PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY 11 DECEMBER 2014
3.00 PM

Bourges/Viersen Room - Town Hall
Contact – Gemma.george@peterborough.gov.uk, 01733 452268

AGENDA

There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Gemma George on 01733 452268 or democratic.services@peterborough.gov.uk as soon as possible.

INFORMATION ITEMS

To note the dates and agree future agenda items for the Board. To include frequency of reporting from other Boards, where appropriate, including Local Safeguarding Boards, Children's and Adults Commissioning Boards, LCG Commissioning Board. Also to consider how we will monitor progress against the Health and Wellbeing strategy.

Current Board Members (for review on 11 December 2014):
Cllr M Cereste (chairman), Cllr D Lamb (vice chairman), Cllr Fitzgerald, Cllr J Holdich, Cllr S Scott, Gillian Beasley, David Whiles (Healthwatch), Dr M Caskey, Dr R Withers, Dr P Van den Bent, Jana Burton; Cathy Mitchell; Andrew Reed; Andy Vowles; Sue Westcott; Dr Henrietta Ewart; Wendi Ogle-Welbourn

Co-opted Members: Russell Wate and Claire Higgins

Substitutes: Dr Harshad Mistry

Further information about this meeting can be obtained from Gemma George on telephone (01733) 452268 or by email Gemma.george@peterborough.gov.uk

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 25 SEPTEMBER 2014

Members Present:	Councillor Marco Cereste, Leader of the Council (Chairman) Councillor Diane Lamb, Cabinet Advisor for Health (Vice Chairman) Councillor Wayne Fitzgerald, Cabinet Member for Adult Social Care Gillian Beasley, Chief Executive, PCC Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing, PCC Kyle Cliff, Assistant Director for Commissioning and Contracts for Peterborough and Borderline Jill Houghton, Cambridgeshire & Peterborough Clinical Commissioning Group Andrew Reed, National Commissioning Board Local Area Team
Co-opted Members Present:	Claire Higgins, Chairman of the Safer Peterborough Partnership
Also Present:	Wendi Ogle-Welbourn, Director for Communities Helen Gregg, Commissioner Jo Melvin, Commissioner Julian Base, Head of Health Strategy Alan Sadler, Business Manager, Borderline and Peterborough LCGs Gemma George, Senior Governance Officer

1. Apologies for Absence

Apologies for absence were received from Councillor Holdich, Sue Westcott, Cathy Mitchell, Dr Rigg, David Whiles, Andy Vowles and Dr Ewart.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 17 July 2014

The minutes of the meeting held on 17 July 2014 were approved as a true and accurate record.

4. Health and Wellbeing Board Membership

The Board received a verbal update from the Director for Communities on the position of membership of the Health and Wellbeing Board (HWB). Key points raised included:

- The mandated members for the Health and Wellbeing Board were: an individual from Healthwatch, an elected Member, a member of the Clinical Commissioning Group, the Director for Children's Services, the Director of Adult Services and the Director of Public Health. The legislation also made provision for the co-opting of any person onto the Board;

- It was recommended that the current membership with relation to health representatives was continued;
- Regarding Council membership, discussions were ongoing and it was recommended that discussions be deferred to the next meeting;
- The Board had previously agreed that the Police and Vivacity could sit on the Programme Board to drive delivery of the action plan, however if they felt strongly that they wished to join the Board, they could submit representations to be presented to the Board, providing an overview of the added value they could bring; and
- A paper outlining all of the proposals would be presented to the next meeting of the Board.

RESOLVED

The Board agreed with the proposals.

5. Programme Board Performance Report

The Board received a verbal update from Helen Gregg, Commissioner - Communities Directorate and the Director for Communities on the Health and Wellbeing Action and Delivery Plan. Key points highlighted included:

- The format of the Plan had been amended, issues were now placed under six categories, with each category being assigned a lead and each lead being a member of the Programme Board. The lead would report on progress at future Programme Board meetings, with an exemption report to the HWB on progress;
- It had been agreed that the key priorities should be Cardiovascular Disease (CVD) and Children/Young People;
- Performance measures had been taken out, but actions would be updated within the "on-track" column of the report. Completed actions would be kept in the Plan until presented to the Board, whereupon they would be placed into a final section of the action plan;
- Delivering the Healthy Child Programme and Healthy Schools Programme was priority in terms of services for Children and Young People.
- A multi-partner communications workshop was to be organised to discuss CVD and Children and Young People;
- The main health priority was the Challenged Health Economy;
- The Scrutiny report was due to be presented on the 14 October 2014; and
- In future, the Plan would be presented along with an exception report, designed to draw the Board's attention towards any areas requiring unblocking.

Members debated the Plan and comments and responses to questions included:

- The threshold for the RAG rating moving from amber to red and vice-versa was somewhat subjective. Red indicated a lack of progress and amber indicated that there was a slight lag.

RESOLVED

The Board noted the Health and Wellbeing Action and Delivery Plan.

6. NHS England / Local Board

(a) Challenged Health Economy Work

The Board received a verbal update from Andrew Reed, National Commissioning Board Local Area Team, on the work of the Challenged Health Economy. Key points highlighted included:

- Eleven challenged health economies in England had been identified which would benefit from additional support to prepare their five-year plans, Cambridgeshire and Peterborough being one. PriceWaterhouse Cooper had been appointed to support the economy. This work had now been completed an overview of which was provided;
- A programme board had been formed to take the identified work forward;
- The leadership of the programme had been taken on by Andy Vowles, the Chief Strategy Officer for the Clinical Commissioning Group with a supporting team, who would report to a programme board that constituted the Chief Executives of all the provider NHS organisations in Cambridgeshire and Peterborough, including Hinchingbrooke and officer representatives of children and adults services. The Board had met around 3 times;
- There was also a National Partners Group in place to ensure regulators supported progress;
- The NHS Partners had provided a pooled budget of £1m to support the programme and this resource was being utilised to populate a project structure and to examine key pathways across the health economy;
- The Peterborough Trust had been considered for seeking market interest in the running of services provided at Peterborough and Stamford Hospitals, but this procurement process had been paused until the end of March 2015;
- It was anticipated that the majority of the work would have been completed by March 2015;
- One of the issues for Peterborough's Health and Wellbeing Board was the health inequalities locally and how these would be addressed in the planning to take services forward; and
- The Health Scrutiny Commission had looked into the detailed work so far and a recommendation arising had been that Members wished to be more engaged in order to represent residents. The organisation of a Health Inequalities Workshop had been requested to which members of the HWB would be invited to attend if there was interest. Members advised that they would be interested in attending and the invite should be extended to the wider Programme Board members.

RESOLVED

The Board noted the verbal update.

7. Clinical / Local Commissioning Groups

(a) Better Care Fund Development Plan

The Board received a report which provided an update on the Better Care Fund (BCF) submission in the light of the new guidance recently issued from Central Government, requesting that plans be resubmitted by 19 September 2014.

Jana Burton, the Executive Director of Health and Wellbeing and Adult Social Care introduced the report providing an overview update and advising that new guidance had been released by the Department of Health following the last meeting of the Board around how the funds could be used. There had also been further work undertaken around these new requirements. Further key points highlighted included:

- The main change included within the guidance was around the intention of the BCF to focus the priorities on a reduction in accident and emergency admissions and also to ensure that out of hospital services had performance related funding;
- Within the local health economy, there was an expectation that there would be an increase in staffing and expected admissions;

- There had been strong views expressed by the Local Commissioning Forum (LCF) and the Clinical Commissioning Group (CCG) that locally 1% would be more achievable;
- An agreement had been reached and a submission had gone off on time on 19 September 2014;
- The National Consisted Assurance Review was due to take place and it was expected that feedback would be received to the Local Area Team within 24 hours, and the ratings to be issued in early October to allow for national announcements to be made; and
- Peterborough was unlikely to get a high rating, being a challenged health economy.

RESOLVED

The Board confirmed the decision of the Borderline and Peterborough Joint Commissioning Forum to sign off the BCF submission for Peterborough.

8. Public Health

(a) Exception Report on Health Protection, Emergency Planning and Response to Emergencies that represent risk to the Public Health arrangement

The Board received a report which provided an update on current issues of interest in health protection. The report provide an update on:

A. The tuberculosis (TB) screening in Chatteris;
B. The apparently rise in notifications of gonorrhoea (gc) in Peterborough;
C. Ebola in West Africa;
D. Planning for seasonal influenza and business continuity for the winter; and invited the Board to consider the implications and actions recommended in relation to items A and D summarised in points 2 and 3 above.

Julian Base, the Head of Health Strategy introduced the report and key points highlighted included:

- The majority of those positively tested for TB were from Eastern European communities, there was a degree of challenge around developing appropriate links with these communities;
- The reason for the rise in gonorrhoea was an issue of partner notification rather than prevalence;
- Public Health England had advised that the risk from Ebola was very low and they were issuing updates and briefings to local authorities. NHS England had also been issuing advice;
- The Winter Flu Plan issued in April 2014 had identified those most at risk from seasonal influenza. Peterborough had been identified as a pilot site for immunisation for school children in years 7 and 8;
- There would be a national media campaign related to flu immunisation and there would need to be consideration given locally as to how to get additional information out to local communities;
- Front-line staff could potentially be reimbursed for immunisation through the expenses programme; and
- A letter had been received from the Department of Health and Public Health England reiterating the point about the duty of NHS organisations and local authorities in relation to local frontline health and social care workers, to both encourage and to offer the vaccination. In relation to LA's it would be worth looking at frontline staff, working with vulnerable populations such as those working in special schools.

Members debated the report and comments and responses to questions included:

- There was work underway to recruit a community connector, particularly to work with the Eastern European community, and health champion objectives could be incorporated into this work;
- There needed to be further work around needs assessment for migrant communities, particularly in relation to qualitative information and this could be progressed through community connectors;
- There could be work undertaken in the local mosques and with other faith groups in order to improve outreach;
- Support was offered to the vaccination of frontline staff and a report would be taken to CMT for consideration by Public Health; and
- Commissioning responsibilities would be looked at in order to ensure those individuals not directly employed by the local authority, but who dealt with vulnerable people, could be considered for vaccination.

RESOLVED

The Board:

1. Noted the updates on Tuberculosis, gonorrhoea and Ebola;

2. Considered how to engage and communicate with members of the new migrant populations about health issues in the context of wider PCC engagement e.g. housing, benefits advice; and

3. Considered asking CMT to make arrangements to encourage and enable frontline social care staff and other essential staff (directly employed or commissioned) to access seasonal flu immunisation to support business continuity and winter planning.

(b) Update on the Cardiovascular Disease Priority Work Programme

The Board received a report which provided information on early thinking in mapping the relationship between the existing programme to reduce inequalities in coronary heart disease (CHD) and a wider strategy to reduce cardiovascular disease (CVD). It identified synergies and opportunities for further development of a clinically focused programme to address the Healthcare and Rehabilitation/Reablement work stream previously agreed as one on the three thematic work streams by the Health and Wellbeing Programme Board.

It further proposed scoping the establishment of a healthcare and rehabilitation/reablement work stream group with the membership of relevant stakeholders to achieve clinical engagement and ownership of this theme of the cardiovascular programme.

The Head of Health Strategy introduced the report and key points highlighted included:

- A partnership workshop had been held in July 2014 which mapped out the 'House of Care Model' and to use the Model as a way forward for prioritising cardiovascular work locally. This had been followed up by a submission to the British Heart Foundation for funding over the forthcoming two years to the value of £200k to establish the 'House of Care' Model in priority areas;
- A decision was expected on the bid towards November 2014, there being 11 other applicants. If shortlisted, local visits would be in October 2014;
- Work was also being undertaken with the central funding unit for submitting an application within the forthcoming week for European funding for home technologies, the value being approximately £80,000-100,000;

- Following on from the workshop, and also following consideration at the Programme Board, three work streams had been identified. Leads had been considered and work would be taken forward; and
- Communications would be prioritised around cardiovascular work in order to target diverse communities.

Members debated the report and comments and responses to questions included:

- The approach to communications was to 'piggy back' on top of other events e.g. 'Stoptober', which could be used to promote health priorities. Focussed campaign work would also be undertaken around schools and work places etc.;
- The agreement to focus on two key areas CVD and Children's Health showed that the Board was moving forward. The relevance of the issues were confirmed by the Board;

- A factor identified through the workshop was the percentage of preventable CVD, this being just over 60%;
- A focus on preventative work would be on tobacco control, physical inactivity and blood pressure. It was hoped that focusing on these measures could prevent and address diseases in the early stages;
- A key aspect was to recognise that the population and audiences were different, and general campaigns had no relevance to certain individuals. Messages needed to be adapted to the relevant targets;
- There were a range of activities taking place in schools and the Programme Board had been supportive of the development of a Peterborough Healthy Schools Programme, largely based on the Healthy Schools London Programme;
- Work was being undertaken to expand the number of hyper clinics, which were young people's school based health and advice clinics;
- Work was also being undertaken with the school nursing service to grow the hyper clinics to make sure they covered the public health priorities identified across the Health and Wellbeing Board; and
- In addition, smoking cessation services were provided within schools and also in pupil referral centres and there was a young person's lead in the Public Health Team. There were a vast array of routes into the pathway.

RESOLVED

The Board:

1. Noted the progress report and recommendations made to the Health and Wellbeing Programme Board on 19th September;

2. Commented on the proposed elements the cardiovascular disease strategy identified in the mapping of the coronary heart disease and cardiovascular disease programmes;

3. Supported the proposal that Public Health lead the establishment of a clinically focused group to develop the Healthcare and Rehabilitation/Reablement work stream; and

4. Noted the proposal to use PHOF, NHSOF and ASCOF indicators to monitor the outcomes of the three thematic work streams.

9. Performance Report on Sexual Health Services

The Board received a report which provided a performance update to the Board on Sexual Health Services.

Jo Melvin, the Commissioner for Public Health introduced the report and key points highlighted included:

- A re-tender exercise had been undertaken by Peterborough City Council during 2013/14, the local contraceptive and sexual health service based at Rivergate and the genitourinary medicine department based at Peterborough City Hospital had been merged to create a fully integrated contraceptive and sexual health service in the community;
- Cambridgeshire Community Services had been awarded the contract and the first quarter performance data was expected within a couple of weeks;
- Prevalence of STIs was increasing, with young people being a significant contributing group to this;
- Teenage pregnancy rates were still an issue and the rates of late-diagnosis HIV in Peterborough were above average;
- Priorities for the city were around reducing unintended conceptions around under-18s, increasing chlamydia screenings for under-25s and preventative health education to all groups at risk of sexual ill-health;
- There was work being undertaken to improve sex and relationship education; and
- Everyone, but particularly young people, should have easy access to quality sexual health services.

Members debated the report and comments and responses to questions included:

- The main issue flagged by Public Health England, which was around men who have sex with men, was linked to sexual ill health, substance misuse and mental health problems. There was also the issue of those individuals already infected with HIV engaging in unprotected sexual activity. There was a lot of work being undertaken around how this particular group of people could be supported;
- Parents needed to be targeted as well as young people for all issues and the school nursing unit could be involved with regards to passing literature back to parents. This issue would be revisited at the Programme Board;
- Although the spike in Gonorrhoea had been attributed to partner notification, there was due to be a meeting of Public Health England, the Director of Public Health and the provider to make sure that Public Health England were satisfied with this explanation;
- Those most at risk of HIV infection were men who had sex with men and individuals from sub-Saharan African communities, but the majority diagnosed in Peterborough were white British. Work was being undertaken with the current provider to review and develop their approach to HIV prevention; and
- HIV prevention activity was included within the sexual health services and had been included as a specific element within the tender process.

RESOLVED

The Board noted:

1. The update on successful retender to provide a fully integrated community based contraceptive and sexual health service
2. The overview of performance against key sexual health indicators; and
3. The priorities for action.

OTHER ITEMS

10. Recruitment of GPs and Other Health Professionals

The Board received a report which highlighted the need to identify actions to improve recruitment and retention of GPs. These actions also being applicable to other health sector skill shortages.

Alan Sadler, the Business Manager, Borderline and Peterborough LCGs, introduced the report and key points highlighted included:

- Recruitment for GPs was largely their own affair, however it was felt that the Board may wish to offer some assistance in this arena and was there anything that could be done to assist with the recruitment of GPs; and
- Some of the issues that GPs exposed during a recent survey had been concerned with the environment of the city of Peterborough.

Members debated the report and comments and responses to questions included:

- Peterborough was strong at recruiting roles such as social workers and this could be looked at jointly in terms of more creative ways of attracting individuals into the city;
- GP practises could aid in recruitment by ensuring they were good employers and attractive places to work;
- NHS England was due to host a workforce summit on 17 October 2014 which would be a good place to consider ways to promote recruitment to general practice;
- The partnership model and practise-based model of general practise was outdated;
- The majority of medical school entrants and graduates were female and this was not represented in the recruitment;
- There needed to be a strong primary care element to the Challenged Health Economy;

- There would be greater localisation of the commissioning of primary care and working together with CCGs to commission primary care;
- There needed to be action taken around encouraging salaried GPs, as this would enable greater flexibility within the practises;
- There were three types of medical services contracts: a standard general medical services contract, a primary medical services contract and an additional primary medical services contract, this contract allowing for contracting with private companies; and
- The Business Manager, Borderline and Peterborough LCGs, would undertake further work with NHS England and GPs as to how to attract GPs, in particular female GPs. The issue could be resolved by partners working more closely together.

