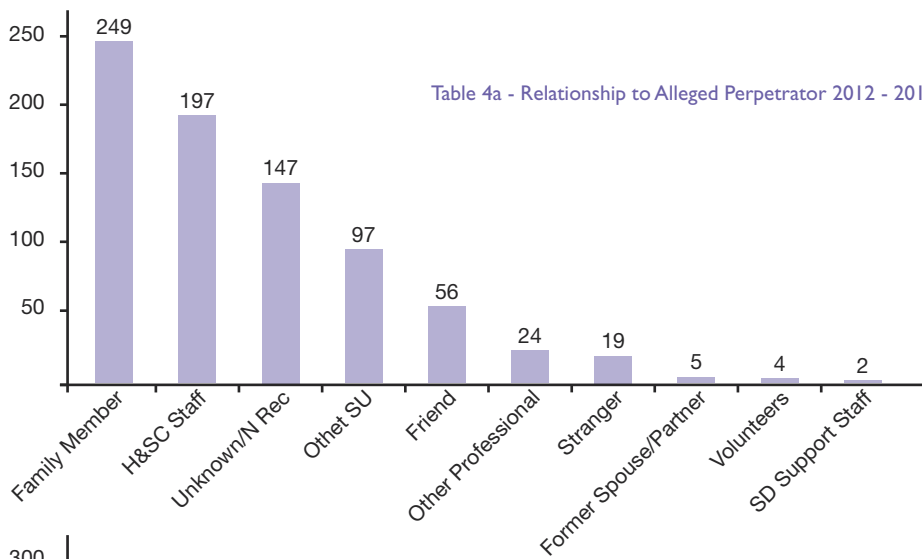


Excludes those outcomes with less than 1% of overall total

Relationship of Victim to Alleged Perpetrator

Tables 4a and 4b show that in 2012 - 2013 the highest percentage of alleged perpetrators were family members of the alleged victim. In 2013 - 2014 there was a shift in this and highest percentage were members of health or social care staff. It is also worth noting that a significant

number of alleged perpetrators were 'other service users' who lived or spent periods of time with the alleged victim and who may also have their own safeguarding needs. This can offer a challenge to services in ensuring that the needs of 'all' Service Users' are considered and met appropriately for their own safety and the safety of others.



Safeguarding Investigations Outcomes

Of the 248 safeguarding referrals in 2013 - 2014 34% progressed as a Safeguarding Investigation. Whilst the percentage of referrals moving to 'Investigation' has remained consistent with the 2012 - 2013 data (33%) there has been a considerable increase in the numbers of those cases that are being 'Closed with Protective Measures'. Tables 5a shows that 67% of all Investigations concluded with this outcome where as in 2012 - 2013 this outcome equated to only 34% of the overall outcomes. In 2013 - 2014 there was a decline in the percentage of referrals moving to 'Initiate Conference' from

15% down to 8%. It could be suggested that there is a direct relationship between the changes in the figures for these two outcomes specifically however there needs to be further consideration and analysis before they can be fully understood. It is intended that this aspect of safeguarding practice will form part of a piece of audit work due to be undertaken over the summer within DASS.

It is important to note that there has been a significant decrease in those investigations that were 'Case Closed No Further Action' from 42% in 2012 - 2013 to 21% in 2013 - 2014.

Table 5a - Investigation Outcomes 2012 - 2013

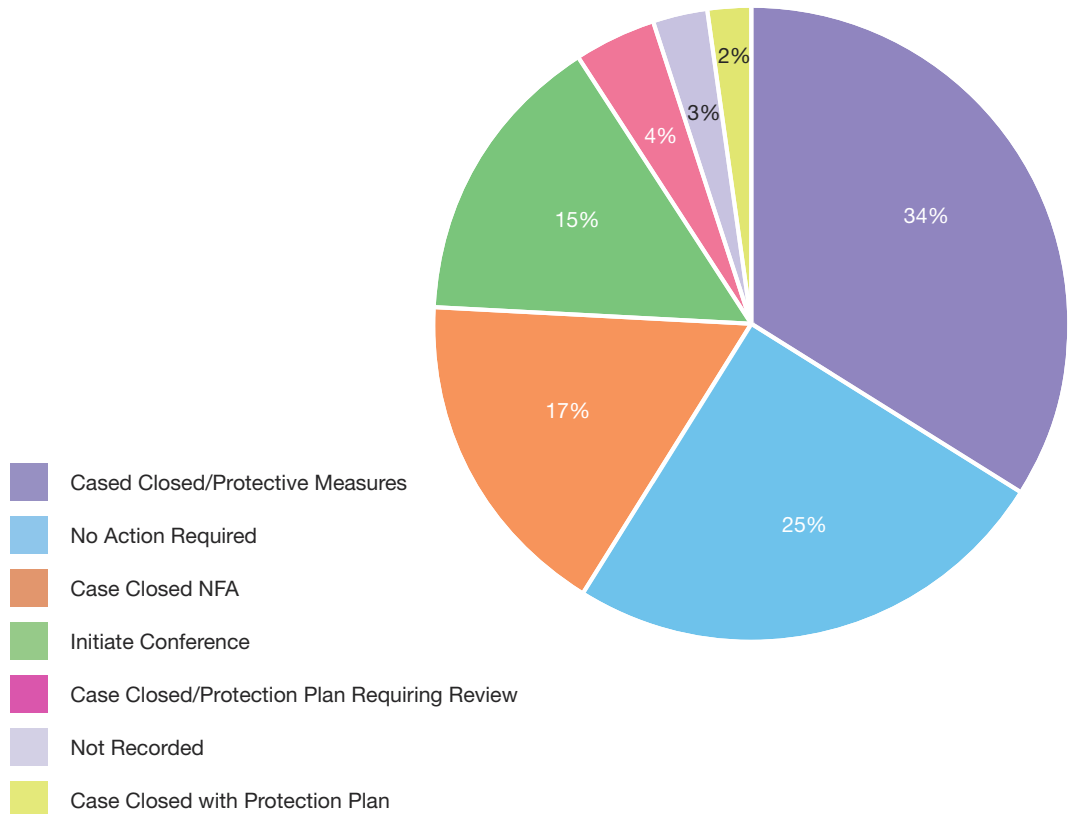
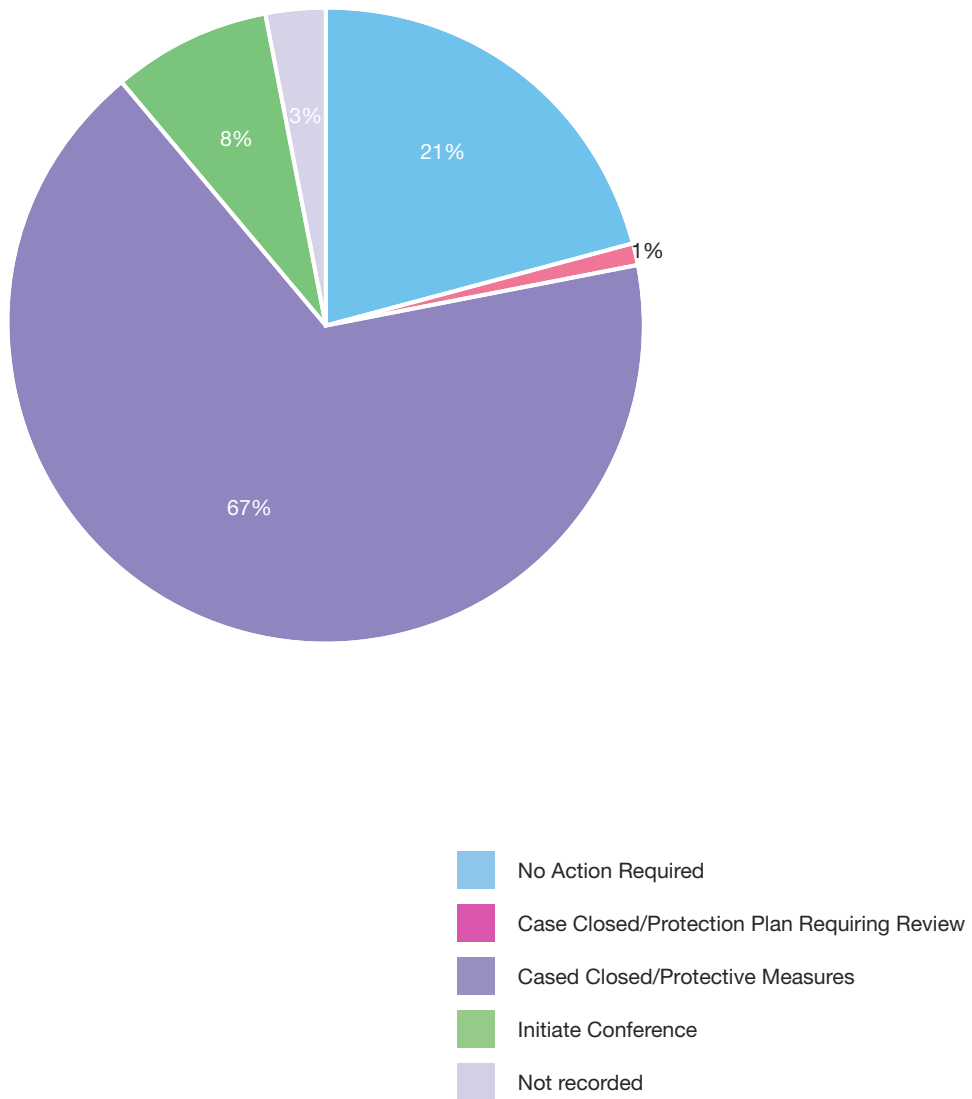


Table 5b - Investigation Outcomes 2013 - 2014



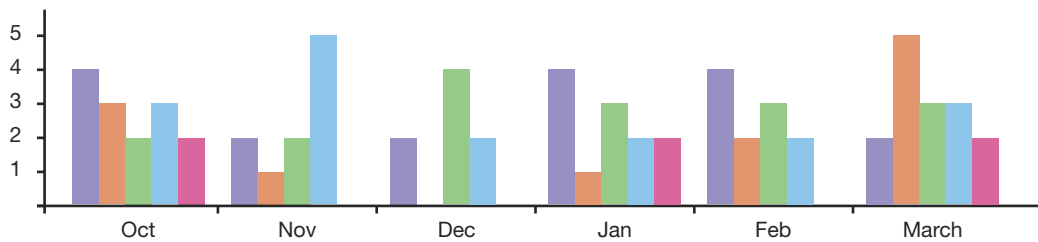
Adult Local Authority Designated Officer (ALADO)

Wirral has a specific Adult Local Authority Designated Officer (ALADO) role. The ALADO policy has been in place and has been adopted across the safeguarding partnership since September 2012.

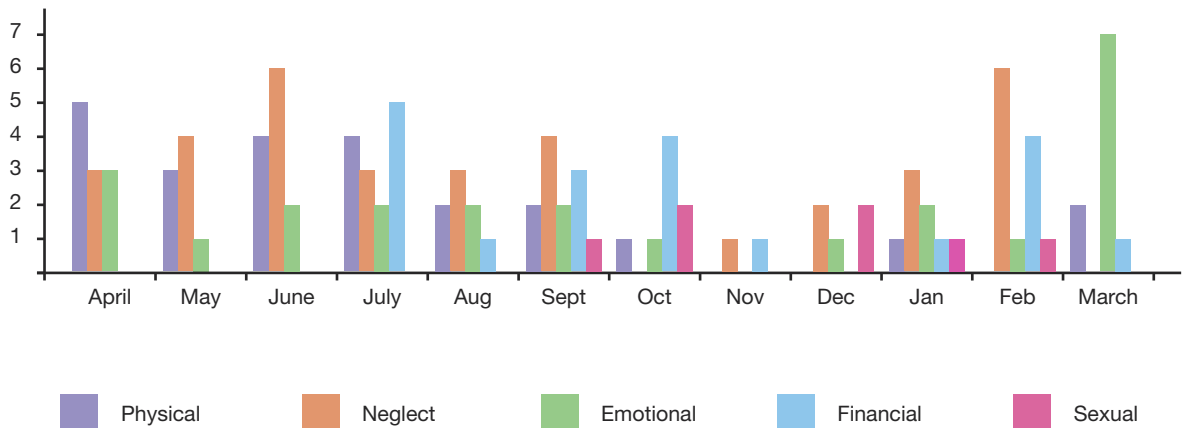
The data below represents the ALADO activity since the inception of the policy to the 31st March 2014. In total there have been 180 cases referred to and overseen by the ALADO. The largest numbers of cases related to Neglect with the lowest in relation to Sexual abuse.

The purpose of the policy is to ensure transparency and co-ordination in the management of alleged perpetrators who are staff, volunteers or carers working with Adults at Risk.

ALADO October 2012 - March 2013



ALADO April 2013 - March 2014



CASE REVIEWS

A Serious Case Review (SCR) is not an inquiry or investigation into how an adult died or was abused or harmed. Neither is it a means of apportioning blame or deciding who is culpable. These issues are a matter for other processes. An SCR is instead a process of critical and reflective learning, designed to lead to improved outcomes for people who use services.

Whilst there have been no Serious Case reviews in Wirral over the last two years there have been two critical incident reviews.

In case one, an elderly 'adult at risk' was admitted to hospital with a benzodiazepine overdose. The individual passed away soon after and the circumstances of the case suggested there may have been issues in relation to the care she received from a relative. An independent review was undertaken and a full report presented to the Wirral SAPB in June 2012.

The second case involved an 'adult at risk' who was being cared for in a nursing/residential home for a short period of respite following illness and to enable adaptations to be made to their home. During this stay the individual developed pressure sores and due to deterioration in their condition was transferred to a local hospital where they passed away. An independent review was undertaken and a full report presented to the Wirral SAPB in March 2013.

The recommendations from both of the reviews included;

- Adherence to Multi-Agency Safeguarding Procedures
- Communication between professionals
- The importance of timely and comprehensive assessments, and
- Safeguarding Refresher training for all agencies.

Detailed action plans taking forward the recommendations from these reports and the learning for individual agencies is to be presented to the Board Executive in September 2014.

Going forward the Case Review sub group of the board will play an active role in the monitoring of all Case Review Action Plans.

Wirral Safeguarding Adults Partnership Board is committed to developing a culture in which greater opportunities for learning are sought and the most effective processes are in place to support that learning. In order to do this a Learning Improvement Framework is currently being developed for use across all partnership agencies.

Learning Lessons

The Case Review sub group for the board will play an active role in the monitoring of all Case Review Action Plans.

Wirral Safeguarding Adults Partnership Board is committed to developing a culture in which greater opportunities for learning are sought and the most effective processes are in place to support that learning. In order to do this a Learning Improvement Framework is currently being developed for use across all partnership agencies.



KEY ACHIEVEMENTS AND FUTURE PRIORITIES

- During 2012 a Safeguarding Peer Review was undertaken by the Local Government Association. The findings recognised the improvements made in the previous twelve months in relation to Adult Safeguarding but offered guidance on the further developments required locally. Over the 2012 - 2014 period Wirral's Department for Adult Social Services and key partners have made great strides in improving the quality and quantity of safeguarding work using the Peer Review recommendations as a basis for this work
- The Local Authority Designated Officer model for the supervision of allegations made against staff has been adopted by the partnership and lead by Adult Social Services on the Wirral. Consequently policy, guidance and training have been designed and implemented to support this approach. Service providers response to this policy has been especially positive
- An Independent Chair for both the Adult and Children's was appointed in June 2013 and is viewed as a positive move forward in bringing together, where appropriate, safeguarding approaches for both groups
- During this time the SAPB has undertaken a full review of its form and function in order to ensure it is 'fit for purpose' and able to meet the requirements of Adult Safeguarding Boards under the Care Act 2014. The new structure will be operational from April 2014
- In 2013 Wirral was one of only 52 Local Authorities nationally to volunteer to participate in the 'Making Safeguarding Personal' pilot. The response to this pilot locally has been extremely positive with participants reporting an increased ability to influence the outcome of safeguarding investigations based on their own wishes and feelings. The pilot has provided a positive foundation on which to develop person centred approaches to safeguarding adults over the next twelve months.

