Nottinghamshire County Council

Health and Wellbeing Board

Wednesday, 06 November 2013 at 14:00

County Hall, **County Hall, West Bridgford, Nottingham NG2 7QP**

AGENDA

NOTES:-

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Members or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

(4) Members are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

Notes

(1) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

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(2) Persons making a declaration of interest should have regard to the Code of

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Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 2 October 2013 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Stan Heptinstall
John Peck
Martin Suthers OBE
Muriel Weisz

DISTRICT COUNCILLORS

Councillor Jenny Hollingsworth
A Councillor Tony Roberts MBE

OFFICERS

David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
Anthony May	-	Corporate Director, Children, Families and Cultural Services
Dr Chris Kenny	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

Dr Steve Kell	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
Dr Judy Jones	-	Mansfield and Ashfield Clinical Commissioning Group
Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group
Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group

LOCAL HEALTHWATCH

	Joe Pidgeon	-	Healthwatch Nottinghamshire

NHS ENGLAND

A	Helen Pledger	-	Nottinghamshire/Derbyshire Area Team, NHS England

SUBSTITUTE MEMBERS IN ATTENDANCE

District Councillor John Wilmott	-	Ashfield District Council
Jacqui Williams	-	NHS England

ALSO IN ATTENDANCE

Councillor Kay Cutts

OFFICERS IN ATTENDANCE

Paul Davies	-	Democratic Services
Nicola Lane	-	Public Health
Irene Kakoullis	-	CFCS/Public Health

MEMBERSHIP

Dr Judy Jones had been appointed in place of Dr Raian Sheikh as the representative of Mansfield and Ashfield Clinical Commissioning Group. Councillor Heptinstall had been appointed in place of Councillor Williams, for this meeting only.

MINUTES

The minutes of the last meeting held on 5 June 2013 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Helen Pledger and District Councillor Tony Roberts.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Dr Steve Kell declared a private interest in the item on Substance Misuse Services Consultation.

MATTERS ARISING FROM THE MINUTES

In response to a question, the Chair indicated there remained an intention to extend representation to all district councils.

CHILDREN WHO GO MISSING FROM HOME, CARE OR EDUCATION: END OF YEAR REPORT 2012/13

The Chair referred to a missing Mansfield teenager, and the recent finding of a body near his home. Under the circumstances, it was agreed to defer discussion on the report until the next meeting.

YOUNG PEOPLE FRIENDLY HEALTH SERVICES

Irene Kakoullis introduced the report proposing the adoption of quality standards to ensure that health services were young people friendly and the use of mystery shoppers to assess services. During discussions, Board members supported making services more accessible to young people, but there were some concerns about the use of mystery shoppers. Comments included:

- It was difficult to encourage young people to be involved in surgeries' Patient Reference Groups.

- More use could be made of the internet and smart phones to encourage young people to use services.

- Surgeries already hold age-related information which could be useful.

- It was not clear what the mystery shoppers would achieve. More might be achieved by asking real service users about their experience. - Mystery shoppers would only be one means of assessment. They would be commissioned through the Children's Integrated Commissioning Hub, which would report to the Children's Trust Board in the first instance.

- Healthwatch was appointing a Community and Partnerships Worker, who would have a focus on children and young people. Healthwatch supported the Department of Health's *You're Welcome* quality standards.

- Recommendations 3 and 4 should be stronger than asking commissioners to consider using mystery shoppers.

- The fundamental issue was that young people should take responsibility for their own health. The proposals were good, but might not achieve the desired outcomes.

RESOLVED: 2013/030

(1) That the proposal from the Children's Trust Board to adopt quality standards and performance measures outlined in *You're Welcome* be approved, in order to assure that health services are 'young people friendly'.

(2) That commissioners of health services aimed at young people in both health and non-health settings consider integrating the quality standards and performance measures outlined in *You're Welcome* into contracts and service specifications with providers, seeking assurance that the *You're Welcome*

criteria are being met on an on-going basis, and where issues are identified, that actions are taken to resolve them, suggested performance measures being set as set out in Appendix 2 to the report.

(3) That for health services aimed at all ages, commissioners use the outcomes of the mystery shoppers initiative to identify good practice or areas for improvement and work with providers to encourage them to learn from the results.

(4) That commissioners and providers share information on user feedback (including the results of mystery shopping) and also share plans to tackle issues identified with the Children's Trust on behalf of the Health and Wellbeing Board.

HEALTH AND SOCIAL CARE INTEGRATION TRANSFORMATION FUND

David Pearson introduced the report which outlined arrangements to prepare for the Integration Transformation Fund, which the Government was establishing from 2015/16. The report proposed a working group to oversee the arrangements, and a further report to the Board in January. Mr Pearson indicated that he was on the national steering group for the Fund, and that full clarification of the Government's proposals was expected by the end of October. Comments made during discussion included:

- Bassetlaw CCG came under the South Yorkshire Area Team of NHS England and related to different hospitals. Therefore some form of local arrangements might suit best. - It was recognised that the scene in Nottinghamshire was complex. One possibility was an overall plan with three different strands for north, mid and south Nottinghamshire. Helen Pledger would represent the Notts/Derbys Area Team on the working group. There could be discussion about how to link with South Yorkshire Area Team.

- It should be borne in mind that the purpose of the Fund was transformation and not shoring up existing services. - This was not seen as money to protect social services, but rather as being about joined-up commissioning to meet the needs of the population and retain the sustainability of all the partners.

- The Fund was a logical step. There was a need to look at how current systems worked, and break down divisions between Health and Social Care with a view to best value for money. - Although the Fund was 3% of total spending, the challenge was to look at all spending and how systems could work cost effectively.

- The Fund could be used as leverage to access other funding which was available. It was important that the working group's proposals fitted into organisations' business planning timelines.

- Disabled Facilities Grants, administered by district councils, were to be included in the Fund. However it was clarified that handipersons schemes were not included.

- The performance related element of the Fund from 2015/16 was significant. However existing performance indicators, such as delayed discharges, tended to relate to secondary care. – Given the short preparation time, it was necessary to use existing performance indicators, rather than devise new ones.

- Would the further report in January be too late? - There could be an interim report to the workshop about integration in December.

The Chair concluded the discussion by encouraging partners to submit their nominations for the working group.

RESOLVED: 2013/031

(1) That a working group be established to identify arrangements necessary for oversight and use of the pooled Health and Social Care Integration Transformation Fund budget.

(2) That the Board receive a follow-up report in January 2014 detailing draft plans for approval, with an interim report to the workshop in December 2013.

UPDATE ON SOCIAL CARE AND HEALTH INTEGRATION 'PIONEERS'

David Pearson introduced the report which indicated that the bid to be one of the health and social care 'pioneers' had not been successful. However the Nottinghamshire initiatives had been well received, and the county would be part of a network to share support and learning. He explained that complexity of relationships in Nottinghamshire had been seen as a potential weakness. Board members were generally pleased that the work on integration would continue, even though the bid had been unsuccessful.

RESOLVED: 2013/032

That the report and the outcome of the Integration Pioneers bid be noted.

NOTTINGHAMSHIRE RESPONSE TO 'TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL'

David Pearson introduced the report summarising the Department of Health's recommendations arising from the incidents at Winterbourne View Hospital, and the local proposals for the care of people with challenging behaviour. In reply to a question, he stated that although the provision of social care might be means tested, it was unlikely that this would impact on the individuals transferring from hospital settings.

While the report recommended the use of interim placements for some individuals, the Board noted that paragraph 23 of the report referred to the potential costs and benefits of interim placements versus delayed transfer from hospital. The Board therefore asked for further information about these before deciding on this recommendation.

RESOLVED: 2013/031

(1) That the report be noted.

(2) That approval in principle be given to the establishment of a pooled budget to meet the needs of the people who will move from hospital to more appropriate community based support, subject to further work to scope the size of the pool, develop an appropriate management arrangement and develop risk sharing agreements.

(3) That further work take place on the potential costs and benefits of interim placements for individuals whose preferred accommodation and support cannot be provided within the prescribed time frame of 1 June 2014, with a further report to the Board about this.

(4) An update report be received in January 2014 to include progress on the development of pooled budget arrangements.

SUBSTANCE MISUSE SERVICES CONSULTATION

Chris Kenny reported on the recent public consultation exercise undertaken as part of the re-commissioning of substance misuse services. Themes arising from the consultation would be presented to an expert panel, with a report and recommendations to Public Health Committee in January. The specification for services would be issued in February, decisions on providers made in May, and new services would commence in October. Dr Kenny pointed out that this was later than originally intended. He expressed gratitude to existing providers for agreeing to continue their services for this additional six months, and to all those who had participated in the consultation.

In reply to a question about the role of the Board, Dr Kenny pointed out that the Board had debated substance misuse services in November 2011, had set the strategic direction, and would ensure that processes were valid. The Public Health Committee would decide how the substance misuse services budget would be spent.

Board members referred to the impact that these decisions could have on existing providers, CCGs and NHS England. It was observed that other services would be subject to similar re-commissioning exercises. The Chair recognised the need to be sensitive to the effect of changes in commissioning and referred to the Board's role in setting strategy.

RESOLVED: 2013/032

That the update on substance misuse services consultation and the timescale for re-commissioning services be noted.

WORK PROGRAMME

It was suggested that the Board receive the minutes of the Health and Wellbeing Implementation Group on a regular basis. The Chair supported this suggestion in

principle, with some thought to be given about how best to present this information to the Board.

A number of other suggestions were made which, on reflection, were probably being addressed in other settings. These suggestions would be considered and responded to.

The next Board meeting would also consider the deferred item on missing children, and the further information about the response to Winterbourne View Hospital at the January meeting.

RESOLVED: 2013/029

That the work programme be noted.

The meeting closed at 4.00 pm.

CHAIR

Nottinghamshire County Council

Report to Health and Wellbeing Board

6th November 2013

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

HOMELESSNESS

Purpose of the Report

1. This report describes the impact of being homeless. Members of the Health and Wellbeing Board are asked to comment on the report and support the recommendations.

Information and Advice

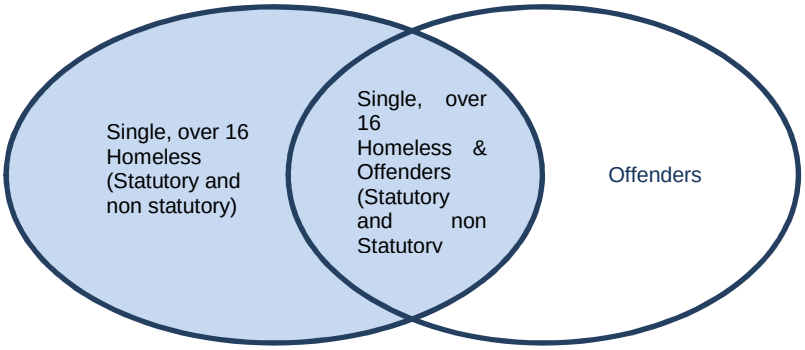
What is meant by the term Homelessness?

2. The definition of homelessness most commonly used is that of 'Statutory Homelessness'. Under the 2003 Housing Act, local authorities have a duty to provide assistance to those who are unintentionally homeless and fall into a specified priority need group[1]. Those meeting this definition are predominantly families with dependent children, pregnant women and a small number of single people deemed "vulnerable". This definition therefore excludes *most* single homeless people. For the purpose of this report, the population has been defined as people over 16 years of age who are rough sleeping, living in supported accommodation, such as a hostel or night shelter, or receiving floating support to help secure an independent accommodation option. It also includes people who are vulnerably housed; living in squats or staying with family and friends without permission of the landlord, people at risk of homelessness, fleeing domestic violence and those who have a history of episodic homelessness. It does not include the health needs of homeless families with children living in temporary accommodation provided by the Local Authority under Homelessness Legislation. This is because it can be argued that although their situation may lead to increased health problems, they are not considered to have substantially different health needs to that of the general population, neither do they experience the same difficulties in accessing healthcare as the population identified for the purpose of this report. [i]

Why is Homelessness an issue for the Health and Wellbeing Board?

3 Homeless people often face major barriers in accessing health services, while their life circumstances can often mean that they are among those most in need of treatment. Many homeless people present to health services with multiple and complex needs due to a variety of reasons including a delay in presenting to services[ii]. The average life expectancy of male rough sleepers is 47 years, compared to 77 years for the general population, and for female rough sleepers it is lower at just 43 years[iii].

4 Homelessness and, in particular, rough sleeping is often viewed as a problem which only exists in large cities. This report will show that there are a significant number of homeless people in Nottinghamshire. National evidence suggests that many offenders are without a 'home' following release from prison or as an offender in the community. For this reason this report will not only address the needs of single over 16 years of age statutory and non statutory homeless people, but also the needs of homeless offenders. It is essential that Local Authorities and health services work together to provide accessible and appropriate services if health inequalities and homelessness are to be tackled.



National findings

5 The health of people who are homeless is among the poorest in our communities. It is widely known that homelessness, especially rough sleeping, has significant and negative consequences for an individual's health. There are strong correlations between homelessness and a multiplicity, and heightened severity, of both physical and mental health conditions. Health problems commonly experienced include mental health, physical trauma, skin problems, respiratory illness, infections such as pneumonia and tuberculosis and drug &/or alcohol dependency[iv]. Added to this:

- Homeless people are 9 times more likely to commit suicide than the general population[v]
- Tuberculosis (TB) rates can be up to ten times higher for homeless people than the general population, who are likely to experience considerable delays in reaching TB services and are more likely to present with advanced and infectious forms of TB. They are also more likely to discontinue treatment[vi]
- Homeless people are up to 5 times more likely to experience symptoms linked to anxiety or depression than the general population[vii]
- Approximately 20% of homeless people with mental ill health are dually diagnosed with drug and/or alcohol dependence[viii]
- Smoking is common among homeless people, with prevalence being as high as 80%[ix]. In the UK Homeless Link Audit 2010, 77% of the homeless smoke, compared to 21% for the general population
- Substance misuse is a particular common cause of death amongst the homeless accounting for just over a third of deaths[x]

Drivers for Change

6. There are a number of key government policies outlining national commitments that are the key drivers to improving and helping to shape the focus of overall health and access to health services locally for vulnerable and socially excluded people, including:

- **The Madate (2013-2015) -** From the Government to NHS England outlining a number of requirements and priorities of which include "…helping people experiencing ill health, whether mental or physical, to remain in or return to work, and avoid homelessness…" and "…develop better healthcare services for offenders and people in the criminal justice system…"

- **NHS Outcomes Framework (2013-14)** – which includes indicators to enhance the quality of life for people with long term conditions and prevent people from dying prematurely

- **Public Health Outcomes Framework (2012)** – which includes indicators across all four domains of improving the wider determinants of health, health improvement, health protection and preventing premature mortality

- **NICE Public Health Guidance 37 - Identifying and managing tuberculosis among hard to reach groups (2012)** - Requires commissioners of TB prevention and control programmes and commissioners of services for homeless groups and substance misuse services to commission provision that actively case find individuals for screening and referral. It also recommends that Local Authority housing departments and commissioners of TB prevention and control programmes work together to agree a process for providing accommodation for homeless people diagnosed with active pulmonary TB, who are otherwise ineligible for state funded accommodation, for the duration of their TB treatment.

- **Equality Act (2010) -** Places a statutory requirement for Local Authorities to exercise their functions "in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage".

- **Homelessness Act (2002**) – Requires Local Authorities to review homelessness and its causes in their area and develop a strategy for tackling it.

Local need – the picture for Nottinghamshire

7 Due to the particular challenges of understanding need within this often hidden population, a local homelessness health needs assessment (HNA) was undertaken in the winter of 2012/3. As part of undertaking the HNA, questionnaires were distributed across a range of service providers across homeless, health and criminal justice sectors. Support workers asked and supported individuals known to be "statutory" and "non statutory" homeless to complete the questionnaire. Using this method, a total of 349 questionnaires were returned. Added to this, in order to gain further insight into the prevalence and health needs of this population, 7 focus groups and a series of 1-2-1 interviews were also facilitated. This information has been used in combination with statistical returns to give us a picture of need in Nottinghamshire.

8 In 2012/13 1,026 households in Nottinghamshire applied for assistance from local authorities. Districts with the highest numbers of applications were Mansfield (N=355) and Bassetlaw (N=309). Similar to the picture nationally, less than half of applications were accepted as being unintentional and in priority need.

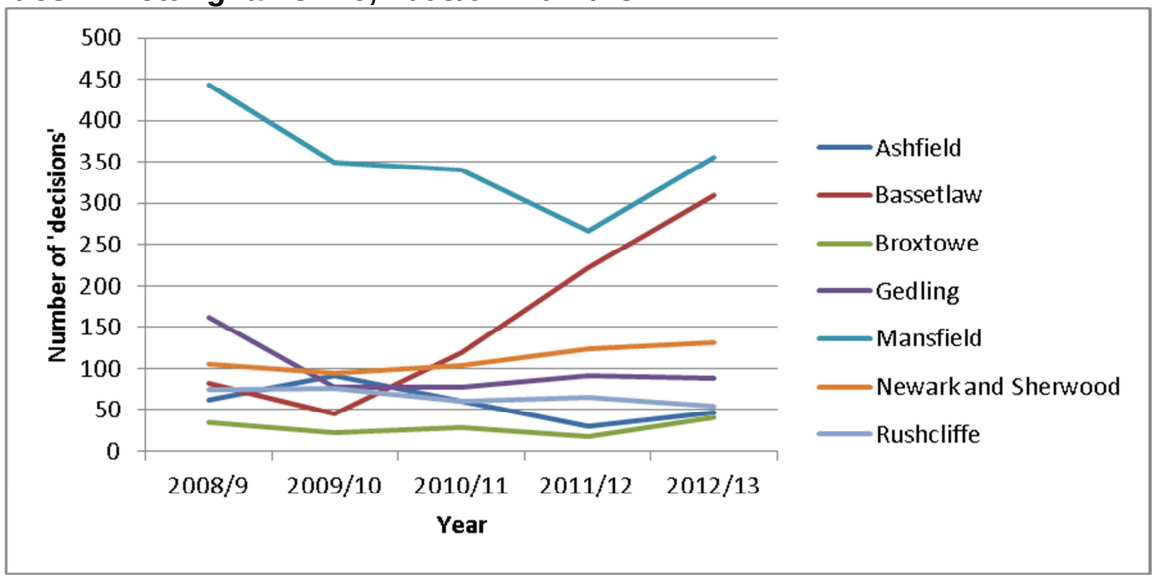
Table 1: Numbers of households applying for assistance, and numbers accepted as Statutorily Homeless, Nottinghamshire 2012/13

District	Accepted as 'Statutorily Homeless'	Not Accepted as 'Statutorily Homeless'			Total Decisions
	Unintentionally homeless and in priority need	Intentionally homeless and in priority need	Homeless but not in priority need	Not Homeless	
Ashfield	26	6	2	13	47
Bassetlaw	75	22	86	126	309
Broxtowe	10	6	12	13	41
Gedling	56	8	5	19	88
Mansfield	180	27	32	116	355
Newark and Sherwood	119	5	1	6	131
Rushcliffe	34	7	7	7	55
Nottinghamshire	500	81	145	300	1,026

Source: Department for Communities and Local Government, 2013

9 Figure 1 below shows the number of applications for assistance from local authorities in Nottinghamshire between 2008/9 and 2012/13. As can be seen, over this time period Mansfield consistently received the highest numbers of applications for support. The trend in applications for support in Mansfield largely mirrors the national trend with a fall in applications until 2011/12 where numbers started to steeply rise. Numbers of applications have risen particularly steeply in Bassetlaw since 2009/10

Figure 1: Trends in Numbers of households applying for assistance from Local Authorities in Nottinghamshire, 2008/9 – 2012/13

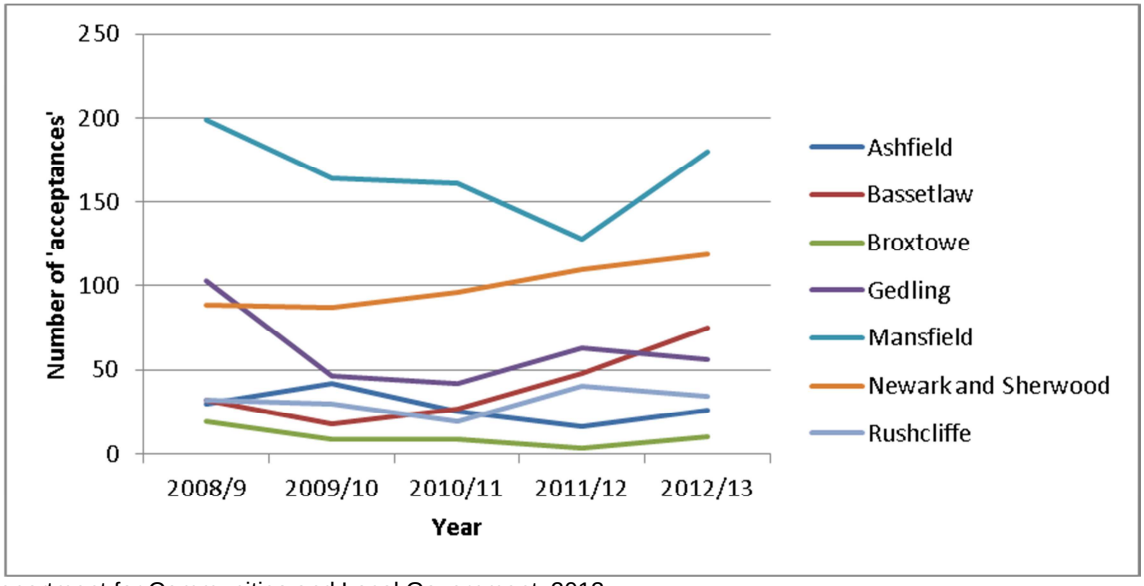


Source: Department for Communities and Local Government, 2013

10 Figure 2 shows numbers accepted as being statutory homeless between 2008/9 and 2012/13. As discussed above, there is a considerable gap between the numbers that apply for assistance and the numbers classified as homeless. Mirroring the increased

numbers of applications for support, numbers accepted as being statutory homeless have also increased in a number of districts.

Figure 2: Numbers of households accepted as Statutorily Homeless in Nottinghamshire, 2008/9 – 2012/13



Source: Department for Communities and Local Government, 2013

11 While this data do not tell us the numbers of single homeless people in Nottinghamshire, it does give an indication of trends in homelessness, differences in level of need between districts and the gap between those applying for support and those classified as being statutory homeless. For example, in 2012/13 there were 526 households who applied for assistance from Local Authorities in Nottinghamshire that were not classified as being statutory homeless. These individuals will have most likely needed to access support from friends/family, other homeless people, hostels or other alternatives.

12 No accurate data was available to report the numbers of rough sleepers, those accessing hostel accommodation, those who are vulnerably housed, living in squats, staying with family and friends or those fleeing domestic violence.

Summary of Nottinghamshire's homeless health needs assessment findings:

13 Overall lifestyle, physical and mental health factors for Nottinghamshire's homeless population appear in line with or worse than the national picture**.**

14 Smoking rates show prevalence three times higher compared to Nottinghamshire's general population

15 There are strong links between homelessness and drug use. 38% of respondents declared they were taking drugs or recovering from a drug problem, with the percentage being even higher amongst those identifying as being offenders (56%) As expected, this prevalence of drug use is considerably higher than drug use in the general population (8.8% of adults have used one or more drugs in the last year, 2010/11)[xi]

16 Added to this, 18% of respondents reported having or recovering from an alcohol problem, with those identifying as offenders seeing a slightly higher prevalence rate (21%). While there is no directly comparable national data on drinking levels within the general population, 6% of men and 4% of women in the general population have levels of alcohol consumption considered high risk[xii2]. The average number of units consumed in a week by men is 7.7 units, and the average weekly consumption among women is 5.0 units. Compared to this, Nottinghamshire's homeless (respondents) appear to have much higher levels of alcohol consumption

17 Of the respondents 226 (65%) reported having at least one physical health need. Many of the respondents reported having multiple health conditions. Among the 226 reporting a physical health need, the average number of conditions reported was 3.2 per person. The most common problems were reported as being "joint aches/problems with bones and muscle" (36%), which is slightly higher than the national prevalence, "chest pain, breathing problems" (29%) - nearly three times as high as national prevalence and "dental/teeth problems (22%).

18 Considering the homeless population is particularly vulnerable to Tuberculosis (TB), with levels being described as up 20 times higher than that of the general population, only 21% of respondents had actually been tested[xiii].

19 Compared to estimates of mental distress among the general population, Nottinghamshire's homeless population appear to have much higher levels. 74% of respondents reported mental health symptoms of either less than or more than 12 months duration. Of all respondents, 31% reported having a *diagnosed* mental health disorder. Reported prevalence of schizophrenia and bipolar disorder was also considerably higher in the Nottinghamshire homeless population when compared to the general population

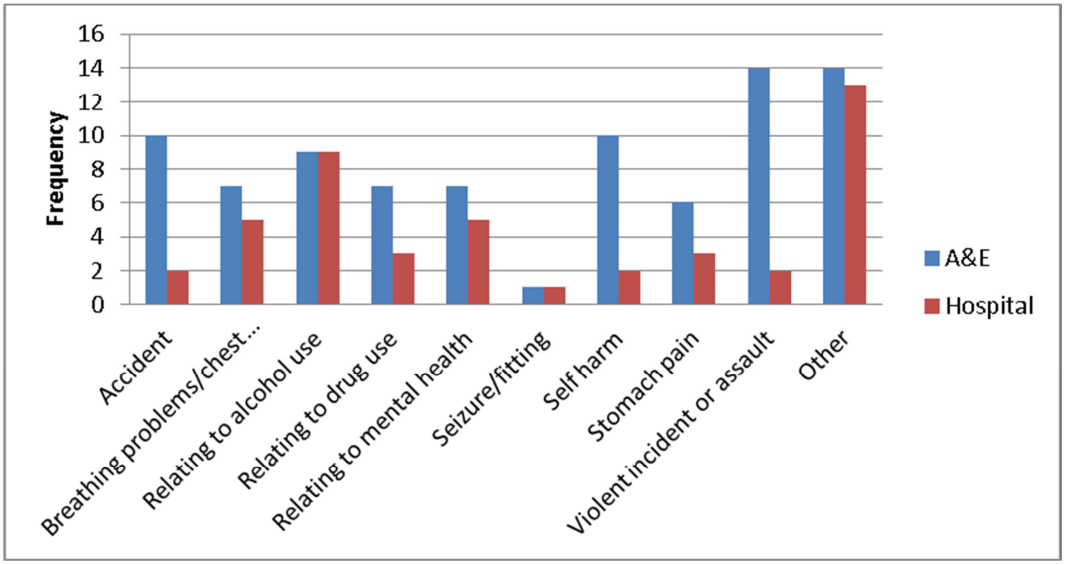
20 Compared with the national picture of 85%[xiv], Nottinghamshire appears to have a slightly higher level of homeless people registered with a GP (amongst those who responded to the questionnaire) with 82.2% being permanently registered and 7.4% having a temporary registration. The most common reported used service was general practice with about 75% of respondents reporting having seen a GP at least once in the last six months.

21 Those who are homeless are more likely than the general population to be malnourished or to have an unhealthy diet. Of the 349 respondents to the Nottinghamshire Health Audit, 101 (29%) reported that they did not eat at least two meals a day and 120 (34%) reported that they ate no fruit or vegetables a day. Only 2.3% of respondents reported consuming 5 or more pieces of fruit or vegetables a day, which compares to 25% of men and 27% of women from the general population of England[xv]

22 Of the 349 respondents, 90 (26%) had attended A&E, 70 (20%) had at least one outpatient appointment, and 56 (16%) had been admitted at least once to hospital within the past six months. Among the general population it is reported that 7% have had an admission to hospital in the previous 12 months, and 13.5% of the general population have attended either A&E or an outpatient appointment in the last 3 months[xvi]. While these data are not directly comparable, Nottinghamshire's homeless population appears to have a higher level of hospital and A&E use than the general population.

23 As figure 3 illustrates, the three most common reasons respondents self reported as attending A&E were for violent incidents/assault, self-harm and accidents. Comparatively the most common reasons for admission to hospital were alcohol related, breathing problems/chest pains and mental health related.

Figure 3: Questionnaire responses - Reasons for A&E attendances and hospital admissions in the last 6 months



Source: Nottinghamshire Homelessness Health Needs Assessment Questionnaire 2012

Further action required

24 Recommendations for further action required, to responsible commissioners:

- **Clinical Commissioning Groups (CCG's)**

A CCG's as commissioners to seek assurance that all acute hospitals have admission and discharge policies ensuring homeless people are identified on admission and linked to services upon discharge.

B CCG's as commissioners of secondary healthcare provision and East Midlands Ambulance Service to require mechanisms to be developed to routinely ask and capture in a systematic way the living circumstances of all patients

C CCG's, in collaboration with NHS England, to encourage a review of current primary healthcare commissioning arrangements to ensure it is fit for purpose and meeting the needs of its homeless populations. The review should also ensure the identification of homeless people with undiagnosed chronic conditions is improved so that these conditions can be managed in line with recommended guidelines.

D CCG's and the Local Authority as commissioners of Mental Health and Substance Misuse provision to ensure services are commissioned and delivered in a way, and in locations, that are accessible to the homeless community. Pathways for assessment and access to mental health services need to be improved. CCG's to ensure screening and a range of interventions are provided in accessible, non-medicalised settings in which homeless people access. In addition, particular attention should be paid to improving the access to support and interventions for those with personality disorder, common mental health conditions and those with dual diagnosis

- **Local Authority**

E The Local Authority as responsible commissioners of Tuberculosis (TB) and blood borne virus prevention and control programmes, commissioners of services for homeless groups and substance misuse services to commission provision that actively case finds homeless individuals for referral and screening and agree a process for providing accommodation for homeless people diagnosed with active pulmonary TB, who are otherwise ineligible for state funded accommodation, for the duration of their TB treatment.

F The Local Authority and CCG's as commissioners of Mental Health and Substance Misuse provision to ensure services are commissioned and delivered in a way, and in locations, that are accessible to the homeless community.

G Nottinghamshire's Suicide Strategy should include actions to ensure primary and secondary care staff receive up-to-date self-harm and suicide awareness training

H A directory of health and homeless services and hostel availability to be made available to primary and secondary care services, enabling providers to better navigate the services that are available; this should include a clear description of the service, times and location along with contact details and a list of criteria for accessing the provision

I The Local Authority, as commissioners of sexual health promotion services, to target provision in the places where homeless people access. The opportunity to train "peer educators" for this purpose should be explored.