RESOLVED

The Board:

1. Noted the contents of report and suggested any additional activities that should be considered to improve the recruitment and retention of GPs and other healthcare professionals; and
2. Agreed for suggestions to be forwarded by 10 October 14 and a follow up report to be presented in the New Year.

INFORMATION ITEMS

11. Schedule of Future Meetings and Draft Agenda Programme

The Board noted the schedule of future meetings and draft agenda programme.

1.00pm – 2.30pm
Chairman

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 4
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn Director for Communities	Tel. 01733 863749

HEALTH AND WELLBEING BOARD MEMBERSHIP

RECOMMENDATIONS	
FROM : Wendi Ogle-Welbourn Director of Communities	**Deadline date: N/A**

The Board is requested to agree:

1. A reduction in the number of Local Authority Councillors on the Board;
2. CCG Chief Officer is the Vice Chair;
3. Providers to sit on Health and Wellbeing Programme Board not the Health and Wellbeing Board; and
4. Where agencies or organisations request membership on the Health and Wellbeing Board they are to submit request in writing to the Chair and they will be asked to present their case at the Health and Wellbeing Board for consideration.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following the Peer Review in March 2014, the review suggested the Board should consider reviewing membership of the Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to seek the agreement of the Health and Wellbeing Board on the proposed revised membership and makeup of the Health and Wellbeing Board.

2.2 This report is for the Board to consider under its terms of reference 2.2 'to actively promote partnership working across health and social care in order to further improve health and wellbeing of residents'.

3. BACKGROUND AND SUMMARY

3.1 The Health and Wellbeing Board Peer Review suggested that the Health and Wellbeing Board membership was heavily weighted towards the Local Authority and that we should consider a better balance. The Health and Social Care Bill mandates a minimum membership of:

- one local elected representative
- a representative of local Healthwatch organisation
- a representative of each local clinical commissioning group
- the local authority director for adult social services
- the local authority director for children's services
- the director of public health for the local authority

Local boards are free to expand their membership to include a wide range of perspectives and expertise, such as representatives from the charity or voluntary sectors. Membership is not the only way to engage with the work of the boards, all boards regardless of their political or geographic make-up will be expected to ensure that the needs of local people as a whole are

taken into account. In Peterborough we have created the Health and Wellbeing Programme Board which has a diverse range of commissioners and providers from the statutory and voluntary sector, this board drives the delivery of the Health and Wellbeing Strategy outcomes.

It is recommended that the Local Authority reduce the number of Councillors on the Board to the Leader of the Council and his Advisor. This would not preclude other Councillors attending where an issue that impacts on their portfolios is being discussed.

3.2 The Board needs to consider the number of people it thinks appropriate to be on the board, as too many people will make it ineffective, also the make-up of the board. It is recommended one third local authority, one third health and one third other, commissioners only, as the Programme Board membership includes providers. If 3.1 is agreed current membership would equate to this balance. (see proposed revised membership attached at **Appendix A**)

3.3 The Health and Wellbeing Board Peer Review suggested that it may be appropriate for the Vice Chair of the Health and Wellbeing Board to be someone from the CCG. It is recommended that the CCG Chief Operating Officer is vice chair.

df3.4 The Health and Well-being Programme Board will develop a transparent criteria and assessment process for requests to join either the Health and Wellbeing Board or Programme Board, this will be led by Public Health officers and be brought to the Health and Wellbeing Board for sign off.

3.5 The Police and Vivacity have requested a place on the Board, both are on the Health and Wellbeing Programme board. It is recommended that these requests are denied; however if these or any other organisation consider they need to be on the Board they should put their request in writing to the Chair and these will be considered against the new critiera when developed.

4. CONSULTATION

4.1 The Peer Review team spoke to a number of agencies and organisations and their views have informed the recommendations in this report. The Leader of the Council has discussed with other Councillors.

5. ANTICIPATED OUTCOMES

5.1 That the Health and Wellbeing Board agree changes to the Health and Wellbeing Board membership and this will lead to a strengthened and more effective Board.

6. REASONS FOR RECOMMENDATIONS

6.1 To respond to the Peer Review feedback on how the Health and Wellbeing Board can be strengthened to become more effective.

7. BACKGROUND DOCUMENTS

7.1 Peer Review feedback

APPENDIX A

4. Membership

4.1 Membership of the Health and Wellbeing Board will be composed of the following:

Peterborough City Council:
The Leader of the Council – Chairman of the Board (Cllr Cereste)
The Cabinet Advisor for Health (Cllr Lamb)
The Chief Executive (Gillian Beasley)
The Executive Director of Adult Social Services (Jana Burton)
The Executive Director of Children's Services (Sue Westcott)
The Director of Public Health (Dr Henrietta Ewart)

Cambridgeshire and Peterborough Clinical Commissioning Group
The Chief Operating Officer – Vice Chair of the Board (Andy Vowles)
Local Chief Officer for Peterborough City and Borderline LCG (Cathy Mitchell)
2 GP members representing Peterborough City Local Commissioning Group (Dr Michael Caskey / Dr Paul van den Bent)
1 GP member representing Borderline Local Commissioning Group (Dr Gary Howsam – Chair of BLCG)

Lincolnshire
1 GP representing South Lincolnshire CCG (Dr Ken Rigg)

National Commissioning Board
1 representative of the NCB Local Area Team (Andrew Reed)

Peterborough Healthwatch
1 member (David Whiles)

The Board will also include as co-opted members the following:
Independent Chair of Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board (Russell Wate)
The Chair of the Safer Peterborough Partnership (Claire Higgins)
The Chair of the Health and Wellbeing Programme Board (Wendi Ogle – Welbourn)

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5(a)
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Fiona Head, Director of System Transformation, Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group	Tel. 01223 725584

INSERT REPORT TITLE (IN BOLD CAPS) HERE

R E C O M M E N D A T I O N S	
FROM : Dr Neil Modha, Chief Clinical Officer (Accountable Officer) Cambridgeshire and Peterborough Clinical Commissioning Group	**Deadline date : N/A**
The Boar is requested to: 1. Note the update and information on the Five Year Planning process; and 2. Discuss the progress of the programme to date and to make any comments.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request for an update on the work of the System Transformation Team and also as part of planning for seminar on the wider work of the team. It is also to note a recent communication from the Secretary of State for Health on Health and Wellbeing Board engagement with providers.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an update on the ongoing development of the System Transformation Programme and includes sections on:

- Strategic aims and values of the programme
- Programme governance
- Programme structure
- Analytical work

3. MAIN ISSUES

3.1 Strategic aims and values

3.1.1 The strategic planning process

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has developed, in conjunction with providers, partners and patients, a 'system blueprint' to deliver sustainable health care now and in the future for the whole of the local health system.

There are four phases of plan development and implementation (see appendix 1). We are currently in Phase 2. This phase is a phase for deciding and proposing solutions and will complete in June 2015. This phase includes:

- Engagement with stakeholders and co-design of potential options

- Modelling the impact of these options
- Deciding on options for changing pathways and structures for delivery
- Preparing for public consultation for the chosen options

3.1.2 Strategic aims and values of the programme:

The strategic aims and values of the programme are unchanged and are:

- People at the centre of all that we do
- Empowering people to stay healthy
- Developing a sustainable health and care system
- Improving quality, improving outcomes

3.2 Programme governance

3.2.1 System Transformation Programme Board

The programme is overseen by the System Transformation Programme Board. This Board consists of patient representatives, Directors of Adult Social Services, the Chief Executive Officers from providers in the health economy and NHS England. It is chaired by the Cambridgeshire and Peterborough CCG Accountable Officer and the Vice-Chair is the NHS England Area Team Director.

The Board last met on 10 November 2014.
This meeting considered the analytical work (see section 2.4 below) and the recently published "Five Year Forward View" from NHS England (see reference below). This document explains why the NHS needs to change, the importance of prevention proposes new models of care delivery.
The Board requested further work scoping work to consider how these models might be applied to the Cambridgeshire and Peterborough health care system.

At this meeting the Board also considered the request from Cambridgeshire Health and Wellbeing Board for political observers to attend the System Transformation Programme Board. The Board noted the duty of health commissioners to consult with Health and Wellbeing Boards on commissioning plans. It also noted that several members of the Health and Wellbeing Boards are also members of the System Transformation Programme Board. Rather than political observers being present the System Transformation Programme Board would like to inform the Cambridgeshire and Peterborough Health and Wellbeing Board of its work through regular update meetings where elected members could contribute to the discussion

The Board will meet again for an away half day on 4 December 2014 to consider the development of the baseline projections, modelling and development of the impact assessment methodology.

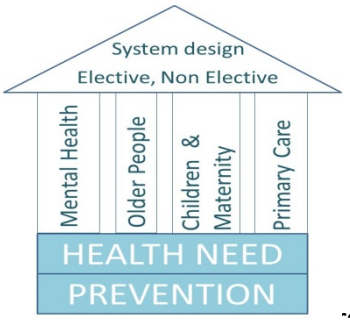
3.2.2 The National Partners Group

This group is chaired by NHS England and has on it representatives from Cambridgeshire and Peterborough CCG, Monitor and the Trust Development Authority. It exists to provide oversight of the programme on behalf of the National Partners and to enable the regulators to advise the programme as it develops.

The group last met on 20 October 2014 and will meet again in December 2014

3.3 Programme structure

The structure of the system transformation programme is shown in the diagram below.



amme remains largely the same since the last update:

- System design will consider primary care, community services and acute services. For phase 2 it incorporates elective and non elective care
- The main pillars are the clinical workstreams; these inform the system design work. Each clinical workstream takes account of health need as articulated in the Joint Strategic Needs Assessments (JSNAs) for Cambridgeshire and Peterborough
- Prevention is fundamental to the programme and is built into each workstream, rather than being a separate workstream

3.4 Analytical work: generating information for engagement and discussion

A diagram showing the analytical work being undertaken in this part of phase 2 is shown in appendix 2.

- In essence, a cross section of activity across the health economy has been built up that is projected forwards by demographic growth. An additional increase for “acuity”, in other words the level of severity of illness, will also be applied. This gives a forecast of activity over the next five years.
- This activity forecast can be converted into costs.
- Various “ideas” or “scenarios” can then be applied to this forecast to see how they impact on activity and cost.
- The output of the “idea” or “scenario” can then be impact assessed. Impact assessment dimensions and criteria have not yet been finalised, but the initial impact assessment domains are shown in appendix 2. The impacts on health will be assessed at this stage and are included in the quality domain.

It is important to note that the analytical work is generating information for engagement and discussion.

It is not the decision making process.

This analytical work is complicated. It has been attempted in our system before by external consultants who did not manage to achieve an output. However without this analytical work change will be harder to enact as there will be no quantified estimates of the impact of possible ideas for the various commissioner and provider businesses in the health economy. A significant amount of time of the senior people working on the programme resource is therefore dedicated to this work.

The analytical work is being informed by and will, in turn, be fed back to the clinical workstreams throughout phase 2.

3.5 It is proposed that Members attend a half day workshop in January to look at the detail of the Programme and consider its potential implications for Peterborough. Members will be asked to consider what their priorities might be for health and social care in the City over the next five years and how they can further influence this planning work.

Members are asked to consider the best format for the workshop and additional invitations perhaps to include the members of the Scrutiny Commission on Health Issues.

4. RECOMMENDATIONS

The purpose of the item is to provide information, and to raise awareness, to the Health and Wellbeing Board about the Five Year Planning process.

Health and Wellbeing Board members are asked to discuss the progress of the programme to date and to make comments. Members are also asked to consider the structure and attendance at a workshop on the Programme.

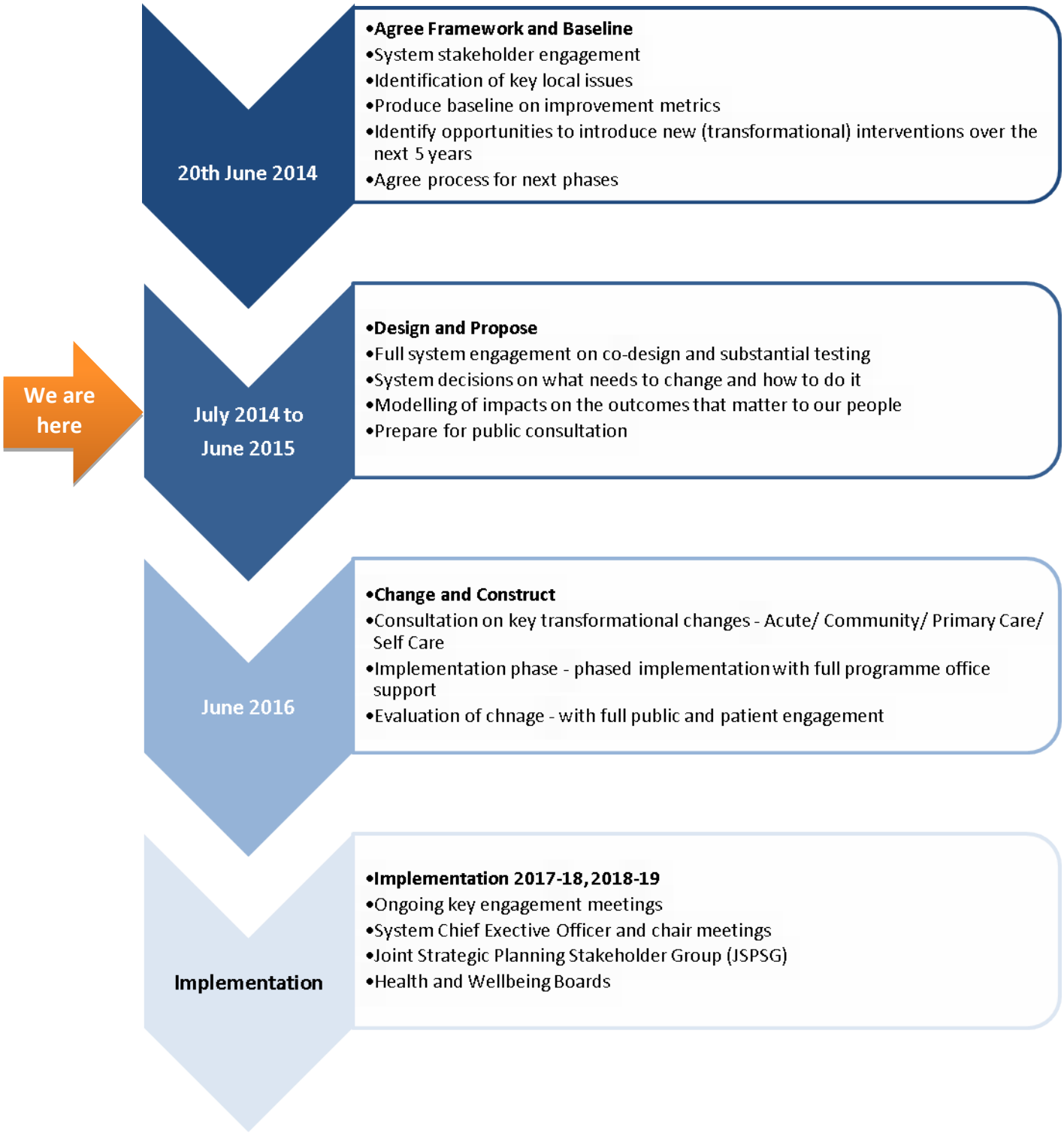
Members are also asked to note the letter from the Secretary of State for Health and discuss any action from it.