LEARNING AND DEVELOPMENT ACTIVITIES

The following is an overview of training and development activities that have taken place together with details of the attendance of partner agencies' employees and volunteers.

Wirral Council Department of Adult Social Services (DASS) has provided a range of

activities for its employees and partner agencies. All activities provided are included in the Multi-Agency Safeguarding Training Courses Booklet <http://www.wirral.gov.uk/my-services/social-care-and-health/im-worried-about-someone/training>

The following training activities have taken place during the period April 2012 to March 2014.

Agency	Number of Attendees	Training Activity and Level
Department of Adult Social Services (DASS)	253 (2012 - 2013) 231 (2013 - 2014)	Dignity in Care, Level A, Essential Pathways to Safeguarding, Level B, MCA/DoLS Safeguards for Managing Authorities Levels B and C, MCA/MHA and Inherent Jurisdiction, Level B, Mental Capacity Implementing the Toolkit, Level B, Positive Risk Taking, Level B, Safeguarding Investigator, Level B, Safeguarding Process Training, Level B, Safeguarding Theatre Workshop, Level A,
Independent sector, voluntary, community and faith sector, health Further Education, Merseyside Fire and Rescue, Police and other Council Department	641 (2012 - 2013) 625 (2013 - 2014)	Safeguarding basic Awareness (face to face) and booklet, Level A, Safer Recruitment, Levels B and C, Dignity in Care, Level A, Essential Pathways to Safeguarding, Level B, MCA/DoLS Safeguards for Managing Authorities Levels B and C, Mental Capacity Implementing the Toolkit, Level B, Positive Risk Taking, Level B,
All agencies	785 (2012 - 2013) 256 (2013 - 2014)	Safeguarding E-learning

The Safeguarding Multi-Agency Learning and Development Group are committed to working in partnership to develop and provide learning and development solutions that support improved knowledge and practice of employees and volunteers.

Planned Development for 1st April 2014 to 31st March 2015

A range of learning opportunities are available that support learners, including the development of a number of e-learning modules. The Multi-Agency Safeguarding Training Plan has been developed in partnership with members of the Wirral Safeguarding Adults Partnership Board and the Wirral Safeguarding Children Board and connects to each organisation's overarching development/workforce development strategy specifically addressing safeguarding relating to people of all ages (adult and children).

The Multi-Agency Safeguarding Learning and Development Committee will be meeting to agree a work plan for 2014/15 identifying a number of key actions.

These are likely to include the following:

- Use data from the Training Needs Analysis to inform future training needs
- Review the context and use of the safeguarding competency framework
- Review and develop cross border joint working with neighboring safeguarding boards
- Review and develop the comprehensive quality assurance impact evaluation framework
- Develop flexible approaches to the delivery of learning and development for hard to reach groups in the delivery of safeguarding training
- Review and develop the multi agency training pool in the delivery of generic and specialist safeguarding programmes
- Review the safeguarding learning and development strategy and annual learning and development plan
- Review marketing and distribution of training course information
- Review and agree ways of working to increase course attendance

Organisations will also continue to provide their individuals development priorities, making connections across the partnership as required.

APPENDIX I

SAFEGUARDING ADULTS PARTNERSHIP BOARD BUSINESS PLAN 2013 - 2015

I.1 To improve the functioning and accountability of the Safeguarding Adults Partnership Board				
OBJECTIVES	LEAD	TIMESCALE	PROGRESS	RAG RATING
Undertake a review of the structure and function of the Board and Sub-groups including appointment of an independent Chair	SAPB Manager	31/12/14		
Review membership of Wirral Safeguarding Adults Partnership Board to ensure the appropriate representation of key partners and local services	SAPB Manager	31/3/14		
Implement revised structure with clear lines of reporting and accountability for all sub groups including a schedule of reporting to the board	SAPB Manager	31/3/14		
Establish sub groups ensuring the development of individual work plans aligned with the strategic objectives and priorities of the board (Case Review Panel, Performance, Engagement & Communication, Learning & Development)	SAPB Manager	30/4/14		
Review and implement agreed reporting arrangements to Wirral Health & Wellbeing Board and lines of communication between SAPB and Wirral Community Safety Partnership and Wirral Safeguarding Children's Board	Chair	31/3/14		

OBJECTIVES	LEAD	TIMESCALE	PROGRESS	RAG RATING
Develop and implement a Quality Assurance Framework for the board to enable appropriate scrutiny and challenge of all partners work in relation to Safeguarding Adults	Performance Subgroup	30/6/14		
Set out budgetary requirements for the Safeguarding Adults Partnership Board, based on current activity, to ensure that agencies and organisations have clarity about proposed contributions and the board has the ability to develop in line with changes in national guidance and legislation	SAPB Manager	30/6/14		
Consider the LGA / ADASS guidance (due March 2014) from the 'Making Safeguarding Personal' project and ensure the incorporation of recommendations within sub group work plans	Performance Subgroup and SAPB Manager	30/6/14		
Consider the DASS Priority reviews into 'Discharge processes from hospital' and 'Adult & Older person's Mental Health services on the Wirral' and ensure recommendations are embedded within the work of board sub groups	SAPB and Subgroup Chairs	31/3/14		
Participate in a follow up LGA Peer Safeguarding revisit to test out the distance travelled since May 2012	SAPB Manager	Date yet to be agreed		

OBJECTIVES	LEAD	TIMESCALE	PROGRESS	RAG RATING
Maintain representation and contribution to Multi Agency Public Protection Panels and Multi Agency Risk Assessment Conferences. Providing reports to board as appropriate	SAPB Manager	Ongoing Twice yearly report to board		
Produce an Annual Business Plan and Annual report in line with 'No Secrets' Guidance		30/4/14 & 2015		
1.2 To strengthen joint working arrangements between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children Board				
ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Ensure a successful transition to the joint Safeguarding Unit from February 2014	Corporate Safeguarding Manager	30/6/14		
Establish clear lines of accountability and reporting between lead officers, strategic leads and lead elected members	Corporate Safeguarding Manager	30/6/14		
Utilise the expertise of the LGA (Cathy Williams) to support the development and implementation of the SAPB within the joint unit	Corporate Safeguarding Manager & SAPB Manager	30/3/15		
Identify areas for collaboration between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children's Board in order to maximise resources and impact	Corporate Safeguarding Manager & SAPB Manager	30/9/14		
Engage in the development of the Multi-Agency Screening Hub (MASH) and monitor the impact on work	SAPB Manager	Ongoing to 31/3/15		

2. To develop a system for the completion of Case Reviews including the dissemination of learning across all partners
CASE REVIEW PANEL WORK PLAN

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Review the criteria set for the completion of reviews in line with national guidance	Subgroup Chair & Lead Officer	30/4/14		
Develop a clear and robust process for the completion of reviews ensuring consideration of national and regional best practice	Subgroup Chair & Lead Officer	30/6/14		
Ensure comprehensive distribution of the revised Case review process to ensure clarity across all partners and services	Subgroup Chair & Lead Officer	31/3/15 31/5/14		
Develop a Learning Improvement Framework for the board to aid the systematic collection of lessons learnt from Case Reviews and dissemination across partners	Subgroup Chair & Lead Officer			
Agree an annual schedule of themed 'Deep Dives' in response to identified learning from Case Reviews	Subgroup Chair & Lead Officer	30/9/14		

3. To ensure the workforce is adequately trained
in order to undertake their responsibilities in relation to Safeguarding Adults
TRAINING AND DEVELOPMENT SUB GROUP WORK PLAN

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Develop and Launch an Annual Multi-Agency Safeguarding Training Plan that reflects the lessons learnt from national and local Case Reviews and meets the need of the workforce in Wirral	Subgroup Chair & Lead Officer	30/3/14		
Explore the development of E-learning training packages	Subgroup Chair & Lead Officer	30/9/14		
Produce quarterly reports to the SAPB Executive committee detailing learning and development activity across the partnership including participation rates by service	Subgroup Chair & Lead Officer	Quarterly		
Undertake an annual evaluation detailing the impact of learning and development on practice. Ensure findings are used to inform the Training plan for the forthcoming year	Subgroup Chair & Lead Officer	31/1/14 & 31/1/15		
Build capacity to deliver learning and development opportunities across the partnership via a Multi-Agency training pool	Subgroup Chair & Lead Officer	30/9/14		

4.To agree and implement a robust Quality Assurance Framework
across the partnership for Safeguarding Adults
PERFORMANCE SUB GROUP WORK PLAN

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Develop and implement a Quality Assurance Framework for the board to enable appropriate scrutiny and challenge of all partners work in relation to Safeguarding Adults	Subgroup Chair & Lead Officer	30/6/14		
Collect and collate a range of data including but not exhaustive of safeguarding alerts, referrals, implementation of thresholds and use of escalation processes on a multi-agency basis.	Subgroup Chair & Lead Officer	March 2014 and quarterly thereafter		
Report to Safeguarding Adults Partnership Board in respect of the above on a quarterly basis	Subgroup Chair & Lead Officer	As above		
Develop Policies and Procedures in line with the needs identified through analysis of performance against key indicators within the QA framework	Subgroup Chair & Lead Officer	30/3/15		
Ensure the learning from the 'Making Safeguarding Personal' pilot and resulting guidance from LGA and ADASS are embedded used to inform the development of practice and wider systems	Subgroup Chair & Lead Officer	30/6/14		
Suggested Task & Finish Groups focussing on specific pieces of work in relation to MCA, Domestic Abuse, Making Safeguarding Personal				

5.To develop a Communication & Engagement strategy for the board to enable effective engagement with all stakeholders and local communities and to raise awareness of the work of the board
COMMUNICATION & ENGAGEMENT SUB GROUP WORK PLAN

ACTION	LEAD	TIMESCALE	PROGRESS	RAG RATING
Review and update existing SAPB Communication strategy to include Engagement with all stakeholders	Subgroup Chair & Lead Officer	30/4/14		
Develop a quarterly SAPB newsletter for professionals to raise awareness of local, regional and national developments in the safeguarding of adults at risk	Subgroup Chair & Lead Officer	30/6/14		
Undertake a mapping exercise to identify existing media platforms within agencies and the potential for providing Safeguarding Adults Partnership Board contributions	Subgroup Chair & Lead Officer	30/6/14		
Identify the potential of developing and maintaining a Safeguarding Adults Partnership Board website	Subgroup Chair & Lead Officer	31/9/14		
Develop a fit for purpose process for undertaking consultation exercises with stakeholders utilising both existing and new forums	Subgroup Chair & Lead Officer	30/6/14		



APPENDIX 2 UPDATES FROM BOARD PARTNERS

DEPARTMENT OF ADULT SOCIAL SERVICES

Working in partnership

Against a backdrop of significant reorganisation and budgetary reductions within Wirral Borough Council, Adult Social Services has maintained its investment in safeguarding adults at risk in Wirral.

The investment has resulted in the establishment of a fully resourced safeguarding team consisting of a manager and three safeguarding officers, to support the board through the development and implementation of effective safeguarding policy and practice across the safeguarding partnership and within Adult Social Care. This team has also worked closely with three advanced safeguarding practitioners working within the operational teams; it is also co-located with the Quality Assurance Team for services commissioned by Wirral Council.

The 2012 Safeguarding Peer review by the Local Government Association has been used as a basis for improving safeguarding activity.

To establish the effective measurement of safeguarding related practice Adult Social Care has reviewed and amended how safeguarding cases are recorded and resolved. In addition the performance sub group has completed two specific audits of safeguarding activity. The first was an audit of sampled complex safeguarding cases and the second was an audit of domestic violence cases affecting victims over the age of 65 years. Both audits illustrated that the commensurate processes were being adhered to and were effective in their application.

The safeguarding team has now been able to ensure there is now consistent and regular attendance within Multi-Agency functions such as Domestic Homicide Reviews; Multi-Agency

Public Protection Arrangements; Risk Assessment Conferences for both Domestic Abuse and Hate Crime.

The Local Authority Designated Officer model for the supervision of allegations made against staff has been adopted by Adult Social Care. Consequently policy, guidance and training have been designed and implemented to support this approach. Service provider response to this policy has been very positive.

During the period of this report Adult Social Care were approached by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) and asked to contribute to designing guidance for practitioners who manage the particular challenges of adult safeguarding where it coincides with domestic abuse. On publication Adult Social Care were thanked for their work 'in testing out and advising on the content of the guide during its development.

Safeguarding officers have been instrumental in organising safeguarding events during and have developed specific training for social workers and support staff in the 'Essential Pathways' for safeguarding referrals delivered monthly. They also deliver 'Workshops to Raise Awareness of Prevent' (WRAP) to multi-agency groups as part of the government's anti-terrorist strategy.

During 2013 a review of the SAPB form and function was initiated with a revised model of the board and its sub groups commencing in April 2014 ahead of the implementation of the Care Act in 2015.

Safeguarding Training

The former training sub-committee of the SAPB has been amalgamated with the training sub committee of the Wirral Safeguarding Children's Board, which is chaired by a Senior Business Partner from the Council's Human Resources Department. The composite group is in the process of conducting a training need analysis for training for all those in the safeguarding work and volunteer force.

The learning from case reviews is to be core to the content of delivery future learning and development.

Key Achievements

- DASS has reviewed and consequently revised the Central Advise and Duty Team processes (CDAT) as the gateway to safeguarding services. Two social workers are dedicated to the task of receiving and assessing initial safeguarding alerts against redesigned safeguarding thresholds. This has resulted in an effective reduction in the number of safeguarding alerts becoming safeguarding investigations

- A designated Quality Assurance Team has been developed providing enhanced oversight, quality assurance and contract monitoring of commissioned care providers
- In 2013 Wirral Adult Social Care became one of only 53 authorities in the country that signed up to the 'Making Safeguarding Personal' project

Planned Developments for 2014-15

- To plan and achieve effective and efficient integration with the Wirral Children Safeguarding Board as part of the strategic approach to Safeguarding adopted by Wirral Borough Council
- Further development of MSP with a multi-agency Steering group
- To facilitate the review and implementation of a re-structure of the SAPB and its sub groups in line with LGA/ADASS guidance ahead of the Care Act 2015.

CHILDREN AND YOUNG PEOPLES DEPARTMENT (CYDP)

Working in Partnership

The majority of the department's activity involves working closely with a range of partners to improve outcomes for children and families, especially those who are most vulnerable. Partnership working to improve outcomes for children and their families is co-ordinated through the Children's Trust Board which includes representation from across the statutory, community and voluntary sectors. The Director of Children's Services sits on the Children's Trust Board, and is also an influential

member of the multi-agency Health and Wellbeing Board and the Wirral Safeguarding Children Board. One of the roles of the latter is to hold the Children's Trust to account for safeguarding the welfare of children and young people across the partnership.

The department is also represented on the Safeguarding Adults Partnership Board and children's and adults co-ordinated working is strengthened by the Board's recent appointment of a single Independent Chair.

