

**PRESENTATIONS MADE AT
HEALTH AND WELLBEING BOARD**

Date: Tuesday, 1 December 2015

6. LOCALITY PLAN

To receive a presentation of the Acting Corporate Director, Children, Families and Wellbeing, and the Chief Operating Officer, NHS Trafford CCG.

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12. URGENT BUSINESS (IF ANY)

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

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The Locality Plan for Trafford to 2020

‘By health and social care working together, we will improve the quality, range and access of services for the people of Trafford.’



Why do we need a Locality Plan?

- Financial modelling indicates a **gap in funding** in Trafford by 2020-21 of approximately **£111m**
 - Social Care £44.3m, CCG £26.6m and NHS Acute Providers £40m
- **Across GM it will be c.£2bn if nothing changes** from the current position
- Multiple challenges of **austerity, rising population demands and public expectation**
- **Radical reform the health and social care system** up to 2021 is required via:
 - A **new relationship** between Trafford Council and the Trafford Clinical Commissioning Group (CCG)
 - A **truly place based, partnership approach** to health and social care in Trafford.
- The changes will be driven through the revolutionary development which is the **Trafford Care Coordination Centre**, complemented by a range of other **transformational developments**:
 - Changes in the **primary care** system;
 - An **all age integrated health and social care** service delivery model for community based services;
 - **Greater levels of independence** for service users through a new model of social care;
 - Improved quality, access and range of support services for people with **learning disabilities, autism and mental health** needs, to support personal resilience;
 - More **effective use of resources** available to support health and social care in Trafford.

Principles for Change

Aims

By 2020, you will be able to:



7 day access to treatment and care



Ability to access the right information at the right time



Enabling people to retain their independence



Promotion & encouragement of self-reliance



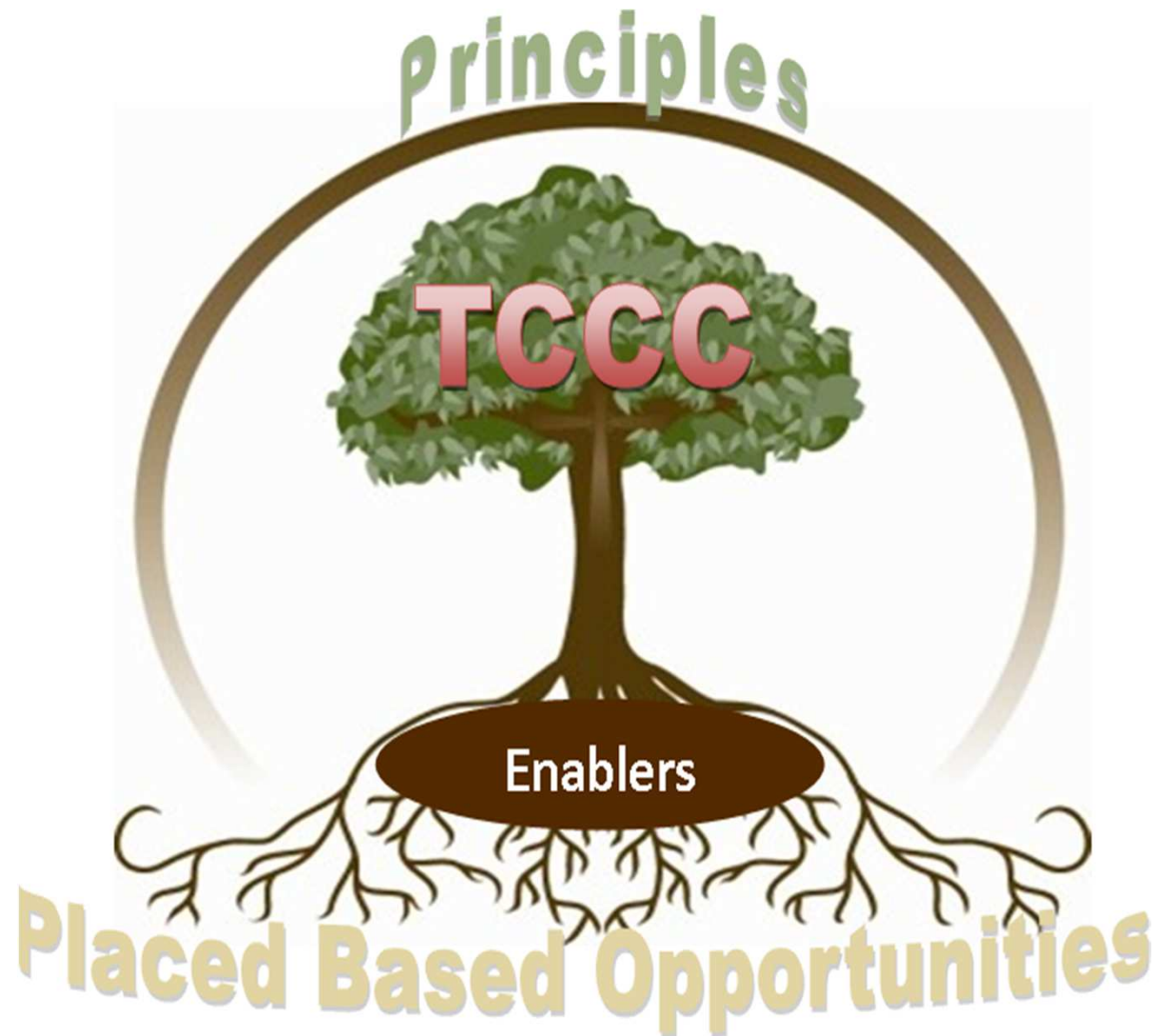
Delivery of a financially sustainable and clinically safe health and social care economy




