



Health and Wellbeing Board

8 January 2014

Time 12.30pm
Oversight

Public meeting? YES

Type of meeting

Venue Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Room Committee Room 3 (3rd floor)

Information for the Public

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Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS – PART 1

1. **Apologies for Absence**
2. **Notification of Substitute Members**
3. **Declarations of interest**
4. **Minutes of the previous meeting (6 November 2013)**
[For approval]
5. **Summary of outstanding matters**
[To consider and comment on the summary of outstanding matters]
6. **Chair's update**
7. **Health and Wellbeing Board Forward Plan 2013/14**
[To consider and comment on the items listed in the Forward Plan]
8. **NHS Wolverhampton (Wolverhampton Clinical Commissioning Group) –
Commissioning Intentions -**
[To receive a presentation from Dr Helen Hibbs and Mark Lane]

CHILDREN AND YOUNG PEOPLE THEME – PART 2 (Invitation - Chair of Wolverhampton Children's Safeguarding Board)

9. **Children, Young People & Families Plan 2014**
[To consider the approach being taken and progress made in developing the Children, Young People and Families Plan]
10. **Implementation of Special Educational Needs and Disabilities (SEND)
reforms**
[To approve the revised governance and accountability for the SEND project in relation to the Health and Wellbeing Board]

11. **Children’s Safeguarding Peer Review and Action Plan [Emma Bennett]**
[To considers the report and findings of the Safeguarding Children Peer Review and an update of the Wolverhampton Safeguarding Children Improvement Plan.]
12. **Feedback from Sub Groups**
- **Children’s Trust Board**
 - **Adults Delivery Board**
 - **Public Health Board**

Part 2 – exempt items, closed to the press and public

<i>Item No.</i>	<i>Title</i>	<i>Grounds for exemption</i>	<i>Applicable paragraph</i>
	NIL		



Health and Wellbeing Board Minutes – 6 November 2013

Attendance

Cllr Sandra Samuels (Chair) – Cabinet Member for Health and Wellbeing
Cllr Val Gibson – Cabinet Member for Children and Families
Dr Helen Hibbs – Chief Officer, NHS Wolverhampton
Ros Jervis – Director of Public Health, Community Directorate
Tim Johnson – Strategic Director for Education & Enterprise
Bob Jones – West Midlands Police & Crime Commissioner
Sarah Norman – Strategic Director for Community
Councillor Paul Singh – Shadow Cabinet Member for Health and Wellbeing
Jan Thomas-West – West Midlands Police

Staff

Maxine Bygrave	Chair, Wolverhampton Healthwatch
Noreen Dowd	Wolverhampton Clinical Commissioning Group
Viv Griffin	Assistant Director, Health, Wellbeing & Disability, Community Directorate
Charlotte Hall	Royal Wolverhampton NHS Trust
Anthony Ivko	Assistant Director, Older People and Personalisation
Dr Julian Morgans	Wolverhampton Clinical Commissioning Group Board Member and WCCG Urgent Care Lead, NHS Wolverhampton
Michael Murphy	Interim Head of Service, Older People Assessment and Care Management
Dr Jonathan Odum	Medical Director, Royal Wolverhampton NHS Trust
Stella Tew	NHS England
Richard Young	Director of Strategy and Solutions, NHS Wolverhampton
Martin Fox	Democratic Support Officer, Delivery Directorate

Part 1 – items open to the press and public

Item No. *Title*

- 1. Apologies for Absence**
An apology for absence had been received from Professor Linda Lang – University of Wolverhampton

2. **Notification of Substitute Members**

No notifications of substitutions had been received

3. **Declarations of interest**

No declarations of interest were made relative to items under consideration at the meeting.

4. **Minutes of the previous meeting (4 September 2013)**

Resolved:

That the minutes of the meeting held on 4 September 2013 be approved as a correct record and signed by the Chair.

5. **Summary of outstanding matters**

Viv Griffin presented a report which informed the Board of the current position with a variety of matters considered at the previous meeting and meetings of the former Shadow Board. She indicated that the list of items had now been rationalised and that an updated version would be submitted at the next meeting.

Resolved:

That the report be received and noted.

6. **Chair's update**

The Chair indicated that she had recently been elected to the Local Government Association Health and Wellbeing Chairs' Network

Resolved:

That the Chair's update be received and noted.

7. **A joint strategy for the provision of urgent and emergency care for patients using services in Wolverhampton [Richard Young]**

Doctors Jonathan Odum and Julian Morgans, together with Richard Young submitted a report and gave a powerpoint presentation in connection with the draft urgent and emergency care strategy for Wolverhampton. It was noted that the recommendations from the Board meeting in July 2013 had been incorporated within the draft strategy document.

Maxine Bygrave questioned whether work on an equalities impact assessment had commenced and this was confirmed although it was accepted that this will be on-going. Maxine also raised a question about people with urgent eye problems who may have difficulties in moving between different departments on the hospital site and Dr Morgans requested that this question be deferred for consideration at a future meeting.

Bob Jones (Police and Crime Commissioner) offered congratulations on the strategy although he raised questions about the additional demand from the mid-Staffs area, capacity for mental health issues and the impact of the NHS 111 service. He also made reference to the limitation on consultation due to

'purdah', although he reminded the Board that this could be affected by a later local election date in 2014 (22 May 2014). Officers responded that consultation is due for completion at the end of February and undertook to bear in mind the comments about purdah. It was also anticipated that the strategy will be able to cope with the anticipated demand from the mid-Staffs area. Richard Young indicated that further work will need to be carried out about capacity for mental health issues and that the NHS 111 service is an option for incorporation within out of hours support with a desire to maximise independence at home.

Cllr Paul Singh referred to any proposed changes to the hospital site and made mention of traffic and parking problems. He was advised that additional parking provision is being made although attention will need to be given to traffic congestion on the west side of the site. Dr Morgans also responded to questions from the Chair about how people will find their way around the site once the proposals have been put into place.

Resolved:

- (a) That the proposals set out in the strategy document be approved.
- (b) That the consultation document and engagement plan as linked to the strategy be supported.
- (c) That the limitations of the consultation process be noted.

8. **Health and Wellbeing Forward Plan**

Viv Griffin presented the Health and Wellbeing Board forward plan for 2013/14. She indicated that the intention will be to develop a themed approach to future meetings.

Resolved:

That the forward plan be received and noted and that any additional items for meetings beyond March 2014 be notified to Viv Griffin - Assistant Director, Health, Wellbeing & Disability.

9. **Care Quality Commission – Inspection of New Cross Hospital (Royal Wolverhampton NHS Trust) – Initial feedback – Verbal Report [Cheryl Etches OBE]**

Charlotte Hall and Dr Helen Hibbs indicated, in the absence of Cheryl Etches, on the good feedback received following the inspection.

Resolved:

That the verbal report be noted.

10. **Mental Health Strategy – Refresh and update on Mental Health Detection and Early Prevention – Progress report [Viv Griffin / Sarah Fellows]**

Viv Griffin and Richard Young presented a report which provided an update on the health and wellbeing board strategy priority 4 mental health and which informed members on progress regarding implementation and review of the City Council and Wolverhampton Clinical Commissioning Group adult mental health strategy (CCG) 2010 – 2015. It was noted that the strategy will be refreshed and that the results will be reported back to the Board. Bob Jones (Police and Crime Commissioner) expressed the hope that the review will

give particular consideration to adult liaison and diversion services as it had been suggested that such provision in the City is currently limited.

Resolved:

That:

- (a) Action regarding the procurement and initiation of an independent review/stocktake of the adult mental health strategy be noted;
- (b) Progress to date regarding the implementation of the mental health strategy pending the outcome of the independent review be noted;
- (c) Progress to date regarding the planned actions for the Health and Wellbeing Board Strategy Priority 4 Mental Health (early diagnosis and prevention) be noted; and
- (d) A detailed report be submitted at the next meeting on 8 January 2014 regarding the outcomes of the mental health strategy review, to include detail concerning proposed commissioning intentions and next steps.

11. **Progress report on Joint Health and Wellbeing Strategy Priority: Alcohol and Drugs [Ros Jervis]**

Ros Jervis submitted a report which provided an update regarding key performance indicators used in Wolverhampton's joint health and wellbeing strategy 2013-18 to monitor performance for this priority. It also outlined plans to provide more meaningful reporting of the Wolverhampton alcohol strategy. It also clarified the relationship between the strategy in terms of drugs and alcohol. Reference was made to the 3 year contract with NACRO (a substance misuse and crime reduction charity) to deliver a new drug and alcohol treatment service for young people and adults and Ros Jervis undertook to circulate further details of the new model.

Resolved:

- (a) That the update in relation to the implementation of the key performance indicators in the joint health and well-being strategy 2013-18 be noted.
- (b) That the plan by the alcohol strategy strategic leads group to develop a highlight reporting system (dashboard) to streamline the reporting of indicators to monitor progress with the Wolverhampton alcohol strategy 2011-15 be noted.
- (c) That the proposal that the Wolverhampton alcohol strategy be the key implementation plan for the alcohol strand of the joint health and well-being strategy priority area for drugs and alcohol be approved, together with the proposal that the implementation plan for drugs be through the NACRO contract overseen by a multi-agency joint commissioning board.

12. **NHS Wolverhampton (Wolverhampton Clinical Commissioning Group) – Commissioning Intentions [Richard Young]**

Richard Young submitted a report and gave a powerpoint presentation on the first draft of commissioning intentions from the Wolverhampton Clinical

Commissioning Group for the financial year 2014/15 and the timeline for engagement with key stakeholders, including clinicians, partner organisations and patients and the public. Responding to questions Richard indicated that feedback would be appreciated and will need to be received by late January 2014. Sarah Norman questioned how the care planning work relates to work on the integrated transformation fund and Richard responded that the ambition is to maximise independence at home although this is only an initial step in the process. He also accepted that the intentions relating to children and young people need to be strengthened. During discussion it was noted that the integrated transformation fund will need to be considered by the Board and that it may require the calling of a special meeting early in 2014 in order to meet necessary deadlines.

Resolved:

- (a) That the first draft of the list of CCG commissioning intentions and the timeline and methodology for privatisation/refinement of the intentions be noted.
- (b) That the issues raised at the meeting be considered by the CCG in identifying its priorities for 2014/15.

13. **Funding Transfer from NHS England to Social Care 2013/14 [Anthony Ivko]**

Anthony Ivko submitted a report which asked the Board to agree to the Council entering into an agreement with the relevant NHS body to provide a sum of money to the Council to be ring fenced for the provision of adult social care.

