SHADOW DUDLEY HEALTH AND WELLBEING BOARD

MONDAY 1ST OCTOBER 2012

AT 3.00 pm
IN COMMITTEE ROOM 2
THE COUNCIL HOUSE
DUDLEY

If you (or anyone you know) is attending the meeting and requires assistance to access the venue and/or its facilities, could you please contact Democratic Services in advance and we will do our best to help you

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ASSISTANT PRINCIPAL OFFICER (DEMOCRATIC SERVICES)
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You can view information about Dudley MBC on www.dudley.gov.uk

Dudley
Metropolitan Borough Council

IMPORTANT NOTICE

MEETINGS IN DUDLEY COUNCIL HOUSE

Welcome to Dudley Council House

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Please turn off your mobile phones and mobile communication devices during the meeting.

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Directorate of Corporate Resources

Law and Governance, Council House, Priory Road, Dudley, West Midlands DY1 1HF
Tel: (0300 555 2345)
www.dudley.gov.uk

Your ref:	Our ref:	Please ask for:	Telephone No.
	JJ/jj	Mr J Jablonski	815243

20th September, 2012

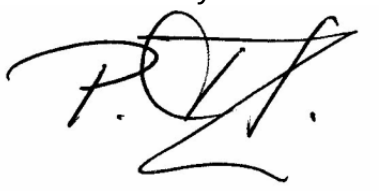
Dear Member

Shadow Dudley Health and Wellbeing Board

You are requested to attend a meeting of the Shadow Dudley Health and Wellbeing Board to be held on Monday, 1st October, 2012 at 3.00pm in Committee Room 2 at the Council House, Dudley to consider the business set out in the Agenda below.

The agenda and reports for this meeting can also be viewed on the internet site www.dudley.gov.uk (Follow the links to Meetings and Decisions.)

Yours sincerely



Director of Corporate Resources

A G E N D A

1. APOLOGIES FOR ABSENCE

   To receive apologies for absence from the meeting

2. APPOINTMENT OF SUBSTITUTE MEMBERS (IF ANY)

   To report the names of any substitute members serving for this meeting.

3. DECLARATIONS OF INTEREST

To receive Declarations of Interest in accordance with the Members' Code of Conduct

The attention of Members is drawn to the wording in the protocols regarding the general dispensation granted to Elected Members and the voting non-elected representative from requirements relating to other interests set out in the Members' Code of Conduct given the nature of the business to be transacted at meetings.

However, Members and the voting non-elected representative (and his potential substitutes) are required to disclose any disclosable pecuniary interests. In such circumstances, the voting Member would be required to withdraw from the meeting.

If Members have any queries regarding interests would they please contact the Director of Corporate Resources, Philip Tart, prior to the meeting.

4. MINUTES

To approved as a correct record and sign the minutes of the meeting of the Board held on 23rd July 2012(copy herewith)

5. DRAFT JOINT HEALTH AND WELLBEING STRATEGY (PAGES 1 – 22)

To consider a joint report of Officers.

6. TRANSITION OF PUBLIC HEALTH FUNCTIONS – UPDATE (PAGES 23 – 30)

To consider a report of the Director of Public Health

7. LOCAL HEALTHWATCH DEVELOPMENT IN DUDLEY (PAGES 31 – 36)

To consider a joint report of Officers

8. THE ANNUAL REPORT OF DUDLEY SAFEGUARDING CHILDREN BOARD 2011 (PAGES 37 - 86)

To consider a report of the Director of Children's Services

9. NHS PROVIDER PRESENTATION/DISCUSSION

To receive a presentation by Dudley Group of Hospitals (TO FOLLOW)

10. GOVERNANCE – PROTOCOL FOR CONFLICT RESOLUTION (PAGES 87 – 89)

To consider a joint report of Officers

11. ADULT LEARNING, HEALTH AND WELLBEING – GOOD PRACTICE ITEM (PAGES 90 – 100)

To receive a presentation by the Director of Adult, Community and Housing Services

12. TO ANSWER QUESTIONS UNDER COUNCIL PROCEDURE RULE 11.8 (IF ANY)

MEMBERSHIP

Councillors Crumpton, Islam, Miller and Waltho

Director of Adult, Community and Housing Services, Director of Children's Services and Assistant Director of Planning and Environmental Health

Safeguarding Board – Assistant Director Children and Families

Dudley GP Clinical Commissioning Group

Dr. D Hegarty, Dr N Plant and Mr M Hartland

Dudley PCT – Gill Cooper and Valerie Little

Dr S Cartwright – Medical Director – Birmingham and Black Country Cluster

Mr L Williams – Director of Operations – Black Country PCT Cluster

Angela Hill – LINKs 0 Chair

Andy Gray – Dudley CVS CEO

Dennis Hodson – Director of Dudley Community Partnership

Cc Brendan Clifford Assistant Director, Health Reform Programme Lead (DACHS)

Assistant Director Performance and Partnership (Children's Services) and Mr N. Bucktin.

SHADOW DUDLEY HEALTH AND WELLBEING BOARD

Monday, 23rd July, 2012 at 3 p.m.
In Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillors Crumpton, Islam, Miller and Waltho
Acting Director of Children's Services
Assistant Director Children and Families (Directorate of Children's Services)
Dr N Plant – Dudley Clinical Commissioning Group, Mrs G Cooper – Chair of Dudley PCT, Director of Public Health, Mr L Williams (Director of Operations – Black Country PCT Cluster), Mr A Gray – Dudley CVS CEO, Assistant Director, Health Reform Programme Lead (Directorate of Adult, Community and Housing Services), Assistant Director, Performance and Partnership (Directorate of Children's Services), Nr N Bucktin (Senior Management Lead – Dudley Clinical Commissioning Group) and Mr J Jablonski (Directorate of Corporate Resources).

Also in attendance

Ms L Allen – Primary Care Leader – Black Country PCT Cluster (for Agenda Item No 9)
Mr J Winpenny – West Midlands Fire Service – as an observer

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1 ELECTION OF CHAIR

RESOLVED

That Councillor Islam be elected as Chair of the Board for the ensuing municipal year.

(Councillor Islam (in the Chair))

Arising from his election as Chair Councillor Islam made a number of opening remarks and in so doing expressed thanks to the outgoing Chair and elected members of the Board and to all other members of the Board and officers who had been involved in the work of the Board to date.

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2 APPOINTMENT OF VICE CHAIR

RESOLVED

That Councillor Crumpton be appointed as Vice Chair of the Board for the ensuing municipal year.

3 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Andrea Pope-Smith, Sue Holmyard, Dr David Hegarty, Kimara Sharpe, Angela Hill and Dennis Hodson.

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4 DECLARATIONS OF INTERST

No member declared an interest in any matter to be considered at this meeting.

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5 MINUTES

RESOLVED

That the minutes of the meeting of the Board held on 30th April, 2012, be approved as a correct record and signed.

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6 NEXT STEPS FOR THE SHADOW HEALTH AND WELLBEING BOARD 2012/13

A joint report of Officers was submitted on a range of matters in preparation for formal arrangements commencing in April, 2013.

In his presentation of the content of the report the Assistant Director, Health Reform Programme Lead outlined the content of the report in relation to the following issues:-

- Joint Health and Wellbeing Strategy development and the Joint Strategic Needs Assessment
- Public Engagement Update
- Draft Shadow Board Development Session 2012/13 Plan
- Draft Work Programme 2012/13
- Governance

In commenting on the report the Assistant Director reported on the ongoing consultation with children and young people at specific events to be held and the Assistant Director Performance and Partnership (Children's Services) gave further details in this regard. It was noted that when the process of consultation had been completed a further report would be submitted to the Board on this.

The Assistant Director, Health Reform Programme Lead also reported that in relation to the development sessions held the Local Government Association had indicated that funding for support had been extended to March next year and so there may be further opportunities for them to engage with members of the Board at further events.

Arising from the presentation given and comments made members made particular comments referring to the need to ensure that, with regard to liaison arrangements between the Board and other bodies, in addition to the Health Scrutiny Committee this should be extended to the Children's Scrutiny Committee and in relation to Conflict Resolution this should also cover the NHS National Commissioning Board.

With respect to the NHS National Commissioning Board it was considered that there needed to be an appropriate level of representation from the local Board onto the Health and Wellbeing Board given the role that the NHS National Commissioning Board was to play in the new health structure. In response Mr Williams indicated that it was the intention of the NHS National Commissioning Board to require a senior member of the local area office team to be provided to attend and contribute to each Health and Wellbeing Board in the area of the local office.

Regarding Appendix 3 to the report detailing the membership of the Shadow Board it was commented that the words - (until abolished) - should also be included after the heading Black Country PCT Cluster.

RESOLVED

(1) That the information contained in the report submitted on the current content of the developing Joint Health and Wellbeing Strategy and on engagement, be noted.

(2) That an Equality Impact Assessment be undertaken to support the developing Joint Health and Wellbeing Strategy before the end of September, 2012.

(3) That a further Engagement Event and other associated activity to meet the engagement needs of all people including children and young people in the Borough to participate as fully as possible in the process be agreed.

(4) That approval be given to the proposed content and process for Shadow Board Development through development sessions in 2012/13.

(5) That approval be given to the proposed draft work programme as set out in Section 6 of the report submitted.

(6) That, subject to the minor updates referred to during the consideration of the issue of governance, the proposed amendments to the terms of reference of the Board be noted and work continued in this regard and that the membership of the Board be reviewed in the light of relevant best practice and wider evidence.

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7 THE ANNUAL REPORT OF DUDLEY SAFEGUARDING ADULTS BOARD 2011

A report of the Director of Adult, Community and Housing Services was submitted on the Annual Report of the Dudley Safeguarding Adults Board 2011, a copy of which was attached as an Appendix to the report submitted.

In his presentation of the content of the report, and Appendix to the report, submitted, the Assistant Director Health Reform Programme Lead, as Chair of Adults Safeguarding Board, commented that the report had been submitted to the Board given their overall leadership role.

Arising from the presentation given comments were made in relation to the impact of the Winterbourne enquiry and in response to this an assurance was given that there were no issues of concern following an audit undertaken within the Clinical Commissioning Group.

In response to a question regarding the lower number of referrals in 2011 compared with 2010 it was reported that this was due to system changes rather than a downturn in the level of reporting.

In response to a comment made about the implementation of the Pan West Midlands procedure across the West Midlands to provide a consistent approach to safeguarding it was reported that benchmarking material and figures submitted to the Department for Health could be supplied to Board members showing the relatively good performance achieved in this area.

It was also noted that adult safeguarding would be put on a similar statutory basis to that of safeguarding children which would increase the importance of the Adult Safeguarding Board in future years.

RESOLVED

(1) That the information contained in the report, and Appendix of the report, submitted on the Annual Report of Dudley Safeguarding Adults Board 2011, be noted.

(2) That the Assistant Director, Health Reform Programme Lead be requested to arrange for relevant material in relation to benchmarking on adult safeguarding to be sent to all members of the Board.

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8 DEVELOPMENT OF NHS COMMISSIONING BOARD FUNCTIONS

A report of the Director of Operations, Black Country Cluster and the Primary Care Lead, Black Country Cluster was submitted on the current expected range of responsibilities to be held by the NHS Commissioning Board and on an update on Local Area Offices together with the implications of these for the development of the Health and Wellbeing Board.

Mr Les Williams, Director of Operations, presented the content of the report submitted and in doing so introduced Lynne Allen, the Primary Care Leader for the PCT, Black Country Cluster.

In making his presentation it was commented upon that there remained continuing development of fine detail and that the content of the report was therefore subject to further change. Mr Williams indicated that he would be happy to provide further updates, as necessary.

In commenting on aspects of the report submitted Mr Williams reported that there would be 27 local area offices for the National Health Service Commissioning Board and that there would be a Black Country and Birmingham Local Area Office, covering the boundaries of the current Black Country and Birmingham and Solihull PCT Clusters. Wendy Saviour had recently been appointed as the Director for the Local Area Office and would be taking up her appointment in the next two weeks.

It was also noted that appointments would then be made to the management team with the rest of the structure being appointed through to September, 2012. The number of staff in each Local Area Office would depend on the range of functions undertaken by them. It was further noted that the case continued to be made from health organisations for a physical presence in the Black Country.

Given the linkages with this Board and the leadership role in developing responses to health issues of the Health and Wellbeing Board, it was reiterated that a senior member of the Local Area Office Team would be provided to attend and contribute to meetings of the Health and Wellbeing Board.

Following the presentation given members made a number of comments and queries with particular reference to the complexity of the NHS changes and the need to develop with all branches partnership working. Responses to questions of detail would need to await the appointment of persons to the management team of the Local Area Office and it was also important to stress that until March, 2013 the Primary Care Trust still had a role to play.

A further issue raised was that of trying to ensure that the public were aware of the changes that were occurring and the role of this Board in that process. Again this was seen to be an ongoing issue given the uncertainties in a number of areas and developing situations. However some work in this area was being done and further work would be done on this.

RESOLVED

That the information contained in the report submitted, and as reported at the meeting, on the current expected range of responsibilities to be held by the NHS Commissioning Board and an update on Local Area Offices and implications for the development of the Health and Wellbeing Board, be noted.

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9 DEVELOPMENT OF INTEGRATED COMMISSIONING

A joint report of officers was submitted on issues in relation to the development of integrated commissioning arrangements, in the context of the future role of the Health and Wellbeing Board, on existing developments and on current arrangements in relation to the use of Section 75 of the Health Act, 2006.

RESOLVED

(1) That the information contained in the report, and Appendix 1 to the report, submitted identifying in particular those areas for the potential further development of integrated arrangements be noted and further reviewed.

(2) That the information contained in the report submitted on those care pathways which may benefit from an integrated approach in both Adult and Children's Services, starting with dementia and mental health and wellbeing, be noted

(3) That the Audit Commission's report and the outcome of the evaluation of integrated care pilots, for people aged over 65, be used to inform this process for the relevant groups.

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10 DUDLEY CLINICAL COMMISSIONING GROUP STRATEGIC COMMISSIONING PLAN 2012/15

A copy of the Strategic Commissioning Plan 2012/15 of the Dudley Clinical Commissioning Group was submitted and commented upon by the Senior Management Lead of Dudley Clinical Commissioning Group.

In his presentation of the content of the plan he reported that the Plan had been approved by the Dudley Clinical Commissioning Group Board and would form part of their submission in their application for authorisation. A site visit in connection with this would be held in September. It was further noted that the key commissioning priorities were:

- To address health inequalities in Dudley
- Improve the quality of services locally
- To ensure that local services deliver the best possible outcomes for the whole population

Regarding the role of the Health and Wellbeing Board it was noted that when the Board was established from April, 2013 it would need to offer an opinion on the plan submitted by the Clinical Commissioning Group.

Arising from the presentation given comments were made welcoming the priority to reduce health inequalities in the borough and on the role of this Board in the authorisation process. In this regard, it was considered that consideration needed to be given now to the tests that the Board should apply as part of the process so that they could sign off future Plans.

Arising from a further comment made it was considered that all Councillors should have an understanding of the work of the Clinical Commissioning Group and that to assist this a briefing could be arranged for elected members.

RESOLVED

(1) That the information contained in the Strategic Commissioning Plan 2012/15 of Dudley Clinical Commissioning Group be noted.

(2) That the Chair and relevant officers give consideration to the suggestion made that a briefing be arranged for all elected members on the work of the Dudley Clinical Commissioning Group.

The meeting ended at 4.32 pm

CHAIR

Agenda Item No. 5

SHADOW DUDLEY HEALTH AND WELL-BEING BOARD

1st OCTOBER 2012

Joint Report of the Director of Adult, Community and Housing Services, Acting Director of Children's Services, Director of the Urban Environment, the Director of Public Health and the Interim Senior Responsible Officer of the Clinical Commissioning Group

DRAFT JOINT HEALTH AND WELL-BEING STRATEGY

Purpose of Report

1. For the Shadow Dudley Health and Well-Being Board to continue its lead on developing a Joint Health and Well-Being Strategy for Dudley.

Background

2. At its meeting of 23rd July 2012, the Shadow Board was reminded that the production of a Joint Health and Well Being Strategy is a key activity of the Shadow Health and Well Being Board. The work associated with such a Strategy supports the duty on Local Authorities and Clinical Commissioning Groups to improve health and the quality of health services.

3. Through its Development Sessions, the Shadow Health and Well Being Board has shaped initial direction for a Joint Health and Well Being Strategy. Key considerations have included:

   - the need to address the needs of all people "from cradle-to-grave," across the whole life-course including an initial suggestion of the "Top Key Facts" from our Joint Strategic Needs Assessment;
   - focus on important principles such as closing the health inequalities an care gap through health improvement and improvement in quality of health services;
   - next steps in improving our approach to integrated commissioning and provision between the Council and the Clinical Commissioning Group so that people using services have better pathways to care;
   - responding to the content of the discussion by the Shadow Health and Well-Being Board at both its public meetings and Development Sessions to date e.g. what a definition of "Well Being" has meant to the Shadow Board Members;
   - that the Strategy should be concise and produced to meet the needs of a range of audiences; and
   - that the public should be engaged in the development of the Strategy.

4. The Planning / Editorial Group have continued working on the draft Report in the light of the feedback from the July 2012 Engagement Event. The comment received were collated and themes have been identified which have been linked to the developing draft. Feedback received through other routes such as email has also been taken into account. The Appendix to this Report is the second draft of the Strategy for further development.

5. Samples of direct feedback from the Event were reported at the Shadow Board's July meeting. To allow for more and wider engagement to occur, a small revision has been made to the timetable for the production of the final Strategy so that the final product might take account of that extra engagement. The final Strategy will be presented at the next Board meeting.

6. At the time of writing this Report, further work is being undertaken to widen the cohort of people with whom we have engaged through:

- July Event Attendees – use of "Newsletter" communication
- "From the street" – a planned initiative undertaken by the Shadow Board to attempt to engage with a wider audience through direct contact with people at a variety of locations across Dudley Borough
- "Broadnet "- investigating the possible free use of an established telephone polling technique to reach out to new people
- Using Family Information Service to secure wider engagement with children and young people

A verbal up-date on progress so far will be provided to the Shadow Board at its meeting.

7. Overall, the Board will be keen to learn from the process and outcome of developing a first Health and Well Being Strategy during 2012. New guidance for consultation was published by the Department of Health on July 31st 2012 which recognises that the Joint Health and Well Being Strategy is a process that will need up-dating but that this does not have to be done every year.

8. The view of the Shadow Board has been that based on the first version produced in 2012, that an updated Strategy would be produced in 2013, however. This will give opportunity to strengthen the links to the Joint Strategic Needs Assessment work which has been renewed in the course of the year.

Finance

9. Any financial implications arising from the content of this Report will be met from within existing budgets between the agencies.

Law

10. The background to the development of Health and Well Being Boards and the production of Joint Health and Well-Being Strategies lies in the guidance issued to date leading up to the enactment of the Health and Social Care Act 2012.

Equality Impact

11. The establishment of a Shadow Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board including the development of a Joint Health and Well Being Strategy. This Strategy will need to be informed by other strategies and principally the Health Inequalities Strategy.

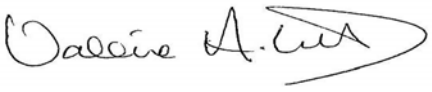
12. It has been agreed to undertake an Equality Impact Assessment in respect of the developing Joint Health and Well Being Strategy and this will need to take account of the revised timetable for production.

Recommendation

13. That the Shadow Dudley Health and Well-Being Board: -

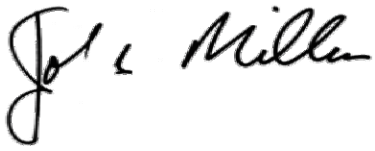
- Comment and direct the current content of the draft Joint Health and Well-Being Strategy as well as any issue connected to engagement with a view to the provision of a final strategy for the next Board meeting.
- That an Equality Impact Assessment be undertaken to take account of the revised timetable for the Strategy.
- Note and comment as needed on the further Engagement activity.

Andrea Pope- Smith
Director – DACHS



Valerie Little
Director - Public Health

Jane Porter
Director – DCS



John Millar
Director – DUE

Matt Hartland
Interim Senior Responsible Officer
Dudley Clinical Commissioning Group
Contact Officers:

Brendan Clifford
Assistant Director – DMBC DACHS

Ian McGuff
Assistant Director – DMBC DCS

Sue Holmyard
Assistant Director – DMBC DUE

Neill Bucktin
Associate Director –Dudley CCG

Josef Jablonski
Principal Officer – DMBC CRD

Karen Jackson
Public Health Consultant

APPENDIX V2

Dudley Shadow Health and Well Being Board

Draft Joint Health and Well Being Strategy

Wellbeing for Life - Our Plan for a Healthier Borough

Date? 2012 to ? 10 yr vision- strategy a living document

Representative Pictures of People from diverse backgrounds as with WM H&WB strategy

Dudley Metropolitan Borough Council

NHS

Dudley Clinical Commissioning Group

Glossary:
CCG: Clinical Commissioning Group: sentence to explain....

Contents

Forward: by chair and vice chair of Board

Introduction

Health and Wellbeing boards are at the heart of the Government's plans to transform the health, and wellbeing of local people.

Two core responsibilities of the Boards are:

- Developing a Joint Strategic Needs Assessment (JSNA)- this is the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. It provides the bedrock for decision making.
- Producing a Joint Health and Wellbeing Strategy (JHWS)- this is a concise summary of how we will address the health and wellbeing needs of the Dudley community and help reduce health inequalities.

Background

Dudley Borough has benefited from and is building upon a strong history of joint working between the public, private and voluntary sectors. This has been managed in the past under the auspices of the Dudley Community Partnership – the Local Strategic Partnership for Dudley.

Dudley Borough was one of the first health and social care economies in the country to produce its Joint Strategic Needs Assessment in 2007. This informed Dudley's Health and Social Care Commissioning Framework 2008/13, "Seeing the Bigger Picture".

A number of partnership bodies operate locally, developing, owning and implementing a series of joint strategies. Details of these joint strategies are set out in Appendix 1.

Dudley Borough Council, the Clinical Commissioning Group (CCG) and partners have now come together to form the Health and Wellbeing board.

The aim of the Health and Wellbeing Strategy is to improve the health and wellbeing of the population and reduce inequalities.

This first Joint Health and Wellbeing Strategy builds on the work which has already taken place across the Borough in recent times. It has been drawn up in the light of discussions which have taken place within the Health and Wellbeing Board, from an analysis of local information about our population in the JSNA and from public consultation events.

The strategy outlines a broad context/ framework and sets the direction for delivering services and programmes across the borough that impact on health and wellbeing. It sets out the health and

wellbeing priorities that have been identified in order to tackle the needs identified in the JSNA. This is not about taking action on everything at once, but about setting priorities for joint action and making a real impact on people's lives. **We will expect all underpinning strategies and policies within the Borough to take account of this framework and priorities within delivery plans.** (see Appendix 1).

Wellbeing – What is it?

As a first step in developing this strategy, we have discussed the notion of wellbeing and what it means. Wellbeing means different things to different people with physical, mental, social, emotional, spiritual and societal aspects to it.

The World Health Organisation describes a person's positive wellbeing as being 'able to realize their own potential, cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution their community.'

The New Economics Foundation identified five evidence based actions that lead to wellbeing as follows:

- Connect (with the people around you)
- Be active (discover a physical activity you enjoy and suits your mobility and fitness)
- Take notice (reflecting on your experiences will help you appreciate what matters to you)
- Keep learning (learning new things makes you more confident as well as being fun)
- Give (do something nice for a friend or stranger, thank someone, smile, volunteer your time)

Poor physical health is a significant risk factor for poor mental health. Conversely, mental wellbeing protects physical health and improves health outcomes and recovery rates, particularly for coronary heart disease and stroke. Evidence shows that poor mental health results in poorer-management of chronic illness and is also linked to a range of health damaging behaviours, such as smoking, drug and alcohol abuse, poor diet and unwanted pregnancy.