J The Local Authority as commissioners of smoking reduction and cessation services to review their approach in engaging with homeless people, including ensuring provision is provided in convenient and accessible locations

- **NHS England**

K NHS England as responsible commissioners to develop with primary care mechanisms to routinely ask and capture in a systematic way the living circumstances of all patients

L NHS England, in collaboration with CCG's, to encourage a review of current primary healthcare commissioning arrangements to ensure it is fit for purpose and meeting the needs of its homeless populations

- **District Councils**

M All District Councils across Nottinghamshire to develop mechanisms to systematically record the numbers of statutory and non-statutory homeless people in their area and link this data to their housing strategies

Statutory and Policy Implications

25 This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

26 The Health and Wellbeing Board is asked to:

1. Note and endorse the contents of the report

2. Support the implementation of the recommendations to the responsible commissioners, as set out in paragraph 24.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

27 Jade Poyser
Public Health Manager
Jade.poyser@nottscc.nhs.uk

Constitutional Comments (SG 17/10/13)

28 The Board is the appropriate body to decide the issues set out in this report.

Financial Comments (ZKM 16/10/13)

29 There are no direct financial implications arising from this report.

Background Papers and Published Documents

30 Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

31

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[i] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114369.pdf

[ii] Wright N, Smeeth L, Heath I. Moving beyond single and dual diagnosis in general practice. *BMJ* 2003; 326 doi: 10.1136/bmj.326.7388.512 (Published 8 March 2003)

[iii] Crisis UK. Homelessness: A silent Killer. A research briefing on mortality amongst homeless people. www.crisis.org.uk (December 2011)

[iv] Description and examples from NMJ Wright (2006), WHO regional office for Europe's health Evidence Network (HEN)

[v] UK Homeless Link Audit (2010)The health and wellbeing of people who are homes – evidence from a national audit

[vi] WHO (2009)

[vii] UK Homeless Link Audit (2010)The health and wellbeing of people who are homes – evidence from a national audit

[viii] WHO (2009)

[ix] Holohan TW. Health and homelessness in Dublin. Ir Med J. 2000 Mar-Apr;93(2):41-3.

[x] (FEANTSA 2006)

[xi] The Information Centre. (2011). Statistics on drug misuse: England 2011

[xii] [xii] Lifestyle Statistics, Health and Social Care Information Centre. (2013). Statistics on alcohol: England 2013

[xiii] Homeless Link – TB and homelessness http://homeless.org.uk/tb

[xiv] UK Homeless Link Audit (2010)The health and wellbeing of people who are homes – evidence from a national audit

[xv] The Information Centre 2012 Statistics on Obesity, physical activity and diet

[xvi] Homeless Link. (2010). R9.2 The Health Needs of Homeless People. Comparisons with the general population.

Nottinghamshire County Council

Report to Health and Wellbeing Board

6 November 2013

Agenda Item: 5

REPORT OF THE CHAIR OF THE HEALTH AND WELLBEING BOARD

DEVELOPMENT OF NHS ENGLAND PRIMARY CARE STRATEGY

Purpose of the Report

1. To provide information on work being undertaken by NHS England to develop a strategy for transforming primary care.

Information and Advice

2. Tracy Madge, Assistant Director (Clinical Strategy), and Vikki Taylor, Director of Commissioning, from the NHS England Derbys/Notts Area Team will attend the meeting to present further information about the Team's approach.

3. A briefing note is attached as an **appendix** to this report.

RECOMMENDATION

1) That the briefing be noted, and the Board contribute to the development of NHS England's primary care strategy.

Councillor Joyce Bosnjak
Chairman of Health and Wellbeing Board

For any enquiries about this report please contact: Paul Davies – 0115 977 3299

Constitutional comments (SG 17/10/2013)

The Board is the appropriate body to consider the issues set out in this report.

Financial Comments (ZKM 18/10/13)

There are no financial implications arising from this report.

Background Papers – None

Electoral Division(s) and Member(s) Affected - All

Creating a Positive Environment for Primary Care to Flourish

Introduction

The purpose of the agenda item is to raise awareness of, and seek engagement in, the work being undertaken across Nottinghamshire and Derbyshire, under the 'NHS Call to Action' umbrella, to transform the way primary care services are provided, for the benefit of patients, and in a way that ensures sustainability in the longer term. The intention would be to describe some of the potential schemes currently being explored in the patch.

Although this work has only just commenced there will clearly be implications for a range of partner organisations, including all current providers of hospital, out of hospital care across the NHS and third sector. In addition, all commissioners and providers of local authority based services including public health.

Context

- NHS England is calling on patients, the public and staff to join in a discussion about the future of the NHS ***Call to Action*** (NHS England, 2013)

- There are increasing & unsustainable pressures on Primary Care, and providers, including General Practice, Pharmacy, Dentists and Optometry want and need to transform the way they provide services to reflect these growing challenges.

- The NHS in Derbyshire and Nottinghamshire needs to deal with challenges ahead, such as the ageing population, a rise in long-term conditions, lifestyle risk factors in the young and greater public expectations.

- Combined with rising costs and constrained financial resources, these trends threaten the long-term sustainability of the health service. Whilst there have already been changes to make savings and improve productivity further changes are needed.

- The constitution states that the NHS belongs to the people and so does its future. NHS England will be working together with all stakeholders to develop new local approaches.

Strategy

The Area Team wants to develop a strategy for Transforming Primary Care with a framework centred on 5 key work streams, Patients & Improving outcomes, People (workforce and stakeholders), Processes, Premises and Payments. This work will be led by Derbyshire and Nottinghamshire Area Team, working with the ten Clinical Commissioning Groups. As part of this strategy the Area Team wants to engage with all Health and Well Being Boards as early as possible.

Next Steps

The strategy is will be translated into a programme of actions and projects. These include on-going Public and Patient engagement, on-going CCG engagement & workshops, leading to transformational Pilots being discussed and developed. Further early engagement with HWB in this process is a key part of the strategy.

Nottinghamshire County Council

Report to Health and Wellbeing Board

6 November 2013

Agenda Item: 6

REPORT OF THE CHAIR OF THE NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2012/13

Purpose of the Report

1. To inform Members of the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2012/13, which is attached as an **Appendix**.

Information and Advice

2. National statutory guidance, 'Working Together to Safeguard Children 2013', notes the requirement for the Chair of each Local Safeguarding Children Board to publish an annual report on the effectiveness of safeguarding in the local area. This report should recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that still remain and the action being taken to address them. The report should include lessons from reviews undertaken within the reporting period.

3. The Annual Report should be made available to the Chief Executive and Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Wellbeing Board.

4. The Nottinghamshire Safeguarding Children Board (NSCB) Annual Report outlines the context, both national and local, which has driven the work of the Board during the year.

5. The Report identifies the governance and accountability arrangements and the organisational structure that supports the work of the Board together with the relevant areas of responsibility.

6. A key area of work for the Board is the provision of policies, procedures and guidance that detail the principles which underpin professional practice and the procedures to follow when child protection concerns emerge. In June 2012 a revised set of procedures were published that included amendments that responded to the learning from reviews and case audits such as the importance of face to face strategy meetings and the significance of bruising to small babies. A web enabled version of the procedures was also made available making it easier for professionals to search and access the information they need to protect children and young people.

7. During 2012-13 the NSCB has delivered a wide ranging programme of multi-agency training courses and seminars covering core safeguarding practice and more specialist subject areas. The impact of the training provision has been monitored and levels of reported confidence have significantly increased between pre and post course evaluations. In addition to courses and seminars E-learning is increasingly being used as an effective way to raise awareness of child abuse and neglect amongst the wider workforce. During 2013-14 further work to understand the impact of training will be undertaken and along with the learning from reviews this will help to shape the future training programme.

8. The NSCB has continued to strengthen its arrangements for providing scrutiny of safeguarding arrangements and this has included monitoring of important safeguarding initiatives such as the implementation of the Multi-Agency Safeguarding Hub. The report contains details of performance information reporting and an appendix provides detailed data for the year.

9. A significant multi-agency audit was undertaken by the NSCB to explore the extent to which the voice of children and young people is heard by agencies. The findings of the audit were positive and practice pointers identified through the audit were communicated to staff. In May 2012 all NSCB partner agencies completed a self assessment of safeguarding standards known as a Section 11 audit. Analysis of the returns was reported to the NSCB Executive and updates against the areas requiring development will be provided by agencies in October 2013.

10. The Child Death Overview Panel has continued to conduct reviews into expected and unexpected child deaths. In response to a number of fatal road accidents involving young people the NSCB is funding the development of a short film made by young people aimed at raising awareness of road safety issues which will complement that already provided through schools and the NCC Road Safety Team. One serious case review was commissioned during the reporting period and is currently ongoing. A summary of the learning from case reviews is included within the report.

11. The NSCB has focused its activity on priority groups of children including: children at risk of sexual exploitation; missing children; children at risk through domestic violence; and safeguarding looked after children. Details of the work carried out in these areas are provided.

12. The Report shows the NSCB's multi-agency financial arrangements for 2012/13 and sets out the Board's priorities for 2013/14. It highlights the main contextual influences which will impact on safeguarding arrangements over the next period of time.

Other Options Considered

13. As this is a report for noting, it is not necessary to consider other options.

Reason/s for Recommendation/s

14. The report is for noting only.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of finance, public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1) That the content of the Nottinghamshire Safeguarding Children Board's Annual Report 2012/13, which is attached as an **Appendix**, be noted.

Chris Few
Chair of the Nottinghamshire Safeguarding Children Board

For any enquiries about this report please contact:

Steve Baumber
NSCB Business Manager
T: 0115 977 3935
E: steve.baumber@nottscc.gov.uk

Constitutional Comments

16. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (ZM 16/10/12)

17. There are no financial implications arising directly from this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

C0305

Annual Report 2012/2013

Nottinghamshire SAFEGUARDING CHILDREN Board

Foreword from the Chair

Welcome to the 2012/13 Nottinghamshire Safeguarding Children Board Annual Report.

The report provides an overview of the Board's work during 2012/13, our view on the effectiveness of local arrangements for safeguarding children and young people, the challenges we face and our priorities for meeting these over the coming year and beyond. I hope that you find it informative and interesting.

The last year has seen a succession of child abuse cases featured in the national and local media. The allegations of sexual abuse by Jimmy Saville and others, organised sexual exploitation of children in Oxford and Rotherham, historic abuse in schools and care homes and not least, the individual tragedies of children killed and seriously harmed by those who should have cared for them, all highlight the need for continuous improvement in safeguarding arrangements and the associated challenges. Taking a pessimistic view of how society and the agencies that serve it keep children safe would be understandable and it is true that we will never be able to completely eliminate risk. I hope you will agree however that this report provides a much more positive picture of what local agencies and professionals are achieving, their commitment to making our services as good as they can be and their use of constructive challenge to secure improvement.

Whilst some work still remains to be done, many changes to local and national organisations are now complete, such as those in children's services, health services and policing governance. The new statutory guidance 'Working Together to Safeguard Children 2013' has also now been published, providing for greater local determination of how safeguarding arrangements operate. It is with some hope therefore that I look forward to a period of relative stability.

All public services continue to face increasing resource constraints and these will inevitably have an impact on what we can achieve, requiring careful prioritisation. Agencies in Nottinghamshire have demonstrated an increasing and commendable willingness to step across and, in some cases, set aside traditional boundaries to ensure that the services provided to our children and young people are effective, efficient and accessible. With current and planned collaborative initiatives running across the whole spectrum of need, from the joint commissioning of children's health services, through to early help services and statutory safeguarding intervention, this bodes well for the future overall.

Our ambition remains to ensure that arrangements to safeguard the children and young people of Nottinghamshire are outstanding. By working together and engaging our whole community I am confident that we can achieve this.

Finally, I would like to thank all members of the Board, its sub-groups, staff and the many individuals who have assisted the Board over the last year for their commitment and valued contribution. Without this the achievements outlined in this report would not have been possible.

Chris Few
NSCB Independent Chair

Contents

Appendicies

Essential information

This report has been compiled on behalf of the NSCB by Steve Baumber, NSCB Manager. The format and content has been guided by the Association of Independent LSCB Chairs suggested model for annual reports (May 2013). It has been produced in consultation with members of the NSCB Executive and approved by the NSCB. The content is drawn from the work of the NSCB and its sub groups including: reports presented to those groups; records of meetings; multi agency audit findings; s.11 self assessments; and the findings from serious case reviews and other forms of case review.

The report will be published in September 2013 and will be a public document.

For further information about the content of this report or the work of the NSCB please contact the NSCB office on **0115 9773935** or by email at **info.nscb@nottscc.gov.uk**

Local background and context

Population and demography

(taken from the Joint Strategic Needs Assessment for Nottinghamshire)

There are over 180,000 children and young people living in Nottinghamshire and whilst the population has reduced slightly over the past decade, there is a projected increase of 3.5% on average across the county by 2021. There is an estimated 7.8% black and minority ethnic population of 0-15 years concentrated in Broxtowe, Gedling and Rushcliffe. 4.9% of Nottinghamshire school pupils speak English as an additional language. According to the last available information the vast majority of children and young people have Christianity as their stated religion (122,414), of no religion (38,816) or religion not stated (17,222). The largest religion after Christianity is the Muslim faith (1,343).

There are estimated to be between 7,000 and 12,000 children and young people with some form of disability (aged 0-19) in the county. More than one in six Nottinghamshire pupils have some kind of special educational need (SEN). Districts with the highest percentage of children with SEN are Mansfield (20.4%), Ashfield (19.1%) and Gedling (18.0%).

Census data identifies 2% of the 0-15 population as having caring responsibilities for another person. More recent estimates suggest that nearer 8% of young people (equating to 12,400 in Nottinghamshire) provide care,

In 2011, around one in seven 0-15 year olds in Nottinghamshire lived in households where nobody worked. 15.1% of Nottinghamshire school pupils are eligible for free school meals (as at January 2013). The number of lone parents increased by 19% between 2001 and 2011. It is estimated that 8,000 of the county's children and young people will see their father imprisoned during their school years.

27,950 children and young people aged 0-19 were identified as living in poverty across Nottinghamshire in 2010, which equates to 17.1% of the 0-19 population. This is lower than in England and the East Midlands. The spread of child poverty across the county is not equal, with greater levels in central and northern districts, however all districts have wards with over 10% of children living in poverty. There are 42 wards where child poverty levels exceed the national figure of 20.6%.

Children living in poverty in areas of deprivation are more commonly affected than others by a range of factors which increase their vulnerability and have a negative impact upon their health. These factors include living apart from their parents, suffering abuse, neglect or exploitation, being carers for others, suffering with physical or mental illness, having a parent in prison, being involved in the youth justice system or being marginalised as a result of learning or physical disabilities, ethnicity or cultural differences, or sexual identity and/or orientation (Children's Commissioner (2012) Inequalities in health outcomes and how they, might be addressed). This is borne out in Nottinghamshire with the pattern of children's vulnerability across the county mirroring that of poverty.

Local background and context

Strategic Plans and Strategies
The Health and Wellbeing Strategy, developed by the Nottinghamshire Health and Wellbeing Board, helps to shape the local health and social care commissioning plans. The Children and Young People's Plan, which guides the work of the Children's Trust, was updated in 2012/13 and identifies the main activities that will be undertaken to improve the lives of children and young people. The relationship between the Health and Wellbeing Board/Children's Trust and the NSCB is included within the governance and accountability section of this report but fundamentally exists to ensure that the strategies and plans developed by these bodies take full account of the need to safeguard and promote the welfare of children and young people.

The Safer Nottinghamshire Partnership has overall governance responsibilities for multi-agency work to respond to and tackle domestic violence. The NSCB connects with this partnership and with the Police and Crime Commissioner in relation to the adverse impact that domestic violence in particular, but also other public safety issues, are likely have on the safety and welfare of children.

Statutory and legislative context

The NSCB was established in accordance with the Children Act 2004 and for the period covered by this report operated within the statutory guidance 'Working Together to Safeguard Children 2010'. The NSCB is independent and provides the key statutory mechanism for agreeing how organisations within Nottinghamshire cooperate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do.

Core functions of the NSCB are:

- Developing policies and procedures for safeguarding and promoting the welfare of children in Nottinghamshire
- Communicating to individuals and organisations within the area the need to safeguard and promote the welfare of children and raising awareness of how this can best be done
- Monitoring and evaluating the effectiveness of what is done by the local authority and Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve
- Participating in the local planning and commissioning of children's services to ensure that they take safeguarding and promoting the welfare of children into account
- Putting in place procedures to respond to unexpected child deaths and collecting and analysing information about all child deaths in Nottinghamshire
- Undertaking serious case reviews where abuse or neglect is known or suspected, a child has died or been seriously harmed and there is cause for concern as to the way the authority, their Board partners or other relevant persons have worked together to safeguard the child

The NSCB is not an operational body and does not directly deliver services to children, young people and families.

Governance and accountability arrangements

The NSCB has an independent chair, Chris Few, who was first appointed to the role in 2009. In June 2012 his tenure was extended for a further three year period by the Corporate Director, Children, Families and Cultural Services, Nottinghamshire County Council following consultation with NSCB members and the Lead Member for Children's Services. The chair is responsible for making sure that the NSCB operates effectively and has a strong independent voice.

The NSCB is represented at the Nottinghamshire Children's Trust and the Health and Wellbeing Board ensuring that safeguarding children is a priority in their work. Members of the NSCB have contributed to the Children and Young People's Plan and the Health and Wellbeing Strategy.

Regular meetings between the chairs and relevant officers, of the Nottinghamshire Safeguarding Children and Nottinghamshire Safeguarding Adults Boards have taken place, recognising the connection between the two areas of work and providing the opportunity to share details of priorities and good practice.

A cross authority group meets to coordinate the work of the Nottinghamshire and Nottingham City Safeguarding Children Boards. This group has a work plan which identifies joint areas of work and agreed actions with the main objectives being to avoid any duplication of effort for those agencies that work across local authority boundaries and to work collaboratively on shared priorities. There is an ongoing commitment to maintain joint inter-agency safeguarding children procedures and practice guidance.

The NSCB Manager has continued to link in with the Nottinghamshire Young People's Board, attending as required. Members of the NSCB also sit on the Strategic Management Board of the Multi Agency Public Protection Arrangements (MAPPA) ensuring connectivity with public protection work.

The NSCB Chair, along with the chairs of other local partnership bodies, has regular meetings with the Police and Crime Commissioner.

NSCB membership is drawn from agencies in Nottinghamshire that have a statutory duty to cooperate with the Local Authority in the establishment and operation of the board. In addition a representative from the voluntary sector provides an invaluable link to the network of non statutory organisations that provide services to children and families. During 2012/13 representation on the NSCB was strengthened by the inclusion of a senior manager from NCC Early Years and Early Intervention Services. The revised structure for health service commissioning was also reflected through new members from the Clinical Commissioning Groups joining the board. The contribution of designated health professionals advising the board and taking part in the activities of the sub groups continues to be a particular strength. A full list of members of the NSCB is attached as **Appendix A**.

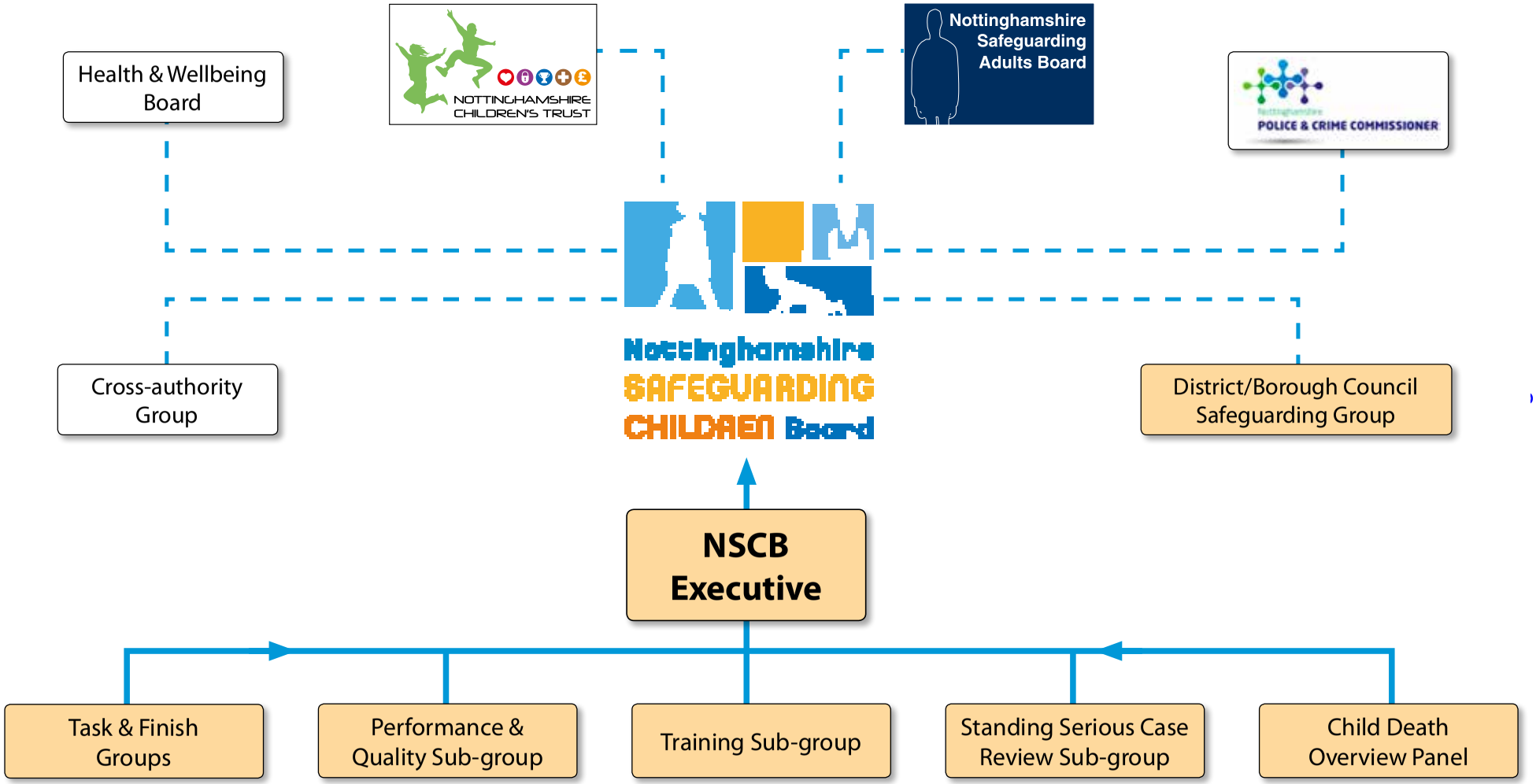
The District and Borough Council Safeguarding Group has continued to meet and provides an effective link between the safeguarding leads within the District and Borough Councils and the NSCB. A new forum for designated persons in education has been established, meeting once a term. This forum has provided a welcome opportunity for broader connectivity between the NSCB and education services and complements the work of the education representative on the board.

The NSCB is supported through funding contributions by key partner agencies which finance the services of an independent chair and a small number of staff that facilitate the work of the board including; NSCB Manager, NSCB Administrator, Development Manager, Training Coordinator, Training Administrator and the Safeguarding Children Information Management Team. A summary of the financial arrangements is included in **Appendix B**.

The NSCB has met on four occasions during this year as part of its normal cycle of business meetings. A further extraordinary meeting was convened to consider the EN12 serious case review findings and approve the independent author's report. An Executive group, which has delegated authority to deal with a range of issues on behalf of the full board, also met on four occasions. The Executive is chaired by the Vice Chair of the NSCB who is the Assistant Director for Social Care at Nottinghamshire Healthcare NHS Trust. Its membership comprises of the Chairs from each of the NSCB sub groups and senior decision makers from organisations represented on the Board. The NSCB has four sub groups to take forward specific areas of work and each one is chaired by a member of the board:-

- Child Death Overview Panel – this panel meets every six weeks and is responsible for overseeing the immediate response to unexpected child deaths and for reviewing all child deaths
- Standing Serious Case Review sub group – this group meets monthly and considers cases that potentially meet the criteria for serious case reviews (SCR). It makes recommendations to the NSCB Chair on whether or not a SCR or other form of review should be instigated and monitors the completion of action plans arising from such reviews.
- Training sub group – this group meets quarterly and coordinates the provision of multi-agency training. It also quality assures both multi-agency and single agency training.
- Performance and Quality sub group – meeting on a quarterly basis this group leads on the quality assurance of key areas of safeguarding practice, oversees multi-agency audits and impact evaluation

NSCB Organisation Chart



Provision of policies, procedures and guidance

The NSCB has developed and maintained interagency safeguarding children procedures since its inception. The procedures, which have been agreed by both the Nottinghamshire and Nottingham City Safeguarding Children Boards, set out the arrangements for safeguarding and promoting the welfare of children. They detail the core principles that underpin professional practice and the procedures to follow where there are child protection concerns, including procedures to follow in specific circumstances such as families where there is domestic violence or parental drug and alcohol use. Further sections include the management of allegations/concerns in relation to adults who work with children and sections covering a number of Board led activities such as serious case reviews, inter-agency training and child death review processes.

In June 2012 a revised set of inter-agency procedures was published.

Key revisions included:

- Updating references to the Pathway to Provision thresholds document to ensure that children, young people and their families receive the most appropriate and timely support to meet their needs
- Emphasising the importance of face to face strategy meetings and effective processes to support them
- Highlighting the significance of bruising on small babies and the importance of responding appropriately
- The addition of a new section on core groups to reflect the critical role they play
- Strengthening the requirement to gather the views of children, young people and parents when managing concerns about adults
- Clarity around processes related to child death reviews, strengthening the responsibility of agencies to provide information to parents and carers about the review process and reinforcing the importance of attendance by agencies at final case discussions

The above revisions have been guided by learning from reviews and feedback from safeguarding professionals seeking to improve practice. Full details of the changes made are contained within a memo that accompanied the publication of the revised procedures.

In September 2012 a web enabled version of the inter-agency procedures was made available making it easier for professionals to search for and access the information they need to protect children and young people.

The inter-agency procedures are supported by a range of practice guidance documents and in May 2012 these were added to through the publication of the 'Children who go missing from home, care or education protocol'. This guidance sets out how agencies should respond when children go missing, how to prevent children suffering harm and recover them to a safe place as soon as possible.

Single and Multi Agency Training Provision

Training is provided free of charge to all NSCB partner agencies and comprises of e-learning, core safeguarding training events, subject specific training events and seminars on key safeguarding issues. The NSCB training provision aims to deliver high quality, up to date safeguarding training that will enable participants to keep safeguarding and promoting the welfare of children at the centre of their work. It complements the single agency training provided by agencies and is open to the voluntary and private sectors. The NSCB training sub group oversees the training programme; quality assures the training provision and ensures that the training pool that delivers a significant proportion of the events is sufficiently resourced by partner agencies.

The NSCB Training Coordinator, in conjunction with the NSCB Manager, reviews the training programme each year taking into account the feedback provided by attendees and training needs identified through local reviews, audits and issues identified at a national level. The Nottingham City Safeguarding Children Board is consulted to identify the potential for joint events where appropriate.

2012-13 Training Programme: Course and attendance information

Course	Frequency	Content	No. of students/ attendees
Introduction to Safeguarding Children	2	Basic safeguarding awareness, personal and organisational responsibilities – commissioned for those agencies that are unable to provide their own single agency introductory training	59
Working Together to Safeguard Children	17	Safeguarding legislation, policies and procedures. Effective assessments and analysis of risks. Communication and information sharing	478
Responding to Unexpected Child Deaths	1	Basic skills to carry out inter-agency investigations into unexpected child deaths. Understanding of the child death review process.	10
Missing Children	2	Increase familiarity and understanding of the new joint protocol, raise awareness of individual and organisational responsibilities and ensure the links to child sexual exploitation are understood	149
Managing Allegations	2	Safeguarding children from those who may be unsuitable to work with children and dealing with allegations in line with local procedures	116
Management of Safeguarding Children	1	Developing skills to manage work to safeguard children, decision making, and managing in a multi-agency context	47
ISA training	2	Planned legislative changes to the Independent Safeguarding Authority, information sharing responsibilities and the Disclosure and Barring Service	84
Child Sexual Exploitation	1	Awareness raising seminar	75
Working with Complex Cases	2	Understanding risk analysis and risk management when complex adult problems present, such as; parental substance use, domestic abuse and learning disability	60
What's New in Safeguarding	3	Briefing on current local and national safeguarding issues and 'refresher' for practitioners who may have attended core training events	368

Two events were cancelled during the year, Safeguarding Vulnerable Young People (due to bad weather) and Responding to Unexpected Child Deaths (insufficient delegates). Both events have been re-scheduled to take place during 2013/14.

NSCB Multiagency Training take-up by agency/organisation

	2011/12	2012/13
Army	**1**	**1**
CAFCASS	**2**	**7**
Children's Centres	**180**	**121**
District & Borough Councils	**5**	**51**
Health Sector	**254**	**210**
Bassetlaw PCT		10
County GP Consortium	2	37
Doncaster & Bassetlaw Hospitals Trust		4
East Midlands Ambulance Service	15	3
Nottinghamshire Healthcare NHS Trust (mental health services)	31	30
Bassetlaw Health Partnership	18	7
County Health Partnership	139	83
Nottinghamshire PCT		5
Nottinghamshire TPCT		1
Nottinghamshire University Hospitals Trust	6	8
Sherwood Forest Hospitals Trust	43	22
Nottinghamshire County Council	**450**	**544**
Children Families & Cultural Services (service area not specified)	423	227
Children's Social Care		117
Youth Families & Culture		43
Targeted Support & Youth Justice		45
Nottingham & Nottinghamshire Futures (now part of Targeted Support)	16	7
Young People's Service		3
Early Years & Early Intervention		25
Education, Standards & Inclusion		22
Adult Social Care & Health	5	18
Environment & Resources		32
Policy Planning & Corporate Services		5
Learning & Organisational Development	6	0
Nottinghamshire Fire & Rescue Service	**2**	**6**
Police	**35**	**46**
Nottinghamshire Probation Service	**17**	**32**
Private	**10**	**54**
Schools & Colleges	**199**	**216**
Voluntary Sector & Charities	**91**	**155**
Other	**6**	
Grand Total	**1251**	**1441**

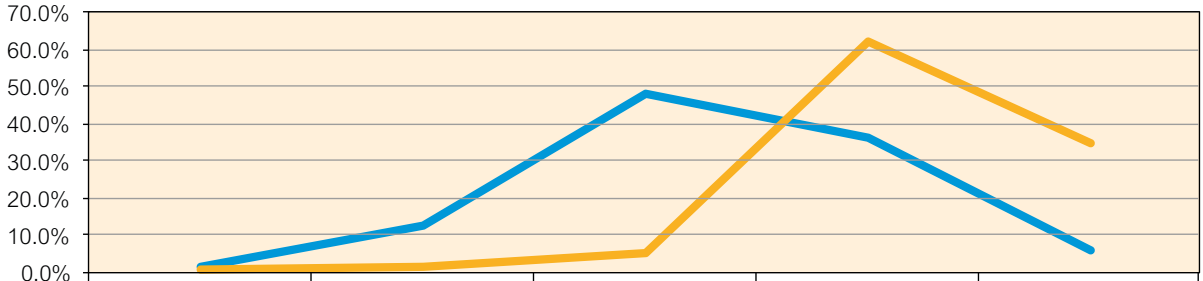
The NSCB training programme 2012/13 was accessed by over 36 different agencies/service areas and provided 1441 training places across a range of subject areas.