Resolved:

That the proposal for the Council to enter into an agreement under Section 256 of the NHS Act 2006 with the relevant NHS body setting out that the relevant NHS body will provide the sum of £4.922 million to the Council, which will be ring fenced for the provision of adult social care, be approved.

14. **Feedback from Sub Groups**

• **Children's Trust Board**

Sarah Norman submitted a report which informed the Board of the work of the Children's Trust Board. Sarah also made reference to the pending review of the functions and terms of reference for the Children's Trust Board

Resolved:

That the report be received and noted.

• **Adults Delivery Board**

Viv Griffin presented a report on the work of the Adults Delivery Board with regard to the Board's work plan for 2013/14.

Resolved:

That the report be received and noted.

- **Public Health Delivery Board**

Ros Jervis presented a report which advised the Board on the work of the Public Health Delivery Board with regard to the development of an effective work programme for 2013/14.

Resolved:

That the report be received and noted,



Health and Wellbeing Board

8 January 2014

Report Title	Summary of outstanding matters	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Delivery	
Accountable officer(s)	Carl Craney Tel Email	Democratic Services Officer 01902 55(5046) carl.craney@wolverhampton.gov.uk

Recommendations for noting:

The Health and Wellbeing Board is asked to consider and comment on the summary of outstanding matters

1.0 Purpose

- 1.1 The purpose of this report is to appraise the Board of the current position with a variety of matters considered at meetings of the former Shadow Health and Well Being Board and the inaugural meeting of the Health and Wellbeing Board.

2.0 Background

- 2.1 At previous meetings of the Shadow Board /Board the following matters were considered and details of the current position is set out in the fourth column of the table.

<u>DATE OF MEETING</u>	<u>SUBJECT</u>	<u>LEAD OFFICER</u>	<u>CURRENT POSITION</u>
1 May 2013	Clinical Commissioning Group – Commissioning Intentions	Richard Young	Report to January meeting.
1 May 2013	Child Poverty – Timelines, Six Target Wards And Membership Of Stakeholder Workshop	Keren Jones	Report to a future meeting

3.0 Financial implications

- 3.1 None arising directly from this report. The financial implications of each matter will be detailed in the report submitted to the Board.

[AS/31122013/T]

4.0 Legal implications

- 4.1 None arising directly from this report. The legal implications of each matter will be detailed in the report submitted to the Board.

[RB31122013/A]

5.0 Equalities implications

- 5.1 None arising directly from this report. The equalities implications of each matter will be detailed in the reports submitted to the Board

6.0 Environmental implications

7.1 None arising directly from this report. The environmental implications of each matter will be detailed in the report submitted to the Board

8.0 Schedule of background papers

8.1 Minutes of previous meetings of the former Shadow Health and Well Being Board and associated reports and previous meetings of this Board and associated reports



Health and Wellbeing Board

8 January 2014

Report Title	Health And Wellbeing Board – Forward Plan 2013/14
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing
Wards Affected	All
Accountable Strategic Director	Sarah Norman, Community
Originating service	Communities/Health, Wellbeing and Disability
Accountable officer(s)	Viv Griffin Assistant Director Tel 01902 55(5370) Email Vivienne.Griffin@wolverhampton.gov.uk
Report to be/has been considered by	
Recommendation	That the Board considers and comments on the items listed in the Forward Plan

MEETING	TOPIC	LEAD OFFICER
8 JANUARY 2014 (12:30 HOURS)	Reports from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)
	CCG Commissioning Intentions	Richard Young (CCG)
	Children and Young People's Plan – Refresh	John Welsby / Nick Price (WCC)
FEBRUARY 2014	Special Meeting on Integrated Transformation Fund	
5 MARCH 2014 (14:30 HOURS)	Reports from Sub Groups	Viv Griffin / Emma Bennett / Ros Jervis (WCC)
	Alcohol Strategy Update	Ros Jervis (WCC)
	Integrated Transition Fund Update	Tony Ivko (WCC)
	Wider Determinants of Health	Ros Jervis (WCC)
	Performance update on Health and Wellbeing Priorities	Helena Kucharczyk (WCC)
	Child Poverty Strategy	Keren Jones (WCC)
7 MAY 2014 (1230 HOURS)		
9 JULY 2014 (1400 HOURS)		
3 SEPT 2014 (1230 HOURS)		
5 NOVEMBER 2014 (1400 HOURS)		
7 JANUARY 2015 (1230 HOURS)		
4 MARCH 2015 (1400 HOURS)		



Health and Wellbeing Board

8 January 2014

Report title	Children, Young People & Families Plan 2014	
Cabinet member with lead responsibility	Councillor Val Gibson Children and Young People	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Children, Young People and Families Commissioning Team	
Accountable employee(s)	Nick Price Tel Email	Acting Commissioning Manager - CYPF 01902 551961 nick.price@wolverhampton.gov.uk
Report to be/has been considered by	None	

Recommendation(s) for action or decision:

The Board is recommended to:

1. Note the approach being taken and progress made in developing the Children, Young People and Families Plan and forward comments to the Cabinet Member for Children and Families and the Acting Commissioning Manager, Children and Young People and Families.

1. Purpose

1.1. The purpose of this report is to give Board an opportunity to consider the development process and work undertaken so far in relation to the new Children, Young People and Families Plan, which will be published in 2014.

2. Background

2.1. The Wolverhampton Children and Young People's Plan was launched in 2011 and will end in 2014. The development of the new plan has started. The new plan will be launched in 2014.

2.2. The current plan includes the following principles:

- A commitment that children, young people and families are at the heart of everything we do
- A renewed commitment to partnership working and to supporting the wider regeneration of the city
- A commitment that all staff have the right skills to do their jobs
- A commitment to fairness and equity for all children, young people and families

2.3. The current plan includes the following priorities:

- Embedding prevention and early intervention
- Working with families
- Reducing child poverty and its impact
- Narrowing the gap
- Maximise the safety of all, especially the most vulnerable
- Celebrating the achievements of young people and giving them greater opportunities to develop as individuals and shape services to meet their needs

2.4. Progress against delivery of the new plan is routinely monitored and reported to the Children's Trust Delivery Board. Information gathered through monitoring performance against the current plan has been used as part of a broad suite of data to inform the priorities for the new plan.

2.5. The new plan will aim to:

- Understand the needs of Children, Young People and Families in Wolverhampton
- Identify the priorities that need to be addressed in relation to Children, Young People and Families in Wolverhampton
- Deliver improved outcomes for Children, Young People and Families in Wolverhampton in line with the priorities identified

3. Development process & scope

3.1. Governance & Partnerships

Whilst the Children's Trust Board oversees the development of the new plan, a multi-agency task and finish group has been set up to co-ordinate its development. This development group includes representatives from Wolverhampton City Council (Children, Young People & Family services, Public Health, Schools Skills & Learning, All age commissioning for disability/mental health), Wolverhampton Schools Improvement Partnership, Voluntary Sector, Royal Wolverhampton Hospitals Trust, West Midlands Police and Wolverhampton Clinical Commissioning Group. The development group regularly reports progress on the development of the plan to the Children's Trust Delivery Board.

3.2. Timescales

The table below shows when key activities will need to be completed by, so the plan will be launched in 2014.

Children, Young People and Families Plan 2014 Key Milestones		
Key Milestone	Completion Date	Progress
Review of achievement to date against Children & Young People's Plan 2011-2014 to date	28.03.2013	Complete
Collection and analysis of existing needs data	30.04.2013	Complete
Collection and analysis of new needs data	30.06.2013	Complete
Phase 1 Consultation : Development of vision & priorities	31.07.2013	Complete
Phase 2 Consultation : Informing the Plan's Strategic Framework	31.11.2013	Complete
Developing the Plan's Strategic Framework	31.01.2014	Underway
Phase 3 Consultation : Challenging the Plan's Strategic Framework	30.04.2014	Due to start 06.02.2014
Approval of final Plan	31.05.2014	Specific date to be agreed
Monitoring of delivery of the Plan	From 01.06.2014	Due to start 01.06.2014

3.3. Duration

It is proposed that the new plan has duration of 10 years, with short (2 year), medium (5 year) and long term (10 year) goals. This proposed longer timescale reflects the high-level outcomes which the plan will aim to deliver. The impact against such outcomes cannot easily be measured across a short amount of time.

3.4. Age Range

It is proposed that the age range of the strategy includes households who are expecting a baby or have a child up to 19 years of age. Some of the related strategies which will contribute to the delivery of this plan may cover a different age range. For example, the strategy for disabled children includes those up to the age of 25 years.

4. Progress to date

- 4.1. Data analysts from across the city have compiled and analysed data in relation to Children, Young People and Families to inform the new Children, Young People and Families plan. The information compiled and analysed is available at www.wolverhamptoninprofile.org.uk. In undertaking this data analysis it was important to consider information from a wide range of sources. This information was then used to identify some key areas that, if addressed, would have a significant impact on the wellbeing of Children, Young People and Families across the city.
- 4.2. The emerging priorities from this work were shared with the Children, Young People & Families Plan Development Group, Children's Trust Delivery Board, Wellbeing & Resilience Board, Early Intervention Board, Children, Young People & Families Management Team and wider Children & Families workers to confirm their relevance and identify any further potential priorities. From this work, four priorities have been identified as well as an overarching vision to be addressed through the new Children, Young People and Families Plan (CYPFP). Further detail about the consultation process is given below.
- 4.3. *Phase 1 consultation : development of vision and priorities*
The information analysis identified 6 potential areas of priority to be addressed through the new CYPFP. These were:
- Child Poverty
 - Childhood Obesity
 - Infant Mortality
 - Looked After Children
 - Education and Training Standards, Attendance & Achievement
 - 'Toxic Trio' of Mental Health, Substance Misuse and Domestic Violence within families
- 4.4. Through consultation with a broad range of professional stakeholders, these were further refined into four priorities:
- Reduce the harm caused by child poverty
 - Increase achievement and involvement in education, training and employment
 - Make families stronger (this links to priorities identified around LAC and 'Toxic Trio')
 - Improve the health of children, young people and their families (this links to priorities identified around infant mortality, childhood obesity and some element of 'Toxic Trio')
- 4.5. Professional stakeholders also used the information gathered to develop the overarching vision for the strategy as 'Healthy, Happy Families', which reflects the priorities identified.
- 4.6. *Phase 2 consultation : informing the implementation plan*
This phase of consultation aimed to gain a broad range of views in relation to how each of the priorities should be addressed. The results of the consultation are currently being considered by the development group and will help to shape the Plan's strategic framework. The strategic frame will itself then be subject to further consultation which will seek to challenge the proposals before they are finalised.

- 4.7. Different consultation formats were produced in order to ensure they the process was accessible for the different audiences being consulted. The consultation questions were shared with a wide range of stakeholders, including professional stakeholders and service users/potential service users.