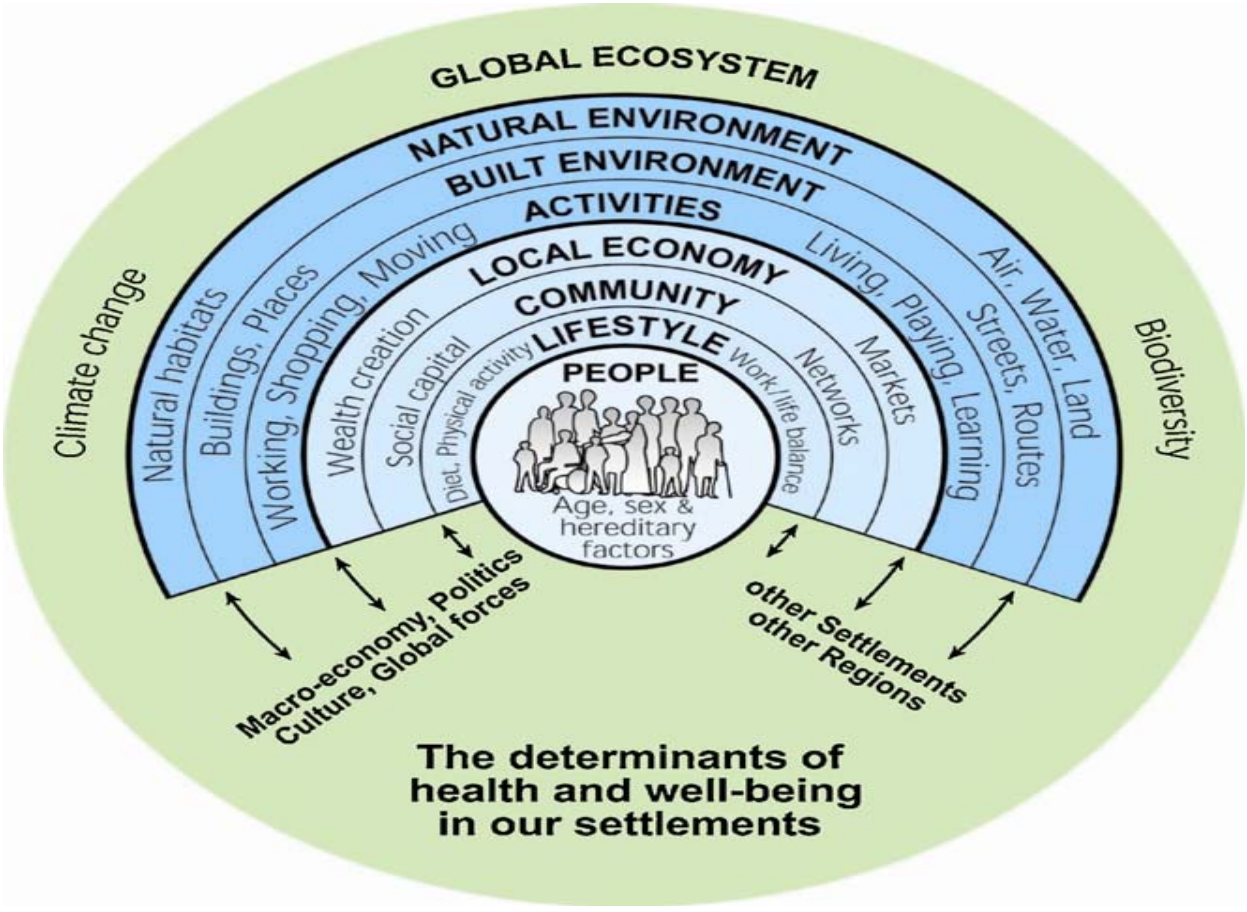
People with poor well-being are more likely to:	People with high well-being are more likely to:
• Be ill • Recover from illness slower • Be sedentary, exercising less, smoking more • Have poorer mobility, self-care and self-management • Use public services more	• Be in good general health • Make healthier choices • Recover sooner when ill and manage illness better • Access and use services better • Have supportive relationships, assets for health and healthier living conditions

NEF Action for Children have undertaken research which shows that the UK currently spends billions attempting to deal with the social problems produced by unhappy and deprived childhoods, such as drug abuse, family breakdown, obesity, mental ill health and crime. NEF has argued that resources can be saved and well being improved by changing to a more preventative system of care services for children and young people.

When discussed with members of the Health and Wellbeing Board and local communities, some common ideas about health and wellbeing emerged:

- Health and Wellbeing are not separate concepts – Health is a very important part of wellbeing
- The importance of "family", friends and relationships
- The importance of including the experiences and views of our communities
- The need for good quality information and access to high quality services and facilities
- Aspects of feeling valued, being able to make a contribution to society and feeling good about oneself
- Having a decent work/life balance
- Being in control of your life, being independent
- Having the freedom to make choices
- Feeling happy or content
- Being empowered and able to take a personal responsibility for your health
- Being resilient and able to cope with life's up and downs

What are Health Inequalities?



Barton and Grant 2006 Health Settlement Map

There are lots of things which affect our health and wellbeing besides the individual choices we make about what we eat and drink, how much exercise we take and whether we smoke. Some things are in our control more than others. These 'social determinants of health' are often

described as 'the causes of the causes' – the social, economic and environmental conditions that influence the health of individuals and communities. There is a clear link between the social determinants of health and health inequalities. The poorer your circumstances the more likely you are to have poor wellbeing, spend more of your life with life-limiting illness, and die prematurely.

As a result, a social gradient in health exists in that a better social and economic position results in better health. Over the last 70 years health has improved for all sections of society. However the rate of progress has not been the same for all sections of society. Health improvement amongst the more affluent sections of society has been more rapid than that of the poorest. A simple but graphic demonstration of this at the local level is seen in relation to life expectancy. A man born in the most affluent part of the borough can expect to live 9 years longer than a man born in the most deprived part. A woman can expect to live 6 years longer.

The impact of these wider determinants on health and health inequalities means that virtually all the work of the council and its partners can make a difference. This H&WB strategy will tackle a wide agenda.

The World Health Organisation defines 'health inequalities' – as the unfair and avoidable health differences in health status seen between and within countries.

Professor Sir Michael Marmot conducted a review of health inequalities in England and published a report "Fair Society, Healthy Lives", in February 2010. This report showed the link between economic status, health and wellbeing. The report identified that efforts should be made to tackle the social gradient in health, but that focusing solely on the disadvantaged would not reduce the gradient sufficiently. Marmot introduces the concept of **'proportionate universalism' where actions must be universal but with a scale and intensity, that is proportionate to the level of deprivation.**

He identifies 6 policy objectives that will have the greatest impact on reducing health Inequalities, the first having the highest priority:

- **Give every child the best start in life**
- **Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- **Create fair employment and good work for all**
- **Ensure a healthy standard of living for all**
- **Create and develop healthy and sustainable places and communities**
- **Strengthen the role and impact of ill health prevention**

Marmot identified that a child's physical, social and cognitive development during the early years strongly influences their school readiness and educational attainment and their economic participation and health in later life. This starts from maternal health influences on foetal and early brain development, through the first year of life when a child's cognitive capacities develop and continues through the early years which are when a child's non-cognitive skills develop such as application, self-regulation and empathy. By age 10 a child from a poorer background has lost any advantage of intelligence indicated at 22 months, compared to a child from an affluent family, purely because of his/her advantaged background. **The report highlights that a levelling up of cognitive and non-cognitive functions across the social gradient will lead to narrower social inequalities in health.**

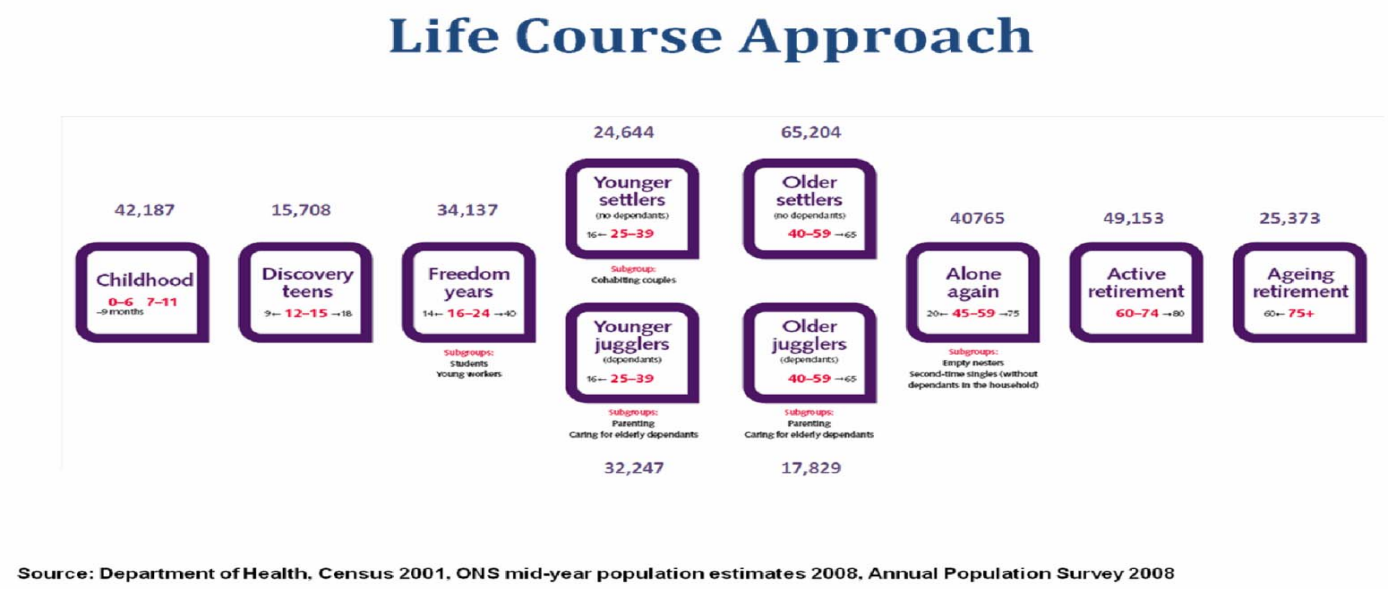
There are also some groups and communities who experience limited or no access to a wide range of support, for example, older people, children and young people, homeless people, people from minority ethnic communities, asylum seekers/refugees, economic migrants, prisoners, single parents, carers, looked after children, mental health service users, people with physical/learning disabilities, gay, lesbian, bisexual and transgender people and many others who are vulnerable and at risk. This is not a definitive list by any means and may vary depending on the particular strategy, policy or service, but it gives an idea of which communities may need to be targeted to make a real difference to health inequalities.

The Life Course approach

Key to Marmot's approach to addressing health inequalities is to create the conditions for people to take control of their own lives. This requires action across the social determinants of health.

In this sense, examining issues across the "life course" or different life stages is important. The role of public policy should be to intervene at appropriate points in order to create the type of individual autonomy required to deliver a better outcome.

The Dudley Borough approach to life course is illustrated in the diagram below: for discussion



Source: Department of Health, Census 2001, ONS mid-year population estimates 2008, Annual Population Survey 2008

Pre-natal	Pre-school	School and Training	Work and Employment	Retirement

A person travels through different life-stages where there are numerous events and opportunities associated with that life-stage which can encourage healthy or unhealthy behaviours. Dudley Borough's approach identifies ten life stages:

Childhood	• Aged 0 to 11 years • Includes pre-natal, pre-school and primary school children

Young jugglers	• Age 16- 44 • Have children in household or have caring responsibilities

Discovery teens	• Aged 12-15 years • Secondary school age children
Freedom years	• Have no partner in household and have never had a partner • Have no children in the household and no children outside of the household • Have no caring responsibilities • Not retired
Young settlers	• Age 16 to 39 years • With partner • Have no children in the household • Have no caring responsibilities • Not retired
Older settlers	• Age 45-64 • With partner • Have no children in the household • Have no caring responsibilities • Not retired

	• Not retired
Older jugglers	• Age 45-64 • Have children in household or have caring responsibilities • Not retired
Alone again	• Age 18+ • Have no partner in household • Have no children in household • Have no caring responsibilities • Not retired • Have had a partner in the past or have children outside of the household
Active retirement	• Retired • With or without partner • Independent
Aging Retirement	• Retired • With or without partner

Mini-case-studies?

This strategy will take a "life course" approach to health and wellbeing. In this context, early intervention and prevention will be an important principle in tackling inequalities across the generations **with a necessary focus on the early years of life and childhood** in order to maximise the impact across the life-course.

Link into diagram in appendix 4

Joint Strategic Needs Assessment

The Dudley JSNA is a live web based compendium of data and documentation which can be accessed at www.dudleylsp.org/jsna/

It reports on the needs of local people.

The Shadow Health and Wellbeing Board has considered this and identified a number of key facts.

Demographic Changes

1. There has been **a short term rise in the number of births** (200 – 300 more births per year now than in 2000). This will continue for 2 to 3 years and then reduce.
2. There has been an **increase in the numbers of the ageing retirement group**. This is set to rise by 7,500 in the next 10 years.
3. Ageing Carers: All carers are ageing and **the number of people with learning disabilities living with older carers is increasing.**
4. Children, young people and their family unit **account for the 41% of the life stage segments - 142,108 people in Dudley borough.**

Inequality of Outcome

5. Though life expectancy has increased in Dudley, **men from the most deprived areas still live 9 years less than those from the fifth least deprived**. **Women live 6 years less.**
6. Poverty: Key data fact from Ian on the level of child poverty/children on benefits- in Dudley- was twice the national average in 2005.

Lifestyles

7. Excessive consumption of alcohol. 65,000 adult heavy drinkers **with 1 in 20, 14 to15 year olds drinking more than healthy levels last week** (15 units is where 1 unit is half a pint of ordinary strength beer)**.** Drugs- need a key fact to see if it is a big issue for Dudley

8. Obesity- 55,000 obese adults **and 1 in 5 children in school year 6 are obese**

9. Smoking: 45,000 adults in Dudley smoke **and 1 in 7 fifteen year olds smoke**

10. Sexual health: need a key fact

Awareness, Detection and Management of Ill health

11. Blood pressure. **Currently 1/3 of people with high blood pressure remain undetected**.

12. Dementia: Currently 3743 people in Dudley aged 65+ will have late on-set dementia rising to 4657 by 2020. **60% remain undetected**.

13. Diabetes: The numbers of people with diabetes is increasing. Currently 14,961 are known to have diabetes in the borough, **but 1 in 4 people with diabetes remain undetected**.

Emotional Wellbeing and Mental Health

14. 1 in 4 people will experience a mental health problem at some point in their life; 1 in 6 adults have a mental health problem at any one time; **and 1 in 10 children between 5-16 years of age have a mental health problem e.g. anxiety, depression which will most probably continue into adulthood**. Suicide rates reflect the mental health of the community a whole. 1 in 5 people in Dudley have self-reported poor mental health.

Trends in Premature Deaths

15. **Cardiovascular disease (CVD) and cancer remains the biggest killers**.

16. Whilst premature mortality is decreasing for CVD and cancer, **it is increasing for accidents and respiratory diseases**.

Social Determinants

17. Unemployment: This has impacted on all age groups **but has hit 16–24 year olds the hardest**.

18. For us to live healthy lifestyles, the environment in which we live, work and play needs to support us- **it needs to be easier to make healthier choices than unhealthy ones**! We need access to clean air, active travel, green open spaces and healthy food choices, services and information; strong social and neighbourhood networks.

P Our Vision and Principles

Our vision – some examples from other H&WB strategies below: (suggest we pick out key themes and approach we ant for vision and have as task for H&WB board to structure?

is to improve health and well-being outcomes, adding life to years as well as years to life, especially for those communities and groups with the poorest health. To realise this we will create a health and well-being system fit for the 21st century (worc)

is that in Dudley people will live longer, in better health and be supported to be independent for as long as possible. We will see the people of Warwickshire free from poverty, have a decent standard of living and no child will start their lives at a disadvantage or be left behind (Warwickshire)

is that in Dudley

- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for the public. (Oxfordshire)

Our Principles

These are the principles which provide a framework for addressing service provision and programmes to maximise impact on health and wellbeing across the borough.

- **We will develop a health enabling environment**
- **We will enable people to live healthy, active and independent lives**
- **We will ensure a focus on prevention, early intervention and help**
- **We will aim for excellent, integrated and more localised services**
- **We will take action across the life-course with a particular focus on the early years**
- **We will ensure equal and easy access to services and information**
- **We will involve people in how services are provided**

Priorities for action

The Shadow Health and Wellbeing Board will listen carefully to the views of our community and stakeholders, however it has to be acknowledged that:
a) we will want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and scientific research, and
b) given that there will never be enough resources to meet everyone's needs, it will be our duty to balance needs carefully and make difficult decisions about priorities.

The priorities in this strategy have been chosen through consensus by stakeholders reflecting on the JSNA, the evidence, their knowledge and experience.

The priorities and the key action identified within them have been chosen because they:

- focus on the early years of life and childhood
- are a major issue for the long-term health of our commmunity
- focus on prevention and early intervention
- will have a big impact on tackling health inequalities
- are a critical gap to which we need to give more attention
- are relevant to a range of age groups – ie across the lifecourse
- affect large numbers of people and will impact on even more people in future years
- are of high importance to the public from our stakeholder events
- Require strong leadership, political consensus and co-ordinated action across organisations and wider society to achieve change

In summary these priorities have been identified in order to focus attention and achieve the greatest health and wellbeing benefits for Dudley borough as a whole

Those needs not chosen as priorities are still important and will be addressed through key underpinning strategies as identified in Appendix 1. The Shadow Health and Wellbeing Board will seek assurance at least annually that the full range of health and well-being needs are being

addressed, and that all NHS, public health, social care and related children's services are performing to a high standard. In addition the Board will consider and respond to other important issues as they emerge

The action sheets in section XX give detail on what we will do and our expected outcomes. Not mutally exclusive – key actions will impact across all priorities

1. HEALTHY NEIGHBOURHOODS

Neighbourhoods have huge potential to make a real impact on health reaching both people and places in ways quite different to traditional health interventions and bringing organisations and local people to work together. This priority will tackle issues of lifestyles and healthy environments and can apply to all localities in Dudley, but also allow a focus on those areas with higher levels of health need.

2. EMOTIONAL WELLBEING AND MENTAL HEALTH

There is no health without mental health. Poor mental health is both a 'cause' and 'consequence' of health and social inequalities. Strategies that impact on the social determinants of health are all relevant to this agenda, so this priority will focus on a range of issues including unemployment and getting people into work, aging well and tackling dementia.

-

3. GIVE EVERY CHILD THE BEST START IN LIFE

A child's physical, social and cognitive development during the early years strongly influences their school readiness and educational attainment and their economic participation and health in later life. This priority is key to tackling health inequalities and mental wellbeing and will focus on a range of actions that intervention that promote early child development and emotional and social skills and good parenting.

4. ACCESS TO SERVICES AND INFORMATION

A key issue identified from our public consultation and stakeholder events was the need to coordinate and streamline access to information on health and social care services. People find it difficult to know where to go, who to contact for what information and also get conflicting advice.

Integration

The Health and Wellbeing Board is also responsible for ensuring all partner agencies work together and integrate provision in order to improve quality and value for money in the health and social care system.

The local health and social care economy already makes use of mechanisms to promote integration across health and social care. In particular, Agreements under Section 75 of the

Health Act 2006 exist for:-

- lead commissioning arrangements for learning disability services
- pooled budget for Falls Service
- pooled budget for Acquired Brain Injury Service
- pooled budget for Community Equipment Service
- pooled budget for the placement of children under 17 with disabilities outside Dudley

Our approach to integration will be outcome driven as follows:-

- we will identify those pathways where we believe a more integrated approach can deliver a better outcome
- we will agree a revised pathway
- we will identify the resources from commissioners supporting the pathways
- we will examine how resources may be better utilised – through pooled budgets, joint teams, joint posts.

We could now follow with Action Cards:Section on each area- what we will do - this will need to reflect proposed new developments/commissioning intensions and plans? I have made a few suggestions taken from new joint developments I am aware of within PH and from the CCG/council initiative recently announced using 250K on off funding. This section will need to be added to from all council directorates and partners. Alternative is to follow using lifecourse sections. I've currently mocked up using first approach but this is for discussion.

Action Card: Healthy Neigbourhoods

What we will do:

The principles/framework above could be used as a template to guide action- ie for each priority-action under environment, lifestyle/self-care, integration, early intervention, lifecourse, access/information, involvement? (worc used this approach in their strategy) or alternative is to use lifecourse sections

- Workplace health initiative
- MECC initiative
- Healthy living champion initiative
- ?Ask all partners to identify how they will contribute health & wellbeing
- Supplementary planning guidance for health
- Healthy hubs
- Healthy homes (CCG/council)
- Behaviours which challenge (CCG/council)

Action Card: Emotional Wellbeing and Mental Health

What we will do:

- Dementia: (CCG/council)
- Performing arts: (CCG/council)
- Aging well: need input
- Unemployment? & economic regeneration- need input
- Housing? & regeneration- need input
- mental health services?- need input

Action Card: Give every child the best start in life

What we will do:

- Parenting
- Roll out food dudes to all primary schools
- Early years health charter
- LAC?- need input

Action Card: Access to Services and Information

Also any specific actions regarding integration?

Outcomes

Indicators below taken from PH outcomes framework – cannot complete this section until action cards done. Also need to apply any local levels and targets we have

Indicator	Measurement	Benchmark
Increase in life expectancy & reduced differences in life expectancy between communities		
Self reported wellbeing		
Reduction in 16-18 yrs old not in education, training or employment		
Child development at 2/2.5 (placeholder		
% year on year reduction in work sickness absence rates (Domain1)	Labour Force Survey & proposed electronic fit note survey	LFS & fit-note survey
Utilisation by people of green space for exercise/health reasons: % of people reporting visit to green space for health/exercise over previous 7 days	MENE –monitor of engagement with natural	MENE

	environment survey (national)	
Dementia and its impacts (placeholder)		
Adult obesity prevalence and obesity prevalence gap between the least deprived and most deprived quintile (Domain 2). **Current suggested target: To maintain the 2009 level of obesity in the Dudley adult population up to 2016.** Or adult healthy weight prevalence/ prevalence gap between the least and most deprived	Dudley adult lifestyle survey repeated every 5 years	Health Survey for England (HSE) Yearly
Child obesity- prevalence of excess weight in 4 to5 and 10 to 11 year olds and gap between the most deprived and least deprived quintiles (Domain 2) **Current target: To reduce child obesity prevalence over the next 5 years by 2.5% points from 2008/9 baseline by 2015 and by 4.5% points by 2010.**	National Child Measurement Programme (NCMP)	NCMP
Smoking prevalence in adults to 18.5% and 15 yr olds to 12%		
Diet (placeholder)		
Proportion of physically active e/inactive adults		
Additions from the social care outcomes framework		
Additions from the NHS outcomes framework		

Implementation and governance

May be helpful to say something on governance arrangements?

To ensure that the Strategy is driving the health and well-being system the Board will:

- Consult on our Strategy on an on-going basis.
- Raise awareness of our Strategy at every opportunity.
- Discuss with and enable partner agencies to identify how they can contribute to the health and well-being through their own policies, services and activities and how these can be aligned with our Strategy.
- Receive and consider assurances from the Clinical Commissioning Group and the NHS Commissioning Board that commissioning plans for health and social care services are integrated and consistent with our Strategy.
- Ensure that there are plans in place for each priority and review the progress of these periodically.
- Receive and consider assurances that the full range of health and well-being issues identified in the JSNA are being addressed through local underpinning strategies.

Is there a structure:

H&WB?- HWBIT, how do other partnership boards fit in- do we need to address this or not, are their specific groups we will be looking to/working through

Involvement and Consultation

We may/or may not want to add this into the strategy

The Board is under a statutory duty to involve the public, patients, service users and carers in the development of the Strategy. To this end there will be regular…….

Board communication strategy?

The Strategy will be published on the website and cascaded to local stakeholders for comment. It will be made available in a range of languages and briefings will target 'hard to reach' groups.

Comments can be made via email to >>>>>

Appendix

Appendix : would it be useful to have an appendix outlining what H7WB board is, its remit and who is on it.