5. SOURCE DOCUMENTS

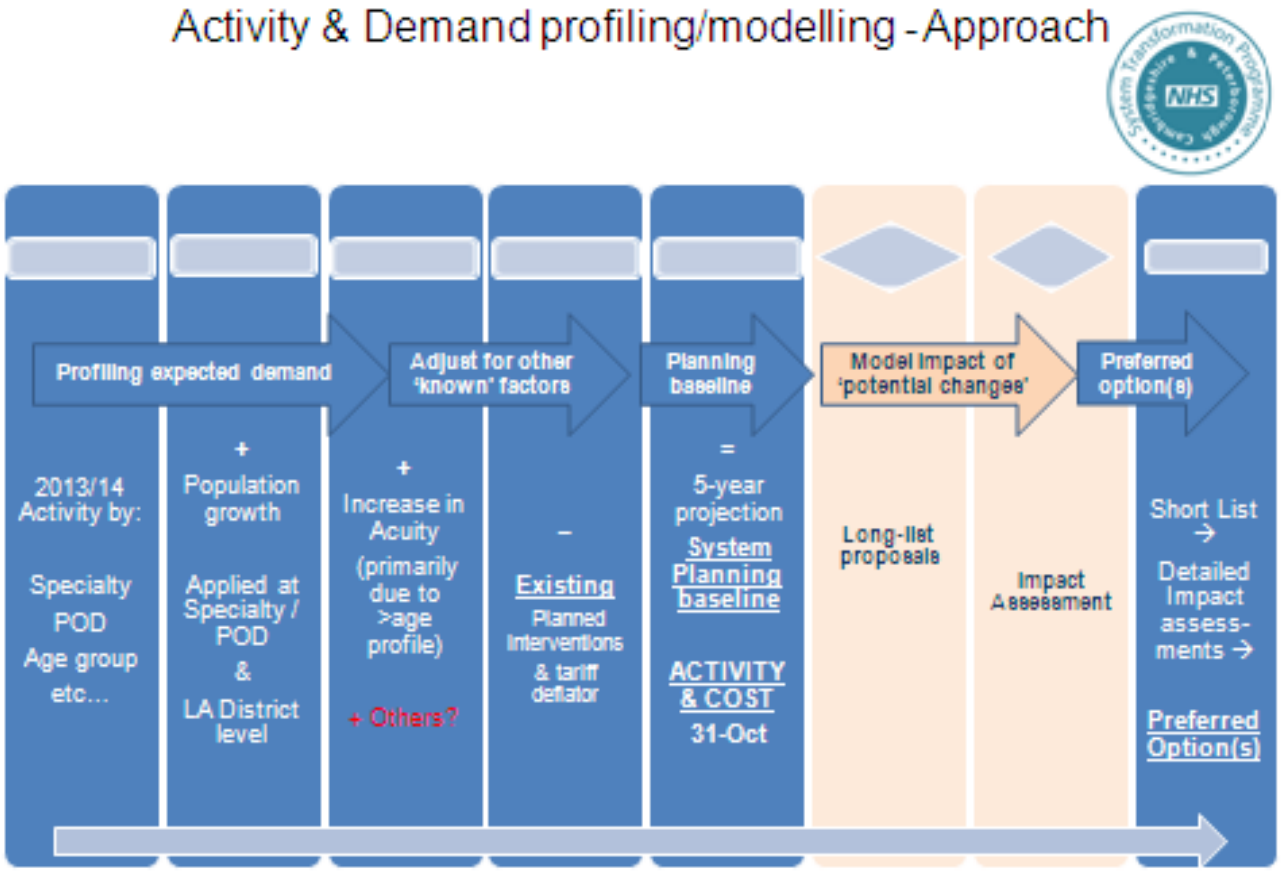
Source Documents	Location
• Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Main text	http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm
• Cambridgeshire and Peterborough health system Blueprint 2014/15 to 2018/19: Appendices	http://www.cambridgeshireandpeterboroughccg.nhs.uk/five-year-plan.htm
• NHS England " Five Year Forward View"	http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Author
Dr Fiona Head
Programme Director
Cambridgeshire and Peterborough System Transformation Programme
25 November 2014

Appendix 1: Phases of work



Appendix 2: Analytical Work



Impact Assessment Domains

Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

To: Chairs of Health and Wellbeing Boards

Cc: Chief Executives of NHS Trusts and NHS Foundation Trusts

- 7 OCT 2014

Dear colleagues,

Effective Engagement between health and Wellbeing Boards and Major Providers

As we move towards a modern, effective health and care system the importance of working together across local health and care economies only grows. Effective engagement between Health and Wellbeing Boards and the major providers who serve their communities is critical to our shared success.

The Better Care Fund (BCF) plans were submitted on 19 September following a great deal of hard work in local areas. These plans are built on the foundation of conversations taking place that have never happened before, and I do want to commend local areas for all their efforts to bring this about. However, it has become clear through this process that there are differences in the level of engagement between Boards and providers. The results of the National Consistent Assurance Review (NCAR) process for the BCF will be made available shortly, and we want to take steps now to ensure that all local areas will be working effectively together to lay strong foundations for the implementation of the BCF plans from April 2015.

The BCF, among other changes, will lead to a reduction in emergency admissions across England and a changing pattern of care with more being done in the community. This will have a significant impact on major NHS providers and so the BCF planning necessitates strong relationships, open conversations and new ways of working. Strong, constructive dialogue from all local partners involved in developing and delivering BCF plans will be crucial to success.

How this engagement works in practice will be different in each area. Where providers have been included as full members on boards, there have been clear advantages – for example full involvement and challenge throughout the process of developing and signing off BCF plans. Around two thirds of boards do not include local NHS providers, and I know that in many areas, this has been a considered

decision. In such cases there are some examples of engagement working well through secondary mechanisms such as partnership groups, provider forums and workshops convened to explore specific local issues.

However, there are cases where this engagement does not seem to have worked effectively and this is unacceptable. Boards and providers must be positively engaging in the local decision making process, and it is the responsibility of all parties to ensure that engagement is effective, timely and meaningful. I would therefore urge Boards that do not include providers to reconsider this position, or at the least to consider their current arrangements, and assure themselves that the right structures and relationships are in place.

Support is available to Boards and providers to support effective engagement, through the Health and Wellbeing System Improvement Programme (delivered by the Local Government Association with DH funding)
http://www.local.gov.uk/health-and-wellbeing-boards

I would welcome your feedback on the issues raised in this letter. In particular, further examples of where you believe engagement is working well and how this has been achieved; and suggestions for further support from system leaders that you think would be helpful.

Yours sincerely

Jeremy Hunt

JEREMY HUNT

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6(a)
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):Will Patten	Will Patten Assistant Director Adult Social Care Commissioning	Tel. 01733 452447

BETTER CARE FUND PROGRESS REPORT

RECOMMENDATIONS	
FROM : Will Patten, Assistant Director Adult Social Care Commissioning	**Deadline date : 11 December 2014**
The Board is asked to note the progress in relation to Peterborough's Better Care Fund submission and to note the expectations of the extraordinary HWB meeting on 7th January 2015.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing at the request of the Executive Director of Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to update the Board on the Better Care Fund (BCF) submission following the outcome of the National NHS England/Local Government Association moderation process.

2.2 The report outlines the requirements of the HWB at the extraordinary HWB meeting on the 7th January 2015.

3. BACKGROUND

3.1 Nationally all Health and Wellbeing areas were asked to resubmit their BCF on September 19th. Each of the HWB plans were then moderated at a national level, and assessed against nationally agreed criteria.

3.2 At the time of the Peterborough submission the outcome of the Older People and Community Services (OPACS) procurement was not known which meant that no dialogue was possible with the OPACS provider in relation to their BCF plans. This created a situation whereby it was impossible to articulate the local Peterborough BCF schemes. It should also be noted that at the time of submission the Local Authority had not been able to agree the detail of the BCF pooled funding arrangements for Peterborough.

4. OUTCOME OF THE MODERATION PROCESS

4.1 Each of the 151 HWB BCF submissions were reviewed and moderated during October and were provided with a rating. The outcome of the moderation process was that 5 plans were fully approved, 91 plans were approved with support, 45 were approved with conditions, and 5 were not approved.

4.2 The Peterborough submission was rated as "approved with conditions". The detailed conditions placed on the Peterborough submission are:

- Condition 1a: The plan must further demonstrate how it will meet the national condition of protecting social care to ensure that people can still access the services they need
- Condition 1b: The plan must further demonstrate how it will meet the national condition of having an agreed impact on acute care sector to prevent people reaching crisis point and reducing the pressures on A&E
- Condition 3: The plan must further demonstrate how it will deliver the planned Non-Elective admissions reduction
- Condition 4a: The plan must address the outstanding narrative risks identified in the NCAR report
- Condition 4b: The plan must address the outstanding financial risks identified in the NCAR report
- Condition 4c: The plan must address the outstanding analytical risks identified in the NCAR report

4.3 It should be noted that during the review process additional commentary provided to KPMG from their initial observations were not taken into account when the final rating was allocated to the Peterborough submission.

4.4 All HWB areas that have been approved with conditions need to provide a full resubmission of their plans by 12 noon on Friday 9th January 2015. A detailed action plan was submitted to NHS England on 14.11.14.

4.5 Peterborough have been allocated an NHS advisor who has been given the brief to support Peterborough through the resubmission process. A weekly traffic light reporting mechanism is in place for onward reporting to NHS England. Other "expert" resources have also been made available to Peterborough with benefits realisation and risk sharing expertise. These skills will be deployed before, during and after the workshops (see 5.3 below).

5. THE PETERBOROUGH RESUBMISSION PROCESS

5.1 Since the September submission the issues summarised in 3.2 have been resolved with Untied Care Partnership appointed as lead integrator for OPACS across Cambridgeshire and Peterborough. The Authority and CCG have been able to agree joint/pooled funding arrangements for BCF.

5.2 Colleagues at Cambridgeshire County Council also need to resubmit their plan in the same timescales and there are similar conditions for the Cambridgeshire plan. Colleagues at the CCG, CCC, and PCC have therefore agreed to align plans as far possible with the lead integrator (UCP).

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5.3 Three workshops have been designed to inform the resubmission process which are summarised below:

Workshop 1 – (27th November) Outcomes: Agreed number of BCF schemes, along with high level scope to be taken forward to workshop 2

Workshop 2 (9th December) Outcomes: Detailed scope for BCF schemes, along with governance and leadership arrangements.

Workshop 3 (11th December) Outcomes: Detailed benefits realisation exercise to support the BCF schemes.

At the time of this report workshop 1 has completed successfully with good attendance from all partners including PSHFT and PCVS. The outcomes were achieved.

6. NEXT STEPS

6.1 A drafting process has been agreed which will deliver a final draft version of the submission to the extraordinary HWB meeting on the 7th January 2015. Because of the timing of Christmas and New Year and access to key officers, the 7th January report will be issued to the HWB on Monday 5th January 2015.

6.2 HWB members are requested to read and review the submission ahead of the 7th January 2015 meeting, and to provide feedback and comments to the Lead officers during the meeting. Lead officers will then finalise the BCF report in time for submission on Friday 9th January 2015.

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6(a)
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Jana Burton, Executive Director of Adult Social Care, Health and Wellbeing	Tel. 01733 452409

OPERATIONAL RESILIENCE - SYSTEM RESILIENCE PLAN

RECOMMENDATIONS	
FROM : Cambridgeshire & Peterborough CCG on behalf of the Peterborough System Resilience Group	**Deadline date :** N/A
1. For Information	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:

(a) provide an update on the Peterborough Resilience Groups delivery of winter pressures across health and social care.

2.2 This report is for the Board to consider under its Terms of Reference.

3. BACKGROUND

3.1 Following the winter funding to support systems in 2013/14 the Government has issued guidance requiring systems to create System Resilience Groups (SRGs) with their primary remit to oversee the sustainable delivery of the A&E 4 hour 95% standard and the 18 week Referral to Treatment target. System Resilience Groups are made up of commissioners and providers; statutory and third sector within each locality.

3.2 There is a clear link between acute trusts struggling to deliver the A&E 4 hours target with high levels of non-elective admissions that leads to elective care capacity and operations being compromised. Within the Peterborough system the Strategic Urgent Care Board has been renamed and taken on this wider remit.

3.3 The guidance sets out resilience plans requirements. The CCG was required to submit plans to NHS England by 31st July 2014. The plans are a 'living' document and subject to ongoing refinement. The CCG has allocated funding on a fair shares, this gives the Peterborough system £1,154,495.

3.4 Following submission there was a process of evaluation by NHS England. The Peterborough system was rated as a high risk system due to its lack of delivery of the 95% standard. The Peterborough plan under went a number of further iterations and developments between all Partners(Peterborough City Council, Cambridgeshire County Council, Cambridgeshire and Peterborough CCG, South Lincolnshire CCG, Peterborough & Stamford Hospital, Cambridgeshire Community Services, Cambridgeshire and Peterborough Foundation Trust) and NHS England. The plan was approved in October.

4. PROGRESS ON DELIVERING THE PLAN

4.1 Delivery against the milestones contained in the plan is set out below.

Scheme	Was this delivered on time and in full?
1. Care Home Educator	Yes
2. 24/7 Community mode	On time but with phased delivery over 8 weeks
3. Frailty Unit	Yes but plan to incorporate social worker to further improve pathway.
4. EOI Information to flow to EEAST	Yes – however long term IT solution needs to be fully implemented, plus evaluation of current solution to be tested.
5. Perfect Fortnight	Delayed by 3 days from original start, but then implemented.
6. Integrated CHC Team	Co located, however further work to be done to assess without prejudice
7. Interim beds managed by one organisation	Yes agreed CCS, further work to be done on embedding model and flow.
8. Sub acute ward	Delayed, further discussions with clinicians on allocation of beds and staffing
9. Front Door GP/ ENP service	08/12/14
10. Psychiatric Liaison	01/12/14- risk to start date of staff recruitment
11. Single Assessment form for discharge	01/12/14
12. Patient Flags to show complex cases on arrival	01/12/14

4.2 Flu that plans are being delivered and are on target to deliver 75% or greater uptake of flu vaccine for over 65yrs, 75% uptake for clinical risk groups and pregnant women, and for health care workers and carers in line with the DH/PHE/NHS 2014 Flu Plan

4.3 management of the delivery of the schemes is through the System resilience group with the operational Urgent Care board working on the delivery of the specific schemes.

5. ANTICIPATED OUTCOMES

5.1 The outcomes of the resilience plan are for:

- PSHFT to deliver the 95% A&E standard consistently
- the 18 week Referral to Treatment standard to be met
- reduction in the number of non-elective (unplanned) admissions to be reduced
- reduction in the number of A&E attendances

6. REASONS FOR RECOMMENDATIONS

6.1 The Board is asked to note the progress to date.

7. IMPLICATIONS

7.1 The delivery of the key national targets of 95% A&E ands 18 week RTT are imperative for good patient care. All parts of the system have a role ot play in ensuring the health and social care system works as effectively as possible to avoid admissions, see and treat patients in an acute setting with a smooth, prompt discharge to their place of residence, and to prevent avoidable admissions.

8. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Operational Resilience Guidance
http://www.england.nhs.uk/wp-content/uploads/2014/06/op-res-cap-plan-1415.pdf

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7(a)
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Katharine Hartley – Consultant in Public Health	Tel. 01733 207157

SUICIDE PREVENTION STRATEGY

RECOMMENDATIONS	
Katharine Hartley – Consultant in Public Health	**Deadline date : n/a**
The Board is requested to review and approve the strategy on behalf of Peterborough City Council.	

1. ORIGIN OF REPORT

1.1 The Cambridgeshire and Peterborough Suicide Prevention Strategy (Appendix 1) is the local response to the publication 'Preventing suicide in England[1]' - a cross-government outcomes strategy to save lives.

1.2 It was recognised that the suicide prevention strategy would not operate in isolation, but would support and complement other relevant strategies and local developments including:

- The Crisis Concordat Declaration Group work being led by Police commissioners
- The Cambridgeshire and Peterborough Clinical Commissioning Group Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016[2]
- The Cambridgeshire and Peterborough 'Emotional well-being and mental health strategy for children and young people 2014-2016'[3]
- The Cambridgeshire and Peterborough Clinical Commissioning Group 5 year Mental Health Strategy – to be developed in 2014/15

2. PURPOSE AND REASON FOR REPORT

2.1 To present to the board the joint Cambridgeshire and Peterborough suicide prevention strategy and accompanying three year action plan (Appendix 1 and 2) detailing public health recommendations to reduce suicide in the local area, and specific actions to be taken in partnership and by individual agencies

3. LINKS TO THE HEALTH & WELLBEING BOARD STRATEGY/PLAN

3.1 The suicide prevention strategy enforces and helps to address the priority in the health and wellbeing strategy (2012-15) to 'Enable good child and adult mental health through effective, accessible health promotion and early intervention services'.

3.2 There are several recommendations in the strategy that relate to this priority:

- Suicide prevention training to individuals and people representing organisations likely to be in contact with people at risk of suicide.
- The development of a locally-focused website for suicide prevention
- Resources for professionals and individuals to aid self-help
- Local awareness-raising campaigns - to raise awareness of sources of help, for example, debt management, relationship counselling, housing organisations and parent/children centres.

4. PROPOSED APPROACH TO STRUCTURE AND GOVERNANCE

4.1 Most partner organisations involved in local suicide prevention work across Peterborough and Cambridgeshire, therefore a joint Cambridgeshire and Peterborough suicide prevention implementation group will manage the implementation of the strategy.

4.2 The joint implementation group will report progress on an annual basis to the various partner organisations including the Peterborough Adult Mental Health Stakeholder Group, Public Health Board and Health and Wellbeing Board in Peterborough.

5. KEY ISSUES

5.1 There are around 15-20 suicides in Peterborough annually although this number fluctuates from year to year. The Public Health Outcomes Framework[4] includes 'suicide rate' as a national indicator. The suicide rate in Peterborough has increased in recent years. Data for 2010-2012 show that the suicide rate in Peterborough is significantly above both the England and East of England rates.

5.2 In line with national guidelines on preventing suicide, a multi-agency local suicide prevention strategic group was established to develop the suicide prevention strategy and three year action plan. The recommendations are based on six national priority areas for reducing suicide as well as local intelligence on suicides and risk of suicide:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

5.3 In developing recommendations and action plans for each priority area, evidence and information is drawn from national guidance and publications on what is effective in preventing suicide. An emphasis is placed on local needs assessments and consultation with partner organisations and service users to identify groups at higher risk of suicide and gaps in service provision.