Safeguarding Training

- The provision of multi-agency safeguarding training is co-ordinated by the Learning and Performance committee which is a sub group of the children's (WSCB) and adult's (SAPB) safeguarding boards. Practitioners and managers from CYPD who deliver services to children and families are expected to attend relevant courses identified from Board and departmental priorities.
- In 2012/13 28 different courses were run on behalf of the safeguarding boards. Findings from local and national serious case and critical incident reviews, and from internal and multi-agency practice audits form the basis of the courses offered. In the past 12 months over 1,000 professionals have attended courses on subjects such as neglect, domestic abuse, working together, parental mental health and safeguarding signs and symptoms.
- In addition, staff have regular supervision with their manager and an annual key issues exchange which both include recording of attendance on mandatory training courses and identification of appropriate single and multi-agency courses to attend.

Key Achievements

- The Children and Young People's Department has undergone a large scale restructure and in the future there will be three service areas: Universal, Targeted and Specialist services. The most significant change is in the creation of Targeted Services which follows a clear need identified by the Munro Review of child protection for the department to provide an effective Early help offer to families in need of help and support.
- The IFIP (Intensive Family Intervention Programme) 3 year project was launched in early 2012. This is Wirral's response to the troubled families' agenda introduced by the

coalition government. Research strongly suggests that 'troubled families' use a disproportionate amount of resources and can cost authorities more than ten times as much as other families. Eligible families are selected against criteria which includes unemployment, children's school attendance and anti-social behaviour. Families are offered intensive support co-ordinated by a key worker with the aim of improving family functioning and building resilience. The IFIP project aims to work with and improve outcomes for 900 identified families in Wirral over the next three years.

Planned Developments April 2014 - March 2015

• Targeted Services

September 2013 saw the launch of Targeted Services within CYPD. This service has been established to co-ordinate all the early help/ intervention and preventative work undertaken within the department and in partnership with other agencies. Three well resourced locality teams have been created and all referrals for support will be sent to the localities through a single gateway. Support for families can be targeted, co-ordinated and monitored through the new Team Around the Family model. By effectively intervening at the earliest opportunity Targeted Services seeks to prevent concerns escalating and needing referral into statutory specialist services. This work will be continuing throughout 2014 - 2015.

• Multi-Agency Safeguarding Hub (MASH)

Wirral local authority established a Multi-Agency Safeguarding Hub (MASH) in Autumn 2013 with complete roll out of the service expected in September 2014. The MASH model has been successfully adopted by local authorities across England as a way to support information sharing

and timely safeguarding responses for children, vulnerable adults, domestic violence victims and missing people through co-location of key agencies. The Wirral MASH will be located in Moreton and identified agencies who will be co-located there include Children's CADT, Adults CADT, Police FCIU, Health staff, probation, Catch-22 missing/young runaways team and the Gateway Targeted Services team. Responsibility for managing the day to day running of the MASH will be undertaken by the manager of Children's CADT.

• 16+ Service

The Child G Serious Case Review (SCR) published in 2013 identified a lack of understanding across agencies of the needs, behaviours and issues of older children and found that the workforce was better skilled at dealing with the needs of younger children. The SCR report included a recommendation for CYPD to consult with partners with a view to creating a specialist 16+ service for young people. Detailed planning for the service is underway and a draft model of the new service will be presented later in the year. A multi-agency training programme to help practitioners manage the needs of older young people will be introduced to support the new service.

MERSEYSIDE POLICE

Working in partnership

Superintendent Richie Davies has operational responsibility for Wirral Basic Command Unit and represents Merseyside Police at the local Safeguarding Adults partnership board and Executive Committee. Detective Chief Inspector Tracy Hayes has been appointed as his deputy.

Vulnerable Adult Team

This Unit has been formed under the Family Crime Investigation Unit and has two Detective Constables and a full time administration officer dedicated to dealing with allegations of crime against vulnerable adults. Over the past twelve months the unit has seen an increase in the amount of referrals into the Unit which has led to several high profile investigations and prosecution being launched. The V.A. Unit team has formed great working relationships within the partnership.

Community coercion

In early 2013 an Older Peoples Parliament conference took place focussing on the subject of vulnerable adult abuse. This incorporated local young students performing short plays depicting an incident of different forms of abuse.

A panel of professionals from different agencies, including Police Officers from the Vulnerable Adult unit, were asked questions about the agencies roles in relation to safeguarding adults. The event was a success in sending out the message that vulnerable adult abuse will not be tolerated.

Feedback from the attendees at the meeting was really positive, stating that the event had improved relations between young and elderly and had informed them of what actions they can take if they have any concerns.

Domestic Abuse Unit

The Domestic Abuse unit has two Detective Sergeants and eleven Detective Constables supported by an administration team. The officers' work closely with the victim, Wirral Family Safety Unit (FSU) and other partner agencies to ensure that safeguarding is addressed and offenders are prosecuted.

The Admin staff that are responsible for the inputting of any incidents involving domestic abuse, vulnerable adults, safeguarding children are now based at the Multi Agency Safeguarding Hub in Moreton, Wirral.

Over the past twelve months this unit has received almost 7,028 Vulnerable Persons Referral Forms (VPRFI) for reports/concerns of domestic related incidents. This unit has also dealt with approximately 1,040 crimes of domestic abuse over the last twelve months. In particular the FCIU experienced an increase in approximately 25 additional D.A. crimes per month in the last quarter - January - March 2014.

The D.A. Unit are achieving excellent results/prosecutions/convictions, some of which emanating from Non molestation orders and Injunctions which are a very valuable tool for the Police and our partners.

The Multi Agency Risk Assessment Conference (MARAC) for high-risk victims of domestic abuse is held once every 2 weeks, and is chaired by the Police, FSU and Health. As one of the three chairs of the meeting the Detective Inspector ensures the forum is focused on the threat, risk and harm to the victim and their children and ensures that a multi agency safety plan is put in place. On average approximately 30 cases are heard during the course of this meeting.

In June 2013 - Operation High Point was

launched as a Police led pilot working with approximately 10 couples who are either repeat victims/perpetrators in Neighbourhoods across the Wirral. This pilot was very successful in the reduction of repeat incidents and will soon be rolled out across the Force Area.

This proactive approach is also evident within Hate MARAC where agencies meet on a monthly basis to discuss any repeat victimization or victims who have been targeted as a result of ongoing anti social behaviour.

Policies and procedures have recently been updated to ensure that vulnerable adults and victims are receiving a service fit for purpose. This has included;

- Recent legislation in relation to stalking has now seen an amendment and introduction of the new Stalking and Harassment Policy.
- Forced Marriage and Honour Based Violence has also been amended to include vulnerable adults and falls in line with the Pan - Merseyside policy.
- Section 136 of the Mental Health Act has seen the introduction of the Risk Assessment Tool to determine appropriate Police action within a 'place of safety'.
- Merseyside Police have now adopted the Home Office ACPO definition in relation to Domestic Abuse to include persons from 16 years and above.

The Police and Crime Commissioner (PCC) for Merseyside - Jane Kennedy, has re-affirmed that our priorities are to reduce crime and anti social behaviour and to continue working with partners to ensure that victims of crime are confident to report offences and are protected and supported through a streamlined criminal justice process. In line with the PCC, Merseyside Police will put victims of crime at the heart of priorities.

Safeguarding Training

- Positive action to raise awareness and education has included a Domestic Abuse Education Day. This allowed professionals to come together to learn more about the developments in domestic abuse and have the opportunity to hear from and speak with other agencies about their role and responsibilities and the way forward when dealing with domestic abuse.
- Merseyside Police also takes an active part in the Domestic Homicide Review (DHR) process and is keen to share and learn from experience and engagement. Supervision from the FCIU regularly shares their knowledge on procedure and policy within the Safeguarding multi agency training sessions

Key Achievements

Merseyside Police has been at the fore of developing the Multi-Agency Safeguarding Hub (MASH). This is set up as a multi-agency response to manage the safeguarding of children and adults including those under the 'Troubled Families' definition.

Progress to date

- Information Sharing Agreement almost signed off.
- Health Representative attached for trial period. Further trial period to take place and then possibly full time in future.
- DWP representative now attached 1 day per week.
- I.T. solution in development. We will also be using 'Liquid Logic' (the same as St Helen's and Sefton).
- Progressing role of MFH/CSE co-ordinator into MASH.
- Consideration of expansion of Police Teams into the MASH (ie, FCIU)

The MASH is now at a stage whereby partners are co-located. This has led to a significant improvement in information sharing between agencies. The information sharing agreement is part-signed off and Health and the Family Safety Unit (FSU) will soon join the existing partners. There is a Strategic MASH Inspector based within the unit, who is developing partnerships further. This Inspector has overall responsibility for MAPPA for all Wirral cases and such oversees the management of offenders who pose significant threat, risk or harm. The Inspector is developing this role further and as such is working to improve communication between agencies regarding Mental Health and the management of subjects with mental health issues and learning disabilities.

Merseyside Police remain committed to embed the MASH into everyday working practice. Whilst continuing to develop good relationships with other agencies we will look to see what working practices can be improved to the benefit of the victim and safeguarding in general terms.

Planned Developments April 2014 - March 2015

The Multi Agency Action Group (MAAG) has recently been set up to bring agencies together to discuss and manage offenders who pose risk, threat or harm. This group compliments the management processes already in place within the BCU. There is a better focus on the safeguarding issues that fall out of significant disputes that occur between gangs/rivals on the BCU and agencies are often performing joint agency visits to achieve better outcomes.

MERSEYSIDE FIRE AND RESCUE SERVICE

Working in Partnership

Merseyside Fire and Rescue Service has safeguarding policies in place with reporting captured on the internal portal, all reports are vetted by senior managers and if appropriate the issue will be passed to the relevant Local Authority with feedback requested.

All staff are aware of the policy and have awareness training, however if in any doubt issues will be passed to staff who have had enhanced safeguarding training.

All safeguarding activity is captured however we do not have a specific KPI for safeguarding.

Whilst we are not a front line safeguarding service our staff do identify issues and situations during community engagement, referrals or fire fighting activity and seek to address these with the relevant agencies.

The District Manager and his teams are involved in all cross service boards within Wirral including the LSCB, Safeguarding Boards, The Children's Trust and Health and Well Being and have close links to agencies across Wirral including Social Care, Community Safety, Housing, Police, etc.

Safeguarding Training

- All senior managers have received training from an external provider as well as an E learning package which is available, which staff are required to complete.
- Staff of the Wirral Prevention & Protection team and Watch Managers have completed the WBC e-learning packages in 2012-13 and received certificates this needs to be updated and reviewed.
- Additionally, staff in MFRS have access to the learning pool site for additional training

Key Achievements

- Development of a safeguarding team site within MFRS allowing access to policies, service instructions and an e-learning package
- All referrals received have been communicated, recorded and referred to DASS if necessary
- The Prevention team within Wirral continue to support the work of Wirral DASS and to protect the more vulnerable members of the community within Wirral.

Planned Developments April 2014 - March 2015

- Refinement of policies and service instructions, and perform trend analysis at year end.

NHS WIRRAL CLINICAL COMMISSIONING GROUP (CCG)

Working Together

Commissioners have responsibilities for the commission of high quality health care for all patients within their population. With particular duties to those who are less able to protect

themselves. These responsibilities will have continued with the implementation of the health reforms and the establishment of the National Commissioning Board (NCB) and Clinical Commissioning Groups (CCGs).

Within the guidance: Arrangements to secure children's and adults' safeguarding in the new NHS (Sept 2012):

The responsibility for safeguarding now sits with the new National Commissioning Board with a new accountability and assurance framework that aims to:

- Promote Partnerships working to safeguarding children, young people and adults at risk of abuse, at both strategic and operational levels.
- Clarify NHS Roles and responsibilities for safeguarding including in relation to education and training.
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally.
- Ensure professional leadership and expertise is retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children.
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

Although the framework focuses on the statutory requirements to safeguard children, the same key principles will apply in relation to arrangements to safeguard adults.

The organisation is represented on the board by the Head of Quality and Performance and provides appropriate representation at the SAPB Executive committee and sub groups.

Safeguarding Training

- Safeguarding Children and Adults Training guidance pack introduced for GP Practices
- Adult safeguarding e-learning packages are currently available and completion by CCG staff is recorded on the Electronic Staff Record
- The provision of safeguarding training by providers is currently monitored through self assessment audits

Key Achievements

- Wirral Clinical Commissioning Group (WCCG) has introduced the role of Designated Nurse for Safeguarding Adults
- The Mersey Internal Audit Authority (MIAA) has given significant assurance for the CCG in relation to Safeguarding
- A policy of safeguarding supervision is now in place for all safeguarding practitioners in our provider organisations.
- The introduction and monitoring of safeguarding frameworks, in all our main provider contracts

Planned Developments April 2014 - March 2015

- The appointment by WCCG of a lead GP for safeguarding adults
- The co-ordination of our main providers' commitment to the multi-agency safeguarding hub (MASH)
- The introduction and monitoring of safeguarding frameworks in all other provider contracts with whom WCCG commission services

WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST - SAFEGUARDING TEAM
Adult Protection and Mental Capacity Act / Deprivation of Liberty Safeguards

Working in Partnership

Wirral University Teaching Hospital NHS Trust, through investment, continues to demonstrate its commitment to ensuring those patients less able to protect themselves from harm or abuse are protected.

Safeguarding Adults at Risk remains a strategic objective for the Trust. At Board level, our Director of Nursing and Midwifery who has Executive responsibility for Safeguarding, continually promotes through leadership and commitment, a culture that makes safeguarding integral to healthcare delivery. This is demonstrated through the robust assurance mechanisms in place, ensuring systems and processes that support safeguarding are connected and aligned.

The benefits of multi-agency partnership working remains an integral part of the role of the Safeguarding Team and again this commitment is demonstrated through the Teams representation at both the Safeguarding Adults Partnership Board (SAPB), all sub-committees to the SAPB and other related Boards, committees and panels i.e. Wirral Safeguarding Children's Board (WSCB), Wirral Multi Agency Risk Assessment Conference (MARAC) and Wirral Domestic Homicide Review Board (DHR). Indeed WUTH currently Chair MARAC and the SAPB MCA Sub-committee.

The Safeguarding Adults Team, through its operational role continues to provide a valuable contribution to the multi-agency response to safeguarding through its prompt identification, referral through multi agency procedures of safeguarding concerns and subsequent investigation and protection plan development. As the Safeguarding Team also hold the

responsibility for providing expert guidance to Trust staff in respect to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2007 considerable resources have been committed to ensuring the most vulnerable adults are empowered to make decisions for themselves and where appropriate protected from harm.

Through appropriate multi-agency planning 2013 the transfer of supervisory body status for DoLS authorisations from the Wirral Community Trust to Wirral Department of Adult Social Services has not impacted on ensuring compliance with legislation. This can be demonstrated in the activity over 2012 - 2013 with 26 DoLS applications being made by the Safeguarding Team of which 12 resulted in a full deprivation of liberty.

Again in recognising the benefits of collaboration the Safeguarding Adults Team through its investment in having three Best Interest Assessors for DoLS regularly provide guidance and support to Police, Adult Social Services and Primary Care, including GP practices in respect to interpreting the MCA 2005 and enacting DoLS.

In preparation of the Health and Social Care Bill, which reaffirms the intention to legislate in the critical area of Adult Safeguarding, specifically placing Safeguarding Adults Boards on a statutory footing and identifying the Local Authority as the lead agency for co-ordinating all safeguarding investigations. It was agreed that the Safeguarding Team would no longer lead or co-ordinate all safeguarding cases that relate to patients in our Trust and this responsibility would be given to the Local Authority.