The analysis of post course evaluations has been strengthened during the year with the training subgroup developing its role. Over 82% of attendees completing the core Working Together to Safeguard Children courses reported levels of satisfaction that were either good or very good with only 2% reporting being less than satisfied with the course.

Increased levels of confidence through training

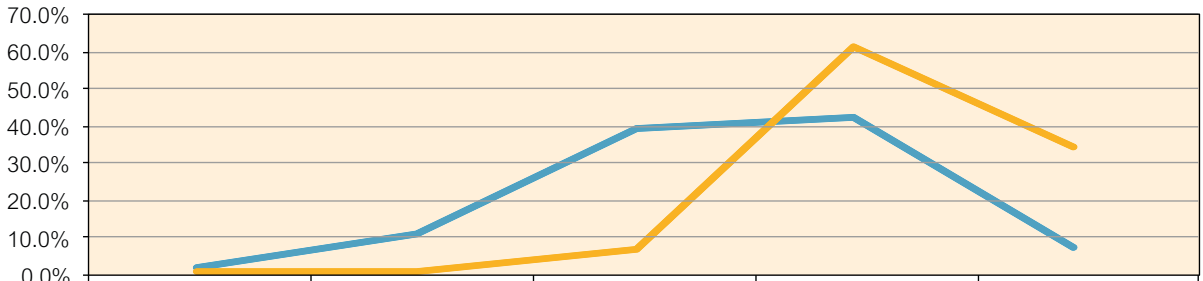
Levels of reported confidence across a range of issues are monitored and significant increases between pre and post course levels have been reported providing an indication of the impact the courses have had on attendees.

Knowledge & Understanding of Child Protection



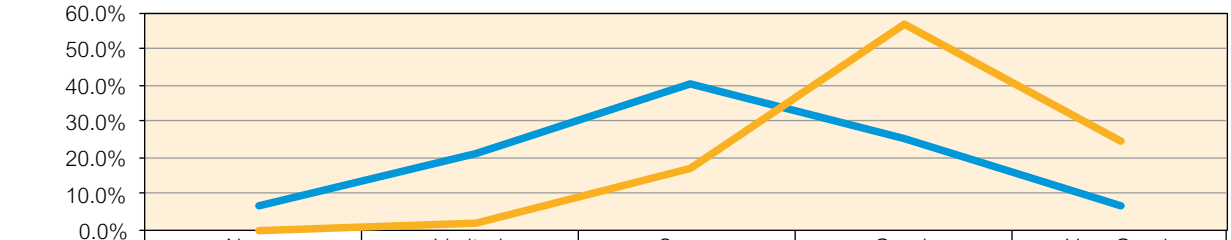
	None	Limited	Some	Good	Very Good
Before	0.5%	11.5%	47.5%	35.5%	5.0%
After	0.0%	0.5%	4.5%	61.0%	34.0%

Ability to work effectively with others to assess the needs of children



	None	Limited	Some	Good	Very Good
Before	1.5%	10.5%	39.0%	42.0%	7.0%
After	0.0%	0.0%	6.0%	60.5%	33.5%

Ability to contribute to the planning, delivery and review of services to a child subject of a multiagency plan



	None	Limited	Some	Good	Very Good
Before	7.0%	21.0%	40.5%	25.0%	6.5%
After	0.0%	2.0%	17.0%	56.5%	24.5%

The evaluation of NSCB training will be further developed during 2013/14 to strengthen evidence of improved outcomes for children resulting from training.

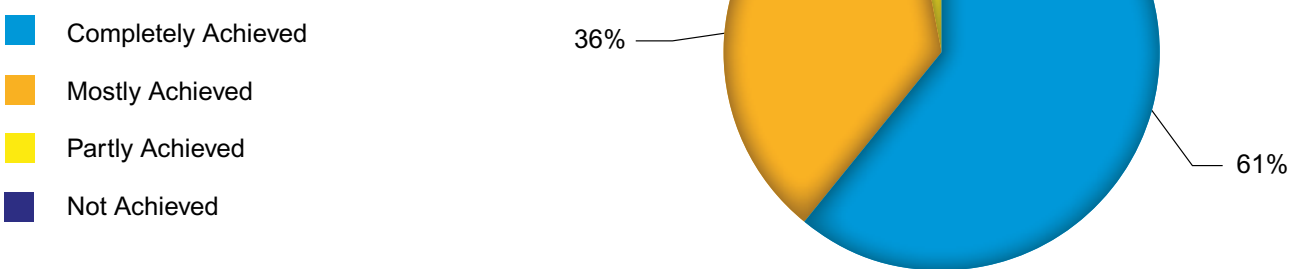
E Learning

The NSCB has funded and administered e-learning for partner agencies since 2008 as a means of reaching a wider audience and to complement face to face training. The principal course available through the NSCB is 'Awareness of Child Abuse and Neglect'. A number of partner agencies have also benefitted from the NSCB membership of the e-learning provider by obtaining additional modules covering issues such as domestic violence and the common assessment framework. From March 2010 access to e-learning provided through the NSCB was extended to include access for child minders and private nurseries. Clayfields House Secure Children's Home has also obtained a range of other courses for use by their staff and some residents.

Use of e-learning has increased significantly during 2012/13. In total 13,059 licences were allocated to users for the Awareness of Child Abuse and Neglect course between 30th June 2008 and 31st May 2013. Of these 4520 were allocated between 30th June 2012 and 31st May 2013 and during this period the completion rate was 90%.

High levels of satisfaction with the course are reported and for the Awareness of Child Abuse and Neglect course 97% of learners felt that the learning outcomes were either Completely or Mostly Achieved.

Awareness of Child Abuse and Neglect - Please state to what extent the course helped you to achieve the learning outcomes



Quality assurance of single agency training

During 2013/14 a Safeguarding Training Quality Assurance Scheme was developed in conjunction with Nottinghamshire Safeguarding Adults Board and the Nottingham City Safeguarding Children and Adults Boards. The objectives of the assurance scheme are as follows: -

- To ensure that both single and inter-agency training materials and course content meet appropriate standards.
- To ensure that all training delivery and training environments meet appropriate standards.
- To ensure that the effectiveness of training is monitored and evaluated and influences the planning of training.

The scheme comprises of a two stage validation process; the evaluation of training materials against standards and seeking assurance regarding the competence of those delivering the training before the observation of training events by members of a validation panel. Some progress has been made towards implementing the scheme, in particular the provision of training materials and trainer details by some agencies, however further work will be required during 2013/14 to embed the process.

Quality and Effectiveness of arrangements and practice

The NSCB Impact Evaluation Framework, describes the way in which the NSCB and its subgroups assure the quality and effectiveness of safeguarding arrangements and practice. In response to new statutory guidance 'Working Together to Safeguard Children 2013' a Learning and Improvement Framework is being developed to enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result and this will draw on and strengthen existing arrangements to evaluate impact.

Impact Evaluation Framework

How well is Nottinghamshire Safeguarding Board coordinating local work to safeguard and promote the welfare of children and ensure the effectiveness of that work?

Nottinghamshire Safeguarding Children Board & Executive	Partner agencies Safeguarding Arrangements	Training	Undertake Serious Case Reviews	Review Child Deaths
How well do the Board's governance and operational arrangements work?	How well are partner agencies, safeguarding arrangements operating?	How do we know if training is improving the competence of staff working in Nottinghamshire?	How do we know we are learning lessons when children die or are seriously injured and abuse or neglect is suspected?	How do we know if, following the death of a child, agencies work effectively to reduce the likelihood of further similar incidents?
Effectiveness monitored by Performance & Quality Sub Group	*Effectiveness monitored by Performance & Quality Sub Group*	*Effectiveness monitored by training sub group*	*Effectiveness monitored by Standing Serious Case Review Sub group*	*Effectiveness monitored by Child Death Overview Panel*
Processes and evidence to monitor effectiveness of the Board	**Processes and evidence to monitor effectiveness of partner agencies**	**Processes and evidence to monitor effectiveness of training**	**Processes and evidence to monitor effectiveness of SCRs**	**Processes and evidence to monitor effectiveness of child death review**
• *Monitor attendance at Board and sub groups* • *Review Constitution and Business Plan delivery* • *Annual self evaluation* • *Review & receive quarterly reports from all panels and sub groups*	• *Consider evidence of impact on practice and outcomes.* • *Annual safeguarding assessments (Section 11 / Safeguarding Reports)* • *Agency Inspection regimes*	• *Quality assurance of training* • *Monitor provision (single agency and inter-agency)* • *Participation rates* • *Post course evaluation*	• *Review cases at SCRSP* • *Role of the Independent Chair in evaluating reviews* • *Monitoring of action plans* • *Ofsted evaluations*	• *Review feedback* • *Review procedures* • *Monitoring implementation of agreed action plan recommendations*

Is it working? What is the impact of each process on practice and outcomes for children and young people

Evidence of impact on practice

- Outcomes of Inspection, Peer Review and Assured Safeguarding visits
- Multi-agency audits
- Single agency audit
- Section 11 Self Assessments
- Annual Agency Safeguarding Reports
- Other audits; supervision, thematic
- Staff survey and other staff feedback
- Supervision Review
- Examples of review and revision to LSCB multi agency policy and procedures and practice guidance
- Issues raised in SCRs, child deaths, allegations against staff, etc.
- QA processes in relation SCR action plans – implementation & impact
- Annual Returns for child deaths, LADO, etc

Evidence of Impact on outcomes

- Improvements in local and national key performance indicators
- Reduction in SCRs and serious incidents
- Reduction in child deaths
- Increasing the number of children who feel safer
- Demonstrate implementation of improvements in practice arising from lessons learned
- Identification of examples of good practice and case studies to disseminate

Performance Imformation Reporting

A key component of the Impact evaluation framework is the quarterly Performance Information Report (PIR) which is presented to each NSCB meeting. The PIR has been significantly developed during 2012/13 and now provides data and commentary across a range of key safeguarding activities including; early help; information sharing; section 47 enquiries; child protection conferences and plans; looked after reviews and youth justice data. The revisions to the PIR have extended it to include measures previously monitored through the Safeguarding Improvement Programme and therefore reflect the priorities of the Board during this period. A copy of the annual PIR is attached as Appendix C.

The work of the Multi Agency Safeguarding Hub (MASH) has been monitored through the PIR and regular reports to the Board since its introduction in November 2012. Issues associated with the bedding in of this organisational change along with the impact of a high volume of MASH enquiries being made (resulting in a 31% increase in initial assessments during the 4th quarter of the year) were subject of particular scrutiny by the NSCB. The work of partner agencies to address these issues and ensure the consistent application of appropriate and agreed thresholds was included in reports to the Board and continues to receive close attention

A reduction in the rate of re-referrals to Children's Social Care has been achieved with the target for the year being exceeded. It is anticipated that this performance will be maintained in 2013/14 as referrers continue to receive clear feedback through the MASH.

A very high proportion (99%) of child protection cases were reviewed within timescale and this performance was maintained consistently throughout the year. The number of child protection plans lasting two years or more reduced when compared against the previous year and this reflects the increased attention that child protection coordinators have been giving to avoidance of drift. The percentage of children becoming subject to a child protection plan for a second or subsequent time was higher than the target for the year and attention to underlying causes is required at the point at which such cases re-enter the child protection process.

The trend of having higher levels (per 100,000 population) of children and young people with child protection plans in Nottinghamshire compared with statistical neighbours has continued during 2012/13. Significant work has been undertaken to gain a greater understanding of the reasons behind this and this work is continuing. The thresholds that agencies use when assessing need and levels of intervention are guided by the Pathway to Provision and under 'Working Together to Safeguard Children 2013' the NSCB will be assuming responsibility for the thresholds guidance in the coming year.

The timeliness of Looked After Children Reviews has improved from the previous year, (96.8% compared with 85%), although the target of 98% of reviews completed within timescales was not met. The stability of placements both in terms of number of placements in any one year and length of placement has improved and in both cases exceeded the targets set. Throughout the year there has been an increased focus by the NSCB and its partner agencies on safeguarding looked after children which was driven in part by the DN11 serious case review.

Evidence around the participation of children and young people in education, employment or training is encouraging with performance ahead of the statistical neighbour average although not yet meeting the target set. The number of first time entrants into the youth justice has reduced and there has also been a significant drop in the rate of re-offending.

In addition to the PIR being presented to each NSCB meeting the NSCB Performance and Quality (PQ) subgroup is responsible for monitoring and scrutinising certain key areas of practice which also reflect the priorities of the NSCB. These include; missing children; allegations against individuals who work with children; child protection conferences and private fostering arrangements. Reports on these issues, including performance data, are presented to each meeting of the PQ subgroup.

A multi agency audit team is responsible for developing and carrying out an audit programme on behalf of the NSCB and the PQ subgroup oversees this work. The 2012/13 audit programme included a significant audit that explored the extent to which the voice of the child is heard by agencies. Over 135 cases were reviewed against five aspects of work taken from the Ofsted thematic report, 'The voice of the child: learning lessons from serious case reviews' (April 2011). Findings from the audit were positive with all agencies reporting satisfactory to excellent grading across the five aspects of work examined. In a small number of cases direct feedback was provided to the staff working on those cases to address specific issues, while more general practice pointers were identified by agencies and these have been communicated to staff. A further audit relating to initial child protection conferences was postponed due to capacity issues and will form part of the 2013/14 audit programme.

Section 11 self-assessment

Section 11 of the Children Act 2004 places a duty on key people and bodies to ensure that in discharging their functions they safeguard and promote the welfare of children. The NSCB is required to assess whether Board partners are effective in this regard and part of this process is the completion of a self assessment by agencies known as the Section 11 Audit. The self assessment tool used for the audit is based on the 'Markers of Good Practice' developed by NHS East Midlands thus minimising duplicated effort by health organisations whilst using a tried and tested safeguarding assessment tool. The audit requires agencies to assess their compliance with a series of standards, each standard includes details of the assurance required to satisfy that standard and the suggested method of measurement

In May 2012 all NSCB partner agencies, with the exception of the voluntary sector for which a separate process is used, submitted a completed Section 11 Audit. A summary of the findings in respect of full compliance with all elements comprising each assessment standard is shown below: -

Category of standards	% of agencies reporting full compliance with every standard within the category
Leadership and Organisational Accountability	83%
Serious Case Reviews	74%
Safer Working Practices	74%
Training	48%
Supervision	43%
Policies and Procedures	57%
Whole Family/Think Family Approach	43%
Voice of Children	78%
Environment	91%
LSCB Indicators	74%

The results of the Section 11 audit analysis were reported to the NSCB Executive in September 2012. The audit identified a number of areas where further developmental work was required by a number of agencies: -

- Training - in particular the strengthening of systems used to monitor the provision of single and multi agency safeguarding training to staff. Some agencies also reported that training materials needed to be amended to ensure issues around diversity were adequately incorporated.
- Supervision – audit of supervision records and the monitoring of staff attendance at supervision sessions was identified as a gap by some agencies. Arrangements for providing child protection supervision was also a problem for some agencies - particularly those that had low levels of involvement in child protection cases
- Whole family/Think Family – a number of agencies reported the need to increase understanding of the impact on children's welfare of any problems that mothers, fathers and other key carers are experiencing.
- Knowledge of the procedures to follow in cases of forced marriage or honour based violence was also identified as an area for development.

It was agreed that the NSCB should monitor the progress being made by agencies towards addressing areas identified as requiring development and this would be achieved through periodic updates being provided to the Board by the agencies in question. It was also agreed that the NSCB should move to a two year cycle of section 11 audits which would allow the Board to strengthen processes for monitoring progress by agencies in acting upon the audit findings to improve their safeguarding arrangements.

The NSCB voice of the child audit referred to in the previous section provided useful triangulation of the assessments provided through the Section 11 audit. In addition the NSCB training subgroup has reviewed the findings of the audit to guide its work. Multi-agency training has been provided in relation to understanding risk analysis and risk management when adults present with complex problems, supporting the 'Think Family' agenda. The District and Borough Councils Safeguarding Group has reviewed their audit returns, identified common issues for action and shared potential solutions.

Learning from case reviews

Well established case review processes are in place within Nottinghamshire to ensure that agencies reflect on the quality of services provided and learn lessons to reduce the risk of harm to children in the future.

Child Death Overview Panel

The Nottinghamshire Child Death Overview Panel (CDOP) is a multidisciplinary panel that reviews all child deaths in order to gain a better understanding of why children die, identify any learning and make recommendations to prevent future deaths. The CDOP meets on a six weekly basis and reports to the NSCB Executive quarterly.

During 2012/13 the CDOP has reviewed 40 child deaths and in 13 of those cases factors were identified that could be modified in order to prevent future deaths. Recommendations made and being implemented include:

- providing advice to parents about the dangers of plastic mattress covers for young babies
- reinforcing guidance, particularly with fathers, about safe sleeping arrangements for babies
- ensuring guidance is provided around safe bathing of babies.

There has been a significant increase in the number of unexpected deaths (25) compared to the previous year (15) and research has been carried out with statistical neighbours to establish if that is part of a broader pattern. The findings have so far been inconclusive with some areas reporting similar increases and others reporting the opposite. The causes of the unexpected deaths have been varied and with relatively small numbers it is difficult to draw firm conclusions. The statistical return of all deaths reviewed during this period has been submitted to the Department for Education for national analysis and the level of unexpected deaths will continue to receive close attention by the CDOP.

In September 2012 the CDOP reported to the NSCB Executive emerging concerns regarding child road deaths and as a consequence a themed panel meeting was held in December 2012, supplemented by an education representative and a member of the Nottinghamshire County Council (NCC) Road Safety Team. The panel reviewed two specific cases before exploring the wider issues identified from similar cases previously reviewed. The panel explored existing preventative actions including the work that is undertaken to examine environmental factors and the school road safety education provided independently by schools and through the NCC Road Safety Team education and training programmes. Through links with the Nottinghamshire Young People's Board it became apparent that recent initiatives to tackle bullying and domestic violence through short films were positively viewed by young people. A proposal was therefore submitted to the NSCB Executive to fund the development of a short film made by young people to raise awareness of road safety issues amongst 14 to 17 year olds. The proposal was agreed and a project is now underway supported by County Youth Arts.

Serious Case Reviews

The NSCB Standing Serious Case Review (SSCR) sub-group has met on eight occasions during 2012/13. The group is responsible for initially reviewing information about cases that are referred as possibly meeting the criteria for a serious case review (SCR) and making recommendations to the NSCB Chair on whether or not a SCR is required. The group also identifies cases where other forms of review are appropriate, including single agency reviews and learning reviews. Should a decision be made by the NSCB Chair that a SCR is required the SSCR subgroup formulates the scope and terms of reference for the review. Once a review has been completed, the progress towards completing action plans is monitored by the group. Membership of the SSCR subgroup has been strengthened through the course of the year by the addition of representatives from education and targeted support services.

During 2012/13 eight cases were referred to the SSCR subgroup. A recommendation was made that a SCR be carried out with regard to one of the cases and the NSCB Chair subsequently concurred with that view. A SCR (referred to as FN13) was therefore commissioned, the terms of reference were set by the SSCR subgroup, an independent 'Lead Reviewer' was appointed and the review is ongoing. Out of the remaining seven cases where a recommendation was not made for a SCR to be conducted; one case was subject to a single agency review with the terms of reference being agreed by the SSCR subgroup; in three cases no further action was deemed necessary; two cases had been submitted for noting only and a decision was made that formal consideration was not necessary. Further clarification regarding one case is being sought before the case is ready for consideration.

The following is a summary of learning identified from Nottinghamshire case reviews:

Safeguarding is everybody's responsibility

- All agencies have a shared responsibility for the protection of children
- There should be effective communication between agencies and respectful challenge to practice, delay or decisions
- Sharing information and taking prompt action is vital

Effective multi agency meetings

- Records of meetings need to be clear, especially decisions, plans and timescales
- Ensure the right people are present at meetings
- There should be access for children and young people to advocate their views, wishes and feelings

Assessments and plans

- Use supervision sessions to constructively challenge decisions and reflect on practice
- Professionals should be open to the possibility that those in positions of trust may harm children
- Be alert to the risk of harm to children through domestic abuse, drugs, alcohol and parental mental health

Protecting babies

- All agencies need to understand the significance of bruising on non-mobile babies and refer promptly to Children's Social Care
- Always assess and interpret parental avoidance and failed appointments
- The importance of seeing the parents separately and raising domestic violence as an issue
- Ensure pre discharge planning takes place and appropriate colleagues are engaged.

A range of recommendations and actions have been made at an agency and NSCB level to respond to the above learning.

The SSCR sub-group has monitored the action being taken in relation to reviews and in particular it has overseen the completion of all actions from the CN10 SCR and all but two actions from the DN11 SCR. In addition it has ensured that the actions relating to an out of area SCR (Child E) have been completed by the Nottinghamshire agencies involved. The SSCR sub-group has also tracked the completion of actions relating to two single agency reviews (one from the preceding year).

The PQ sub-group is responsible for examining the impact implementing SCR recommendations has had. Agencies involved in the DN11 SCR have contributed to an impact evaluation report presented to the PQ sub-group.

The SSCR sub-group has also provided a useful forum for sharing learning from other areas reviews. Presentations to the sub-group by members have included; CAFCASS - National learning from SCRs and learning from SCRs in Bassetlaw and South Yorkshire. The recommendations from a SCR in Somerset have also been disseminated through the group. The learning and development section of the revised Working Together to Safeguard Children consultation documents and the draft Nottinghamshire Domestic Homicide Review Guidance have both been reviewed by the SSCR sub-group and feedback has been provided.

Engagement with and participation of children

The NSCB Manager attends the Nottinghamshire Young People's Board for appropriate agenda items. Through that connection key areas of concern for young people have been identified and influenced the business of the NSCB, for example consideration of a report on anti-bullying work. The NSCB Manager has also contributed to the development by the Young People's Board of a 'Do You Feel Safe?' questionnaire. Young people have also been engaged as part of a project to raise awareness of road safety issues amongst 14 to 17 year olds and seven youth groups have taken part in focus group sessions to gather views on road safety and suggest effective ways of communicating the issues.

The importance of listening and responding to the 'voice of the child' was recognised by the NSCB multi-agency audit team and under their auspices an audit was established to gain an understanding of the extent to which children were being heard by agencies in their day to day contact. The findings from the audit were reassuring with evidence of some good practice identified by agencies taking part.

During 2012/13 there has been an increased focus on ensuring that children and young people are able to contribute to their child protection plans.

It is known that not many children/young people actually attend child protection conferences although this should be encouraged where possible. The Child Protection Coordinators (CPC) who chair child protection conferences aim to ensure that children and young people's views are heard at each conference whether or not the child is actually able to attend. A record is made by the CPCs whether and how a child's views have been made known and reporting capability is currently being validated in order that performance information can be provided to the NSCB during 2013/14.

The NSCB provides leaflets to help explain the purpose of child protection conferences to children and young people. A questionnaire 'My Protection Plan' (MPP) is also used to gather the views of children and young people and this has been revised in consultation with children and young people. During the consultation some young people highlighted that they had received limited information of what it means to be part of the child protection process or any information about conferences. The CPCs have noted an increase in the completion of the revised 'My Protection Plan' and have promoted its use to service managers in the children's social work teams. However, this needs further improvement to ensure that young people's views are elicited and made available for conferences and strategy meetings. Where there is no evidence of young people's views being provided, a system has been introduced to alert the social worker and team manager so this can be addressed and a recommendation is also included within the plan to resolve the gap.

The young people who were affected by the sexual offending reviewed during the DN11 SCR were contacted at key stages of the review and invited to contribute. Four of the young people stated they wished to meet the review author and NSCB Manager to discuss the findings of the review and these meetings were arranged. The young people appreciated the way that contact with them had been handled, confirmed that they were receiving appropriate support and agreed with the findings of the review. All of them were content for the overview report to be published and one in particular saw it as a very positive process and wanted others to know about the case to act as a warning.

Equality and diversity

The Section 11 audit includes a requirement for all agencies to assess whether services are provided in a way that does not discriminate. Equality Impact Assessments are completed for locally prepared practice guidance e.g. revisions to sexual abuse guidance. A focus on the child's identity is incorporated within all NSCB training courses and the content of the 'Responding to Unexpected Deaths' course has been amended to reflect diversity issues.

The voice of the child audit identified that recording of ethnicity and, to a greater extent, religious belief was still an issue. Agencies have been requested to take action to address this and communications highlighted the importance of gathering this information in order to appropriately respond to the needs of the child.

Priority Groups of Children

Children at risk of sexual exploitation (CSE)
Child sexual exploitation has been identified as a significant area of concern nationally; there have been a number of high profile cases across the country where children and young people have suffered serious harm as a consequence of CSE and in December 2011 the Department for Education issued guidance to assist agencies to deal with CSE 'Tackling Child Sexual Exploitation – Action Plan'. Recognising that specific action needed to be taken to respond to this type of abuse the Nottinghamshire and Nottingham City Safeguarding Children Boards established a cross authority task and finish group in January 2012.

The CSE task and finish group has developed a CSE strategy and action plan and the following progress was made during 2012/13:-

- A theatre group was commissioned to deliver productions in ten Nottinghamshire schools aimed at raising awareness amongst children and young people of the risks of CSE – this initiative will reach over 2,300 children
- A training programme for professionals has been developed and will be delivered during 2013/14
- Ways to improve data collection and analysis have been explored
- Research into models of working to tackle CSE has been carried out and proposals are currently under consideration
- A co-sponsored CSE seminar has been held in conjunction with the NSPCC and the Nottingham City Safeguarding Children Board

Child sexual exploitation remains an evolving type of abuse with changing models or patterns of exploitation i.e. through social media, street grooming and trafficking. There are known links between CSE and missing children. In Nottinghamshire the connection between these issues has been recognised at both strategic and operational levels with developmental and monitoring work being coordinated. This included, for example, ensuring that a significant CSE component was included within the missing children training provision.

Operationally work has continued; across the City and County during 2012 (annual) the police investigated 129 'CSE' categorised cases, 71 cases of grooming and 4 cases of trafficking.
Multi-agency strategy meetings are an established way of discussing young people about whom there are concerns. Nottinghamshire Children's Social Care held 73 CSE strategy meetings in relation to 34 children.

Work to progress the response to CSE continues and full delivery of the CSE local action plan remains a priority for 2013/14.

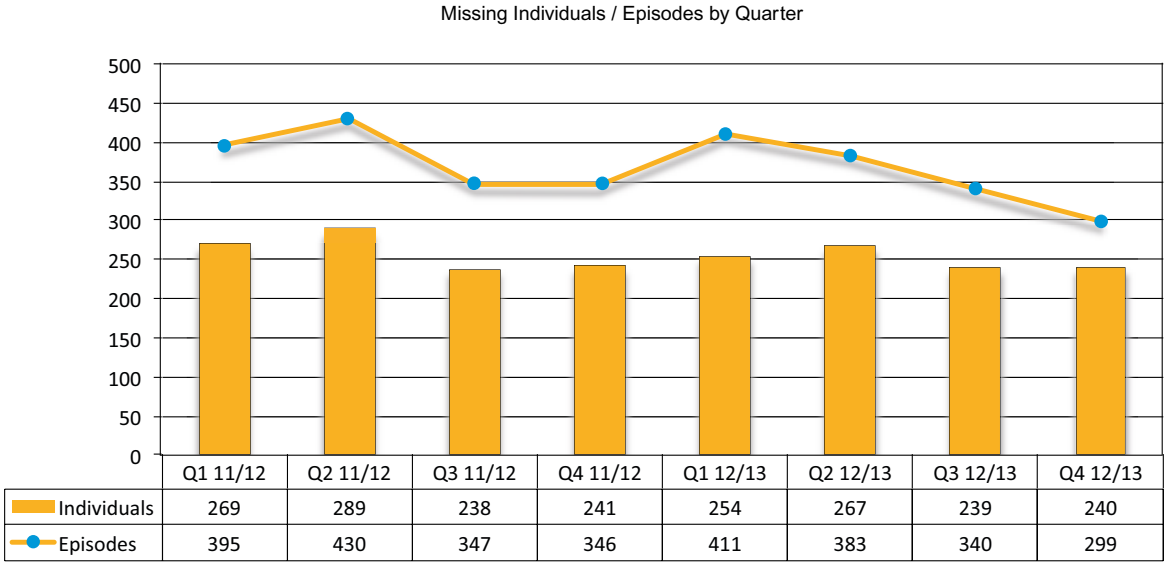
Missing Children
Children who go missing are at risk of serious harm. They may, as already has been stated, be sexually exploited but there are also risks of becoming the victim of other crimes and there may be a detrimental impact on their physical or emotional health and/or education. Homelessness, loss of social relationships and involvement in drugs are all potential outcomes.

The reasons that young people go missing are varied but often relationships with parents is a factor. Problems at school or drug and alcohol use may also be a feature. The data also indicates that for a number of young people (54) the risk of sexual exploitation may be present.

The NSCB has ensured that inter-agency procedures are in place for dealing with children missing from home and from care, in line with the Department for Education statutory guidance on children who run away and go missing from home or care (2009).

The Nottinghamshire Multi-agency Missing Children Steering Group coordinates inter-agency work in relation to children who go missing and reports to the NSCB. A strategy and action plan has been put in place to drive and evidence the work being undertaken. Electronic recording is now embedded and associated reporting is nearly complete, alongside the development of management information framework. There has also been work to ensure a more robust system for looked after children, particularly where they are placed out of the County. Three multi-agency training events were held during the year which attracted a broad range of professionals.

During 2012/13 there were 1433 missing notifications which was a 6% reduction on the previous year; these related to 776 individual children which was a 10% decrease on the previous year. The number of children who have repeatedly gone missing also appears to have reduced although this data is still being analysed.



	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13
Individuals	269	289	238	241	254	267	239	240
Episodes	395	430	347	346	411	383	340	299

The majority of children run away from home (81%) with 12% from Nottinghamshire Local Authority Care and 7% being other local authorities' looked after children placed within Nottinghamshire.

Operationally, an important element of working with missing children is the need for a return interview or a multi-agency meeting, to explore the reasons why the young person goes missing, what has happened to them, and to identify what support may be needed to prevent or reduce the risk of it happening again. The local authority Children Missing Officer monitors and tracks whether or not the return interview or multi-agency meeting has been completed. This work is assisted through strong partnership working with Nottinghamshire Police.