5. Next Steps

- 5.1 Taking account of the feedback received during phase 2 consultation, the development group is in the process of developing the Plan's strategic framework which will identify Key goals, performance measures/targets as well as cross referencing action to existing strategies and policies. The strategic framework aims to identify areas where the Plan can bring added value to existing activity as well as identifying gaps in current activity and seeking to address them. The Plan's strategic framework will then be subject to challenge through Phase 3 consultation. Once all 3 consultation phases are complete the Children, Young People and Families Plan vision, priorities, strategic framework and performance/monitoring framework will be finalised for approval.

6. Financial implications

- 6.1. There are no direct financial implications associated with the development of the Children, Young People & Families Plan. However, there will be financial implications in delivering the plan. These implications will be identified once the detail of the plan is developed and will be the subject of a further report in the future.
- 6.2. Children's Trust Board Partners are experiencing significant financial challenges. The aim of the plan is to enable prioritisation of resources in order to achieve shared aims.
- 6.3. The costs of delivering consultation activities will be met through existing resources.
- 6.4. The cost of publishing the plan is anticipated to be minimal as it will be published electronically with limited paper copy summaries and will be met through existing resources.

[AS/31122013/S]

7. Legal implications

- 7.1. The Children & Young People's Plan is no longer a statutory document but partner agencies will need to demonstrate how their work contributes to achieve its aims.

[RB/31122013/C]

8. Equalities implications

- 8.1. Any equal opportunities implications will be considered throughout the development and implementation of the Children, Young People & Families Plan through an equalities analysis.

9. Environmental implications

- 9.1. There are no anticipated environmental implications associated with the Children, Young People and Families Plan.



Health and Wellbeing Board

8 January 2014

Report title	Implementation of Special Educational Needs and Disabilities (SEND) reforms	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Health, Wellbeing and Disability	
Accountable employee(s)	Kathy Roper	Commissioning Team Manager
	Tel	559075
	Email	Kathy.Roper@wolverhampton.gov.uk
Report to be/has been considered by	Communities Directorate Management Team	2 December 2013

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

- 1 Approve the revised governance and accountability for the SEND project in relation to the Health and Wellbeing Board. The draft Code of Practice recommends that Health and Wellbeing Boards have oversight of the delivery of the SEND reforms.
- 2 It is therefore proposed that the SEND Strategy Group becomes a time limited sub group of the Health and Wellbeing Board and reports progress on a regular basis, and risks and issues by exception.

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. The progress to date with regard to phase 1 of the SEND reforms
2. The high level project plan for phase 2 of the project (Appendix 1).

1 Purpose

- 1.1 The purpose of the report is to provide members of the Health and Wellbeing Board with a progress report on the reforms outlined in the Children and Families Bill 2013 in relation to children with Special Educational Needs and Disabilities (SEND) in Wolverhampton.
- 1.2 This report outlines the progress to date, the key actions required by September 2014, the current risks and issues and activity planned to mitigate against these issues.

2 Background

- 2.1 The Government published 'Aiming High for Disabled Children: Better support for families' (AHDC) in May 2007. The vision behind AHDC was for all families with disabled children to have the support they need to live ordinary lives.
- 2.2 Aiming High for Disabled Children has now been superseded by the Children and Families Bill 2013 which includes proposals to reform provision for children and young people with special educational needs or with disabilities (SEND), Draft clauses intended to make up the part of the Bill dealing with SEND were published in September 2012, which were then followed by the Children and Families Bill in early February 2013, the draft regulations and the draft Code of Practice.
- 2.3 The key points of the proposed new approach to identifying and responding to SEND are:
 - Early Identification and Assessment
 - For children with more complex needs, an integrated assessment and a single Education, Health and Care Plan (EHCP) from birth to 25
 - The development of a Local Offer of all services available, with greater control for parents and young people
 - Parents or young people have the right to a Personal Budget for their support
 - Local authorities and health services jointly plan and commission the services that children, young people and families need
 - Mediation is available prior to tribunal
 - Better transition from children to adulthood services, with aspirations for children and young people raised through an increased focus on life outcomes, including employment
 - Staff have the knowledge, understanding and skills to provide the right support.
- 2.4 The School Funding Reform 2013/14, which also formed part of the Children and Families Bill 2013 sets out new arrangements for local authorities to allocate the schools block

element of the Designated School Grant to schools. From April 2013 changes have been made to the way that all providers within the schools sector receive their funding, with a higher proportion of funding going to schools/settings via a notional SEND budget to meet pupils' additional needs. The aim of this reform is to get equity in the way in which children and young people (birth up to the age of 25) with SEND are funded across the range of provision.

- 2.5 The Schools Funding Reforms 2013/14 have been successfully implemented. This activity was reported as a project to the City Council Corporate Programme Office, and is being seen as the first phase of the larger project to implement the SEND reforms.
- 2.6 A number of Local Authorities have been awarded Pathfinder status to support the implementation of the SEND reforms. Wolverhampton was not formally a Pathfinder; however, the work it has undertaken has been recognised nationally by the Children and Families Minister and we have been invited to attend the Pathfinder meetings. In addition good practice from Wolverhampton is cited in the Department for Education publication of December 2013 'Implementing the 0-25 special needs system: Government advice for local authorities and health partners', and a case study from Wolverhampton will be included in the updated Pathfinder toolkit in February 2014.

3 Progress

- 3.1 The project is required to deliver the following outputs by September 2014:-
- A web based Local Offer for Children and Young People 0-25 for the City of Wolverhampton and, ultimately, neighbouring authorities
 - An Education, Health and Care Plan to replace the current Statement of Special Educational Needs
 - A Schools' Local Offer (to ultimately connect with the wider Local Offer)
 - Personal Budgets for Children and their families. The first phase of this will be linked to service developments in Children's Short Breaks.
- 3.2 The primary stakeholders that need to be engaged in the project are:-
- Children and Young People 0-25 years with Special Educational Needs and Disabilities
 - Their parents and carers
 - Key workers and case workers
 - Parent Partnership and Voice for Parents and Include Me Too
 - Connexions
 - Clinical Commissioning Group (CCG)
 - Schools/ ASPIC (Association of Special Provision in the City)
- 3.3 The Education, Health and Care Plan work stream has developed 2 pilots. The first of these is working with two groups of families to pilot the EHC Plan with young people currently with statements and families whose children are waiting for an assessment. This

pilot is currently being evaluated. The second pilot will work with young people in the transition phase.

- 3.4 An initial Local Offer implementation plan is complete, a Local Offer Project Manager has been appointed for a six month period, and the Aiming High for Disabled Children Partnership Board has been transformed into the new Local Offer Steering Group to ensure that all key stakeholders are involved in its development. Evaluation has been completed of the draft legislation and code of practice, to map the exact requirements of the Local Offer. The Local Offer must be co-produced by children, young people and their families, this will be initiated through engagement with Voice for Parents, Include me Too and Changing our Lives.
- 3.5 Personalisation and Individual Budgets are being developed initially through the Children's Short Breaks work stream recently approved by Cabinet.
- 3.6 Each of the four project work streams will report to an officer led Task and Finish group who will oversee day to day delivery of the work plan. This group will report to the SEND Strategy Group, which will act as the Project Board. The draft Code of Practice recommends that Health and Wellbeing Boards have oversight of the delivery of the SEND reforms. It is therefore proposed that the SEND Strategy Group becomes a time limited sub group of the Health and Wellbeing Board and reports progress on a regular basis, and Risks and Issues by exception.

4 Risks

- 4.1 The Children and Families Bill 2013 and the Code of Practice make specific reference to joint working and joint funding of services across the health and social care economy. Clause 25 of the Children and Families Bill places a duty on local authorities to exercise their functions to promote integration between special educational provision, health and social care, and clauses 28 and 31 require health bodies to co-operate with the local authorities to identify and support children and young people with SEND. Clause 26 requires local authorities and Clinical Commissioning Groups to commission services jointly for children and young people with SEND. There is involvement and willingness to work jointly on behalf of RWT, however at present there is no involvement from the CCG in this area, which is a major concern. There is a risk that if the CCG does not fully engage with their required commitment to the SEND Reforms work, that there will be insufficient health provision to the young people with SEN and Disability in Wolverhampton.
- 4.2 The timescales for implementation of the SEND reforms means that much work is being undertaken before the Bill has been passed as legislation. Current debate around the Bill is making on average 60 amendments a day. There is therefore a risk that key areas for implementation will be missed. This is being mitigated through attendance at the Pathfinder meetings and national forums. In addition the Local Offer project officer has lead responsibility for reviewing the situation.
- 4.3 The project documentation includes a comprehensive Risk Actions Incidents and Decision (RAIDD) register which is reviewed and updated on a monthly basis by the task and finish group

5 Financial Implications

- 5.1 The budget for this project will be met within existing resources and from a SEND Grant Determination (22.10.2013), which makes £0.075m available to support delivery of key elements of the project. The initial allocation of this money is set out below, with priority being given to the involvement of young people and family carers in the work and increasing capacity to deliver the project on time.

Activity	Allocation	Responsible Officer
Staffing	£10,000	Kathy Roper
Parent and young person Engagement including voluntary sector	£15,000	Lucy Harris
Marketing and Publicity	£5,000	Kathy Roper/Lucy Harris
Support for EHCP New Assessment Process	£20,000	Sandy Lisle/Jill Wellings
IT	£10,000	Kathy Roper/Jill Wellings
Personalisation	£15,000	Kathy Roper/Mai Gibbons
Total	£75,000	Kathy Roper

- 5.2 For the Short Breaks Work Stream, there is a savings target on the Residential Short Breaks of £0.500m and £0.063m for Community Based Short Breaks. This is being managed through a separate financial plan.

[NM/23122013/T]

6.0 Legal implications

- 6.1 Advice will probably be taken from legal colleagues but accountability for appreciating and detailing the legal implications remains with the accountable officer(s). The SEND Strategy Group and the Health and Wellbeing Board will be kept informed of any material changes to the Children and Families Bill 2013 and any related legal implications as the Bill passes through Parliament.

[AS/23122013/R]

7 Equalities Implications

- 7.1 There are equalities implications associated with this work as it relates to changes to services for disabled children and their families. Equalities analysis has been completed for the Schools Funding Reforms, and the short breaks work streams. A new equalities analysis will need to be completed for the second phase of the project. This will be completed by the end of January 2014.

8.0 Environmental implications

- 8.1 There are no direct environmental implications which arise from this report.