Deflection of activity from inappropriate sources to manage and reduce dependency

- Get to see a GP when clinically appropriate and be able to get support from adults or children's social care outside of core working hours
- Be able to find out what is going on in your community that you can join in with and the opportunity to buy services for yourself like equipment and support, through recommended suppliers
- Be able to access to services that keep you well at home, making sure you can still do the things you enjoy doing, with same day access to equipment and adaptations to help you at home and out and about
- Talk to experts once and through one contact point, with information provided through one website and one phone number and from staff trained to talk to people with a whole range of different issues
- See that community services will care for you at home as far as possible
- Be seen and treated in a modern purpose built premises which are welcoming and inviting and provide the opportunity to have all you need in one building
- See that the money available to Trafford is being used well to maintain public services that can last into the future.




Trafford Care Coordination Centre (TCCC)






What else will be transformed by 2020?

Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Primary Care</p>	<ul style="list-style-type: none"> • Additional hospital appointments • Reduced acute attendances • Reduced Did Not Attend (DNAs) • Reduced referrals to A&E by GPs • Development of 4 health and wellbeing centres across Trafford which will increase community service support and access • The TCCC will organise diagnostic tests prior to referrals to speed up the care journey and provide an improved patient experience • All over 75 year olds to have a personal care plan • Reduced hospital admissions from nursing homes as a result of increased level of primary care provision 	<p>You get access to care and treatment at the right time to prevent you from going to hospital</p>	<p>Reduction in the number of people attending A&E and being admitted to hospital by 15%</p> <p>30,000 additional primary care appointment slots as a result of 7 day working</p>

What else will be transformed by 2020?

Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Planning Acute Provision</p>	<ul style="list-style-type: none"> • Reduced inappropriate admissions • New services to meet patients needs • Services across Trafford to support access 	<p>You receive treatment from high quality hospital services at the right time and in the right place</p>	<p>Reduced number of outpatient appointments and follow ups in hospital clinics by 10%</p> <p>Fall prevention activity will reduce hospital admissions by 10%</p> <p>50% more intermediate care bed nights available</p>
 <p>Locality Health & Social Care Teams</p>	<ul style="list-style-type: none"> • An all age integration of health and social care services • Greater levels of independence for our residents and service users • A workforce which is fit for the future 	<p>You will have an increased level of support from your family</p> <p>You will feel more independent and confident</p>	<p>10 % fewer frail elderly residents are in hospital or high cost care</p>
 <p>Community Enhanced Care</p>	<ul style="list-style-type: none"> • 7 day access to services • Reduced demand on hospital services • All over 75 year olds will have a care plan in place • Flexible access to a range of appointments and diagnostic tests 	<p>You will have an increased level of independence</p> <p>You will help to direct your treatment</p>	<p>15% reduction in non-elective attendances and admissions</p> <p>A reduction in the number of admissions to residential and nursing care by 15%</p>

What else will be transformed by 2020?

Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Social Care</p>	<ul style="list-style-type: none"> • Admissions to residential care remain low • Reduced demand on services • Improved access to urgent services for those living in residential and nursing homes 	<p>You will have an increased level of independence</p> <p>Care delivered to you in your home</p>	<p>Reduction in number of looked after children by 20%</p> <p>Reduction in the number of adults with high cost packages of care</p>
 <p>Learning Disability Services</p>	<ul style="list-style-type: none"> • Reduced numbers of people in contact with the Criminal Justice System/admitted to secure provision • Increased numbers of people in education/ employment/ volunteering 	<p>You will receive more of your care from our family, volunteers and the community</p> <p>You will feel more independent and confident</p> <p>You will have an increased satisfaction with services (measured through ASCOF/HOF)</p>	<p>A reduction in the number of young people and adults with high cost packages of care</p>
 <p>Mental Health Services</p>	<ul style="list-style-type: none"> • Reduced waiting times • Increased range of mental health support provision 	<p>You will have an increased level of satisfaction with services</p>	<p>An increased number of young people and adults will have intensive care at home with reductions in hospital admissions of 15%</p>

What support do we need to deliver these changes?

- A total investment of **£16m revenue and £36m capital** has been identified to support delivery of the outcomes in Trafford covering:
 - **Trafford Care Co-ordination Centre (TCCC):** An investment of £5m is required to support phase 2 of the TCCC model and ensure a **system wide impact** of the development.
 - **Estates:** A capital cost of £36m is required to support the development of **four integrated locality hubs** as a key point of access for our communities. There is also a request for a revenue allocation of £5m to enable this development.
 - **Primary Care:** An investment of £3m is required to implement a **new primary care model** with improved access and wrap around social care support to **7 day working**.
 - **Transformation and Commissioning changes:** Additional investment of £3m over the five year period is required to deliver the significant integrated transformation of health and social care.

The above forms **our ‘asks’** from the Greater Manchester Devolution Agreement.

Next Steps

- Trafford's consultation with Stakeholders closes 18 Dec 2016
- GM Strategy published
- Final revisions made to Locality Plans: Jan/Feb 2016
- Locality Plans signed off Feb/March 2016

Please provide your feedback:

traffordlocalityplan2020@trafford.gov.uk

Between 24 November and 18 December 2015.

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Safeguarding the Children of Trafford



T S C B

Annual Report 2014/15

Business Plan 2015/16

TSCB is good 'because:-

Partnership working

- n It is a mature, developed and effective partnership which challenges and holds partners to account very well.
- n It is an influential strategic partnership that drives and delivers tangible improvement in key areas ...ensuring that joint work between agencies is robust and child centred.
- n It is a very effective learning organisation that knows itself well. It uses data, learning reviews and audit effectively to understand frontline practice and drive improvement. This leads to better outcomes for children.
- n Lessons learnt from the last SCR have been implemented effectively

Challenge

- n The LSCB has assured itself through multi-agency audit that the work undertaken by agencies to keep children safe is consistently robust and effective.
- n Agencies are held to account effectively for their safeguarding responsibilities through the Section 11 audit, the Section 175 audit and a regular rolling programme of robust and thorough critical friend reviews.

Responsiveness

- n The LSCB understands the extent of CSE and children who go missing from care, home and education in its area. It uses intelligence about patterns of CSE to disrupt perpetrators and coordinates high quality support to victims, which reduces risk to children. Awareness of CSE in the partnership is good and this is leading to a rising number of referrals received by children's social care.

0 listed Areas for Improvement

- Increase the range of multi-agency performance data **and use the JSNA to profile local need in the annual report**, in order to strengthen the evaluation of service delivery and inform strategic planning more effectively.
- Develop working links with the Family Justice Board so that the LSCB can scrutinise work with children in public and private law proceedings.
- Strengthen the strategic oversight of community safety-led work, particularly work around the Prevent strategy and domestic abuse, to ensure that there are robust, joined-up strategies for children in these areas that address identified need.
- Develop a plan to raise safeguarding awareness in the wider community and in faith groups and the voluntary and community sector.
- Ensure that the evaluation of training is robust and uses independent measures to evaluate impact.