The service allocated to complete the return interview is shared between; Children's Social Care, Nottinghamshire Runaways Service (provided by the charity Catch 22), Targeted Support Services and other local authorities with children placed in Nottinghamshire.

During 2012/13, 53% of all children who went missing received a return interview, which is an improvement from 42% the previous year and of those that did not receive an interview; the majority had an opportunity to do so. The timeliness (within 72hrs) of return interviews is also increasing with 49% completed within 72hrs and the majority carried out within five days. A recent Ofsted report concerning missing children (February 2013) found little evidence amongst local authorities of return interviews being completed so the performance in Nottinghamshire is particularly reassuring in this regard.

The position in relation to the management and monitoring of missing children is relatively strong but there is still room for improvement. The key priorities for the year have been set including developing an audit. This will be an opportunity to quality assure the operational work being done and to explore whether or not the intervention is making a difference to the outcomes for the child or young person and whether or not their voice is being heard. The Missing Children Guidance will be updated during 2013/14 and this links to the updated Association of Chief Police Officers (ACPO) guidance.

Children at risk through domestic violence
Children who live in a home where there is domestic violence are known to be at an increased risk of suffering harm: this connection has been understood for some time and recent case reviews carried out within Nottinghamshire have reinforced this. The NSCB has received statistical information on the level of domestic violence in child protection cases **(see Appendix C)** and reports on the action being taken to tackle this issue.

Addressing domestic violence is now a top priority for the Safer Nottinghamshire Board and the new Nottinghamshire Police and Crime Commissioner. This has meant that all partner agencies have focussed more closely on their domestic violence services, looking at gaps in relation to staff training, referral pathways and services for victims (including children) and perpetrators. Four issues have emerged strongly from this focus:

- What are we doing to prevent domestic abuse happening?
- How can we better protect and support teenagers who are being abused in their intimate relationships?
- Some parts of the NHS have not been successfully linked into the multi-agency arrangements that respond to domestic violence
- Whilst victims assessed as high risk have a pathway to support through Multi Agency Risk Assessment Conferences (MARAC), those assessed as 'medium risk repeats' need more support than is currently available

Work with Children and Families - Prevention needs to begin as early as possible, while children are first learning about relationships and are becoming aware of the differences between their own and other families. Age-appropriate healthy relationship education in schools and youth projects teaches the value of respect and trust and the importance of telling about abuse so that someone can help the young person and their family. Fifty per cent matched funding is available to Nottinghamshire schools in the new academic year 2013-14 to source healthy relationship education from a specialist provider .

Children's centres are well placed to intervene with families as soon as concerns are identified. Family Support Workers link with specialist workers from Womens Aid to deliver support programmes for parents and children and encourage victims to protect themselves and to report criminal activity to the police. Children and young people are referred to a specialist children's outreach service for individual or group work support to help with recovery and understanding after experiencing domestic abuse.

To help tackle the many repeat incidents of domestic violence that victims classed as 'medium risk' suffer, a more intensive and personalised support is now being provided through the provision of medium risk workers. This initiative will be evaluated professionally by one of the university departments in due course.

Work with teenagers at risk - There is increasing focus on these teenagers at risk in Nottinghamshire, and recognition that specialist intervention is required in addition to the usual domestic violence arrangements. The developing approach includes:

- Statutory and voluntary intervention from the NCC Targeted Support and Youth Justice Service, with specialist training available for staff
- Awareness raising with third sector agencies that work with young people and ethnic minorities to encourage earlier identification and referral
- Secondary school healthy relationship programmes that teach young people how to make safe choices and seek help when they need it

- "Dragons Den" challenge in Ashfield Schools to raise awareness of healthy relationships and create a range of promotional material that will encourage teenagers who are experiencing abuse to seek help
- Targeted work by 'Supporting Families' workers that have been trained to support families where young people are abusing their carers

New in 2013 will be some specialist support work, hosted within existing victim services, but targeted at teenagers at risk, to encourage disclosure and help-seeking.

Initiatives within Health - Information sharing between health agencies and criminal justice agencies is essential to ensure that each has a full picture of the violence and its impact. Various initiatives and developments are now in place to support information sharing and appropriate referral:

- There are specialist nurses in both the Queens Medical Centre and Kings Mill Hospital emergency departments who conduct risk assessments and signpost patients to the appropriate agencies. They also deliver training to other staff in the hospitals.
- Supported by the NCC Public Health and Community Safety Teams, doctors in general practice in Mansfield and Ashfield are linking with existing MARAC information sharing processes for high risk cases and are funding specialist Identification and Referral to Improve Safety (IRIS) workers to support people who disclose incidents to their GP. This will be extended to GP practices in other CCG areas over a three year period if funds are agreed.
- Nottinghamshire Healthcare Trust has delivered an extensive staff training programme in the last 2 years bringing practice improvements across the Trust and referral pathways for specialist support.

Domestic Homicide Reviews - Since April 2011, community safety partnerships have been required to review cases of homicide where the victim is killed by a partner, former partner, or family member. Six reviews have been undertaken in Nottinghamshire. Two are ongoing at the present time. All have brought insight and learning to the partnership which inform many of the developments above. The following have been part of DHR recommendations:

- Engagement and training for doctors in general practice
- Better links to schools about domestic incidents affecting pupils
- Additional focus on medium risk victims
- Awareness training in a variety of agencies

Performance - Over the past year there has been a new performance framework agreed by partners across the County to measure the success of the various interventions and initiatives undertaken. Numerical performance targets have been kept to a minimum. Instead, a range of indicators are used to monitor the impact of interventions and all agencies are using service user feedback to drive improvement and effectiveness. Volume increases in reported domestic abuse can be a measure of both success and failure:

- Success because the crime is no longer hidden and can be addressed and
- Failure because we did not prevent it happening in the first place

Partners have agreed an overall aim to increase the reporting of domestic violence and abuse, but to reduce repeat criminalisation. At its best, this will reduce overall crime levels because agencies intervene sooner and implement safety measures and criminal procedures earlier.

[1] Interested schools should email rachel.adams@nottscc.gov.uk for further information.

In 2012-13 there was a 5% increase in reported incidents from 9358 to 9850 countywide representing good progress. However there was a very small increase in repeat crimes from 794 to 796 and further work is required on this aspect.

Safeguarding Looked After Children

Looked After Children are recognised to be vulnerable and action taken to address the learning identified through the DN11 SCR has led to a strengthening of safeguarding arrangements.

Improved ways for Looked After Children to comment directly on their experiences have been introduced in consultation with the Children in Care Council and these have included a new 'Listen To Me' booklet. The supervision of foster carers has been strengthened and is now included within the supervision audit. Attendance at Looked After Reviews by allocated children's social workers and supervising social workers is monitored by Independent Reviewing Officers. Steps have also been taken to increase the direct involvement of education representatives in review meetings although the number of meetings does require cases to be prioritised. The DN11 SCR reinforced the importance of stable school placements for Looked After Children and the new Nottinghamshire Looked After Strategy (2012-15) 'includes an ambition to minimise the number of times Looked After Children need to move school during their education through better joint planning between children's social care and education services. The NCC Corporate Parenting Panel will be monitoring the implementation of the strategy.

The local authority currently have 390 children placed in accommodation that is not provided by the local authority or in what are deemed to be 'external placements'. 276 placements are within Independent Fostering Agencies (IFAs), including 6 in parent and baby placements. There are 114 young people in residential placements, which includes young people on remand, in semi-independent accommodation, in a secure children's home or in a residential family centre.

Children are placed within such accommodation when there are no suitable placements available within the local authority or when the needs of the individual young person require a specialist placement. In order to reduce these numbers sufficiently, appropriate placements are needed within the local authority. The Children's Social Care Transformation Programme Team have undertaken a comprehensive placement review and are proposing that from 2013 – 2017, the number of Looked After Children placed in external residential units reduces by 50% and the number of young people in IFA placements reduces by 20 placements each year during the same period and the NSCB will monitor the progress of this strategy.

Children with parents or carers that have mental ill health and/or drug and alcohol problems

Nottinghamshire was one of nine areas which participated in an Ofsted thematic review of joint working between adult and children's services when parents or carers have mental health and/or drug and alcohol problems. This review was reported in March 2013 as "What About the Children?" and made a number of recommendations to improve services. These centred on improving:

- Identification of children exposed to parent mental health and substance misuse and those who undertake carer roles
- Awareness by professionals working with parents of the impact that these issues have on children
- Co-ordination and joint working between adult and children's services in relation to these families, throughout the process of assessment, planning and delivery of services
- Quality assurance of this work.

A working group of professionals has been established to identify areas where work is required locally to address these recommendations.

[2] Figures at 13.8.2013

Privately fostered children

Where children are living with someone other than a close family member for a period of 28 days or more, regulations are in place to ensure that the suitability of such arrangements is assessed by children's social care and that regular visits take place. The NSCB Performance and Quality sub group receives regular reports on compliance with these regulations and an annual return is submitted to the DfE. The number of new private fostering notifications continues to be lower than expected (17 during 2012-13): it is recognised nationally that a relatively small proportion of private fostering arrangements are notified by parents and private foster carers. The NSCB has produced posters which are displayed by partner agencies in public places to raise awareness of the requirement to notify the local authority of potential private fostering arrangements.

NSCB effectiveness, contribution and challenge

The NSCB Executive is responsible for ensuring that the NSCB sub-groups are effectively carrying out their functions. Each quarter, the Executive receives reports from the CDOP, SSCR, Training and Performance and Quality subgroups. The reports set out the priorities for each group, key achievements, progress against the sub-group work-plan, and relevant performance data. They also detail the attendance of agency representatives in order that any gaps which may have a detrimental effect on the functioning of the group can be addressed.

A programme of visits by NSCB members to frontline practice has been initiated to promote greater connectivity between the Board and operational staff, facilitate two way communications and provide an opportunity to identify any issues impacting on child protection work. To date members of the Board have visited the Multi Agency Safeguarding Hub (MASH), Clayfields Secure Children's Home and a District Child Protection Team. Reports outlining the findings from those visits and any suggested recommendations are presented to the Board.

The NSCB Development Manager post has remained vacant for much of 2012/13 despite efforts to recruit and the NSCB Training Coordinator post was vacant for the last quarter. As a consequence some of the planned developmental work has not been completed, in particular the strengthening of communication and engagement with stakeholders. However the core functioning of the NSCB and its sub-groups was maintained and the work carried out effectively.

There is evidence of increased constructive challenge both within and between agencies. Potential SCR cases are now being referred from a wider group of agencies and agencies are bringing forward their own cases for consideration as well as sharing the findings from single agency reviews. In addition Board members have brought to the attention of the NSCB findings from their own inspectorate and self evaluation processes.

In April 2013 an NSCB Development Event took place facilitated by an independent consultant. The event allowed members of the Board to review the effectiveness of the Board over the preceding 12 months and reflect on the recently published revised statutory guidance 'Working Together to Safeguard Children 2013' and what it means for Local safeguarding Children Boards. The previous two years' business plans had largely been shaped by the Safeguarding Improvement Programme that was put in place to address aspects of working practices identified through a number of inspections as requiring development. The event provided an opportunity to discuss how the NSCB should operate in the future and what its priorities should be.

Effectiveness of safeguarding arrangements – issues, challenges and priorities

Whilst it is clear that the risk of harm to children and young people cannot be eliminated entirely and there is no complacency regarding the need to continually improve services and their coordination, the NSCB is satisfied, through its quality assurance, review and audit functions, that the arrangements put in place by its partner agencies are overall appropriate and effective. The Board is further satisfied that where deficits are present, for example in achieving full compliance with the NSCB standards under Section 11 of the Children Act 2004, work is underway for these to be addressed.

Ensuring that the NSCB and its partner agencies, whilst maintaining an effective and responsive targeted service for all children who are at risk of harm, focus their work on safeguarding and promoting the welfare of the most vulnerable children, is increasingly important in the current financial climate. The following priorities for the NSCB, reflecting national issues and local learning, have been agreed for 2013/14 and, subject to review, succeeding years:

2013/14 Priorities

1. **Through a comprehensive understanding of the needs of children and young people in Nottinghamshire, to ensure that the work of the NSCB and its partner agencies is focussed on the most vulnerable, their safety and empowerment.**

2. **To ensure scrutiny of safeguarding outcomes for children and young people; and develop a dynamic learning and improvement framework.**

3. **To ensure the governance and framework of the NSCB is effective at the delivery of its core purpose (in line with Working Together to Safeguard Children 2013')**

The business plan attached as **Appendix D** sets out further details including the desired objectives under each priority and how it is planned to achieve them. The following are some key highlights:

Children and young people are key stakeholders in services which they and their families receive and also in the partnership frameworks within which these services operate. Ensuring that their voices are heard in both respects remains a priority for the NSCB.

The delivery of action plans to reduce the risk of child sexual exploitation and/or children going missing is a key objective for the NSCB, as is ensuring that the response to children who disclose sexual abuse is effective. Supporting the development of the right services and providing revised inter-agency guidance and training are important priorities for the Board.

The introduction of the Multi Agency Safeguarding Hub (MASH) in November 2012 represents a real opportunity to improve information sharing between agencies and facilitate better decision making. The inclusion of adult services within the MASH is a positive initiative which will support greater collaboration between children's and adults' services. As with the introduction of any new service, there will be challenges and managing the demand on the MASH and ensuring the right cases are referred is the responsibility of all agencies. The NSCB will be supporting, through training and other communications, greater understanding of the role of the MASH and will continue to monitor its performance.

It is increasingly important to ensure that appropriate thresholds for services are understood and implemented so that children receive the help they need and that where possible this is provided early to prevent the need for more intensive statutory intervention. The Pathway to Provision document which describes thresholds for intervention at various levels is being updated during 2013/14 and will fall under the governance of the NSCB in line with Working Together to Safeguard Children 2013.

The high levels of children subject to child protection plans in Nottinghamshire compared to statistical neighbours has been the focus of attention and will continue to be so during 2013/14. External consultants have been commissioned to audit this aspect of safeguarding and future multi-agency audit work will include an examination of child protection conferences and plans.

The less prescriptive nature of the statutory guidance 'Working Together to Safeguard Children 2013' puts an increasing emphasis on local procedures and guidance. The NSCB has comprehensive local procedures in place that will be reviewed during 2013/14 to ensure compliance with the new statutory guidance. This work will also seek to increase the accessibility of the procedures through improved layout and content.

The greater flexibility afforded practitioners by the new statutory guidance will also need to be accompanied by an increased emphasis on professional judgement in audit processes if the Board is to remain assured regarding the quality of services. To achieve this there will be an increased emphasis on multi-agency audit activity in parallel with continuation of the visits by Board members to front line service settings.

Although the focus of the NSCB must be on the most vulnerable groups, we will continue to work with the Children's Trust, the Health and Wellbeing Board and the Police and Crime Commissioner to ensure that outcomes for all the children and young people living in Nottinghamshire are improved. In that regard the Board takes a positive view of the current strategies for taking this work forward and those under development for future years.

Appendices

Nottinghamshire
SAFEGUARDING
CHILDREN Board

Appendix A

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD MEMBERSHIP

(Membership shown is at 31/03/13 – for current membership details please see the NSCB website

Chris Few	**NSCB Independent Chair**
Julie Gardner	**NSCB Vice Chair** Associate Director of Social Care, Nottinghamshire Healthcare NHS Trust

Nottinghamshire County Council Representatives

Anthony May	Corporate Director, Children, Families & Cultural Services
Steve Edwards	Service Director, Children's Social Care, Children, Families & Cultural Services
Laurence Jones	Group Manager, Targeted Support & Youth Justice Service
Pam Rosseter	Group Manager, Safeguarding and Independent Review & Quality Assurance, Children, Families & Cultural Services
Caroline Baria	Service Director Joint Commissioning, Quality and Business Change, Adult Social Care and Health
Justine Gibling	Group Manager, Early Years and Early Intervention, Children, Families & Cultural Services

Health Community Representatives

Cathy Burke	Consultant Nurse, Safeguarding, NHS Bassetlaw
Val Simnett	**Chair of NSCB Child Death Overview Panel (CDOP)** Designated Nurse Safeguarding Children, NHS Nottinghamshire County
Dr Emma Fillmore	Designated Doctor for Safeguarding (South), Nottingham University Hospitals NHS Trust
Deborah Oughtibridge	Deputy Director of Nursing and Quality, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Deidre Fowler	Acting Director of Nursing and Quality, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Elaine Moss	Director of Quality and Governance, Newark and Sherwood Clinical Commissioning Group
Cheryl Crocker	Director of Quality and Patient Safety, Nottingham North and East Clinical Commissioning Group
Alfonzo Tramontano	Assistant Director of Nursing, Derbyshire and Nottinghamshire Area Team, NHS Commissioning Board
Denise Nightingale	Head of Service Improvement, NHS Bassetlaw
Dr Stephen Fowlie	Medical Director, Nottingham University Hospital NHS Trust

Wendy Hazard	Clincal Quality Manager, Nottinghamshire Div. HQ, East Midlands Ambulance Service
Bushra Ismaiel	Consultant Community Paediatrician, Designated Doctor for Safeguarding, Lead Clinician for Community Services, Doncaster & Bassetlaw Hospitals
Susan Bowler	Executive Director of Nursing & Quality, Sherwood Forest Hospitals NHS Foundation Trust

Other Agency Representatives

Mark Taylor	Director, Nottinghamshire Probation Trust
Helen Chamberlain	Superintendent, Head of Public Protection, Nottinghamshire Police
Neville Hall	**Chair of NSCB Standing Serious Case Review Sub Group** Head of Service, CAFCASS
Joh Bryant	**Chair of NSCB Training Sub Group and District/Borough Council Safeguarding Group** Head of Housing, Broxtowe Borough Council
Sue Fenton	**Voluntary Sector Representative** National Association of Voluntary Organisations Manager, Home Start Nottingham
Paul Betts	Interim Executive Head Teacher, Yeoman Park School

Advisors to the Board

Steve Baumber	NSCB Business Manager
Vacant post	NSCB Development Manager
Vacant post	NSCB Training Coordinator

Participant Observer

Councillor Philip Owen	Chairman of the Children and Young People's Committee

Appendix B

NSCB Financial Arrangements

Agency contributions 2012-13

Agency	Basic contribution	Additional contribution for serious case reviews
Nottinghamshire County Council Children, Families and Cultural Services Department (includes £7,000 from Schools Forum)	£134,310	£8000
Nottinghamshire County Council Schools Forum	7,000	
Nottinghamshire Probation Service	1,958	
Nottinghamshire Police	17,612	8000
Children & Families Courts Advisory Services	550	
NHS Bassetlaw	23,000	8000
NHS Nottinghamshire County	64,404	8000
East Midlands Strategic Health Authority	1,000	
Total	**£249,834**	**£32,000**

In addition to the above, there was a cumulative figure in reserves from 2011-12 of £73,413.

Expenditure 2012-13

	Actual spend at end of year March 2013
NSCB Administration/Independent Chair	£58,297
Safeguarding CIMT	£92,775
NSCB Training – delivery and staff costs	£80,354
Serious Case Reviews	£24,995
Total	**£256,421**

Outside the above arrangements, NCC and NHS Nottinghamshire County together meet the costs of the NSCB Manager post.

Appendix C

Annual Performance Information Report (2012/13)

Main Index

Index

NSCB Annual Performance Information Report

This report to the Nottinghamshire Safeguarding Children Board (NSCB) sets out key performance information for 2012/13 year. The indicators reported have been selected by the Board and include specific areas of practice previously reported through the Safeguarding Improvement Programme reporting arrangements which the Board agreed should continue to be monitored within this framework.

Where targets have been set the Nottinghamshire County Council corporate RAG rating definitions have been used: -

	**Off target by 10% or more**
	**Off target by less than 10%**
	**On or above target**

Please note 2012/13 benchmarking data relating to local authority areas in England (including statistical neighbours) will not be published by the Department for Education until the end of October 2013 and therefore is not available for inclusion in this report.

Table 1.1 CAFs initiated by Service

	2011/12	2012/13				
		Q1	Q2	Q3	Q4	Total
CAMHS Locality Team	6	3	1	2	0	6
CFCS - Youth, Families & Culture	128	3	47	180	173	403
CFCS –Early Years & Early Intervention Service	263	80	59	51	93	283
CFCS – Education Standards & Inclusion	32	10	3	4	6	23
CFCS – Children's Social Care	13	1	2	0	0	3
District Councils	4	2	0	3	0	5
Health – PCTs, Trusts etc.	257	57	27	22	37	143
Police	5	1	2	0	0	3
Education	441	116	35	87	91	329
Voluntary and Community Services	22	1	0	6	5	12
Other	9	2	0	2	4	8
Total	1180	276	176	357	409	1218

Key Headlines

- The number of CAFs initiated year on year has seen a slight increase (6 per cent)
- A very significant increase in the numbers of CAFs initiated by Targeted Support and Youth Justice Service. Targeted Support has used the CAF as its assessment tool since September 2012
- Numbers initiated by Children's Centres have increased in line with overall increase of CAF
- The combined numbers of CAFs initiated by Health has dropped by over 40 per cent between 2011/2012 and 2012/2013. The number of CAFs initiated by schools has also dropped by 20 per cent year on year. The reasons for these reductions will be reviewed by the CAF Development Group
- Targeted Support, Children's Centres and Schools are responsible for over 83 per cent of all CAFs initiated during 2012/2013.

The following CAF information is only available for quarter 4 in 2012/13.

Table 1.2
Reasons for initiating CAFs Q4 2012/13

	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe	Out of County	Total
Health	3	3	8	2	11	3	6	1	37
Education & Learning	33	30	30	31	24	36	25	5	214
Emotional & Behavioural Development	16	8	8	7	18	16	16	1	90
Identity	0	0	0	0	0	0	0	1	1
Family & Social Relations	4	0	6	2	1	4	1	1	19
Social Presentation	0	0	0	0	0	0	0	0	0
Self-Care Skills	6	0	0	0	0	0	0	0	6
Family, History & Functioning	11	3	5	2	7	3	3	0	34
Housing, Employment & Finance	0	0	3	1	0	0	1	0	5
Family's Social Integration	0	0	0	0	1	1	0	0	2
Community Resources	0	0	0	0	0	0	1	0	1
Basic Care, Safety & Protection	1	1	3	1	0	0	1	0	7
Emotional Warmth & Stability	0	0	0	0	0	0	0	0	0
Guidance, Boundaries & Stimulation	0	0	1	0	1	0	0	0	2
TOTAL	74	45	64	46	63	54	54	9	409

Key Headlines

- The reasons recorded for the initiation of CAFs are being reviewed, as part of the development of an Early Help Data Set to ensure they reflect more accurately the outcomes Early Help services are working towards i.e. improved attendance.
- The high number of CAFs initiated for education and learning issues in part reflects high percentage of referrals from schools (sixty per cent) that Targeted Support receive from this source.

Section 2: Multi Agency Safeguarding Hub

Table 2.1:
Number of Enquiries completed

	2012/13		
	Q3	Q4	2012/13*
Ashfield	341	804	1145
Mansfield	163	779	942
Bassetlaw	111	585	696
Newark	132	601	733
Broxtowe	172	451	623
Gedling	228	561	789
Rushcliffe	95	317	412
CDS	n/a	n/a	n/a
Blank/Out of County	90	273	363
Nottinghamshire	**1332**	**4371**	**5703**

Table 2.2: Repeat MASH Enquiries

	2012/13		
	Q3	Q4	2012/13*
No. of Children with more than 1 MASH Enquiry in the 3 month period	56	415	471
Percentage with more than 1 MASH enquiry in 3 month period	4.4%	10.5%	9.8%

Table 2.3: Timeliness of the MASH Enquiry Process (Original Call Only)

	2012/13					
	Q3		Q4		2012/13*	
	No	%	No	%	No	%
On time	175	41	759	49	934	47
Late	257	59	783	51	1040	53
Total	**432**	**100**	**1542**	**100**	**1974**	**100**

*This only refers to a partial year, as the MASH was introduced at the end of November 2012.

Key Headlines

- The MASH is a multi-agency team that receives new children's safeguarding concerns. The MASH shares partnership information to improve both safeguarding decision making and the signposting of children and families to the most appropriate services at the earliest opportunity.
- The MASH partnership currently includes children's and adult's social care, education, health, probation, early years and trading standards.
- The MASH rolled out for children's social care in November 2012 and for adult safeguarding in January 2013.
- Given the date of roll out, the above is very early data and as such should be treated with a degree of caution.
- The MASH receives on average 100 calls a day relating to children - on busy days this can go up to 140.
- The volume of MASH enquiries has considerably increased over the last seven months. In July 2013 for example there were 490 more calls than in July 2012, and on average there are 265 more enquiries per month into the MASH when compared to the same period last year.

- As with many developments, a rise in workload should initially be expected, particularly when associated with the high levels of publicity prior to the launch a new service.
- However, the average waiting time for professionals contacting the MASH over the last 2 months is 3 minutes 47 seconds.
- MASH re-referral rates are for all MASH enquiries. This includes safeguarding concerns that result in a referral to children's social care and those that are signposted to other services.
- Timeliness of the MASH enquiry process measures timeliness from when a MASH enquiry is received until the end of the MASH process (Cases are RAG rated : RED 4hrs, AMBER 24hr, GREEN 3 working days).

Key Developments

- Information sharing on GREEN RAG cases is temporarily suspended to support partners to improve the timeliness of their information sharing returns.
- Partners have added resources to the MASH which has led to an improvement in information sharing return performance.
- Continued work to expand the MASH partnership to include other agencies.
- Children's social care resource has been moved to the front of the MASH process to improve the quality of MASH referral taking, improve the signposting of MASH referrals at the earliest possible stage to early help services and to ensure the consistent application of thresholds.

Section 3: Children's Social Care

Table 3.1 Referrals

		2011/ 2012	2012/13						Annual
			Good	Target	Q1	Q2	Q3	Q4	2012/ 2013
	No of child referrals completed*	7373	N/a	N/a	1759	3528	5405	7424	7424
AP 04	Re-referrals within 12 months of previous referral as a % of child referrals started	24.4	Lower	26	27.8 	26.7 	23.9 	24.3 	25.6 
NI 68	Referrals to children's social care going on to initial assessment or strategy discussion (%)	91.1	Median	N/a	95.4	89.5	94.3	100**	91.9

Table 3.2 Referrals -Benchmarking

AP04 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	30.6	27.4	24.4	25.6
Statistical Neighbour Average	14.1	21.7	24.0	N/A
England	13.8	25.6	26.1	N/A

NI 68 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	53.1	77.2	91.1	91.9
Statistical Neighbour Average	64.6	69.7	79.8	N/A
England	65.5	71.5	74.6	N/A

*The quarterly figures provided are accumulative across the year. The definition of a Child Referral changed part way through quarter 3, the quarter 3 figure is a mixture of the original definition of a Child Referral and the new definition of a Child Referral.

** The new definition of a child referral has changed to a completed MASH Decision with an outcome of "Undertake Initial Assessment" or "Strategy Discussion" therefore this indicator for quarter 4 is 100%.

Commentary:

AP04: Re-referrals into Children's Social Care

Re-referrals to Children's Social Care are below the target rate in quarter 4 and for the year overall. As new processes and feedback arrangements for referrers become embedded in the MASH, it is expected that stabilisation in performance can be achieved below the target level as referrers continue to receive clear feedback.

NI68: Referrals to children's social care going on to initial assessment or strategy discussion

Children's Social Care continues to focus efforts to apply the thresholds as set out in the Pathway to Provision Guidance, which means that a higher proportion of referrals appropriately go on to initial assessment. This will be further enforced now that the the Multi Agency Safeguarding Hub (MASH) is in operation.

Performance and targets will continue to be subject to review as the new operating model for Children's Social Care is embedded locally.

Table 3.3 Initial Assessments

				2011/12	2012/13				Annual
					Q1	Q2	Q3	Q4	2012/13
	Initial Assessments completed within timescale			5461	1480	1343	1437	1098	5358
	Other initial assessments completed			1254	197	210	297	785	1489
	Total number of initial assessments			6715	1677	1553	1734	1883	6847
		Good	Target	2011/12	Q1	Q2	Q3	Q4	2012/13
NI 59 AP01	Initial assessments completed within timescale (10 working days) (%)	Higher	75.0	81.3	88.3	86.5	82.9	58.4	78.3

Table 3.4 Initial Assessments Benchmarking

NI 59 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	63.1	65.6	81.3	78.3
Statistical Neighbour Average	80.0	78.0	77.6	N/A
England	75.5	77.2	77.4	N/A

Commentary:

NI 59/AP01: Initial Assessments completed within timescale:

The dip in performance in the timely completion of Initial Assessments should be seen in the context of the re-modelling of the Children's Social Care Service in December 2012, including the development of the MASH.

There has been an increase of 31% in the number of Initial Assessments completed in January, February and March 2013 as compared with the same period last year. This increase has placed huge pressure on Assessment Teams attempting to complete Initial Assessments within timescales. Processes have been revised and additional capacity introduced during January and February to stabilise performance and manage the flow of work between the MASH, Assessment and District Child Protection Teams.

There are also currently challenges regarding partner ability to share information in a timely way within the MASH which impacts on the completion of Initial Assessments. An action plan has been developed and is being implemented, and the situation is being regularly reviewed.

Table 3.5 Core Assessments

				2011/ 2012	2012/13				Annual
					Q1	Q2	Q3	Q4	2012/13
	Completed within 35 working days of initial assessment			2891	351	436	441	315	1543
	Other core assessments completed			934	61	93	82	172	408
	Total number of core assessments during year			3825	412	529	523	487	1951
NI 60 AP02	Core assessments for children's social care that were carried out within 35 working days of their commencement (%)	Good	Target	2011/ 2012	Q1	Q2	Q3	Q4	2012/13
		Higher	72.0	75.6	85.2	82.4	84.3	64.7	79.1

Table 3.6 Core Assessments Benchmarking

NI 60 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	63.1	65.6	81.3	78.3
Statistical Neighbour Average	80.0	78.0	77.6	N/A
England	75.5	77.2	77.4	N/A

Commentary:

NI 60/AP02: Core assessments for children's social care that were carried out within 35 working days of their commencement.

There has been a knock-on effect on the completion of Core Assessments due to the volume of Initial Assessments and the flow of work between the MASH and Assessment Teams in the last quarter of 2012/13.

Section 4: Children's Social Care Workforce

Table 4.1 Vacancy Rate

		Target	March 2013 'snapshot'
	SW Vacancy rate	7%	11.6%

Social work vacancies continue to be covered by the use of agency staff to maintain a safe service. The figure provided therefore relates to the number of vacant posts in the social work establishment being covered by agency workers at the end of March 2013. The service has also received additional investment for 20 new social work posts in 2013/14 which will be covered by agency workers pending permanent appointments from recruitment campaigns currently running.