9.0 Schedule of background papers

9.1 None

SEND Reforms Project Plan Overview

- Key**
- ◆ Milestone on track
 - ◆ Milestone is likely to slip
 - ◆ Milestone has slipped
 - ◆ Milestone not yet baselined
 - ◆ Milestone complete

Schools' Funding Reform		<p style="text-align: center;"><u>New Reforms Outcomes</u></p> <p>Replace SEN Statements and Learning Difficulty (for 16-25 year olds) with a single, simpler 0-25 process and Education, Health and Care Plan from 2014</p> <p>Provide statutory protections comparable to those currently associated with a statement of SEN up to 25 in further education, instead of being cut off at 16.</p> <p>Require that Local Authorities and Health services jointly plan and commission the services that children, young people and families need.</p> <p>Give parents or young people the right to a personal budget for their support.</p>																				
Education, Health and Care Plan																						
Schools' Local Offer																						
Local Offer																						
Children's Short Breaks																						
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DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP													
2013	2014																					



Health and Wellbeing Board

8 January 2014

Report title	Safeguarding Children Peer Review	
Cabinet member with lead responsibility	Councillor Val Gibson Children and Young People	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Community	
Accountable employee(s)	Jas Kaur	Interim Business Support Manager
	Tel	552113
	Email	jas.kaur@wolverhampton.gov.uk
Report to be/has been considered by	N/A	

Recommendation for noting:

1. That the Health and Well Being Board considers the report and findings of the Safeguarding Children Peer Review and an update of the Wolverhampton Safeguarding Children Improvement Plan.

1 Purpose

- 1.1 The purpose of the report is to provide the Health and Well Being Board with the formal outcome of the Safeguarding Children Peer Review that was undertaken in Wolverhampton during the week commencing 11 March 2013. The report details the Improvement Plan that has been constructed as the response to those findings and provides an opportunity for Members to question and challenge the measures that are in place to provide corporate assurance that our Safeguarding Children arrangements are robust.

2 Background

- 2.1 Safeguarding children is everybody's business: it is the responsibility of all agencies working together in the City and reaches well beyond Children's Social Care and even Children's Services. Effective safeguarding is fundamental to improving outcomes for children; it is a key component of the Empowering People & Communities Corporate Plan theme; is a priority within the Children & Young People's Plan and, alongside Ofsted (the Office for Standards in Education, Children's Services and Skills), is subject to a key focus for the Community Directorate in 2013/14.
- 2.2 The Local Authority's functions around safeguarding children and its Children's Services are subject to regular inspection and regulation by Ofsted.
- 2.3 Safeguarding children in Wolverhampton was subject to its last Ofsted Inspection in June 2011 as part of the wider 'Safeguarding and Looked After Children' Inspection framework, when the following judgements were received:

Safeguarding:

- Overall Effectiveness Adequate
- Capacity for Improvement Good

Looked After Children:

- Overall Effectiveness Good
- Capacity for Improvement Good

- 2.4 Ofsted has since revised its methodology and framework. From November 2013 the effectiveness of local authority children's services will be subject to the 'Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers' – alongside a 'Review of the Local Safeguarding Board'. This new single inspection framework will focus on the effectiveness of local authority arrangements to help and protect children, the experiences and progress of children looked after, including adoption, fostering, the use of residential care, and children who return home. The framework also focuses on the arrangements for

permanence for children who are looked after and the experiences and progress of care leavers.

3 Progress

- 3.1 Wolverhampton is focussed on ensuring that our arrangements for safeguarding children are robust: the Independent Chair of the Children's Safeguarding Board has a strong reputation in the City and in his work as Chair of the Adults Safeguarding Board; is strengthening our Quality Assurance arrangements and has a multi-agency Ofsted Scoping Group that meets regularly to support Inspection preparation work.
- 3.2 In order to support our commitment to best practice and sector-led improvement and to better inform our self-awareness, we have invited and commissioned external challenge at a number of levels, including the Safeguarding Children Peer Review undertaken by the LGA in March 2013; the Dartington work and the recent LAC (Looked after Children) Peer Challenge undertaken by Lambeth Council.
- 3.3 The LGA Safeguarding Children Peer Review team included the Director of Children's Services at Bracknell Forest Council, who is a regional lead on sector-led improvement and a former Director of Children's Social Care, and secured an outstanding judgement from Ofsted.
- 3.4 All Safeguarding Children Peer Reviews focus on the 5 key safeguarding children themes:
1. Effective practice, service delivery and the voice of the child
 2. Outcomes, impact and performance management
 3. Working together (including the Local Safeguarding Children Board (LSCB) and Health & Wellbeing Board)
 4. Capacity and managing resources
 5. Vision, strategy and leadership

Within these, we agreed the following areas of focus for the review:

- The quality of front line practice and provision
- Management oversight in social care teams
- The role and operation of the LSCB

3.5 The outcome of the Peer Review is detailed in the Local Government Association (LGA) letter (Appendix 1).

3.6 The "Summary Strengths" it identified are:

- Vision, drive and energy of senior leaders and staff
- A proactive approach has been demonstrated recently and changes are taking place to improve safeguarding practice

- Richness of information available and a developing Quality Assurance (QA) framework and performance management approaches to more effectively utilise this data
- Good operational and strategic arrangements with Police, Clinical Commissioning Group, the acute health trust and voluntary sector
- Commitment to build capacity where needed as evidenced by the allocation of additional resourcing and embracing opportunities that the Public Health function brings

3.7 The “Summary Areas for Consideration” it identified are:

- Social workers and management should be helped to more effectively plan and manage their workload
- Core assessments need further improvement, both in terms of quality and timeliness, to enable them to effectively drive practice and outcomes
- Developing new ways to engage staff in performance management
- Effectiveness and impact of MASTs (Multi Agency Support Teams) is not yet clear – too much focus on activities rather than outcomes
- Information leads to action without sufficient analysis, planning and understanding
- Changes to ensure that all partnerships give constructive and effective challenge
- Greater focus and increased pace of effective change

3.8 The Review Team also highlighted four key areas it recommended on which to focus to drive improvement:

1. **Develop a positive performance culture** to support better practice and outcomes, building on the QA framework;
2. **Strengthen management oversight** and support to improve the quality, consistency and timeliness **of core assessments** – so that they drive practice, improve outcomes and reduce the escalation of risk;
3. Ensure the rapid development of **an effective WSCB** that provides oversight, safeguarding assurance and **enables constructive challenge** to all partners, including schools;
4. Consider the **early help offer** through MASTs and the CAF to ensure that children most in need are effectively targeted.

3.9 The Directorate and our partners have been determined to develop and implement an Improvement Plan with some pace: initially, weekly multi-agency meetings were held and an Improvement plan developed and monitored. The Improvement Plan (Appendix 2) separates actions into those that are ‘Urgent’ in order to ensure that we are in a reasonable place when Ofsted undertake an inspection and ‘Non-Urgent’ which are those which are important but not as critical to a positive Ofsted inspection judgement.

3.10 Key ‘Urgent Actions’ within the Improvement Plan include those that will:

- Improve the quality and timeliness of core assessments so that they drive effective practice and reduce risk

- Improve the effectiveness of Children in Need and Child Protection Plans so that they demonstrate clear actions and expected outcomes
- Ensure a clear distinction between Children in Need and CAF cases
- Ensure an effective culture of challenge within the Wolverhampton Safeguarding Children's Board
- Recognise a capable and sustainable workforce and social work development

3.11 The Ofsted Scoping Group continues to meet on a monthly basis, both to receive progress reports on any key actions within the Improvement Plan and to monitor and force the pace of progress on the necessary preparations to meet the requirements of the new Inspection framework.

4 Financial Implications

4.1 The Peer Review was funded through the Children's Improvement Board. There are likely to be no significant financial implications as a result of the actions attached.

[JB/24122013/I]

5 Legal implications

5.1 There are no direct legal implications: the Peer Review letter does, however, single out for praise the legal support provided to our services through our in house legal service.

[RB/31122013/B]

6 Equalities Implications

6.1 There are no direct equal opportunities implications: however, making improvements to strengthen our service will ensure better outcomes for all children and young people in the City.

7 Environmental implications

7.1 There are no direct environmental implications.

Sarah Norman
Strategic Director – Community
Wolverhampton City Council
Civic Centre
St Peter's Square
Wolverhampton WV1 1RR

29th April 2013

Dear Sarah,

CHILDREN'S SAFEGUARDING PEER REVIEW

Thank you for taking part in the Children's Safeguarding Peer Review during w/c Monday 11th March. The team were made welcome and received good cooperation and support throughout the process, from the council and all partners across the Wolverhampton Safeguarding Children's Board (WSCB). It was evident to us you were all open to well founded challenge, keen to learn and improve and committed to safeguarding children and young people in the city.

We agreed to send you a letter confirming our findings. As you know the safeguarding review focused on 5 key themes:

- Effective practice, service delivery and the voice of the child
- Outcomes, impact and performance management
- Working together (including Health and Wellbeing Board)
- Capacity and managing resources
- Vision, strategy and leadership

Within these overall areas, you asked the team to explore the following issues in particular to help you strengthen your safeguarding arrangements:

- The quality of practice and provision, including recording, reporting and first line management across the three Social Care locality teams
- Management oversight in Social Care teams
- The role and operation of the Local Safeguarding Children Board.

Within these areas you asked us to give attention, where appropriate, to the effectiveness of child protection conferences (including challenge to partners); sharing responsibility for child protection (including with adult services) and the use of chronologies and genograms.

This letter sets out our findings including the areas of strength identified and the areas which you might want to consider further.

It is important to stress again that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented on safeguarding vulnerable children and young people. Your documentation ahead of the team arriving on-site was complemented by responses from an online questionnaire of front-line staff; your case mapping exercise and our review of a small sample of case records. These were used to focus our efforts in assisting you in your on-going improvement and provided part of our evidence base, in addition to the interviews and meetings during the on-site week.

Executive Summary

The main strengths and areas for consideration have been identified under the five safeguarding children themes and these are listed under 'Findings' later in the letter. The Executive Summary is focused on four key areas identified by the review team, where Wolverhampton City Council and WSCB partners have already started their action planning to drive further improvements. It is important to note that the review did not focus on education, but inevitably there were links with education services through the work of the Multi Agency Support (MAST) teams, and the important role that schools have in safeguarding young people.

Develop a positive performance culture to support better practice and outcomes building on the QA framework

The council and partners have invited external advice and challenge to help them to further improve and to learn from others - as well as the Safeguarding Peer Review there is work with the University of Birmingham, the Dartington Trust and the London Borough of Lambeth (the latter two pieces of work are focusing on the number of looked after children so it was agreed that the review would not consider this issue in any detail). This honest and open approach to change is an essential part of the culture of a learning organisation.