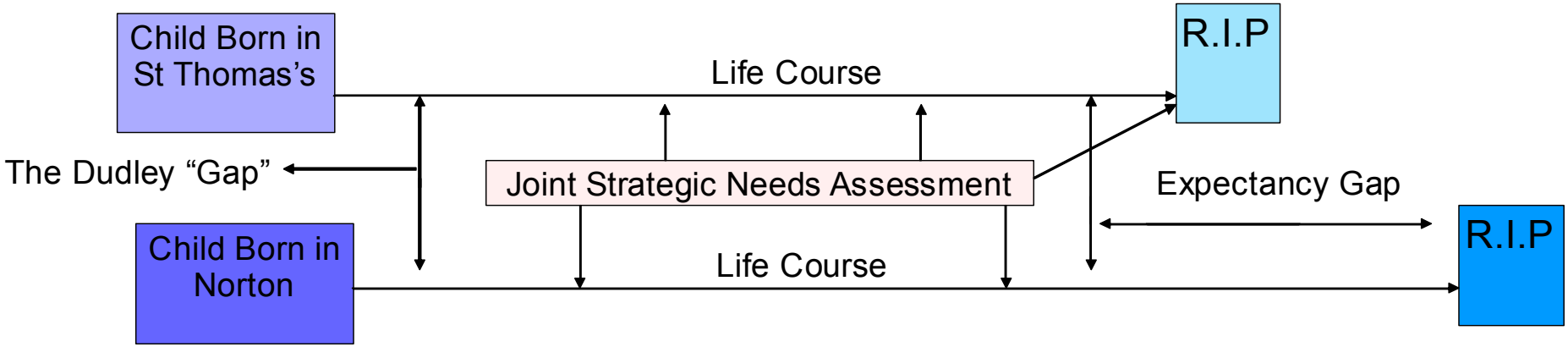
Appendix 1: Partnership Strategies

Type	Strategy	Timescale	Owner
Overarching	Dudley Community Strategy	2005-2020	Dudley Community Partnership
	Dudley Health and Social Care Commissioning Framework and Strategy	2008-2013	Dudley Health and Well-being Board
Condition Specific	Mental Health	2010-2013	Mental Health Partnership Board
	Mental Health Promotion	2006-2008	Health and Well Being Board
	Mental Health Older People and Dementia	2010-2013	Mental Health Board and Older People's Board
	Child and Adolescent Mental Health Services	2008-2013	CAMHS Steering Group
	Learning Disabilities	2008-2011	LD Partnership Board
	People with Physical & Sensory Disabilities	2008-2012	Adults and Physical Sensory Disabilities Board
	Cancer	5 years – From Dec 2007 - 2012	Greater Midlands Cancer Network Operated by Local LIT
	Palliative Care/End of Life Care	Completed	Joint Partnership for Palliative and End of Life Care Steering Group
	Long Term Conditions	2010 -	Long Term Conditions Board
	Diabetes	2009-2010	Vascular LIT
	Respiratory	31.12.09 Re Paed Asthma. 4.11.09 for COPD pending business case. 2009/10 and 2010/11 Re Adult Asthma. 31.3.10 RAS Review	Respiratory LIT Feeds into LTC
	Stroke	1.4.09 for Early Supported Discharge Ongoing for all other aspects of National Stroke Strategy	Stroke Implementation Group (STIG)
	Neurology	2009-2014	Adults and Physical Sensory Disabilities Board
	Tackling Obesity	2005-2010	Health and Well Being Board
	Falls	2008 -	Older People's Board

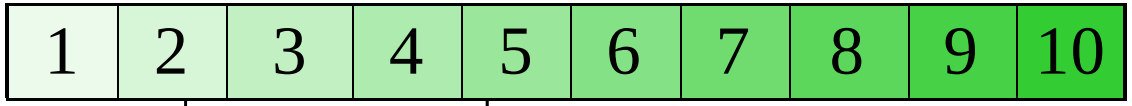
Type	Strategy	Timescale	Owner
Condition Specific	Carers	2007-2012	Health and Well-Being Board
Client Group Specific	Older People	2006 -	Older People's Board
	Children and Young People	2008 - 2011	Children and Young People's Partnership
Risk Reduction	Tobacco Control	2008 - 2013	Health and Wellbeing Board
	Alcohol	2009 - 2012	Safe and Sound Board
	Teenage Pregnancy	2000 - 2010	Children and Young People's Partnership
	Accident Prevention Strategy	2009 - 2012	Joint Accident Prevention Partnership
Underpinning	Planned Care	2010 - 2014	Planned Care Programme Board
	Urgent Care	2010 - 2014	Urgent Care Programme Board
	Intermediate Care		
	Primary Care		Primary Care Commissioning Committee
	Health Inequalities	2005-2008	Health and Well-Being Board infant mortality – children's trust executive
	Workforce	2009-2015	Health and Well-Being Board

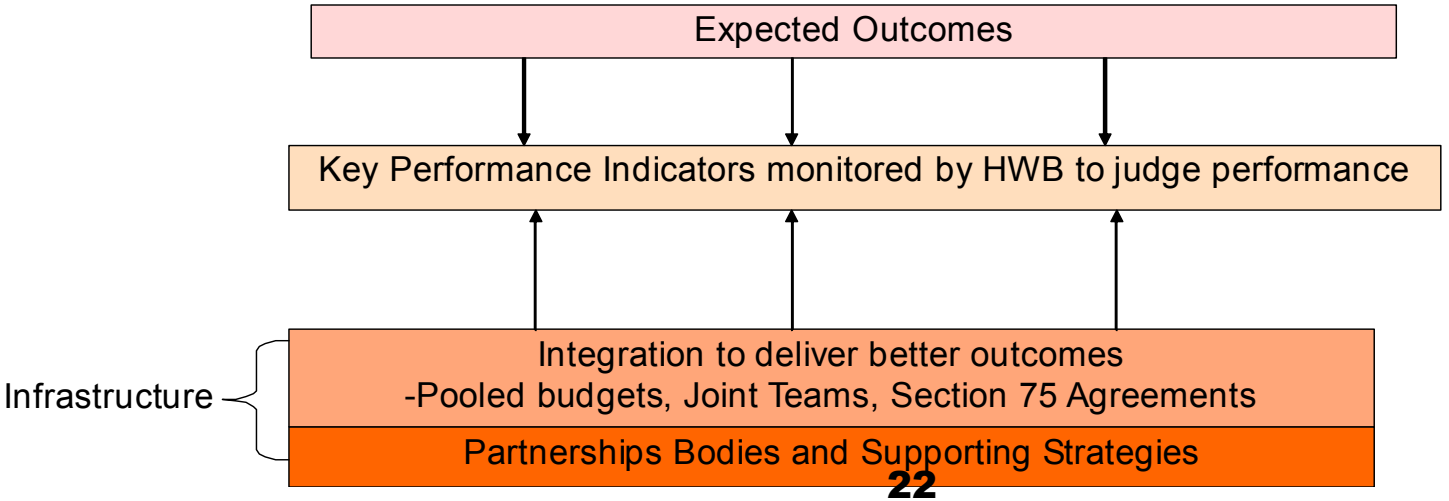
Joint Health and Wellbeing Strategy

Appendix 4



Interventions to Bridge The Gap





SHADOW HEALTH AND WELLBEING BOARD

1st October 2012

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

TRANSITION OF PUBLIC HEALTH FUNCTIONS – UPDATE

Purpose of Report

1. To update the Shadow Health and Wellbeing Board on the progress with the transition of Public Health functions to the Council.

Background

2. As a result of the enactment of the Health & Social Care Act 2012 NHS reforms are now being implemented with significant changes to responsibilities as the new bodies which will succeed the Strategic Health Authority (SHA) and the Primary Care Trust (PCT) emerge and are established. This paper identifies the current expected range of responsibilities to be held by the Local Authority; provides an update on progress with local planning and the establishment of Public Health England; and asks members to note this progress.

3. The Council has welcomed public health responsibilities being transferred back to local government because public health was at the heart of modern local government from the 19th century until 1974. To meet the Council's aim of providing the best public health services possible, an Office of Public Health is to be established in the Council, within the Chief Executive's Department with the Director of Public Health reporting directly to the Chief Executive.

4. The Health and Social Care Act 2012 places a new duty on Local Authorities to improve health and ensure that robust plans are in place to protect the local population, and provide public health advice to NHS commissioners. The new law also requires the Council to establish a Health and Well-Being Board for Dudley. This has already been done in Shadow form. As members are aware, the Board will be a new Committee of the Council, and brings together Elected Members of the Council, the Council's three statutory Directors of Public Health, Children's Services and Adult Social Services with partners from the Clinical Commissioning Group and others. Amongst its purposes, the Board will undertake a Joint Strategic Needs Assessment of the health and care needs of the Dudley population. It will produce a Joint Health and Well-Being Strategy for Dudley based on this assessment through which it can address health inequalities.

The Board also has responsibility to ensure that the voice of people using health and care services and our communities is heard to inform the leadership of the Board. One of the ways that it will do this will be through a Local Healthwatch for Dudley having a representative on the Board.

5. The Act also creates a new executive agency, Public Health England which will deliver services and support (health protection, public health information and intelligence including social marketing and behavioural insight activities), lead for public health (by encouraging transparency and accountability, build the evidence base, build relationships promoting public health) and support the development of the specialist and wider public health workforce (appointing Directors of Public Health jointly with Local Authorities, supporting excellence in public health practice and bringing together the wider range of public health professionals)

6. Dudley Council will have new responsibilities along with partners in the Dudley Clinical Commissioning Group and others to improve the health of Dudley people through addressing health inequalities and the quality of health services in Dudley. The Council can use the influence that it has through all of its services in education, housing, adult learning, social care and regeneration amongst others to improve the health of Dudley people. The NHS will also continue to commission specific public health services and will seek to maximise the impact of the NHS in improving the health of the public, making every clinical contact count. The focus will be on outcomes. The new Public Health Outcomes Framework sets out key indicators of public health from the wider determinants of health through to effectiveness in reducing premature mortality. The overall goals will be to increase healthy life expectancy and reduce health inequalities.

7. While Local Authorities through Health and Wellbeing Boards are largely free to determine their own priorities and services, they will be required to provide a small number of mandatory services (open access sexual health services, NHS health checks, National Child Measurement Programme, providing public health advice to NHS Commissioners and ensuring plans are in place to protect the health of the public). A Department of Health ring-fenced public health grant will support Local Authorities in carrying out their new public health functions. Shadow estimates have been announced for local authorities for 2012/13 to help them prepare for taking on formal responsibility in 2013/14. A DH consultation paper on the proposed formula for future grant allocations has been published. A Dudley response on the technical content of the formula has been sent.

Strategy

8. Plans have been established to manage the process. First, a Public Health Transition Group has been formed, chaired by the Chief Executive. Membership includes:

- Cllr. Zafar Islam as the Cabinet Member for Health and Well Being and Chair of the Dudley Shadow Health and Well Being Board.
- Director of Public Health together with the Deputy Director of Public Health.
- Director of Adult, Community and Housing Services.
- Director of Children's Services.
- Assistant Director, Directorate of the Urban Environment.
- Officers from a range of the Council's resources responsibilities – finance, ICT, accommodation, legal and Human Resources.
- Dudley Clinical Commissioning Group's Senior Responsible Officer.
- Black Country PCT Cluster Director of Operations.

9. An Action Plan has been developed which covers initial consideration of a vision for public health and is embraced and monitored by all partners as outlined above. Specific public health activity is included in the Plan such as developing the Public Health Business Plan 2012/13, continuing public health quality assurance of adult screening programmes and establishing working arrangements for delivery of agreed Public Health "Core Offer" to the Dudley Clinical Commissioning Group amongst other actions. Actions relating to communications are also included such as the agreement that the Council's October Management Forum will focus on public health. The Action Plan also includes practical issues relating to finance, ICT, accommodation, legal and Human Resources that need to be finalised ahead of April 2013 when the transition needs to be completed.

10. Board members are reminded that, although provided locally here in Dudley, public health services have been part of the wider NHS organisation in the Dudley Primary Care Trust. As part of a national organisation, the NHS have wanted to make arrangements that support their employees and the needs of the services they have managed across the country. This has sometimes been a frustration for localities. For instance, both the Council and the Black Country PCT Cluster have to enter into a period of "due diligence" with regard to the transfer of the staff, budgets, contractual commitments, assets such as computer equipment and liabilities. To support them with this process the Black Country PCT Cluster have appointed KPMG to represent them in their contact with Councils on these detailed due diligence items. This has caused some delays for Councils in acquiring information which they might otherwise have wanted to have at an early a point as possible. Nevertheless, a direction has now been established to carry this work forward. It is important to note that the Council has worked in related ways to take on new responsibilities or to share responsibilities with others before. The Council is using learning from these experiences as it approaches public health transition (e.g. in taking on former-Connexions staff into the Children's Services; or working in partnership with NHS mental health services).

11. It is now increasingly accepted that the consequences of NHS Reform such as public health transition will mean that by October, the Council will be seen to be "in the driving seat" as far as decision-making and ownership of the

local public health agenda in Dudley is concerned. With this in mind, the Council is also establishing a Public Health Integration Board which will bring together relevant Cabinet Members and Directors and/or Assistant Directors covering Health & Well-Being, Housing, Adult Social Care, Urban Environment and Children's services. These are seen as the main service areas where public health issues connect to the Council although there are others, too, such as Emergency Planning. The Board is due to have its first meeting in September.

12. The Public Health Integration Board will consider the challenge and vision for the Council as a body corporate in ensuring delivery of a new significant function.

13. The Council is also participating in relevant regional and national meetings to assist learning about how others are approaching the transition of public health services. In May 2012, the Public Health Transition Group held a successful Learning Event with Directors of Public Health from Wigan and Newham in attendance as a means to generate wider learning from others. This has helped strengthen decisions and direction about specific actions such as developing an initiative called Healthy Living Champions - and "Making Every Contact Count" – this is an approach of extending public health knowledge across all or most Council employees who in their contacts with the public may be able to give helpful advice about issues connected to improving health. In addition, work is being undertaken to build on approaches developed so far to focus on the health and well-being of the Council's workforce so that the Council leads by example as an employer in the locality.

14. In terms of organisational arrangements, the Board will recall that the Joint Director of Public Health has attended the Council's Corporate Board for sometime. Arrangements have been made for senior public health staff to meet with Council Directorate Management Teams so that mutual understanding and appreciation of the tasks and challenges being faced by all concerned can be shared.

Public Health England

15. Public Health England is a new organisation with which the Council will be developing its relationship. The Structure of Public Health England was announced in July. There is an intentional emphasis on professional health leadership through the appointment of three recognised leaders for **health protection**, for **health improvement and population health** and a **Chief Knowledge Officer**. These directors will lead the ambition for knowledge and research to enable outstanding delivery. Public Health England will have a publicly appointed Chair, with an advisory board consisting of the Chair, three non-executive directors and the Chief Executive. As Public Health England will be an executive agency of the Department of Health, its Chief Executive will be accountable to the Secretary of State for Health.

16. Public Health England will operate through four regions and 15 centres. Locally this will be the Midlands and East of England region and the West Midlands centre.

17. **Regions**' functions will be:

- supporting transparency and accountability across the system, managing strategic discussions with partners including leaders in the NHS Commissioning Board, local government, Health Education England and others, in relation to the achievement of public health outcomes
- providing professional support and leadership to the public health system including the joint appointment of directors of public health, clinical and medical supervision, and professional guidance and leadership
- ensuring consistently high-quality services are provided by the agency's centres, overseeing their contribution to improving health outcomes and in addressing local needs and priorities
- ensuring the delivery of the national emergency planning, resilience and response strategy across their region

18. Public Health England's 15 **centres** will provide the organisation's local presence and leadership. They will develop and maintain key relationships with local authorities, local resilience forums, the NHS and other partners to support and influence the delivery of improved outcomes for the public's health. The centres will integrate the different public health disciplines, providing effective services and support for health protection, health improvement and health service public health.

19. They will provide a single point of access to the full range of Public Health England's specialist skills and knowledge.

20. The **centres** will lead the delivery of the agency's functions for their geographies, including:

- building Public Health England's relationship with local authorities, local public health teams and providing professional support to them and other partners to maximise health improvement for their populations
- the provision of health protection services, maintaining and building on the services offered by current health protection units of the Health Protection Agency
- supporting the local Director of Public Health in their relationship with the NHS
- employment and professional development of certain immunisation and screening teams integrated with the NHS Commissioning Board's Local Area Teams
- development of the specialist and wider public health workforce to support local authorities on public health workforce issues and

managing Public Health England's relationship with the Local Education and Training Boards

- provide public health specialists to support specialised commissioning and dental commissioning. It is proposed that public health specialists supporting specialised commissioning at this level will be integrated with their specialised commissioning colleagues in NHS Commissioning Board Local Area Teams
- oversee delivery of drug and alcohol services, building on the role and structures of the National Treatment Agency for Substance Misuse

Summary / Opportunities

21. The transition of public health responsibilities to Dudley Council is an opportunity which is being embraced at a number of levels.

22. First, it is an opportunity which is being embraced in terms of the vision for the Council as a whole taking on new responsibilities for the improvement of the health of Dudley people and addressing health inequalities as outlined above. The Council is reminding itself of all that it does already which contributes to the improvement of people's health but is also mindful that we need to deepen our awareness of our new responsibilities including those that the public health service will bring to the Council as part of their functions including the role of the Director of Public Health as the Chief Advisor on Health to the Council.

23. Secondly, there is the opportunity of working with new partners as the structural shape of NHS Reform beds down:

24. Good relationships with the Dudley Clinical Commissioning Group have already been secured. The Chief Executive of the Council is a member of the Clinical Commissioning Group Board, as is the Director of Public Health, and officers from both organisations take business forward at relevant meetings.

25. The NHS Commissioning Board will be required to send a representative to the Health and Well Being Board but the area of responsibility which they cover for Birmingham, Solihull and the Black Country will now be a much larger one than first envisaged.

26. Black Country Directors of Public Health have continued work on how public health services across the Black Country might work more effectively together to address any local issues which are shared across the Black Country.

27. The Health and Well-Being Board will increasingly be the instrument through which whole-Council efforts are effected, cutting across the responsibilities of the Director of Public Health, the Director of Children's Services and the Director of Adult, Community and Housing Services working together with local NHS, voluntary sector and patients organisations services through an

agreed Joint Health and Well Being Strategy based on a robust Joint Strategic Needs Assessment to improve the health of Dudley people and the quality of local health services.

28. Thirdly, through the establishment of an Office of Public Health in the Chief Executives Directorate, the Council has a direction for the integration of the Public Health Team and budget of 80 FTEs with an indicative budget of £16.3m for 2012/13, into the Council. The work of the Public Health Transition Group, the Public Health Integration Board and the presence of the Director of Public Health on the Corporate Board with other Directors is key to ensuring that Dudley MBC develops as a health improving Council and discharges effectively its duties in relation to health protection and healthcare public health. It is understood that improving health will be a continuing corporate theme for the Council as a whole.

Finance

29. The Department of Health have shown a baseline estimate of £16.3m for 2012/13. This is stated to be a guaranteed minimum. The grant will be determined on a resource allocation formula, the details of which are currently being consulted upon. Final declaration of the Council allocation for public health services is not expected until December 2012. The grant for public health services will be ring-fenced.

Law

30. The Health and Social Care Act 2012 sets out arrangements for the provision of public health services. This Act is the culmination of a number of White Papers and other publications by the Department of Health which have set direction for the transition of public health to Local Authorities.

Equality Impact

31. The transition of public health to the Council extends the influence which the Council has independently and as a leader in the Shadow Dudley Health and Well-Being Board to work more closely with partners, particularly GP and Clinical Commissioners, to address health inequality issues. The Office for Public Health will provide specialist expertise on health inequalities, available to support the whole Council.

Recommendation

32. That the Health and Shadow Health and Wellbeing Board note the strategy and progress to date for the transition of public health responsibilities to Dudley Council.

Valerie A Little
Director of Public Health

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Agenda Item No 7

Shadow Health and Wellbeing Board 1st October 2012

Joint Report of the Director of Adult, Community and Housing Services, Director of Children's Services, the Director of Public Health and the Director of the Urban Environment

Local Healthwatch Development in Dudley

Purpose of Report

1. To update the Board on developments to establish Healthwatch Dudley and to advise on key national matters affecting the delivery of Local Healthwatch.

Background

2. On 27th March 2012, the Health and Social Care Bill became the Health and Social Care Act 2012.

3. The Act requires that Local Involvement Networks (LINks) be abolished and replaced by Local Healthwatch (LHW) organisations by 1st April 2013.

4. Local Healthwatch will not be a statutory body but an independent social enterprise or Body Corporate. It will have statutory authority to carry out its functions and will be subject to the Freedom of Information Act; Data Protection Act and the Equality Duty. As a Body Corporate it will be able to appoint its own staff to carry out specific roles and set its own work programme and priorities. It can sub-contract statutory functions.

5. There will be a Healthwatch organisation covering every local authority area in England. Local Healthwatch organisations will:

   - have the power to enter and view services
   - influence how services are set up and commissioned by having a seat on the local **health and wellbeing board**
   - produce reports which influence the way services are designed and delivered
   - pass information and recommendations to Healthwatch England and the Care Quality Commission
   - provide information, advice and support about local services.

6. Healthwatch through its membership of the Health and Wellbeing Board, will ensure the views and experiences of patients, carers and other people who use services are taken into account when local needs assessments such as the Joint Strategic Needs Assessment are developed.

7. Local authorities are responsible for commissioning their local Healthwatch. Local Authorities will be able to terminate the Healthwatch contract if the latter's performance is deemed to be unsatisfactory.

Regulations

8. National Regulations to support the establishment of Healthwatch across the country will be published in due course. Three specific areas are noteworthy from a Department of Health Consultation which ended on 14th September which are expected to be covered by the regulations:

a. The Department is proposing that a specific duty be placed through regulations, on commissioners and providers of health or social care services to respond to reports and recommendations they receive from the Local Healthwatch. This would be a change to the position under the LINks regulations 2008 in that the duty to send a substantive response (as opposed to an acknowledgment) would be extended to providers. Such a duty currently only applies to commissioners.

b. Under the existing regulations relating to LINks, the duty to respond does not apply to reports or recommendations that relate to children's social care functions. However it is proposed to change this i.e. to remove the **exclusion relating to children's social care** so that the regulations for the Local Healthwatch would extend the duties to respond to reports or recommendation that relate to children's social care. The reason for this is that the Government wants the Local Healthwatch to be a stronger champion of health and social care for people of all ages including children and young people.

c. Finally, it is proposed to include additional persons who are to be service providers for these purposes, and who will therefore have to comply with the duty to allow authorised representatives to enter and view activities carried on at premises which they own or control. These are carried forward from existing regulations on LINks. These additional persons are:

- those providing primary medical services
- those providing primary dental services
- those providing primary ophthalmic services (and who own or control
- premises where services are provided).
- those providing primary pharmaceutical services (and who own or control premises where services are provided).

Healthwatch Branding

9. It is imperative that Healthwatch makes a strong and speedy impact on the public. The first challenges for Healthwatch will be public awareness, public understanding, and public engagement. Healthwatch has to be visible, distinctive and relevant. In order to ensure that the Healthwatch brand and identity quickly becomes a familiar sight in local communities, the Government has established Healthwatch branding and logo as follows:

healthwatch Dudley

Healthwatch Developments in Dudley

10. The Council began discussions with local stakeholders and the public on a Local Healthwatch in Dudley at a stakeholder event in July 2011. Following that event where invitation was extended to attendees t be part of a Reference Group, the Group was convened comprising a range of local voluntary groups, local people, the Dudley LINk and some elected members including the previous Cabinet Member for Adult Social Care and Health and the Chair of the Health and Adult Social Care Scrutiny Committee.

11. The Reference Group has steered the development of a local specification for Dudley Healthwatch. The Group has been chaired by Dennis Hodson, the Director of the Local Strategic Partnership who is a member of the Shadow Health and Well Being Board.

12. Consultation with the Reference Group and feedback from the July 2011 Stakeholder event advised us that Healthwatch should "hit the ground running" from the onset. People were mindful that too much time was spent by the LINk in the initial months on setting the processes. As a result it is intended that Healthwatch will commence in transitional form from January 2013.

13. Wider consultation on the Local Healthwatch specification was undertaken through the Shadow Health and Well Being Board event held on July 5th 2012 along with communication through local networks and bulletins.

14. The July 5th event consulted on Values and Outcomes for the Local Healthwatch in Dudley. Prospective providers also attended to engage in discussion about the next steps in Dudley.

15. The formal tender advertisement has now been published and the key milestones for establishing Healthwatch in Dudley are:

Formal Tender Advertisement	**14th August 2012**
Closing date for receipt of completed PQQ's	14th September 2012
Evaluation of applications for select list	W/C 17th September 2012
Select List of tenderers approved	W/C 24th September 2012
Notification of Progression/Exclusion	1st October 2012
Dispatch of tender documents	1st October 2012
Submission of tenders	31st November 2012
Evaluation of tenders	W/C 3rd December 2012
Tenderers selected for panel presentations	13th December 2013
Panel Interviews	W/c 7th January 2013
Award of Contract	Late January 2013
Contract Commencement	Late January 2013
Local Healthwatch Operational	1st April 2013

NHS Complaints Advocacy

16. Another and connected aspect of NHS reform which realtes to some extent to the establishment of a local Healthwatch is the Government's proposal to transfer responsibility for the commissioning of NHS Independent Complaints and Advocacy Service to Local Authorities.

17. To date, nationally, there have been three providers under contract to the Dept of Health. The current provider for the NHS Independent Complaints and Advocacy Service in the West Midlands region is an organisation called "POWhER." This has been a case-work service using specialist knowledge through a mixture of paid staff and volunteer advocates. In Dudley, in 2011/12, 442 local resident enquiries were received and the service dealt with 35 direct advocacy cases.

18. Indicative funding allocations have been published and a sum of £93,000 has been allocated to Dudley.

19. Learning from across the country suggests a number of possible models such as procurement
(1) by a single Local Authority;
(2) by a single Local Authority linking this to local advocacy arrangements;
(3) by Local Authorities working in partnership / shared service basis;
(4) in the future, through the Local Healthwatch as the commissioner.

20. Some areas of the country have been working on a partnership basis on this e.g. in the North East and Merseyside. Some consideration has been given to this approach for the Black Country and after some exploratory discussions, it appears that collaboration on processes rather than partnership delivery models is the preferred option for the Black Country so there will be a more localised model for Dudley as a result.

Finance

21. Local Healthwatch funding will comprise two parts:

- the on-going baseline funding for LINks
- and new additional funding for the new services. (The allocation of this funding was subject to public consultation in 2011.)

22. The Department of Health announced allocations to Local Authorities for additional funding for Local Healthwatch in June 2012. This is presented in the table below this also shows the approximate LINks funding to be carried forward as the baseline for LHW funding. Table 1 From April 2013/14 funding for local Healthwatch will have two different elements.

Name	*Route for funding*	*National funding*	*Approximate Dudley Settlement*
LINks funding	DCLG Business Rates Retention Scheme (BRRS)	£27 million	£150,000
Additional Local HealthWatch funding	To be determined	£11.5 million	£75,000
Total for Dudley Local HealthWatch	-		£225,000

23. As the table shows the total funding from the Department of Health for a Local Healthwatch Dudley from April 2013/14 will be approximately £225,000.

24. A sum of £93,000 is the expected figure for the establishment of a successor service to the Independent Complaints and Advocacy Service in Dudley.

Law

25. The Health and Social Care Act 2012 places a requirement upon Local Authorities to establish Local Healthwatch organisations by April 2013.

26. Clause 185 of the Health & Social Care Bill transfers a duty to commission independent advocacy services from the Secretary of State to individual local authorities; this transfer will take place on 1 April 2013.