Number of Children Subject to CPP

	10/11	11/12	12/13	13/14	14/15	SN
No.	171	187	216	283	254	
Rate/ 10,000				53.7	48.2	40.7

Safeguarding Context: Parental Factors

	Trafford CP Conferences		National SCRs
	13/14	14/15	
Domestic Abuse	29%	66%	63%
Parental Mental Ill Health	30%	37%	58%
Parental Drug Abuse	27%	29%	29%
Parental Alcohol Misuse	36%	33%	27%
None of these factors	-	-	14%

TSCB Priority 1: Effective responses to parental mental health problems, drug and alcohol abuse and domestic abuse

- p Priority 3: Reduce alcohol and substance misuse
- p Priority 8: Reduce the occurrence of common mental health problems amongst adults
- p Priority 7: Support people with enduring mental health needs...to live healthier lives

Priority 1 Challenges and Questions

2014

- p Ensure that children and their needs are not overlooked in these circumstances
- p Ensure that all commissioned adult services have robust safeguarding data collection frameworks in place to ensure safeguarding children is transparent and a priority
- p To reduce the number of cases that come to child protection conferences where parental factors are an issue and increase the number of child in need plans and CAFs where parental factors are an issue.
- p Increase the number of CAFs initiated by commissioned adult services
- p Child or young person substance /drug and alcohol misuse
- p **Should there be some reference to Domestic Abuse given its importance?**

Priority 1: Parental Factors

- n The commissioned services have clear **outcomes** specified around domestic abuse which will provide evidence to the board of safeguarding practice around families where domestic abuse is an issue.
- n A multi-agency **case file audit** and **critical friend review** to **CRC** and **probation**, are planned for this year and will provide an overview of how services work together to safeguard children in these circumstances.
- n Further work is also planned to explore if **information sharing** around families where DA is an issue is robust, especially between probation/CRC and children's social care.
- n The learning from the above activities will be shared at a **joint seminar** involving probation/CRC, health and children's social care professionals.
- n **Safeguarding data** will be reported to the TSCB by **drug/alcohol and mental health services** and early help will continue to be an area of scrutiny.

Children's Commissioner Report: 'I think you need to show someone what help there is' - Understanding alcohol misuse at a local level

p **Understanding prevalence**

- n Overall responsibility for the quantification of parental alcohol misuse...lie with HWBs.
- n HWBs need to ensure that the local impact of parental alcohol misuse upon children and families, including those children who are young carers, is addressed with a local, robust, response reflected in JSNAs and JHWSs, in order to meet duties under the Children and Families Act 2014 and the Care Act 2014.
- n National datasets are best used alongside local reliable and meaningful data

p **Routes to help**

- n Ensure robust and clear referral pathways into support for children and families affected are in place.

p **Best practice**

- n Develop protocols and strategies owned by partners in Health and Wellbeing Boards and Local Children's Safeguarding Boards.

p **Early intervention**

- n Ensure that The Common Assessment Framework (CAF) is used for recording, understanding and providing support for affected children and families.

p **Recommendations from the Children's Commissioner**

- n Every local authority should determine the body which holds strategic responsibility for addressing parental alcohol misuse and its impact on children and the person who leads this. The evidence from this study indicates that this body could be the Health and Wellbeing Board and that Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are the appropriate vehicles to use.

Priority 1 Challenges and Questions

2015

- p To reduce the number of cases that come to child protection conferences where parental factors are an issue and increase the number of child in need plans and CAFs where parental factors are an issue.
- p Increase the number of CAFs initiated by commissioned adult services
- p Child or young person substance /drug and alcohol misuse
- p Should there be some reference to Domestic Abuse given its importance?
- p Provide response to Children's Commissioner report to March TSCB including local dataset

Priority Area 2: Specific

Safeguarding Issues TSCB 2015-16

- n **CSE and missing children** remain one of the focuses for the TSCB and work will continue with partners and in collaboration with Greater Manchester Safeguarding Partnership and the Phoenix Project to ensure safeguarding these vulnerable children is prioritised.
- n **Children with disabilities** have been a focus of a multi-agency case file audit and the learning will be embedded into practice.
- n **Neglect** is an important area for development and the learning from the LIC cases and the current serious case review will be used to inform good practice guidance and hold a conference later this year.
- n **Prevent** is also an emerging area for the TSCB and is an important focus in the business plan this year.
- n As **MARAT develop into an all age front door service** and is joined by colleagues from adult services the TSCB will be kept informed of safeguarding arrangements for children and young people to ensure the current excellent standards of practice are retained.