5.4 Some examples of recommendations that address local need include:

- The development of bespoke suicide prevention training programmes for local organisations likely to be in contact with those at greatest risk of suicide
- Restricting the means to suicide by recommending the erection of physical barriers on multi-storey car parks
- Working in partnership and with the Crisis Concordat Declaration Group to improve access to support for people before, during and after mental health crisis.

5.5 Funding for some of the suicide prevention initiatives recommended in the strategy was obtained after a successful bid to the NHS Strategic Clinical Network Pathfinder programme. This funding is non-recurrent, for one year only from April 2014 and has supported the development of a local 'STOP SUICIDE' campaign for Cambridgeshire and Peterborough - launched in September 2014.

6. IMPLICATIONS

- *Financial* - None noted
- *Legal* - None noted, however there are reputational implications for PCC not to own a suicide prevention strategy as this is expected as outlined in the national suicide prevention strategy.
- *Discrimination and Equality* - Risk of suicide is higher in some vulnerable groups, for

example, people with existing mental health problems, people with drug and alcohol problems, homeless people, unemployed people and migrant workers. The recommendations in the strategy focus on delivering interventions to those in vulnerable groups with greatest risk

- *Human Resources* - Delivering the recommendations outlined in the strategy depends on good partnership working between all listed organisations including Peterborough City Council. Public health resources and Adult Social Care Communities Directorate resources in the form of personnel time commitment will be required.

7. NEXT STEPS

7.1 The strategy and action plan will be circulated for information after sign-off by the Health and Wellbeing Board

8. CONSULTATION

8.1 Consultation was made with partner organisations and with the Peterborough suicide prevention implementation group. Service user consultation on the strategy was obtained through a combination of a workshop with service users and consultation through the HealthWatch and Cambridgeshire County Council websites.

8.2 The document has been discussed and approved by GP leads, the Governing Body of the CCG, CPFT, Police and Cambridgeshire County Council's Health Committee.

9. ANTICIPATED OUTCOMES

9.1 The strategy directly impacts on the Public Health Outcome 4.10 'Suicide Rate'.

9.2 A baseline suicide rate (deaths by suicide and injury of undetermined intent) is set for the period 2009-2011 using pooled three year average data. It is expected that each area will report and compare the suicide rate on a yearly basis based upon 3 year pooled data.

10. REASONS FOR RECOMMENDATIONS

10.1 The purpose of the strategy is to reduce suicides in Cambridgeshire and Peterborough through a series of recommendations and a three year action plan. Success will depend on partnership working to achieve the goals set out in the strategy and will require ongoing support and endorsement through Peterborough City Council Public Health and Adult Social Care

11. SOURCE DOCUMENTS

1. National Strategy: Preventing Suicide in England, 2012: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf
2. Cambridgeshire and Peterborough Clinical Commissioning Group Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016: http://www.cpft.nhs.uk/Downloads/rod%20files/2013_08-16_CCG_Adult_MH_Commissioning_Strategy_2013_FINAL.pdf
3. Emotional well-being and mental health strategy for children and young people 2014-2016: http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/5
4. Public Health Outcomes Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf

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NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Joint Cambridgeshire and Peterborough Suicide prevention strategy

2014-2017

Main Author: Katharine Hartley

ACKNOWLEDGEMENTS

The joint Cambridgeshire and Peterborough suicide prevention strategy is the result of a discussions between partner organisations and individuals. We are grateful for the continuing support and input from the following:

CPFT – Paul Baird, John Hawkins, Martin Stephan
CCG Mental Health Commissioners – Claire Hodgson, John Ellis, Emma Tiffin
Police – Andy Tolley, Ian Baillie, Kevin Vanterpool, Amanda Smith
Coroners – David Hemming, Rachel Middleton
Public Health CCC – Kathy Hartley, David Lea, Emma De Zoete, Bethany Goldsborough, Holly Gilbert, Sue Hall
Peterborough City Council – Sohrab Panday, Terry Prior, Anne McConville, Henrietta Ewart, Mirsada Hodges, Janet Dullaghan
CCC – Eva Alexandratou
Youth Offender Service - Hayley Thompson, Anna Jack
MIND – Sarah Hughes, Aly Anderson, Emily
Lifecraft – Carole Morgan
Samaritans – John Humpston, Mandy Thompson
Centre 33 - Juliet Snell
Rethink Carers – David Jordan
Richmond Fellowship - Clare Huntley, Paul Moulding
Service Users and the Service Users Network – Adele McCormick, Jenny Swain

CONTENTS

1. EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS

The Cambridgeshire and Peterborough suicide prevention strategy supports the National suicide prevention strategy – 'Preventing suicide in England, Dept of Health 2012'[1]. The key purpose of the strategy is to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of suicide prevention services that is tailored appropriately to local need and is driven by the involvement and feedback from service users.

Six priority areas for suicide prevention in Cambridgeshire and Peterborough with recommendations for actions are set out in sections 9-14 of the strategy document and accompanying three year action plan. A summary of the recommendations is provided below.

Table 1 – Summary of suicide prevention priority areas and recommendations for actions

Priority area 1 – Reduce the risk of suicide in high risk groups
Recommendations **1.1** Implement suicide prevention training to professionals and organisations in contact with people at high risk of suicide **1.2** Develop suicide prevention resources for professionals and agencies in contact with vulnerable groups **1.3** Implement awareness raising campaigns and roll-out 'the Cambridgeshire and Peterborough pledge' to reduce suicide **1.4** Ensure access to resources to aid self-help in those at risk of suicide **1.5** Aspire to develop integrated, appropriate and responsive services to those at risk of suicide – including pathways for children and young people as well as adults **1.6** Reassess pathways for young people and adults known by mental health services at risk of suicide **1.7** Improve pathways and support for people taken into custody and newly released from custody at risk of suicide
Priority area 2 – Tailor approaches to improve mental health in specific groups
Recommendations **2.1** Assess pathways of care for children and adults who self-harm **2.2** Work with partners who are developing the 'Emotional wellbeing and mental health strategy for children and young people' to • Raise awareness and campaigning around self-harm • provide access to self-help resources that focus on building resilience in young people • Raise awareness on preventing bullying • assess pathways for support for children who are at risk of self-harm , particularly in vulnerable groups of children and young people – youth offenders, children in care, children under the care of people with mental health problems • Support the projects that work with families through the 'BOUNCE' project in Peterborough

2.3 Promote early interventions to aid prevention of mental health problems that could lead to suicide

2.4 Promote training in mental health awareness, particularly with professional groups such as GPs to recognise mental health issues and risk of suicide

Priority area 3 – Reduce access to the means of suicide

Recommendations

3.1 In line with regulations, ensure the removal of potential ligature points – particularly in places of custody and in-patient settings

3.2 Reduce the risk of suicide by jumping from high buildings accessible by the public including multi-storey car-parks

3.3 Reduce the risk of suicide on railway lines

3.4 Work with Medicines Management teams at the CCG to ensure safe prescribing of some toxic drugs

3.5 Whenever possible, medical professionals should be reinforcing safety plans for individuals with mental health problems

Priority area 4 – Provide better information and support to those bereaved or affected by suicide

Recommendations

4.1 Ensure bereavement information and access to support is available to those bereaved by suicide

Priority area 5 - Support the media in delivering sensitive approaches to suicide and suicidal behavior

Recommendations

5.1 Encourage appropriate and sensitive reporting of suicide

- Provide information to professionals on the sensitive reporting of suicide
- Liaise with local media to encourage reference to and use of guidelines for the reporting of suicide

Priority area 6 - Support research, data collection and monitoring

Recommendations

6.1 Collect detailed suicide data on a quarterly basis from Cambridgeshire and Peterborough coroners. Include data from the Police on suicides and near suicides. Carry out an annual audit of local suicides

6.2 Disseminate current evidence on suicide prevention to all partner organisations

6.3 Coroners should notify the Suicide Prevention Strategic Group about inquest evidence that suggests patterns and suicide trends and evidence for service development to prevent future suicides

6.4 Evaluate and report on the suicide prevention implementation plan

Complementary to the recommendations listed above, the Cambridgeshire and Peterborough Suicide Prevention Strategic Group on behalf of the Clinical Commissioning Group (CCG) was

successful in obtaining funding through the Strategic Clinical Network (SCN) Pathfinder Programme for suicide prevention for one year from April 2014. This funding has facilitated the launch of a local STOP SUICIDE campaign that supports the following initiatives:

1. Assessment of local suicide prevention pathways and development of a suite of professional resources including a pathway map to provide advice on how to respond to a suicidal individual in the community.
2. Provision of suicide prevention training to select groups of professionals and personnel within organisations most likely to be in direct contact with people at high risk of suicide.
3. The development and promotion of the 'Peterborough and Cambridgeshire pledge to prevent suicide'.
4. The development of a website with resources to support the STOP SUICIDE initiative – see www.stopsuicidepledge.org

Details of the SCN Pathfinder programme and STOP SUICIDE campaign are provided in section 16.

2. PURPOSE

This document sets out the strategic priorities and recommendations to prevent suicide in Cambridgeshire and Peterborough between 2014 and 2017. Accompanying this strategy is a three year action plan to be used as a framework by key stakeholders for implementing the recommendations and for measuring and evaluating the outcomes.

Suicide is a major public health issue as it marks the ultimate loss of hope, meaning and purpose to life and has a wide ranging impact on families, communities and society. Suicides more frequently occur in the younger age group, and account for a larger proportion of years of life lost compared to deaths from other causes. However, the National Suicide Prevention Strategy – Preventing Suicide in England[1] states that suicides are not inevitable and many can be prevented, thus supporting a call for action to reduce suicide and the impact of suicide both at national and local level.

In line with national guidelines on preventing suicide, a multi-agency local suicide prevention strategic group was formed to develop the strategy with lead input from public health. Members of the group include the following public and third sector organisations:

- Cambridgeshire County Council
- Peterborough City Council
- Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) - including CCG GP leads for mental health and commissioning support
- Coroners
- Cambridgeshire and Peterborough Foundation Trust
- Service User Engagement Network (SUN)
- Police
- Youth Offender service

- Local Voluntary Organisations – including Lifecraft, MIND, Samaritans, Richmond Fellowship, Rethink Carers among others

Importantly, the strategy is the response to the following recent developments:

- the publication of the document "Preventing suicide in England - a cross-government outcomes strategy to save lives HM Government September 2012"[1]
- the priority identified in the Commissioning Strategy for the Mental Health and Well-being of Adults of Working Age 2013-2016[2] to 'improve partnership working between primary care, secondary services and voluntary organisations to strengthen the local response to people who may be at risk of suicide'
- the feedback consistently received from local agencies that there is a need for:
    - better support for those bereaved or affected by suicide
    - clearer guidance where to seek help and advice for people who are worried that someone they know might commit suicide, or are presented with somebody threatening to commit suicide
- The recognition that Peterborough, Cambridge City and Fenland districts have had higher than average suicide rates in some recent years

The suicide prevention strategy will not operate in isolation, but will support and complement other relevant strategies and developments. The strategy takes account of the respective JSNAs for Cambridgeshire and Peterborough[3,4], the local priorities agreed by the respective Health and Well-Being Boards, the suicide prevention strategy developed by CPFT[5], the emotional well-being and mental health strategy for children and young people[6] and our need to respond to key national policies.

Recently, there has been a move to establish the development of a local Mental Health Crisis Concordat Declaration and Action Plan. This work is being led by the Police, but is supported by members of the suicide prevention strategic group. The partnership should ensure that the objectives in the suicide prevention strategy around pathway design before, during and after mental health crisis are reproduced in the Crisis Concordat Action Plan.

The suicide prevention strategy will also be used and referred to during the development of the Cambridgeshire Public Mental Health Strategy and the Cambridgeshire and Peterborough CCG Five Year Mental Health Strategy, both to be developed in 2014/15. Both mental health strategies are being developed by members of the suicide prevention strategic group. The Public Mental Health Strategy will complement the suicide prevention strategy and the CCG Five year Mental Health Strategy will reinforce some of the recommendations made in the suicide prevention strategy, enabling more effective implementation of the action plan, particularly around crisis management and community support for those known by mental health services.

In developing recommendations and action plans for each priority area within the strategy, evidence and information is drawn from national guidance and publications on what is effective in preventing suicide. An emphasis is placed on local needs assessments and intelligence gathered from coroner

data. Consultation is made with service users and other organisations or groups including British Transport Police, Probation services, Drug and Alcohol services, Public Health England and Cambridge University Student welfare officers to identify groups at higher risk of suicide and gaps in service provision.

Implementation of the recommendations and action plan will be managed by a joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group from September 2014. Multi-agency working across all sectors, from NHS and mental health professionals to voluntary organisations, will be encouraged in order to utilise expertise from these organisations to implement the proposed initiatives. Continuing engagement with service users and their carers is expected for the successful development, implementation and delivery of initiatives in each priority area. It is envisaged that working groups will be established to address priority areas or particular recommendations and these will report to the joint implementation group. The joint implementation group will be accountable for delivering the strategy and will report progress on an annual basis to the various partner organisations; Peterborough Adult Mental Health Stakeholder Group, Public Health Board and Health and Wellbeing Board in Peterborough, the Health Committee in Cambridgeshire and CMET of the CCG.

3. NATIONAL CONTEXT

It is important to review and reflect upon nationally available data on suicides in order to place local information on suicides in context. With national reference points that include rates, trends, risk factors, suicide methods and evidence of what works to prevent suicides, a local approach for suicide prevention can be developed. This section summarises key findings from national data on suicides and is intended to be used as a guide to draw comparisons with local data and information presented in section 5.

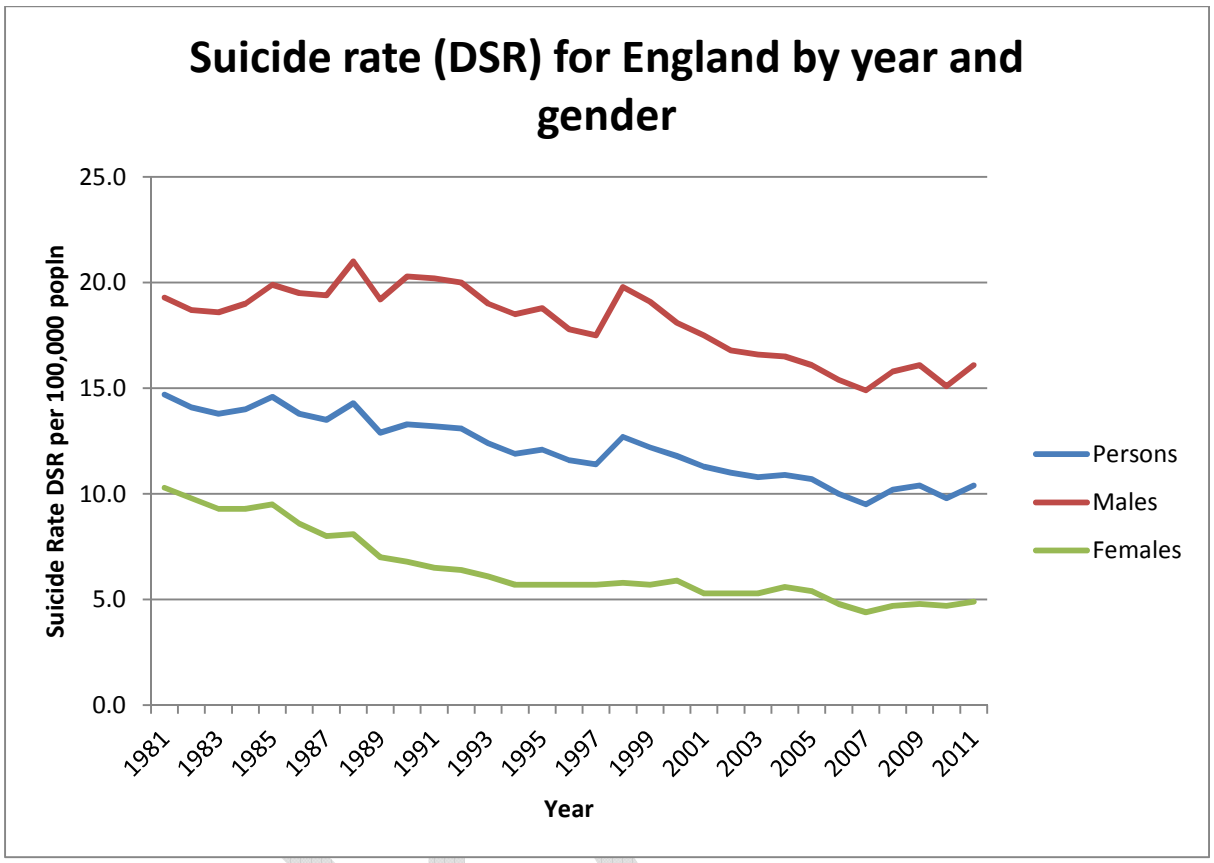
Suicide is defined in England and Wales as a death with an underlying cause of intentional self-Harm and/or an injury/poisoning of undetermined intent (ICD10 codes X60-X84 - all ages and Y10-Y34 – for ages over 15 years). It is assumed that most injuries or poisonings of undetermined intent are self-inflicted, but there is insufficient evidence to prove that the person intended to kill themselves. This assumption however cannot be applied to children due to the possibility that these deaths were caused by other situations – neglect or abuse for example. For this reason, data on suicides in England only include persons aged 15 years and over for deaths from injury of undetermined intent and may under-report deaths as a result of suicide in children.