Table 4.2 Turn-over

		Target	Rolling year %
	SW Turnover rate	10%	9.77%

Turn-over of staffing in the period March 2012 to March 2013 was 9.7% (27 leavers from an average of 276 employees). This includes turn-over where staff are successful in appointments to other posts in the service, such as Practice Consultants or Team Managers.

Section 5: Section 47 enquiries and child protection conferences

Table 5.1 Section 47s, ICPCs & RCPC

	2011/12	2012/13				Annual
		Q1	Q2	Q3	Q4	2012/13
Number of children who were the subject of S.47 enquiries	2228	597	579	622	590	2388
Number of children who were the subject of Initial Child Protection Conferences(ICPCs)	838	251	284	270	306	1111
Number of ICPCs	534	135	160	134	156	585
Number of children whose ICPCs were held within 15 working days of the initiation of the S47 enquiries which led to the conference	696	230	263	253	295	1041
Percentage ICPCs held within 15 working days of the initiation of the S47 enquiries which led to the conference	83.1	91.6	92.6	93.7	96.4	93.7
Number of children who were the subject of Review Child Protection Conferences(RCPCs)	1483	553	572	694	644	2463
Number of Review Child Protection Conferences (RCPCs)	1151	306	301	376	362	1345
Number of dual status children	41	23	36	45	18	N/A
Number of dual status children who have been looked after for more than 3 months	8	6	7	14	5	N/A

Table 5.2 Child Protection

		Good	Target	2011/12	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Annual 2012/13
NI 64 AP05	Child protection plans lasting 2 years or more (%)	Lower*	5.7	5.9	5.2	6.6	3.3	4.7	4.8
NI 65 AP06	Children becoming the subject of a Child Protection Plan for a second or subsequent time (%)	Lower*	14	15.1	15.2	12.5	22.2	21.2	17.8
NI 67 AP03	Child protection cases which were reviewed within required timescales (%)	Higher	98	98.0	99.6	99.5	99.6	99.2	99.5

Table 5.3 Child Protection Benchmarking

NI 64 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	6.5	5.6	5.9	4.8
Statistical Neighbour Average	5.4	5.7	5.3	N/A
England	13.4	13.3	13.8	N/A

NI 65 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	15.7	13.8	15.1	17.8
Statistical Neighbour Average	13	13.7	14.5	N/A
England	13.4	13.3	13.8	N/A

NI 67 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	92.5	98.1	98.0	99.5
Statistical Neighbour Average	99.1	97.4	97.0	N/A
England	96.8	97.1	96.7	N/A

Commentary:

NI 64: Child protection plans lasting 2 years or more (%)

This indicator reflects the percentage of children whose plans ended during the year where the plan had lasted for two years or more. Of the 942 children whose plans ceased during 2012/13, only 45 had had plans lasting over two years – a percentage of 4.8% which is positively below the target figure.

NI 65: Children becoming the subject of a Child Protection Plan for a second or subsequent time

A total of 1,005 children became subject to a child protection plan during 2012/13. Of these, 179 had previously been subject to a plan – a percentage of 17.8%. This is above the target figure of 14% and the number of children subject to repeat plans continues to present a challenge. There had been improved performance against this indicator during the first half of the year, but the number of children subject to repeat plans increased during the second half of the year resulting in the year end position.

NI 67: Child Protection cases which were reviewed within required timescales (%)

Despite the continued high numbers of children subject to child protection plans, performance has exceeded the target during 2012/13.

Section 6: Children and Young People subject of a Child Protection Plan

Table 6.1 District and Locality Analysis

District	2011/12	2012/13				
		Q1	Q2	Q3	Q4	% Change from previous year
Ashfield	126	131	138	141	123	-2.4
Mansfield	134	117	148	110	132	-1.5
MAN/ASHFIELD	**260**	**248**	**286**	**251**	**255**	**+1.9**
Bassetlaw	145	160	124	127	172	+18.6
Newark	118	128	159	187	176	+49.2
NEW/BASS	**263**	**288**	**283**	**314**	**348**	**+32.3**
Broxtowe	64	61	67	39	39	-39.1
Gedling	73	76	96	94	67	-8.2
Rushcliffe	53	50	47	45	48	-9.4
BGR	**190**	**187**	**210**	**178**	**154**	**-18.9**
Others	16	20	24	22	31	+93.8
TOTAL	**729**	**743**	**803**	**765**	**788**	**+8.1**

Graph 6.2 CPP Rate per 10,000

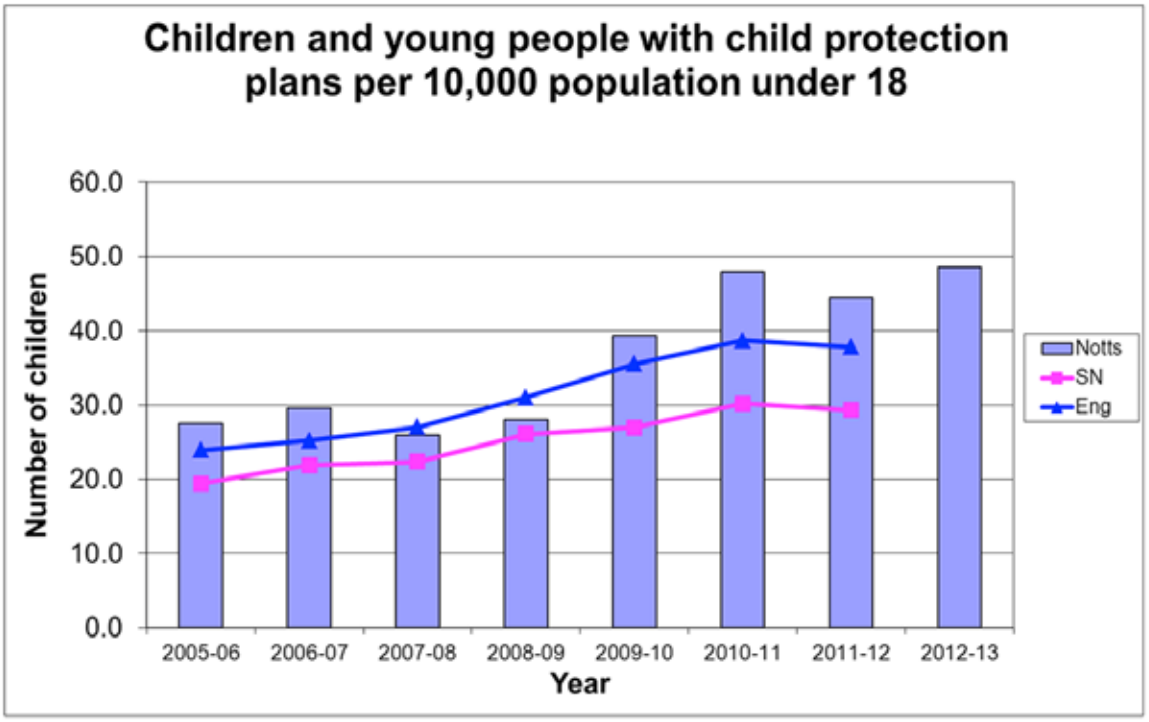


Table 6.3 Age and Gender of Children Subject of a Child Protection Plan

Gender	2011/12		2012/13	
	No.	%	No.	%
Male	354	48.6	389	49.4
Female	357	49.0	388	49.2
Unborn/Gender	18	2.5	11	1.4
TOTAL	**729**	**100**	**788**	**100**

Age	2011/12		2012/13	
	No.	%	No.	%
Unborn children	25	3.4	12	1.5
Aged under 1 year	97	13.3	70	8.9
Aged 1-4 years	238	32.6	241	30.6
Aged 5-9 years	189	25.9	238	30.2
Aged 10-15 years	166	22.8	204	25.9
16 and over	14	1.9	23	2.9
TOTAL	**729**	**100**	**788**	**100.0**

Graph 6.4 Child Protection Plans by Age Band - Annual Comparisons

Children subject to a CP Plan as at 31st March 2012 broken down by age band

Children subject to a CP Plan as at 31st March 2013 broken down by age band

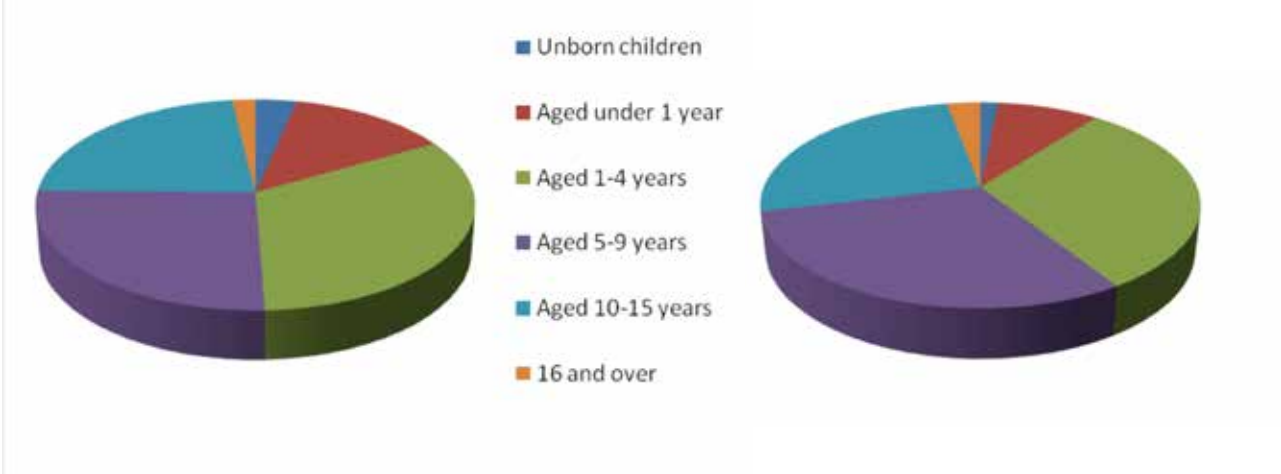


Table 6.5 Ethnicities of Children subject to a Child Protection Plan

Ethnicity	2011/12		2012/13	
	No.	%	No.	%
White British	600	82.3	667	84.6
White Irish	4	0.5	0	0.0
Any other white background	5	0.7	3	0.4
Polish or other Eastern Europe	7	1.0	10	1.3
Gypsy/Roma	0	0.0	0	0.0
White and Black Caribbean	30	4.1	24	3.0
White and Black African	2	0.3	3	0.4
White and Asian	7	1.0	8	1.0
Any other mixed background	14	1.9	19	2.4
Indian	2	0.3	2	0.2
Pakistani	4	0.5	2	0.2
Bangladeshi	0	0.0	0	0.0
Any other Asian background	0	0.0	12	1.5
Caribbean	0	0.0	0	0.0
African	0	0.0	3	0.4
Any other black background	1	0.1	0	0.0
Chinese	0	0.0	1	0.1
Any other ethnic group	3	0.4	6	0.8
Not known/unborn	50	6.9	28	3.6
Total	**729**	**100**	**788**	**100.0**

NB. Work is underway to ensure that information regarding children with disabilities can be included in future reports.

Table 6.6 Child Protection Category for Children Subject of a Child Protection Plan

	2011/12		2012/13	
Child Protection Category	**No.**	**%**	**No.**	**%**
Emotional	117	16.1	100	12.7
Neglect	213	29.3	221	28.0
Physical	46	6.3	61	7.7
Sexual	52	7.1	42	5.3
Multiple:				
Emotional, Neglect	54	7.4	60	7.6
Emotional, Neglect, Physical	22	3.0	12	1.5
Emotional, Neglect, Physical, Sexual	5	0.7	1	0.1
Emotional, Neglect, Sexual	4	0.5	6	0.8
Emotional, Physical	147	20.2	214	27.2
Emotional, Physical, Sexual	1	0.1	12	1.5
Emotional, Sexual	5	0.7	6	0.8
Neglect, Physical	40	5.5	23	2.9
Neglect, Physical, Sexual	4	0.5	4	0.5
Neglect, Sexual	12	1.6	24	3.0
Physical, Sexual	6	0.8	2	0.3
No Category recorded				

Table 6.7 Child Protection Category for Children Subject of a Child Protection Plan by district

	Ash	Mans	Bass	New	Brox	Ged	Rush	Other
Child Protection Category	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Emotional	3.3	18.2	12.8	10.8	23.1	17.9	10.4	16.1
Neglect	28.5	22.0	36.0	31.8	12.8	17.9	29.2	25.8
Physical	10.6	7.6	6.4	9.7	7.7	4.5	8.3	0.0
Sexual	1.6	5.3	2.9	5.7	17.9	9.0	6.3	6.5
Multiple:								
Emotional, Neglect	9.8	5.3	6.4	8.5	12.8	7.5	8.3	3.2
Emotional, Neglect, Physical	0.0	3.8	0.6	3.4	0.0	0.0	0.0	0.0
Emotional, Neglect, Physical, Sexual	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0
Emotional, Neglect, Sexual	4.1	0.0	0.0	0.6	0.0	0.0	0.0	0.0
Emotional, Physical	28.5	25.8	27.9	18.8	23.1	38.8	37.5	35.5
Emotional, Physical, Sexual	6.5	0.0	1.2	1.1	0.0	0.0	0.0	0.0
Emotional, Sexual	0.8	0.0	1.2	1.1	0.0	0.0	0.0	3.2
Neglect, Physical	3.3	4.5	2.3	1.7	2.6	3.0	0.0	9.7
Neglect, Physical, Sexual	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0
Neglect, Sexual	3.3	3.0	2.3	6.8	0.0	0.0	0.0	0.0
Physical, Sexual	0.0	0.8	0.0	0.0	0.0	1.5	0.0	0.0
No Category recorded								

Table 6.8 Number & Percentage of Children Subject of a Child Protection Plan with Domestic Violence

Children subject of a Child Protection Plan with Domestic Violence*	2011/12		2012/13			
	Q 3	Q 4	Q 1	Q2	Q3	Q4
Number of children subject of a CPP	763	729	743	803	769	793
Number of children subject of a CPP with Domestic Violence	456	421	435	496	469	470
% with Domestic Violence	**59.8%**	**57.8%**	**58.5%**	**61.8%**	**61.0%**	**59.3%**

Section 7: Participation by Children and Young Persons in Child Protection Conferences

New reporting capability for 2012/13 now allows information regarding how the views of children and young persons are obtained to be included within this report.

	ICPCs 2012/13 Total		RCPCs 2012/13 Total	
	No.	%	No.	%
Child under 4 at the time of the conference	389	34.4	769	30.8
Child attends and speaks for themselves	17	1.5	36	1.4
Child attends and an advocate speaks for them	0	0.0	6	0.2
Child attends and conveys their views non-verbally	2	0.2	2	0.1
Child attends; does not speak for themselves/convey their views	3	0.3	5	0.2
Child does not attend but asks an advocate to speak for them	12	1.1	20	0.8
Child does not attend but conveys their feelings to the conference	299	26.5	615	24.6
Child does not attend nor convey their views to the conference	374	33.1	714	28.5
Not obtained	33	2.9	334	13.4
Total	**1129**	**100**	**2501**	**100**

Section 8: Participation by Agencies/Groups in Child Protection Conferences

Table 8.1 Participation at ICPCs by agencies/groups

Agencies:	Invited	Attended	Sent Report	Sent Apologies	Participated	% Attended	% Participated
Parent/ stepparent/ partner of parent	1092	837	3	140	838	76.6	76.7
Friends/supporter	92	87	0	3	87	94.6	94.6
Other Family Member	288	249	1	33	249	86.5	86.5
Other Household Member	9	6	0	3	6	66.7	66.7
CYPS - Responsible service manager	5	5	2	0	5	100.0	100.0
CYPS - Responsible social worker	647	572	531	69	627	88.4	96.9
CYPS - Responsible team manager	210	100	4	108	100	47.6	47.6
CYPS - Educational psychologist	6	1	2	4	2	16.7	33.3
CYPS - Educational Welfare Officer	19	13	9	3	14	68.4	73.7
CYPS - Other social worker	315	282	34	33	291	89.5	92.4
CYPS - Other team manager	34	21	1	11	21	61.8	61.8
CYPS - Student social worker	36	34	9	2	34	94.4	94.4
CYPS - Targeted family support services	150	118	63	28	127	78.7	84.7
CYPS - Trainee social worker	27	26	12	1	26	96.3	96.3
CYPS - Youth Offending Service	18	13	8	5	16	72.2	88.9
CYPS - Youth Services	3	2	1	1	3	66.7	100.0
CYPS - Other staff	63	45	14	13	48	71.4	76.2
Foster carer	11	9	0	2	9	81.8	81.8
School	590	443	359	117	500	75.1	84.7
Police - CAIU	131	50	32	62	69	38.2	52.7
Police - Divisional	152	74	22	59	84	48.7	55.3
Police - Domestic Abuse Unit	18	4	2	9	5	22.2	27.8
Probation	118	51	64	60	87	43.2	73.7
Legal Services	39	38	0	1	38	97.4	97.4
Voluntary organisation	49	31	14	12	35	63.3	71.4
Health (County) - Consultant paediatrician	62	14	21	34	28	22.6	45.2
Health (County) - GP	420	18	131	292	138	4.3	32.9
Health (County) - Health visitor	348	268	202	69	309	77.0	88.8
Health (County) - Mental health worker	49	16	14	25	25	32.7	51.0
Health (County) - Midwife	142	92	65	44	111	64.8	78.2
Health (County) - School nurse	330	247	210	76	288	74.8	87.3
Health (County) - Substance misuse worker	77	47	47	27	62	61.0	80.5
Health (Bassetlaw) - Consultant paediatrician	20	0	6	15	6	0.0	30.0
Health (Bassetlaw) - GP	117	5	44	88	45	4.3	38.5
Health (Bassetlaw) - Health Visitor	95	75	66	18	88	78.9	92.6
Health (Bassetlaw) - Mental health worker	12	5	5	7	8	41.7	66.7
Health (Bassetlaw) - Midwife	31	19	12	10	23	61.3	74.2
Health (Bassetlaw) - School nurse	82	65	57	17	77	79.3	93.9
Health (Bassetlaw) - Substance misuse worker	32	18	17	13	25	56.3	78.1
Other involved professional	570	356	172	158	421	62.5	73.9
OLA - Social Care	32	23	14	8	26	71.9	81.3
OLA - School	24	20	13	2	21	83.3	87.5
OLA - GP	11	0	4	8	4	0.0	36.4
OLA - Health visitor	14	11	7	3	12	78.6	85.7
OLA - Midwife	2	2	1	0	2	100.0	100.0
OLA - Police	13	2	2	6	4	15.4	30.8
OLA - Other involved professional	105	65	27	35	76	61.9	72.4
OLA - Voluntary organisation	1	0	0	1	0	0.0	0.0
OLA - Foster carer	4	3	1	1	3	75.0	75.0
Total	**6715**	**4482**	**2325**	**1736**	**5123**	**66.7**	**76.3**

Total number of conferences is 577
NB An invitee is classed as 'Participated' if they 'Attended' or 'Sent a report' or both

Table 8.2 Participation at RCPCs by agencies/groups

Agencies:	Invited	Attended	Sent Report	Sent Apologies	Participated	% Attended	% Participated
Parent/ stepparent/ partner of parent	2093	1458	4	355	1459	69.7	69.7
Friends/supporter	110	101	0	3	101	91.8	91.8
Other Family Member	557	466	1	70	467	83.7	83.8
Other Household Member	25	17	0	6	17	68.0	68.0
CYPS - Responsible service manager	5	3	0	0	3	60.0	60.0
CYPS - Responsible social worker	1195	1055	1076	122	1162	88.3	97.2
CYPS - Responsible team manager	280	66	9	212	67	23.6	23.9
CYPS - Educational psychologist	23	14	3	7	14	60.9	60.9
CYPS - Educational Welfare Officer	32	21	8	9	23	65.6	71.9
CYPS - Other social worker	206	177	25	25	182	85.9	88.3
CYPS - Other team manager	8	7	0	1	7	87.5	87.5
CYPS - Residential worker	4	4	2	0	4	100.0	100.0
CYPS - Student social worker	49	49	7	0	49	100.0	100.0
CYPS - Targeted family support services	286	197	151	76	235	68.9	82.2
CYPS - Trainee social worker	18	17	4	1	17	94.4	94.4
CYPS - Youth Offending Service	25	19	7	5	20	76.0	80.0
CYPS - Youth Services	5	3	0	2	3	60.0	60.0
CYPS - Other staff	135	100	38	32	110	74.1	81.5
Foster carer	39	33	1	5	33	84.6	84.6
School	1189	927	662	209	1020	78.0	85.8
Police - CAIU	36	12	3	21	13	33.3	36.1
Police - Divisional	104	51	6	32	55	49.0	52.9
Police - Domestic Abuse Unit	19	6	1	10	6	31.6	31.6
Probation	255	155	125	78	185	60.8	72.5
Legal Services	63	58	0	2	58	92.1	92.1
Voluntary organisation	54	37	19	13	43	68.5	79.6
Health (County) - Consultant paediatrician	99	9	20	53	27	9.1	27.3
Health (County) - GP	760	27	181	449	198	3.6	26.1
Health (County) - Health visitor	690	581	516	98	654	84.2	94.8
Health (County) - Mental health worker	76	37	16	20	44	48.7	57.9
Health (County) - Midwife	89	44	32	37	55	49.4	61.8
Health (County) - School nurse	623	455	459	154	561	73.0	90.0
Health (County) - Substance misuse worker	125	80	68	33	94	64.0	75.2
Health (Bassetlaw) - Consultant paediatrician	17	1	3	7	3	5.9	17.6
Health (Bassetlaw) - GP	183	4	58	115	59	2.2	32.2
Health (Bassetlaw) - Health Visitor	160	138	119	21	154	86.3	96.3
Health (Bassetlaw) - Mental health worker	9	3	5	6	5	33.3	55.6
Health (Bassetlaw) - Midwife	12	8	7	3	9	66.7	75.0
Health (Bassetlaw) - School nurse	166	126	123	39	153	75.9	92.2
Health (Bassetlaw) - Substance misuse worker	46	21	20	22	32	45.7	69.6
Other involved professional	1089	638	335	333	738	58.6	67.8
OLA - Social Care	11	5	2	5	6	45.5	54.5
OLA - School	46	33	29	11	39	71.7	84.8
OLA - Foster carer	5	3	0	2	3	60.0	60.0
OLA - GP	33	1	9	20	10	3.0	30.3
OLA - Health visitor	25	17	15	6	20	68.0	80.0
OLA - Midwife	6	3	0	3	3	50.0	50.0
OLA - Police	2	0	0	1	0	0.0	0.0
OLA - Other involved professional	142	100	37	36	102	70.4	71.8
OLA - Voluntary Organisation	10	4	3	4	6	40.0	60.0
Total	**11239**	**7391**	**4209**	**2774**	**8328**	**65.8**	**74.1**

Total number of conferences is 1169
NB An invitee is classed as 'Participated' if they 'Attended' or 'Sent a report' or both

Section 9: Looked After Children

Table 9.1 Volume of LAC & Adoption

		2011/12	2012/13			
			Q1	Q2	Q3	Q4
	Number of children who are looked after	800	809	846	896	892
	LAC rate per 10,000	49.4	49.9	52.2	55.3	55.0
AP 07A (1)	Average time between a child entering care and moving in with their adoptive family, for children who have been adopted (days)	654 (Days)	647 (Days)	744 (Days)	645 (Days)	668 (Days)
AP 07B (1)	Average time between a LA receiving Court authority to place a child and deciding on a match to an adoptive family (days)	217 (Days)	293 (Days)	338 (Days)	291 (Days)	255 (Days)
(1)	% of children who wait less than 21 months between entering care and moving in with their adoptive family	57%	57%	64%	65%	63%

Table 9.2 LAC Reviews & Stability of Placements

					2012/13			
		Good	Target	2011/12	Q1	Q2	Q3	Q4
AP10	Looked after children reviews which were reviewed within required timescales (%)	Higher	98.0	85.0	97.5 ⚠	96.4 ⚠	97 ⚠	97 ⚠
NI 62 AP09	Looked after children with 3 or more placements in any one year (%)	Lower	8.5	7.8	6.1 ✓	7.2 ✓	6.9 ✓	6.2 ✓
NI 63	Stability of placements of looked after children: length of placement (%)	Higher	N/A	75.1	78.4	79.2	76.6	75.0

(1) All quarterly figures on these indicators are year to date (cumulative) and are currently provisional figures undergoing validation and could be subject to change.

Table 9.3 Looked After Children Benchmarking

NI 62 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	7.2	6.3	7.8	6.5
Statistical Neighbour Average	9.9	9.5	10.5	N/A
England	11.3	10.7	11.0	N/A

NI 63 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	72.6	71.6	73.0	71.6
Statistical Neighbour Average	66.1	68.2	67.2	N/A
England	67.4	68.6	68.0	N/A

Section 10: Care Leavers

Table 10.1 Care Leavers Accommodation & Activity

		Good	Target	2011/12	2012/13
NI 147 AP11	% of care leavers in suitable accommodation	Higher	N/A	82.7	87.0
NI 148	% of care leavers in EET	Higher	N/A	63.5	63.0

Table 10.2 Care Leavers Benchmarking

NI 147 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	91.5	98.0	82.7	87.0
Statistical Neighbour Average	86.9	86.1	89.2	N/A
England	90.3	90.0	88.0	N/A

NI 148 Performance	2009/10	2010/11	2011/12	2012/13
Nottinghamshire	71.2	79.0	63.5	63.0
Statistical Neighbour Average	62.1	61.3	58.6	N/A
England	62.1	61.0	58.0	N/A

Commentary:

AP10: Looked After Children cases which were reviewed within required timescales (%)

During the year 2012/13, a total of 2,629 Looked After Children reviews were held. Of these, 2,544 were held within timescale – a percentage of 96.8%. Whilst this is slightly below the target figure, it does represent a significant improvement on the previous year end figure of 85%. This improvement has been achieved within a context of increased numbers of Looked After Children.

NI 62: Stability of placements of Looked After Children: number of placements (%)

Performance in this area continues to be strong, reflecting the effective planning and good provision offered by the service.

NI 63: Stability of placements of Looked After Children: length of placement (%)

The stability of placements continues to be strong, reflecting the effective planning and good provision offered by the service.

Section 11: Making a Positive Contribution

Table 11.1 Activity in academic years 12-14

		2012/13			
		Q1	Q2	Q3	Q4
BP07	Participation in education, employment and training in academic years 12-14 (%)	89.8 ⚠	86.1 ⚠	89.7 ⚠	84.1% ⚠
	Quarterly target (%)	91.0	93.0	92.0	91.0

Table 11.2 Youth Offending

		Good	Target	2011/12	2012/13			
					Q1	Q2	Q3	Q4
NI 111 EP02	First time entrants to the youth justice system aged 10-17 (per 100,000)*	Lower	Q3 536	643	107 ✓	224 ✓	292 ✓	351 ✓
NI 19	Rate of proven re-offending by young offenders (%)	Lower	Q3 27	N/a	9.6 ✓	20.91 ✓	23.2 ✓	24.8 ✓

Commentary:

BP07 – Participation in education, employment and training in academic years 12-14

Participation is ahead of England and statistical neighbour average (81.2%) and ahead of all individual statistical neighbours ranging from Dudley (76.3%) to Northamptonshire (83.6%).

Commentary: NI 111 – Reduce the number of first time entrants to youth justice system aged 10-17

Looking at district data for the last 3 financial years, we can observe that all are seeing a year on year reduction in first time entries. For some districts this is a very significant reduction (Mansfield & Rushcliffe), others have been less rapid (Bassetlaw & Ashfield).

Whilst numbers have come down significantly the most recent data available suggests that we are above the national and regional average for young people entering the youth justice system but are on track to come down to the average over the next 12 months

Commentary: NI 19 – Rate of proven re-offending by young offenders (%)

This data is provisional as it is measured in arrears as we are awaiting all cases to be progressed through the criminal justice system.

Provisionally at quarter 3 end 23.2% of the cohort have re-offended, compared to a 27% re-offending rate for the same quarter of 2011/12. When looking at actual numbers 51 of the 220 strong cohort have re-offended, compared to the 103 of the 381 cohort for the same period last year (2011-12).