Equality Impact

27. The aims and principles of a local Healthwatch can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Recommendations

28. That the report be noted by the Board.

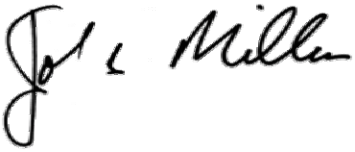
29. That further updates on the development of Healthwatch Dudley be provided to the Board as required.

30. That the approach to the establishment of a new successor service to the Independent Complaints and Advocacy Service in Dudley be considered and direction given as required.

Andrea Pope-Smith
Director
Adult Community & Housing Services

Jane Porter
Director
Children's Services

Valerie Little
Director
Public Health



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Agenda Item No. 8

Dudley Shadow Health & Well-Being Board - 1st October 2012

Report of the Director of Children's Services

The Annual Report of Dudley Safeguarding Children Board 2011-2012

Purpose of Report

1. To present to the Health and Well-Being Board the Annual Report of the Dudley Safeguarding Children Board (DSCB) for 2011-12.

Background

2. Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. For this reason, the Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board (LSCB).

3. The Local Safeguarding Children Board is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality and for ensuring the effectiveness of what they do.

4. The core objectives of the Local Safeguarding Children Board are set out in S 14(1) of the Children Act 2004 as follows:

   - To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority
   - To ensure the effectiveness of what is done by each such person or body for that purpose
   - Protecting children from maltreatment
   - Preventing impairment of children's health or development
   - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
   - Understanding that role so as to enable those children to have optimum life chances and enter adulthood successfully

5. The scope of Local Safeguarding Children Board's role includes safeguarding and promoting the welfare of children in three broad areas of activity

   - Activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development and ensure children are growing up in circumstances consistent with safe and effective care
   - Proactive work that aims to target particular vulnerable groups
   - Responsive work to protect children who are suffering or at risk of suffering harm

6. The functions of the Local Safeguarding Children Board are laid out in statutory guidance – *'Working Together to Safeguard Children'* (2010). This guidance is currently being revised by the Department for Education, following consultation which ended on 4th September 2012. The key functions are:

- Thresholds, policies and procedures
- Communicating and raising awareness
- Monitoring and evaluation
- Participating in planning and commissioning
- Conducting child deaths and serious case reviews

7. Dudley Safeguarding Children Board (DSCB) is currently chaired by the Chief Executive of Dudley MBC, although arrangements are now under way to appoint an Independent Chair in accordance with the Government and Ofsted's position.

8. In accordance with statutory guidance Dudley Safeguarding Children Board is required to produce an annual report, which includes:

- Providing a comprehensive analysis of the effectiveness of local safeguarding arrangements in the local area, such as in respect of policies and procedures for the safer recruitment of frontline staff, assessment of single and inter-agency training on safeguarding, lessons learnt about the future prevention of child deaths, progress on priority issues and with regards to implementing actions from individual Serious Case Reviews and their impact
- Recognise achievements and present a realistic assessment of the key challenges that remain
- Challenge the work of the 'Children's Trust Board' and its key partners to ensure that necessary overarching structures, processes and culture are put in place to ensure that children are safeguarded.

9. The Dudley Safeguarding Children Board Annual Report (enclosed) provides an outline of the key achievements and developments during 2011-12 and progress in respect of its three key priorities.

10. During 2011-12, the Local Authority and its key partners safeguarding arrangements were externally inspected by Ofsted and the Care Quality Commission. Action plans are in place in respect of all the recommendations and progress has been made in their implementation. The Board conducted a self-assessment during 2011-12 and identified a number of improvements, which are incorporated into its Business Plan & Work Programme for 2012-13.

Finance

11. Dudley Safeguarding Children Board has an annual budget of around £214,500, receiving core funding from the Local Authority (57%), Primary Care Trust (27%) and West Midlands Police (4%). The remainder of income is received from contributions from other partner agencies and through training.

12. The Local Authority funds the Head of Safeguarding & Review post and a number of administrative posts within the Safeguarding & Review Unit which contribute directly to supporting the business of the Board.

Law

13. The key legislation underpinning the work of the Local Safeguarding Children Board is the Children Act 2004, supported by statutory *Working Together to Safeguard Children* guidance.

Equality Impact

14. The work of the Dudley Safeguarding Children Board supports parents, families, communities and partner agencies in providing safe homes and environments, security and stability for all children and young people in the Borough. The Dudley Safeguarding Children Board responds to the needs of vulnerable groups to minimise the incidence of child abuse and neglect to ensure that all children can maximise the opportunity to achieve positive outcomes.

Recommendation

27.0 The Health & Well-Being Board is asked to consider and comment on the Annual Report.

……
Jane Porter
Director of Children's Services

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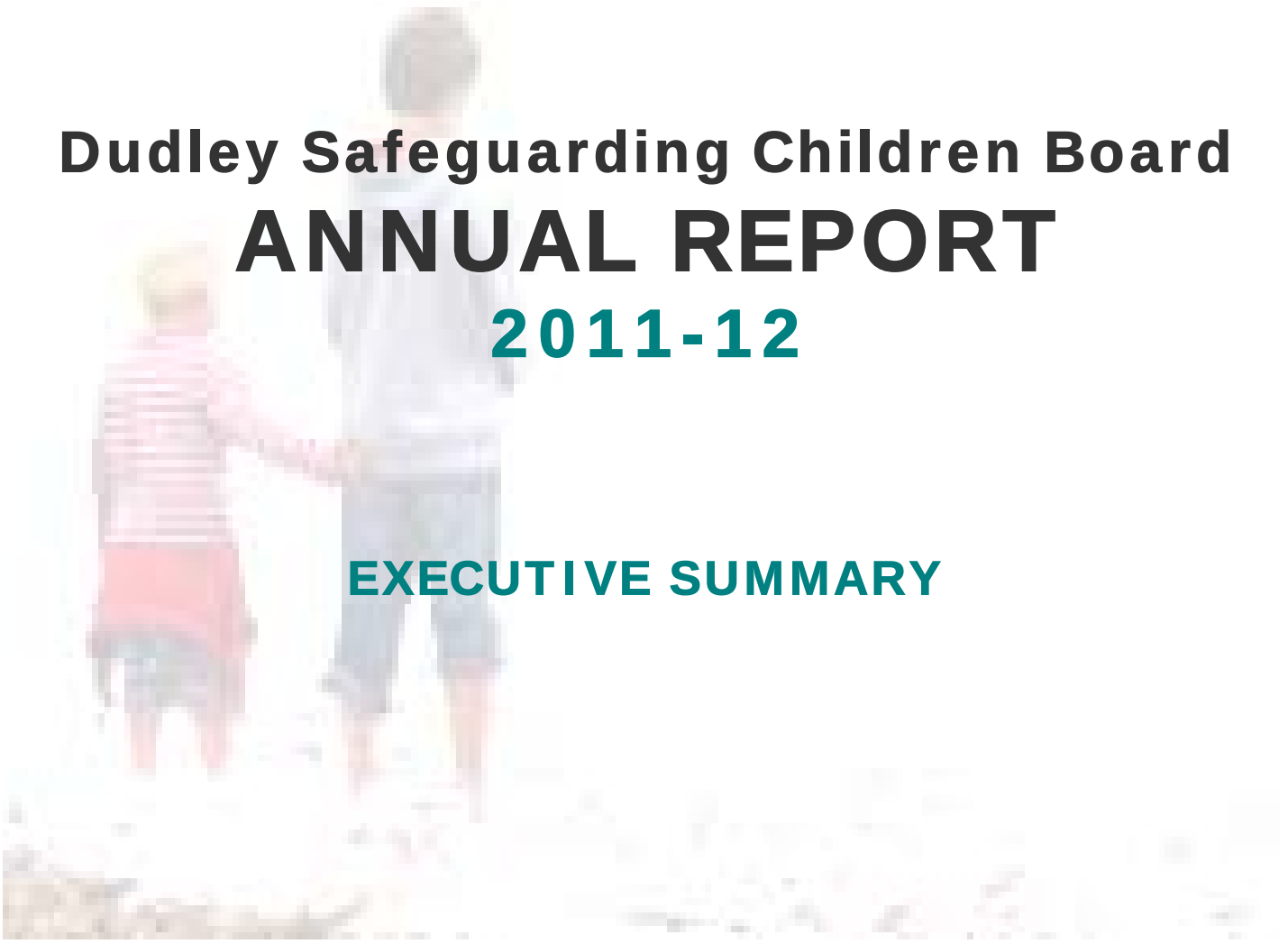
List of Background Papers

Dudley Safeguarding Children Board Annual Report 2011-12 (Full Report)
Dudley Safeguarding Children Board Annual Report 2011-12 (Executive Summary)

Dudley Safeguarding Children Board

'Working Together to Keep Children & Young People Safe'



Dudley Safeguarding Children Board

ANNUAL REPORT

2011-12

EXECUTIVE SUMMARY

Report prepared by:
Graham Tilby, Head of Safeguarding & Review
Directorate of Children's Services, Dudley MBC

Introduction

The Board is the key statutory mechanism for agreeing how relevant organisations will co-operate and work together to safeguard and promote the welfare of children and young people in Dudley, and for ensuring the effectiveness of what they do.

Whilst the work of Dudley Safeguarding Children Board (DSCB) contributes to the wider goals of improving the well-being of all children, its core objectives of are to safeguard and protect children, defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Understanding that role so as to enable those children to have optimum life chances and enter adulthood successfully

In order to achieve this Dudley Safeguarding Children Board (DSCB) will work to ensure that:

- *All* children and young people have safe environments to help promote their welfare and well-being
- Action is targeted at *vulnerable groups* such as disabled, children in care; *and*
- *Responses* to children who have been harmed to minimise lifelong impact are co-ordinated and effective

In accordance with statutory 'Working Together to Safeguard Children' guidance (2010), Local Safeguarding Children Boards are required to produce an Annual Report which includes:

- Providing a comprehensive analysis of the effectiveness of safeguarding arrangements in the local area, including the extent to which the functions of the LSCB are being effectively discharged including:
    - policies and procedures for the safer recruitment of frontline staff
    - assessment of single and inter-agency training on safeguarding
    - lessons learnt about the prevention of future child deaths
    - progress on priority issues
    - progress made in implementing actions from individual Serious Case Reviews and their impact
- Recognise achievements and progress and provide a realistic assessment of the key challenges that remain
- Challenge the work of the 'Children's Trust Board' and its partners to ensure that necessary overarching structures, processes and culture are put in place to ensure that children are safeguarded

National Context

During 2011-12, there have been a number of key national developments across the safeguarding agenda. These include:

- Conclusion of the Munro Review of Child Protection arrangements and the government response to Munro
- Publication of Ofsted LSCB Good Practice guidance
- Conclusion of the Family Justice Review
- Publication of new guidance for the role of Director of Children's Services and Lead Member for Children's Services
- Publication of new guidance in respect of the management of allegations against staff working in schools
- Passage of the 'Protection of Freedoms Bill through Parliament and the establishment of the Disclosure and Barring Service (combination of Independent Safeguarding Authority and Criminal Records Bureau)

Brief summaries of key national developments are included within the DSCB 'SafER' newsletter, along with electronic links to relevant information: for more information go to http://safeguardingchildren.dudley.gov.uk/

Local Context

Since its inception in April 2005, Dudley Safeguarding Children Board has been working to 3 strategic objectives:

- promoting an understanding that safeguarding children & young people is everyone's and every organisation's responsibility;
- improving children, young people's and adults understanding of risks to children's safety, how they can safeguard children and what to do if they are worried about a child being abused; *and*
- developing safer services and employment practices across organisations who work or come into contact with children or young people

In addition, each year the Board agrees a small number of key priorities to focus on – these are outlined within the DSCB Business Plan & Work Programme for 2012-13.

The chairing of Dudley Safeguarding Children Board has been in a transitional arrangement since November 2011, when John Polychronakis, Chief Executive of Dudley MBC became the interim chair superseding Pauline Sharratt, Assistant Director of Children & Families.

Achievements & Developments 2011-12

The LSCB has 5 key statutory functions (as outlined in Working Together, 2010). Some of these functions are specifically delegated to Sub-Groups to take a lead role in developments.

The key achievements and developments during 2011-12 in relation to these are:

Policies, Procedures & Protocols

- Revision to a number of specialist safeguarding procedures within Section C of the safeguarding procedures manual
- Implementation of a new inter-agency thresholds framework for organisations working with children & young people - 'Right Services, Right Time, Right Place' – published in October 2011;
- Development of a Substance Misuse and Safeguarding Protocol

Training and development

- The Board provided multi-agency training for 1652 people during 2011-12, compared to 1705 during 2010-11 and 1894 the previous year, which represents a 13% decrease over 3 years
- The Board actively supported or provided face-to-face single-agency child protection training to 5151 people during 2011-12, a fall of 26% compared to the previous year;
- The Board facilitated 1166 people to complete one of the Virtual College e-learning programmes, a rise of 44% compared to the previous year;
- The Board delivered a total of 83 days of training (65 courses) during 2011-12
- The Board provided briefings for 460 people during the year

Communicating and raising awareness

- The Board supported a Regional Conference held by Stop it Now! as part of Safer Internet Day in February 2012, attended by over 50 people from a variety of agencies

- Dudley's Young People's Safeguarding Board (S4Kidz) has been less active during 2011-12. The group is currently in a period of transition as it combines with the N2N group of the Children & Young People's Partnership

Monitoring and evaluation

- Commissioned a Section 11 ('duty to safeguard') online audit tool – key member agencies were asked to complete the audit and a report presented to DSCB in September 2011 highlighting key themes. A scrutiny programme for 2012-13 was agreed in January 2011.
- Published a second QA Overview Report in June 2011, incorporating the themes from complaints and appeals in respect of child protection conferences and learning from case reviews
- Commissioned two Significant (Serious) Incident Learning Processes (SILPs), the first of which was reported to the Board in January 2012. The second one will be concluded by May 2012. The learning from both SILPs will be included in the Board's next QA Overview Report.
- Implementation of the key actions arising from the LADO (Local Authority Designated Officer) Annual Report in respect of the management of allegations against people who work with children, presented to the Board in May 2011;
- Up-dated Terms of Reference for DSCB and all sub-groups in line with *Working Together to Safeguard Children* (published March 2010);
- Chair of DSCB transferred to John Polychronakis, Chief Executive of Dudley MBC from November 2011 as an interim measure whilst the Board considered future options for chairing arrangements;
- Board agreed an action plan in respect of Munro Review, following the publication of her final report and subsequent government response;
- Board conducted a self-assessment of its arrangements against the good practice report published by Ofsted in March 2012, the findings from this are incorporated into DSCB's Work Programme for 2012-13;

Participating in planning and commissioning

- The Annual Report and Business Plan was presented to the Children's Services Select Committee and Dudley Children's Trust in 2011
- The Board contributed to the Service Improvement Review in respect of domestic abuse within the borough, primarily with a view to identifying current provision and gaps in service. An action plan is under development
- The Board used it's core funding to directly commission 3 services in respect of safeguarding:
    - Specialist service to work with young people at risk of sexual exploitation (delivered by Street Teams and part funded by Comic Relief);
    - Young Runaways Pilot Project to identify the needs and gaps in respect of children who go missing from home or care (delivered by The Children's Society – ended July 2011);
    - Stop it Now! Black Country & Birmingham project in respect of the prevention of child sexual abuse (hosted by Barnardos Community Routes – ended October 2011)

Functions relating to child deaths

- During 2011-12, the Child Death Review Panel were notified in respect of 42 child deaths, of which 15 reviews were completed. The panel concluded that 2 of these 15 unexpected deaths had 'modifiable factors'

Serious Case Reviews

- DSCB initiated a serious case review in December 2011, which is not due for completion until at least the end of July 2012;

Progress in respect of priority areas

DSCB agreed 3 key priority areas to focus its resources on to progress during 2011-12:

A strengthened leadership role in supporting multi-agency learning concerning child protection practice and joint investigations in respect of child abuse & neglect

During 2011-12 we:

- concluded case reviews in respect of 2 children;
- concluded a Significant Incident Learning Process (SILP) in respect of 1 child
- initiated a SILP in respect of 1 child
- produced and disseminated 2 Overview Reports in respect of learning from case review, audit and complaints
- facilitated 3 learning events for front-line staff/managers
- facilitated 2 workshops in respect of 'working with highly resistant families (C4EO)
- conducted joint audit activity between police, social care and health
- conducted a review of the use of secure and residential placements
- strengthened Local Forum (extended to include health with new terms of reference

Improving inter-agency responses to children & young people who are vulnerable to experiencing sexual exploitation, internal trafficking and serious forms of bullying and violence

In respect of child sexual exploitation (CSE) and internal trafficking, we have:

- Strengthened YPSE Panel
- Presented an annual report from Dudley Street Teams to DSCB (July 2011)
- Contributed to Bedford University research and completed self-assessment checklist for LSCBs
- Contributed to the development of a West Midlands (Police area) regional strategy and action plan

In respect of young runaways, we have:

- Concluded a 12-month pilot evaluation of need (Children's Society)
- Agreed development of internal service response for children who run away from home

In respect of bullying, we have:

- Contributed to development of new guidance
- Conducted learning event in respect of social networking (ABW)

In respect of domestic violence, we have:

- Completed DART evaluation & identified additional resource
- Contributed to Service Improvement Review

Improving inter-agency responses to children who are likely to, or who have, suffered emotional abuse and neglect

During 2011-12, we have:

- Commissioned and delivered Signs of Safety training to Brierley Hill practitioners (initial pilot) and Halesowen practitioners
- Conducted some evaluation of the impact of Signs of Safety tools on frontline practice
- Reviewed the Neglect Strategy

Summary of Safeguarding Activity

- During 2011-12, 465 common assessments were started of which 338 (73%) were completed in respect of vulnerable children and young people, a reduction of 39.5% compared to the previous year - 47.5% were started by schools; 17.2% by health professionals and 10.8% by children's centres;
- There has been a 77% increase in the number of Section 47 Strategy Discussions over the last 5 years – on average, 98.5% of all strategy discussions during 2011-12 resulted in a child protection investigation
- In 2011-12, just under 35% of all S47 Investigations resulted in an Initial Child Protection Conference, compared to 46% the previous year and an average conversion rate of 44% over the last 5 years – the fall may be linked to the continuing rise in the number of children becoming looked after by the local authority, who are not initially subject to child protection plans;
- There were 155 Initial Child Protection Conferences during 2011-12, 20 'Receiving-In' Conferences and 326 Review Conferences – the total of 312 children were the subject of an Initial Child Protection Conference during the year.
- There were 277 children subject to a Child Protection Plan during 2011-12, which represents a 6% fall compared to the previous year – on average, 89% of all Initial Child Protection Conferences result in a Child Protection Plan for one or more children;
- The number of new cases of emotional harm has increased by 160% over the 15 month period. In Quarter 4, 45% of children becoming the subject of a child protection plan were male, 44% were female and 11% were unborn
- 44% of all Child Protection Plans in 2011-12 were due to 'Neglect', with 31% due to emotional abuse – there has been a significant fall in the proportion of child protection plans relating to sexual abuse, from 19% in 2007-08 to just 6% in 2011-12 (although the rise in admissions to local authority care may in part explain this decline);
- 44 young people were referred to the Young People at Risk of Sexual Exploitation (YPSE) Panel during 2011-12, compared to 68 during the previous two years;
- There were 68 meetings in respect of 44 people who work with children & young people – a further 43 were referred to the Local Authority Designated Officer (LADO) for advice and support in respect of concerns or allegations about their employment suitability or potential risk of harm to children
- There were 682 children in care at the 31st March 2012, which represents a 11% increase from the end of previous year

Effectiveness of Safeguarding Arrangements

Safeguarding Inspection (an external view)
The announced inspection of Safeguarding & Looked After Children's Services took place in Dudley between 28 November and 9 December 2011. The 7 inspectors representing Ofsted and the Care Quality Commission met with a large number of practitioners and managers during the two weeks of fieldwork, facilitating interviews and focus groups.

The report was published on 25 January 2012 – a full copy is available to download at http://www.ofsted.gov.uk/local-authorities/dudley . It contains a total of 22 judgements (10 in respect of safeguarding and 12 in relation to services for looked after children. There are four key judgements - the table below provides a record of the main findings:

Safeguarding Services - Key Judgements	
Overall effectiveness	Adequate
Capacity for Improvement	Good
Safeguarding outcomes for children & young people	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children & young people safe	Adequate

Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Good
Services for looked after children - Key Judgements	
Overall effectiveness	Good
Capacity for Improvement	Good
How good are outcomes for looked after children and care leavers?	
Being healthy	Adequate
Staying safe	Good
Enjoying and achieving	Outstanding
Making a positive contribution, including user engagement	Good
Economic well-being	Good
Quality of provision	Adequate
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Equality and diversity	Good

The report makes a total of 13 recommendations to be actioned within 3 or 6 months (see below) – Dudley Safeguarding Children Board will take a proactive approach in scrutinising and/or delivering improvements in respect of a number of these recommendations.

Areas for improvement – safeguarding

Within three months
▪ Ensure the draft health action plan is agreed and fully support improvements in health provision, including case recording, health contribution to holistic assessments of need and risk, case planning and measurement of health outcomes and impact
▪ NHS Dudley and NHS providers ensure timely access to emotional and mental health services for women who require additional support prior to and following the birth of their children
▪ Develop explicit joint protocols between children's services, health and adult social care to ensure that older young people and those at points of transition receive appropriate, timely and continuous services to meet their assessed needs
▪ Establish joint and agreed quality standards for safeguarding practice across the partnership and implement a joint quality assurance and performance framework underpinned by efficient information systems
▪ Extend audit processes to routinely monitor the consistency and quality of practice
▪ Ensure MARAC is fully operational and effective leadership is in place in order to meet the level of demand for such arrangements
Within six months
▪ Ensure the electronic recording system in children's social care is fully operational and embedded to support effective case recording, captures the views of service users and collate data and information in a way that is immediately useful to front line and senior managers
▪ Develop explicit arrangements for the use of the CAF within strategies for early intervention and family support to ensure that all agencies are assuming responsibility for being lead professionals in suitable cases

LSCB Self-Assessment

DSCB conducted a self-assessment of it's own effectiveness using the Ofsted Good Practice Checklist (published in September 2011). A summary of the Board's self-assessment against the 5 key areas is outlined below:

Good Practice Area	Self-Assessment
Governance arrangements	Satisfactory
Partnership working	Good
Engagement with children and young people	Satisfactory
Business planning and relationship with Children's Trust/Partnership	Satisfactory
Quality Assurance	Poor

Section 11 Audits

During 2011-12, key partner agencies undertook an audit of their Section 11 compliance using an online tool provided by Virtual College e-safeguarding children academy. It contains 11 standards and 45 sub-criteria - a summary of the audit outcomes is below:

Overall Compliance

- The **average compliance** score against all of the criteria within the standards for all organisations/agencies is **81.8%**

Standards

- The **strongest areas** of compliance (on average) relate to:
  - Safe recruitment (9)
  - Senior management commitment to the importance of safeguarding children (1)
  - Service development takes account of the need to safeguard and promote welfare **(4)**
- The **weakest areas** of compliance (on average) relates to:
  - Service development is informed by the views of children and families (5)
  - Effective inter-agency working and information sharing in order to ensure safeguarding and promoting children's welfare (11)
  - Effective inter-agency working to safeguard and promote the welfare of children (10)
- The range of compliance against most standards is significant, with at least one organisation scoring 100% against 9 of the 11 standards
- Each organisation will need to decide its priorities for action in respect of standards they have scored less well, for example, below 70%, although improvement activity should not necessarily exclusively relate to such areas of poorer compliance. There may be some standards where the ambition of the organisation is to improve to 100%, even from a relatively good position

Criteria

- The **strongest areas** of compliance across all the audits relate to:
  - the organisation has a recruitment policy in effect which ensures professional and character references are always taken up (9.1)
  - there is a named senior manager who champions safeguarding throughout your organisation (1.1)
  - the organisations written policies and procedure for safeguarding & protecting children are mandatory for staff and volunteers (2.10)
  - appropriate staff and volunteers who work or who have contact with children & families receive training on their professional roles and responsibilities and those of their organisation (8.2)
  - where appropriate enhanced or standard CRB checks are completed on all those staff and volunteers who work primarily or directly with children & young people… (9.4)
  - face-to-face interviews are carried out (9.5)
- The **weakest areas o**f compliance across all the audits relate to:
  - contractors to the organisation who work with children are who delivering statutory services are Section 11 compliant and have been audited (10.6)
  - as a minimum the organisation evaluates outcomes from the perspective of the child or young person (11.3)
  - the organisation has identified principles of working with children and their families for all staff who work with them (10.1)
- There are 4 criteria which are red (25% compliance) – these were across two partner organisations

During 2011-12, each of the partner organisations will present a summary of their safeguarding self-assessment, highlighting areas of strength and areas for improvement – this forms part of the DSCB scrutiny programme to provide 'support and challenge' in respect of safeguarding effectiveness.

Lessons learnt from serious case reviews and child deaths and progress in implementing actions

Serious Case Reviews

The implementation of actions plans in respect of previous serious case reviews are monitored by the Serious Case Review Sub-Committee. During 2011-12, DSCB initiated a Serious Case Review in respect of Child C, which is still underway – it is envisaged that this will be concluded by September 2012 and subsequently published on the DSCB website.