3.1 Suicide rates and Trends

Data from the Office for National Statistics (ONS) shows that suicide rates have been declining for most of the last decade until 2008 when they reached a historical low. However, since 2008, suicide rates have increased (Figure 1). However, in 2011 there were 6,045 suicides in the UK and the suicide rate was significantly higher compared with 2010 (11.8 and 11.1 deaths per 100,000 population respectively), and was the highest rate since 2004. This highlights the need to be vigilant. Suicide rates are volatile from year to year and are influenced by and reflect social and economic

circumstances. Periods of high unemployment or severe economic problems have had an adverse effect on the mental health of the population and have been associated with higher rates of suicide.

Figure 1 – Directly age-standardised suicide rates by sex and year, England, 1981-2011



DSR – Directly age-standardised rate. ICD10 codes – X60-X84 and Y10-Y34

Source : Office for National Statistics[7]

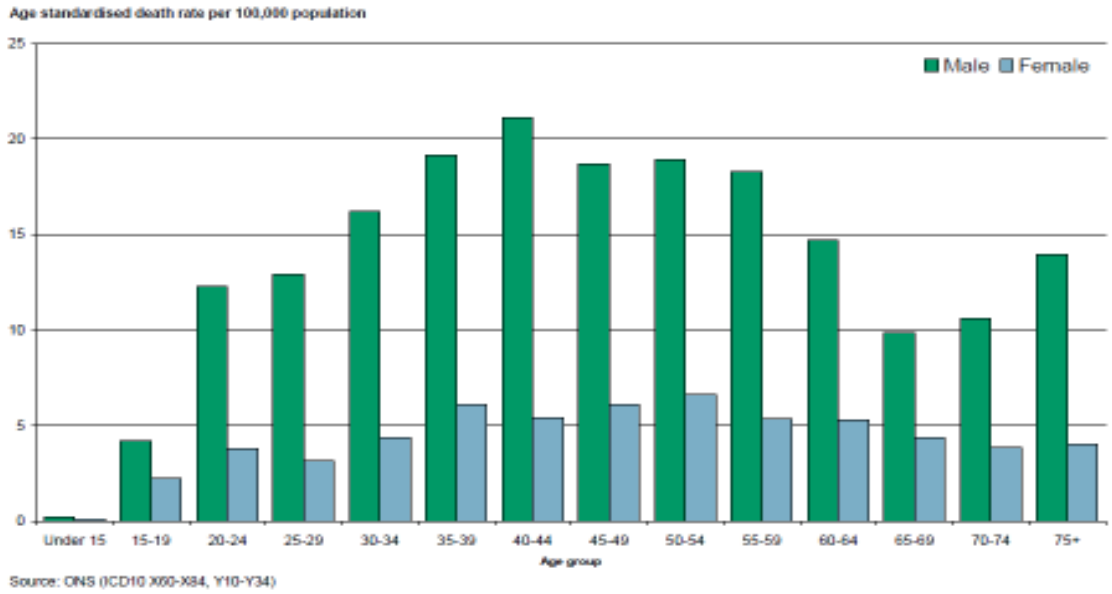
3.2 Suicides by sex and age

Suicide in males is currently about three times the rate of suicide in females across all ages (Figure 2). Of the total number of suicides in 2011, 4,552 were males and 1,493 were females, producing age-standardised suicide rates of 18.2 and 5.6 per 100,000 population for males and females respectively.

Suicide occurs at all ages, however between 2001 and 2011 the suicide rate was highest in men between the ages of 30 and 44 years. In recent years there has been a significant increase in suicides in slightly older men (those aged 45 to 59) and in 2011, middle-aged men are recognised as a one of the high-risk groups and should be a focus for suicide prevention strategies.

The suicide rate in older men (those aged 75 and over) has shown the opposite trend to middle-aged men, as the rate declined between 2004 and 2011. Moreover, those aged 75 and over were the only age group where the suicide rate fell slightly in 2011 (from 14.8 suicides per 100,000 population in 2010 down to 13.8 in 2011).

Figure 2 – Directly age-standardised suicide rates by sex and age group, England, 2011



3.3 Methods of suicide

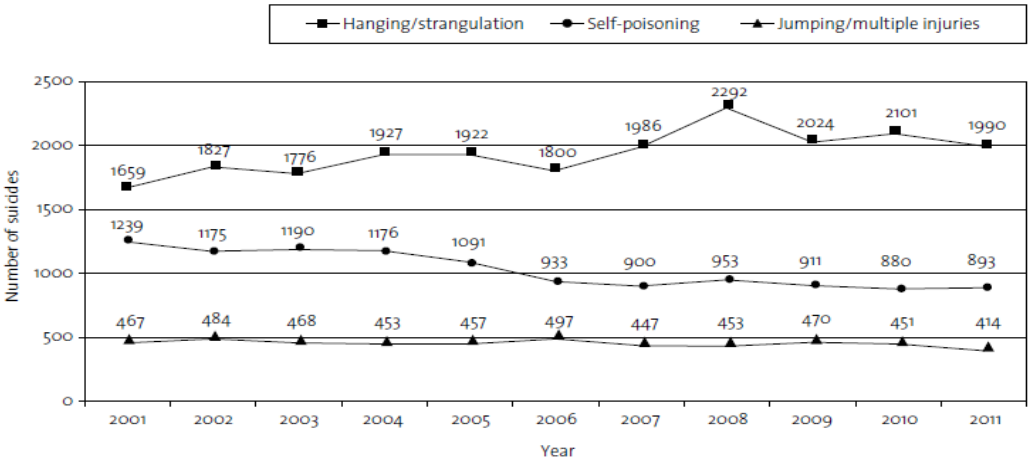
National data from the 'National Confidential Enquiry into Suicide and homicide by people with Mental Health illness – Annual report 2013[8] on methods of suicide over the last decade show that the most common methods of suicide were hanging/strangulation, followed by self-poisoning (overdose) and jumping/multiple injuries - mainly jumping from a height or being struck by a train (Figure 3A).

Less frequent methods were drowning, carbon monoxide (CO) poisoning, firearms, and cutting/stabbing (Figure 3B).

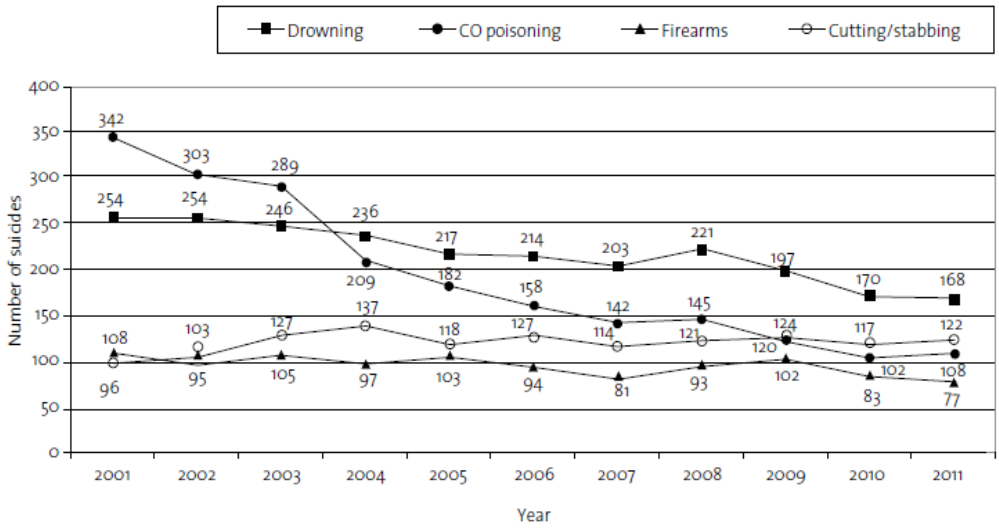
Between 2001 and 2011, there were changes in method of suicide. Suicide deaths by hanging increased, whilst those by self-poisoning and jumping decreased. Of the less common methods, deaths by drowning, carbon monoxide poisoning, and firearms decreased.

Figure 3 – Suicide in the general population by cause of death, England?, 2001-2011

3A. Most common causes of death



3B, Other causes of death



Source: National Confidential Enquiry into Suicide and homicide by people with Mental Health illness – Annual report 2013[8]

3.4 Suicide Risk factors

Preventing Suicide in England, 2012[1] identifies groups of people at higher risk of suicide as follows:

- young and middle-aged men

- people in the care of mental health services, including inpatients
- people with a history of self-harm
- Physically disabling or painful illnesses including chronic pain
- Alcohol and drug misuse
- Stressful life events:
    - Loss of a job
    - Debt
    - Living alone, or becoming socially excluded or isolated
    - Bereavement
    - Family breakdown and conflict including divorce and family mental health problems
    - Imprisonment
- Specific occupational groups, such as doctors, nurses, veterinary workers, farmers and agricultural workers.

Middle-aged men are identified as one of the high-risk groups and a priority for suicide prevention. A recent report by the Samaritans suggested that middle-aged men, especially those from poorer socio-economic backgrounds are particularly at risk of suicide due to a combination of factors. These include social and cultural changes (for example, rising female employment and greater solo living) that have particularly impacted on the lives of the cohort of men who are now in mid-life[9]

However, the greatest risk of suicide is found in people known to mental health services and particularly in people during the four week period following discharge from psychiatric hospital care[8,21]. It is important that the strategy focuses on identifying weaknesses in the system of care for people with mental health problems and works towards reducing risk in these groups – See section 9 and 9.9 for details.

4. NATIONAL AND LOCAL PUBLICATIONS AND GUIDANCE RELEVANT TO SUICIDE PREVENTION

The local suicide prevention strategy must reflect the latest national information, evidence and guidance on improving mental health and preventing suicide for the population. In addition, the suicide prevention strategy must reflect, support and build upon other local strategies that support mental health. This section summarises the latest national and local publications that underpin the suicide prevention strategy.

4.1 No health without Mental Health

Suicide prevention starts with a better understanding of mental health and improving the mental health of populations, particularly those at high risk of mental health problems. No *health without mental health*, published in 2011[10], is the government's mental health strategy. Published alongside this is an implementation framework to set out what local organisations can do to turn the strategy into reality, what national organisations are doing to support this, and how progress will be measured and reported.

4.2 Cambridgeshire and Peterborough CCG Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016[2]

Our local Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age provides detailed information on the commissioning intentions and objectives for the next three years. Four key priority areas are identified and within these, priority objectives are listed. Many of the objectives are relevant to suicide prevention in our local area and are listed in table 2 below – extracted from the Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016[2].

Table 2 – Extract from 'the Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016' showing key priority areas and objectives that are relevant to suicide prevention

Key Commissioning Priority Area	Objectives relevant to suicide prevention
1. Prompt Access to Effective Help	• Introduce a **single-point of access** Advice and Resource Centre (ARC) to local mental health services for referrers, carers and service users CCG-wide. • Seek to expand the range of treatment options available – including self-help, online resources, counselling, etc. for people experiencing **mild-to-moderate** mental health problems that could be effectively helped without the need to access specialist mental health services; • Improve the help and support offered throughout the CCG to **offenders** with mental health problems • Ensure more equal access to voluntary sector services throughout the CCG.
2. The "Recovery" Model.	• Improve support for **Carers** and engagement in care planning of loved ones. • Robust **discharge planning** processes • Ensuring there is access to a specialist community-based **forensic** mental health service for former offenders throughout the CCG. • Improved partnership working between primary care, secondary services, and voluntary organisations to strengthen the local response to people who may be at risk of **suicide** • Ensure that there is appropriate **training** in mental health for key stakeholders such as GPs
3. The Inter-Relationship between	• Support the introduction of **Liaison Psychiatry** Services at Hinchingbrooke and Peterborough hospitals.

Physical Health and Mental Health	• Ensure people with **Dual Diagnosis** promptly receive the help they need for both their mental health and substance misuse problems
4. Improve Our Commissioning Processes	• Ensure that the services we commission are safe, effective and value-for-money

4.3 Preventing suicide in England[1]

Preventing suicide in England is the national strategy intended to reduce the suicide rate and improve support for those affected by suicide. The strategy builds on the successes of the earlier strategy published in 2002. The overall objective of the strategy is to reduce the suicide rate in the general population in England and to better support for those bereaved or affected by suicide. It sets out key areas for action and brings together knowledge about groups at higher risk as well as effective interventions and resources to support local action.

The main changes from the previous national suicide prevention strategy is the greater prominence of measures to support families - those who are worried that a loved one is at risk and those who are having to cope with the aftermath of a suicide. The strategy also makes more explicit reference to the importance of primary care in preventing suicide and to the need for preventive steps for each age group.

The Six key areas for actions to prevent suicide are listed as follows:

- Reduce risk of suicide in key high risk groups
- Improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

The strategy outlines a range of evidence based local approaches and good practice examples are included to support local implementation. National actions to support these local approaches are also detailed for each of the six areas for action.

The inclusion of suicide as an indicator within the Public Health Outcomes Framework - 4.10[11] will help to track national and local progress against the overall objective to reduce the suicide rate.

4.4 Key findings for England from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, July 2013[8]:

This report analyses data on deaths by suicide and undetermined cause in people known to mental health services. Data is compared with that obtained for the general population. Factors leading to

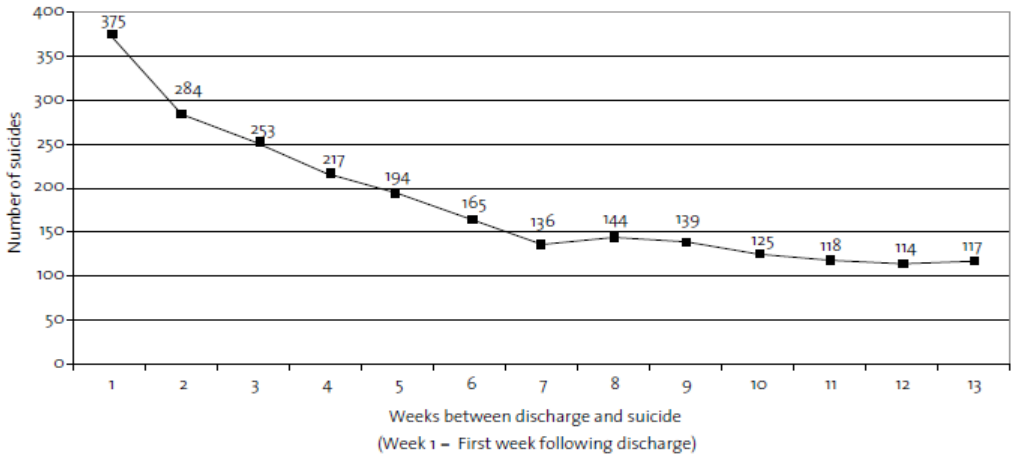
[1] http://www.dh.gov.uk/health/files/2012/09/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

or contributing to suicide are analysed and recommendations for service improvements are made as a result of these findings.

The main findings on suicides by people known to mental health services are:

- During 2001-2011, 13,469 deaths (28% of general population suicides) were identified as patient suicides, i.e. the person had been in contact with mental health services in the 12 months prior to death.
- In-patient suicides show a sustained fall over the last decade
- A substantial fall in in-patient suicides following absconding
- Deaths under crisis resolution/home treatment are now more frequent than under in-patient care
- There was an overall increase in the number of suicides under crisis resolution/home treatment services
- A fall in the number of patient suicides following refusal of treatment or care.
- There are few suicides by patients refusing treatment or care while under a community treatment order
- There has been a decrease in the number of patient suicides by overdose of tricyclic antidepressants (attributed to safer prescribing of psychotropic drugs)
- 54% of patient suicides had a history of either alcohol or drug misuse or both, an average of 641 deaths per year.
- 15% of patient suicides had severe mental illness and co-morbid alcohol or drug dependence/misuse (dual diagnosis),
- Post discharge suicides remain a problem, although there has been a drop in the number of suicides post discharge over the last ten years.
- Post-discharge suicides were most frequent in the first week after leaving hospital (Figure 4)
- The most common methods of suicide by patients were hanging, self-poisoning, and jumping/multiple injuries.

Figure 4 - Number of patient suicides by week following discharge, England?, 2001-2011



4.4.1 Recommendations for services based upon the findings from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, July 2013

The following recommendations relevant to suicide prevention in people known to mental health services have been made as a result of the findings by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness:

- maintain services for dual diagnosis patients
- address the economic difficulties of patients who might be at risk of suicide, ensuring they receive advice on debts, housing and employment
- improve safety in crisis resolution/home treatment (CR/HT) as a priority for suicide prevention in mental health care; particular caution is needed with patients who live alone or refuse treatment and when patients are discharged from hospital into CR/HT
- be vigilant about the suicide risk from opiates, currently the main self-poisoning method; clinicians should check patients' access to opiates
- continue the successful safety focus on wards, including measures to prevent absconding and ensure safe detention. Strengthen specialist services and risk management for patients who are misusing alcohol or drugs
- use Community Treatment Orders more effectively to address treatment refusal and loss of contact in patients at risk of suicide
- ensure that all in-patients, including younger in-patients, are included in reviews of physical health and polypharmacy
- introduce or maintain assertive outreach services

4.5 CPFT Suicide Prevention Strategy

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) have produced a suicide prevention strategy (May 2013-May 2016)[5] and as a partner organisation for the development and delivery of this strategy, findings and recommendations within the CPFT strategy are considered.