Appendix D

BUSINESS PLAN 2013 - 2014

Nottinghamshire SAFEGUARDING CHILDREN Board

Independent Chair: Chris Few

Effective from: 1st April 2013

Review date: Quarterly through the NSCB Executive Group

Strategic Priorities:

We have identified three strategic priorities to drive the work of the NSCB over the next three years:

- Through a comprehensive understanding of the needs of children and young people in Nottinghamshire, to ensure that the work of the NSCB is focussed on the most vulnerable, their safety and empowerment
- To ensure scrutiny of safeguarding outcomes for children and young people; and develop a dynamic learning and improvement framework
- To ensure the governance and framework of the NSCB is effective at the delivery of its core purpose (in line with Working Together 2013)

Strategic Priority One		Through a comprehensive understanding of the needs of children and young people in Nottinghamshire, to ensure that the work of the NSCB and its partner agencies is focussed on the most vulnerable, their safety and empowerment		
Ref. No.	**What do we want to achieve**	**How will we achieve this**	**Lead**	**When are we going to do this**
1.1	The views of children and young people should be evident in all aspects of NSCB work	Regular consultation with the Nottinghamshire Young People's Board to seek views on key areas and promote engagement in identified pieces of work	NSCB Manager	At least four times during the year
		The inclusion of young people in the work of the NSCB will be driven by a new participation strategy	NSCB	October 2013
		Partner agencies will demonstrate how they seek the views of children and young people and respond to them accordingly	NSCB members	Each NSCB meeting
1.2	Develop a full understanding of the population of children and young people in Nottinghamshire	Analysis of the current and projected needs of children and young people across Nottinghamshire will be provided to the Board and steer its planning priorities	Professional Practitioner, Strategic Intelligence	Each NSCB meeting
		Identification of children who are exposed to parental mental health and substance misuse issues and those undertaking a carer role	NSCB Vice Chair	October 2013
1.3	Ensure safeguarding practice in relation to particularly vulnerable children is effective	Implementation of the local CSE and missing children action plans	Chair, cross authority group/ service manager	March 2014
		Launch of sexual abuse revised inter-agency practice guidance and related training	NSCB Manager/ training coordinator	December 2013

Strategic Priority Two		To ensure scrutiny of safeguarding outcomes for children and young people; and develop a dynamic learning and improvement framework		
Ref. No.	**What do we want to achieve**	**How will we achieve this**	**Lead**	**When are we going to do this**
2.1	Early Help for children and young people is effective and accessible with evidence of robust monitoring	Monitor the implementation and impact of the Pathway to Provision Inclusion in performance information report	Group Managers, Early Years and TSS	At each NSCB meeting
2.2	A comprehensive understanding of safeguarding outcomes for children and young people	Performance information which includes evidence of outcomes will be regularly presented to the Board and areas for action identified	NSCB Manager	At each NSCB/ Executive meeting
2.3	Identify improvements and consolidate good practice. Translate the findings from reviews, audits and inspection activity into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.	Ensure an effective review process for serious case reviews and other child protection incidents	Chair, SSCR	October 2013
		Ensure effective reviews of all child deaths up to the age of 18	Chair, CDOP	May 2013
		Deliver a multi-agency audit programme that includes accessibility of services to children and young people and Initial Child Protection Conferences/thresholds for child protection plans	Chair of PQ sub group	July 2013
		Disseminate learning from reviews/audits	NSCB Manager/ all NSCB members	March 2014
		Monitor the completion of action plans arising from reviews/audits	SSCR and PQ subgroups	March 2014
		Evidence the impact of actions taken in response to reviews/audits	SCR Panel/P Q subgroup/ NSCB	6 monthly to NSCB

Strategic Priority Three		To ensure the governance and framework of the NSCB is effective at the delivery of its core purpose (in line with Working Together 2013)		
Ref. No.	**What do we want to achieve**	**How will we achieve this**	**Lead**	**When are we going to do this**
3.1	Safeguarding children is inherent within the work of other strategic partnerships	Ensure there is clear connectivity between the NSCB and all relevant partnerships* and understanding of respective roles and responsibilities	Independent Chair/NSCB Manager	March 2014
3.2	A coordinated approach with the NCSCB in key areas	Regular cross-authority meetings; integrated delivery of policies and procedures; shared inter-agency training	NSCB Manager	Quarterly
3.3	Frameworks for effective interagency safeguarding practice are in place	Development and scrutiny of protocols in respect of: • information sharing • assessment	NSCB Manager	September 2013
		Revision of inter-agency safeguarding procedures	NSCB Manager	September 2013
3.4	Communicate the need to safeguard children and provide information on how this can best be done	Further development of the NSCB website	NSCB Development Manager	March 2014
		Proactive use of the media to communicate with communities	NSCB Development Manager	March 2014
3.5	Professionals are provided with training that equips them to work together and safeguard children	Quality assurance of inter-agency and single agency safeguarding training	NSCB training coordinator	March 2014
		Provision of multi-agency training in key areas driven by the needs of children and young people in Nottinghamshire and the training needs of staff	NSCB training coordinator	March 2014

* Nottinghamshire Safeguarding Adults Board; Health and Wellbeing Board; Nottinghamshire Children's Trust Board; Safer Nottinghamshire Partnership; Clinical Commissioning Groups; District and Borough Council Safeguarding Group; Health Children's Safeguarding Partnership; Local Family Justice Board; Nottinghamshire Area Licensing Group; Police and Crime Commissioner.

Nottinghamshire County Council

Report to Health and Wellbeing Board

6 November 2013

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE

CHILDREN WHO GO MISSING FROM HOME OR CARE: END OF YEAR REPORT 2012/13

Purpose of the Report

1. The purpose of the report is to update members of the Health & Wellbeing Board on the activity and progress relating to children who go missing from home or care within Nottinghamshire during 2012-13. The report highlights accomplishments during the year and the priorities for 2013-14. These priorities will build on the strong foundations within Nottinghamshire as this area of work has been invested in and been a priority for both Children's Social Care and the Nottinghamshire Safeguarding Children Board (NSCB).

Information and Advice

Background

2. A brief definition of a missing child is one *'who is absent from their home or placement without permission for any length of time where their age, experience, background or ability make this a concern' (*NSCB Protocol). The Police definition adopted within Nottinghamshire is that a missing person is one *'whose whereabouts are unknown, whatever the circumstances of disappearance. He or she will be considered missing until located and his or her wellbeing, or otherwise, established'* (ACPO (Association of Chief Police Officers) / NSCB Protocol). The ACPO guidance has recently been revised and the Department for Education Statutory Guidance is being reviewed; this will result in the NSCB protocol being updated in due course to take into account both revisions.

3. The issue of children who go missing from home or care is a safeguarding issue as some children who go missing may be at risk of or suffering from harm due to going missing. Children from all backgrounds may run away in response to problems that are making them unhappy or feel unsafe. There are also clear links between child sexual exploitation and going missing which are taken into account in the work we do. Children who go missing from care are clearly a specific group of children who are of concern as they are particularly vulnerable.

4. The Children's Society research (2011 Still Running 3) indicates that running away is still a problem nationally and it thus remains a priority for the NSCB.

5. A wealth of local data relating to missing children is collated quarterly with the aim of developing understanding and analysis around the subject of missing children. An accompanying presentation will show some of the detail that is available and work is ongoing to improve our understanding and apply the information usefully. It is regretful that there is no national data which would enable national or local comparison but research by Ofsted and the voluntary sector provides an opportunity for a degree of practice comparison.

6. The information from research and the Nottinghamshire data available would indicate that the work around children who go missing within Nottinghamshire is positive and that the work is developing and progressing.

Governance

7. The strategy and the development of missing children work is undertaken through a multi-agency steering group. There has been quarterly reporting to the NSCB through the Performance and Quality Sub-Group and, as of this year, annually to the Board.

National and Local Strategy and Partnerships

8. The local NSCB protocol '*Children Who Go Missing From, Home, Care or Education Protocol (2012*)' guides our work. The protocol derives from statutory guidance (2009) and from a Home Office strategy (2011). Work is also informed by a raft of guidance and research which either relates to or is closely aligned to child sexual exploitation.

9. All of the work around missing children is multi-agency; this is reflected in the steering group although the lead agencies are the Police and Children's Social Care.

10. Three main multi-agency, cross-authority training events were held during the 2012-13 which attracted a wide variety of participants and the subject is also regularly raised at other events i.e. NSCB 'What's New' events. More formal training is planned for 2013/14 when the DfE has revised the statutory guidance although there are ongoing briefings and information sharing meetings where possible.

Current Service Provision

11. A clear process is followed once a child is reported missing; in brief:

- the Police receive a call from a parent or carer to report a child missing
- the Police visit the home or residence of the child and take a missing child report
- Children's Social Care (CSC) is notified of the missing report (called an episode)
- when the child is found the Police will complete a 'safe and well' check
- where there is a delay in the child being found there is an ongoing dialogue between the Police and CSC Children Missing Officer (CMO)
- CSC are sent a 'found' report by the Police
- the CSC Children Missing Officer co-ordinates the request for a return interview or a multi-agency meeting from the relevant team
- a worker will visit the child to complete the return interview and possibly co-ordinate a multi-agency meeting.

12. A return interview should be completed within 72 hours and is an opportunity for the young person to discuss why they have gone missing and for the worker to plan help and support. A multi-agency meeting is an opportunity for professionals to co-ordinate a response to the young person going missing and agree an appropriate plan.

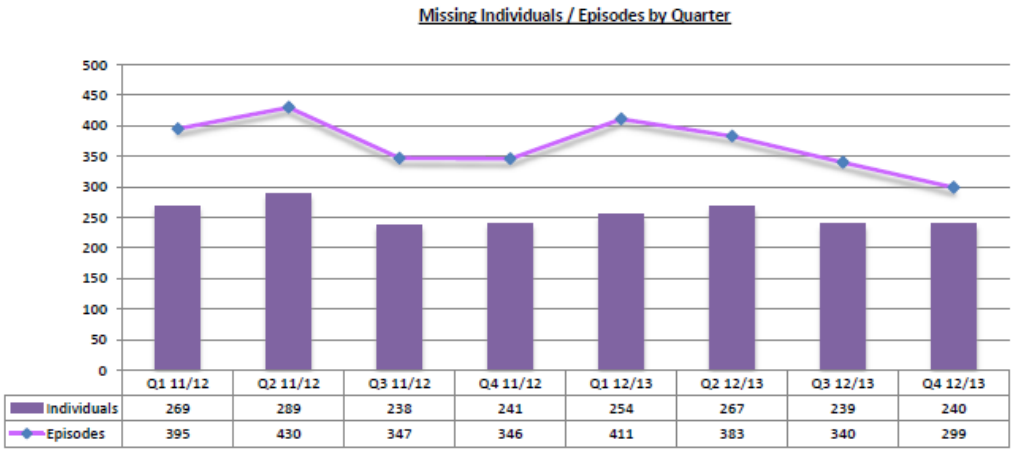
- a return interview is held when the young person has gone missing for the second time, or the first time if there are particular vulnerabilities identified or they have been missing for 24 hours
- a multi-agency meeting will be held after the third time of going missing, or the young person has been missing for 72 hours or if they are engaged in risky behaviour.

13. In 2012/13 the majority of requests (57%) for return interviews were made to Children's Social Care with 6% to Targeted Support. 23% went to the Runaways Service which is a partnership between Catch 22 (a voluntary agency) and Targeted Support. The Runaways Service responds where the young person is not known to other services. The remaining 14% of requests went to Other Local Authorities who had children placed within Nottinghamshire boundaries, usually in private residential homes or independent foster placements.

Data

14. The key findings for 2012/13 are as follows:

- there were 1,433 missing notifications (6% reduction on 2011/12)
- this related to 776 individual children (10% reduction on 2011/12)
- the number of children who go repeatedly missing appears to have decreased



	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13
Individuals	269	289	238	241	254	267	239	240
Episodes	395	430	347	346	411	383	340	299

- the gender of children who go missing is 50:50 male: female
- the ethnicity of children going missing roughly reflects the child population within Nottinghamshire
- the peak age range of children going missing is 13-17 years

- the percentage of children in the general population who went missing last year was approximately 0.5%. A higher percentage of children who are looked after go missing.

- data is being analysed to identify whether or not there are particular areas/hot spots where there is a higher or lower incidence of young people going missing

- the majority of Nottinghamshire children return home or to their placement within 24 hours

- the reasons young people give for going missing are varied but mostly about relationships with parents but also some school based issues or drug and alcohol factors

Main Achievements

15. A comprehensive strategy and action plan has been completed which both reflects the work currently being done and that planned (**Appendix 1**).

16. We have improved on the recording and reporting of missing children.

17. The data indicates that the number of children going missing has reduced over the last year.

18. There has been an improvement in the completion of both return interview and multi-agency meeting compliance although this is something that we are determined to improve further. What works well however, and is a positive feature of the work we do, is the monitoring and tracking of this by the Children Missing Officer.

19. There has also been pro-active work to ensure that any Nottinghamshire child who is placed out of the County is responded to in the event that they go missing. This work will continue over the coming year. Details of the Nottinghamshire Looked After Children population, their placement types and geographical location are attached as **Appendix 2** and will be covered in the presentation.

20. Nottinghamshire has also been working with private providers of residential care homes and private fostering companies in Nottinghamshire and continues to work with other local authorities who have children placed in Nottinghamshire. This recognises that children placed at a distance from their home are potentially more vulnerable. It also recognises that from a multi-agency point of view Nottinghamshire Police have to respond to instances of children missing and that there may be a potential impact on Nottinghamshire as an Authority if there were to be significant incident of harm occurring to a child within our boundaries.

Key priorities for 2013/14

21. There is a work plan for the coming year and the priorities are to:

- review the NSCB missing children protocol in response to the anticipated revised Statutory Guidance
- improve the number of missing interviews completed

- improve the quality assurance work we do; particularly evaluating the quality of the return interview process and intervention in terms of the outcome for the child
- improve our engagement with young people to ensure their voice is heard
- ensure a more sophisticated analysis of the data, looking at 'hot spots' and repeat missing persons as well as understanding of any risk or harm the child has experienced
- monitor the use of disruption techniques by the police i.e. child abduction warning notices
- strengthen intelligence sharing processes with the police
- further develop work with the looked after children's teams including a focus on children placed out of the County.

Other Options Considered

22. The report is for noting only.

Reason/s for Recommendation/s

23. The report is for noting only.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Safeguarding of Children Implications

25. The Children Missing from Home and Care protocol is issued under the Nottinghamshire Safeguarding Children Board procedures, the governance of which is through the NSCB.

RECOMMENDATION/S

1) That the update on the activity relating to children who go missing from home or care within Nottinghamshire during 2012-13 and the progress made with regard to the response to those children who go missing from home or care be noted.

Steve Edwards
Service Director, Children's Social Care

For any enquiries about this report please contact:

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Constitutional Comments

26. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (ZM 18/09/13)

27. There are no financial implications arising directly from this report.

Background Papers and Published Documents

Children who go missing from home, care or education protocol – Nottinghamshire Safeguarding Children Board, 2012
Children Who Run Away or Go Missing from Home or Care – DfE Statutory Guidance, July 2009
Missing Children and Adults: A Cross Government Strategy – Home Office, December 2011
Still Running 3: early findings from our third national survey of runaways 2011 – Children's Society

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All.

C0294

Missing Children
Multi-Agency Strategy 2013-14

Working Together to Safeguard Children going Missing from Home & Care in Nottinghamshire

Nottinghamshire
SAFEGUARDING
CHILDREN Board

Statement of Intent

Children who go missing from home and care are an extremely vulnerable group of children and young people. It is estimated that nationally every year there are approximately 240,000 notifications of children going missing which relate to approximately 140,000 children. Within Nottinghamshire in 2012/13 there were 1440 missing notifications which related to 776 individual children.

Missing children is a safeguarding issue as, whilst the majority of children who go missing return quickly, many others will either be at risk of or suffer harm in the form of physical abuse or sexual exploitation. They may sleep rough or commit crimes to survive and their physical and emotional health may suffer as well as their general health, education and social relationships. There are also links between going missing, being sexually exploited and trafficking.

From research there are many reasons why children go missing from home or care often referred to as push-pull factors; for example they may be pushed away from home or pulled towards something. Children who go missing from care are an especially vulnerable group of children, 21% of the individual numbers of children who went missing within Nottinghamshire in 2012-13 were from care and 79% were from home.

We will develop an effective local strategy to ensure a co-ordinated multi-agency response to children going missing from home or care.

It is our clear intent to contribute to improving the lives of children living in Nottinghamshire both within home and care. We will do so by ensuring children and young people understand the risks of going missing and of being exploited. This will lead to better outcomes for children and young people.

This strategy and action plan is based on *Missing Children and Adults: A cross Government Strategy* (Home Office 2011) and on the Statutory Guidance on children who run away and go missing from home of care (DfCSF 2009) as well as the Nottinghamshire Safeguarding Children Board (NSCB) Inter-agency Practice Guidance *Children Who Go Missing from Home, Care or Education Protocol* (May 2011) and the All Party Parliamentary Group (APPG) '*Report from the Joint Enquiry into Children who go missing from care'* (July 2012). It will be updated as required in line with developments from central government and policy, practice or research.

The strategy covers children of all ages that are reported missing to the police and meets the criteria within the protocol.

The strategy for 2012-2014 has an emphasis on:

- Prevention: Reducing the number of children who go missing
- Protection: Reducing the risk of harm to those who go missing
- Provision: Providing missing children & families with support and Guidance

Our key strategic priorities are:

- Mapping data and needs in relation to levels of missing children
- Putting systems in place to effectively respond to children who go missing
- To offer children who go missing a return interview in a timely manner (in line with the *missing protocol*)
- Increase understanding & awareness of missing children issues among children, their parents and carers as well as with professionals
- Ensure a multi-agency response to meeting the needs of children and young people who go missing

How we will achieve our priorities?

There is a strategic service manger lead for missing children within NCC as well as a dedicated police manager.

A multi-agency missing children steering group will meet regularly to monitor and progress strategy and planning taking into account new legislation, research, policy or guidance.

Strategic planning and working in a multi-agency way will enable us to work collaboratively, consistently, and effectively to improve the lives of children and young people at risk of harm from going missing from home or care.

The missing children steering group will:

- Take a strategic lead in the co-ordination of children who go missing
- Scrutinise performance taking a robust approach to data collation and analysis to inform practice.
- Drive forward and support the multi-agency work that needs to be done to tackle missing children

The work of the group will report to the Nottinghamshire Safeguarding Children Board (NSCB) Performance and Quality Sub-Group. Elected members will also be updated annually.

Prevention	
What are we going to do?	How will we do it?
Ensure that there are clear policies and processes to support the work of responding to missing children.	Through the provision of cross-authority inter-agency practice guidance and standards to professionals involved in responding to missing notifications. There is also Nottinghamshire practice guidance available for staff.
Have an understanding of the 'picture' and context of 'missing' in Nottinghamshire and whether there are locations or venues which are high risk and where children are regularly going missing.	The police and local authority will collate and share data which will be analysed to identify hot spots which will then be targeted and shared as appropriate with partner agencies.
Develop a better understanding of the reasons why children and young people run away and go missing from home and care.	By the use of data collated from return interviews to try and understand the reasons why children go missing from home or care and consider if a strategic response is required. Through the use of available research to develop a complete picture of missing and to identify actions and practices for tackling missing in a preventative and early intervention way.
Ensure that colleagues working with, or in contact with, children understand missing children issues to support them in developing intervention strategies to prevent escalation.	Through multi-agency training and development to ensure staff have sufficient awareness of missing children issues.
Ensure that colleagues working with, or in contact with children who go missing, understand the impact children may suffer upon their physical and emotional health.	Through multi-agency training and development to ensure staff have sufficient awareness of the possible impacts on physical and emotional health and awareness of the services available.
Offer support to schools to deliver an education package to the children and young people of Nottinghamshire designed to heighten awareness and reduce risk taking. Encourage schools to access and deliver CEOP Thinkuknow	Develop and deliver a package of training resources for young people. Engage with schools to raise awareness of the CEOP training

training.	resources.
Improve connectivity with both the local authority & private provider residential sector and fostering services to ensure that there are policies and practice to minimise the likelihood of children going missing and respond appropriately when they do. Endeavour to support foster carers and residential staff in their understanding of what they can do to make running away less likely.	Include the residential and fostering service in policy and practice development and in training. By sharing information from the Ofsted report 'Running Away' 2012 away with colleagues. We will share children's views about the need to be listened to, to have understanding about why they go missing, to feel supported, to feel cared about and their need to be supported by help to sort out their problems. Through an emphasis on missing children within the LAC strategy. Take on board the messages from the APPG inquiry into children missing from care (2012)
We will ensure that the link between going missing and child sexual exploitation (CSE) is well known and understood.	Emphasise the link within our policies, procedures, training and awareness raising and ensure that those who undertake return interviews are aware. Ensure there is a clear remit within the Missing Children multi-agency steering group to maintain the link to CSE. The strategic lead within social care has responsibility for both missing children and CSE and the Police Manager also has links to both. CSE is a priority area within the NSCB action plan for 2012-13 and is an issue subject to a cross-authority group.

Protection	
What are we going to do?	How are we going to do it?
We have a multi-agency co-ordinated approach to missing children.	We will do this through our partnership working at a strategic level i.e. through the work of the missing children steering group and at a practical and operational level to information sharing and planning at multi-agency meetings.
Information sharing is a critical factor in correctly identifying vulnerability and in ensuring that children are found quickly.	Agencies will share information and intelligence with each other to assist in the rapid location of young people.
The police will inform the Local Authority of all missing children notifications and subsequent found notifications. The police will respond robustly in investigating missing children.	Automatic missing and found notifications will be sent to Children's Social Care who will screen them. The police will make efforts to locate missing children using available information and intelligence and using a robust risk assessment model.
Using the information and data gathered from return interview at a strategic level we will endeavour to better understand the reasons why children and young people run away and go missing from home.	We will use this information to respond on an individual level to the young person by seeking appropriate support. We will use this data to review any trends and these to inform service provision.
We will intervene at an early stage of a child or young person going missing to attempt to reduce the risk of them going missing again and to reduce the harm they may suffer if they go missing again.	Children will be offered a return interview either the first time they go missing if the concerns are significant or otherwise they will be offered a return interview on the second and subsequent missing occasions. Multi-agency meetings, co-ordinated by the social worker or targeted support worker will also be held as per the criteria to enable a co-ordinated response. We will identify children at risk of going missing at an early stage to enable an assessment of their needs through the completion of a return interview to then enable appropriate support and

	intervention to reduce the factors which will cause the young person to remain in a risky situation. Through multi-agency meetings we will seek the commitment of all agencies to work with the young person and their family to agree plans of support to address, for example physical and emotional and emotional health issues identified or educational issues or any other specific need. Where appropriate safeguarding procedures will be followed. The police will lead in the use of disruption strategies as appropriate
We will ensure that there is a robust approach to completing return interviews and multi-agency meetings.	We will robustly monitor and track compliance of the undertaking of return interviews and multi-agency meetings.
Information and data will be collected and reported on regularly to ensure that there is oversight of the 'problem' and response.	Regular reporting will be undertaken and shared with partners at the missing children steering group and the Performance & Quality Sub-Group to enable scrutiny and governance. A performance framework and management information data set will be developed with the support of analysts.
We will ensure that we seek national support through the Missing Person's Bureau and CEOP to review cases where appropriate.	The Police lead officers will access this resource as required.

Provision	
What are we going to do?	How are we going to do it?
We will ensure that services to young people and families are of a high standard and that safety and well being remain paramount.	We will ensure that young people receive a service in a timely manner. We will ensure that young people and their family receive a supportive and effective service or that they are signposted to the appropriate service. We will audit cases to ensure that the quality of the work is good.

Missing Children
Multi-Agency ACTION PLAN 2013-14

Working Together to Safeguard Children going Missing from Home & Care in Nottinghamshire

Nottinghamshire SAFEGUARDING CHILDREN Board

Overarching strategy and governance

Responsibility

There will be an effective local strategy to ensure there is a co-ordinated multi-agency response to children missing from home and care based on a robust, thorough risk assessment of the extent and nature of missing children locally. The work on missing will be monitored through the Missing Children Steering Group and ultimately by the Performance & Quality Sub-Group of the Nottinghamshire Safeguarding Children Board. .

Action	Lead	Timescale	Progress to date	Rag Rating
a) Complete a Strategy Document	Terri Johnson		Complete	
b) Complete an Action Plan	Terri Johnson	June 2013	Complete	
c) Complete revised terms of Reference for the cross-authority group	Terri Johnson		Complete	
d) Update the cross-authority protocol to reflect national policy and practice	Terri Johnson		Awaiting the DfE revised guidance.	
e) The APPG inquiry for Runaways to be absorbed.	Terri Johnson		Partially done - ongoing.	

1. Prevention

Reduce the number of children going missing

The ambition is to protect and prevent children from going missing. We need to reduce the number of children going missing and to have effective prevention strategies, education work and early intervention by agencies in repeat cases. This will help to reduce the vulnerability and likelihood of vulnerable children going missing and reduce the number of repeat cases.

Action	Lead	Timescale	Progress to date	Rag Rating
1.1 Establish effective communication channels between NSCB and partner agencies to share information and training	Terri Johnson Missing Children steering group	Ongoing	A multi-agency steering group meets quarterly Training within 2011/12 & 2012/13 has been undertaken. Training for 2013/14 is planned and missing issues are regularly raised at NSCB 'What's New'. Visits to teams are undertaken and a session at the Schools 'Designated Person's' Forum has been done in 12/13.	
1.2 To provide current inter-agency practice guidance.	Terri Johnson Viv McCrossen (City) Emma Adams (Police)		As per (d) awaiting the DfE revised guidance.	
1.3 To develop LA practice guidance (PPG)	Terri Johnson		This has been signed off at OMT is on Tri-Ex.	
1.4 Establish an effective independent service to respond to missing notifications for those	Terri Johnson		The service is now up and running, the contract is monitored quarterly. The effectiveness is currently subject to	

children who do not have a social worker or other statutory worker. 1.4.1 Monitor compliance with RI & MAM requirements and timeliness.	Denis McCarthy		challenge and scrutiny and issues about performance have been escalated to the TSS.	
1.5 Children who have a social worker or statutory worker will receive a return interview and associated support in line with the protocol. 1.5.1 Monitor compliance with RI & MAM requirements and timeliness.	Terri Johnson Carl Riley	Ongoing	Compliance has improved year on year but there is still room for improvement. Work with the LAC team has been undertaken and other teams need to be re-visited. Escalation to team manager is done on a monthly basis.	
1.6 To develop a clear preventative strategy for engaging with schools and young people and for this to be reported on quarterly.	Denis McCarthy		The TSS have been requested to report on this through the contract meeting. More connectivity between this strategically and operationally is planned. This work is unlikely to develop any further at present due to vacancies.	
1.6.1 To absorb the Children's Society report 'Lessons to Learn' looking at the link between running away and absence.	Terri Johnson Denis Mccarthy	Meeting in diary for Sept.	Mtg required to evaluate work needed.	
1.7 To engage with private providers (fostering and residential) to raise awareness of the missing children inter-agency practice guidance and for this to be reported on quarterly.	Terri Johnson Service Manager Placements		Specific training was provided in 2011 and again in 2013 to private providers. Private providers linked to the LA have references to missing within their contract and notify the LA when they have children placed. Further training via the NSCB will be provided once the DfE Statutory Guidance	

			and the Protocol have been revised.	
1.8 To share information with fostering and residential staff (LA and PP) on ways to reduce the risk of missing children including the views of children.			This work needs to be formalised and build on previous training and engagement. A training event for later in the year is planned.	
1.9 To reflect missing children and CSE in the LA LAC strategy.	Terri Johnson		There is already a brief reference to missing children but consideration needs to be given to this being more explicit when it is next revised.	
1.10 To ensure that children who are placed out of the county receive the same response to instances of going missing. 1.11 The CMO will be notified of all children placed outside of Nottinghamshire.	Terri Johnson Service Manager Placements Service Manager IRO	October 2013	The Placements team alerts the CMO to all placements out of the County. Liaison occurs with other LA to try and ensure that any missing events are notified. This remains a challenge as OLA's and police forces often have very different processes and points of contact. There is reference to missing within the placement contracts. The LAC team are required to alert the CMO of any missing event. Continue engagement with the IRO's. Need to arrange a meeting with placements, LAC and safeguarding to formalise practice.	
1.12 To seek to facilitate OLA children within Nottinghamshire access to a return interview from their placing authorities			Extensive work has been undertaken to try and engage with OLA's and other police forces but this has been a challenge. TSS have begun to offer return interviews to OLA's. This will be implemented and kept under review.	

2. Protection

Reduce the risk of harm caused to those who go missing

It is important to understand the scale and nature of the problem and there should be systems in place to monitor the prevalence and response to it. It is vital that once professionals are aware of notifications of missing that there are clear and robust systems in place.

Action	Lead	Timescale	Progress to date	Rag Rating
2.1 The police will routinely inform the LA of all missing notifications and found	Emma Adams		There are effective systems in place for this to happen although a new police computer system has disrupted this.	
2.1.1 The Police will apply a risk model to children who are reported missing.	Emma Adams		This system is in place.	
2.2 The CMO will screen all notifications on a daily basis	Terri Johnson		This system is in place	
2.3 The CMO will monitor and track compliance with the requirement for a RI or MAM	Terri Johnson		This system is in place	
2.4 Map the levels of missing and related data within the Police & NCC. The Police will share monthly data. NCC will produce monthly, quarterly and annual reports	Terri Johnson Emma Adams Jon Ward	October 2013	Some data is already reported on and work has been undertaken to develop a new module within the client record system as well as a suite of reports developed which will lead to more comprehensive reporting and analysis.	
2.5 A performance management framework to be developed to enable better accountability.	Jon Ward Data Team Terri J	November 2013	A brief has been provided to the analyst – this needs to go back to the steering group in October.	

2.6 Data should be routinely analysed to ensure that 'hot spots' are responded to.	Terri Johnson Emma Adams	October 2013	This is happening on an informal basis but this could be done in a more co-ordinated multi-agency way.	
2.7 The Police to actively lead on the use of disruption techniques 2.7.1 To monitor the frequency and use of disruption strategies through the use of quarterly reporting.	Emma Adams	October	This is not currently reported on to the steering group – this should be reported on and included in the quarterly reports. Annually for the 2012-13 the numbers were low.	

3. Provision

Provide missing children and their families with support and guidance

Vulnerable children and their families have a right to understand how and where to access support and guidance to minimise anxiety and distress at difficult times.

Action	Lead	Timescale	Progress to date	Rag Rating
3.1 Return interviews and multi-agency meetings to be held in a timely manner. Reported on a quarterly basis.	Terri Johnson		This is being reported on.	
3.2 Auditing of cases will be undertaken to ascertain the quality of the response to the young person and their family to include the voice of the young person.	Terri Johnson	January 2014	An audit has been commissioned under the NSCB which will take place in November and will report in January. This will include a sample of young people being spoken to.	

4 **Public Confidence**

Engage with local communities to raise awareness of Missing Children and how it affects individuals and communities.

Communities will be enabled to understand what the scale of the problems is and how it impacts on them individually or as a whole community.

Action	**Lead**	**Timescale**	**Progress to date**	**Rag Rating**
4.1 Sign up to Children's Society Missing Children Charter			Completed	
4.2 Sign up to the Barnardos 'Cut Them Free' Campaign'			Completed	
4.3 Regular reporting to Elected Members on work in relation to missing children.			Commenced and in progress	

APPENDIX 2

Nottinghamshire Looked After Children

Total number of children looked after is 896.

Of these there are 274 children who are placed outside of Nottinghamshire, and of these 70 are placed in Nottingham City.

There are 659 children placed in foster care of which 396 are with NCC foster carers and 263 in Independent Fostering Agency (IFA) placements.

95 children are placed in residential placements, of which 48 are outside of Nottinghamshire and 10 of these are in Nottingham City as shown in the table below.

Residential Placements outside of Nottinghamshire

Area	No. of Children Placed
Barnsley	1
Cambridgeshire	1
Cumbria	2
Derby City	1
Derbyshire	10
Doncaster	1
East Yorkshire	1
Leicestershire	2
Lincolnshire	4
Northamptonshire	5
Nottingham	10
Sheffield	1
Shropshire	1
Staffordshire	6
Tameside	1
Warwickshire	1

Data as of 20 September 2013

Nottinghamshire County Council

Report to Health and Wellbeing Board

6 November 2013

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH AND THE CORPORATE DIRECTOR OF CHILDREN, FAMILIES AND CULTURAL SERVICES

CHILDREN'S AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING IN NOTTINGHAMSHIRE

Purpose of the Report

1. This report summarises the findings of the 2013 health needs assessment (HNA) of the mental health and emotional wellbeing of children and young people in Nottinghamshire. In addition it includes a summary of recent issues related to the provision of specialist (tier 3) child and adolescent mental health services (CAMHS), resulting from an increase in service demand, particularly in the south of the County. It proposes short, medium and long term actions to address the HNA recommendations and service issues.

2. Members of the Health and Wellbeing Board are asked to comment on the report and approve the recommendations made in the HNA, to note the current service pressures and to support the proposed actions to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire.