2012 - 2013 saw the embedding of the multi-agency policy specific to 'Managing Allegations against Staff, Volunteers and Adult Placement Carers who work with Adults' into Trust proactive. This approved document is designed to ensure transparency in the management of alleged perpetrators who are staff, volunteer or Adult Placement Carers working with Adults at Risk and incorporates close working relations with the ALADO (Adult Local Authority Designated Officer).

Safeguarding Training

- All staff receive Level 1 Mandatory Safeguarding training which includes Adult Protection, Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLs), Child Protection, Domestic Abuse and Behaviour Management. A further Level 2 training is offered to staff that are clinically based regarding Adult Protection and MCA/ DoLs. Level 2 training is also offered as part of the multi agency prospectus and all staff are made aware of partner agency training availability.
- Additionally Level 3 MCA training is required for staff that complete MCA assessments. This is provided on a 1:1 basis by the Named Nurses for Adult Protection
- Mental Capacity Act Training

The Safeguarding Team continues to provide regular training in accordance with the relevant training strategy in respect to the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. This strategy focuses on those decisions related to Healthcare treatment is designed to ensure all Trust staff understand the implications of the legislation on their practice.

Assurance is also provided through this strategy

to external examiners, relevant bodies and commissioners that the Trust is providing a learning and development programme that is sufficient to equip staff with the necessary knowledge and skills to comply with their statutory and professional duties.

To reassure the patients and public, that all WUTH staff are fulfilling their responsibilities and obligations to adults who may lack the capacity to make their own best interests decisions and are continuously working towards an improved experience.

Key Achievements

- **PREVENT**
Following the increase in terrorist groups targeting vulnerable adults seeking to radicalise and recruit them to their cause, a national counter-terrorism strategy to stop people becoming terrorists or supporting terrorism called 'Prevent' has now been embedded within the Trust Safeguarding Training programme and Policy. This strategy is being led jointly by the Home Office and the Department of Health (DoH). WUTH have three DoH approved trainers for PREVENT to implement this Strategy across the organisation.
- **EXTERNAL INSPECTION**
All NHS Providers are expected to provide assurance of compliance with Safeguarding Standards set out by the Clinical Commissioning Group (CCG). This is monitored through the Audit Tool and for each standard, the provision of evidence to show compliance.

Whilst the Care Quality Commissions (CQC) unannounced inspection in February 2013 showed the Trust was compliant with the required standard for safeguarding people who

access Acute Care, they did identify a need to improve the visibility of the Team and as such the recommendation was to move the Safeguarding Team to a corporate position within the Trust in order to raise the team profile. This action has now been completed.

Following the above inspection a Safeguarding Adults Operational Group was developed within WUTH with the aim of improving the visibility of safeguarding within the organisation.

The review also identified a requirement to strengthen communication between Safeguarding and Quality and Safety. In response, the agreed mechanisms that are now in place provide a greater level of assurance and transparency both internally and externally with multi-agency partners thereby improving our ability to continue to respond effectively and demonstrate accountability.

Planned Developments April 2014 - March 2015

- On the 19th March 2014 the Supreme Court overturned the judgement of the Court of Appeal in respect of the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council. Whilst the legal implications of the judgment on the identification of deprivations of liberty are still in the process of being fully comprehended the implications of the ruling and the impact on the Trust are yet to be clarified. The effect of this change in test is that a much greater number of patients admitted to the Trust are now seen as being deprived of their liberty and

by law must now be assessed under the DoLs procedure. A consequence of not assessing a person known to be deprived of their liberty is that their Human Rights under Article 5 of the European Committee Human Rights.

In addition the House of Lords committee has recently considered the effectiveness of the Mental Capacity Act and Deprivation of Liberty Safeguards and has recommended that the government replace the DoLs regime. However there is no indication as yet as to how this may be done and the current requirements must be complied with. Clearly a considerable administrative and operational burden will be placed on the Trust as a Managing Authority. The Safeguarding Team will continue to work in collaboration with the Supervisory Body and the Clinical Commissioning Group in negotiating a strategy on how best to move forward pending national guidance.

Until further clarification has been established we cannot foresee what the full impact will be for our Trust.

We are still waiting for the introduction of the Care Bill which has been heard in the House of Commons and will now return to the House of Lords for consideration of amendments. Clauses 33-37 have regard to 'Keeping people Safe' following Royal assent this will then provide legislation regarding the abuse and neglect of a vulnerable adult. The Safeguarding team continue to work closely with both the CCG and the Safeguarding Adults Partnership Board in ensuring the Trust is prepared for the passing of the legislation.

WIRRAL COMMUNITY NHS TRUST

Working in Partnership

Wirral Community NHS Trust maintains its commitment to ensuring that all staff are aware of their role in relation to safeguarding vulnerable children and adults.

The Safeguarding Service continues to provide a comprehensive proactive service, which is responsive to the needs of staff and patients and is committed to the promotion of safeguarding within everyday practice.

The Safeguarding Service ensures that all statutory functions are fulfilled and that a best practice approach is taken in relation to guidance documents, thereby equipping the workforce to undertake their duties and fulfil personal and organisational responsibilities with regards to safeguarding the public and patients.

The areas of Safeguarding which Wirral Community NHS Trust provides are as follows:

- Safeguarding Adults (Adult Protection)
- Mental Capacity Act (MCA)
- Safeguarding Children (Child Protection)
- Looked After Children (LAC)
- Domestic Abuse
(Multi Agency risk Assessment Committee)
- MAPPA
(Multi Agency Public Protection Arrangements)

The Executive Lead for Safeguarding for Wirral Community NHS Trust is the Director of Quality & Nursing. This ensures that Safeguarding is recognised as a key organisational priority and is embedded from corporate level and across the organisation so as to continue to provide leadership across all areas of service provision.

The Safeguarding Service continued to meet all statutory requirements functions during the

reporting period 01 April 2012 - 31 March 2014. Staff have responded positively and promptly to ongoing changes in partner agency processes and partnership working has been maintained through a period of significant change.

All safeguarding staff are encouraged to network with their peers (locally, regionally and nationally) and actively attend and participate in Local Authority committees, sub groups/task and finish groups relevant to their area of responsibility.

Safeguarding Training

- Wirral Community NHS Trust staff are required to attend safeguarding training on a mandatory basis relevant to their area of service provision
- A Safeguarding training package for non-clinical staff has been introduced via the Essential Learning programme
- During 2012 – 2013 staff were identified as “MCA Champions” and have worked with lead staff from the Safeguarding Service in relation to delivering a training package to reinforce staff and organisational responsibilities as identified in the Mental Capacity Act. The training programme also includes case studies regarding capacity and consent.

Key Achievements

- Root Cause Analysis (RCA) approach used to investigate incidents reported which had a safeguarding element (relating to adults or children). This approach has proven useful when compiling chronology information as part of a Serious Case Review
- Staff have been supported to make referrals via the updated DASS processes and encouraged to give feedback regarding the DASS processes

and internal organisational processes in order to inform future updates to policies and processes

- The Safeguarding Service continues to provide core functions in an area of work which is constantly changing from not only a local but also national perspective. Changes in the remit of partner agencies has a significant impact on how the services meets its objectives, and, to date, all demands for input in multi-agency processes have been met within timescales and the core business has not been affected
- Supervisory Body responsibilities in relation to Deprivation Of Liberty Safeguards (DOLS) authorisation were met within timescales and the responsibility for authorisations was successfully handed over to the Local Authority on 01 April 2013
- Safeguarding adults “surgeries” have been hosted by Safeguarding Adults Practitioners at various bases across the organisation. The surgery sessions are intended to enable staff to share their experiences regarding safeguarding processes, use of policies/processes and how their personal practice can be improved
- Learning from experience has been discussed via Wirral Community NHS Trust Safeguarding Group. Incidents have been discussed and wider learning incorporated into practice.

Planned Developments April 2014 - March 2015

- A planned programme of “learning from experience” events will be compiled. The aim of the events will be to share learning from incidents which have been reported (incidents, near misses, serious case reviews) and to reiterate the common issues which are highlighted when both safeguarding adults and safeguarding children issues/referrals are investigated. This will reinforce the Essential Learning approach to training whereby practitioners are encouraged to take into account all members of a household when considering abuse as opposed to the focus being on the person who is directly on their caseload.
- E-Learning packages for Level 1 and Level 2 Safeguarding will form part of the organisation mandatory learning matrix.
- Work will continue to embed safeguarding in all aspects of services contracted and delivered by the organisation.
- Work will continue to ensure that the organisation responds to legislative requirements and best practice approaches to safeguarding.
- The organisation will continue to work with partner agencies to promote the safeguarding adults agenda.

CHESHIRE AND WIRRAL PARTNERSHIP - NHS FOUNDATION TRUST

Working Together

Cheshire and Wirral Partnership NHS Foundation Trust (CWP), provides a range of health services across Wirral, including mental health services for adults and children, drug and alcohol services.

In supporting partnership working across the local authority, during April 2012- March 2014, CWP was actively involved & represented on the multi-agency groups as detailed in Table 1.

Wirral SAPB	Associate Director of Nursing and Therapies (Physical health)
Performance and Audit Sub group	Nurse Specialist for Safeguarding Adults
Serious Case Review	Lead Nurse Safeguarding Adults
PPP	Lead Nurse Safeguarding Adults
Learning & Development	Lead Nurse Safeguarding Adults

Table 1 - CWP representation on SAPB Board and sub groups

The Trust wide Safeguarding group, chaired by the Executive Director of Nursing & Therapies, is a sub-committee of the Quality Committee which reports directly to the Trust Board. The Trust wide Safeguarding Sub-committee is responsible for overseeing the Trust's responsibilities to the adult and children safeguarding agenda, monitoring and reviewing action plans, safeguarding training, safeguarding policies and audits. It also reviews the work of its constituent Local Safeguarding Children Boards and Local Safeguarding Adult Boards.

Each locality has a safeguarding operational group established and is chaired by the General Manager. The Trust wide Safeguarding Sub - committee holds the Safeguarding Operational Groups to account

Safeguarding Training

- Safeguarding family training (which encompasses both adults and children safeguarding) is mandatory for all staff. There are 2 levels of training delivered in relation to Safeguarding family; Level 1 for all staff and Level 2 which is for all clinical staff. The Nurse Specialists for Safeguarding facilitate the delivery of these courses.

- Training attendance and compliance is monitored by the Trust wide Safeguarding Sub Committee. The Trust has consistently achieved a compliance rate of above 80% throughout the year, with the year ending with 89%.
- CWP Safeguarding Team hosted the Level 3 Honour Based Abuse/Force Marriage Conference which was a success and well attended.

Key Achievements

- During 2012 - 2013 CWP increased the Nurse Specialist Safeguarding Adult capacity from 2.0 to 2.5 whole time equivalent. This was in response to the increase in number and diversity of services offered by the Trust, and to respond to the needs of staff in offering timely advice and support on safeguarding adult issues.
- The nurse specialists provide advice and support, safeguarding supervision to clinical staff as well as designing and delivering safeguarding training and ensuring policies and procedures are followed.
- Again during 2012 - 2013 The effectiveness of the Trusts' Safeguarding Adult Policy was audited and the key findings were:

1. Contact with Social Care was made the same day as the risk was identified in 27/65 (42%) of cases and within 1 day in a further 22% of cases.
 2. Compliance with recording who made contact with social care, and when, was 82% and 75% respectively.
 3. There was evidence that the Safeguarding team were being notified of the referral in 82% of cases
 4. In 8 domestic abuse cases an alert had not been appropriately added to the record
- 19/29 managers who responded had attended the higher level training for managing the Safeguarding process.
 - The adult safeguarding database was internally reviewed and upgraded to collate and triangulate date information more effectively; the database went 'live' in July 2013.
 - A Review of the effectiveness of safeguarding training was undertaken with amendments to the training implemented during 2013/14
 - CWP have launched a Safeguarding Strategy for the organisation and this strategy has demonstrated and embedded CWP commitment to the Safeguarding Agenda.
 - To help to drive this agenda, CWP Director of Nursing, Therapies and Patient Partnerships has Board responsibilities for Safeguarding. CWP has an integrated Safeguarding Department which has a team of Nurse Specialists (adults and/or children) led by the

Named/Head of Safeguarding which supports the organisation and staff in delivering the safeguarding agenda.

- The Trust response to the domestic abuse agenda was reviewed and lessons learnt incorporated into the safeguarding training and the safeguarding adults' policy. CWP continue to be actively involved in MARAC and the Domestic Homicide Review Panels.
- CWP have actively participated in multi-agency audits and reviews. There continues to be commitment to MAPPA processes from CWP.
- The Trust has responded to the Hate MARAC conference meetings as appropriate. The Trust safeguarding team have supported the co-ordination of the information sharing process.
- The Trust has had PREVENT trainers trained and the PREVENT training is beginning to be rolled out across the Trust.

Planned Developments April 2014 - March 2015

- Implement the 'E' learning level 2 Safeguarding Training
- Develop and deliver bespoke safeguarding training
- Maintain the safeguarding training compliance rate above the minimum rate of 80%
- Continue with the safeguarding audit programme

NORTH WEST AMBULANCE SERVICE (report submitted 2012 - 2013 only)

Working Together

NWAS works across the North West of England and interfaces with a total of 46 Safeguarding Boards. NWAS works in partnership with a wide

range of organisations and contributes to a significant number of Adult Reviews and Domestic Homicide Reviews.

Safeguarding Training

- Mandatory training has been updated for corporate staff and for hands on clinical staff and call takers. The uptake of mandatory safeguarding training for both adults and children is high and monitored via a monthly dashboard of compliance by the Trust Commissioner (Blackpool CCG). Staff in the call centres have received additional training as they handle a lot of information relating to safeguarding adults and children.
- Senior Clinicians are accessing multi-agency training when possible and it is hoped that uptake will expand with enhanced Board engagement.

Key Achievements

- The Safeguarding Vulnerable Persons Policy and Procedure and the Sudden Unexpected Death of Children Procedure (SUDC) were updated to reflect lessons learned from Serious Case Reviews. The implementation of Safeguarding Procedures is monitored and compliance is reported as a series of Clinical Safety (Quality) Indicators.
- Clinical Safety Indicators (audits) for safeguarding have expanded to include patients with learning disability, mental health problems and domestic abuse for both adults and children and are reported to the Trust Board.
- A Dementia Strategy Group has been working together to; raise awareness of issues for patients with dementia, develop e-learning and improve care. This work will progress into 2013-2014.
- Funding has been secured for a two year Mental Health Project (2013-2015) which aims to develop pathways, develop training and improve outcomes for patients accessing pre-hospital emergency care.
- Funding has also been secured for a project which will address patients who are frequent

callers to the Trust. A number of staff have been appointed to this project.

- Mandatory training has been updated for corporate staff and for hands on clinical staff and call takers. The uptake of mandatory safeguarding training for both adults and children is high and monitored via a monthly dashboard of compliance by the Trust Commissioner (Blackpool CCG). Staff in the call centres have received additional training as they handle a lot of information relating to safeguarding adults and children.
- Senior Clinicians are accessing multi-agency training when possible and it is hoped that uptake will expand with enhanced Board engagement.