Significant Incident Learning Processes

The Board also undertook two Significant Incident Learning Processes (SILPs), a new process involving an independent facilitator and the active engagement of the practitioners and managers in a structured learning approach. The first of these was concluded in November 2011 – it identified the need for improvements in relation to:

- child protection conferences and child protection plans
- family and parenting assessments
- administrative support for child in need meetings and core groups
- child death processes and the aftermath for professionals
- cross-boundary working
- practice for the 'team around the child' (whether informally or formally constituted)

The executive summary from the second SILP will be presented to DSCB in July 2012.

Child Death Reviews

During 2011-12, the Child Death Review Panel completed 15 reviews of child deaths and assessed two of these deaths as having modifiable factors. It also completed a more in-depth 'Root Cause Analysis' review of an asthma related child death. The reviews identified the need for improvements in respect of:

- Asthma management between key agencies such as GP, school health advisor, school and parent
- Impact of missed appointments
- Discharge planning, recording and follow-up
- Impact of change of agency thresholds
- Communication and information-sharing between agencies
- Impact of difficult relationships between professionals and parents

Key improvements identified through quality assurance activity

Quality assurance and audit activity occurs at a single agency level and through multi-agency processes. During 2011-12, the Board has been revising its Quality Assurance Framework, which is due to be launched in June 2012. The framework will include new inter-agency child protection standards and audit tools.

In June 2011, the Board published two key reports, the first entitled 'The Child's Voice' provided an overview of key messages from serious case reviews, learning from DSCB complaints panel, Key feedback from service users and professionals in respect of child protection conferences, and learning from local case reviews; the second report highlighted 12 cases identified by local practitioners as demonstrating good practice, particularly in respect of partnership working. Practitioners were also asked to identify areas for improvement in respect of multi-agency working. These were:

Both reports can be downloaded from the DSCB website – http://safeguardingchildren.dudley.gov.uk/

DSCB Complaints

During 2011-12, DSCB held 1 Complaints Panel in respect of appeals concerning the outcomes of child protection conferences, compared to 6 Panels during the previous year. The key issues identified from this Panel was the effect of lack of available resources on social care and partner agencies in conducting important pieces of specialist work such as parenting assessments and work to consider the impact of domestic abuse on children.

The learning from case reviews, complaints and audit will be outlined in greater depth within an overview report due to be published in June 2012 – for more information contact graham.tilby@dudley.gov.uk

Key Challenges for the future

To some extent the very nature of safeguarding children will always present challenges across the professional landscape, both nationally and locally – what then are the key ones for Dudley?

- capacity of front-line services to respond to demand and complexity of child protection work, notably at a time of recession where the impact of poverty is likely to increase pressures within some families;
- the impact on frontline practice of continued organisational change and reform within health and police;
- the impact of the Family Justice Review in terms of capacity to adhere to timescales and additional requirements with family court proceedings, particularly in view of the increasing complexity of the circumstances of some children who are subject to care proceedings;
- the impact of cuts within public sector and to voluntary sector services on the provision of early intervention and some areas of more specialist assessment and intervention;

Key Priorities for 2012-13

The key priorities for 2012-13 are:

- Improve the consistency and quality of inter-agency child protection practice
- Provide support and challenge to embed common assessment and deliver early support to vulnerable children, young people and their families
- Improve inter-agency responses to children & young people at risk, or who have suffered, sexual exploitation or abuse

For further information go to the DSCB website and download the Board's Business Plan and Work Programme for 2012-12 or contact graham.tilby@dudley.gov.uk

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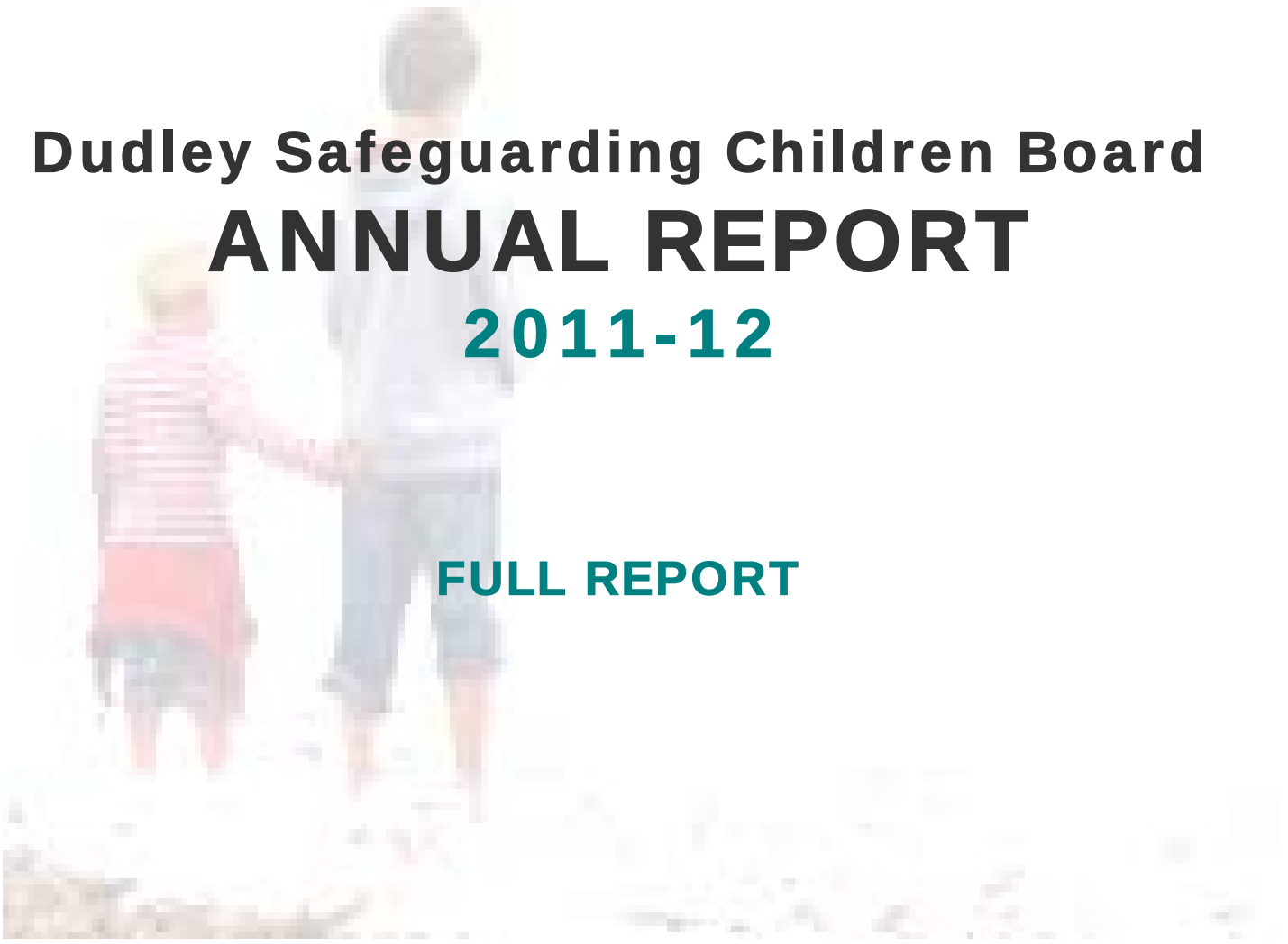
Dudley Safeguarding Children Board

'Working Together to Keep Children & Young People Safe'



Dudley Safeguarding Children Board

ANNUAL REPORT

2011-12

FULL REPORT

Report prepared by:
Graham Tilby, Head of Safeguarding & Review
Directorate of Children's Services, Dudley MBC

Foreword

"Children grow to fill the space we create for them, and if it's big, they grow tall"

Keeping children safe is arguably one of the most important things we can do in order to secure a future for our children and provide them with every opportunity of reaching their full potential. All of us have a responsibility to safeguard children, regardless of whether we work directly with them, care for them or just have occasional contact with them; as professionals, as volunteers and as members of the public. But safeguarding children does not mean wrapping them up in cotton wool and trying to remove all the risks they may experience in their lives. So achieving a balance between allowing children to understand, and in some cases, experience risk, and minimising the risks they may be subject to is not always easy to do.

Dudley Safeguarding Children Board is the key means to ensuring that agencies and organisations work together to safeguard children and promote their welfare. This can only happen through partnership: between professionals, agencies and with communities. There are a number of challenges to achieving this and there is always more to do to improve the way agencies work together, communicate with one another, share information, and keep the child at the centre of what they are doing.

Our Ofsted inspection has judged our safeguarding arrangements to be 'adequate', with 'good' capacity to improve. The word adequate masks the real commitment and passion that is evident amongst so many professionals in Dudley; it does not in itself tell the full story of what we are achieving on a daily basis in protecting vulnerable children and young people. At the same time, it does highlight the need for us to be continually reflecting on a journey of improvement, to be striving relentlessly to improve outcomes for children and young people, particularly those in need of protection and those who have suffered abuse or neglect.

This annual report by no means tells the full story of safeguarding in Dudley, it simply cannot do so. It does, however, attempt to provide an overview of some of the key achievements, developments and challenges faced by agencies within the borough. Please take time to read it carefully – it is not intended to tick a box or to be just another report or plan that sits on a shelf. We want it to make a difference, in some way, to children's lives.

Thank you for your contribution

Graham Tilby
Head of Safeguarding & Review
Business Co-ordinator of DSCB

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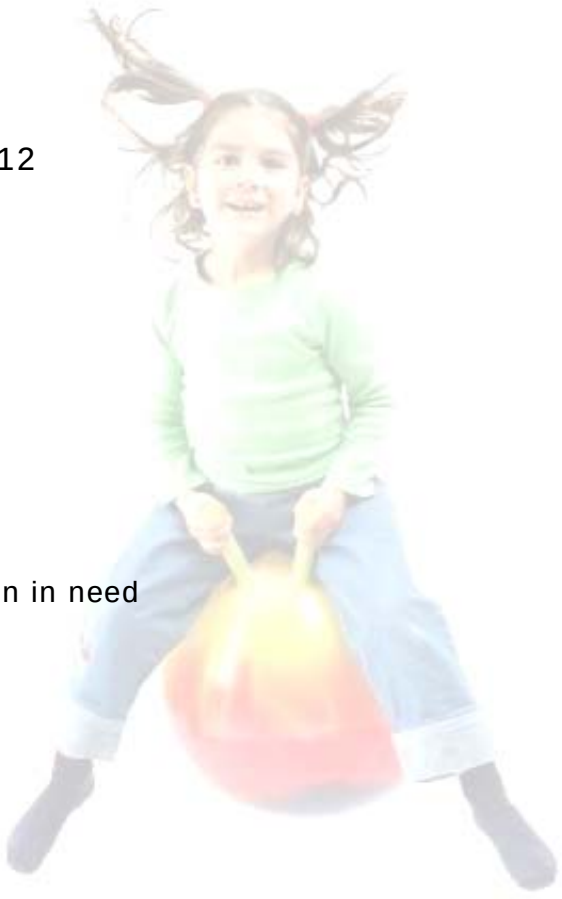


Introduction

The Board is the key statutory mechanism for agreeing how relevant organisations will co-operate and work together to safeguard and promote the welfare of children and young people in Dudley, and for ensuring the effectiveness of what they do.

Whilst the work of Dudley Safeguarding Children Board (DSCB) contributes to the wider goals of improving the well-being of all children, its core objectives of are to safeguard and protect children, defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Understanding that role so as to enable those children to have optimum life chances and enter adulthood successfully

In order to achieve this Dudley Safeguarding Children Board (DSCB) will work to ensure that:

- *All* children and young people have safe environments to help promote their welfare and well-being
- Action is targeted at *vulnerable groups* such as disabled, children in care; *and*
- *Responses* to children who have been harmed to minimise lifelong impact are co-ordinated and effective

In accordance with statutory 'Working Together to Safeguard Children' guidance (2010), Local Safeguarding Children Boards are required to produce an Annual Report which includes:

- Providing a comprehensive analysis of the effectiveness of safeguarding arrangements in the local area, including the extent to which the functions of the LSCB are being effectively discharged including:
    - policies and procedures for the safer recruitment of frontline staff
    - assessment of single and inter-agency training on safeguarding
    - lessons learnt about the prevention of future child deaths
    - progress on priority issues
    - progress made in implementing actions from individual Serious Case Reviews and their impact
- Recognise achievements and progress and provide a realistic assessment of the key challenges that remain
- Challenge the work of the 'Children's Trust Board' and its partners to ensure that necessary overarching structures, processes and culture are put in place to ensure that children are safeguarded

National Context

During 2011-12, there have been a number of key national developments across the safeguarding agenda. These include:

- Conclusion of the Munro Review of Child Protection arrangements and the government response to Munro
- Publication of Ofsted LSCB Good Practice guidance
- Conclusion of the Family Justice Review
- Publication of new guidance for the role of Director of Children's Services and Lead Member for Children's Services
- Publication of new guidance in respect of the management of allegations against staff working in schools
- Passage of the 'Protection of Freedoms Bill through Parliament and the establishment of the Disclosure and Barring Service (combination of Independent Safeguarding Authority and Criminal Records Bureau)

Brief summaries of key national developments are included within the DSCB 'SafER' newsletter, along with electronic links to relevant information: for more information go to http://safeguardingchildren.dudley.gov.uk/

Local Context

Since its inception in April 2005, Dudley Safeguarding Children Board has been working to 3 strategic objectives:

- promoting an understanding that safeguarding children & young people is everyone's and every organisation's responsibility;
- improving children, young people's and adults understanding of risks to children's safety, how they can safeguard children and what to do if they are worried about a child being abused; *and*
- developing safer services and employment practices across organisations who work or come into contact with children or young people

In addition, each year the Board agrees a small number of key priorities to focus on – these are outlined within the DSCB Business Plan & Work Programme for 2012-13.

The chairing of Dudley Safeguarding Children Board has been in a transitional arrangement since November 2011, when John Polychronakis, Chief Executive of Dudley MBC became the interim chair superseding Pauline Sharratt, Assistant Director of Children & Families.

The membership of the Board is outlined within Appendix 1.

Achievements & Developments 2011-12

The LSCB has 5 key statutory functions (as outlined in Working Together, 2010). Some of these functions are specifically delegated to Sub-Groups to take a lead role in developments.

The key achievements and developments during 2011-12 in relation to these are:

Policies, Procedures & Protocols
Lead: *Policy, Procedures & Practice Sub-Group*

- Revision to a number of specialist safeguarding procedures within Section C of the safeguarding procedures manual
- Implementation of a new inter-agency thresholds framework for organisations working with children & young people - 'Right Services, Right Time, Right Place' – published in October 2011;
- Development of a Substance Misuse and Safeguarding Protocol

Training and development
Lead: *Training & Development Sub-Group*

- The Board provided multi-agency training for 1652 people during 2011-12, compared to 1705 during 2010-11 and 1894 the previous year, which represents a 13% decrease over 3 years

- The Board actively supported or provided face-to-face single-agency child protection training to 5151 people during 2011-12, a fall of 26% compared to the previous year;
- The Board facilitated 1166 people to complete one of the Virtual College e-learning programmes, a rise of 44% compared to the previous year;
- The Board delivered a total of 83 days of training (65 courses) during 2011-12
- The Board provided briefings for 460 people during the year

Communicating and raising awareness

Lead: *Training & Development Sub-Group*

- The Board supported a Regional Conference held by Stop it Now! as part of Safer Internet Day in February 2012, attended by over 50 people from a variety of agencies
  E-Safety Strategy Group
- Dudley's Young People's Safeguarding Board (S4Kidz) has been less active during 2011-12. The group is currently in a period of transition as it combines with the N2N group of the Children & Young People's Partnership

Monitoring and evaluation

- Commissioned a Section 11 ('duty to safeguard') online audit tool – key member agencies were asked to complete the audit and a report presented to DSCB in September 2011 highlighting key themes. A scrutiny programme for 2012-13 was agreed in January 2011.
  Quality & Performance Management Group
- Published a second QA Overview Report in June 2011, incorporating the themes from complaints and appeals in respect of child protection conferences and learning from case reviews
  Quality & Performance Management Group
- Commissioned two Significant (Serious) Incident Learning Processes (SILPs), the first of which was reported to the Board in January 2012. The second one will be concluded by May 2012. The learning from both SILPs will be included in the Board's next QA Overview Report.
  Serious Case Review Sub-Group
- Implementation of the key actions arising from the LADO (Local Authority Designated Officer) Annual Report in respect of the management of allegations against people who work with children, presented to the Board in May 2011;
  LADO Sub-Group
- Up-dated Terms of Reference for DSCB and all sub-groups in line with *Working Together to Safeguard Children* (published March 2010);
  Quality & Performance Management Group
- Chair of DSCB transferred to John Polychronakis, Chief Executive of Dudley MBC from November 2011 as an interim measure whilst the Board considered future options for chairing arrangements;
  Quality & Performance Management Group
- Board agreed an action plan in respect of Munro Review, following the publication of her final report and subsequent government response;
  Quality & Performance Management Group
- Board conducted a self-assessment of its arrangements against the good practice report published by Ofsted in March 2012, the findings from this are incorporated into DSCB's Work Programme for 2012-13;
  Quality & Performance Management Group

Participating in planning and commissioning

- The Annual Report and Business Plan was presented to the Children's Services Select Committee and Dudley Children's Trust in 2011
  Quality & Performance Management Group

- The Board contributed to the Service Improvement Review in respect of domestic abuse within the borough, primarily with a view to identifying current provision and gaps in service. An action plan is under development
  Quality & Performance Management Group

- The Board used it's core funding to directly commission 3 services in respect of safeguarding:
  - Specialist service to work with young people at risk of sexual exploitation (delivered by Street Teams and part funded by Comic Relief);
  - Young Runaways Pilot Project to identify the needs and gaps in respect of children who go missing from home or care (delivered by The Children's Society – ended July 2011);
  - Stop it Now! Black Country & Birmingham project in respect of the prevention of child sexual abuse (hosted by Barnardos Community Routes – ended October 2011)

Vulnerable Children & Young People's Task Group

Functions relating to child deaths
Lead: *Child Death Overview Panel*

- During 2011-12, the Child Death Review Panel were notified in respect of 42 child deaths, of which 15 reviews were completed.* The panel concluded that 2 of these 15 unexpected deaths had 'modifiable factors'

Serious Case Reviews
Lead: *Serious Case Review Sub-Group*

- DSCB initiated a serious case review in December 2011, which is not due for completion until at least the end of July 2012;

Progress in respect of priority areas

DSCB agreed 3 key priority areas to focus its resources on to progress during 2011-12:

- A strengthened leadership role in supporting multi-agency learning concerning child protection practice and joint investigations in respect of child abuse & neglect
- Improving inter-agency responses to children & young people who are vulnerable to experiencing sexual exploitation, internal trafficking and serious forms of bullying and violence
- Improving inter-agency responses to children who are likely to, or who have, suffered emotional abuse and neglect

A summary of progress against each of these priorities can be found in Appendix 3.

The Board has agreed three priorities for action for the next 12 months – these are outlined within its Business Plan & Work Programme for 2012-13, which can be downloaded from the DSCB website – http://safeguardingchildren.dudley.gov.uk/

* The Panel scheduled to take place in February 2012 did not go ahead resulting in some reviews of child deaths being deferred until April 201

Safeguarding Activity 2011-12

The following summary data is presented in three parts:

- Information relating to 'Common Assessment' and 'Children in Need' activity
- Information relating to 'Child Protection' activity
- Information relating to 'Looked after children'

Summary of Common Assessment and Children in Need Activity

Common Assessments

- During 2011-12, 465 common assessments were started of which 338 (73%) were completed in respect of vulnerable children and young people. 47.5% were started by schools; 17.2% by health professionals and 10.8% by children's centres;
- There was a 39.5% reduction in the number of common assessments started compared to the previous year (901), although the proportion of common assessments being completed in 2011-12 was an improvement compared to 2010-11

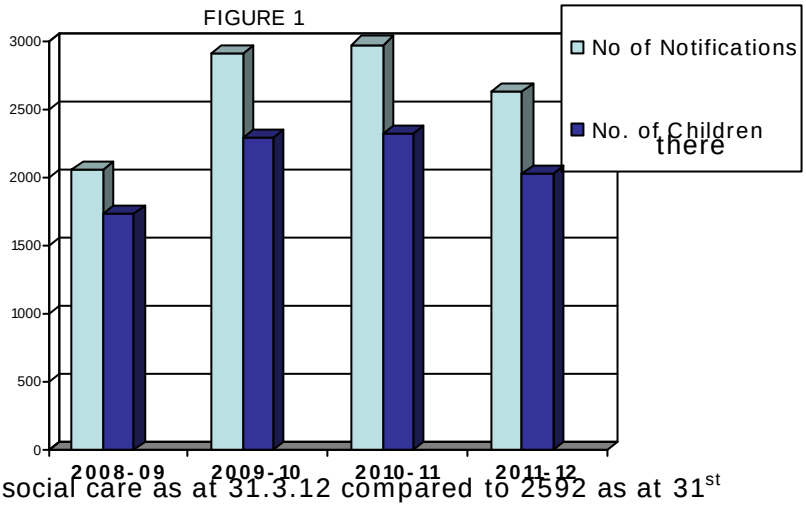
The information below relates to data obtained from children's social care, and compares activity from 2009-10 to 2011-12 (3 year period):

Contacts with Children's Social Care:

- In 2011-12, there were 14,248 contacts, which represents a slight decrease of 4.8% compared to the previous year in the context of an overall increase of 70% compared to 2006-07
- 26% of all contacts with social care come from the police; 14% from education; 9% from health agencies and 13% from a relative/friend;

Figure 1 (right) shows the number of domestic abuse notifications from the last four years, via the Domestic Abuse Response Team (DART). In 2011-12, were 2639 involving 2036 children, a fall of just over 11% from the previous year (notifications). In total since 2008, there have been 10,588 notifications involving8381 children (it is likely that around 25% are repeat 'victims')

FIGURE 1



Referrals:

- There were 2737 open referrals to social care as at 31.3.12 compared to 2592 as at 31st March 2010 and 2581 as at 31st March 2011
- There were a total of 6117 during the whole of 2011-12, which represents a downward trend due to the way in which domestic abuse notifications are initially recorded as contacts (not necessarily referrals)

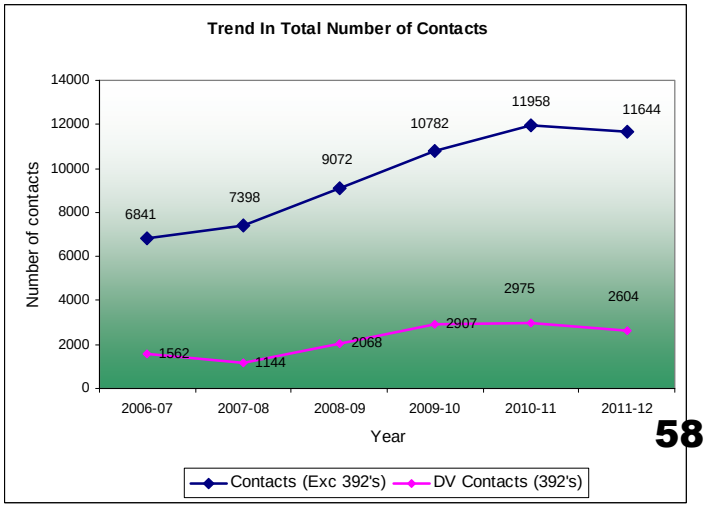


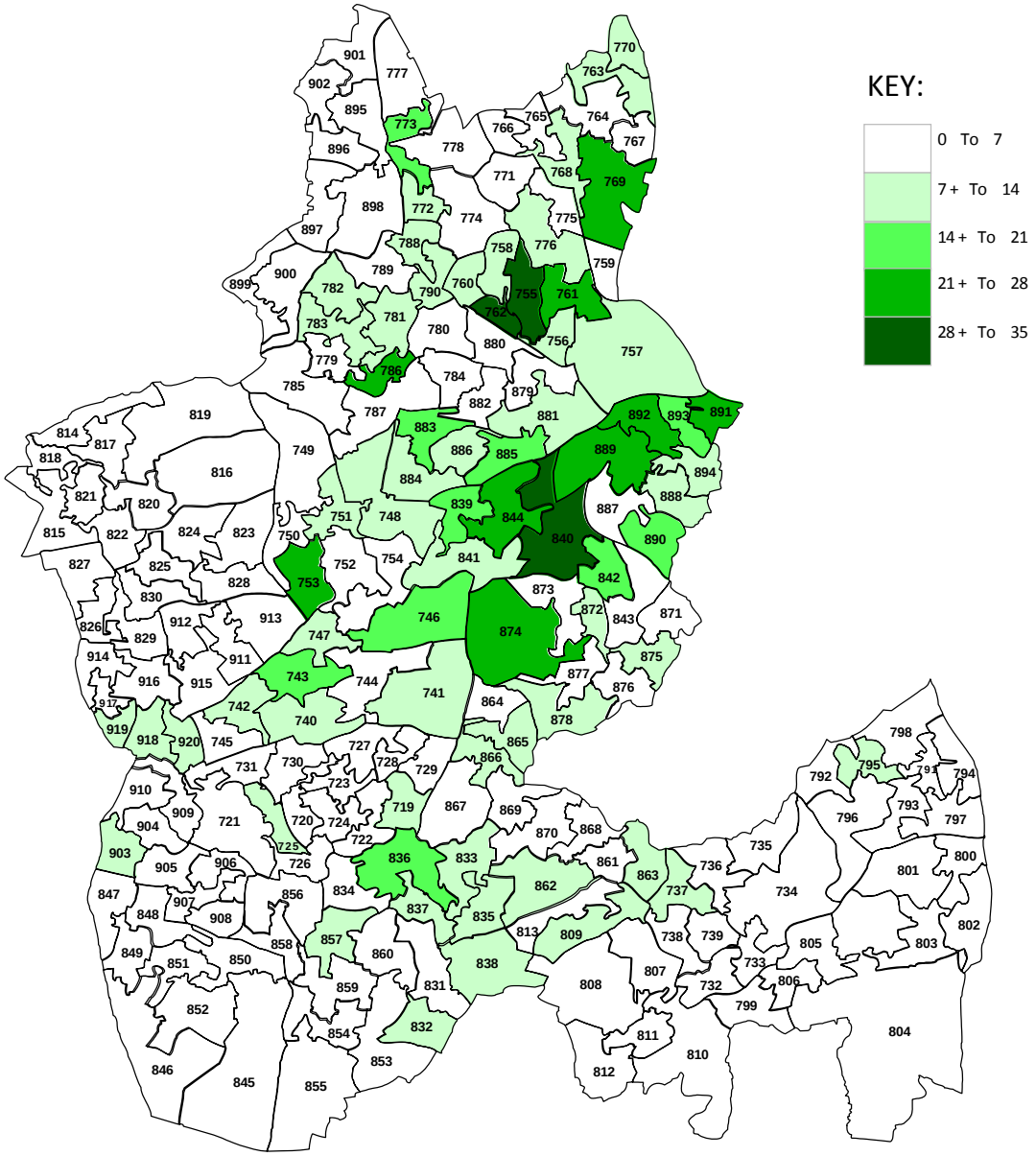
FIGURE 2

Figure 2 (left) shows the number of contacts to children's social care has been following an increasing trend over the last six years. The overall numbers of contacts (achieved by adding 392 police domestic abuse contacts and non 392 contacts together) have increased from 8402 in the 2006-07 year to 14248 in 2011-12, an increase of 70%.