The need to develop a performance culture is an increasing priority at senior level. This has resulted in the further development of performance management and a new draft Quality Assurance Framework. A Performance Board for the Communities Directorate is planned which will support at the most senior level the holistic view of performance management and a better analysis of a wide range of information available across partners, including the voluntary and community sector. This work will enable the full benefits of analysis of data sources, information and audits to be used to inform priorities and performance.

The current lack of analysis and planning can mean that sometimes information goes directly to action without outcomes and impact being fully understood and explored. The targets on the balanced scorecard are too ambitious which has meant that the vast majority are not being achieved. A review of the key targets is needed to identify key priorities and make them ambitious but more achievable. There are opportunities to strengthen the links between plans, priorities and performance reports with a greater focus on outcomes and deliverables such as those to be achieved through the MASTs.

Strengthen management oversight and support to improve the quality consistency and timeliness of core assessments – so that they drive practice, improve outcomes and reduce the escalation of risk.

A number of areas of strength are in place or in development. Some services which support work on assessments were singled out for particular praise. For example, the legal advice to practitioners and managers provided both through the gateway meetings and the council's legal service duty desk. The bi-annual training on Court proceedings provided by the legal service supplements the guidance document which it provides for social workers on the completion of reports, assessments, statements, chronologies and care plans. The fact that the legal service undertakes the majority of the advocacy work is also valued. The difficulties with the current IT system have been acknowledged and work is already underway to improve the existing system and to move eventually to paperless records. This will greatly aid working practices as the IT (Carefirst system) is currently a barrier.

A number of significant issues need to be addressed. There is a perception of 'fire-fighting' reported in the locality teams which appears to be more linked with workload management and a need for more effective planning of casework. A recommendation from a 2012 Serious Case Review was for case recording and assessments to be improved but the pace of improvement in this area appears too slow.

In order to improve, Core Assessments should be of a consistently high quality and used to drive effective planning and practice. Child Protection Plans and Children in Need Plans should demonstrate clear actions for both the staff and family with expected outcomes within agreed timescales. Around a quarter of all Case Conferences and CP meetings have been cancelled over the last two months and this needs to be addressed as it will result in cases drifting. This recent performance is significantly different to that reported during 2012, when the number of child protection reviews completed on time was consistently at or near 100% (as measured by NI67).

Managers and staff will need challenge, support and leadership to help them further improve practice. The council is developing the role of consultant social worker as part of its move to a new operating model. There may be opportunities to use this role to advise and support colleagues to strengthen practice. This will build on the existence of the Advanced Social Work Practitioner within the Children in Need and Child Protection service. This may also help to build confidence in the transition to the new operating model, which will see smaller social work teams more closely aligned to the MAST areas.

Ensure the rapid development of an effective WSCB that provides oversight, safeguarding assurance and enables constructive challenge to all partners, including schools.

The WSCB starts from a sound base as there are good partnerships and relationships across agencies and widespread support for the development of the WSCB. This

includes good working engagement with the Police, the majority of health services and the voluntary sector. The new Chair of the WSCB is well regarded and has a significant opportunity to drive through change and improvements. The Chair needs to provide clarity on governance arrangements by setting out the expectations for members of the Board and the sub groups, including the arrangements and oversight of any Serious Case Reviews. The website and communication from the WSCB need to be improved and an increased pace of change set through the annual plan. It should be ensured that the WSCB has effective administrative support under these new arrangements. Effective development and multi agency training in particular is an important aspect of ensuring a safe workforce and this includes oversight by the WSCB.

An essential part of the change needed is to develop a stronger culture of effective challenge of all partners and hold them to account for agreed actions. The WSCB, like many LSCBs nationally, has a culture of cooperation rather than challenge. The proposed new structure with a smaller Executive Board, supported by Sub Groups with clear remits and a wider discussion forum twice a year will help to bring greater accountability and constructive challenge to the partnership. The forum will enable the wider engagement of a greater range of interested parties which can raise the awareness of the roles and responsibilities of the WSCB in relation to safeguarding.

The work of the WSCB is complemented by the improved safeguarding support proposals, for example the Quality Assurance Framework which will also help to strengthen effective practice and service delivery for children and young people.

Consider the early help offer through MASTs and the CAF to ensure that children most in need are effectively targeted

There is a high level of resource allocated to the eight MAST teams and they can provide good support at a local level to children, young people and their families in conjunction with the local schools. However, the effectiveness and impact of the MAST teams is not yet clear. There is inevitably variability in the effectiveness and quality of delivery across all eight MAST teams. The management of the MASTs is closely aligned with the Locality Boards. The Locality Boards are aiming to build self reliant communities and have their own Action Plans which can further add to changing priorities and variability of services available locally. It is suggested that adopting a commissioning model would help to better identify outcomes, timescales and hold each of the MAST to account for their outcomes.

The CAF is the universal early assessment and referral mechanism for accessing additional services. The number of referrals from some agencies and the quality of CAFs is variable and this could mean that the children most in need are not being effectively targeted. We also found a lack of clear distinction between cases managed by CAF or CIN. From our discussions with staff, it appears that some cases are being managed via CAF (without social care involvement) and others via CIN (involving children's social care) where the risks and vulnerabilities of the children, young people and families concerned appear similar. It was reported that the step up and step down processes don't work ideally from either social workers or partners' perspectives. The reluctance of other partners to hold risk and take the lead professional role may be

contributing to cases 'bouncing back' into social care. The linkages and distinctions between CIN and CAF need to be clarified, especially the step up and step down arrangements.

The service is planning a new operating model which will enhance the role of the MAST teams and as with any change there are acknowledged risks which will be fully assessed and managed. Making a structural change as proposed with enhancing the role of the MAST will not, of itself, guarantee better performance and outcomes for children. It is important that the underpinning processes and management oversight is effective, and that the council takes opportunities to pilot and phase implementation as it intends to do.

The voice of the child is apparent at a strategic level but less apparent in practice. Following an intervention, the MAST teams ask the young person and their family to give a satisfaction score and comment on the effectiveness of the intervention by asking whether anything changed, these were reported to be mainly positive comments which valued the services received. Along with doing things well, the MAST teams also need to ensure that they are doing the right things effectively to improve outcomes. It is important that different ways to include young people and their families in understanding and contributing to further improving practice are considered, along with wider measures of effectiveness.

Findings

In our feedback presentation at the end of the review, the team identified a number of strengths and areas for consideration under the five main themes of the safeguarding review (these are listed in the section 'Detailed findings' below). We identified the main issues which we feel you need to address in order to maintain your progress in safeguarding children, referred to in the Executive Summary and again later in this letter. A summary of the main strengths and areas for consideration is provided below:

Summary Strengths

- Vision, drive and energy of senior leaders and staff
- A proactive approach has been demonstrated recently and changes are taking place to improve safeguarding practice
- Richness of information available and a developing QA framework and performance management approaches to more effectively utilise this data
- Good operational and strategic arrangements with Police, Clinical Commissioning Group, the acute health trust and voluntary sector
- Commitment to build capacity where needed as evidenced by the allocation of additional resourcing and embracing opportunities that Public Health function brings.

Summary Areas for Consideration

- Social workers and management should be helped to more effectively plan and manage their workload
- Core assessments need further improvement, both in terms of quality and timeliness, to enable them to effectively drive practice and outcomes
- Developing new ways to engage staff in performance management
- Effectiveness and impact of MASTs (Multi Agency Support Teams) is not yet clear – too much focus on activities rather than outcomes
- Information leads to action without sufficient analysis, planning and understanding
- Changes to ensure that all partnerships give constructive and effective challenge
- Greater focus and increased pace of effective change

Detailed Findings

The table below highlights the good practice noted by the peer review team and areas for consideration by Wolverhampton City Council and its partners:

<p>Effective practice, service delivery and the voice of the child</p>	<p>Strengths</p> <ul style="list-style-type: none"> • Duty and Assessment provides an effective process with prompt response and advice • Positive improvements planned to IT systems • Vast majority of statutory CP visits completed on time • LADO provides “brilliant advice” which is valued by schools • Good legal advice and guidance documents • Some evidence of ensuring learning and actions are in place following SCRs • Safeguarding processes in most sectors in health appear sound with good facilities and support for young people • Recent WSCB changes and implementing new QA framework will strengthen effective practice and delivery • Aspiration to fully engage MASTs with wider children’s services priorities and alignment of early intervention and prevention with front line social care • Commitment to pilot the management systems and processes that will underpin the New Operating Model and to review accordingly
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	<p>Areas for further consideration</p> <ul style="list-style-type: none"> • Perception of ‘fire-fighting’ reported in the locality teams – this appears to be linked to workload management • Ensure Core Assessments are of consistently high quality and drive effective practice • CP / CIN Plans should demonstrate clear actions for both service users and staff and expected outcomes • Case Conferences and CP meetings have often been cancelled over the last two months • Distinction between CIN cases and CAFs in practice is blurred and many CIN cases appear to drift • SCR recommendation 2012 was for case recording and assessment to be improved – pace of improvement seems slow • The voice of the child is more apparent at strategic level than in practice • The effectiveness and impact of the MASTs, which are well resourced, is not yet clear • Structural change will not of itself guarantee improved performance and better outcomes for children. • Risk that the greater number of teams envisaged under the New Operating Model may lead to greater variation in practice
<p>Outcomes, impact and performance management</p>	<p>Strengths</p> <ul style="list-style-type: none"> • The authority and partners invite external challenge • Development of a performance culture is an increasing priority at senior level • Development of Performance Management and QA framework for Community Directorate is underway • Proposed Directorate Performance Board will support the holistic view of ‘performance management’ • A wide range of information available across partners (including voluntary and community sector) • Many data sources are rich in information e.g. case file audits etc.