Planned Developments April 2013 - March 2014

- Engagement with all the LSCB's and LSAB's is a challenge for a regional service and NWAS is working on a model of local engagement which will meet the needs of both the Trust and the Boards (23 LSAB's and 23 LSCB's). This development work is progressing through 2013-2014.
- Safeguarding supervision will be implemented utilising the Advanced Paramedic Leadership structure. This will strengthen supervision and will reflect practice arrangements currently in place.
- ERISS is the Electronic Referral Information Sharing System which is a bespoke web-based system being implemented to share safeguarding referral information as well as information for a number of other care pathways (falls and diabetes etc.) The system is secure and provides a number of functions aimed to be helpful for Children and Adult Social Care departments. This system will be introduced for Safeguarding during 2013-2014.

VOLUNTARY AND COMMUNITY ACTION WIRRAL (VCAW)

Working Together

VCA Wirral is committed to working in partnership with the voluntary, community, faith, public and private sectors in Wirral and across Merseyside. This year we have strengthened our partnership with Wirral Metropolitan College via a team away day where we discussed the opportunities for joint working. VCA Wirral has also worked closely with various departments within Wirral Council, rolling out awareness of the contract held to deliver infrastructure support to the sector. This area of work has also been strengthened by leading a new infrastructure alliance for Wirral bringing the skills and expertise of Merseyside organisations to Wirral, funded by Big Lottery. New health structures have provided further opportunity for VCA Wirral to work with Wirral Clinical Commissioning Group to support engagement and grant administration for both WCCG and Public Health.

Safeguarding Training

Staff and volunteers have been undertaking safeguarding training and we have also promoted the need for regular training updates to the sector.

Key Achievements

- VCA Wirral designed and supported the transition arrangements for LINK to Healthwatch Wirral CIC
- Secured a three year contract with Wirral Council to provide infrastructure support to Wirral's voluntary, community and faith sector
- Distributed over £400,000 of funding to the sector on behalf of public health
- Helped over 250 people to find and access volunteering
- Created an Infrastructure Alliance for Wirral
- Job descriptions within VCA Wirral all refer to use of Wirral's multi-agency safeguarding policy and protocols

Planned Developments April 2013 - March 2014

- Further joint working to utilise resources better, for example VCA Wirral will deliver and assess the Level 3 Diploma in Volunteer Management on behalf of Wirral Met College.
- Aligning VCA Wirral's health promotion calendar to Wirral Community Trust to create stronger messages with more impact
- Implement a health and wellbeing policy within VCA Wirral for staff and volunteers, this includes becoming Smokefree
- Conduct skills audit and build "charged for" services around staff competencies
- Hold a Development Day for staff and Trustees to plan for the next financial year and beyond.

LOCAL INVOLVEMENT NETWORK (LINK) (now Health Watch)

Working Together

LINK, an independent organisation working in partnership with local & national bodies, works with members of the public/community to

represent their views to commissioners of local health/social care services, independent regulators & service providers.

Main partners:
DASS (Contracts & Safeguarding Teams);
Wirral University Teaching Hospital NHS
Foundation Trust; NHS Wirral; Clatterbridge
Cancer Centre; Cheshire & Wirral Partnership;
Merseyside Fire & Rescue; Older Peoples
Parliament; Wirral Multicultural Organisation;
Health & Well Being Board; Overview and
Scrutiny Committee; Care Quality Commission
& regional LINKs.

Safeguarding Training

Ongoing training for Enter and View volunteers
by way of informal talks and discussions has
continued during the year.

Conflict Resolution Training with C&WPT.

Key Achievements

- SAPB Members Self Assessment
Involved in self evaluation process, resulting in
an action plan.
- Misconceptions of the Liverpool Care Pathway
In response to general concern about the
Liverpool Care Pathway, LINK organised an
event with keynote speakers to explain the
Liverpool Care Pathway. Attended by over 100
people, it was a lively and thought-provoking
event. Following a later public consultation, the
government announced that the care pathway
is to be phased out
- Response to the Francis Report
A LINK Task and Finish Group discussed the
Francis Report in response to a request from
the OSC. The conclusion was that Wirral had a
different relationship to that of Stafford LINK,
as Wirral LINK felt that it could be a confident
"critical friend" due to the history of
co-operation from statutory partners if
recommendations were made.
- Discharge Survey
LINK carried out a survey to monitor how

well the improvements made by WUTH to
their discharge process had corrected
problems revealed by previous surveys, one by
the Older People's Parliament who also helped
to devise the survey. A 22% response rate was
achieved from the 600 questionnaires sent out
to a random 10% sample of all patients
discharged over a 6 month period, before
December 2012. There were no obvious
safeguarding issues raised.

- Enter and View (April 2012 - Feb 2013)
In accordance with The Local Government and
Public Involvement in Health Act 2007, LINK
has the power to enter and view care services
by NHS Trusts, NHS Foundation Trust including
all state fund Health and Social Care, Primary
Care Trusts, Local Authorities, Primary Medical
Services (GP Commissioning Groups from
April 2013), Primary Dental Services, Primary
Ophthalmic Services, Pharmaceutical Services
and bodies or institutions which are
contracted by local authorities to NHS Trusts,
PCTs or Strategic Health Authorities to
provide care services.

The Enter & View reports are in the public
domain for the 38 residential & nursing
homes, 19 hospital wards and clinics visited
during the period 9.3.11 to 7.2.13. In February
2013, there were a further 11 care homes
identified to be visited, as well as 3 hospital
departments, all of which (and more) will be
visited when Healthwatch Wirral resumes this
programme.

All Enter & View Check lists and published
reports now include the following:
"Enter and View visits are conducted in a way
that works in accordance with Wirral
Safeguarding Adults Partnership Board's
principles and procedures. Information will be
shared accordingly in order to safeguard adults
at risk on Wirral and promote quality of
local services."

Concerns, when raised, have been addressed by LINK researching and evidencing the need for Enter & View activity. LINK has also exercised its right to receive a FOI response within 20 working days from statutory services.

After the transition from LINK to HealthWatch, Safeguarding will retain a high profile by including safeguarding as an agenda item for Enter & View group meetings, visits and in all contacts with the public.

Planned Developments for 1st April 2013 - 31st March 2014

- Training programme for 19 Enter and View recruited volunteers.
- Resumption of Enter and View Programme, in line with Healthwatch guidelines.
- Maintenance of Self Assessment Action Plan
- Recommendations from Discharge Review (WUTH) will be followed up.

HEALTHWATCH WIRRAL COMMUNITY INTEREST COMPANY

Working in Partnership

Healthwatch Wirral CIC (HW) welcomes the opportunity contributes to the Agency Reports. We have had good volunteer representation over the past 12 months and HW recognises, and understands, the role of all partners on the Partnership Board.

HW is a new partner in this process and have a strengthened remit to gather and share the views of members of the public. Complaints Advocacy Support is also a fundamental part of HW and monitoring from this has informed HW's work plan by the identification of trends.

As a new partner, it is key that all referral, and referring, agencies recognise HW so that issues are not held up.

HW will provide staff, and volunteer, representation at:

- Partnership Board
- Case Review Panel
- Communications Group

Safeguarding Training

- HW's remit for Enter & View (E&V) is being strengthened so that Authorised Representatives, entering premises, are equipped to recognise potential safeguarding incidents. More importantly, HW Authorised Representatives will know exactly what processes to follow. Staff will know how to refer and be recognised as a partner within the process.
- The recruitment of volunteers for E&V is robust. Training around E&V is provided and then an interview process will take place. Although all of the volunteers who pass the interview process will be eligible to conduct the E&V activity, they will only be an

“Authorised Representative” during the specific visit undertaken. All of the eligible Authorised Representatives will undertake a DBS.

- HW would be keen to undertake any new training available

Key Achievements HW were included in the discussions about the re-establishment and structure of the Executive Committee.

Planned Developments April 2014 - March 2015

- To work to the business plan produced by Safeguarding Partnership Board
- Identify a volunteer to attend the Communications Sub-group.
- It is the intention of HW to develop a better understanding of Safeguarding processes and to input into the policy reviews.
- Recent meetings have highlighted that HW must firm up structures and understanding around safeguarding processes. We will ensure staff and volunteers understand what safeguarding is and that there is an understanding of the safeguarding referral process and to whom they should refer for advice.
- Will continue our Enter and View activity which will be overseen by a Quality Assurance panel and will work closely with colleagues in both health and social care agencies to ensure that vulnerable adults are safe.
- Meet with the Safeguarding Programme Manager, and other partners to keep up to date and develop a better understanding of safeguarding, by sharing and gathering information.

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY AND PERFORMANCE

COMMITTEE

9TH SEPTEMBER 2014

SUBJECT:	DIRECTORATE PLAN PERFORMANCE MANAGEMENT REPORT
WARD/S AFFECTED:	ALL
REPORT OF:	CLAIRE FISH (STRATEGIC DIRECTOR OF FAMILIES AND WELLBEING) FIONA JOHNSTONE (DIRECTOR OF PUBLIC HEALTH, POLICY & PERFORMANCE)
RESPONSIBLE PORTFOLIO HOLDER:	CLLR CHRIS JONES (ADULT SOCIAL CARE AND PUBLIC HEALTH)
KEY DECISION?	NO

1.0 EXECUTIVE SUMMARY

1.1 The aim of this report (Appendix 1) is to update Members in relation to the 2014/15 performance to date (as at 31st July 2014) of the Families and Wellbeing and Public Health directorate against the delivery of their Directorate Plans 2014/15. The report translates the priorities set out in the Directorate Plans into a coherent and measurable set of performance outcome measures and targets. Members are requested to consider the details of the report and highlight any issues.

2.0 BACKGROUND AND KEY ISSUES

2.1 As part of the development of the Directorate Plans, SMART (Specific, Measurable, Achievable, Realistic and Time related) outcome measures have been developed that link directly to the Corporate Plan. The senior management team have determined the corporate and directorate outcome indicators contained within the report and signed off the following parameters which underpin their on-going performance management:

- 2014/16 Families and Wellbeing and Public Health Plans
- 2014/15 Plan trajectories
- 2014/15 Performance tolerance levels (determine RAG [Red, Amber, Green] status)
- Head of Service responsible for delivery of target

2.2 Directorate Plan performance (includes Corporate Plan targets) is monitored on a monthly basis against the parameters agreed as part of the business planning process (e.g. RAG tolerance levels). Some indicators are only available on a quarterly or annual basis, in line with the availability of data. Heads of Service responsible for the delivery of targets must complete an

exception report and delivery plan for all indicators which are under performing (e.g. red RAG rated indicators).

2.3 Monthly Directorate Plan performance reports will be produced and made available, to support corporate and directorate challenge via:

- Monthly DMTs
- Monthly Portfolio Lead briefings
- Quarterly Audit, Risk, Governance and Performance meetings
- Quarterly Policy and Performance Committees

3.0 SUMMARY

3.1 The Directorate Plan 2014/15 Performance Report (Appendix 1) sets out performance against 57 outcome measures

3.2 Of the 57 measures for 2014/15, 23 are rated green, 4 are rated amber and 6 are rated red whilst 24 are currently unrated. The 6 measures rated red have action plans (included as Appendix 2, 3, 4, 5, 6 and 7) which refer to:

- NHS Health Checks – Take Up
- Smoking Quitters (4 Weeks)
- Proportion of Opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months
- Timeliness of Adoptions, within 12 months of decision date
- Became Looked After to Adoption Timescale in days
- Average monthly bed days lost due to delayed transfers of care per 100,000

3.3 The Families & Wellbeing Directorate Plan 2014/16 sets out the key functions the Directorate is responsible for and the contribution it makes to the delivery of the Corporate Plan priorities. The Plan is underpinned by the key performance indicator (KPI) planning templates that provide the rationale, trajectory and tolerances for the KPIs.

4.0 RELEVANT RISKS

4.1 The performance management framework policy is aligned to the Council's risk management strategy.

5.0 OTHER OPTIONS CONSIDERED

5.1 N/A

6.0 CONSULTATION

6.1 N/A

7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

7.1 N/A

8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

8.1 Financial implications of undertaking the actions to deliver the Corporate Plan will be addressed by Directorates as appropriate.

9.0 LEGAL IMPLICATIONS

9.1 N/A

10.0 EQUALITIES IMPLICATIONS

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(c) No because equalities implications relating to the actions set out in the Corporate Plan will be addressed by departments as appropriate, and details set out in individual departmental plans.

The report is for information to Members and there are no direct equalities implications at this stage.

11.0 CARBON REDUCTION IMPLICATIONS

11.1 N/A

12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

12.1 N/A

13.0 RECOMMENDATION/S

13.1 Committee are requested to use the information contained within this report to inform its future work programme.

14.0 REASON/S FOR RECOMMENDATION/S

14.1 To ensure that the report provides elected members with the information required to evaluate the delivery of the Council's Corporate Plan.

REPORT AUTHOR: **Tony Kinsella**
Head of Performance
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APPENDICES

Appendix 1 – Directorate Plan Performance Report (as at 31st July 2014)

Appendix 2 – Action Plan: NHS Health Checks – Take Up

Appendix 3 – Action Plan: Smoking Quitters (4 weeks)

Appendix 4 – Action Plan: Proportion of Opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months

Appendix 5 – Action Plan: Timeliness of Adoptions, within 12 months of decision date

Appendix 6 – Action Plan: Became Looked After to Adoption Timescale in days

Appendix 7 – Action Plan: Average monthly lost bed days lost due to delayed transfers of care per 100,000

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Families & Wellbeing Policy and Performance Committee	9th Jul 2013
Families & Wellbeing Policy and Performance Committee	9th September 2013
Families & Wellbeing Policy and Performance Committee	28th January 2014
Families & Wellbeing Policy and Performance Committee	8th April 2014
Families & Wellbeing Policy and Performance Committee	8th July 2014