The CPFT suicide prevention strategy lists eleven specific key actions based upon the six priority areas identified in the national strategy for suicide prevention[1.] There is much overlap in the eleven key CPFT actions and the recommendations produced in this strategy that will facilitate an on-going working partnership to deliver the aims of both strategies.

4.6 Emotional well-being and mental health draft strategy for children and young people 2014-2016[6]

The suicide prevention strategy takes account of recommendations made in the Cambridgeshire and Peterborough CCG 'Emotional well-being and mental health strategy for children and young people 2014-2016'. This document recognises that the mental health and wellbeing of children and young people is everybody's business and by partnership working, more efficient use of resources to provide the right intervention at the right time to the right people will result.

The specific areas for action listed in this draft strategy are:

1. The commissioning of mental health services will be outcome-focussed, maximising the capacity of statutory and voluntary sector organisations
2. Mental health support will be everyone's business, all partners will understand the role they can play and support will be co-ordinated, integrated, evidence based and cost effective.
3. There will be clear pathways of care across agencies, with the right level of expertise and a shared professional knowledge
4. Services will be available for all levels of need, maximising the opportunities for early intervention and prevention, whilst also providing for those with severe and enduring mental health problems
5. Ensure that children and young people's mental health needs are identified early and support is easy to access and prevents problems getting worse
6. Standardised principles of practice will be adopted across all organisations

4.7 Mental Health Crisis Concordat – Improving outcomes for people experiencing mental health crisis – February 2014[12]

The Mental Health Crisis Care Concordat is a national agreement between 22 national bodies involved in the care and support of people in crisis and includes health, policing, social care, housing, local government and the third sector. The concordat sets out how partners will work together to ensure that people receive the help they need when they are in mental health crisis.

The Concordat focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health problems can access help 24 hours a day and are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.

- **Quality of treatment and care when in crisis** – people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by ensuring that people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention. This strategy includes and reflects some of the key messages and recommendations from the concordat, aiming to reinforce a commitment by partners to work together in preventing and managing crises. To this end, members of the suicide prevention strategic group will support the development of the mental health crisis care concordat declaration and action plan to ensure a joined-up approach to effective crisis management and prevention.

4.8 Annual Report of the Chief Medical Officer 2013 – Public Mental Health Priorities: Investing in the Evidence

The report from the Chief Medical officer focuses on epidemiology and the quality of the evidence base for public mental health and includes a chapter on suicide prevention[13]. The report highlights the recent increase in both the suicide and self-harm rates (since 2006/7), and suggests that the economic recession is the most likely cause for the increase. The risk of suicide in the year following self-harm is much greater than that of the general population. In addition, risk of suicide is high in people who are admitted for psychiatric treatment and remains high in the immediate post-discharge period. However, around three quarters of suicides occur in people not known to psychiatric services.

Suicide prevention should be based on evidence of what is effective. To improve safety of mental health services, access to 24 hour crisis services, policies for patients with dual diagnoses (drug/alcohol problems in combination with mental illness) and multidisciplinary reviews after suicide are effective strategies. Suicide prevention in the general population should focus on restricting of access to means of suicide, population approaches to reduce depression and improvements in detecting and managing psychiatric disorders with increased voluntary sector and internet based support. It is also recommended that work is carried out with media and internet providers to ensure responsible reporting of suicide. Self-harm should be followed up with a psychosocial assessment and access to psychological therapy upon discharge and screening for dual diagnoses. Importantly, it is recommended that surveillance should be in place to ensure that information about changes and trends in suicides are identified to enable public health action.

This strategy learns from the recommendations made in the CMO report, and this is reflected in the details contained within the accompanying action plan.

5. LOCAL CONTEXT

There are around 50 suicides in Cambridgeshire and Peterborough annually although this number fluctuates from year to year making comparisons and analysis difficult to interpret. Pooled data on suicides over three year periods provides a more consistent format to analyse trends when small numbers are involved. Standardised rates are used in order to make comparisons with other regions and over time where population structures may be different.

5.1 Local suicide rates as measured by Public Health Indicator 4.10

The Public Health Outcomes Framework – 2013-2016[11] sets out the opportunities to improve and protect health across the life course and to reduce inequalities in health. The Outcomes Framework includes the Public Health Indicator 4.10 'Suicide Rate' and reflects the importance to keep the suicide rate at or below current levels.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf

A baseline suicide rate (deaths by suicide and injury of undetermined intent) is set for the period 2009-2011 using pooled three year average data. It is expected that each area will report and compare the suicide rate on a yearly basis based upon pooled three year data.

5.2 Trends in local suicide rates

Data on pooled three-year rates for suicide are published on the Public Health Outcomes Framework website: http://www.phoutcomes.info/ and show current indicators as measured against England rates as well as recent trends in suicide rates. The data shows that the suicide rate in Peterborough has increased in recent years and for 2010-2012 is significantly above both the England and East of England rates (Figure 5a). By comparison, the suicide rate in Cambridgeshire has dropped in recent years and is below the England average for 2010-2012 (Figure 5B). However, when the data for Cambridgeshire is broken down to smaller local authority areas, it is evident that there have been higher rates of suicide in both Fenland and Cambridge City in recent years, although the very recent trend is a decrease in suicide rates (Figure 5C). Huntingdonshire, East Cambridgeshire and South Cambridgeshire have lower suicide rates than England averages (data not shown).

Figure 5A – PHOF Indicator 4.10 – Suicide Rate. Directly age-standardised suicide rate per 100,000 for Peterborough

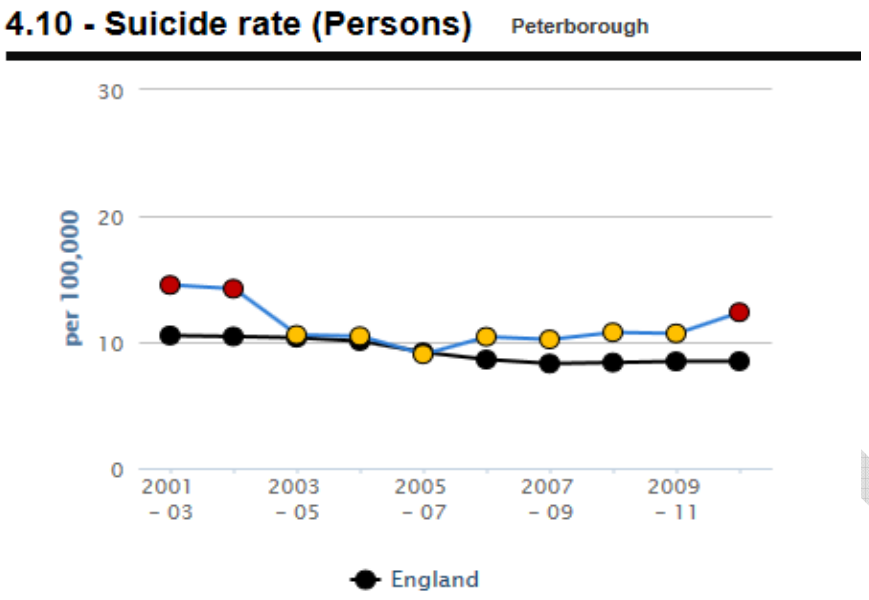


Figure 5B – PHOF Indicator 4.10 – Suicide Rate. Directly age-standardised suicide rate per 100,000 for Cambridgeshire

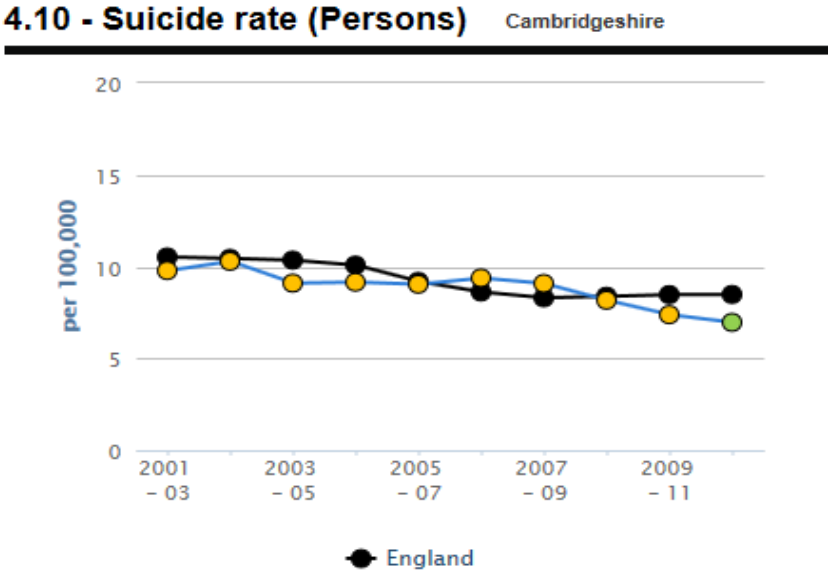
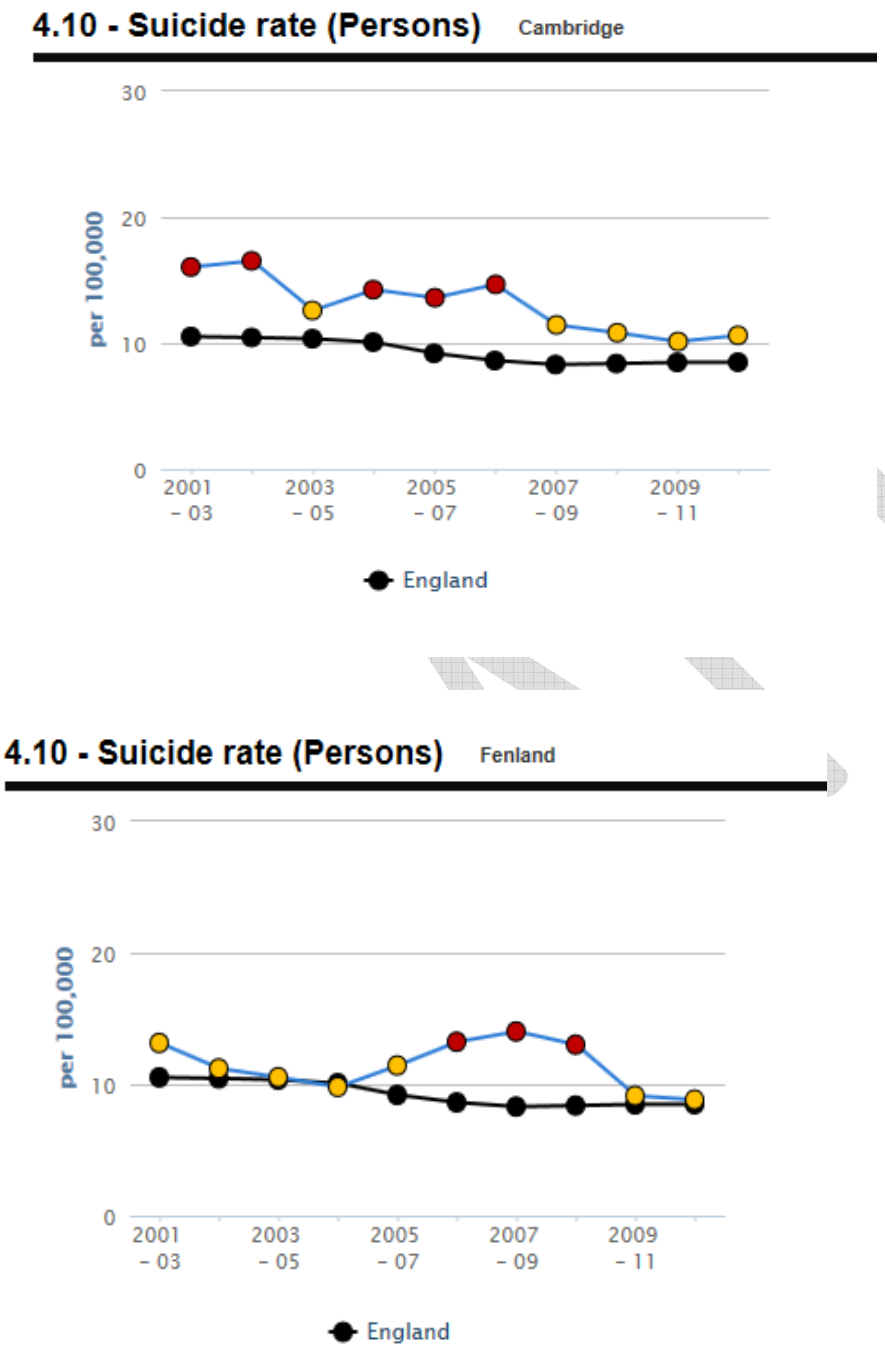


Figure 5C – PHOF Indicator 4.10 – Suicide Rate. Directly age-standardised suicide rate per 100,000 for Cambridge City and Fenland Local Authorities



Source: Figure 5 data is taken from The Public Health Outcomes Framework information on indicator 4.10 – suicide rate. Rates are based upon pooled data for the three year periods shown.

Rates are age- standardised and show the number of deaths per 100,000 population from suicide and injury undetermined - ICD10 codes X60-X84 (all ages) and Y10-Y34 (for ages 15 and over) registered in the respective calendar years, aggregated into quinary age bands (0-4, 5-9,…, 85-89, 90+). Counts of deaths for years up to and including 2010 have been adjusted where needed to take

account of the ICD-10 coding change introduced in 2011. The detailed guidance on the implementation is available at http://www.apho.org.uk/resource/item.aspx?RID=126245.

5.3 Suicide methods – local data

Information on local suicides in 2012/13 provided by coroners has facilitated some analysis of methods used in suicide. Consistent with national data, the most common method for suicide in Cambridgeshire and Peterborough was hanging. Other methods of suicide including drowning, use of firearms, multiple injury, including injury as a result of jumping from a height and drug overdose were less frequent (Data not shown).

6. LOCAL ACTIVITY TO PREVENT SUICIDE - MAPPING SUICIDE PREVENTION SERVICES PROVIDED IN CAMBRIDGESHIRE AND PETERBOROUGH

It is important to understand the current services and pathways with regard to suicide prevention in order to form a map of available interventions with which to identify any gaps and weaknesses in the system. A summary of the available services is provided in the following sections:

6.1 Services for people with mental health problems

NHS Cambridgeshire and Peterborough CCG currently commissions services for local adults with mental health problems on a pathway basis from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The pathways commissioned for adults are:-

- Advice and Referral Centre – ARC (a single-point-of-access to specialist mental health services, commenced in Peterborough in August 2012, and being rolled-out in stages across the CCG)
- Locality Teams; IAPT, Psychosis, Affective Disorders, Assertive Outreach
- CAMEO
- Acute Care Pathway (including crisis resolution and home treatment and Psychiatric Intensive Care Pathway);

NHS Cambridgeshire and Peterborough CCG along with Cambridgeshire County Council and Peterborough council commissions mental health services from a range of local independent and voluntary sector organisations.