Information and Advice

Definition of mental health and wellbeing

3. There are different definitions of mental health and wellbeing. The most commonly used definition is that from the World Health Organisation (WHO), which defines **mental health** as *"a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*".[i]

4. For children and young people, mental health and wellbeing is about having the resilience, self-awareness, and social skills to form relationships and cope constructively with the demands and set backs of day to day life[ii]. The term 'wellbeing' is a broad concept encompassing emotional, psychological and social wellbeing. The 2011 cross governmental strategy, *No Health Without Mental Health* describes **wellbeing** as "*a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment*".[iii]

5. The importance of mental and emotional wellbeing on children and young people's physical, social, educational and personal development is increasingly recognised. Good mental health and emotional wellbeing helps children and young people to realise their full potential.

Background

6. Emotional and mental health problems are a common group of disorders, affecting about one in ten children and young people living in the UK. It is estimated that between 10-13% of 15-16 year olds have self-harmed[iv] and there are indications that some problems (e.g. behavioural and emotional problems) are becoming more prevalent[iii]. This is supported by an increase in referrals to child and adolescent mental health services (CAMHS) in Nottinghamshire over the past 12 months.

7. Given that around half of people with lifetime mental health problems first experience symptoms by the age of 14[v,vi] and three-quarters before their mid-20s[vii], identifying emerging problems in young people is important. However there are a range of factors that make certain groups of young people more likely to experience emotional and mental health problems and these 'risk factors' often these cluster together. Examples include being looked after, having a history of youth offending, having a chronic illness or disability and having a parent with a mental health or drug misuse problem. In addition, the incidence of mental health problems in young people is thought to increase in times of economic and employment uncertainty[viii].

8. In Nottinghamshire the number of children and young people with risk factors for mental and emotional health problems has increased over recent years, for example the numbers of children looked after has increased dramatically over the last four to five years. In addition, there is significant variation at district level in the number of children with risk factors for poor mental health. For example, the numbers of children in the criminal justice system is highest in Mansfield and Ashfield and lowest in Rushcliffe, there are more lone parent families in Ashfield, Gedling and Mansfield than other areas and households with children where there is no adult in employment is highest in Ashfield, Mansfield and Bassetlaw. More generally, across the County, there are between 13,271 and 21,565 children affected by parental problematic alcohol use[ix].

National Policy Context

9. Public mental health is the art and science of improving mental health and wellbeing, which can lead to improvement in individual's and communities' quality of life and capacity to cope with life's ups and downs. Good mental health is protective against physical illness, social inequalities and unhealthy lifestyles. In February 2011, the Government published *No Health Without Mental Health* (NHWMH) which is a national strategy for mental health in England that takes a 'life course' approach to mental health.

10. There is a range of guidance from the National Institute of Health and Care Excellence (NICE) on issues related to the mental and emotional health of children and young people including:

- PH28 Looked After Children and Young People (2010)
- CG28 Depression in Children and Young People (2005)
- CG72 Attention Deficit Disorder (2008)
- CG89 When to suspect child maltreatment (2009)
- CG111 Nocturnal enuresis - the management of bedwetting in children and young people (2010)

- CG128 Autism in Children and Young People (2011)
- CG133 Self-harm: Longer term management (2011)
- CG155 Psychosis and Schizophrenia in Children and Young People (2013)
- CG158 Conduct Disorders in Children and Young People (2013).

11. Although there is not a specific indicator within the Public Health Outcomes Framework relating to the mental health and emotional wellbeing of children and young people, and adolescent mental health, there are related indicators as listed below (Department of Health, 2012):

- Indicator 1.01 Children in poverty
- Indicator 1.04 First time entrants to the youth justice system
- Indicator 1.05 16-18 year olds not in education not in training
- Indicator 2.08 Emotional wellbeing of looked after children
- Indicator 2.10 Self harm (placeholder)
- Indicator 2.23 Self-reported wellbeing (measured for those 16 years and over).
- Indicator 4.10 Suicide rate (all ages, adults and children).

Local Policy Context

12. In line with the national strategy, Nottinghamshire is developing a 'No Health Without Mental Health' Strategy, which aims to: improve mental health and wellbeing of the local population; prevent mental illness; and ensure appropriate access to, and delivery of, mental health and social care services for individuals with a mental health illness. This strategy covers the whole life-course, including children and young people. However, there will be a specific strategy and action plan relating to the mental health and emotional wellbeing of children and young people, which will be a key element of the Nottinghamshire life-course strategy.

13. The Nottinghamshire Health and Wellbeing Strategy 2012-13 includes the mental and emotional health of children and young people as a strategic priority, as does the Children, Young People and Families Plan 2011-14.

14. The commissioning of child and adolescent mental health services (CAMHS) is included in the work programme for the newly established Nottinghamshire Children's Integrated Commissioning Hub and is led locally by the multiagency Integrated Commissioning Group for CAMHS.

Who is at risk and what is the level of need in Nottinghamshire?

15. The national '*No Health without Mental Health'* Strategy[iii] identified a number of groups of children and young people who are significantly more likely to experience mental health problems than the general population. Estimated numbers of these high risk groups of children in Nottinghamshire are shown in **Table 1**.

Table 1: High Risk Groups of Children and Young People

Risk Group	Estimated risk of mental disorder	Estimated number of risk group living in Nottinghamshire
Children with a learning	6.5 fold increased risk of mental health problems	• Estimates suggest there could be between 7,000 and 12,000 children and young people with some form of

disability		disability in Nottinghamshire. • Numbers of claimants of disability living allowance among 0-24 year olds were highest in Ashfield, Mansfield and Newark and Sherwood in 2011.
Children with special educational needs (SEN)	3 fold increase in conduct disorders	• In 2011 there were 16,478 children requiring 'School Action', 4,872 children requiring 'School Action Plus' and 1,223 children who were statemented. • The commonest SEN were 'behaviour, emotional and social difficulties', 'moderate learning difficulties' and 'autistic spectrum disorder'.
Children with physical illness	2 fold increased risk of emotional/conduct disorders over a 3 year period	Estimated numbers of children with chronic conditions in Nottinghamshire have been calculated from national data: • 70 children with Cystic Fibrosis • 70 children with Sickle Cell Disease • 240 children with Crohn's disease • 360 children with diabetes mellitus • 280 children with a cancer such as Leukaemia • 10,690 children with asthma
Homeless Young People	8 fold increased risk of mental health problems if living in hostels and bed and breakfast accommodation	• Rate of homelessness among children and families in Nottinghamshire in 2011/12 was 0.9 per 1000 households. This is lower than the averages for the East Midlands (1.6 per 1000) and England (1.7 per 1000).
Lesbian, gay, bisexual or transgender Young People	7 fold increased risk of suicide attempts in young lesbians 18 fold increased risk of suicide attempts in young gay men	• Numbers are unknown.
Children of prisoners	3 fold increased risk of antisocial-delinquent outcomes	• There are no local data sources on numbers of children with a parent in prison. Using national data, it is estimated that about 8000 school aged children and young people in Nottinghamshire will see their father imprisoned during their school years.
Young offenders	18 fold increased risk of suicide for men in custody aged 15-17 40 fold increased risk of suicide in women in custody aged <25 3 fold increased risk of mental disorders	• Between Jan and Dec 2011 there were 1390 young people in the youth justice system. • While rates of first time entrants to youth justice system have reduced, they remain significantly higher in Nottinghamshire (929 per 100,000) than the England average (712 per 100,000).
Looked after children	5 fold increased risk of any childhood mental disorder 6-7 fold increased risk of conduct disorder 4-5 fold increased risk of suicide attempt as an adult	• Numbers have **increased considerably**, from 440 in March 2007 to 891 in February 2013 • Numbers are highest in Ashfield (198) and Mansfield (187).

Source: Department of Health (2011a).

The vision for child and adolescent mental health services (CAMHS) in Nottinghamshire

16. In Nottinghamshire we believe that mental health is everyone's business and that agencies need to work together to ensure that all children and young people enjoy good mental health and emotional wellbeing. We will achieve this through an emphasis on

prevention, early identification and intervention using evidence-based approaches that present good value for money. Where a mental health problem or disorder is identified, children and young people will have access to timely, integrated, high quality and multidisciplinary mental health services that are accessible and responsive to individual need.

CAMHS commissioning and current provision

17. CAMHS is a broad term used to refer to all services contributing to the emotional and mental health care of children and young people. A four tier model is used to describe CAMHS with services ranging from those delivered by non-mental health specialists (e.g. midwives and teachers) to highly specialist inpatient services. The current commissioning and provision arrangements are set out in **Table 2**.

Table 2 Current service commissioning and provision arrangements

Tier	Commissioning responsibility	Current service provider(s)
Tier 1 (universal services for all children)	Nottinghamshire County Council (NCC), Clinical Commissioning Groups (CCGs), NHS England	Universal services e.g. schools and universal health services (GPs, Health Visiting and School Nursing) Nottinghamshire County Council (Education, Standards and Inclusion; Youth, Families and Culture)
Training to Tier 1	Nottinghamshire CCGs/ Integrated Commissioning Hub (ICH)	Healthy Young Minds training programme, Tier 2 DEHWS Currently does not cover Bassetlaw
Tier 2 (targeted services for mild-moderate and common mental health problems)	Nottinghamshire CCGs/ ICG	Bassetlaw Emotional Wellbeing Team, Bassetlaw Health Partnerships District Emotional Health and Wellbeing Services (DEHWS), County Health Partnerships CASY Mustard Seed Future Minds
Tier 3 (specialist services for moderate to severe and complex mental health difficulties and neurodevelopmental disorders)	NHS Nottingham City CCG on behalf of all Nottinghamshire CCGs NCC	Nottinghamshire Healthcare Trust Nottinghamshire County Council (Looked After Children's team)
Tier 4 (highly specialist mental health services for severe mental health difficulties and highly complex cases)	NHS England	Nottinghamshire Healthcare Trust Other NHS and Independent Sector providers

CAMHS activity

18. It is expected that the number of 0-19 year olds in Nottinghamshire will increase by 3.5% by 2021. Assuming the prevalence of mental health and emotional problems remains the same as currently, there will be a corresponding increase in the number of children and young people needing support and services.

19. In the 12 month period between April 2012 and March 2013 there were approximately 3,000 referrals to Tier 2 CAMHS, with the highest rate of referrals in Ashfield. This data represents an increase in the number of referrals and related activity (face to face and

telephone consultations) overall. The most common reasons for referral are 'behaviour', self-harm, autism and anxiety.

20. In 2012 at least 938 children and young people were seen by specialist Tier 3 services (excluding children with learning disabilities), with 6055 consultations across the year. Comparative data for the previous year are not available at this time. However nationally there has been a substantial increase in numbers of young people presenting to CAMHS, including those with significant risk. This is reflected in Nottinghamshire and resulted in considerable service pressures at Tier 3, particularly in the south of the County earlier this year. Commissioners (NHS Nottingham City CCG, Newark and Sherwood CCG and the ICH team in Nottinghamshire County Council) have been monitoring this situation and working closely with the providers to ensure that the needs of vulnerable children and young people are met. As of early October, the situation has improved, with additional capacity now available within the Tier 3 service.

21. Between January 2010 and December 2012 there were 91 admissions into Tier 4 CAMHS from 77 individuals in Nottinghamshire. No trend data is available at this time. The three most common reasons for admission into inpatient beds are history of self harm, eating disorders and developmental disorders. Most young people have a short length of stay but the median length of stay over this period was 49 days for females and 28.5 days for males. Nationally, Tier 4 services are under pressure, with inadequate capacity reported in a number of areas. NHS England Area Teams commission Tier 4 services and locally, commissioners are working closely with service providers to address current concerns.

Our Priorities

22. Findings from the HNA have lead to the following recommendations:

- **Take a life course approach to preventing emotional and mental health problems in children and young people.**
  - Review parenting course provision, assess and address gaps in current provision.
  - Investigate current management and screening for perinatal mental health conditions.
  - Work with schools to implement evidence based interventions to promote emotional and mental wellbeing, anti-bullying interventions, educational/self-help materials for children and parents and counselling-based interventions.
  - Promote a 'Think Family' approach within services.
  - Work with multiagency partners to reduce or mitigate risk factors for child mental health problems (e.g. parental unemployment, child poverty, domestic violence). Raise awareness among these teams and services of their role in improving child emotional and mental health.

- **Develop and improve services and care pathways**
  - Realign investment in Tier 2 CAMHS teams according to levels of need, so that areas of higher need receive a higher level of funding at Tier 2.
  - Carry out a multiagency pathway review of Tiers 1, 2 and 3 CAMHS services.
  - Develop a behaviour pathway.
  - Integrate services that Increase Access to Psychological Therapies (IAPT) into care pathways and promote the service to referrers/service users.

- Ensure collaborative working across tiers of CAMHS to ensure smooth transition of patients between tiers and to minimise duplication of assessments.

- **Support and build workforce capability and capacity**
  - Extend the delivery of training to universal services to cover Bassetlaw.
  - Consider targeted training to meet the needs of particular professional groups within universal services.

- **Promote services to children, families and referrers.**
  - Consider ways to promote mental health and wellbeing among children and young people (e.g. online resources or social media).
  - Ensure information on how to refer to CAMHS and criteria/pathways is easily accessible, for example, via a central website.
  - Ensure key universal services are updated in relation to new evidence based guidelines of relevance to their practise.

- **Improve data on CAMHS services**
  - Develop a core dataset, including information on outcomes, to be monitored by the Integrated Commissioning Group, taking into account the development of a national CAMHS minimum dataset and the use of outcome measures within CAMHS.

- **Develop a mental health strategy across the life course**
  - Work with adult mental health commissioners in the development of a 'No Health without Mental Health' local strategy across the life course, with specific action plans covering children and young people.

Planned Action to achieve the priorities

23. Based upon these recommendations and taking into account the current service pressures, short, medium and long term priorities have been identified.

Short Term Action: Complete by December 2013

- **Work with the providers of Specialist CAMHS services to ensure that children have access to Tier 3 services across the County**
  Regular service review meetings have been established between commissioners and providers of Tier 3 services and actions have been taken to ensure that children and young people continue to be seen and receive timely assessment/treatment/support at Tier 3. The situation has now improved considerably (see para 20 above) but regular communication with providers in relation to this issue will continue in the short term.

- **Develop a mental health and emotional wellbeing strategy**
  Based on the recommendations from the HNA, using the best available evidence of effectiveness and in the context of local and national policies, we will develop a strategy to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire. This strategy will sit within the wider Nottinghamshire No Health Without Mental Health Strategy.

Medium Term Action: Complete by April 2014

- **Undertake a pathway review of current CAMHS, ascertaining the best available evidence of what works to improve mental health and emotional wellbeing in children and young people**
  The pathway review will be undertaken in collaboration with NHS Nottingham City CCG in order to ensure that services are fully integrated and seamless across boundaries. It will include current commissioners and providers of mental health and emotional wellbeing services as well as children, young people and their families.

- **Develop and implement a multiagency pathway for children and young people with concerning behaviours including ASD, ADHD and challenging behaviours**
  This work is already in progress and will be closely linked with the CAMHS pathway review.

Long Term Action: April – June 2014

- **Establish whether there is a need for a new operating model and commissioning plan, using best available evidence and develop this accordingly**
  Directed by the strategy and findings from the pathway review and taking into account local service delivery, we will consider the need for and development of a new commissioning plan, through the Integrated Commissioning Hub, for Tier 1-3 CAMHS in Nottinghamshire.

  We will do this through engagement with CCGs and other key stakeholders, ensuring that proposals represent good value for money based on the best available evidence. If proposals are agreed, the process of commission a new operating model would begin after June 2014.

Other Options Considered

24. None.

Reason/s for Recommendation/s

25. To ensure that the Health and Wellbeing Board has an appreciation of the burden of poor mental health and emotional wellbeing in children and young people in Nottinghamshire, understands the services currently in place to address identified needs and supports the actions identified to address and improve mental and emotional health of this group.

Statutory and Policy Implications

26. This report has been compiled after consideration of implications in respect of finance, public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

The Health and Wellbeing Board:

1) Approves the recommendations made in the mental health and emotional wellbeing health needs assessment (HNA) for children and young people (2013).

2) Notes the challenges facing the delivery of CAMHS in Nottinghamshire.

3) Supports the proposed actions to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire.

Dr Elizabeth Orton
Specialty Registrar in Public Health

Dr Kate Allen
Consultant in Public Health

Dr Chris Kenny
Director of Public Health

Anthony May
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Constitutional Comments (SLB 29/10/2013)

27. The Health and Wellbeing Board is the appropriate body to consider the content of this report.

Financial Comments (ZKM 08/10/2013)

28. There are no financial implications arising directly from this report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- The Nottinghamshire joint strategic needs assessment 2013 – Emotional and mental health of children and young people

Electoral Division(s) and Member(s) Affected

All.

References

[i] World Health Organization. What is Mental Health? (2007). Available at <http://www.who.int/features/qa/62/en/index.html>
[ii] CAMHS Review Children and Young People in Mind: The Final Report of the National CAMHS Review. (2008)
[iii] HM Government No Health Without Mental Health. A cross-government mental health outcomes strategy for people of all ages. (2011). Available at <www.dh.gov.uk/mentalhealthstrategy>

[iv] Hawton k, Rodham k, Evans E and Weatherall R (2002) deliberate self harm in adolescents: self report survey in schools in England. *British Medical Journal* 325: 1207–1211.
[v] Kim-Cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. *Archives of General Psychiatry* 60: 709–717
[vi] Kessler R, Berglund P, Demler O et al. (2005) lifetime prevalence and age-of-onset distributions of dsM-Iv disorders in the national comorbidity survey Replication. *Archives of General Psychiatry* 62: 593–602.
[vii] Kessler R and Wang P (2007) The descriptive epidemiology of commonly occurring mental disorders in the united states. *Annual Review of Public Health* 29: 115–129.
[viii] The Prince's Trust (2010) *Macquarie Youth Index*, available at: http://tinyurl.com/youth-index-2010
[ix] Nottinghamshire County Council Nottinghamshire County Joint Strategic Needs Assessment: Children and Young People, (2013).at <http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/>

Nottinghamshire County Council

Report to Health and Wellbeing Board

6 November 2013

Agenda Item: 9

REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE HEALTH AND PUBLIC PROTECTION

HEALTH AND WELLBEING IMPLEMENTATION GROUP REPORT

Purpose of the Report

1. This report provides a summary of progress made by the Health and Wellbeing Implementation Group. It describes achievements made by a range of integrated commissioning groups, and the review of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

Information and Advice

2. The Health and Wellbeing Implementation Group is responsible for managing the work programme on behalf of the Health and Wellbeing Board and assisting the Board to fulfil its statutory duties. It ensures the delivery of the Health and Wellbeing Strategy through monitoring and holding integrated commissioning groups to account for delivery against their commissioning action plans.

3. There are a number of groups that report to the Health and Wellbeing Implementation Group as follows:

   a. JSNA, Strategy and Outcomes Group
   b. Health Protection Strategy Group including housing and workplace health
   c. Integrated commissioning groups covering:
      i. Children Trust Board
      ii. Adult Social Care and Health – including older people, learning disability, mental health and autism and carers
      iii. Public Health – including adult substance misuse, obesity, Strategic Tobacco Alliance and sexual health

Key Achievements of the Integrated Commissioning Groups

4. The main purpose of the Health and Wellbeing Implementation Group is to translate decisions from the Health and Wellbeing Board into practice. This follows the requested process or 'you said, we did and the outcome was'.

5. Each integrated commissioning group has identified up to three key actions for each commissioning area, which have been prioritised for joint action under the Health and Wellbeing Board. Achievement of these is monitored and reported through the implementation group meetings.

6. Total activity is too vast to include in this report, so a summary of key achievements only are listed as **Table One**.

Table one: Summary of Key Achievements

HWB Said	We Did	The Outcome/Progress to date
Domestic Violence (January 2013) That approval be given for the Domestic Violence Strategy Group to develop a costed plan of action to address the challenges identified in the report	Each Clinical Commissioning Group's (CCG) Clinical Cabinet has been briefed on Identification and Referral to Improve Safety (IRIS) and Multi Agency Risk Assessment Conference (MARAC). 6 CCGs have agreed to establish new mechanisms for engaging in the MARAC process. 3 CCGs – Bassetlaw, N&S and Nottingham West support the implementation of IRIS subject to finance and identifying leads. Mansfield and Ashfield CCG have established a Clinical Lead GP, commissioned a provider for IRIS and have hosted a Protected Learning Time event on domestic violence and MARAC.	IRIS implementation has begun (October 2013) in Mansfield and Ashfield CCG. 8 out of 31 GP practices in Mansfield & Ashfield CCG have signed up to MARAC (Sept 2013) MARAC administrators agreed to implement a revised process for specifically communicating with General Practice (August 2013)
Cancer (November 2012) That the promotion of the key prevention measures for cancer be endorsed. That the promotion of the National Awareness & Early Detection Initiative (NADEI) locally, especially the awareness of key symptoms among local residents be endorsed.	Gained the Local Medical Committee's (LMC) approval and the distribution of the Primary Care leaflet for supporting the promotion of the Cancer Two Week Wait pathway. An impact assessment on the latest NAEDI lung and bowel cancer campaigns on local services has been undertaken. Forecasts for 2013/14 of anticipated increases in cancer service have been established and agreed with the Trusts' Commissioners.	GPs have this patient information leaflet uploaded on their IT systems and use it to support them in discussing with the patient their choice of the Two Week Wait referral pathway. Changes in activity levels resulting from the campaigns identified for commissioners and providers. Additional endoscopic provision requirement identified in response to the sharp increase in demand experienced with the bowel campaign. Appropriately commissioned cancer services for 2013/14.

HWB Said	We Did	The Outcome/Progress to date
Health and Wellbeing Boards and Children, Young People & Families (November 2012) That the Board support the view that the Children's Trust Board should revise its focus & membership so that it becomes the lead integrated commissioning group for health & wellbeing services for children & families.	Membership has been changed and terms of reference amended to reflect the changes agreed.	The Children's Trust Board is now the lead commissioning body.
That the Board support the Children's Trust to develop the next Children, Young People's & Families Plan. This new plan should reflect the Trust's revised role & the forthcoming Children & Young People's Health Outcomes Strategy, and be aligned to the Health & Wellbeing Strategy.	The Children, Young People's and Families Plan is under development and will be completed early in 2014 once the revised Health and Wellbeing Strategy has been agreed.	A Children, Young People and Families Plan will be agreed early in 2014 which will be aligned to the Health and Wellbeing Strategy.
That the CCG clinical leads consider whether it would be helpful for one or more of them to take a lead role in the children's services agenda, working with the Corporate Director for Children's, Families & Cultural Service.	There is an active CCG Clinical Lead representative on the Children's Trust Board.	There is CCG engagement and representation on the Children's Trust Board providing feedback to and from CCG's to inform commissioning decisions.

HWB Said	We Did	The Outcome/Progress to date
Tobacco Control (September 2012) That approval be given to the hosting of a workshop/seminar & development of a full action plan to agree how the actions contained in the report will be delivered & monitored.	Developed an action plan as part of the Strategic Tobacco Alliance Group.	An Action Plan was implemented that built on existing work resulting in the following successes: Tobacco Insight work has been completed and the key findings and recommendations presented to the Nottinghamshire Strategic Tobacco Alliance Group. Since initiation of the Steps to Go Smokefree initiative in April 2013, 12 pledges have been made. All 12 people requested a referral to local stop smoking support services. Between July 1st 2012 and June 30th 2013 – 2,121 people have been trained in Brief Intervention skills Sherwood Forest Hospitals are being supported to reduce smoking at time of delivery (SATOD) rates though communications and resources including the purchase of carbon monoxide monitors for midwives. Following on from the presentation to the Children Families and Cultural Services senior team several initial meetings have taken place with key teams to look at options to join up work around young people and tobacco control, specifically Brief Intervention training, Steps to Go Smokefree and raising the profile of tobacco control A joint paper has been submitted to County and City Corporate Leadership Teams outlining proposals for smokefree local authorities.

Obesity (June 2013) That the use of earmarked obesity resources in 2012/13 be endorsed to develop the identified programme to plug gaps which have been identified, In particular the development of targeted children & the adult weight management pathways & the service redesign of the adult exercise referral schemes to ensure they are fit for purpose for April 2013 inwards. That a full action plan be developed to ensure the issues in this report come to fruition.	There is a consultation running between September and December 2013 to shape future obesity prevention and weight management services. A Framework for Action on Tackling Excess Weight and an associated action plan has been developed and is due for sign off by the Obesity Integrated Commissioning Group in December 2013.	Services will be commissioned which meet local need in the most efficient and cost effective way possible. Targeted action will be undertaken across the county to meet identified need though a partnership approach.
HWB Said	**We Did**	**The Outcome/Progress to date**
Mental Health and Emotional Wellbeing (March 2012) That the intention to develop a local Mental Health Strategy & associated plan of action to support the achievements of the six national objectives for mental health & emotional wellbeing be endorsed.	Current consultation regarding health and social care services for people with mental health illnesses. Mental Health Utilisation Board review discharge of patients no longer requiring in patient services. Resources transferred from NHS to local government to fund supported living accommodation across Nottinghamshire. Remodelled countywide support service for people with mental ill-health commenced in 2012.	Services will be commissioned which meet local need in the most efficient and cost effective way possible. 66 people discharged across City & County in 2012/13. Range of properties to be opened including some with 24/7 staffing by end of 2013. Support available to enable people to live independently, avoid relapse & need for more intensive health & social care services.

HWB Said	We Did	The Outcome/Progress to date
Dementia (September 2011) The Shadow Board noted a report outlining progress to date on services for people with dementia.	£1.5m additional funding secured. Older People's Integrated Commissioning Group agreed to invest in Mental Health Intermediate Care Services & Dementia Memory Assessment Service.	Improved countywide coverage of Mental Health Intermediate Care Services, providing alternatives to hospital and long term care home admissions.
	Implementation of revised GP guidelines & additional social care support for people who are newly diagnosed.	Improved early diagnosis & support for people with dementia.
	Increased use of assistive technology to support independence.	Additional Just Checking units purchased & allocated.
	Dementia Quality Mark developed as part of quality monitoring process for independent sector care.	Audits undertaken of 105 care homes with 32 successfully achieving the Dementia Quality Mark.
	Implementation of national CQUIN (Commissioning for Quality & Innovation) to ensure people over 75 admitted to general hospitals are assessed for the risk of dementia.	Early diagnosis of dementia and appropriate care offered. Sherwood Forest Hospitals reporting CQUIN. Nottingham University Hospitals to report from Quarter 3.

7. The Health and Wellbeing Board has also started to consider its role in integration and promoting partnership working. Whilst formal reports are yet to be presented to the Health and Wellbeing Board, Board members have been involved in areas of work such as:

Initiatives	Outcomes/progress
Participation in a national health and social care programme improving the transition from children's to adult services involving reviews of people with learning disability &/or autism aged 15-25 living in or out of county or in high cost children's placements.	Personal centred support plans developed for five people and work underway to bring them back home to Nottinghamshire with more cost effective, local services.
Carers Strategy Group established reporting to the Older Peoples Integrated Commissioning Group & has agreed a revised strategy & joint investment plan, including additional investment from health.	More carer breaks & personal budgets provided to support carers in 2013/14.
Work to improve services for frail elderly people: • Frail Elderly Programme • Community Programme • Assistive Technology Led by multi-agency clinically led groups.	Design and implementation of integrated pathways and services to help people avoid the need for residential or hospital care.

Review of the Joint Strategic Needs Assessment and Health & Wellbeing Strategy

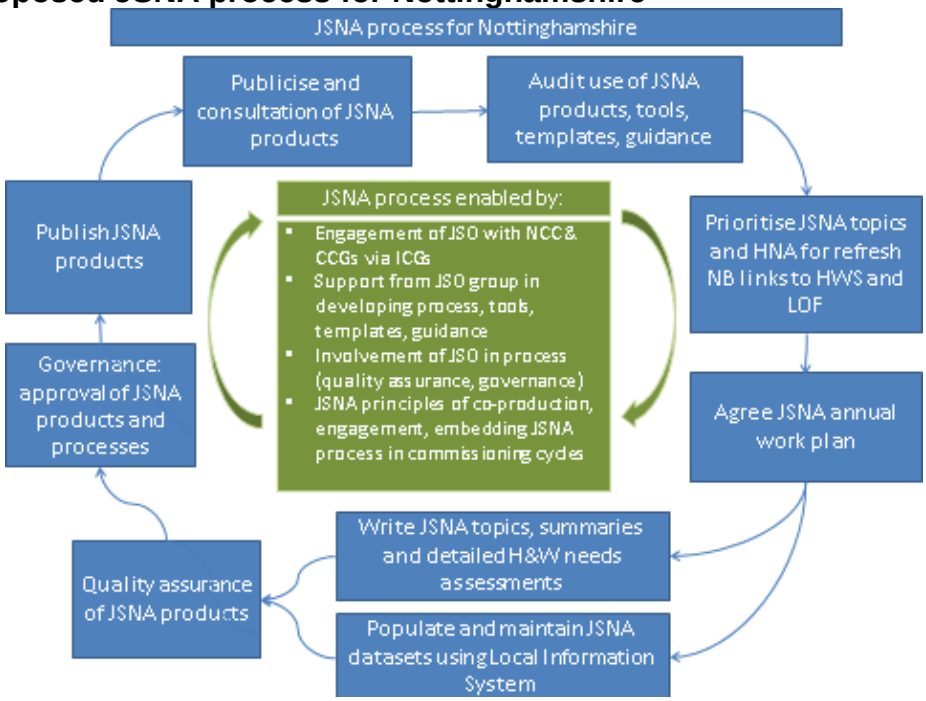
8. Alongside the work of the integrated commissioning groups, work has continued on reviewing the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

9. An overall process for the Joint Strategic Needs Assessment (JSNA) has been mapped and an outline version is presented below. The JSNA process includes robust quality assurance and governance arrangements. Each JSNA topic will be approved by either Health and Wellbeing Implementation Group or the Children's Trust Board. An annual summary of the JSNA will be provided to the Health and Wellbeing Board for approval. Topics which have been recently updated have been added to the JSNA webpages.

10. Work is currently taking place with integrated commissioning groups (and other partnership groups) to gain ownership of relevant areas of the JSNA and review the rolling programme of refresh to fit with commissioning cycles.

11. In addition to the JSNA topics and summaries, the JSNA process will deliver a range of JSNA products, including a data repository and document library which will be delivered via a Local Information System, Nottinghamshire Insight. Nottinghamshire Insight is currently under development and migration to the new site should be achieved by December 2013.

Figure 1: Proposed JSNA process for Nottinghamshire



12. A plan to refresh the Health and Wellbeing Strategy through a county wide consultation was agreed in June 2013. The Board will consider the second version of the Strategy at a workshop in December 2013 for final agreement in March 2014.