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st July 2014



No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
Public Health - Tackling Health Inequalities													
Domain 2: Health Improvement													
1	Alcohol-related admissions to hospital: Rate of attendance at A & E for injury and assault where alcohol was a factor (Corporate Plan)	Trauma, Injury Intelligence Group (TIIG)	901.37	N/A	901.37	901.37	NYA	901.37	-	-	Apr - Mar 2013/14	J Webster	To maintain focus on addressing the performance of alcohol related harm which is a Public Health (and Local Authority) priority, it is proposed that a proxy indicator is employed. The proxy is based on data accessed through The Trauma and Injury Intelligence Group (TIIG) team at John Moores University. It shows the rate of attendance at A & E for injury and assault where alcohol was a factor. April to July performance will be available for August 2014 reporting.
2	NHS Health Checks - Offered (Corporate Plan)	Integrated Performance Measures Monitoring Return	17.7%	18.5%	20.0%	3.0%	8.0%	20.0%	G	+	Apr - Jun	J Webster	Liaison with GP practices has established that several of them had sent a large number of invites to patients at the end of Q1 (June) and consequently the take up of patients responding to these will generally not occur until July 2014 at the earliest which will then be reflected in forthcoming Q2 data (July – September). There have been several issues regarding the arrangements for extracting data from GP systems this quarter. This quarter has therefore relied on self reporting by GP practices. This performance data will be validated at a later date. There is an opportunity to rectify this in quarter two when a cumulative figure for the year to date will be submitted. Public Health delivered five training sessions to over sixty GP Practice staff in May/June 2014. These sessions focused on supporting healthcare professionals in undertaking NHS health checks and should see more practices using the NHS health checks clinical template which will ensure activity is recorded accurately.
3	NHS Health Checks - Take up (Corporate Plan)	Integrated Performance Measures Monitoring Return	53.1%	51.0%	50.0%	50.0%	31.9%	50.0%	R	-	Apr - Jun	J Webster	A performance action plan has been developed by Public Health to work with those GP practices who are significantly underperforming to improve their approach. The take-up rate target was exceeded in 13-14.
4	Smoking quitters (4 weeks) (PHOF 2.14)	Stop Smoking Service	1,691 (Provisional)	NYA	2,025	162	110	1,135	R	-	Apr	G Rickwood	The service has experienced a 45% drop in attendances during April 2014/15-July 2014/15 compared to April 2013/14 –July 2013/14. A mitigating action plan has been implemented by the service with immediate effect. This will be reported back to commissioner on a monthly basis. Public Health is working with the service around a service review including the appropriateness of targets. The performance of this target will also be raised in the monthly SLA meeting with the CT. Continued under performance will be subject to standard contractual mechanisms.
5	Smoking status at time of delivery: rate per 100 maternities (PHOF 2.3)	Integrated Performance Measures Monitoring Return	13.7%	12.8% Cheshire, Warrington & Wirral	11.0%	11.0%	13.3%	NYA	A	-	Apr - Jun	G Rickwood	In comparison to other North West Councils, smoking at the time of delivery is lowest for Wirral Smoking at Time of Delivery (SATOD). Rates for April 2013-March 2014 were: Wirral 13.9% (rate has decreased for Q1 2014/2015); Sefton 17.1%; Knowsley 20%; Liverpool 17.0%. We are working with Wirral Clinical Commissioning Group to develop a model that will support staff working in maternity units to address smoking during pregnancy and ensure accurate data reporting.
6	Under 18 conceptions: rate per 1,000 population aged 15-17 (PHOF 2.4)	Office for National Statistics (ONS)	33.5 (2012 national)	31.6 (2012)	32.9	32.9	36.6	32.9	A	-	Jan - Mar 2013	J Graham	An increase in the rate of teenage pregnancy was reported for quarter one 2013. Although this appears to be a large increase in the rate, this only equates to a small number of additional conceptions (n=5) as the number of teenage conceptions is relatively small. Given previous years' data it is anticipated that although there has been an increase in the first quarter of the year this will reduce in subsequent quarters. Teenage pregnancy prevention is currently being addressed through a new integrated approach through development of a risk and resilience strategy which will be implemented in the final quarter of 2014/15. In the interim, the teenage pregnancy sub-groups continue to sustain momentum around this agenda.

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st July 2014



No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
7	Excess weight in 4-5 year olds: reception year classified as overweight or obese (PHOF 2.6i)	NCMP	22.3%	22.9%	24.0%	24.0%	23.2%	23.2%	G	↑	-	J Graham	These figures are provisional as we await publication by PHE of national data (publication expected December 2014). It is highly unlikely any adjustments to this data will significantly alter the position shown. In terms of the quality of the service, coverage i.e. number of children weighed and measured remains above target and proactive follow up of very overweight children is also on target.
8	Excess weight in 10-11 year olds: year 6 classified as overweight or obese (PHOF 2.6ii)	NCMP	33.3%	33.4%	34.6%	34.6%	34.9%	34.9%	A	↑	-	J Graham	
9	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15i)	NDTMS	NYA	NYA	10.0%	#REF!	7.37% (Jan 13 - Dec 13)	10.0%	R	↓	Jan - Dec 2013	G Rickwood	This service has been re-tendered, with the process now coming to it's conclusion. Repeated performance below target was one of the factors supporting the decision to re-tender. Performance against this target has however dropped each month during the course of this retendering process. Contractual penalties were imposed on the current main provider, Cheshire Wirral Partnership, towards the end of the last financial year, and remedial action has been implemented, but because of the structure of the indicator this more recent action will not impact and be reflected in reported performance for 6 to 9 months after it being actioned. One intention from the re-commissioning has been to drive a significant improvement in the performance of the system against this indicator by inviting a substantially new approach. The outcome of the tender process will be reported to Cabinet on the 11th September with cabinet's approval a new/revised service will be scheduled to commence on 1st February 2015.
10	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months (PHOF 2.15ii)	NDTMS	NYA	NYA	53.0%	53.0%	54.17% (Jan 13 - Dec 13)	53.0%	G	↑	Jan - Dec 2013	G Rickwood	This indicator, predominantly delivered by Arch Initiatives, has achieved its performance target for this period. This is a positive outcome for the particular attention paid to this work by the provider, producing as it has a general, steady upward trend over the past 6 months. However this is a volatile performance target sensitive to small changes in the number of completers and subject to fluctuation.
11	Cancer screening coverage – breast cancer (PHOF 2.20i)	Health and Social Care Information Centre /Public Health England	77.2% (2013)	74.1% (2013)	77%	77%	NYA	77%	-	-	-	Fiona Reynolds	The Director of Public Health has an assurance role with regard to cancer screening programmes. It is the responsibility of NHS England to commission and performance manage the programmes. It is important for Councilors to be aware of our performance against the programmes as they are key elements in our prevention activity to reduce death and disease from cancer. The Breast screening programme is performing well locally with coverage targets achieved.
12	Cancer screening coverage – cervical cancer (PHOF 2.20ii)	Health and Social Care Information Centre /Public Health England	72.6% (2013)	72.8% (2013)	76%	76%	NYA	76%	-	-	-	Fiona Reynolds	Please see commentary above with regard to cancer screening programmes. A report on the performance of the cervical cancer screening programme will be requested from NHS England as the commissioning body as coverage is below the target set.
Domain 3: Health protection													
13	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Health Protection Agency (HPA)	2,309 per 100,000 (2013)	2,257 per 100,000 (2013: North of England)	2,300 per 100,000	2,300	NYA	2,300	-	-	-	J Graham	Data reported quarterly via National Chlamydia Screening Programme (NCSP) website. Quarter 1's data will be published later than expected as per the commentary below from the NCSP website, "Due to factors outside our control, the Q1 2014 Chlamydia Testing Activity Dataset (CTAD) data will now published in August 2014."
14	% of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 1st birthday (PHOF 3.03iii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	96% (2012/13)	95.9% (2012/13)	95%	95%	NYA	95%	-	-	-	Fiona Reynolds	The Director of Public Health has an assurance role with regard to immunisation and vaccination programmes. It is the responsibility of NHS England to commission and performance manage the programmes. It is important for Councilors to be aware of our performance against the programmes as they are key elements in our prevention activity to reduce death and disease from communicable diseases e.g. measles, mumps. Local performance against this target is good. Quarterly figures to be published by Public Health England, the data for quarter 1 is due to be published 26th September 2014. 2013/14 Annual statistics are to be published by the Health and Social Care Information Centre in September 2014.

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st July 2014



No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
15	% of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday (PHOF 3.03viii)	Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE)	95% (2012/13)	94.9% (2012/13)	95%	95%	NYA	95%	-	-	-	Fiona Reynolds	Please see commentary above. Current performance is meeting the 95% target to provide good population coverage.

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st July 2014



No.	Description	Data Source	Performance 2013/14	North West 2013/14	Target/Plan 2014/15	YTD Target 2014/15	YTD Performance	Forecast Outturn	Overall Status	Monthly Trend	Reporting Period	Accountable Officer (Head of Service)	Comments
FAMILIES AND WELLBEING - CHILDREN & YOUNG PEOPLE													
Children are ready for school													
	Measures for this outcome are under development												
Children and young people are prepared for working life and adulthood													
16	The gap between the proportion of pupils achieving a Good Level of Development (in the Early Years Foundation Stage Profile)	Local Authority Interactive Tool	39.5	38.7	36.6	-	-	36.6	-	-	-	S Talbot	Annual Indicator
17	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 2 (Level 4 +Reading, Writing and Maths)	Local Authority Interactive Tool	20.9	19.0	16.0	-	-	16.0	-	-	-	S Talbot	Annual Indicator
18	The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	34.9	29.5	26.5	-	-	26.5	-	-	-	S Talbot	Annual Indicator
19	The % of Looked After Children achieving Key Stages 2 (Level 4 +Reading, Writing and Maths)	FFT Aspire	42.9	N/A	61.0	-	-	61.0	-	-	-	E Taylor	Annual Indicator
20	The % of Looked After Children achieving expected levels at Key Stages 4 (5 or more A*-C including English and maths)	Local Authority Interactive Tool	11.8	15.7	44.0	-	-	44.0	-	-	-	E Taylor	Annual Indicator
21	Quality of achievement of a Level 2 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	17.0	19.0	16.0	-	-	16.0	-	-	-	V Stafford	Annual Indicator
22	Inequality of achievement of a Level 3 qualification by the age of 19 (FSM)	Local Authority Interactive Tool	36.0	28.0	31.0	-	-	31.0	-	-	-	V Stafford	Annual Indicator
23	The % of young people aged 16-18 who are not in Employment, Education or Training. (NEET)	Local Authority Interactive Tool	5.7%	6.4%	5.5%	5.5%	5.7%	5.5%	G	↔	Jun	V Stafford	Currently awaiting update from Paul Smith with regards performance for July
24	The % of Care Leavers in Employment Education or Training	Local Authority Interactive Tool	66.0%	60.0%	70.0%	70.0%	77.7%	70.0%	G	↑	Jul	V Stafford	The anticipated number of young people who will be eligible for inclusion in this measure in 2014-15 is currently 52. To date there have been a total of 27 young people eligible to be included in the calculation of whom 21 are engaged in Education, Employment or Training
Children, young people and families have their needs met at the earliest opportunity													
25	Rate of Children in Need per 10,000		402.1	-	375.0	394.0	372.1	372.1	G	↑	Jul	E Taylor	Performance in this area has improved significantly since March 2014 with 2014-15 target already exceeded. This is due to the continued efforts of assessment teams and more detailed information gathering and analysis of contacts at central advice duty team (CADT), thereby ensuring that referrals sent through for social worker assessment are appropriate. Additional social worker hours on a temporary basis has ensured that the children in need performance remains strong. Additional hours are now under review and CADT has been redesigned, therefore the plan is that this rate will continue without additional resources. The number of CIN reduced by 3 between June and July. The current number of CIN is 17 less than the 2014/15 target.
26	Rate of Child Protection Plans (Per 10,000 population aged 0-17)	Local Authority Interactive Tool	41.2		37.8	37.8	28.7	28.7	G	↑	Jul	E Taylor	The number of Child protection plans has fallen from 214 in June to 194 in July. This is 40% lower than at the equivalent point in 2013-14.
27	Rate of referrals to Social Care per 10,000		599.8		575.0	575.0	483.9	483.9	G	↓	Jul	E Taylor	June has seen the highest number of referrals (332) compared to June which saw 271 referrals being made. This is 23% lower than at the equivalent point in 2013-14.

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st July 2014



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28	Number of families achieving a positive outcome through the Payment by Results schedule		304.0		510.0		NYA	510.0	-	-	-	D Gornik	Currently awaiting data to enable calculation of this measure
Children and young people feel safe and secure													
29	Rate of Child Protection Plans per 10,000	Local Authority Interactive Tool	41.2		37.8	37.8	28.7	28.7	G	↓ +	Jul	E Taylor	The number of Child protection plans has fallen from 214 in June to 194 in July. This is 40% lower than at the equivalent point in 2013-14.
30	Rate of Looked After Children per 10,000		100.1	-	95.8	99.5	101.4	95.8	G	↓ +	Jul	E Taylor	Looked after children (LAC) numbers continue to be higher than the national average and statistical neighbours. A LAC Task Group is now in operation which is ensuring a whole systems approach to addressing this issue. Emphasis is on detailed analysis of individual children and implementing strategies to safely reduce the LAC population and associated costs. New strategies are being implemented and practice is scrutinised at individual, team and district level. LAC projections are being finalised which will inform how LAC figures could look at year end. The number of LAC reduced by 7 between June and July. In order to achieve the 2014/15 target the number of LAC need to reduce by a further 38.
31	% of Children in Foster care having three or more placements	Local Authority Interactive Tool	6.8%		10.0%	10.0%	8.0%	8.0%	G	↑ -	Jul	E Taylor	The % of LAC who have had 3 or more placements has increased from 7.6% in June to 8%.
32	% Children in Foster care being in placement two years or more		67.9%		70.0%	70.0%	71.0%	70.0%	G	↑ -	Jul	E Taylor	The percentage of CIC who are in placement over 2 years has increased marginally from 69.9% in June to 71% in July.
33	Percentage of children leaving care through SGOs / adoptions		23.1%	27.7%	28.0%	28.0%	26.9%	28.0%	G	↑ -	Jul	E Taylor	A total of 52 children have been discharged from care during 2014-15 of whom 7 have been discharged via a SGO and 7 have been adopted.
34	Percentage of children in care placed with parents		11.0%		8.0%	8.0%	12.4%	8.0%	G	↑ +	Jul	E Taylor	A total of 85 children were placed with parents as at 31st July.
35	Timeliness of Adoptions, within 12 months of decision date	Local Authority Interactive Tool	75.0%	-	80.0%	80.0%	29.0%	80.0%	R	↑ +	Jul	E Taylor	YTD Adoptions April - 2 May - 2 June - 1 July - 2 Total - 5 Of the 7 adoptions to date two were completed within timescale.
36	Became Looked After to Adoption Timescale in days	Local Authority Interactive Tool	744.0	-	547.0	547.0	922.7	547.0	R	↓ -	Jul	E Taylor	Of the 7 adoptions to date in 2014-15 only 1 child was adopted within the 547 target from Becoming Looked After. 5 of the remaining 6 exceeded 1,000 days with the highest being 1,133 (3.1 years)
Universal and Infrastructure Services													
37	Percentage of on time admissions applications received online – F2		64.0		68.0	-	-	68.0	-	-	-	N Clarkson	Annual Indicator
38	Percentage of on time admissions applications received online –Year 7		58.0		62.0	-	-	62.0	-	-	-	N Clarkson	Annual Indicator

WIRRAL COUNCIL
Families and Wellbeing and Public Health Performance Report as at 31st July 2014