	<p>Areas for further consideration:</p> <ul style="list-style-type: none"> • Lack of analysis and planning can sometimes mean going directly from ‘information’ to ‘action’ • Targets not always realistic and achievable e.g. Balanced Scorecard only 1 out of 19 targets met • Opportunities to strengthen the link between plans/priorities and performance reports • A greater focus on outcomes and deliverables • Developing a positive performance culture in children’s social care by prioritising a small number of areas for improvement • More clearly map the relationship between strategic plans and frontline practice
<p>Working Together (including Health and Wellbeing Board)</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Good partnerships and relationships across agencies • Children’s Trust Board – common agenda, good engagement, clear plan • New chair for WSCB well regarded with significant opportunities to drive through change • Good partnership attendance at WSCB • Good working arrangements with the Police and health • Significant improvement in relationships between council and voluntary sector over past two years • Good engagement and resourcing of partnership working by key agencies such as health and police • HWBB and CCG governance have clear assurance pathways for health service redesign <p>Areas for further consideration:</p> <ul style="list-style-type: none"> • Culture of co-operation rather than challenge in some partnerships • Review structures of WSCB – smaller Executive Board supported by Sub-Groups with clear remits and a wider discussion forum • Take advantage of opportunity presented by appointment of new WSCB Chair to increase pace of change • Develop a stronger culture of effective challenge

	<ul style="list-style-type: none"> • Greater clarity of expectations for members of boards and groups • Limited evidence of challenge by Elected Members • More user-friendly website for WSCB
<p>Capacity and managing resources</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Additional resources allocated to children’s social care, including extra staff • Range of safeguarding training provided <ul style="list-style-type: none"> ○ multi-agency training valued and helps to build relationships • Clear public health plan, with budget allocated to support priorities • Good paediatric assessment area in A&E • Observed a well managed Child Protection conference, undertaken within a good facility • Health maintaining safeguarding resources during period of transition <p>Areas for further consideration:</p> <ul style="list-style-type: none"> • Perceptions persist of a high staff turnover and use of agency staff despite evidence to the contrary • More attention needed to getting everything right first time, smarter working and better feedback and response to partners • There is a disconnect between well regarded training courses and it having insufficient impact on practice and performance – consider other methods including coaching, mentoring and shadowing • More robust measures to address issues of competence and capability promptly • Already substantial investment in MAST teams, with plans to further enhance this – but lack of clarity about priorities, evaluating intended outcomes and current performance (although there is evidence that users value the support provided by MASTs) • Review the timescales for moving to new ways of working and preparing staff in

	<ul style="list-style-type: none"> • Consider how to ensure sufficient resilience in the smaller teams under the New Operating Model. • Consider dedicated safeguarding post to support schools
Vision, Strategy & Leadership	<p>Strengths:</p> <ul style="list-style-type: none"> • Political and managerial leadership with clear vision for the city, with high ambition for jobs for all young people • Partners committed to a clear strategic plan for children and young people • Desire and strategy to include children and young people and to listen to their voice. • Lead Member is a champion for children and young people • Safeguarding is everyone’s business and is taken seriously across all partnerships and by partners • Opportunities presented by Public Health as a key partner for children’s services <p>Areas for further consideration:</p> <ul style="list-style-type: none"> • High ambition and aspiration for young people is expressed, but it is less clear how this will be achieved and whether this will be for all young people • It is not clear how well a good education is integrated into the future ambition • The pace of improvement in outcomes is not demanding enough or driven hard by all strategic leaders.

The Review Team highlighted four key areas on which to focus to help you drive improvement (as referred to in the Executive Summary):

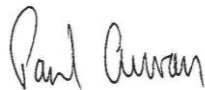
- Develop a positive performance culture to support better practice and outcomes, building on the QA framework
- Strengthen management oversight and support to improve the quality, consistency and timeliness of core assessments – so that they drive practice, improve outcomes and reduce the escalation of risk
- Ensure the rapid development of an effective WSCB that provides oversight, safeguarding assurance and enables constructive challenge to all partners, including schools
- Consider the early help offer through MASTs and the CAF to ensure that children most in need are effectively targeted

Following the presentation of the team's findings, you arranged a workshop session in which a range of senior people from the council and partner organisations took part in discussions to identify the main issues and initial actions to address each of the four areas identified above. Team members were pleased to be able to assist you in these discussions, were impressed with the positive approach adopted and your clear intention to make early use of the findings of the review to help further strengthen safeguarding arrangements in Wolverhampton.

The Local Government Association is offering a follow up visit within the next 12 months after the peer review. This would give us both an opportunity to evaluate the process and assess impact. You and your colleagues will want to consider how you incorporate the team's findings into your improvement plans, including taking the opportunity for sector support through your regional arrangements or the LGA's Principal Advisor, Howard Davis. Howard can be contacted on howard.davis@local.gov.uk or by phone on 07920-061197.

Clair Burgess, Children's Improvement Advisor for the CIB in the West Midlands, has been sent a copy of this letter and will be in touch with you to discuss the options for support and how best to share notable practice identified. Claire can be contacted by either e-mail: claire.burgess23@gmail.com or by phone on 07854 407337.

Once again, thank you for agreeing to receive a review and to everyone involved for their participation.



Paul Curran

**Children's Improvement Adviser (Peer Review)
Local Government Association**

Wolverhampton Safeguarding Children Improvement Plan

4 November 2013


The Improvement Plan contains two parts:




Part 1: Urgent Actions – pages 2 - 8




Part 2: Non-urgent Actions – pages 9 - 16




Progress has been formally reviewed on a monthly basis and will be taken forward through the characteristics relating to the new Ofsted single Inspection framework and evaluation schedule from November 2013.




Safeguarding Children Peer Review: Urgent Actions Improvement Plan September 2013 (v 0.8)





Urgent Area for Improvement	Identified Actions	By When	Key Measure/Milestone	Progress Update	RAG Rating	Lead Officer
<p>1. i) Improve the quality and timeliness of Core Assessments - ensuring they drive effective practice and reduce risk</p> <p>ii) Provide support to social workers to manage their time effectively, given their busy workload</p>	<p><i>See Core Assessments Summary Report: Andy Campbell</i></p>					
<p>2. i) Improve the effectiveness of Children in Need and Child Protection Plans so that they demonstrate clear actions and expected outcomes</p>	<p>2.1 A key set of quality / effectiveness measures to be developed with CiN and CP managers.</p>	<p>31.03.13</p>	<p>Quality measures agreed:</p> <ul style="list-style-type: none"> • Plans will be outcome focussed • Actions will clearly support the outcomes agreed • Plans will be constructed in partnership with children and their families in a team around the child. <p>The 3 steps of support approach will assist social workers and their</p>	<p>Measures agreed</p> <p>Review of outcomes against measures to take place July 2013</p>		<p>Andy Campbell</p>


Urgent Area for Improvement	Identified Actions	By When	Key Measure/Milestone	Progress Update	RAG Rating	Lead Officer
ii) Increase the effectiveness of management oversight			managers in quality assuring outline plans emerging from early assessments.			
	2.2 Plan exemplars will be distributed to social workers and their managers.	30.04.13	Exemplars have been built in to the new forms and can be accessed by electronic links built in to new social work forms once they come on line in July 2013. Plan exemplars will be made available to social workers and their managers in May so that they can be reflected on in supervision sessions	The form review meeting on 18.4.2013 confirmed that guidance links are ready Plan exemplars have been discussed in May supervisions.		Andy Campbell
	2.3 Supervision file audits will ensure plan and assessment standard discussions have been recorded in supervision notes.	31.05.13	May supervision sessions will record that social workers and their supervising managers have discussed the standards and recorded their understanding. Early May supervision file audits are expected to indicate that exemplars are appreciated. Practitioners have stated they would welcome training about writing outcomes (underrated skill)	Practice in place 05.13 Supervision files audit conducted from 05.13 Not fully achieved but can expect all practitioners to have received this support by the end of June.	 	Andy Campbell

Urgent Area for Improvement	Identified Actions	By When	Key Measure/Milestone	Progress Update	RAG Rating	Lead Officer
iii) Ensure the use of chronologies	2.4 Managers in Duty and assessment to review the existence of chronologies on all new cases. They will instruct practitioners to produce a chronology and ensure that cases transferring to locality teams have a chronology	28.03.13 and weekly count	All cases transferring from Duty and Assessment to Locality social work teams will have a chronology in the paper file and in the child's electronic shared file. All new cases in Duty and Assessment have chronologies	By 23.4.13 - 17 cases have transferred all with up to date chronologies Although this is happening the standard of chronologies is poor confirming the team has an urgent training need. Caron Kilworth is leading on this		Andy Campbell
	2.5 Managers in locality teams will identify open cases which have no chronologies and agree with the social workers a date for completion of a chronology	08.05.13	Assessment audits will identify the presence of a chronology. Open locality cases will have a chronology in the paper file and in the child's electronic shared file by 31 July 2013	Audits taking place (05.13) 5 Agency workers appointed from 3.6.13 to assist SWs in updating electronic care records (all cases up to date by 23 August 2013) a 6 th worker will be employed as soon as possible We will report progress every 2 weeks starting on 24 06 13 showing how many open cases evidence; an up to date assessment, a chronology, a genogram, use of theory, clarity to parents about what change is required		Andy Campbell
	2.6 Safeguarding service to contribute to assessing existence of clear actions and expected outcomes within plans via Quality Assurance (QA) role	1.7.2013	Ensure QA reports can be generated via CareFirst QA RAG reports for Initial Child Protection Conference (ICPC) & Looked After Children (LAC) Reviews	29.4 meeting with Ben Wolf progressed to review all CP & LAC QA reports Reports being revised by CareFirst Team to enable electronic data to be obtained for ICPS & LAC QA RAG Protocol in draft which		Dawn Williams



Urgent Area for Improvement	Identified Actions	By When	Key Measure/Milestone	Progress Update	RAG Rating	Lead Officer
			LAC Dispute Resolution Process	<p>supports draft Dispute Resolution Process for LAC & CP</p> <p>CF format developed and use of CF to gather QA data electronically to be in use from July 2013. Training for Safeguarding service to begin on 14 June 2013.</p> <p>Cross-service Meeting to sign off protocols to take place 18 June 2013.</p> <p>Protocols signed off and new QA/RAG reports in place from August 2013 – delayed due to need to update on area services, IRO role and QA</p>		
	2.7 Review quality of disability assessments.		Devise key disability assessment measures and evaluate measurement outcomes	Disability assessments being reviewed		Andy Campbell Suzanne Smith
3. There is a clear distinction between CiN cases and CAFs and sound evidence of improved case recording and assessment (SCR 2012)	3.1 The Early Intervention Board is to lead multi-agency agreement on a Policy that provides a well-defined process for step down and step up CiN cases and CAFs; clearer definitions of thresholds and of the lead professional role and that is adopted for roll out by the WSCB	31.5.13		<p>EIB has yet to develop multi-agency agreement.</p> <p>Threshold document updated on 22.7.13 and takes into account Neglect. Revised document circulated to WSCB for agreement and to seek implementation in September 2013.</p>	 	Chair: Emma Bennett Dawn Williams