If we exclude the police domestic abuse notifications (392s), contacts fell by 12% from the previous year.

Map 1 (below) shows Children In Need supported in their families as at 31st March 2012, grouped by Super Output Areas (which are numbered) and then colour graded according to the levels of concentration in each area. For example, in one of the Halesowen Super Output Area (SOA) labelled '804', there are between 0 and 7 Children In Need as it is shaded in white. In contrast, in SOA area '840' in the centre of Dudley is shaded in the Darkest Green which indicates that between 28 and 35 children come from this area

MAP 1



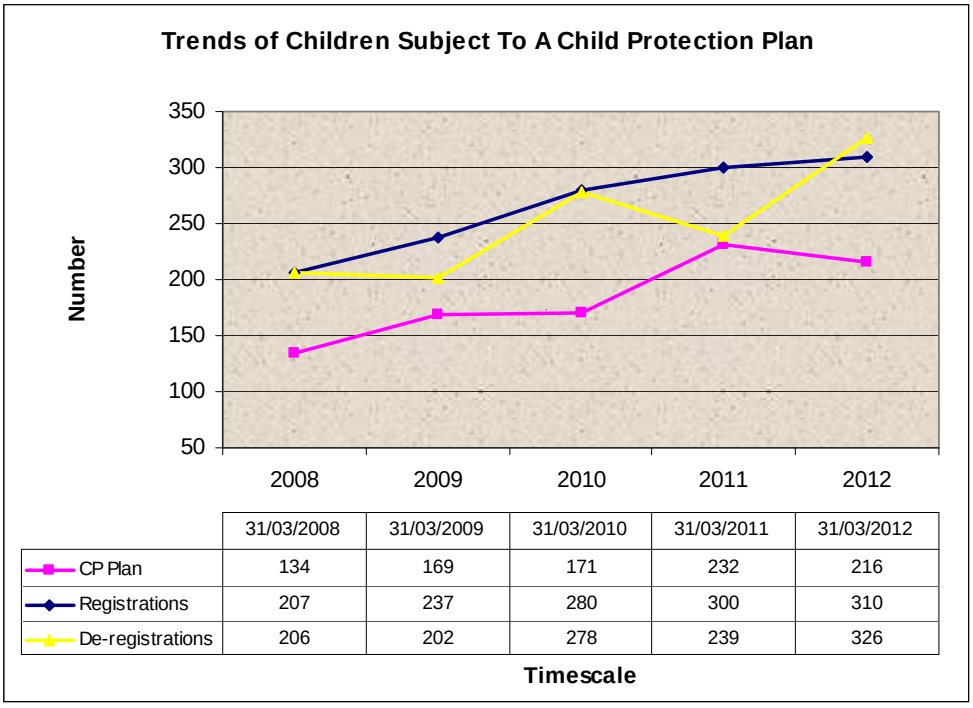
* Super Output Areas are…

Summary of Child Protection Activity

The headlines in respect of child protection data are as follows:

- There has been a 77% increase in the number of Section 47 Strategy Discussions over the last 5 years – on average, 98.5% of all strategy discussions during 2011-12 resulted in a child protection investigation
- In 2011-12, just under 35% of all S47 Investigations resulted in an Initial Child Protection Conference, compared to 46% the previous year and an average conversion rate of 44% over the last 5 years – the fall may be linked to the continuing rise in the number of children becoming looked after by the local authority, who are not initially subject to child protection plans;
- There were 155 Initial Child Protection Conferences during 2011-12, 20 'Receiving-In' Conferences and 326 Review Conferences – the total of 312 children were the subject of an Initial Child Protection Conference during the year.
- There were 277 children subject to a Child Protection Plan during 2011-12, which represents a 6% fall compared to the previous year – on average, 89% of all Initial Child Protection Conferences result in a Child Protection Plan for one or more children;
- Black and minority ethnic communities accounted for 15% of child protection plans as at 31.12.12;
- The number of new cases of emotional harm has increased by 160% over the 15 month period. In Quarter 4, 45% of children becoming the subject of a child protection plan were male, 44% were female and 11% were unborn
- 44% of all Child Protection Plans in 2011-12 were due to 'Neglect', with 31% due to emotional abuse – there has been a significant fall in the proportion of child protection plans relating to sexual abuse, from 19% in 2007-08 to just 6% in 2011-12 (although the rise in admissions to local authority care may in part explain this decline);

FIGURE 3

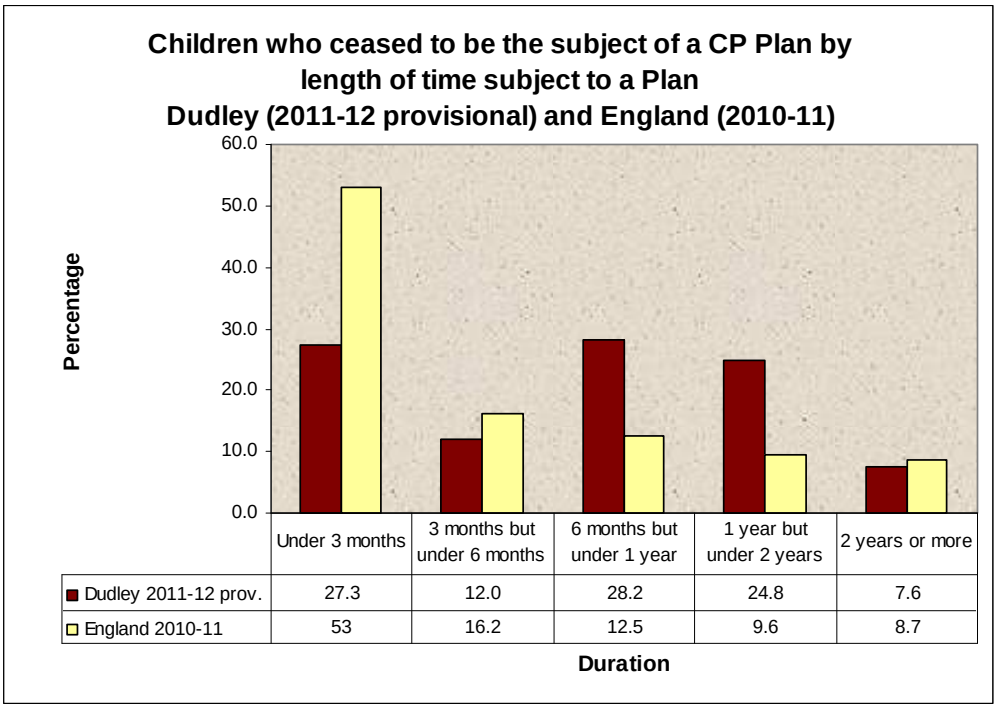


	31/03/2008	31/03/2009	31/03/2010	31/03/2011	31/03/2012
CP Plan	134	169	171	232	216
Registrations	207	237	280	300	310
De-registrations	206	202	278	239	326

Figure 3 (left) illustrates the 5- year trend in respect of child protection plans @ 31.3, taking into new child protection plans (registrations) and ending of child protection plans (de-registrations) – both of these rates have increased which means that the duration for which children are remaining on a child protection plan is reducing overall.

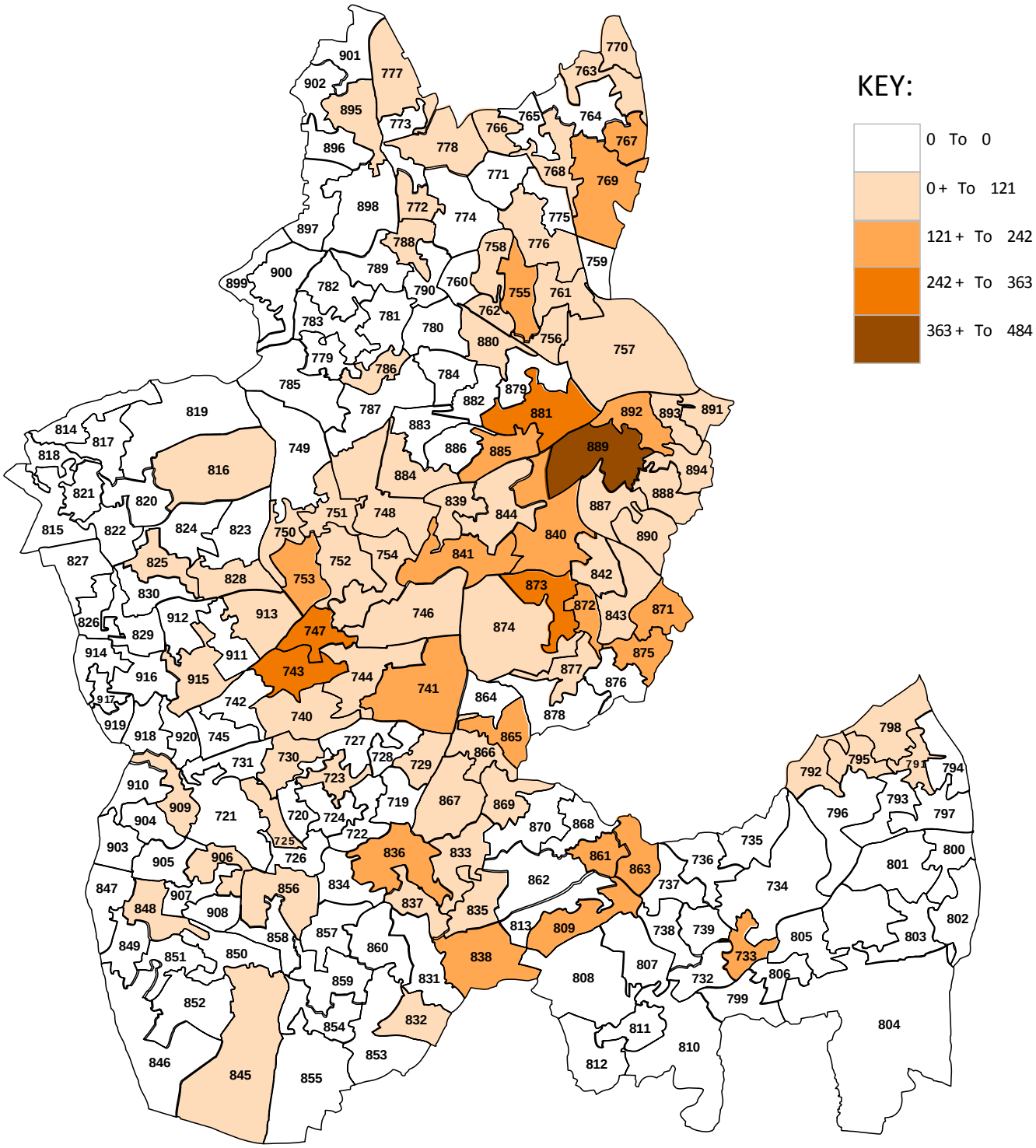
Figure 4 (below) shows comparator data of the duration of children who ceased to be a subject of a child protection plan. Of all children whose plans were ended during 2011-12, children in Dudley were more likely to be kept on a plan for between 6 months and 2 years (53%) than in England (23%). Over half (53%) of CP plans in England were ceased under 3 months during 2010-11 compared with 27.3% in Dudley during 2011-12.

FIGURE 4



	Under 3 months	3 months but under 6 months	6 months but under 1 year	1 year but under 2 years	2 years or more
Dudley 2011-12 prov.	27.3	12.0	28.2	24.8	7.6
England 2010-11	53	16.2	12.5	9.6	8.7

MAP 2



Map 2 (above) shows the rates of children who became subject to child protection plans between 1st April 2011 and 31st March 2012 per 10,000 children aged under-18 years of age for Super Output Areas*. The darker shaded areas indicate where there were higher numbers of child protection plans. The highest rate within an individual SOA can be seen in St Thomas's Ward.

FIGURE 5

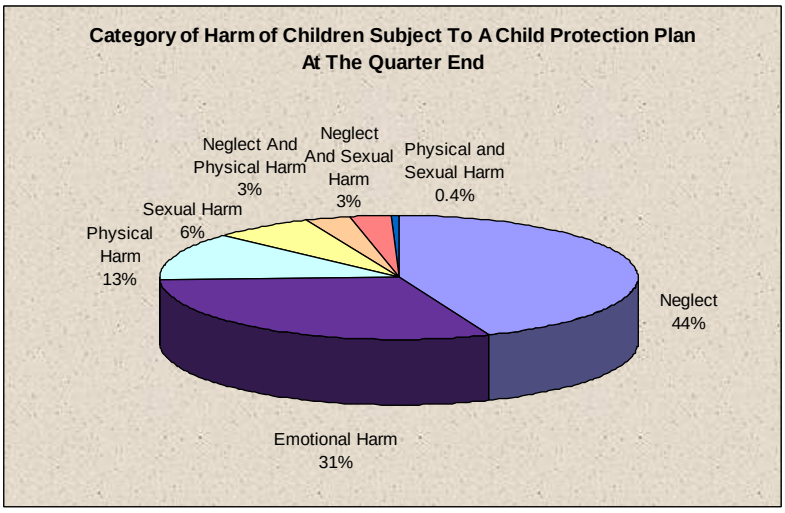
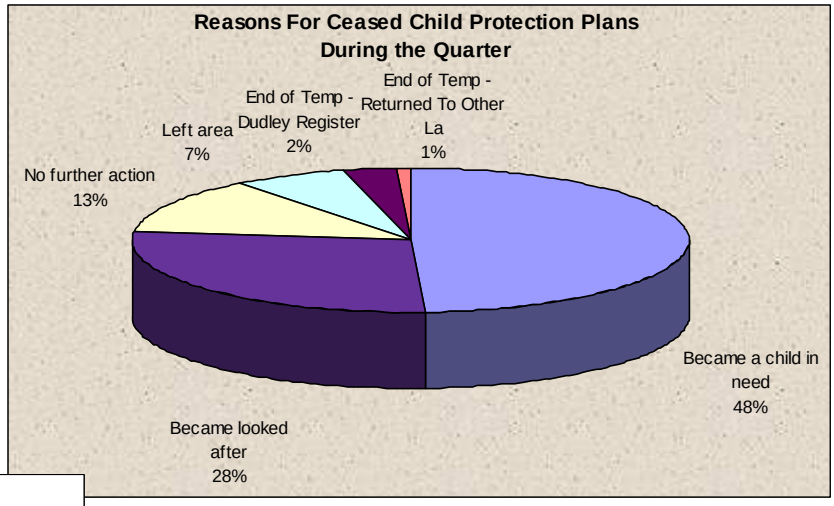


Figure 5 (left) shows the category of harm for all children who were registered on a CP Plan at the end of Quarter 4 2011-12. Of all CP cases, 44% were registered due to neglect only. Almost a third of all CP cases (31%) were registered due to emotional harm.

FIGURE 6

Figure 6 (right) shows the percentage of CP plans which ended during Quarter 4 of 2011-12 (1.1.12-31.3.12) with the recorded outcome. Of all CP Plans that were ceased during Quarter 4, 48% continued to be a child in need and 13% ended with no further action. The proportion becoming looked after was 28% in Quarter 4.

FIGURE 7



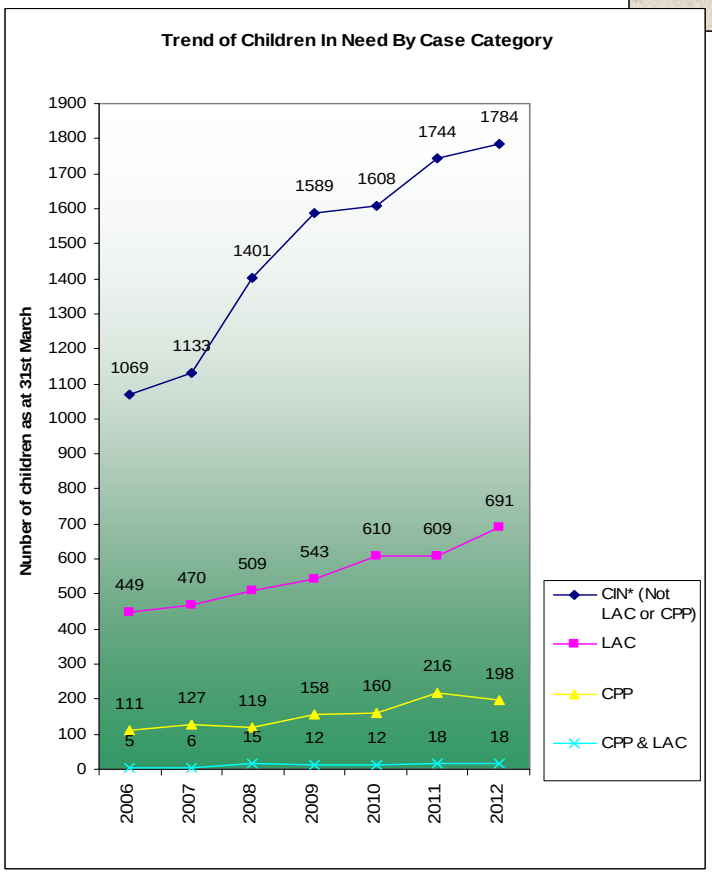


Figure 7 (left) shows the numbers of open cases to children's social care as at 31st March 2006-12 by category of case. The blue line shows numbers of children supported at home in their families, the pink line is the number of Looked After Children and the yellow line is the number of Child Protection Plans, all of which have shown a rising trend over the last 6 years.

Summary of Child Protection Data

Table 1 (below) provides a summary of the child protection data over the last 5 years.

TABLE 1

	2007-08	2008-09	2009-10	2010-11	2011-12	5 year average
Strategy Discussion						
Number of children subject to Strategy Discussions	456	604	705	812	809	677
Number Requiring S.47 Investigation	439	560	686	779	797	652
% Requiring S.47 Investigation	96.3%	92.7%	97.3%	95.9%	98.5%	96.3%
Section 47 Investigation						
Number of Section 47 Investigation	435	546	659	785	783	642
Number Requiring Initial Case Conference*	240	286	263	362	273	285
% Requiring Initial Case Conference	55.2%	52.4%	39.9%	46.1%	34.9%	44.4%
Initial Case Conference						
Number of Initial Case Conference*	235	262	311	360	312	296
Number Subject to Child Protection Plan	200	217	267	295	277	251
% Subject to Child Protection Plan	85.1%	82.8%	85.9%	81.9%	88.8%	84.9%
Child Protection Plan						
Number of Child Protection Plans	134	169	171	232	216	184
New Child Protection Plans	207	237	280	300	310	267
Ceased Child Protection Plans	206	202	278	239	326	250
CPP Category of Harm						
Neglect	66	91	86	92	95	86
Physical	11	28	31	44	27	28
Sexual	25	8	18	15	14	16
Emotional	24	35	34	64	66	45
Multiple	8	7	2	17	14	10
Total	134	169	171	232	216	184
Review Case Conferences						
Number of Review Case Conferences	413	471	604	603	710	560

TABLE 2

	Dudley		West Midlands	England
	2011-12	2010-11	2010-11	2010-11
Source	Dudley MBC (Swift/ICS) PROVISIONAL	DfE (CIN Census 2011)	DfE (CIN Census 2011)	DfE (CIN Census 2011)
Referrals during the year; rate per 10,000 children aged under 18 years	433	555	622	557
Initial assessments completed during the year; rate per 10,000 children aged under 18 years	354	322	405	398
New registrations; rate per 10,000 children aged under 18 years	47	46	45	44
Re-registrations during the year; percentage of registrations	14%	13%	14%	13%
De-registrations during the year; rate per 10,000 children aged under 18 years	50	36	45	41
Children on CP Plans as at the end of the year; rate per 10,000 children aged under 18 years	33	36	41	39

Table 2 (above) provides comparator information in respect of Dudley (2010-11 and 2011-12), with West Midlands and England (2010-11).

Other Safeguarding Activity

- 44 young people were referred to the Young People at Risk of Sexual Exploitation (YPSE) Panel during 2011-12 – a total of 110 young people have been discussed by the Panel over the last three years;
- There were 68 meetings in respect of concerns or allegations relating to 44 people who work with children & young people – a further 43 cases were referred to the Local Authority Designated Officer (LADO) for advice and support in respect of concerns or allegations about their employment suitability or potential risk of harm to children

Looked After Children Summary

The headlines in respect of child protection data are as follows:

- There were 682 children in care at the 31st March 2012, which represents a 11% increase from the end of previous year

FIGURE 8

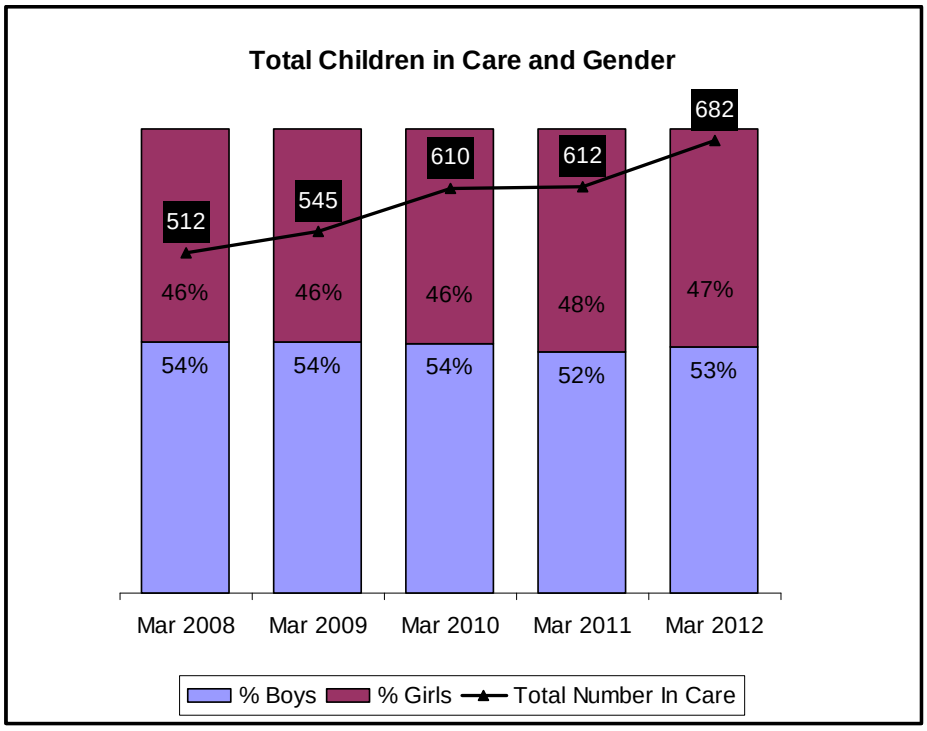
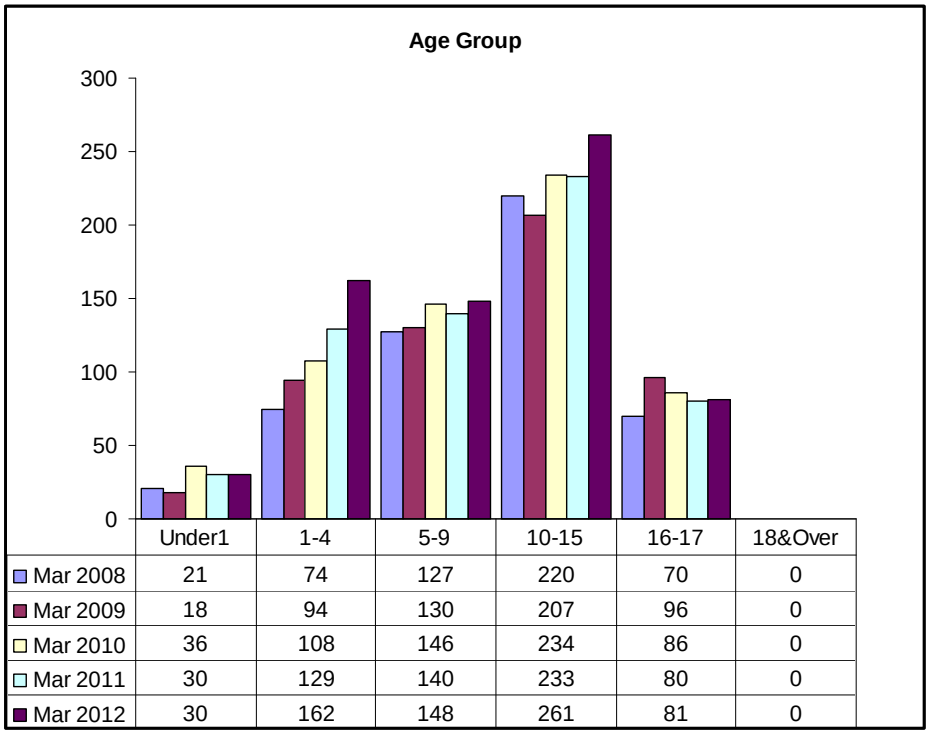


Figure 8 (left) shows the increasing trend in the overall numbers of children in care (CIC). Numbers have increased by approx 33% over the 5-year period from 512 as at March 2007 to 682 as at March 2012. Nationally the number of CIC has increased by 9.3% from 59970 in 2007 to 65520 in 2011.