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FAMILIES AND WELLBEING - ADULTS													
Enhance the quality of life for people with care and support needs													
39	Proportion of people who use services who have control over their daily life (ASCOF 1B)	Adult Social Care Survey	79.9%	76.6%	80.0%	-	-	80.0%	-	-	-	C Beyga	Annual Indicator
40	Proportion of people using social care who receive self-directed support, and those receiving direct payments (ASCOF 1C)	Local Data (Swift)	63.8% Approx. as new measure for 2014/15	67.6%	66.0%	64.5%	84.5%	84.5%	G	↔	Jul	C Beyga	The calculation of this measure has changed for 2014/15 to only include those people in receipt of a long term service for whom self directed support is most relevant. The denominator also excludes those people in residential & nursing care whereas previously they were included.
Delay and reduce the need for care and support													
41	Permanent admissions of younger adults (aged 18-64) to residential and nursing care homes, per 100,000 population (ASCOF 2Ai)	Local Data (Swift)	18.1	14.5	17.0	17.7	11.2	17.0	G	⬇️	Jul	C Beyga	YTD Placements April - 1 May - 2 June - 1 July - 3 Total - 7 Target - 11 NB. Reported figures may be subject to change due to potential delays in data recording
42	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (ASCOF 2Aii)	Local Data (Swift)	835.9	777.8	759.3	810.4	676.2	759.3	G	⬇️	Jul	C Beyga	YTD Placements April - 32 May - 45 June - 34 July - 38 Total - 149 Target - 175 NB. Reported figures may be subject to change due to potential delays in data recording
43	Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2Bj)	Local Data (Swift)	89.4%	83.6%	85.0%	85.0%	89.9%	85.0%	G	⬇️	Jul	C Beyga	A total of 21 people have been identified during May, June and July as not being at home 91 days post discharge from hospital into reablement. Of the 21 people 3 have been re-admitted to hospital, 12 are now deceased and 6 have been admitted to care homes
44	Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 10,000 population (Links to ASCOF 2Bij)	Local Data (Swift)	311.5	354.8	390.7	328.9	417.7	415.0	G	⬆️+	Jul	C Beyga	60% of all referrals to STAR and 80% to IMC are related to hospital discharges. Current usage of the IMC beds indicates approximate occupancy of 80% against available capacity. The average length of stay in an IMC is 4.3 weeks.
45	Average monthly bed days lost due to delayed transfers of care per 100,000 (Better Care Fund)	NHS England Statistics	66.3	199.7	61.3	65.1	74.4	87.8	R	⬆️	Jun	J Evans	This measure is calculated based on a rolling 12 month period (i.e.. July 13 - June 14). Comparing the total lost bed days in Q1 2013-14 to the total for Q1 2014-15 shows a 61% increase. The increasing trajectory is predominantly due to delays attributable solely to the NHS. Of the total lost beds days in Q1 2014-15 54% are attributable solely to the NHS, the same period in 2013-14 was 33%. Further analysis of the data indicates the primary reason for NHS delays is awaiting further non-acute treatment. The main reason for delays attributable to DASS is delays in the completion of assessments.
46	Total number of avoidable admissions per 100,000 population (Better Care Fund)	Local Data (Wirral CCG)	3,059.7		2,871.6	478.6	497.0	2,871.6	A	⬆️+	May	J Evans	Awaiting further analysis from Wirral CCG
47	Proportion of people who have received short term services to maximise independence requiring no on-going support (ASCOF 2D)	Local Data (Swift)	N/A	N/A	50.0%	50.0%	71.5%	70.0%	G	⬆️+	Jun	C Beyga	YTD Analysis • 26% of people are independent post reablement • 23% of people have low level on-going support (e.g. Assistive Technology) • 21% of people stop reablement early either declining further services or being admitted to hospital • 3% of people self fund their care
Ensure that people have a positive experience of care and support													
48	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	Adult Social Care Survey	63.0%	65.8%	67.0%	-	-	67.0%	-	-	-	C Beyga	Annual Indicator

WIRRAL COUNCIL
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49	Proportion of Social Work assessments completed within 28 days	Local Data (Swift)	97.4%	N/A	100.0%	100.0%	98.3%	98.0%	G		Jul	C Beyga	Of a total of 922 completed assessments there have been 16 that have not been completed within 28 days. Common reasons for delays include difficulties in contacting the referrer to arrange a meeting to complete the initial assessment and also disputes linked to Ordinary Residence and who is responsible for funding the care package.
50	Overall satisfaction of carers with social services (ASCOF 3B)	Carers Survey	Carers survey is biennial - not completed in 2013/14	45.4% 2012-13	46.0%	-	-	46.0%	-	-	-	J Evans	Annual Indicator
51	Proportion of people who use services who find it easy to find information about support (ASCOF 3D)	Adult Social Care Survey	75.5%	75.0%	80.0%	-	-	80.0%	-	-	-	J Evans	Annual Indicator
52	Improving people's experience of integrated care (ASCOF 3E)	TBC	0.0%	N/A	-	-	-	-	-	-	-	C Beyga	This is a new measure for 2014/15 taken from the Adult Social Care Outcomes Framework. The Department of Health are considering options as to how the information will be captured and will inform Councils later in 2014/15, although it is likely to be incorporated within the Adult Social Care Survey
Safeguard adults whose circumstances make them vulnerable and protecting them from harm													
53	Proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B)	Adult Social Care Survey	71.7%	77.0%	80.0%	-	0.0%	80.0%	-	-	-	C Beyga	Annual Indicator
54	Proportion of Safeguarding Alerts actioned within 24 hours	Local Data (Swift)	98.4%	N/A	100.0%	100.0%	98.5%	98.6%	G		Jul	J Evans	A total of 981 safeguarding alerts have been actioned within 24 hours out of a total of 996. 14 of the remaining 16 alerts not actioned within 24 hours were actioned within 48 hours with the other 2 within 72 hours.
55	Proportion of completed scheduled monitoring visits to residential homes	Local Data (QA Team)	100.0%	N/A	100.0%	33.3%	94.6%	100.0%	G		Jul	J Evans	105 out of 111 homes have received a monitoring visit to date during 2014-15. 80% of homes are currently rated as green under the Quality Assurance Framework, 18% are Amber and 10% are Red.
Transform the business to be as efficient and effective as possible													
56	Projected net expenditure for 2014-15 as a Proportion of the 2014-2015 net budget for Adult Social Services	Local Data (Finance)	100.0%	N/A	100.0%	100.0%	96.0%	100.0%	A		May	G Hodgkinson	Revised Budget = £74.67m Forecast Spend = £77.67m The variance between budget and forecast expenditure has not yet been identified officially as an overspend relates primarily to concerns around 3 projects: • Transformation of Day Services • NHS Continuing Care Review • Managing Demand Early identification of potential issues has enabled swift management actions to be implemented.
57	Proportion of care packages able to commence within 24 hours of initial contact with agency (Better Care Fund)	Local Data (CAT Team)	12.5%	N/A	95.0%	95.0%	93.2%	95.0%	G		Jul	J Evans	Data collated by the Care Arranging Team indicates that the availability of providers to commence packages within 24 hours remains within targeted levels.

Performance is improving
Lower is better

Performance is deteriorating
Higher is better

Performance is improving
Higher is better

Performance sustained
in line with targets set

Performance is deteriorating
Lower is better

G Performance within tolerance for target set.
A Performance target slightly missed (outside of tolerance)
R Performance not on track, action plan required.

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PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	NHS Health Checks: Take up of the NHS Health check programme by those eligible
Strategic Director Lead	Fiona Johnstone, (Director of Public Health)
Departmental Lead	Julie Webster (Head of Public Health)
Target	50% take up by those people offered a health check

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	31.9%	+ / - Target : -18.1% YTD
Non-compliance reason	<ul style="list-style-type: none"> • Liaison with GP practices has established that several of them had sent a large number of invites to patients at the end of Q1 (June) and consequently the take up of patients responding to these will generally not actually occur until July 2014 at the earliest which will then be reflected in forthcoming Q2 data (July – September). • There have been several issues regarding the arrangements for extracting data from GP systems this quarter. As a result, Q1 data has therefore relied on self-reporting by GP practices in order to ensure the submission date for Q1 activity for Public Health England was achieved. This performance data will be validated at a later date. Public Health is working with the relevant agency to address this situation for extraction of data for Q2. • Public Health delivered 5 training sessions to over 60 GP Practice staff in May / June 2014. These sessions focused on supporting healthcare professionals by encouraging them to utilise the NHS Health Checks clinical template developed by Public Health which will also ensure that the correct codes are captured. This should help improve the take-up rate. • Public Health will work with those GP practices that are significantly underperforming to improve the uptake rates. Factors to be addressed include inaccurate coding and improving the invitation process. • 44 of the 55 practices signed up to deliver the service provided data for quarter 1 therefore the data does not capture all activity for this quarter. There is an opportunity to rectify this in quarter 2 when a cumulative figure for the year to date will be submitted. 	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .

What (is required)	<ul style="list-style-type: none"> • Liaise with practices to understand any causes of the reduction of the take-up rate. • Relevant GP practices to receive appropriate support from Public Health • Data to be submitted from General Practice following an agreed protocol and timetable
How (will it be achieved)	<ul style="list-style-type: none"> • Continue to promote the use of the NHS Health Check clinical template by GP practices to improve the accurate recording of activity • Public Health to offer support to those practices who are outliers to improve performance • A review of the current data extraction and collation process with action to ensure data is submitted on time
Who (will be responsible)	Kevin Carbery
When (will results be realised)	The next data return is 31 st October 2014. All activity for 1 st April – 30 th September 2014 will be reviewed and submitted at this time to ensure an accurate reporting of activity.

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Smoking quitters (4 weeks)
Strategic Director Lead	Fiona Johnstone, (Director of Public Health)
Departmental Lead	Julie Webster (Head of Public Health)
Target	2,025 (Wirral wide)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance		
Performance this Period	110 April 2014	162 Wirral Wide April target
Non-compliance reason	<p>The underperformance of this target is attributed to Wirral NHS Community Trust's (herein referred to as 'the service') under performance.</p> <p>The service has experienced a 45% drop in attendances during April - July 2014/15 compared to April –July 2013/14. Comparing Q1-3 2012/2013 to Q1-3 2013/2014 quit dates set have decreased by 20%. The average reduction for other North west services was 35%.</p> <p>Anecdotal evidence reports that e-cigarette use is having a negative impact on people wanting to stop smoking. The service will be undertaking work with local people in during October to gain insight into the local use of e-cigarettes and their impact on quit attempts.</p>	

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it .	
What (is required)	<p>Increase in Quit Dates Set* (*Quit Date is the date on which a smoker plans to stop altogether with support from a stop smoking adviser as part of an NHS assisted quit attempt).</p> <p>An increase in 4 week quitters** (**Four-week quitter is a smoker whose quit status is smoke free at four weeks from their quit date. Follow up must occur 25 to 42 days from the quit date)</p>
How (will it be achieved)	A number of targeted initiatives are being put in place to promote the service and increase throughput e.g. targeted leaflet drops in key

	<p>areas, supporting national health promotion campaigns-Stoptober, Lung Cancer awareness month, Men's Health month. The impact of this activity will be reported back to commissioners on a monthly basis.</p> <p>The performance of this target will also be raised in the monthly SLA meeting with Wirral Community NHS Trust. If there is no improvement in performance an officer recommendation will be made to re-tender the service.</p>
Who (will be responsible)	Rebecca Mellor, Public Health
When (will results be realised)	Quarter 3

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Proportion of opiate users that left drug treatment successfully who do not represent to treatment within 6 months
Strategic Director Lead	Fiona Johnstone, (Director of Public Health)
Departmental Lead	Julie Webster (Head of Public Health)
Target	10%

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	7.37% (July 2014) (Covering the service delivery period January-December 2013 + / - Target : - 0.5%
Non-compliance reason	<p>The profile of the in treatment population is as follows:</p> <ul style="list-style-type: none"> • 46% of those in treatment have been in treatment for at least 6 years (Cluster average 23%). • 50% of those in treatment have a drug using career of over 21 years (Cluster average 21%). • 53% of those in treatment were in their first treatment episode (Cluster average 36%). <p>This data illustrates that a high percentage of those in treatment entered the treatment system 15 to 20 years ago and have never left.</p> <p>The Public Health England report, "Drug Treatment in England, 2012/13", highlighted that drug treatment was still seen to be working but added that, "<i>The treatment population is ageing, with the over 40's now being the largest group receiving treatment. Many are older heroin users who have failing health and entrenched addiction problems. This group is particularly hard to help into lasting recovery. The impact is beginning to show in the proportion of people successfully completing treatment, which levelled off in 2012-13 following an increasing trend over the previous 7 years.</i>"</p> <p>This issue is particularly pronounced with our in treatment population, as evidenced above.</p> <p>Over the past 6 years, there have been over 1,600 completed treatment journeys. Although some of these have been followed by relapse, this does represent considerable movement of service users' thorough treatment. One effect of this is that those who haven't already achieved recovery, or at least engaged with the process, are those that are less able/equipped/inclined to move on. This group, which represents a growing proportion of those still in the treatment services, present an increasingly difficult challenge to services.</p>

ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when, knows the expected outcome and how to achieve it .

What (is required)	<ul style="list-style-type: none"> • Services providers need to continuously seek new ways to stimulate and motivate service users to make the commitment to change. • Services need to work closely and co-operatively together and keep working at identifying ways of improving the effectiveness of this. • Peer support needs to be fully factored into the treatment and recovery system. • Data reporting needs to be consistently comprehensive and accurate.
How (will it be achieved)	<ul style="list-style-type: none"> • The under-performance for this target will be raised as part of a contract query (and utilisation of all relevant contractual mechanisms) • Regular monitoring of performance data to focus service providers on specific activity, and ensure data accuracy • Co-ordination of system meetings to improve communication, integration and co-operation between providers as a means of improving the overall effectiveness and efficiency of the system. • Implementation of action plans designed and delivered by the providers to improve performance and deliver the targets (e.g. remedial actions plans developed by Cheshire and Wirral Partnership in response to the initiation of a number of contract queries as part of the SLA monitoring process). • Re-tendering process undertaken (now nearing completion) designed to refresh and re-energise the system and bring new ideas and impetus to the challenge. New Contract to mobilised from October, to commence delivery from February 1st 2015
Who (will be responsible)	Cheshire and Wirral Partnership NHS Foundation Trust as the biggest contributor to the target followed by Arch Initiatives.
When (will results be realised)	Performance can fluctuate (month by month) but the aim is to achieve the target by the end of the current contract and then work with providers of the new contract to deliver new impetus and innovation that will sustain performance at or above this level.

PERFORMANCE ACTION PLAN TEMPLATE

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INDICATOR OVERVIEW	
Indicator Title	Timeliness of Adoptions, within 12 months of decision date
Strategic Director Lead	Clare Fish
Departmental Lead	Emma Taylor
Target	80% (June 2014) / 80% (March 2015)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	29% + / - Target: -64%
Non-compliance reason	Of the 7 adoptions completed during 2014-15 to date, a total of 2 have been placed within 12 months of the decision date.
ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it.	
What (is required)	<p>The data needs to be validated to ensure it marries with adoption scorecard data produced nationally. Query over whether the current data measures the timescale from the adoption decision to the Adoption Order, rather than the correct measurement to the date the child was placed in an adoptive placement. The latter is made prior to the order being made and so is a shorter timescale.</p> <p>An analysis of the 7 children adopted shows that 4 of them were part of 2 separate siblings group with a plan to be placed together, which meant that they were hard to place and which lengthened the time it took for them to be placed for adoption. Two children who had a plan to be placed together, were eventually placed separately due to their complexities. Research highlights that large sibling groups and children with complexities are much harder to place. For another child, the child's father appealed the court decision for the child to be placed for adoption. The appeal process therefore, delayed the placing of the child in an adoptive placement.</p>
How (will it be achieved)	Senior Manager, Children in Care to meet with the performance section
Who (will be responsible)	Senior Manager, Children in Care
When (will results be realised)	One month

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PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Became Looked After to Adoption Timescale in days
Strategic Director Lead	Clare Fish
Departmental Lead	Emma Taylor
Target	547.0 (June 2014) / 547.0 (March 2015)

CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	922.7 + / - Target: +69%
Non-compliance reason	<p>Of the 7 adoptions completed during 2014-15, 1 has been within the target timescale of 547.0 days.</p> <p>5 of the remaining 6 have exceed 1,000 days with the longest having taken 1,133 (3.1 years).</p>
ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it.	
What (is required)	<p>The data needs to be validated to ensure it marries with adoption scorecard data produced nationally. Query over whether the current data measures the timescale from the adoption decision to the Adoption Order, rather than the correct measurement to the date the child was placed in an adoptive placement. The latter is made prior to the order being made and so is a shorter timescale.</p> <p>An analysis of the 7 children adopted shows that 6 of them were part of large siblings group and were being placed together, which meant that they were hard to place and which therefore, lengthened the time it took for them to be placed for adoption. For three of the children, they were eventually placed separately due to their complexities. Research highlights that large sibling groups and children with complexities are harder to place. For another child, the child's father appealed the court decision for the child to be placed for adoption. The appeal process, therefore, delayed the making of the placement.</p> <p>Work has been taking place with C4EO to improve adoption performance focusing primarily on permanence planning for children. We are continuing to work with C4EO to improve overall performance in this area by focusing on the following: -</p> <ul style="list-style-type: none"> -timeliness of decision making -performance monitoring -improved permanence planning -practice and culture

	<ul style="list-style-type: none"> -marketing strategy and the recruitment of adopters -raising awareness that the clock is ticking, from the moment a child becomes looked after -prompt family finding to match the needs of children with the skills of prospective adopters.
How (will it be achieved)	Senior Manager, Children in Care to meet with the Performance section. Ongoing work with the locality social work teams and adoption team.
Who (will be responsible)	Senior Manager, Children in Care
When (will results be realised)	One month with regards to validating the data and March 2015 with regards to seeing sustained improvements in the timeliness of adoption. The practice and culture issues in particular, mean that improvements in performance will not be evident immediately. The complexities of some children, means that achieving the target will be more difficult for this group and will impact on performance.