Urgent Area for Improvement	Identified Actions	By When	Key Measure/Milestone	Progress Update	RAG Rating	Lead Officer
	3.2 All multi-agency practitioners will attend training on Child and Family Assessment delivered by Child and Family Training National Training Programme	1.7.13 and ongoing	Training includes provision on the distinction between CiN and CAF and the role of the lead professional	New WSCB Multi-Agency Training Programme launched in July 2103.		Gillian Ming
	3.3 Provide a well-defined process for step down and step up within the CiN Planning Policy, inc. clearer definitions of thresholds within the Threshold Document, and disseminate to all staff and multi-agency practitioners	1.8.13		Review is underway and a draft process within the CiN Planning Policy has been completed for approval at CF&Y Management Team meeting on 3 July 2013. Revised Policy and Thresholds Document will require consideration at Policy & Procedure Sub-Group of WSCB.		Andy Campbell
	3.4 Evidence a stronger culture of challenge to schools and multi-agency providers in taking on the lead professional role through Section 11 and Section 175 Audits	31.5.13 and ongoing		WSCB has purchased new suite of tools from the Virtual College to support the Section 11 and Section 175 process which will support those who complete the audit schedule. Circulation of Section 175 to all schools in mid-October 2013 and Section 11 audit tool to be utilised in Autumn 2013.		Dawn Williams
	3.5 Use the roll out of the New Operating Model pilot to test the implementation of a monthly audit of step up and step down cases via the new CareFirst	3.7.13 and ongoing				Emma Bennett


Urgent Area for Improvement	Identified Actions	By When	Key Measure/Milestone	Progress Update	RAG Rating	Lead Officer
	database and desktop follow-up of TAC reviews, undertaken by the MAST Manager within the Locality Team					
	3.6 WSCB Quality Assurance Sub Group to undertake an annual audit of multi-agency practitioner step up and step down cases	31.5.13 and ongoing		Audit schedule in place		Dawn Williams
	3.7 Conduct a weekly audit of CiN cases, to evaluate if they meet the threshold for requiring a children's social care service – Team managers will identify CiN cases that can be safely closed, or transferred or stepped down to CAF.	Weekly from 30.4.13	Weekly CiN and CP audits being conducted % identified as meeting the threshold For those that do not meet the threshold: Level of cases closed / transferred / stepped down to CAF	Audits conducted Cases for further action identified		Andy Campbell
	3.8 Review LGA Case Records Review report to tease out the issues identified by the Peer Review Team.	Mid 04.13	Identification of clear factors to be acted upon.	Case Record Review findings presented to Ofsted Scoping meeting on 23.05.13		John Welsby
	3.9 MAST Social Workers to prepare sample case studies of cases being dealt with	30.4.13	Cases identified and case studies completed GK and AC to meet about	31.5.13: completed case studies – need to assess quality and dissemination mechanism for learning		Gren Knight





Urgent Area for Improvement	Identified Actions	By When	Key Measure/Milestone	Progress Update	RAG Rating	Lead Officer
	through a CAF that could be CiN cases.		thresholds			
	3.10 MAST & CiN / CP staff meet to review sample cases and draw up guidelines for statutory processes(to include social care orders and those available to Social Inclusion staff)	06.13	Guidelines produced for CYP&F staff and disseminated to other agencies			Gren Knight Andy Campbell
<p>4. Ensure there is an effective culture of challenge and of co-operation within the Wolverhampton Safeguarding Children’s Board (WSCB)</p>	<p><i>See WSCB Business Plan (development work to be taken forward under new Inspection Framework): Alan Coe</i></p>					
<p>5. Ensure strong value is assigned to the recognition of a capable and sustainable workforce – including social work development</p>	<p><i>See Social Work CPD Framework and HR benchmarking reports</i></p>					




Safeguarding Children Peer Review: Non-urgent Actions Improvement Plan – August 2013 (v 0.6)

Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
<p>1. Work to better measure the outcomes from the service within MASTs</p>	<p><i>Development work taken forward under ‘Value for Money Review of MAST’: Gren Knight, Fiona Ellis, Ros Jervis</i></p>					
<p>2. Consider the early help offer through MASTs and the CAF to ensure that children most in need are effectively targeted</p>	<p><i>Draft Early Intervention Strategy and development work : Gren Knight</i></p>					
<p>3. Improve information sharing between key agencies on child and pupil level data</p>	<p>Relocation of CIN/CP Social Worker to MAST & CC</p>	<p>07.13</p>	<ul style="list-style-type: none"> • Pilot in one area 			<p>Emma Bennett</p>
	<p>Ensure accessibility of CARE First, ONE, Synergy to all staff in integrated working teams</p>	<p>09.13</p>	<ul style="list-style-type: none"> • Identify extent of access required and establish relevant protocols and IT 			<p>Emma Bennett</p>


Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
	Seek approval from schools to make use of EYFS pupil level data in screening for MAST referral and performance data for Children’s Centres	09.13	<ul style="list-style-type: none"> Issue to be put to WSIP Board and, if necessary, individual schools 	This matter has been considered previously. The pupil level EYFS outcomes are “owned” by schools. For this data to be used by Children’s Centres, data sharing protocols would need to be put in place with each relevant school. This would involve a protocol to be drafted and put to each school delivering EYFS to secure their agreement.		Tim Johnson AD: Education & Enterprise
	Secure Working Agreement on ‘read only’ access to information	09.13	<ul style="list-style-type: none"> Issue to be put to WSCB for practical resolution 	Safeguarding information sharing protocol being devised to be fully implemented by November 2013.		Dawn Williams
	Procure and establish e-system for the Troubled Families programme which facilitated information exchange on families	10.13	<ul style="list-style-type: none"> System procured System ‘go live’ date – training underway with key workers and managers – completed by August 2013 			Bridget Pugh
4. All strategic leaders are to drive the pace of improving performance in outcomes and deliverables,	<i>Performance Management Framework Report to CDMT on 21.10.13: Geoff Tait</i>					

Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
<p>ensuring that targets set are realistic</p> <p>5. Develop a positive performance culture in Children's Social Care that prioritises key areas for improvement; is informed by meaningful needs analysis and demonstrates links between plans, priorities and performance</p>						
<p>6. Demonstrate a strong culture of effective challenge to schools</p>	<p>Education leads on WSCB to be supported in structured dissemination of WSCB messages and activity</p>		<p>WSCB protocol regarding effective working with schools (inc. academies/free schools) which is outcome monitored on a bi-annual basis</p>	<p>Alan Coe has met with Education members to agree a way forward. A WSCB information day will be progressed by the Education leads to advise colleagues of their role and to disseminate information. To be followed up. Safeguarding information</p>		<p>Dawn Williams WSCB Chair</p>

Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
				sharing protocol being devised to be fully implemented by November 2013.		
			WSIP challenge role regarding safeguarding to be evidenced/documentated	Meetings have taken place between the WSCB Chair, the Head of Safeguarding and the Chair of WSIP. These meetings have provided an opportunity for WSCB to agree its expectations of Heads through their membership of WSIP.		AD: Education & Enterprise
	LA Education lead to become a member of WSCB			New Director has been invited to attend WSCB		Dawn Williams
	Review membership and responsibilities of the School Monitoring & Review Team (SMART)	06.13	New Terms of Reference and agenda agreed	Proposals have been put to Tim Johnson that emphasise the significance of SMART as a cross Directorate group with an overview of schools and their performance. The proposals define revised terms of reference, membership and how the group should be held to account by a more strategic forum (SEB).		Tim Johnson
	Review and clarify joint working arrangements between Social Inclusion,	06.13	Paper on Social Inclusion & MAST contributions to School	Keith Martin attends SIMT 3.5.13		Gren Knight

Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
	Social Care and School Improvement staff		Improvement agreed			Andy Campbell Keith Martin
	Clarity regarding support and challenge roles and processes for Social Inclusion and CiN/CP staff with school agreed with HTs. (e.g. challenge role of EWO, BaMHS, EPs, Area SENCOs, Consultant SWs)	07.13 06.13	CYPF Service Group Policy and Procedure to provide guidance for staff. Review and development of the SI Partnership Performance Framework with HTs at SIPSAC.	Preliminary discussion with HT reps at SIMT to continue SI Performance/ Evaluation Working Group with HTs being convened 05.13		Gren Knight Andy Campbell Gren Knight AD: Education & Enterprise
7. Demonstrate evidence of challenge by Elected Members	Propose regular Safeguarding Report to Scrutiny Panel	05.13	Regular reporting	DW and JW to liaise on this		Dawn Williams John Welsby
	Review Safeguarding Training for all Elected Members	09.13	Include Safeguarding in Councillor Development programme To be presented at the IT and Councillor Development working group chaired by the lead member of CYP.	Councillors who sit on Corporate Parenting Board – to attend 1 hour Total Respect Training prior to group meeting. (proposed by the lead member) All Councillors: To have access to the WSCB e-learning available (7 modules in total). Included in Councillor Development Annual Programme All Councillors to be offered a 60 mins face to face training event hosted jointly		Dawn Williams

Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
				by Dawn Williams & Penny Darlington in November to cover: -understanding safeguarding boards & their responsibilities -impact of serious case reviews -managing risk Proposed Councillor Induction Programme covers: -e-learning modules described above - 'Member's Guide' on Corporate Parenting & factsheet no.19 - safeguarding -60 min briefing on the role of the corporate parent		
8. Construct a more user friendly website for WSCB	<i>Updated WSCB website in place.</i>					

Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
<p>9. Implement robust measures to address issues of competence and capability promptly</p>	<p><i>See Summary Appraisal & Capability Report: Janet Lowe</i></p>					
<p>10. Establish clear and integrated plans to achieve a high ambition aspiration and good education for all young people</p>	<p>Narrow the gap in terms of attainment and achievement</p>			<p>There is systematic scrutiny of school and pupil performance that is reported to CYP Scrutiny Panel.</p> <p>A framework of entitlements to support schools' improvement has been consulted on and shared with schools.</p> <p>Regular contact with school leaders enables the Council to seek to influence them through challenge, intervention and brokered support to secure better school and pupil outcomes.</p> <p>School organisation proposals are in place to secure sufficient high quality school places going forward.</p> <p>There is an in principle agreement with the LEP to invest in up skilling the school workforce and plans</p>		<p>Tim Johnson AD: Education & Enterprise</p>

Non-Urgent Area for Improvement	Identified Actions	By When	Key Measure / Milestone	Progress Update	RAG Rating	Lead Officer
				are being developed to consult on with schools. DW and JW to liaise on this		



Health and Wellbeing Board

8 January 2014

Report title	Children's Trust Board progress report	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Safeguarding, Business Support and Children's Early Help	
Accountable employee(s)	Emma Bennett	Assistant Director
	Tel	01902 556101
	Email	emma.bennett@wolverhampton.gov.uk
Report to be/has been considered by	n/a	

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. Recent activity at the Children's Trust Board

1.0 Purpose

- 1.1 To keep members of the Health & Wellbeing Board informed of the work of the Children's Trust Board (CTB).

2.0 Background

- 2.1 The Children's Trust Board is a partnership of agencies from all sectors working together to ensure the alignment of strategic priorities for children and young people in the city. It meets on a bi-monthly basis.