Dudley CIC population consists of more boys (53%) than girls (47%) as can be seen in Chart 1 and these proportions have altered little over the last 5 years. Nationally, 2011 CIC statistics show that 56% of CIC are boys, and 44% Girls. Dudley therefore currently has a higher % of girls in care than the national average.

FIGURE 9



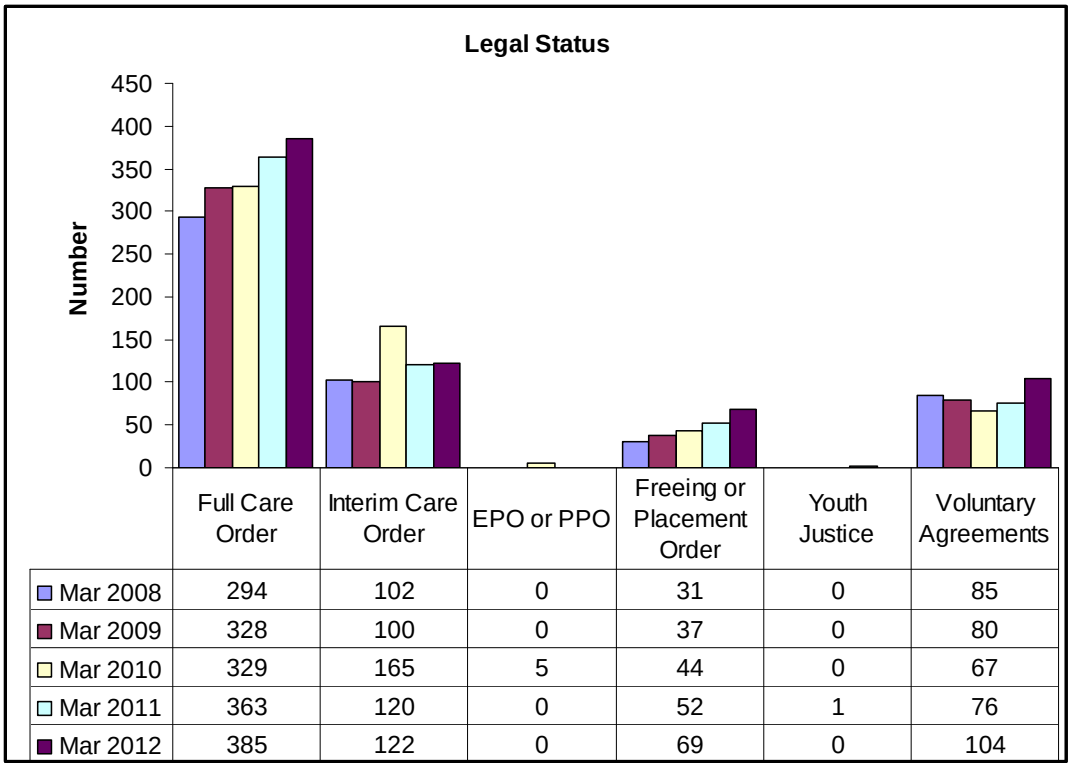
	Under1	1-4	5-9	10-15	16-17	18&Over
Mar 2008	21	74	127	220	70	0
Mar 2009	18	94	130	207	96	0
Mar 2010	36	108	146	234	86	0
Mar 2011	30	129	140	233	80	0
Mar 2012	30	162	148	261	81	0

Figure 9 (right) shows that the numbers of children in care by age group @ 31st March. The largest group is the 10 to 15 age group. The group that has seen the biggest increase over the past five years is the 1 - 4 age group (88 children). The average age of CIC is falling. As at 31st March 2012 the average of CIC was 9 years old. In 2008 the average age of CIC was 10.4 years.

Nationally, CIC statistics show that 6% of children as at the 31st March 2011 were Under 1 (4% in Dudley @31.3.12); 18% aged 1 to 4 (24% in Dudley @ 313.12), 18% aged 5 to 9 (22% in Dudley @ 31.3.12) , 37% aged 10 to 15 (38% in Dudley @ 31.3.12) and 21% aged 16 and over (12% in Dudley @ 31.12.12).

FIGURE 10

Figure 10 (right) highlights the increase in the number of children in Dudley on Full Care Orders from 294 as at March 2008 to 385 as at March 2012. Interim care orders account for 18% (2012) of all legal statuses, which is slightly below the national average of 21% (2011). 74% of all Dudley LAC were on a care order (either interim or full) compared with 60% of LAC nationally. Voluntary Orders have made up 15% of the total. National rates 2011 are currently higher at 31%.



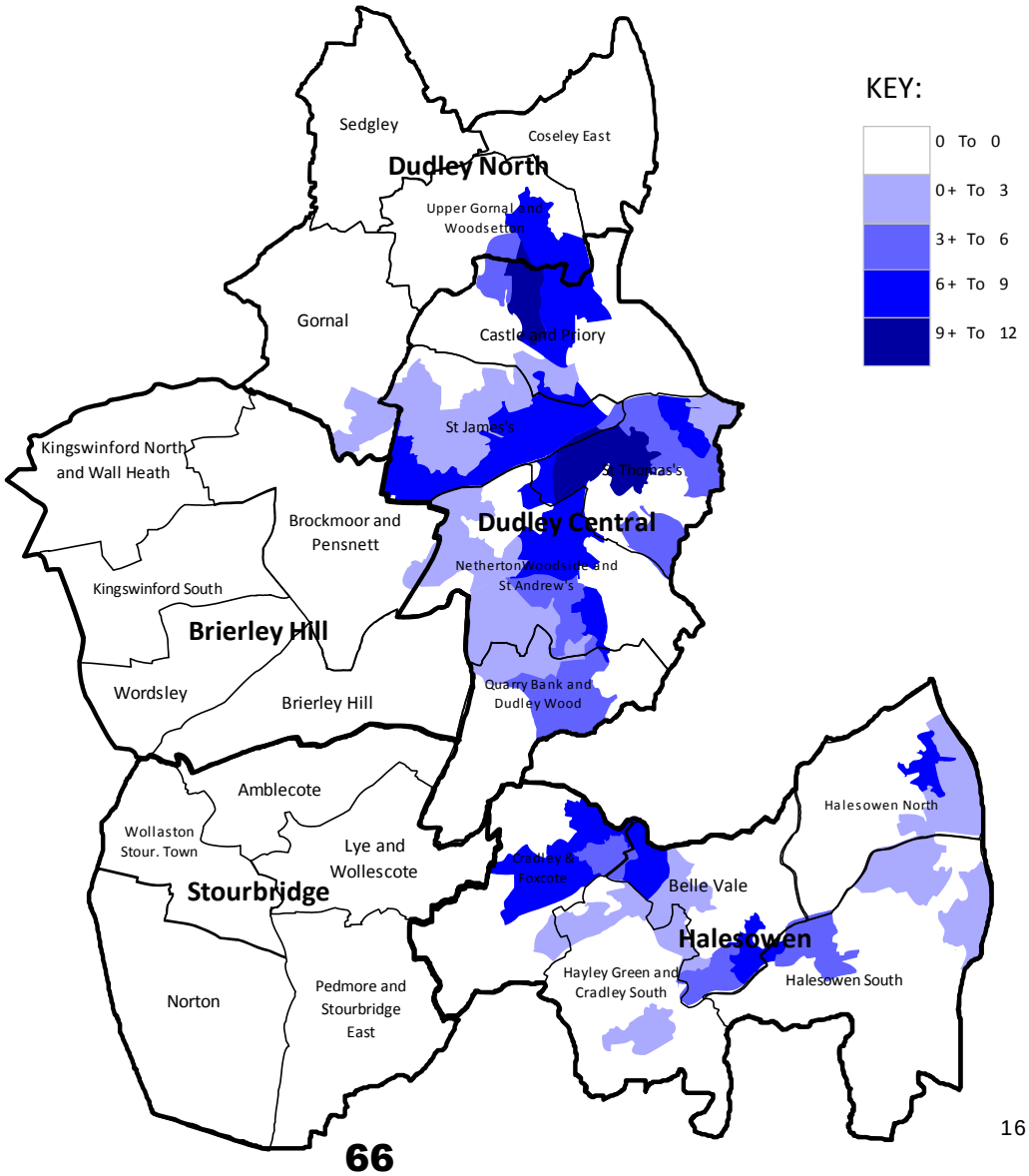
	Full Care Order	Interim Care Order	EPO or PPO	Freeing or Placement Order	Youth Justice	Voluntary Agreements
Mar 2008	294	102	0	31	0	85
Mar 2009	328	100	0	37	0	80
Mar 2010	329	165	5	44	0	67
Mar 2011	363	120	0	52	1	76
Mar 2012	385	122	0	69	0	104

MAP 3

Map 3 (left) shows the children who became looked after in the 12 months to the quarter end and shows where they were living at the time of becoming looked after as a proportion of all children who started to be looked after during this time.*

The highest concentration of admissions to care is from Dudley Central and particularly St Thomas's Ward and Castle and Priory

Where addresses were confidential, in a small number of instances, these have been excluded from the data.



Summary of Performance Information

The Quality & Performance Management Group is responsible for monitoring a range of performance information on a quarterly basis. The key headlines for 2011-12 are:

- Improved performance by children's social care in respect of timeliness of completion of initial and core assessments despite continued demand;
- Below national average performance in respect of the timeliness of initial and review child protection conferences;
- Decline in performance in respect of proportion of children subject to a child protection plans for two years or more;
- Improves stability of placements of looked after children, despite rising trend of numbers of children in care;

Strategic Needs Analysis

The Joint Needs Assessment (JNA) is the main vehicle for strategically analysing data and information from a range of sources in order to inform planning activity. In respect of safeguarding children, the key areas to highlight are:

- Some evidence of increased activity in respect of the initiation and completion of common assessments in relation to vulnerable children and young people, although this has fluctuated during the year and has been impacted by the reduction in dedicated support to the processes (i.e. the reduction from 5 to 2 Integrated Services Managers);
- Improved rate of conversion from referral to initial assessment in children's social care, which could indicate more appropriate referrals to social care due to impact of common assessment and early intervention and better understanding of thresholds;
- Continued rising trend in the number of children being looked after by the local authority, placing increased strain on front-line services and resources, and review arrangements;
- Evidence of the need to prioritise service responses in accordance with highest areas of need and deprivation, particularly those 'super output areas' with a concentration of children in need, children subject to child protection plans and children becoming looked after;

Effectiveness of Safeguarding Arrangements

The assessment of effectiveness of safeguarding arrangements during 2011-12 has three key strands:

- safeguarding inspection (external view)
- self-assessment (partnership view)
- Section 11 audit (organisational view)

Safeguarding Inspection

The announced inspection of Safeguarding & Looked After Children's Services took place in Dudley between 28 November and 9 December 2011. The 7 inspectors representing Ofsted and the Care Quality Commission met with a large number of practitioners and managers during the two weeks of fieldwork, facilitating interviews and focus groups.

The report was published on 25 January 2012 – a full copy is available to download at http://www.ofsted.gov.uk/local-authorities/dudley . It contains a total of 22 judgements (10 in respect of safeguarding and 12 in relation to services for looked after children. There are four key judgements - the table below provides a record of the main findings:

Safeguarding Services - Key Judgements	
Overall effectiveness	Adequate
Capacity for Improvement	Good
Safeguarding outcomes for children & young people	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children & young people safe	Adequate
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Good
Services for looked after children - Key Judgements	
Overall effectiveness	Good
Capacity for Improvement	Good
How good are outcomes for looked after children and care leavers?	
Being healthy	Adequate
Staying safe	Good
Enjoying and achieving	Outstanding
Making a positive contribution, including user engagement	Good
Economic well-being	Good
Quality of provision	Adequate
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Equality and diversity	Good

The report makes a total of 13 recommendations to be actioned within 3 or 6 months (see below) – Dudley Safeguarding Children Board will take a proactive approach in scrutinising and/or delivering improvements in respect of many of these recommendations.

Areas for improvement – safeguarding

Within three months
▪ Ensure the draft health action plan is agreed and fully support improvements in health provision, including case recording, health contribution to holistic assessments of need and risk, case planning and measurement of health outcomes and impact
▪ NHS Dudley and NHS providers ensure timely access to emotional and mental health services for women who require additional support prior to and following the birth of their children
▪ Develop explicit joint protocols between children's services, health and adult social care to ensure that older young people and those at points of transition receive appropriate, timely and continuous services to meet their assessed needs
▪ Establish joint and agreed quality standards for safeguarding practice across the partnership and implement a joint quality assurance and performance framework underpinned by efficient information systems
▪ Extend audit processes to routinely monitor the consistency and quality of practice
▪ Ensure MARAC is fully operational and effective leadership is in place in order to meet the level of demand for such arrangements
Within six months
▪ Ensure the electronic recording system in children's social care is fully operational and embedded to support effective case recording, captures the views of service users and collate data and information in a way that is immediately useful to front line and senior managers
▪ Develop explicit arrangements for the use of the CAF within strategies for early intervention and family support to ensure that all agencies are assuming responsibility for being lead professionals in suitable cases

Areas for improvement – looked after children services

Within three months
▪ Ensure the draft health action plan is agreed and fully support improvements in health provision, including case recording, health contribution to holistic assessments of need and risk, case planning and measurement of health outcomes and impact
▪ NHS to review the capacity of the specialist health services to looked after children and young people to ensure health support, including dental health care and annual health assessments, is accessible, timely and user-friendly
▪ NHS Dudley and partners to review the additional support needed for teenage and looked after parents, including those who have experienced loss and establish relevant joint services to support their identified therapeutic needs
▪ Ensure there is sufficient IRO capacity to enable the team to fully implement their quality assurance responsibilities including data collation on quality and performance and reporting to relevant boards and committees
Within six months
▪ Strengthen quality assurance and auditing systems across the partnership to ensure there is in-built and robust challenge to practice against jointly agreed service and quality standards

Action Plans in respect of all recommendations are now in place and implementation of key improvements underway. A summary of these key actions can be found within Appendix 1 of the DSCB Business Plan and Work Programme 2012-13.

LSCB Self-Assessment

DSCB conducted a self-assessment of it's own effectiveness using the Ofsted Good Practice Checklist (published in September 2011). A summary of the Board's self-assessment against the 5 key areas is outlined below:

Good Practice Area	Self-Assessment
Governance arrangements	Satisfactory
Partnership working	Good
Engagement with children and young people	Satisfactory
Business planning and relationship with Children's Trust/Partnership	Satisfactory
Quality Assurance	Poor

A full outline of the self-assessment can be found within the DSCB Business Plan and Work Programme 2012-13 (Appendix 2)

In 2011-12, the Board introduced monitoring and reporting of attendance by partner agencies at the main DSCB meetings – overall average attendance is recorded as 64%. From a total of 22 agencies, 9 partner agencies maintained a 100% attendance record; there were 5 partners agencies whose attendance was 25% or below.

A summary of partner agencies attendance is found within Appendix 3.

Section 11 Audits

Section 11 of The Children Act (2004) places a statutory obligation on a number of agencies to safeguard and promote the welfare of children and young people whilst carrying out their normal functions. One of the functions of the LSCB is to monitor the effectiveness of arrangements in a locality to safeguard and promote the welfare of children and young people. This includes monitoring compliance with Section 11 of Children Act 2004 and Section 175 of Education Act 2002.

The requirement for all agencies to safeguard and promote the welfare of children and young people is also reflected in the statutory guidance *'Working Together to Safeguard Children',* 2010. This includes detailing the roles and responsibilities of respective agencies, the voluntary and private sectors and faith communities in safeguarding and promoting welfare.

During 2011-12, key partner agencies undertook an audit of their Section 11 compliance using an online tool provided by Virtual College e-safeguarding children academy. It contains 11 standards:

- Senior management commitment to the importance of safeguarding children (1)
- A clear statement of the agency's responsibilities towards children available to staff (2)
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children (3)
- Service development takes account of the need to safeguard and promote welfare (4)
- Service development is informed by the views of children and families (5)
- Individual case decisions are informed by the views of children and families (6)
- Effective inter-agency working enabling information sharing to service users (7)
- Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families (8)
- Safe recruitment (9)
- Effective inter-agency working to safeguard and promote the welfare of children (10)
- Effective inter-agency working and information sharing in order to ensure safeguarding and promoting children's welfare (11)

For most of the 11 standards, there are a series of sub-criteria totalling 45 across the whole audit tool. For each of the criteria, there are a set of grade descriptors ranging from 25% (red), 50% (blue), 75% (amber) to 100% (green) compliance.

A breakdown of compliance in terms of aggregated scores can be found in Appendix 1. This highlights the lowest and highest areas of compliance and the average score for compliance against each of the 11 standards. A breakdown of compliance against the 11 standards by each organisation can be found at Appendix 4. This includes each organisation's overall score for compliance (based upon an average across the 11 standards).

During 2011-12, each of the partner organisations will present a summary of their safeguarding self-assessment, highlighting areas of strength and areas for improvement – this forms part of the DSCB scrutiny programme to provide 'support and challenge' in respect of safeguarding effectiveness.

A summary of the collated results is outlined below:

Summary

Overall Compliance

- The **average compliance** score against all of the criteria within the standards for all organisations/agencies is **81.8%**

Standards

- The **strongest areas** of compliance (on average) relate to:
  - Safe recruitment (9)
  - Senior management commitment to the importance of safeguarding children (1)
  - Service development takes account of the need to safeguard and promote welfare **(4)**
- The **weakest areas** of compliance (on average) relates to:
  - Service development is informed by the views of children and families (5)
  - Effective inter-agency working and information sharing in order to ensure safeguarding and promoting children's welfare (11)
  - Effective inter-agency working to safeguard and promote the welfare of children (10)
- The range of compliance against most standards is significant, with at least one organisation scoring 100% against 9 of the 11 standards
- Each organisation will need to decide its priorities for action in respect of standards they have scored less well, for example, below 70%, although improvement activity should not necessarily exclusively relate to such areas of poorer compliance. There may be some standards where the ambition of the organisation is to improve to 100%, even from a relatively good position

Criteria

- The **strongest areas** of compliance across all the audits relate to:
  - the organisation has a recruitment policy in effect which ensures professional and character references are always taken up (9.1)
  - there is a named senior manager who champions safeguarding throughout your organisation (1.1)
  - the organisations written policies and procedure for safeguarding & protecting children are mandatory for staff and volunteers (2.10)
  - appropriate staff and volunteers who work or who have contact with children & families receive training on their professional roles and responsibilities and those of their organisation (8.2)
  - where appropriate enhanced or standard CRB checks are completed on all those staff and volunteers who work primarily or directly with children & young people… (9.4)
  - face-to-face interviews are carried out (9.5)
- The **weakest areas o**f compliance across all the audits relate to:
  - contractors to the organisation who work with children are who delivering statutory services are Section 11 compliant and have been audited (10.6)
  - as a minimum the organisation evaluates outcomes from the perspective of the child or young person (11.3)
  - the organisation has identified principles of working with children and their families for all staff who work with them (10.1)
- There are 4 criteria which are red (25% compliance) – these were across two partner organisations

Lessons learnt from serious case reviews and child deaths and progress in implementing actions

Serious Case Reviews

The implementation of action plans in respect of previous serious case reviews are monitored by the Serious Case Review Sub-Committee. During 2011-12, DSCB initiated a Serious Case Review in respect of Child C, which is still underway – it is envisaged that this will be concluded by September 2012 and subsequently published on the DSCB website.

Significant Incident Learning Processes

The Board also undertook two Significant Incident Learning Processes (SILPs), a new process involving an independent facilitator and the active engagement of the practitioners and managers in a structured learning approach. The first of these was concluded in November 2011 – it identified the need for improvements in relation to:

- child protection conferences and child protection plans
- family and parenting assessments
- administrative support for child in need meetings and core groups
- child death processes and the aftermath for professionals
- cross-boundary working
- practice for the 'team around the child' (whether informally or formally constituted)

The executive summary from the second SILP will be presented to DSCB in July 2012.

Child Death Reviews

During 2011-12, the Child Death Review Panel completed 15 reviews of child deaths and assessed two of these deaths as having modifiable factors. It also completed a more in-depth 'Root Cause Analysis' review of an asthma related child death. The reviews identified the need for improvements in respect of:

- Asthma management between key agencies such as GP, school health advisor, school and parent
- Impact of missed appointments
- Discharge planning, recording and follow-up
- Impact of change of agency thresholds
- Communication and information-sharing between agencies
- Impact of difficult relationships between professionals and parents

Key improvements identified through quality assurance activity

Quality assurance and audit activity occurs at a single agency level and through multi-agency processes. During 2011-12, the Board has been revising its Quality Assurance Framework, which is due to be launched in June 2012. The framework will include new inter-agency child protection standards and audit tools.

In June 2011, the Board published two key reports, the first entitled 'The Child's Voice' provided an overview of key messages from serious case reviews, learning from DSCB complaints panel, Key feedback from service users and professionals in respect of child protection conferences, and learning from local case reviews; the second report highlighted 12 cases identified by local practitioners as demonstrating good practice, particularly in respect of partnership working. Practitioners were also asked to identify areas for improvement in respect of multi-agency working. These were:

Both reports can be downloaded from the DSCB website – http://safeguardingchildren.dudley.gov.uk/

DSCB Complaints

During 2011-12, DSCB held 1 Complaints Panel in respect of appeals concerning the outcomes of child protection conferences, compared to 6 Panels during the previous year. The key issues identified by the Panel was the effect of lack of available resources on social care and partner agencies in conducting important pieces of specialist work such as parenting assessments and work to consider the impact of domestic abuse on children.

The learning from case reviews, complaints and audit will be outlined in greater depth within an overview report due to be published in June 2012

Key Challenges for the future

To some extent the very nature of safeguarding children will always present challenges across the professional landscape, both nationally and locally – what then are the key ones for Dudley?