13. NHS England now includes Health and Wellbeing Boards in the consultation relating to applications for new or amended Pharmaceutical Services. In order to respond in a timely manner, it is suggested that the Board delegates responsibility to the Health and Wellbeing Implementation Group. The process will involve a recommendation from the JSNA, Strategy and Outcomes Group which considers the application on the Board's behalf. The Chair of the Health and Wellbeing Board will also be consulted in preparation of the response, to ensure member involvement.

14. The group has considered two applications up to October 2013 and responses have been submitted to NHS England reflecting a local assessment of pharmaceutical need based on evidence in the Pharmaceutical Needs Assessment and local information from the census.

Engagement work

15. A Stakeholder Network has been established to provide a mechanism for stakeholders to inform local policy. To date there have been three events which have included an introduction to the work of the Board, housing, and the impact of education and children's services on health and wellbeing. An event will be held on 30 October 2013 which will focus on integration. Attendance at these events has been good with an average attendance of around 55 people per event. Feedback has welcomed an opportunity to engage with the Health and Wellbeing Board.

16. The Health and Wellbeing Strategy is currently being refreshed and the consultation of the Health and Wellbeing Strategy took place between June and September 2013. The

consultation included seven events in each district across the county as well as opportunities to feedback online, via a Freepost address and through main libraries. Around 167 people attended the events and the consultation attracted 268 responses in addition to feedback from the events.

17. Links are being developed with Healthwatch Nottinghamshire and updates have been provided to the Health and Wellbeing Board through the Board member and to the Health and Wellbeing Implementation Group. Further updates will be provided to the Health and Wellbeing Implementation Group on a quarterly basis. Healthwatch were also actively involved in all of the consultation events for the Health and Wellbeing Strategy.

Future Programme

18. The Health and Wellbeing Implementation Group will prioritise the following actions over the next 3 to 6 months.

    a. Future work with Healthwatch Nottinghamshire
    b. Development of Integration Transformation Fund subgroup
    c. Refresh and approval of the revised Health and Wellbeing Strategy through joint workshop with Health and Wellbeing Board
    d. Oversight of the continual refresh of the Joint Strategic Needs Assessment
    e. Monitoring of progress of integrated commissioning groups and delivery of the Health and Wellbeing Strategy
    f. The development of the 2014 Stakeholder Network Programme
    g. Review of the Local Outcomes Framework to reflect the revised Health and Wellbeing Strategy

Statutory and Policy Implications

19. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

The Health and Wellbeing Board is asked to:

1) Note the content of the report.

2) Endorse the work programme for the Health and Wellbeing Implementation Group to deliver the Health and Wellbeing Strategy.

3) Delegate authority to the Health and Wellbeing Implementation Group in consultation with the Chair of the Board to respond to consultations on new and amended Pharmaceutical Services.

David Pearson
Corporate Director of Adult Social Care, Health and Public Protection

For any enquiries about this report please contact:
Cathy Quinn, Associate Director of Public Health

Constitutional Comments (LM 24/10/13)

20. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board to promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice.

Financial Comments (ZKM 13/10/13)

21. There are no direct financial implications arising from this report.

Background Papers

Progress report for The Obesity Strategy Integrated Commissioning Group – Health and Wellbeing Implementation Group 1 February 2013

Progress report for the Nottinghamshire Cancer Strategic Commissioning Group – Health and Wellbeing Implementation Group 1 February 2013

Progress report for the Safer Nottinghamshire Board Domestic Violence Strategy and Performance Group – Health and Wellbeing Implementation Group 23 May 2013

Progress report for the Nottinghamshire Older People's Integrated Commissioning Group – Health and Wellbeing Implementation Group 23 May 2013

Progress report for the Nottinghamshire Mental Health, Learning Disabilities and Autism Integrated Commissioning Group - Health and Wellbeing Implementation Group 23 May 2013

Progress report for the Strategic Tobacco Alliance Group – Health and Wellbeing Implementation Group 9 August 2013

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to the Health and Wellbeing Board

6 November 2013

Agenda Item: 10

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

SUMMARY RESULTS OF THE HEALTH AND WELLBEING STRATEGY CONSULTATION

Purpose of the Report

1. To outline the preliminary findings of the consultation around the second edition of the Health and Wellbeing Strategy which ran from 27 June 2013 until 26 September 2013.

Information and Advice

Background

2. The draft version of the second version of the Health and Wellbeing Strategy was launched at the Health and Wellbeing Stakeholder Network event on 27 June 2013.

3. The second edition of the Strategy was developed based on priorities agreed by the Health and Wellbeing Board and the priorities and key actions of the Integrated Commissioning Groups which support delivery on behalf of the Board.

4. A draft Strategy was prepared supported by a questionnaire and short summary. All of these were published on the Nottinghamshire County Council website. They were also circulated to networks via the Health and Wellbeing Board Stakeholder Network, partner organisations and their public participation groups, Community Engagement worker networks, CVS and NAVO networks and the Nottinghamshire County Council Citizens Panel.

5. A series of consultation events in each of the seven districts were also arranged and publicised.

6. NAVO were also commissioned to undertake targeted work with particular groups:

    a. Young carers
    b. Older people
    c. Gypsy and traveller community
    d. BME groups
    e. parents of children with SEND

7. NAVO have received 69 responses to date and will provide a report and analysis based on these responses. Their responses have not been included in this initial summary document.

8. A total of 268 responses were received from professionals, members of community and voluntary groups and members of the public and around 170 people attended the consultation events. Over 100 local and national organisations have been represented, which are detailed in **Appendix One**.

9. A summary of responses is included in **Appendix Two**. Key findings include:
    a. There was general support for the three core principles and 16 priority areas.
    b. There is a need to reword some areas to clarify the information and avoid mis-interpretation.
    c. The format and content of the strategy need to be simplified to avoid jargon.
    d. There needs to be more emphasis on evidence, value for money, targeting resources and health inequalities.
    e. Each priority should be supported by clear and specific objectives/actions, supported by performance measures.
    f. The timeframe for the strategy may require extending.
    g. A number of additional areas were suggested for inclusion, including economics. There were also comments about increasing focus on mental health, physical exercise and older people amongst other areas. (see pages 4, 6, 7-9 of appendix 2.)
    h. There is a need for better communication with clear and consistent messages across partners.

10. A more comprehensive report is being prepared and will include answers to the points raised through the consultation responses and at the consultation events.

Next steps

11. The format of the final Strategy document will be reviewed based on comments received during the consultation.

12. All comments regarding services and individual experiences will be collated passed to the relevant commissioner for consideration.

13. Each Integrated Commissioning Group will be asked to review their actions and priority areas in light of the feedback received through the consultation process and to amend the Strategy accordingly.

14. A final report will be prepared with a detailed analysis of the consultation responses, including a breakdown by district for consideration by the Board and district and CCG partners.

15. There will be a Health and Wellbeing Board workshop on 4 December 2013 to consider the feedback received and to develop the final Health and Wellbeing Strategy.

16. A final version of the Strategy will be prepared for presentation and agreement at the Health and Wellbeing Board meeting in March 2014.

17. A public report will be prepared and published on the Nottinghamshire County Council website and communicated through available networks.

Statutory and Policy Implications

18. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

The Health & Wellbeing Board are asked to:

1. Note the summary findings of the Health and Wellbeing Strategy consultation.

Chris Kenny
Corporate Director, Public Health

For any enquiries about this report please contact:

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Nicola Lane, Public Health Manager
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Constitutional Comments (LM 11/10/13)

19. This report is for noting only so no comments are needed.

Financial Comments (ZKM 13/10/13)

20. There are no financial implications arising from this report.

Background Papers

Our strategy for Health and Wellbeing in Nottinghamshire. Consultation document - priorities 2014 – 2016.

Electoral Division(s) and Member(s) Affected - All

ORGANISATIONS RESPONDING TO HEALTH & WELLBEING CONSULTATION
A D C
Age UK Notting & Nottinghamshire
Alzheimers Society
Ashfield CAB
Ashfield District Council
Ashfield Housing
Ashfield Voluntary Action
Aspirations Care
B CAB
B CCG
B DC
B HP
B RVS
BAC
Bassetlaw, Newark & Sherwood Community Safety Partmership
Breath Easy
Broxtowe Borough Council
Broxtowe Borough Council HLC
Broxtowe Borough Council Housing Strategy
Broxtowe Sport
CAMHS
Care & Comfort Community Services
Care UK
Carers' Contact/Beeston Carers in Mental Health
Carers in Hucknall
Caudwell Children & Family Services, East Midlands region
CHP
DBHFT
Dipsu
Domestic Abuse Services
Easy Birth Association
EMLETB Health Education England
EMLETB Local Workforce Team
Everston PC
First Step Project
Framework, Ashfield HPS
Gamston Medical Centre Patient Particpation Group
Gedling Borough Council
Guide Dogs
Healthcare NHS Trust
Healthwatch Nottinghamshire
Home Instead Senior Care
Home Start Ashfield
Integrated Commissioning Group for Child and Adolescent Mental Health
Larwood Village Surgeries
Life Education Centres Notts
Lowland Derbyshire & Nottinghamshire Local Nature Partnership

Mansfield & Ashfield CCG
Mansfield CVS
Mansfield District Council
Mansfield District Council NHS Trust
Mansfield MS Society
Mansfield Parkrun
Metropolitan Care & Support
Midlands Women's Aid
Mindfull
MS Society
MWCDC
My Sight Nottingham
N.C.H.AH.W.C.S
NCC
NCC Adults
NCC Community Engagement
NCC County Enterprise Food & Meals at Home
NCC Corporate Black & Minority Ethnic Workers Support Group
NCHA
New Leaf
Newark & Sherwood CCG
Newark & Sherwood CCG Healthwatch
Newark & Sherwood CVS
Newark & Sherwood District Council
Newark & Sherwood S.R.G M/A Breath Eas
Newark Womens Aid
NHS Nottinghamshire West CCF CCG
NIDAS Nottinahamshire Independent
Nottingham Fit for Work Service
Notthinghashire Healthcare
Nottingham North & East CCG
Nottingham West CCG
Nottinghamshire Carers Alliance
Nottinghamshire Children's Trust Board
Nottinghamshire Fire & Rescue
Nottinghamshire Local Pharmaceutical Committee
Nottinghamshire Neighbourhood Watch
Nottinghamshire Probation Trust
Notts HC Mental Health Trust
Notts Health Care Trust
Notts Workforce Team
NPPSHG
Older Persons Advisory Group
Patient Reference Groups
Places for People
Police
PPI B47QMC PPG Whyburn Medical Practice
Public Health

Ridewise
Rowlands Pharmacy
Rural Community Action, Nottinghamshire
Rushcliffe Borough Council
Rushcliffe CCG
Rushcliffe CVS
RVS
Self Help Nottingham and Nottinghamshire
S.H.E.UK
Skills for Care
SLM (Sport & Leisure Management)
Smile Stop Hate Crime
Southwell & District Live at Home Scheme
Sport England
Sport Nottinghamshire
SRG Healthwatch
Stonebridge City Farm
Stroke Association
Sutton Community Academy
Think Children
Tin Hat Community Centre
Tuxford Mine of Information
Vale Liaison Group, Highcroft PPG

Nottinghamshire County Council

Health and Wellbeing Strategy Consultation Feedback

Initial findings October 2013

The consultation on the second version of the Health and Wellbeing Strategy ran from 27 June to 26 September 2013. It aimed to invite views from members of the public, professionals, service providers and members of the community and voluntary sector. This paper gives an overview of the responses.

The focus of the consultation was via an online survey accessed via the Nottinghamshire County Council website and through a series of seven consultation events in each of the districts within the county. Feedback could also be submitted via a freepost address and an email address.

In total 268 responses were received through the online questionnaire, freepost address and on email and around 170 people attended the consultation events.

The consultation events generally consisted of introductory presentations from a member of the Health and Wellbeing Board, the Associate Director of Public Health, the local district council, the CCG and Healthwatch. These were then followed by discussions which focused on whether participants agreed with the principles and priorities within the Strategy and how the community and voluntary sector could be engaged to support delivery. Comments made as part of these discussions have been included in this summary.

1. How would you like to be kept informed about the Health & Wellbeing Boards work?

The majority of respondents requested email updates. Updates in local media were also requested and further consultation events.

A request was made that agenda items should be circulated to district and borough councils in advance of the meetings to allow for appropriate representations and input and that decisions and actions agreed by the Board should be available in a timely way.

2. How are you responding to this survey?

Nottinghamshire County resident	189
Nottinghamshire County Council employee	21
Councillor or politician	2
Voluntary organisation	18
Local business	3
Local community group	8
Other	25

Respondents listed as 'other' included carers, district and borough councils, integrated commissioning groups and NHS organisations.

3. If you are responding on behalf of a group or organisation please state which one:

Over 100 local and national organisations responded to the survey to date and are listed in Appendix 1.

4. If you are responding as a County resident/member of the public, in which area of Nottinghamshire do you live?

Ashfield	32
Bassetlaw	29
Broxtowe	31
Gedling	30
Mansfield	13
Newark & Sherwood	21
Rushcliffe	36

5. Do you think that the principles are right for the Health & Wellbeing Board?

In general there has been support for the three principles at the consultation events and in the survey responses. The online questionnaire attracted 122 responses, of which 112 agreed with the principles.

There was support for encouraging people to take responsibility for their own health and wellbeing and for encouraging healthy lifestyles. Behaviour change and social attitudes were mentioned as key to all three principles.

Concerns were expressed regarding supporting people to be independent and that this may increase burdens on carers and a negative impact on the vulnerable elderly and compound social isolation issues. These comments may reflect a lack of clarity within the wording of this principle however as it should not imply a lack of appropriate support.

There was also concern that some groups such as the very young and vulnerable older people may not be able to manage their own health. It could also be seen as a desire to reduce services.

Comments were made that children may need to be supported to achieve independence rather than maintain it.

Integration was largely welcomed although comments were received that this should not be at the expense of specialist services.

6. What other principles would you suggest to improve health and wellbeing in Nottinghamshire?

Other suggestions for inclusion in the principles included:

- Greater emphasis on mental wellbeing ensuring parity with physical health
- A commitment to ensuring value for money, equity in provision & consultation with service users
- Targeting services to areas of most need
- Learning from and building on research based good practice
- Taking note of people's concerns & anxieties with regard to service provision
- A proactive approach
- Innovation
- Improved services for families with children with SEND
- Promotion of inclusion, diversity and fairness
- Improving quality of life, particularly for those with a long term condition
- Engagement with the voluntary sector and service users
- Improved awareness of natural green spaces in improving health and wellbeing
- Improving the wellbeing of people with sensory impairment

Greater emphasis on tackling health inequalities was also suggested, as was clear and regular communication with the local population.

There was also suggestion that integration should involve partners in the third sector as well as health and local government.

7. Is it clear by reading the Strategy what the suggested priority areas are for 2014-16?

Most people agreed that the priority areas were clear but there were a number of concerns raised about the content and format of the Strategy document.

Comments were received regarding the timescales around implementation and assessment of outcomes.

Recognition of the change in the economic climate was highlighted and a number of respondents recommended that the impact of unemployment and debt should be included.

There were comments about the length of the document, complaints that too much jargon was used and clearer demarcation between principles and priorities should be made.

There were also comments through the survey responses and at the events that older people were not given a higher priority.

8. Do you think we are prioritising the right actions to improve prevention and early intervention?

There were 117 responses to this question via the on-line survey, 85 of which agreed that the right actions had been prioritised to improve prevention and early intervention. 12 did not agree and 14 did not know. See Q.10 below for comments regarding omissions & views.

9. Is there anything you think have missed as a priority?

There were 63 responses to this question via the on-line questionnaire which were general supportive of the priorities to support prevention and early intervention.

The need to work with children within education was a strong theme in the responses and with families through leisure services and Surestart centres.

A number of responses highlighted the impact of exercise and physical activity on health and wellbeing and in particular the role of partners in the delivery of these services.

Mental health issues, particularly in children and young people were a concern as was prioritising support for drugs and alcohol related services. The use of personal budgets for mental health as well as physical conditions was suggested.

Reference was also made to co-morbidity – those people with a physical condition were more likely to suffer with mental health problems and vice versa.

Targeting preventative activity to those at higher risk was highlighted e.g targeting smoking cessation on those with mental health problems.

The possible role of community pharmacies in prevention and early intervention was highlighted.

Specific suggestions for additional priorities included:

- Cancer prevention/screening
- Accident prevention
- Housing and homelessness (linked to the new JSNA chapter)
- The role of the NHS in preventing ill health – particularly in the management of long term conditions
- Obesity services
- Early testing for Blood Bourne Viruses & Hepatitis C within substance misuse services
- Teenage pregnancies
- Eating disorders
- Eye tests
- Child abuse & neglect – strategy focuses on the symptoms not the causes
- Domestic abuse (also links to police & crime/alcohol)
- NHS Health Checks
- Raising self-esteem and aspirations through investment in community agencies
- Sexual health
- Air quality

There were several comments about the high level of the priorities and whether more information could be provided about the direct impact of the priorities on patients & service users.

10. How can local communities & voluntary groups be engaged in achieving the outcomes?

There were 72 replies to this specific question via the online survey, although the role of the community and voluntary sector (CVS) was debated more generally within discussions at the consultation events.

There were a number of requests for some mapping of community & voluntary services/groups. This exercise was felt beneficial to identify gaps and also to prevent duplication as well as acting as a reference for the public, which was requested by a number of respondents. There was also a request that this should link health and social care in addition to voluntary & community organisation and that clear pathways are identified.

There were calls for CVS groups & organisations to be involved in the Strategy at the earliest possible stage in development as well as implementation.

There were requests for support for CVS organisations and for regular contact with professionals, as well as providing support and training for volunteers and staff.

Specific suggestions include:

- Communication through CVS groups & organisations to get messages to service users
- Utilisation of patient groups in GP surgeries and CCGs
- Extending the Strategy to include a chapter on citizen engagement & feedback
- Developing local champions & advocates for the Strategy/Health and Wellbeing Board
- Integrating aims into parish council meetings
- Referencing CVS organisations in the partners section of the strategy
- Utilisation of district and borough council partnership groups
- Utilisation of community pharmacies to provide information and training to carers

Several responses raised concerns that CVS should be there to support the strategy but should not replace professional services.

11. Do you think we are prioritising the right actions to support independence?

There were 113 responses to this via the online questionnaires. 81 agreed that the right actions were being prioritised. 11 said no and 21 did not know. Further comments are included in Q.12 below.

12. Is there anything you think we have missed that should also be a priority (supporting independence)?

There were a number of general comments which echo those reported in Q.5 which may indicate a lack of clarity around the principle of supporting independence which could be addressed by rewording this section.

There were a number of comments regarding recognition of self-care and the Expert Patient Programme, particularly within the Adult and Health Inequalities priorities.

There were a number of comments regarding the importance of physical activity in supporting independence and also links to appropriate transportation networks.

Reponses included some specific suggestions:

- Joined up health & social care services for patients being discharged from hospital
- Ensuring signposting to services – particularly parents of disabled children
- Supporting victims of domestic abuse and associated issues such as alcohol dependency & ensuring local service provision to maintain support from family & friends
- Support for the Sanctuary Scheme for victims of domestic abuse
- Support for young people affected by domestic abuse
- Improving public mental health and resilience
- Extend actions for young people and their transition to adult services & independent living – especially those with long term conditions & disabilities
- Recognition of carers & appropriate support & that they are included in planning care for their service user
- Integration of community pharmacies in supporting people to maintain their independence
- Targeting services to wards suffering from child poverty
- Housing with emphasis on affordable warmth and reducing excess winter deaths

13. How can local communities and voluntary groups be engaged in achieving the outcomes (supporting independence)?

Many comments within responses to this question were duplicated from Q.10. There were some additional comments specific to this principle though.

A number of respondents felt that the community and voluntary sector was key to supporting the principle of supporting independence and that communication and involvement was key. Training for volunteers was also highlighted to ensure that voluntary work enhances job prospects and personal development for those involved.

There were a number of responses which suggested good neighbour/befriending schemes and the need for this as family networks were often no longer available.

A number of responses echoed previous requests for coordination of activities, and linking to the contracts of social care providers. There was a suggestion of regular 'Who can I turn to?' events to encourage voluntary & community organisations to publicise their services and requests for auditing for CVS services & for consultation events to assess local wants & needs.

Other comments included:

- Voluntary groups don't want to be too regulated or seen as part of a movement – they want to do their bit then go home

- Support packages for victims of DV to be delivered by third sector organisations
- Use performing & visual arts in disseminating aims

A comment was also made regarding loss of funding for CVS organisation and several individual concerns raised at the consultation events regarding specific organisations and projects. Suggestions were also received to ensure that long term funding was assured to provide security and consistency of services.

14. Do you think we are prioritising the right actions to promote integration across partners?

There were 110 responses to this question online, of which 67 agreed the right actions were being prioritised. 16 did not agree and 27 did not know. Further details of suggestions are given in Q.15 below.

15. Is there anything you think we have missed which should have been a priority (regarding integration)?

Several comments were received around establishing specific goals and actions around integration and any necessary investment required to achieve these. Feedback through the consultation events suggested clear alignment of the Health and Wellbeing Strategy within the strategies of partner agencies was required.

Improved communication between agencies was suggested, as was pooled/shared budgets, improved use of technology and shared assets.

A lack of action to promote integration for adult carers was highlighted and suggestion made that this link with the emerging action plan relating to the Integration Transformation Fund.

Feedback specific to dementia care suggested drawing on national models for integration of budgets and services. There was also a request to focus more on disabled children & young people.

Reponses also suggested that while integration was key that responsibilities should be clearly defined; specifically overlap between the police and social services and with third sector involvement.

16. How can local communities and voluntary groups be engaged in achieving the outcomes (integration)?

Comments were received suggesting better & appropriate communication and engagement with CVS organisations. One response referred to the Health and Wellbeing Board model within Nottingham City where providers were engaged to provide feedback regarding services and also act as ‘the voice of communities and offer a social justice function’.

The ability to feedback when services were not working well together was also raised, particularly to avoid ‘patients and the public repeating their stories too many times’.

The need for statutory and voluntary sector organisations need to work together and integrate with each other for developing clear care pathways, while maintaining their own independence was highlighted.

One response also requested coordination and consistency with neighbouring services – this response was particularly around services relating to eating disorders.

Engagement & joint working with the Fire & Rescue Service to support the delivery of the Strategy was suggested as was working with the Local Pharmaceutical Committee to access the wider population.

17. Is there anything else you would like to say about this strategy or about health and wellbeing issues in Nottinghamshire more generally?

There are a number of responses which suggest the need for SMART objectives including clear goals and timescales. An indication of linkages between the various actions is also suggested and an indication of which are the highest priorities.

Strong links between the Health and Wellbeing Board and the CVS is suggested, also feeding into the JSNA process.

The financial challenges facing health and social care should be given more emphasis and linked to other national strategies and consultations.

It was suggested that the Health and Wellbeing Board could support a life course approach and identify where children's and adults services could work together across areas of the Strategy. This could then support whole families and manage young people's transition into adult services.

Responses included several suggestions around mental health services including the use of arts in promotion and development of good mental health and issues relating to the reduction in Welfare Rights Workers.

Several respondents requested that prevention and early intervention services should be accessible and a number of people highlighted difficulties in accessing GP appointments. Concerns are raised within the responses about services at SFHT, services at Newark Hospital, changes to day centre facilities and changes to health and social care which have reduced social worker support.

Other suggestions and comments include:

- consistent & regular messages through local media
- education for parents re healthy eating
- impact of exercise & physical activity across all priorities & ages
- sounds good – need to see benefits demonstrated
- concerns re people falling through cracks resulting in reliance of outside agencies
- linking health & wellbeing with planning

- better utilisation of outside parks & open spaces. Helping local communities take pride in their areas
- socio/economic factors that have a grave consequences for the lifetime outcomes of individuals
- poverty & social exclusion
- harm reduction e.g needle exchanges & shooting rooms
- access to services in rural areas
- addressing health inequalities
- accident prevention in under 5's
- anti- stigma work
- hate crime for those with learning disabilities
- links between the Nottinghamshire Strategy and national health strategies and priorities

18. What do you think are the top priorities for improving health and wellbeing in Nottinghamshire?

Given the number of responses through the questionnaires and consultation events there are a wide range of different priorities identified.

A number of responses support the principles which underpin the Strategy, in particular the principle of prevention and early intervention in order to overcome the current and future financial challenges. A number of responses highlight the importance of health and wellbeing education in schools and with parents and families.

A number of responses highlighted mental health and emotional wellbeing as a priority, including addressing the stigma of mental health issues and early intervention in childhood and adolescence to avoid longer term conditions.

Obesity was highlighted as a top priority by a number of respondents, as was sexual health, mental health, domestic violence, housing, smoking and dementia.

Safeguarding, across all age groups was raised including targeting troubled families to prevent later harm and a need to strengthen safeguarding across all age groups. It was recommended that safeguarding children should be recognised as a discrete priority and not combined with activities to safeguard vulnerable adults.

Greater integration within preventative services was suggested.

Other suggestions include:

- older people and dementia care – particularly the Jack Dawe scheme
- physical activity
- more resources and support for carers, including young carers
- integration of health and social care including CVS
- access to GPs and health practitioners

- getting people back to work or training
- community based services
- eating disorders
- childhood poverty
- families with children and young people who have disabilities
- gaps in services relating to drugs and alcohol
- housing and the impact of the bedroom tax
- contraception advice for large families
- carers, including young carers
- identifying opportunities for improving health through engagement within and enhancement of the natural environment

General comments

A number of general comments have been received regarding the format of the document and the jargon used.

Concern was raised that there were no references to the needs of the lesbian, gay, bi-sexual and transgender community or to the needs of the BME and traveller communities.

The possibility of including district based data and priorities to monitor progress and the need for detailed implementation plans were raised in a number of responses and the need to define outcomes and monitor progress.

A number of comments were received relating to the budgets associated with the Health and Wellbeing Board and the implementation of the Strategy.

Several respondents noted the large number of priorities although at the consultation events it was acknowledged that different partners may concentrate on particular areas.

Public events involving providers were well received and generally supported.

At the consultation events there were a number of specific and personal issues raised. Wherever possible these were dealt with by panel members and recorded within the notes of each event for consideration and feedback to the relevant agencies.

The Children's Trust Board have reviewed actions under each priority and have made recommendations to ensure actions within the final Strategy reflect recent developments.

The Nottinghamshire Local Outcomes Framework and performance should be accessible and published to partners and the public.

Equality monitoring information

A summary of the equality monitoring information submitted via the online questionnaires is included in Appendix 3.

Nicola Lane

10 October 2013

Heath and Wellbeing Strategy Consultation

Equality monitoring information from online questionnaire

221 responses were received via the on-line questionnaire.

Age

	Response %	Response count
0-15	0%	0
16-25	2.7%	3
26-35	11.5%	13
36-45	11.5%	13
46-55	23%	26
56-65	25.7%	29
Over 65	25.7%	29
Total		113

Do you consider yourself to be disabled?

	Response %	Response count
Yes	13.5%	15
No	86.5%	96
Total		111

If yes, please specify the type of impairment

	Response %	Response count
Mobility	54.5%	6
Hearing	27.3%	3
Vision	0%	0
Learning	0%	0
Mental Health	18.2%	2
Communication	9.1%	1
Other	18.2%	2
Total		11

Are you

	Response %	Response count
Male	49.5%	55
Female	50.5%	56
		111

What is your ethnic origin?

	Response %	Response count
White: English/Welsh/Scottish/Northern Irish/British	92.7%	101
White: Irish	0.9%	1
White: Gypsy or Irish traveller	0%	0
White: other white background	3.7%	4
Mixed (dual heritage): White & Black Caribbean	0.9%	1
Mixed (dual heritage): White & Black African	0%	0
Mixed (dual heritage): White and Asian	0%	0
Mixed (dual heritage): Other mixed background	0%	0
Asian/Asian British: Indian	0.9%	1
Asian/Asian British: Pakistani	0%	0
Asian/Asian British: Bangladeshi	0%	0
Asian/Asian British: Chinese	0%	0
Asian/Asian British: Other Asian background	0%	0
Black/African/Caribbean/Black British: Caribbean	0.9%	1
Black/African/Caribbean/Black British: African	0%	0
Black/African/Caribbean/Black British: Other black background	0%	0
Other ethnic group		1
		109

Nottinghamshire County Council

Report to Health and Wellbeing Board

6 November 2013

Agenda Item: 11

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Board's work programme for 2013/14.

Information and Advice

2. The County Council requires each committee, including the Health and Wellbeing Board to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the Board's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Board meeting. Any member of the Board is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To assist the Board in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1) That the Board's work programme be noted, and consideration be given to any changes which the Board wishes to make.

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

1. The Board has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (PS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to the Board will contain relevant financial information and comments.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Health and Wellbeing Board & Workshop Forward Plan

	Health & Wellbeing Board (HWB)	HWB Workshop (closed sessions)
6 November 2013	**Homelessness** (Barbara Brady) **NHS England Primary Care Strategy** (Tracy Madge/Vikki Taylor) **Children who go missing from home or care: End of Year Report 2012/13** (Anthony May) **Nottinghamshire Safeguarding Children Board Annual Report 2012/13** (Steve Edwards) **Children's Mental Health and Emotional Wellbeing in Nottinghamshire County** (Kate Allen) **Health & Wellbeing Implementation Group report** (David Pearson) **Summary of consultation on Health & Wellbeing Strategy 2014-** (Cathy Quinn)	
4 December 2013		**Health & Wellbeing Strategy, integration and aligning local priorities**
8 January 2014	**HealthWatch** (Joe Pidgeon) **Integrated Commissioning Function – commissioning priorities** (Kate Allen) **Public Health Nursing, Healthy Child Programme & Family Nurse Partnerships** (Kate Allen) **Integration Transformation Fund Plans –** (David Pearson)	

Updated: 21 October 2013

	Roles and Responsibilities for NHS England (Helen Pledger) **Mid Notts Integrated Care Transformation programme Update –** (Lucy Dadge) **Health Protection Arrangements** (Jonathan Gribbin / Vanessa McGregor) ***Autism Self assessment*** *(Cath Cameron-Jones) TBC* ***Changes to the GP Contract*** *(Jeremy Griffiths) TBC* **Nottinghamshire Response to "Transforming Care: A National Response to Winterbourne View Hospital"** (Jon Wilson)	
5 February 2014		
5 March 2014	***Health Checks*** *(John Tomlinson) TBC* **Breast Feeding** (Kate Allen) **Nottinghamshire Health & Wellbeing Strategy** (Cathy Quinn) **Publication of Public Health Annual Report** (Chris Kenny) ***Learning disability self assessment*** *(Cath Cameron-Jones)TBC*	
2 April 2014		