Priority 2 : Specific safeguarding situations

- Priority 2: Improve the emotional health and wellbeing of children and young people
- Priority 4: Support people with long term health and disability needs to live healthier lives
- Priority 7: Support people with enduring mental health problems...to live healthier lives

Priority 2 Specific safeguarding situations – Challenges to HW B 2014 and 2015

- p Ensure all agencies, including adult mental health/drug/alcohol services, police and social work working with DA and services for adults with learning disabilities work effectively, assess and agree plans for children who experience neglect (HWB Priority 3 and 4):
 - n **HWB attendance at and report from Neglect Conference**
- p That Disabled Children are effectively protected from abuse (HWB Priority 4)

Children with special educational and complex needs: Guidance for Health and Wellbeing Boards. Sept 2014

- p Has the HWB considered or adopted the Pledge or the Disabled Children's Charter?
- p Does the HWB have a specific policy or position statement in relation to how it intends to support the needs of local children and young people (other than the JHWS), e.g. through influencing commissioning plans?
- p How does the HWB ensure the views of young people are considered in drawing up its JSNA, or JHWS?
- p Does the HWB have an agreed process for consulting children, young people and parents and carers on its Joint Health and Wellbeing Strategy?
- p How does the HWB engage with local children and young people with a range of experiences and conditions, to inform its role?
- p Does the Joint Health and Wellbeing Strategy specifically refer to children and young people with complex health needs or special educational needs?
- p To what extent are the needs of CYP with complex health needs or special educational needs already addressed in existing multiagency strategies and plans?

Summary of Challenges

- p Understanding alcohol misuse at the local level
- p Guidance on CYP with special educational and complex needs
- p Access to CAMHS
- p Child/young person with drug+/- alcohol misuse
- p Should there be some reference to Domestic Abuse?
- p Increased use of JSNA
 - n Ofsted Report
 - n Understanding Alcohol Misuse at a Local Level
 - n Children with special educational and complex needs
- p Increased use of Early Help Assessments by adult services
- p Neglect: assessments and plans
- p TSCB Membership of HWB will facilitate such questions being raised



Annual Report Outline

- p Governance and accountability
- p Progress on Business Plan
 - n What have we done?
 - n What difference have we made?
 - n What we are going to do next?
- p Scrutinising the Effectiveness of Safeguarding Children
- p Safeguarding Assurance from Partners
- p Embedded Documents
 - n Business Plan
 - n CSE Action Plan
 - n Lessons Learnt Summary
 - n Training Programme

Arrangements for cross-Board scrutiny and challenge

- TSCB is represented on the HWB by the Director of Children's Services
- Director of Children's Services as TSCB representative on TSCB will ensure that Safeguarding Children issues are addressed in all HWB Business
- HWB Action Plan will be reviewed by TSCB
- HWB will ensure TSCB has opportunity to input into JNSA
- HWB will present an annual progress report to TSCB
- TSCB Annual report will be presented to HWB
- There will be a standing invitation to TSCB to raise any Safeguarding concern with the HWB

How does TSCB fulfil its Statutory Responsibilities?

- p Co-ordinating Local work to Safeguard and Promote the Welfare of Children
 - n Business Plan
 - n Work of committees and working groups
- p Ensuring the Effectiveness of Safeguarding
 - n Child Protection Conferences, Statistics
 - n Cycle of reports
 - n Case File Audits
 - n Multiagency Audits
 - n Critical Friend Reviews
 - n CDOP

TSCB Business Plan 14/15 v H W B Priorities

- p **Priority 1:** Effective responses to parental mental health problems, drug and alcohol abuse and domestic abuse
- p **Priority 2:** Specific safeguarding situations that national or local information suggests require particular attention
- p **Priority 3:** Effective early help and safeguarding
- p **Priority 4:** Communication and engagement
- p **Priority 5:** Learning/Assurance

Issues raised with H W B

Domestic Abuse; What difference have we made?

- p The extent of the problem has been more accurately defined and this will allow for more intelligent planning of interventions
- p There is evidence of school-based problems amongst Children in households affected by Domestic Abuse.
- p Seven main providers are commissioned to provide early help to families and children and many of those will be working with families experiencing domestic abuse.
- p Specialist support to children and young people is commissioned from a specific provider (Trafford Domestic Abuse Service) who, working in conjunction with another local early years provider (Homestart), delivers both bespoke packages of support and dedicated courses to those families and in schools.
- p There has been increased referral to perpetrator programmes
- p **How has HWB addressed Domestic Abuse?**