- capacity of front-line services to respond to demand and complexity of child protection work, notably at a time of recession where the impact of poverty is likely to increase pressures within some families;
- the impact on frontline practice of continued organisational change and reform within health and police;
- the impact of the Family Justice Review in terms of capacity to adhere to timescales and additional requirements with family court proceedings, particularly in view of the increasing complexity of the circumstances of some children who are subject to care proceedings;
- the impact of cuts within public sector and to voluntary sector services on the provision of early intervention and some areas of more specialist assessment and intervention;

Key Priorities for 2012-13

The key priorities for 2012-13 are:

- Improve the consistency and quality of inter-agency child protection practice

  Lead: Quality & Performance Management Group

- Provide support and challenge to embed common assessment and deliver early support to vulnerable children, young people and their families

  Lead: Early Intervention Development Group

- Improve inter-agency responses to children & young people at risk, or who have suffered, sexual exploitation or abuse

  Lead: Vulnerable Children & Young People's Task Group

For further information go to the DSCB website and download the Board's Business Plan and Work Programme for 2012-12 or contact graham.tilby@dudley.gov.uk

APPENDICES

APPENDIX 1

Dudley Safeguarding Children Board Membership

Names in italics are no longer members of DSCB

Name	Role	Agency
John Polychronakis	Chief Executive Member (Chair from November 2011)	Dudley MBC
Pauline Sharratt	Assistant Director – Children & Families (Chair until November 2011)	Directorate of Children's Services, Dudley MBC
Jane Porter	Interim Director of Children's Services	Directorate of Children's Services, Dudley MBC
Ian McGuff	Assistant Director – Quality & Partnership	Directorate of Children's Services, Dudley MBC
Christine Ballinger	Divisional Manager, Fieldwork Services	Children's Social Care, Directorate of Children's Services, Dudley MBC
Graham Tilby	Head of Safeguarding & Review (Business Co-ordinator)	Safeguarding & Review, Quality & Partnership Directorate of Children's Services, Dudley MBC
Jackie Jennings	Safeguarding Development Manager	Safeguarding & Review, Quality & Partnership Directorate of Children's Services, Dudley MBC
Christine Russell	Children's Centres Manager	DCS - Extended Services Strategy
Donna Farnell	Child Care and Quality Manager	Early Years, Directorate of Children's Services
Hilary Walker	*Director of Quality (until March 2012)*	*Dudley Primary Care Trust*
Pauline Owens	Designated Lead Nurse for Safeguarding	Dudley Primary Care Trust
David Farnsworth	Black Country Cluster Quality Lead (from January 2012)	Dudley PCT
Stephen Cartwright	Medical Director (Designated GP)	Dudley PCT
Yvonne O'Connor	Deputy Director of Nursing	Dudley Group of Hospitals NHS Foundation Trust
Zala Ibrahim	Consultant Paediatrician (Designated Dr for Safeguarding)	Dudley Group of Hospitals NHS Foundation Trust
Bronwen Elphick	*Head of Dudley Probation* *(Member until November 2011)*	*Staffordshire & West Midlands Probation Service*
Adrian McNulty	Head of Dudley Probation (Member from November 2011)	Staffordshire & West Midlands Probation Service
Anna Dodd	Divisional Director – Children, Young Peoples & Families	Black Country Partnership Foundation Trust
Sue Marshall	Director for Children, Young People & Families	Black Country Partnership Foundation Trust
Anne Boden	Domestic Abuse Co-ordinator	Community Safety Team, Dudley MBC
Sue Haywood	Assistant Head of Community Safety	Community Safety/DAAT, Dudley MBC
Anne Harris	Head of Safeguarding (Adults)	Directorate of Adults, Community & Housing Services, Dudley MBC
DCI Phil Dolby	*Detective Chief Inspector (until July 2011)*	*Public Protection Unit, West Midlands Police*
DCI Jane Parry	Detective Chief Inspector (from July 2011)	Public Protection Unit, West Midlands Police

Chris Wood	Station Commander	West Midlands Fire Service
Julie Winpenny	Local Authority Liaison Officer	West Midlands Fire Service
Jo Hartill	Head Teacher	Mount Pleasant Primary School (Primary Schools Forum Representative)
Paul Moore	*Head Teacher (until July 2011)*	*Northfield Road Primary School (Primary Schools Forum representative)*
Rebecca Garrett	*Member (from November 2011)*	*Peters Hill Primary School (Primary Schools Forum representative)*
Judi Kings	Head Teacher	Special Schools Forum
Vacancy*	Head Teacher	Secondary Schools Forum
Dorothy Louden	*Counselling & Welfare Officer*	*Dudley College (FE Colleges Representative*
Gill Coldicott	Assistant Principal – Student Support Services, Recruitment and Safeguarding	FE Colleges
Rosie Musson	Head of Governance and Partnership	Dudley & Walsall Mental Health Trust
Helen Ellis	Commissioning Manager	Connexions Service, Dudley MBC
Helen Hipkiss	Programme Consultant – Children's Services	Strategic Health Authority
Arnie Troxler	*Senior Development Officer (until May 2011)*	*Dudley Council for Voluntary Service*
Jayne Sargeant	Manager (from September 2011)	The Phase Trust, Children, Young People's & Families Voluntary Sector Forum
Nicki Burrows	Children, Young People & Families Development Officer (from May 2011)	Dudley Council for Voluntary Service
Julie Davies	*Lay Member (ended 2012)*	*Lay Advisor*
Karen Palk**	Lay Member (from March 2012)	Lay Advisor
Marie Haynes	*Lay Member (ended 2012)*	*Lay Advisor*
Mike Galikowski	Service Manager	Youth Offending Services, Dudley MBC
Rachael Doyle	Principal Sport & Psychical Activity Manager	Directorate of Urban Environment, Dudley MBC
Mike Wood	Children's Trust	Dudley Children & Young People's Partership
Richard Clark	Principal Solicitor (Legal Advisor)	Legal Services, Dudley MBC
Vasalee Crawford	Service Manager	CAFCASS
*Cllr Liz Walker****	*Lead Member for Children's Services (Participant Advisor)*	*Cabinet Member – Children's Services, Dudley MBC*

* There has been a vacancy for a Secondary Head Teacher representative since January 2011
** Karen Palk was a Shadow Lay Advisor during 2011-12 and will be a Lay Advisor during 2012-13
*** Tim Crumpton became Lead Member for Children's Services in May 2012 and is now a participant observer on the Board

APPENDIX 2

DSCB Attendance by Partner Agencies (main Board)*

Agency	May 2011	July 2011	September 2011	November 2011	January 2012	Agency member attended	% over last 5 meetings	No of times agency representative attended	**Total % with member/rep**
Children's Social Care	Y	Y	Y	Y	Y	5/5	100		100
Dudley Primary Trust	Y	Y	Y	Y	Y	4/5	80	1/5	100
Dudley Group of Hospitals GOH	Y	Y	Y	Y	Y	4/5	80	1/5	100
FE Colleges	Y	Y	N	Y	N	3/5	60		60
Education	N	N	N	N	N	0/5	0		0
Primary Schools	N	Y	Y	N	Y	3/5	60		60
Secondary Schools	N	N	N	N	N	0/5	0		0
Special Schools	Y	N	N	N	N	1/5	20		20
Dudley & Walsall Mental Health Trust	Y	Y	Y	Y	Y	4/5	80	1/5	100
CAFCASS	Y	N	N	N	N	1/5	20		20
Youth Offending Service	Y	Y	Y	Y	Y	5/5	100		100
Probation Service	N	N	N	Y	Y	2/5	40		40
Connexions	N	Y	Y	Y	Y	3/5	60	1/5	80
West Midlands Fire Service	Y	Y	Y	Y	Y	5/5	100		100
West Midlands Police	N	Y	Y	Y	Y	3/5	60	1/5	80
Community Safety Team	Y	Y	Y	Y	Y	5/5	100		100
Dudley Children's Trust	Y	Y	Y	Y	Y	5/5	100		100
Directorate of Urban Environment	Y	N	Y	Y	Y	4/5	80		80
Extended Services Strategy	Y	Y	Y	N	Y	3/5	60	1/5	80
Directorate of Adults, Community & Housing	Y	Y	Y	Y	Y	3/5	60	2/5	100
Voluntary Sector	Y	Y	Y	N	Y	4/5	80		80
West Midlands Ambulance Service	N	N	N	N	N	0/5	0		0

Key:		
	Red	*DSCB agency member did NOT attend*
	Amber	*DSCB agency member did NOT attend, but another person attended in their place or DSCB agency member attended for part of the meeting*
	Green	*DSCB agency member attended*

* These figures do not include attendance at the DSCB Development Session in March 2012

APPENDIX 3

Progress in respect of Key Priorities for 2011-12

Dudley Safeguarding Children Board

'Working Together to Keep Children & Young People Safe'

Key Priorities 2011-12				
What was our Priority?	**What have we done?**	**What have we yet to do?**	**Who will take the lead?**	**When will we do it by?**
A strengthened leadership role in supporting multi-agency learning concerning child protection practice and joint investigations in respect of child abuse & neglect	Under the auspices of the DSCB QA Framework (2010) we have: ▪ concluded case reviews in respect of 2 children; ▪ concluded a Significant Incident Learning Process (SILP) in respect of 1 child ▪ initiated a SILP in respect of 1 child ▪ produced and disseminated 2 Overview Reports in respect of learning from case review, audit and complaints ▪ facilitated 3 learning events for front-line staff/managers ▪ facilitated 2 workshops in respect of 'working with highly resistant families (C4EO) ▪ conducted joint audit activity between police, social care and health ▪ conducted a review of the use of secure and residential placements Strengthened Local Forum (extended to include health with new terms of reference	Review QA Framework in the light of new Working Together guidance (expected April 2012) and Ofsted Inspection Report Produce QA Overview Report Convene further workshops in respect of 'working with highly resistant families Develop a joint audit programme – police, health, social care and education Extend CP Co-ordinators Forum to include police, social care & health representatives in collaboration with Local Forum – practice focus Complete Serious Case Review (Child C) and disseminate learning	S&R Policy, Procedures & Practice Sub-Committee Local Forum SCR Panel	June 2012 June 2012 March 2012 March 2012 March 2012 July 2012 (subject to review)

Key Priorities 2011-12

What was our Priority?	What have we done?	What have we yet to do?	Who will take the lead?	When will we do it by?
Improving inter-agency responses to children & young people who are vulnerable to experiencing sexual exploitation, internal trafficking and serious forms of bullying and violence	In respect of child sexual exploitation (CSE) and internal trafficking, we have: ▪ Strengthened YPSE Panel ▪ Presented an annual report from Dudley Street Teams to DSCB (July 2011) ▪ Contributed to Bedford University research and completed self-assessment checklist for LSCBs ▪ Contributed to the development of a West Midlands (Police area) regional strategy and action plan	Implement actions arising from regional and local strategy/action plan	Vulnerable C&Yps Task Group	As defined by plan
	In respect of young runaways, we have: ▪ Concluded a 12-month pilot evaluation of need (Children's Society) ▪ Agreed development of internal service response for children who run away from home	Complete training and introduce new service response Agree arrangements for children who run away from care	Vulnerable C&Yps Task Group DSCB	February 2012 March 2012
	In respect of bullying, we have: ▪ Contributed to development of new guidance ▪ Conducted learning event in respect of social networking (ABW)	Contribute to evaluation of impact of Anti-Bullying Co-ordinator	Anti-Bullying Steering Group	As defined by project plan
	In respect of domestic violence, we have: ▪ Completed DART evaluation & identified additional resource ▪ Contributed to Service Improvement Review	Appoint to new Education Liaison post Support implementation of action plan	Local Forum DA Forum	April 2012 As defined by action plan

Key Priorities 2011-12

What was our Priority?	What have we done?	What have we yet to do?	Who will take the lead?	When will we do it by?
Improving inter-agency responses to children who are likely to, or who have, suffered emotional abuse and neglect	During 2011-12, we have: ▪ Commissioned and delivered Signs of Safety training to Brierley Hill practitioners (initial pilot) and Halesowen practitioners ▪ Conducted some evaluation of the impact of Signs of Safety tools on frontline practice ▪ Reviewed the Neglect Strategy	Conclude a further 2-day training course within 2011-12 for Halesowen and Brierley Hill practitioners Conduct a more formal evaluation of the impact of Signs of Safety on outcomes for children and their families Refresh the Neglect Strategy in the light of national and local changes	Neglect Task Group	March 2012 June 2012 June 2012

Other Planned Improvements & Developments during 2011-12

Priority	Key Activity	*Progress*
Work with Community Safety and Safe & Sound Partnership to progress key areas of interface	Development of a protocol between substance misuse services and safeguarding in respect of adults who misuse alcohol and drugs	Completed
	Contribution to work in respect of safeguarding children and young people who may be affected by gang activity	On-Going
	Contribution to the completion of the Service Improvement Review in respect of domestic abuse	Review completed and interim action plan produced
	Work in respect of preventing violent extremism and radicalisation and the development of the 'Channel Panel' (in collaboration with West Midlands Police Counter Terrorism Unit)	On-Going
Work with Stop it Now! Black Country & Birmingham (Barnardos) in respect of a prevention strategy for child sexual abuse, and establishment of Inform and Inform Plus group-work programmes for internet safety	Implement 'Parents Protect' programme of public education as part of roll-out of 'Disclosure pilot' (Sex Offender Review)	Local project hosted by Barnardos ceased at the end of October 2011 – some work is being progressed by Lucy Faithful Foundation
	Establish Inform and Inform Plus Groups to run twice-yearly across Birmingham and Black Country (in collaboration with the Lucy Faithful Foundation)	
Work with Dudley Safeguarding Vulnerable Adults Board in respect of key areas of integration and interface	Develop and deliver joint training	Joint training strengthened
	Develop protocol/standards between children's and adults services where there is a need for joint working	To be developed
	Consider options for a more integrated approach to adult and children's safeguarding arrangements	On-Going

APPENDIX 4

Section 11 Audits by Partner Agencies

Standards	Highest Score	Lowest Score	Average Score
(1) Senior management commitment to the importance of safeguarding children	100%	62%	**86.8%**
(2) A clear statement of the agency's responsibilities towards children available to staff	100%	70%	**84.3%**
(3) A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children	100%	58%	**83%**
(4) Service development takes account of the need to safeguard and promote welfare	100%	75%	**86%**
(5) Service development is informed by the views of children and families	100%	50%	**69%**
(6) Individual case decisions are informed by the views of children and families	100%	75%	**75%**
(7) Effective inter-agency working enabling information sharing to service users	100%	62%	**77.5%**
(8) Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families	100%	56%	**83.5%**
(9) Safe recruitment	100%	64%	**88.1%**
(10) Effective inter-agency working to safeguard and promote the welfare of children	91%	58%	**74.1%**
(11) Effective inter-agency working and information sharing in order to ensure safeguarding and promoting children's welfare	87%	62%	**73.3%**

STANDARDS

Partner Organisation	1	2	3	4	5	6	7	8	9	10	11	Average
Directorate of Children's Services	93%	79%	83%	75%	75%	75%	75%	75%	82%	75%	75%	**78.4%**
Directorate of Urban Environment	87%	75%	58%	75%	50%	-	100%	75%	92%	62%	62%	**73.6%**
Youth Offending Services	81%	70%	91%	75%	-	75%	-	87%	82%	-	-	**70.1%**
Dudley PCT	87%	97%	91%	100%	75%	75%	62%	93%	96%	91%	75%	**85.6%**
Dudley Group of Hospitals	93%	93%	83%	100%	75%	100%	87%	100%	64%	83%	75%	**86.6%**
Dudley & Walsall Mental Health Trust	87%	85%	75%	75%	50%	75%	75%	87%	82%	58%	81%	**75.5%**
West Midlands Fire Service	81%	83%	83%	100%	100%	100%	75%	56%	92%	62%	68%	**81.8%**
Directorate of Adults, Community & Housing	62%	81%	83%	75%	75%	75%	75%	56%	92%	62%	68%	**73.1%**
Cafcass	100%	100%	100%	100%	75%	75%	87%	87%	100%	91%	87%	**91.1%**
West Midlands Probation Service	100%	89%	100%	100%	75%	75%	87%	100%	92%	70%	87%	**88.6%**

APPENDIX 5

Key Contacts for DSCB

For safeguarding advice in respect of the key sectors of children's workforce please contact:

Early Years	kim.sharratt@dudley.gov.uk
Primary Care	pauline.owens@dudley.nhs.uk or ellen.footman@dudley.nhs.uk
Education (Schools & Colleges)	funbir.jaspal@dudley.gov.uk
Youth Services	Amanda.grove@dudley.gov.uk or jean.Garwood@dudley.gov.uk
Sport & Physical Activity	rachael.doyle@dudley.gov.uk
Police	w.bird@west-midlands.pnn.police.uk
Social Care	jackie.jennings@dudley.gov.uk or angela.plant@dudley.gov.uk
Dudley Group of Hospitals	Carol.Weston@dgoh.nhs.uk or Sally.Abbatiello-Burns@dgoh.nhs.uk
Dudley & Walsall Mental Health Trust	Debbie.cooper@dwmh.nhs.uk

DSCB Administration	suzanne.robinson@dudley.gov.uk
Child Death Review Co-ordinator	helen.fowler@dudley.gov.uk
DSCB Training Programme	helen.pryor-andrews@dudley.gov.uk
Domestic Abuse Named Nurse	Christine.ariythuri@dudley.nhs.uk
Child Death Rapid Response Nurse	diane.hall@dudley.nhs.uk

Agenda Item No. 10

SHADOW DUDLEY HEALTH AND WELL-BEING BOARD

1st OCTOBER 2012

Joint Report of the Director of Adult, Community and Housing Services, Acting Director of Children's Services, Director of the Urban Environment, the Director of Public Health and the Interim Senior Responsible Officer of the Clinical Commissioning Group

GOVERNANCE: PROTOCOL FOR CONFLICT RESOLUTION

Purpose of Report

1. For the Shadow Dudley Health and Well-Being Board to consider a first draft of a Protocol for Conflict Resolution for the Health and Well-Being Board.

Background

2. At its meeting of July 23rd 2012, the Shadow Health and Well-Being Board agreed that Protocol for "conflict resolution" be drafted for inclusion in the formal Terms of Reference of the Committee.

3. In doing this, the Shadow Board is recognising that such a Protocol will add to the overall governance framework within which the Shadow Board will exercise its leadership in the locality. Whilst good relationships amongst partners have been established, the Shadow Board have acknowledged the need to prepare their mutual understanding of how they might act in relation to any conflict which might arise in the future. This may be seen as a sign of mature relationships.

4. In developing ideas for inclusion in a Protocol it is important to note at the outset that Board Members through their agencies espouse a range of related values, principles and ambitions relating to their services and functions. These values, principles and ambitions cover vital areas such as:

    - treating people with dignity and respect;
    - improving the health of Dudley people;
    - reducing health inequalities;
    - improving the quality of health and care services in Dudley;
    - making best use of resources and partnerships from across all sectors and agencies; and
    - ensuring staff are supported in the tasks they have to undertake.

5. It is suggested that a "conflict resolution" protocol would begin with an acknowledgement of the values, principles and ambitions. Building on this, there are a range of models available to support such protocols in terms of approaches to conflict resolution. It is suggested that drawing on a breadth of models is

preferable for the purposes of the Board. Such models emphasise factors such as the need for effective and honest communication between parties in their work together and using a collaborative and co-operative approach from the out-set. In this way, through effective communications and making sure good relationships are established as the first priority, conflict may be not arise as parties are clear about issues and have opportunity to express their views and be understood.

6. Where disagreements might arise between parties, an agreed Protocol can state that parties commit themselves to establishing the basis for their disagreement, that "people and problems" will be separate, that the views of each party are presented and understood through active listening, establishing facts and negotiating options as possible. Escalation of issues to relevant senior teams can be undertaken as required.

7. It is suggested that a Protocol need only be brief and can be incorporated into the Terms of Reference for the Board.

Finance

8. Any financial implications arising from the content of this Report will be met from within existing budgets between the agencies.

Law

9. The background to the development of Health and Well Being Boards and the production of Joint Health and Well-Being Strategies lies in the guidance issued to date leading up to the enactment of the Health and Social Care Act 2012.

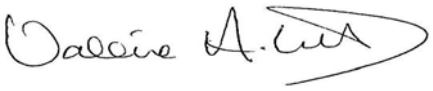
Equality Impact

10. The establishment of a Shadow Dudley Health and Well-Being Board provides an opportunity to extend the influence of the Council in working more closely with partners, particularly GP and Clinical Commissioners, to consider equality issues through the work of the Board including the development of a Joint Health and Well Being Strategy. This Strategy will need to be informed by other strategies and principally the Health Inequalities Strategy.

Recommendation

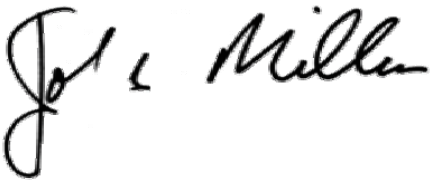
11. That the Shadow Dudley Health and Well-Being Board comment as needed on the content of this Report and that subject to further comment, the content be used to finalise a Protocol for Conflict Resolution to be included in the up-date of the Terms of Reference.

Andrea Pope- Smith
Director – DACHS



Valerie Little
Director - PH

Jane Porter
Director – DCS



John Millar
Director – DUE

Matt Hartland
Interim Senior Responsible Officer
Dudley Clinical Commissioning Group

Contact Officers:

Brendan Clifford
Assistant Director – DMBC DACHS

Ian McGuff
Assistant Director – DMBC DCS

Sue Holmyard
Assistant Director – DMBC DUE

Neill Bucktin
Associate Director –Dudley CCG

Josef Jablonski
Principal Officer – DMBC CRD

Karen Jackson
Public Health Consultant

Adult Learning, Health and Well Being

Ros Partridge,
Head of Adult & Community Learning

September 2012

The case for adult and family learning…

- Supports general wellbeing and public health
- Increases health awareness and health literacy
- Enables communities to participate in health decision making
- Contributes to local priorities such as supporting stronger communities, developing a culture of learning and work in families and communities
- Supports skills development for the health workforce and potential workforce
- Supports a healthy workforce
- Can reduce costs of medical bills

Dudley
Metropolitan Borough Council

What's the evidence?

- Learning is 1 of the 5 ways to wellbeing.
  Foresight Report, 2008.

- Learning has positive effects on smoking cessation, taking exercise and improvements in self rated health and well being.
  Hammond & Feinstein, 2006, *Centre for the Wider Benefits of Learning*

- *Participation in learning prolongs active life, delays dependency, and sustains independent living.*
  Gladdish, 2006, The benefits of learning on the health and well-being of older people: NIACE

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Metropolitan Borough Council

What's the evidence?

- The act of joining and being involved regularly in organised groups, such as learning groups, has a significant impact on health and well being.

  Putnam; 2000, Bowling Alone

- *Learning activities for older people in care homes can increase quality of life, as well as reduce health and social care costs.*

  Aldridge 2009, Enhancing Informal Adult Learning for Older People in Care Settings NIACE

- *Learning appears to slow the development of two brain lesions that are the hallmarks of Alzheimer's disease*

  Journal of Neuroscience; 24th January 2007

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Metropolitan Borough Council

Return on Investment……

Learning in a residential care home meant:

- Better sleeping patterns for residents
- Less sleeping in chairs during the day
- A reduction of approximately one third in medication costs such as anti-depressants
- Chair- based exercise reduced orders of incontinence materials by 75%
- Residents have improved social contact -with 80% now going out on a regular basis.

From the NIACE study on people in care homes. 2009

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Metropolitan Borough Council

Adult and Community Learning in Dudley Borough

- In 2011/12, 6000 adults, 19+ were on community courses.
- 52% of learners were on skills for life and work courses.
- 34% of learners were unemployed.
- 18% of learners were from BME groups.
- 29% of learners from priority neighbourhoods.
- 22% of learners were aged 60 and over.
- 93% of learners achieved their learning outcomes and 95% achieved qualifications.
- 88% of learners said their health and well being had improved as a result of their participation in learning.

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Metropolitan Borough Council

Learning Impacts on Health

Physical changes

- Distraction from dwelling on problems
- Less aches and pains
- Being more active, sleeping better, improved diet
- Less reliance on medication
- Fewer health consultations
- More interest in physical appearance

Emotional / psychological changes

- Happier and more optimistic for the future
- Increased confidence and self-esteem – 'can do'
- Improved motivation – a sense of 'will do'
- Sense of self-empowerment
- Greater sense of trust
- More assertive

Social benefits

Increased friendships and networks
Getting out of the house
Being more assertive in using services
A sense of 'solidarity' and 'shared learning'

Being skilled

Improved work and voluntary work opportunities
Managing own lives
Accessing services and information
Critically evaluating and using services

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Metropolitan Borough Council

Case studies: Dudley Adult Learners

A is an adult with learning disabilities. After leaving school she developed severe depression. With the support of a health professional she began learning at a drop-in arts project. Learning gave her a sense of achievement she had never experienced before. She became a regular independent learner progressing on to achieve English and maths qualifications. She said, “I feel much better and confident in myself. I would now like to work with people in the same position as me”.

B had led an active life until an accident left him with severe physical disabilities. He found it difficult to be independent, often felt isolated and frustrated but he was persuaded to join an art class at a local library by his wife. He said, “I was very reluctant to join but very glad I did and actually really miss it when the class is not on. The people are a great crowd whom I share many interests with. I love painting at home and practise many nights. This course has transformed many hours I used to spend just sitting watching television”.

Dudley
Metropolitan Borough Council

Case studies: Dudley Adult Learners

- C worked throughout his life as a lorry driver having left school with no qualifications. His past experience of education had become a lifelong barrier to learning for him. He joined family maths and English classes to support his grandson with homework and made excellent progress. He has recently gained a Level 2 qualification in maths and English and is a volunteer Community Learning Champion. He says he feels optimistic about retirement, would like to continue onto an A Level programme and consider teaching in the future.

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Metropolitan Borough Council

Adults health, well being, targeted learning, joint working

- **Sheltered housing:** workshops and healthy living classes
- **Expert Patients Programme:** referrals
- **GPs:** referrals, anxiety management, literacy, family learning
- **Schools, Children's Centres:** Family learning, Oct. Festival
- **Age UK:** Full of Life workshops and events
- **Healthy Hubs:** health and fitness classes
- **Falls Team:** progression opportunities
- **Dementia Gateway:** classes for users and carers
- **Halas House:** performance project
- **Kick Ash Project:** 16-25 yrs creative arts
- **CHADD:** arts, healthy living workshops - progression
- **Homestart:** families in crisis, healthy living programmes
- **ArtSpace:** engagement & workshops, MIND and Rethink
- **Integrated Mental Health Team:** work clubs, referrals
- **Learning Disability Board:** Safe places, communication strategy
- **Elizabeth House:** independent living skills
- **Community Care Services, DCVS:** volunteer programme

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What next in Dudley?

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