3.0 Progress, options, discussion, etc.

- 3.1 The Children's Trust Board most recently met on 21 November 2013.
- 3.2 The final report from the Peer Review with Lambeth LBC was considered with the following recommendations highlighted:
- 3.2.1 There is a need for a multi-agency response regarding early intervention, to ensure that children have the best chance of staying with their families.
 - 3.2.2 Schools engagement with safeguarding and looked after children needs strengthening.
 - 3.2.3 The New Operating Model and Thresholds for Intervention Policy needs to be widely promoted, to ensure buy in and full understanding of all agencies.
- 3.3 It was agreed that the CTB would consider, as part of its next agenda, the role that the Children's Trust Board and Children's Trust Delivery Board need to play in terms of giving direction to the programme of work in relation to looked after children.
- 3.4 An update was received on the preparation taking place for the Ofsted inspection of services for children in need and protection, children looked after and care leavers. The Board noted the progress to date. The Board was also informed that preparations are taking place for an Ofsted inspection of the Council's arrangements for supporting school improvement.
- 3.5 A report on the preparations for the school improvement inspection was requested for the next meeting of the CTB.
- 3.6 A report was presented to provide an update on progress with the implementation of the Troubled Families programme. The CTB endorsed the longer term approach being adopted locally, which commits to working with families for 12 months regardless of whether they have already qualified for Payment by Results.

- 3.7 Case studies were presented to emphasise the progress being made with the families being engaged through the programme. These were positively received and provided a useful overview of some of the challenges facing families and of the role of the Troubled Families programme.
- 3.8 A report was presented to promote the new operating model for Children, Young People and Families Service. This was received and noted by the CTB.
- 3.9 A report was tabled by Royal Wolverhampton Hospital Trust giving details of a funding bid being prepared for the Health Visitor Transformation Fund. The CTB was asked to support the bid.
- 3.10 The CTB welcomed the bid and made some suggestions to strengthen the application. It was agreed that a supporting statement would be prepared and forwarded within the timescales for the submission of the bid.

4.0 Financial implications

- 4.1 There are no direct financial implications to this report.

[AS/31122013/I]

5.0 Legal implications

- 5.1 There are no direct legal implications to this report.

[AS/30122013/M]

6.0 Equalities implications

- 6.1 There are no direct equalities implications to this report, as it is an update on progress at the Children's Trust Board, rather than with specific programmes of work in relation to delivery of Children's Services. Reports prepared for the CTB will contain, where required, detail on the equalities implications in relation to work taking place.

7.0 Environmental implications

- 7.1 There are no direct environmental implications to this report.

8.0 Schedule of background papers

- 8.1 None.



Health and Wellbeing Board

8 January 2014

Report title	Adult Delivery Board – progress report	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Health, Wellbeing and Disability	
Accountable employee(s)	Viv Griffin	Assistant Director
	Tel	01902 555370
	Email	viv.griffin@wolverhampton.gov.uk
Report to be/has been considered by	n/a	

Recommendations for noting:

The Health and Wellbeing Board is asked to note the progress of the Adult Delivery Board's work plan for 2013/14, in particular:

1. The Board's approach to developing the city's bid for funding from the Integrated Transformation Fund on offer from the Government to ensure closer integration between health and social care to help improve the lives of some of the most vulnerable people in our society; and
2. The progress being made across the Board's key priority areas.

1.0 Purpose

- 1.1 To keep members of the Health and Wellbeing Board informed of the work of the Adult Delivery Board in regard to the Board's work plan for 2013/14.

2.0 Background

- 2.1 The Board received updates in relation to the work being progressed around the development of the following strategies:

- Urgent Care & Emergency Services
- Long Term Conditions
- Reablement Refresh

It also considered the Primary Care Strategy, noting the progress being made to link NHS and social care data and considering the recommendations of the recent adult safeguarding peer review and corresponding action plan.

The Board also considered the approach to developing the city's application for the new Integrated Transformation Fund.

3.0 Progress

3.1 *Integrated Transformation Fund*

The Board considered the opportunity to access funds from the £3.8 billion of national funding being made available to local areas to improve the lives of some of the most vulnerable people in society through closer integration between the health and social care agendas via a single pooled budget via the Integrated Transformation Fund (ITF).

It was noted that access to this funding is based on submission of an ITF plan agreed between the NHS and Local Authority which needs to include the business case, metrics and data and breakdown of financial implications.

The Board was informed that the chief executives of the provider trusts, Accountable Officer of Wolverhampton City Clinical Commissioning Group (WCCCG) and the Council's Strategic Director for Communities have set up a governance structure to manage the response to the requirements of the ITF. It is proposed that the ITF submission for Wolverhampton will be broadly based on the following four key priority areas which builds on the earlier Pioneer bid:

- Mental health de-escalation
- Nursing and residential care
- Intermediate care/rehabilitation/reablement
- Dementia care management

Stakeholder events are planned or have taken place on 17 December 2013 and 27/28 January 2014. These will be used to develop the workstreams and define the scope and

breadth of each of the four priorities, which form the basis of the final bid, the submission date for which is 14 February 2014.

3.2 Urgent Care and Emergency Services Plan

The Board was informed that both Health and Wellbeing Board and WCCCG had signed off the proposals in respect of the development of the Urgent Care and Emergency Services Plan. The wider public consultation will now run between 2 December and the beginning of March 2014. The outcomes of the consultation will be used to develop a corresponding action plan which will be presented to a future meeting of the Health and Wellbeing Board.

3.3 Rehabilitation Plan

The Board considered the refreshed Rehabilitation Forward Plan; whilst board members liked the principal framework and outcomes they felt it needed to be further developed to include the refreshed definition and action plans which demonstrated how the plan would be implemented. A further iteration would be presented to the next Board meeting in February 2014.

3.4 Long Term Condition Strategy

The Board noted that the current plans to develop the Long Term Condition Strategy weren't where they should be as more work needed to be done on the framework which would also include reference to dementia, and that they needed to concentrate on compiling the WCCCGs operating plan by mid February 2014, which would subsequently inform the direction and objectives of the Long Term Strategy. The Board would be updated on the progress of this work at its next meeting.

3.5 Primary Care Strategy

The Board was updated on the development of the Primary Care Strategy for Wolverhampton, particularly in relation to exploring potential for provider investment schemes with a view to changing the way healthcare is delivered across Wolverhampton. The WCCCG is currently working with GP providers via a provider reference group, which has been involved in developing an interim scheme. This will allow independent contractors the freedom to address the CCG's priorities in a way that best works for them as clinicians and providers.

The Board was informed that the objective of this scheme is to reduce the number of emergency admissions, and to keep people well. This would involve care planning around long term conditions, specifically upon patients with diabetes and dementia as these are the subject of the WCCCG's commissioning priorities in 2013/2014.

The Board noted that this is seen as an initial attempt in trying to get primary care practices to work differently and the development of any permanent scheme would need to be evidence based on the outcome and evaluation of this interim scheme.

3.6 Commissioning Support Unit

The Board agreed to the proposal to engage with the Commissioning Support Unit (CSU) to provide intelligence regarding service utilisation across both health and social care and to commit appropriate resource and support to work with the CSU to ensure NHS number is utilised within social care data sets.

3.7 Adult Safeguarding Peer Review

The Board noted the Local Government Association's report on the recent adult safeguarding peer review conducted in September 2013 and corresponding action plan, which had been produced to reflect the key recommendations emerging from the review. In noting the action plan the Board agreed to adopt the action points assigned to it and ensure these areas were incorporated within the development of the Integrated Transformation Fund (ITF) bid as these were relevant to the four priority areas.

4.0 Financial implications

4.1 There are no direct financial implications to this report, at this stage.

[AS/31122013/O]

5.0 Legal implications

5.1 There are no direct legal implications to this report, at this stage.

[RB/20122013/S]

6.0 Equalities implications

6.1 There are no direct equalities implications to this report, at this stage.

7.0 Environmental implications

7.1 There are no direct environmental implications to this report, at this stage.



Health and Wellbeing Board

8 January 2014

Report Title	Public Health Delivery Board: Chairs Update	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	Community / Public Health	
Accountable officer(s)	Ros Jervis	Director of Public Health
	Tel	01902 551372
	Email	ros.jervis@wolverhampton.gov.uk

Recommendation(s) for action or decision:

That the Health & Wellbeing Board notes the summary of issues discussed at the last meeting of the Public Health Delivery Board held on 3 December 2013.

1.0 Purpose

- 1.1 To inform the Health and Wellbeing Board of the work of the Public Health Delivery Board and in particular matters arising from its meeting of 3 December.

2.0 Membership

- 2.1 As the Public Health Delivery Board is still relatively new its membership is still developing. On the 3rd December two new members attended:

- Carol Lamyman on behalf of Healthwatch
- Chris Hale – Head of Service for Housing, WCC

3.0 Partnership & wider links

- 3.1 A presentation was given by Louise Sharrod, Healthy Schools Team Manager regarding the current service. A robust discussion took place and actions agreed in relation to:

- How we engage in clear dialogue with Children and Young People
- How we engage with schools over lifestyle issues, behaviour change which may lead to sustainable public health outcomes.

4.0 The Public Health Delivery Board Work Programme

The PHDB received update papers from the following key workstreams:

4.1 Transformational work stream

- Transformation fund update
- Reducing numbers of LAC

4.2 Health Protection and NHS Facing work stream

- Health Protection Forum
- CCG Work programme
- Local Government Declaration on Tobacco Control (HWBB to receive a future paper)

4.3 The Public Health Commissioning work stream

- Progress report
- Sexual Health Review
- Presentation by Dr Nalini Sethia regarding her findings and recommendations from her audit of post partum contraception for vulnerable women.

5.0 Financial implications

- 5.1 There are no direct implications arising from this report.

- 5.2 Funding for Public Health is being provided to the Council from the Department of Health in the form of a ring-fenced grant. The total funding settlement for Public Health for 2013/14 is £18.8 million.

[AS/31122013/F]

6.0 Legal implications

6.1 There are no direct legal implications arising from this report.

6.2 Governance arrangements for health and wellbeing are regulated by statute and secondary legislation. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Health and Wellbeing Board is constituted as a Committee under section 101 of the Local Government Act 1972 with power to appoint sub-committees.
[AS/30122013/N]

7.0 Equalities implications

7.1 The Public Health Service seeks to ensure equality of opportunity as it delivers its core functions and aims to reduce health inequalities.

8.0 Environmental implications

8.1 There are no direct environmental implications arising from this report.

9.0 Schedule of background papers

9.1 Health & Wellbeing Board 3 July 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 4 September 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 6 November 2013 Public Health Delivery Board – Progress Report