Third sector organisations involved in supporting people known to have mental health problems and suicidal risk include:

- MIND in Cambridgeshire
- Group Therapy Centre
- Cambridge Counselling Services
- Choices
- Oakdale
- Relate Counselling
- LIFECRAFT
- The Richmond Fellowship
- Rethink Carers

6.2 Services for people at risk of suicide not known by mental health services

- **The Advice and Referral Centre (ARC**) acts as a source of advice and a single-point-of-access for local GPs wishing to refer a patient to local NHS mental health services.
- **Independent and Voluntary Sector Services** Voluntary sector organisations play a significant role in local mental health service provision, often for people who may struggle to access the "mainstream" services
    - Samaritans
    - Lifecraft
    - Lifeline
    - MIND
    - Richmond Fellowship
    - Bereavement services – CRUSE bereavement

6.3 Gap analysis in suicide prevention service provision

Service user feedback is crucial in determining where the gaps in service provision lie for suicide prevention across Cambridgeshire and Peterborough

NHS Cambridgeshire and Peterborough CCG Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016[2] have consulted with service users, carers, HealthWatch, GPs and the Patient Experience Team to identify gaps in service provision, some of which are relevant to suicide prevention as follows:

- Raising awareness and mental health promotion to ensure better access to services, and linking between physical and mental health services. Make the best use of existing campaigns to raise awareness
- Improved information and services for carers
- Improved crisis support
- Prompt access to appropriate services
- Prompt and appropriate response by services – particularly in crisis
- acknowledge the role of carers in supporting people with severe and enduring mental illness
- Commissioners and providers review practice to ensure recipients of mental health support services always have details of who they can contact when in distress 24 hours a day.
- greater emphasis throughout services upon prevention, early intervention, support and self-management
- prompt access for GPs to obtain advice and effective help for patients presenting at surgeries in distress or "crisis"
- partnership working across local service providers (including the voluntary sector) in order that patients receive an integrated and seamless service across all interfaces

In addition to the list of gaps in service provision provided above, the suicide prevention group

highlights the following unmet needs:

- Better working relationships between the CRISIS resolution team and third sector agencies to ensure sharing of information and timely and appropriate response to those in crisis
- Swifter and appropriate referral to mental health CPFT, ARC
- Faster access to therapy. Currently waiting lists for 1:1 therapy exceed 3 months
- Walk in centres – there is a lack of walk in voluntary centres that offer support and help to people at risk of suicide. Cambridge has Lifecraft and Centre 33 (for people aged below 25 years). No similar walk in centres exist in Fenland, Peterborough or Huntingdon.
- Accident and Emergency psychiatry liaison services differences between Peterborough, Hinchingbrooke and Cambridge hospitals
- Use of ARC as a single point of access by people not known by mental health services

7. A STRATEGIC LOCAL PARTNERSHIP APPROACH TO SUICIDE PREVENTION IN PETERBOROUGH AND CAMBRIDGESHIRE

In line with National guidelines on preventing suicide, and in understanding that an effective local public health approach is fundamental to suicide prevention**,** a multi-agency local suicide prevention group has been established to provide input and recommendations for this strategy. The group is formed from partner organisations and stakeholders and includes representatives from the NHS – GPs and clinical commissioners, public health, mental health trusts, police, coroners and charitable organisations –such as The Samaritans, Lifecraft and MIND (see section 2 for details). An important aspect to developing a local strategy for suicide prevention will be engagement with 'service users' – those who have been affected by suicide or at risk of suicide. With service user input and feedback, the strategy should reflect what is needed and what would work to minimise suicide risk in the population.

A recent conference that showcased the 'Detroit model' for suicide prevention[15] has provided some core values and principles that the Cambridgeshire and Peterborough suicide prevention partnership would like to adopt. The 'Detroit model' for suicide prevention has been particularly successful in America by creating a cultural shift in how patients with mental health problems are cared for with the emphasis on an ambition to achieve a zero rate of suicides as a core responsibility of the 'caring' organisations. The core principles and values recommended for adoption by the Cambridgeshire and Peterborough suicide prevention board are represented by the following:

Six Dimensions of Perfect Care

1. Safe
2. Effective
3. Patient Centred
4. Timely
5. Efficient
6. Equitable

Ten rules of perfect care

1. Care is relationships
2. Care is customised

3. Care is Patient centred
4. Share knowledge
5. Manage by Fact
6. Make safety a system priority
7. Embrace transparency
8. Anticipate patient needs
9. Continually reduce waste
10. Professionals Cooperate

The suicide prevention group has also agreed to endorse the Detroit principle to aim to work towards zero suicides in our local area.

8. PRIORITIES FOR SUICIDE PREVENTION

To achieve our goal to work towards zero suicides, the suicide prevention group agreed the following six priorities, based upon the national guidance 'Preventing suicide in England, 2012[1]:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behavior
6. Support research, data collection and monitoring.

In tackling each priority area, evidence and information is taken from national guidance and publications on what is effective in preventing suicide, but an emphasis is placed on local needs assessments that identified groups at higher risk of suicide and gaps in service provision. In all areas there will be encouragement of multi-partnership working across all sectors from NHS and mental health professionals to voluntary organisations that will utilise expertise from these organisations to implement the proposed initiatives. Continuing engagement between the dedicated members of the Cambridgeshire and Peterborough suicide prevention group and service users and their carers is essential for the successful design, development, implementation and delivery of initiatives in each priority area.

Each priority area is discussed in detail and recommendations for action are made in the following sections of this strategy document.

9. PRIORITY 1 - REDUCE THE RISK OF SUICIDE IN KEY HIGH-RISK GROUPS

Data presented in 'Preventing suicide in England[1]' identified particular groups at higher risk of suicide – see section 3.4. It is important to compare and contrast the high risk groups identified nationally with local data on suicides as well as local information based upon health and wellbeing needs assessment in order to focus suicide prevention resources appropriately to those in greatest local need.

9.1 Identifying People at higher risk of suicide

The suicide prevention strategic group includes Peterborough and Cambridgeshire coroners who are providing comprehensive local suicide data to the group on a regular basis. Analysis of the local data on suicides has enabled the identification of local suicide risk factors and emerging issues. In particular, men from Eastern European migrant populations – Polish and Lithuanian nationals residing in Peterborough and Fenland regions are emerging as a high risk group for suicide. In addition, unemployment is emerging as a local risk factor as well as isolation and rural location (suicides in Fenland). Local knowledge also puts vulnerable and marginalised groups such as alcohol and drug users, gypsies and travellers and homeless people at increased risk of suicide. An annual audit of local suicides will enhance this knowledge and focus resources for implementing the strategy to those with greatest need (see section 14 for more details).

Cambridge has a higher proportion of students in the population compared with similar sized cities as it is home to both the university of Cambridge and Anglia Ruskin University. Although the risk of suicide in the Cambridge student population has not been established, recent ONS data has shown a substantial increases in both male and female suicides in the student population from 2007-2011[7]

Based upon the evidence above of people at high risk of suicide both nationally and locally, the following groups of people will form the basis for targeted interventions (table 3):

Table 3 - Groups at high risk of suicide – Cambridgeshire and Peterborough

- New migrants – Polish and Lithuanian people
- People in contact with mental health services – including people recently discharged from psychiatric hospital care
- Unemployed people and those in financial difficulties
- Students
- Middle-aged men
- Farmers and rural workers in Fenland
- Gypsies and travellers
- Young offenders
- People in custody and those under investigation for criminal offences, particularly sex offences
- People who self-harm and have had a history of self-harm
- Alcohol/drug users
- Bereaved people and those bereaved by suicide
- Veterans
- Asylum seekers
- Gay, lesbian, transsexual people
- Children with mental health problems at risk of self-harm

The strategy recognises that individuals may fall into two or more high-risk groups. Conversely, not all individuals in the group will be vulnerable to suicide. Other risk factors, such as loneliness, social

circumstances and physical illness, must also be considered within the wider context or risk *Preventing suicide in England, Department of Health, 2012*[1]

9.2 Creating tools and resources to aid suicide prevention in high risk groups

The evidence base for suicide prevention highlights particular interventions that have been shown as effective in reducing risk or raising awareness of suicide. The best suicide prevention strategies use a combination of tools and interventions.

Based on the evidence of what is effective in preventing suicide, the following tips have been developed to aid the development of the suicide prevention strategy:

- Emphasise self-help and provide solutions for self-help
- Emphasise that suicide is preventable - there are preventative actions individuals can take if they are having thoughts of suicide or know others who are at risk of suicide.
- The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support.
- Don't glorify or romanticize suicide or people who have died by suicide. Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.
- Teach people how to tell if they or someone they know may be thinking of harming themselves and how to protect them from this harm.

9.3 Recommendations to prevent suicide in high risk groups

This strategy reflects what is known from the evidence base on suicide prevention and uses knowledge of local gaps in service provision to make the following recommendations for actions in preventing suicide in high risk groups:

1. Suicide prevention training – for professionals and other front-line workers in contact with vulnerable groups at risk of suicide
2. Develop suicide prevention resources for professionals and agencies in contact with vulnerable groups
3. Promote awareness raising campaigns – Poster and leaflet campaign aimed at either 'the helper' or 'the person in need' and targeted at specific high risk groups.
4. Adopt and roll out 'CRISIS cards' and 'CRISIS App' developed with the help of service users
5. Ensure integrated, appropriate and responsive services to those at risk of suicide
6. Reassess pathways for people known by mental health services at risk of suicide – ensure follow-up provision of care upon discharge from services.
7. Improve pathways and support for offenders and people taken into custody at risk of suicide.

Each of these recommendations for action is discussed in detail below, highlighting how they will reach out to the target groups at high risk of suicide across Cambridgeshire and Peterborough

9.4 Recommendation 1.1 - Suicide Prevention Training

The recommendation is to enable mental health and suicide prevention training throughout Cambridgeshire and Peterborough for professional groups and third sector organisations in regular contact with adults who are at risk of suicide. The training will equip people in recognising the signs and symptoms of mental health problems and suicidal behaviour in people they encounter through the work they do. Moreover, it will give them the skills and confidence to respond appropriately to affected individuals – to support them and refer them appropriately. Funding to support this area of work is agreed through the SCN pathfinder programme for one year from May 2014 (for more details see section 16)

Training in suicide prevention aims to reach beyond "traditional" models of suicide prevention by engaging with a much wider range of agencies, including voluntary organisations and faith groups who are likely to come into contact with the two thirds of suicides who are not in contact with mainstream mental health services.

Suicide prevention training should be provided from a recognised and evidence-based source such as 'Applied Suicide Intervention Skills Training' **(**ASIST)[16]. ASIST is a two-day suicide prevention course that aims to help both professionals and lay people to become more willing, ready and able to recognise and help persons at risk of suicide. ASIST is intended as 'suicide first-aid' training, and is focused on teaching participants to recognise risk and learn how to intervene effectively to reduce the immediate risk of suicide.

In addition to 'ASIST' – type suicide prevention training, the continuing roll-out of Mental Health First Aid (MHFA)[17] training, in order to promote general mental health awareness in professional groups and organisations likely to be in contact with people with a broad range of mental health needs is recommended.

9.4.1 Suicide Prevention Training - Priority Groups

The professionals and third sector agencies identified as priority groups for suicide Prevention training are listed in table 4 below and are based upon local needs assessment of groups of people identified as high risk of suicide and the organisations most likely to have direct contact or involvement with them. Of particular note is the intention to engage with and offer suicide prevention training to employers of eastern European workers and faith groups and social organisations for Polish and Lithuanian people, ensuring that the content of the training is culturally appropriate with an understanding of how suicide risks and mental illness is perceived in the countries of origin. This is in line with the aim of Peterborough Social Services to reach out into the community to offer prevention initiatives to hard-to-reach groups through the development of Local Area Coordination (LAC) and Asset Based Communities.

It is recognised that there is a need to increase awareness of the risk of suicide in primary care settings. GPs are most likely to have contact with people at risk of suicide in many of the 'high risk' categories listed in Table 3. There is an opportunity to provide training and/or information to GPs in order to help them recognise some markers of suicide risk including a history of self-harm (Suicide in primary care in England 2002-2011[18]). Training of GPs and mental health professionals is important to highlight the importance of safety plans for patients with mental health problems, particularly around restricting access to the means of suicide.

In addition, the Independent Commission on Mental Health and Policing report highlighted in the Mental Health Crisis Concordat[12] concludes that mental health is a core business for the Police, who should be trained to be aware of the vulnerabilities people may have. As such, police are a priority group for training in suicide prevention.

Further refinement of the list of priority groups for suicide prevention training (Table 4) will be made upon advice obtained from engagement with service users through a series of focus groups at an early stage in the implementation process.

In order to create a culture that encourages an understanding and appreciation of the roles and responsibilities of other agencies, suicide prevention training, where possible should be offered to mixed groups of professionals. This would promote partnership working between agencies and deliver consistent messages on suicide prevention across the professional groups. Mixed groups will also facilitate a better understanding of each other's roles and responsibilities when dealing with people in crisis.

Depending on funding, training packages would be commissioned from accredited agencies to deliver training or by 'in-house' training of trainers to deliver the programme locally. Some expertise in suicide prevention training is established within the Cambridgeshire and Peterborough suicide prevention group. Similar training packages have been successfully developed and implemented by Cambridgeshire Youth Offender Services and Samaritans. Some mental health first aid training is commissioned by Cambridgeshire County Council – currently to professionals in the public sector. MHFA training can also be provided by MIND.

In order to ensure sustainability, and depending on funding, we recommend training two - three people within the Cambridgeshire and Peterborough suicide prevention group to deliver suicide prevention training long term.

In addition, we will be continuing our support to The Samaritans as they deliver training in suicide prevention to some of the groups identified in table 4.

Table 4 – Professional groups and voluntary sector organisations identified for suicide prevention training and the groups at higher risk of suicide likely to benefit as a result of training of professionals

***This table will be regularly checked and updated according to the availability of local information about groups requesting or in need of suicide prevention training

	Professional Group	Target High Risk Group
1	Nurse team for gypsies and travellers	Gypsies and Travellers
2	LINKUP groups – Key members/organisers? Service user group for DAAT and homeless/vulnerable	Drug and Alcohol users New migrants

	One group in Wisbech at the Ross Mini Centre (used by Eastern Europeans) One group in Cambridge – St Barnabas church – St Andrew's Street	
3	Addaction Service - community based service that offers free support for individuals with alcohol problems in local areas in settings such as GP Surgeries, Libraries, local pharmacies, and others	Drug and Alcohol users
4	Inclusion Cambridgeshire – engages with Adult drug users: http://www.inclusion-cambridgeshire.org.uk/	Drug and Alcohol users
5	Drug Services Aspire - Peterborough	Drug and Alcohol users
6	Alcohol Service Drink sense - Peterborough	Drug and Alcohol users
7	CASUS (Young Person's treatment service)	Drug and Alcohol users
8	Police – including those working incustody suites, police working with sex offenders – all localities	Offenders/ people in custody Drug and Alcohol users
9	Bereavement services	Bereaved people
10	Primary care – GPs, Receptionists? - targeted to areas with higher rates of suicide – rural Fenland	Farmers and rural workers New migrants Unemployed people and those in financial difficulties Middle aged men
11	Rethink Carers – carers of those with mental health problems	People in contact with mental health services

12	CREDS team. Home school liaison officers who work very closely with families from both Gypsy and Traveller and eastern European communities.	New migrants Gypsies and Travellers
13	Teams who work with children: Locality team workers – (Multi-agency teams that respond to and meet needs of young people identified through CAF) School pastoral leads (particularly in PRUs) Youth club facilitators Staff that work with looked after children Staff that run supported housing for young people (such as railway house)	Young people who self-harm
14	A and E/hospitals Hinchingbrooke? Peterborough	People who self harm Alcohol/drug users People in contact with mental health services
15	CAB Staff	Unemployed people and those in financial difficulties
16	Job centre plus Staff	Unemployed people and those in financial difficulties
17	Debt crisis PCAS Peterborough Community Assistance Scheme http://www.peterborough.gov.uk/housing/housing_benefit/welfare_reform_changes/pcas.aspx	Unemployed people and those in financial difficulties
18	Prison staff and Probation Officers– Offender Health provided by Care UK	Offenders, people in custody, people released from custody
19	Other local voluntary organisations including people working in organisations for homeless people, refuges and chronically excluded adults • Network Peterborough (faith based food bank) • Richmond fellowship staff	Vulnerable adults New migrants Drug and alcohol users Middle aged men

	• Social Cohesion Projects including Operation Can Do – Peterborough • Refugees Red Cross (Peterborough) • REACH service user group – cambsreach@gmail.com	
20	Health visitors – In Fenland, Cambridge City and Peterborough	Unemployed people and those in financial difficulties
21	Social services community staff	Various
22	Housing association staff – Rural fenland, Peterborough and Cambridge	Unemployed people and those in financial difficulties
23	Car park and shopping centre staff in Peterborough and Cambridge	Various
24	Rail staff	Various
25	Relate Staff	People with relationship problems
26 **27**	Youth group leads and teachers involved in pastoral care Staff viewing CCTV cameras, especially along waterways	Young people with mental health needs/ at risk of self-harm

9.4.2 Suicide Prevention Training - Key Outcomes

Suicide prevention training should achieve the following:

- Training select groups of front-line workers from professional and third sector organisations in recognising the signs and symptoms of mental health problems and suicidal behaviour in people encountered as a result of the work they do.
- Equip people who are most likely to encounter people with mental health issues or suicidal thoughts with the skills and confidence to support them and to enable them to seek professional help
- Increase mental health awareness in the population
- Improve mental health outcomes and reduce the risk of suicide in the population
- Help the development and planning of services, encourage multi-agency working and information-sharing between agencies

9.4.3 Evidence Base for suicide prevention training

A study by the London School of Economics calculated the average cost of a complicated suicide as £1.67M (2009 prices)[19]. The same study estimated the cost-effectiveness of implementing ASIST training to GPs and concluded that the cost per QALY (Quality Adjusted Life Year) saved was £1,573 – extremely cost effective in terms of medical interventions

ASIST training is used widely in Scotland after a roll-out in 2004. The Scottish Government has evaluated the ASIST initiative and concluded that the implementation of ASIST had raised awareness of suicide, reduced stigma and fear, given a range of people the knowledge and skills they need to help those at risk of suicide, helped develop and plan services, encouraged multi-agency working and information-sharing practices between agencies, helped develop policies and practices within agencies and helped to establish more supportive management and supervisory relationships[20]

9.5 Recommendation 1.2 - Develop suicide prevention resources for professionals and agencies in contact with vulnerable groups

Different professional groups and organisations with direct contact with people at risk of suicide will have differing responsibilities towards these people. Often there is a lack of clarity or understanding about what is appropriate in terms of responding to a person who may be suicidal or in signposting that person to sources of self-help. In order to bridge this gap, it is recommended that a suite of resources be developed for particular professional groups and organisations that will act as protocols in any circumstances where professionals are in contact with people at risk of suicide. Resources will help to empower organisations with information to help vulnerable people in mental health crisis. Examples of suicide prevention protocols for GPs and for people working for MIND are provided in Appendix 1

Resources should be developed for the same professional groups listed in section Table 4. In addition, resources should be reviewed and developed for charitable organisations as appropriate, including 3rd sector members of the suicide prevention board.