PERFORMANCE ACTION PLAN TEMPLATE

This template is to be completed for ALL measures showing **RED** status of non-compliance against the specified target reported.

INDICATOR OVERVIEW	
Indicator Title	Average monthly lost bed days due to delayed transfers of care per 100,000
Strategic Director Lead	Claire Fish
Departmental Lead	Jacqui Evans
Target	65.1 (Jun '14) / 61.3 (Mar '15)
CURRENT SITUATION: Detail what the performance is for this measure and reason/s for non-compliance	
Performance this Period	74.4 + / - Target: -9.3 (-14.3%)
Non-compliance reason	<p>This measure is calculated based on a rolling 12 month period (ie. July 13 - June 14). Comparing the total lost bed days in Q1 2013-14 to the total for Q1 2014-15 shows a 61% increase.</p> <p>The increased trajectory is predominantly due to delays attributable solely to the NHS. Of the total lost beds days in Q1 (14-15); 54% are attributable solely to the NHS, the same period in 2013-14 was 33%.</p> <p>Further analysis of the data indicates the primary reason for NHS delays is due to patients awaiting further non-acute treatment.</p> <p>The main reason for delays attributable to DASS is delays in the completion of assessments.</p>
ACTIONS: This describes what's necessary or how to achieve a 'green' score. This way everyone is clear on what is required and when; knows the expected outcome and how to achieve it.	
What (is required)	<p>In order to achieve a RAG rating of 'green' by March 2015 the average number of lost bed days per month needs to be approximately 143 for the rest of 2014-15.</p> <p>The average for quarter 1 was 223 lost bed days per month.</p>
How (will it be achieved)	<p>Before a detailed action plan can be drafted further analysis needs to be undertaken to understand the key reasons why delayed discharges are occurring:</p> <p>a) how delayed discharges are being categorised by acute services;</p> <p>b) the detailed reasons causing delayed discharges as the summary data available does not allow further analysis</p> <p>Once this work is completed this action plan will be updated to outline the necessary interventions which will be jointly agreed between DASS, Wirral Clinical Commissioning Group and Wirral University Teaching Hospital.</p>

Who (will be responsible)	Jacqui Evans (Head of Service – Transformation) Sarah Quinn (Commissioning Manager – Wirral CCG)
When (will results be realised)	Detailed analysis to be completed August 2014 which will inform discussions with Wirral CCG to identify remedial actions required with immediate implementation.

WIRRAL COUNCIL

FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE

9TH SEPTEMBER 2014

SUBJECT:	<i>COMMITTEE WORK PROGRAMME</i>
REPORT OF:	<i>THE CHAIR OF THE COMMITTEE</i>

1.0 EXECUTIVE SUMMARY

1.1 This report updates Members on progress towards delivering the work programme for the Families and Wellbeing Policy & Performance Committee.

2.0 BACKGROUND AND KEY ISSUES

2.1 The Families and Wellbeing Policy & Performance Committee is responsible for proposing and delivering an annual work programme. This work programme should align with the corporate priorities of the Council and be informed by service priorities and performance, risk management information, public or service user feedback and referrals from Cabinet or Council.

2.2 The work programme is made up of a combination of scrutiny reviews, standing items and requested officer reports. This provides the committee with an opportunity to plan and regularly review its work across the municipal year.

3.0 WORK PROGRAMME OF THE FAMILIES AND WELLBEING POLICY & PERFORMANCE COMMITTEE – RECENT UPDATES

3.1 An initial work programme for the new municipal year, largely based on outstanding items from the previous year, was presented to the meeting of this Committee held on 8th July 2014. Committee agreed that “the Chair and Vice-Chair and Group Spokespersons develop the work programme further and undertake the prioritisation work outlined within the report”. Subsequently, a meeting has taken place and the resulting draft work programme for this Committee is attached as Appendix 1.

3.2 Amendments to the work programme recommended by the meeting of the Chair, Vice Chair and Spokespersons include:

Scheduled Reviews – In-depth reviews carried out during the municipal year will include:

- Safeguarding Children (Already started)
- Future Council (Options to be reviewed in detail during September and October 2014)
- Domestic Violence (to commence as soon as practicable)
- Reducing hospital admission and dependency on nursing and residential homes for older people (to commence early in 2015 – once the Safeguarding Children review is complete)

The following previously suggested topics for review will NOT be carried forward at this time:

- The detrimental effects of alcohol and how agencies can work collaboratively to reduce them
- Health Inequalities
- Services for BME Communities

Reports requested to Committee – A number of reports have been scheduled for specific Committee meetings as detailed on the work programme. Other reports have been identified as suitable for being distributed to Members outside the Committee schedule (as agreed in principle at the Committee meeting held on 8th July).

4.0 PREVIOUS / CURRENT SCRUTINY REVIEWS - UPDATE

4.1 Care Homes Scrutiny Review

At their meeting of this Committee held on 8th April 2014, members approved the report of the Care Homes Scrutiny Panel. Subsequently, the report was referred to the Cabinet meeting held on 7th July 2014. The following Minute was agreed by Cabinet:

A report by the Chair of the Families and Wellbeing Policy and Performance Committee, provided background information on the report of the Quality Assurance and Standards of Care Homes in Wirral Scrutiny Review (appended to it), which had been approved by the Families and Wellbeing Policy and Performance Committee and referred to Cabinet for further consideration.

Councillor Wendy Clements, Chair of the Families and Wellbeing Policy and Performance Committee and Councillor Moira McLaughlin, Panel Member, were in attendance at the meeting and proceeded to introduce the very detailed report drawing attention to its recommendations.

Councillor Chris Jones, Cabinet Member for Adult Social Care and Public Health thanked the Chair and those members that had taken part in the review and indicated that this was a valuable report with great importance and welcomed further meetings with the Director and Department of Adult Social Services to discuss the recommendations detailed within the report.

Councillor P Davies echoed the comments made by Councillor Chris Jones and asked that a copy of the actions being delivered be shared with the Cabinet at a future meeting.

RESOLVED: That

(1) the contents and recommendations of the Scrutiny Report, ‘Quality Assurance and Standards of Care Homes in Wirral’ be supported; and

(2) officers be requested to develop an Action Plan to implement the recommendations contained within the report.

4.2 Safeguarding Children Scrutiny Review

Evidence-gathering for this review is well underway. Sessions already held include a visit to the multi-agency Safeguarding Hub (MASH) at Moreton and a series of meetings with partners from Merseyside Police, probation, health, Catch-22, third sector partners and the Council’s Family Safety Unit. Future sessions will include meetings with schools and focus groups with front-line social workers. Sessions with children and families who have experience of the system are also being planned.

4.3 Future Council

An update on the proposed arrangements for the scrutiny of Future Council options is elsewhere on the agenda of this meeting. It is anticipated that this detailed scrutiny work will be carried out during September and October, reporting back to the meeting of this Committee due to be held on 3rd November 2014.

5.0 REPORTS DISTRIBUTED TO MEMBERS SINCE THE LAST COMMITTEE MEETING

- 5.1 At the previous meeting, Committee agreed, in principle, that in order to reduce the number of agenda items at meetings, some reports will be distributed to Committee Members outside the committee schedule. In order to maintain public transparency, it was also agreed that all reports dealt with in this way will be highlighted in this report.
- 5.2 Since the last Committee meeting, no reports have been distributed to members in this way.

6.0 SPOTLIGHT SESSIONS

- 6.1 At the previous meeting, Committee agreed, in principle, for members to hold Spotlight sessions, which, in an informal setting, will enable a topic to be explored in greater detail than time would allow during a formal Committee meeting.
- 6.2 The first session was held on 14th August 2014. The Director of Public Health led a discussion regarding the framework of the NHS, entitled 'Navigating the new NHS'. The major aim of the session was to enable members to gain a better understanding of the roles of the different NHS organisations, set in the Wirral context.
- 6.3 Subsequent sessions have been arranged as follows:
- Proposals for the implementation of the Care Act 2014 – Led by Graham Hodkinson (15th October 2014)
 - An update of the provisions of the Children and Families Act 2014 – Led by Julia Hassall (27th November 2014)
 - NHS & Social Care Integration plus Vision 2018 – Led by Graham Hodkinson (Date to be confirmed in January 2014)

7.0 ATTAINMENT SUB-COMMITTEE

- 7.1 A schedule of meetings for the Attainment Sub-Committee for the municipal year has now been set (1st September, 10th December 2014 and 4th March 2015). Outcomes from those meetings will be reported to this Committee as appropriate.

8.0 HEALTH & CARE PERFORMANCE PANEL

- 8.1 It is anticipated that the first meeting of the Health & Care Performance Panel will be held in late September or October. It is proposed that progress on the delivery of the recommendations arising from the Francis Scrutiny Review will be included as part of the agenda.

9.0 PROGRESS IMPLEMENTING PREVIOUS RECOMMENDATIONS

9.1 The outstanding recommendations from previous scrutiny reviews for this committee relate to the following Reviews completed in the previous municipal year. The Chair, Vice Chair and Spokespersons propose that they are monitored as follows:

- Outcomes for Looked After Children – A report is scheduled to this Committee in December 2014.
- Implications of the Francis Report for Wirral - referred to the Health and Care Performance Panel for initial consideration.
- Quality Assurance and Standards in Care Homes - referred to the Health and Care Performance Panel for initial consideration.

10.0 RECOMMENDATIONS

10.1 Members are requested to approve the updated Families and Wellbeing Policy & Performance Committee work programme for 2014/15 as shown in the appendix, making any necessary amendments.

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Key Activities	Lead Member / Officer	Reason for Review	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	April 2015	Outcome
Committee Dates					Tues 8th		Tues 9th		Mon 3rd	Tues 2nd		Mon 2nd		Mon 13th	
Scheduled Reviews															
Safeguarding Children	Cllr Moira McLaughlin	Agreed by P&P Committee on 5th Dec 2013													
Domestic Violence	Cllr Janette Williamson	Agreed by P&P Committee on 9th Sept 2013													
Future Council programme - Detail to be defined	Cllr Moira McLaughlin	Part of Future Council process													
Reducing hospital admission and dependency on nursing and residential home for older people		Proposed by Spokespersons - July 2013													12/08/14 - Spokespersons agreed to prioritise this review for early 2015
Potential Reviews															
The detrimental effects of over consumption of alcohol on communities and how agencies can work collaboratively to reduce them		Proposed by Spokespersons - July 2013													12/08/14 - Spokespersons agreed to remove this item from the 2014/15 work programme
Health Inequalities		Proposed by Spokespersons - July 2013													12/08/14 - Spokespersons agreed to remove this item from the 2014/15 work programme
Services for BME Communities		Proposed by P&P Committee on 9th Sept 2013													12/08/14 - Spokespersons agreed to remove this item from the 2014/15 work programme
Impact Report from previous In-depth Reviews															
Looked After Children Review															
Implications of the Francis Report for Wirral															12/08/14 - Spokespersons agreed to refer this item to the Health & Care Performance Panel (Sept 2014)
Review of Co-optees															12/08/14 - Spokespersons agreed to remove this item from the 2014/15 work programme
Quality Assurance and Standards in Care Homes															12/08/14 - Spokespersons agreed to refer this item to the Health & Care Performance Panel (Sept 2014)
Reports Requested to Committee															
Families and Wellbeing Departmental Plan	Clare Fish														Complete
Cheshire, Warrington & Wirral Area Team of NHS England, Two Year Plan (to include proposed service reviews)	Andrew Crawshaw	Item requested by NHS England Area Team													Complete, although NHS England Area Team will update members during the next 2 years regarding specific projects
Clatterbridge Cancer Centre - Restructuring proposals (Are the proposals a substantial variation to service for Wirral?)	Jacqueline Robinson	Item offered by Clatterbridge Cancer Centre													08/07/14 - Members agreed that the proposals were a substantial variation to service. Wirral will participate in the proposed joint scrutiny arrangements across Merseyside and Cheshire Local Authorities
Future Council - outline of process															Further scrutiny of specific Future Council options / proposals will take place during Sept / Oct 2014
Community Dental Service Procurement	Kirsty McBride / Andrew Crawshaw	Item requested by NHS England Area Team													
Specialised Commissioning	Kirsty McBride / Andrew Crawshaw	Item requested by NHS England Area Team													
Traded Services - proposed changes to service delivery	Clare Fish														
Safeguarding Annual Report 2013/14	Julia Hassall / Graham Hodkinson	Proposed by Spokespersons 16th Dec 2013													
Leisure Review	Clare Fish														
All-age Disability Service	Julia Hassall / Graham Hodkinson														
Anti-social Behaviour, emphasising on youth	Julia Hassall	Agreed by P&P Committee 28th Jan 2014													
Child Poverty Strategy - update	Julia Hassall														
Reports to be distributed to Members for information															
Audit on Public Health Annual Report 2012/13 (Social Isolation) - The response of partners	Fiona Johnstone / Julie Webster	Proposed by Spokespersons 16th Dec 2013													
Public Health Annual Report 2013/14	Fiona Johnstone / Julie Webster														
Fostering Annual Report	Julia Hassall														

Key Activities	Lead Member / Officer	Reason for Review	May 2014	June 2014	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	April 2015	Outcome
Adoption Annual Report	Julia Hassall														
Health & Wellbeing Strategy	Fiona Johnstone														
Referrals from other Committees															
NOM - Local Government Declaration on Tobacco Control	Fiona Johnstone	Agreed by P&P Committee 28th Jan 2014													Follow-up Report - proposed Jan 2015
NOM - Becoming a 'Dementia-friendly' Council	Proposed: Cllr Tom Anderson; Seconded: Cllr Tracey Smith	Referred from Council, 14th July 2014													
Standing Items															
Performance Dashboard															
Financial Monitoring															
Policy Update															
Special Budget meeting															
Spotlight Sessions															
Overview of the NHS framework	Fiona Johnstone	Agreed by F&W P&P Committee 8th July 2014				14th									
Proposed implementation of the Care Act 2014	Graham Hodkinson	Agreed by F&W P&P Committee 8th July 2014						15th							
Children & Families Act - Update	Julia Hassall	Proposed by Spokespersons 10th March 2014							27th						
NHS & Social Care Integration plus Vision 2018	Graham Hodkinson	Proposed by Spokespersons 12th August 2014													Date to be arranged
Health Inequalities	Fiona Johnstone	Proposed by F&W P&P Committee 8th July 2014													Date to be arranged