It is recommended that the suite of professional resources be used in addition to and alongside suicide prevention training (Section 9.4).

Funding to support this area of work has been agreed through the SCN Pathfinder programme for one year from May 2014 (See section 16).

9.6 Recommendation 1.3 – Awareness-raising campaigns and the Cambridgeshire and Peterborough Pledge to reduce suicide

In order to aid self-help as a means to prevent suicide and to raise awareness of how to access help, the suicide prevention strategy recommends the development of a range of resources – posters and leaflets aimed at either 'the helper' or 'the person in need' and targeted at specific high risk groups.

Awareness raising poster or leaflet campaigns should be developed in collaboration with service users through focus group feedback. Service users representing particular high-risk or hard to reach groups should be sought to ensure resources and advocacy services are developed appropriately.

Resources will need to be translated into other languages, including Polish and Lithuanian and be culturally appropriate if they are to reach out to all vulnerable groups.

Content for awareness raising posters should be agreed as follows:

- Appropriateness for target audience – high risk group
- Posters for awareness raising for 'helper' or 'person at risk'
- Strap-Lines and content
- Images
- Locations for display – for example, Job Centres, CAB, Libraries, Leisure Centres, Pubs/clubs, community centres
- Accessibility to families and children

In addition to resources to aid self-help, the suicide prevention group endorses a pilot piece of work to develop the 'Cambridgeshire and Peterborough Pledge' to reduce suicide. The pledge is intended to raise awareness in individuals and organisations about responding to the risk of suicide by encouraging self-help and helping others. Development and roll-out of the 'Peterborough and Cambridgeshire Pledge' to reduce suicide is supported by funding from the SCN Pathfinder programme (Section 16).

Awareness-raising will be supported by promotion of 'World Suicide Prevention Day' each year on September 10th and through local initiatives and in partnership with Comms teams and local media – see the three year action plan for more details.

9.7 Recommendation 1.4 - Resources to aid self-help in those at risk of suicide

Some excellent work has already taken place by the Service Users Network (SUN) to create a CRISIS card and CRISIS 'App' - developed with the help of and for the use of service users. These provide information and self-help solutions for service users to aid them to manage their thoughts and feelings and to reduce the risk of a decline towards suicidal ideation. The CRISIS card and App are supported by the suicide prevention board and they are recommended for wider distribution after the successful first implementation phase. It will be important for the suicide prevention board to work with the SUN to achieve this goal.

An opportunity exists to work with professionals to develop care plans for people known by mental health organisations to ensure up-to-date self-help resources and contact information is included to help prevent escalation of mental health problems into crisis

Resources for self-help for children and young people should be developed in line with recommendations in 'Emotional well-being and mental health strategy for children and young people 2012-2016'[6]

9.8 Recommendation 1.5 – Aspire to develop integrated, appropriate and responsive services to those at risk of suicide

As mentioned in section 5 of this strategy, it is important to map the current service provision for people at risk of suicide and to ensure analysis is performed to identify weaknesses in the services or

pathways, gaps in the system and opportunities to develop good practice and joined up working with continuity of care.

Consultation with service users and children has highlighted the need for integrated services. To this end, it is recommended that a gap analysis of services is undertaken that involves all partners in suicide prevention from professional bodies to third sector organisations. This work should be undertaken in collaboration and with support from CPFT and should incorporate findings from the Mental Health commissioning strategy and the 'Emotional well-being and mental health strategy for children and young people 2014-2016[6']. The work should be supported and promoted through collaborations with the Mental Health Crisis Care Concordat Working group.

- Map pathways and ensure all partners are aware of contacts and resources for self-help as well as pathways and how they operate
- Encourage professionals and organisations to work together in identifying gaps and opportunities in pathways to prevent suicide – particularly at points where services meet when a person is transferred from one service to another
- Support the Police in responding to people with mental health problems by promoting pathways enabling contact and rapid access to other agencies that are able to provide advice and support
- Develop a cultural view that it should be everybody's expectation that people receive appropriate and timely services
- Refer to Crisis concordat recommendations on partnership working and the gathering and sharing of information about a person in crisis
- Encourage systems that allow engagement with other services where appropriate – particularly with drug and alcohol teams
- Endorse recommendations from coroner's reports on deaths as a result of suicide

9.9 Recommendation 1. 6 - Reassess pathways for people known by mental health services at risk of suicide

It will be important to work in partnership with the Mental Health Crisis Care Concordat Working group and CPFT with reference to the joint commissioning strategy for adult mental health and well-being in order to assess pathways for people known to mental health services at risk of suicide.

To this end, the following processes are recommended:

- Ensure Crisis Concordat work aligns with this priority area. Pathways of care to be assessed include those pre crisis, during crisis and post crisis.
- Assess pathways to ensure that information is shared across agencies in the patient's best interest
- Assessment of pathways for people who are discharged from psychiatric care. People recently discharged from psychiatric care are the group with the highest risk of suicide, particularly within the first two weeks post discharge[8]. A retrospective case control study showed that 55% of suicides by people known by psychiatric services, died within a week of discharge from a psychiatric unit[21]. The study concluded that factors associated with increased suicide risk during this period included hospitalization of less than 1 week, recent

adverse events, older age, and comorbid psychiatric disorders. Factors associated with decreased risk included patients receiving enhanced aftercare. Based on these findings, work should be conducted in partnership with CPFT to identify gaps or weaknesses and areas for improving the care of people upon discharge from psychiatric care. This would include ensuring that careful and effective careplans and follow-up arrangements are in place.

- Explore models for strong community and joined-up support at locality level for people pre and post crisis as part of the 'Neighbourhood model'. This could be based in Peterborough, Cambridge and Fenland.
- Suicide prevention audit of Accident and Emergency Departments – a toolkit for an audit of this type has been developed by the NHS Mental Health Network – NHS Confederation – see: http://www.nhsconfed.org/Documents/Preventing-suicide-toolkit-for-emergency-departments.pdf
  The suicide prevention board will need to work with managers within the Accident and Emergency Depts of Addenbrooke's hospital, Hinchingbrooke hospital and Peterborough hospital in order to implement the audit and identify areas of strengths and weaknesses in the care pathway.
- Engage with Rethink Carers group – for carers of people with mental health illnesses – understand concerns about pathways of care and provide information to carers in order to support them in their care role for someone at risk of suicide
- Engage with service users to establish the strengths and weaknesses in pathways of care in response to crisis – including a review of the use of Police section 136 and the use of places of safety
- Encourage development of pathways that are comprehensive and organised around the patient – particularly where organisations meet during transition points – acute sector transition into the community, for example
- Assess the single point of access (ARC) and identify gaps around risk identification and pathways used by GPs and ARC staff. Training to GPs, ARC and CRISIS resolution team on pathways and risk identification
- Link up suicide prevention strategic group to influence the development of the 5 year mental health strategy to ensure ongoing support for people with mental health issues and for those people in the community who do not meet the threshold for secondary mental health services

Successful delivery against recommendation 1.6 will be strengthened by ensuring that links are established between the suicide prevention implementation group and the newly formed Mental Health Crisis Concordat Working Group, which has overlapping objectives.

9.10 Recommendation 1.7 - Improve pathways and support for people taken into custody and newly released from custody at risk of suicide.

Prisoners and people taken into custody have been identified as a group with specific requirements due to the nature of the crisis that has increased their risk of suicide. To this end, the following is proposed:

- Liaise with NHS England and Public Health England to work with probation, prison and police staff to understand the screening risk assessment procedure at court and upon reception of prisoners and people taken into custody to include risk of suicide/self-harm.
- In partnership with NHS England, liaise with prison managers to promote the use of prison listeners to prevent suicide.
- Assess pathways of care for people in police custody and working with NHS England, assess pathways of care for people in prisons at risk of suicide. Review self-help advice and information.
- Provide access to the Samaritans in custody suites.
- Suicide prevention training of custody staff – working with NHS England to bring a bespoke package of suicide prevention training to prison staff and prison listeners (section 9.4).
- Work with prison and police staff to understand the screening risk assessment procedure upon reception of prisoners and people taken into custody to include risk of suicide/self-harm.
- Promote access to support from drug and alcohol services for people in custody with mental health and drug/alcohol problems.
- Suicide prevention training of probation and custody staff and aspire to train prison listeners
- Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problems. Recognise the need to promote joined-up services with an understanding of the roles and responsibilities of other organisations including the probation service.
- Build on the work done to establish forensic services in Peterborough (ONE service). Assess links with partner organisations and discharge pathways.

10. PRIORITY 2 - TAILOR APPROACHES TO IMPROVE MENTAL HEALTH IN SPECIFIC GROUPS

The Preventing Suicide in England strategy identified specific groups of people for whom a tailored approach to their mental health is necessary if their suicide risk is to be reduced:

- children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system
- survivors of abuse or violence, including sexual abuse
- veterans
- people living with long-term physical health conditions
- people with untreated depression;
- people with autism or asperger's spectrum disorders
- people who are especially vulnerable due to social and economic circumstances
- people who misuse drugs or alcohol
- lesbian, gay, bisexual and transgender people; and
- Black, Asian and minority ethnic groups and asylum seekers.

The Cambridgeshire and Peterborough CCG Commissioning Strategy for Mental Health and Well-being of Adults of Working Age 2013-2016[2] sets out an implementation plan with four themes as follows:

Theme 1 – Easier and prompt access to effective help

This includes a section on addressing the barriers to access to 'main stream' services for marginalised groups

Theme 2 – The Recovery Model

Theme 3 – The inter-relationship between physical health and mental health

Theme 4 – Improve our commissioning processes

The National publication 'No health without mental health' 2011 set out six mental health objectives:

- More people will have good mental health – this included a statement to continue to work to reduce the national suicide rate
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm – includes fewer people self-harming and safeguarding children and young people and vulnerable adults
- Fewer people will experience stigma and discrimination

In recent responses to 'No health without mental health', local mental health strategies have been written to specifically focus on children and young people, adults, older people and people with learning disabilities.

10.1 Recommendations to improve mental health in specific groups

Recommendation 2.1 Assess pathways of care for children and adults who self-harm

Work in partnership with CPFT and Accident and Emergency Departments and with reference to the CPFT suicide prevention strategy to assess pathways of care for children and adults who self-harm. Highlight strengths, gaps and weaknesses within the pathways and identify areas for improvement in the pathways, particularly with respect to follow-up care for people discharged from services.

- Results from suicide prevention audit at Accident and emergency departments
- Monitor admissions to the Accident and Emergency departments for self-harm to assess any impact on service developments. Reports of self-harm in Accident and Emergency Departments should be regularly monitored to assess any impact on service developments. Repeat admissions of people who self-harm would be particularly interesting to monitor as the strategy should focus on the best interventions to prevent repeat episodes of self-harm
- Directory of services to signpost and share at the point of contact (through liaison psychiatry)
- Review the use of follow-up care plans for people discharged from services
- Assess plans for people who self-harm if mental health services are not involved

- Review good practice in resources to help people who self-harm or have a history of self-harm, for example; 'Harmless' http://www.harmless.org.uk - a national organisation based in Nottingham

Recommendation 2.2 Work with partners who are developing the 'Emotional wellbeing and mental health strategy for children and young people' to promote the following:

- raise awareness and campaigning around self-harm
- provide access to self-help resources that focus on building resilience in young people
- raise awareness and develop resources aimed at preventing bullying and promoting mental wellbeing in schools and colleges- see 'beat bullying' teaching resources – www.beatbullying.org/dox/resources.html
- assess pathways for support for children who are at risk of self-harm , particularly in vulnerable groups of children and young people – youth offenders, children in care, children under the care of people with mental health problems
- assess pathways for teenagers and young adults who have attended A&E due to self-harm, particularly upon discharge
- Support and promote the projects that work with families through the 'BOUNCE' project in Peterborough – working with families through workshops to encourage health and wellbeing including mental wellbeing

Partnership working between the local authorities, health, mental health organisations, schools, colleges and community agencies to promote mental wellbeing in children and young people will be endorsed by the suicide prevention implementation group, which will support and provide input to help develop the proposed public mental health strategy for Cambridgeshire.

Recommendation 2.3 – Promote early interventions to aid prevention of mental health problems that could lead to suicide

Prevention interventions to promote good mental health and avoid decline towards suicidal tendencies are essential to this strategy:

- Review access to support in the community before crisis situations arise.
- Work with communities and community liaison teams to raise awareness of sources of help, for example, debt management, relationship counselling, housing organisations parent/children centres
- Information to health professionals including GPs and health visitors to promote advice services
- Engage with service users and public to understand gaps in service provision and focus efforts on improving the system to support individuals where appropriate
- Review the potential to provide a tangible presence of a mental health drop-in facility in Peterborough city centre

Recommendation 2.4 - Promote training in Mental Health Awareness

For detailed information – see section 9.4. Training that promotes mental health awareness and prevention of mental health problems that could lead to suicide. The development of bespoke

training packages in mental health awareness and suicide prevention are recommended for particular organisations that have contact with people at risk of developing mental health problems. Training for health professionals including General Practice staff and people working within the mental health services is recommended. Training for General Practice staff should include awareness around risk assessment for mental health issues by assessing patient histories, particularly around a past history of self-harm

11. PRIORITY 3 - REDUCE ACCESS TO THE MEANS OF SUICIDE

A local audit of methods used in suicides concluded that the most common method was hanging. Other methods, such as use of fire arms, poisoning and drowning were less frequent. In addition, recent local data reports deaths by suicide as a result of multiple injuries associated with falling from height from car parks in both Peterborough and Cambridge. As a result of this local information, the following recommendations are made:

Recommendation 3.1 – In line with regulations, ensure the removal of potential ligature points – particularly in places of custody and in-patient settings

Most suicides are the result of hanging. It is therefore important to remove potential ligature points in places likely to have people at high risk of suicide – including places of custody, prisons and hospitals in line with national regulations and guidance -
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/117555/safer-detention-guidance-2012.pdf
http://www.rcpsych.ac.uk/pdf/AIMS-PICU%20Standards%20-%20Second%20Edition%20-%20FINAL%20new%20template.pdf

Regular audit of potential ligature points should continue as good practice in places of safety including psychiatric hospitals and places of custody taking into account recommendations made by coroners.

Recommendation 3.2 Reduce the risk of suicide by jumping from high buildings accessible by the public including multi-storey car parks

Preventing access to the means of suicide by physical barriers in locations where people may choose to jump is one of the most effective mechanisms for preventing suicide[22,23]. There is no evidence to suggest that people will find an alternative mechanism for suicide if one method is made inaccessible[23]

The strategic group fully endorses the erection of barriers at all multi-storey car parks in Cambridge and Peterborough to ensure safety by preventing access to any area with a sheer drop that could lead to a suicide attempt. The strategic group hopes that such a move would make a clear statement and showcase Peterborough and Cambridge as places that take positive steps to prevent suicide.

Training in suicide prevention is currently provided to staff working at both Peterborough and Cambridge shopping centres by the Samaritans. Similar training should be considered for all staff working in the multi-storey car parks in Peterborough and Cambridge.

Recommendation 3.3 – Reduce the risk of suicide on railway lines

The Samaritans and British Transport Police are currently running an awareness campaign called ' we are in your corner[24]' and are placing posters on sites of access to railway lines in the region – see http://www.btp.police.uk/latest_news/supporting_samaritans.aspx The suicide prevention board endorses this campaign and its continuing roll-out.

Suicides do occur on railway lines in Cambridgeshire and Peterborough and it will be important to access whether any suicide 'black spots' for suicide are identified. An assessment of any requirements for physical barriers should be made at any location with heightened risk of suicide.

Training in suicide prevention should be offered to national railway staff, particularly those working in stations.

Recommendation 3.4 – Work with Medicines Management team at the CCG to ensure safe prescribing of some toxic drugs

Self-poisoning accounts for about a quarter of deaths by suicide in England and is the second most common method for suicide in men and women. Safe prescribing regulations were introduced in 1998 to limit the size of packs of paracetamol, salicyates and their compounds sold over the counter, supported by guidance on best practice in the sale of pain relief medication (MHRA, 2009[25]).

The National Institute for Health and Clinical Excellence (NICE) will be developing a quality standard on safe prescribing, as part of a library of approximately 170 NHS Quality Standards covering a wide range of diseases and conditions.

The suicide prevention implementation group should work with the CCG Medicines Management team chief pharmacist to ensure that there is a focus on suicide prevention as part of implementation of forthcoming NICE guidance – quality standard on safe prescribing. Further consideration needs to be given to the prescribing of some toxic drugs, where safer alternative medicines are available[26]

Promotion of suicide prevention through pharmacies and with pharmacists is recommended to raise awareness of suicide risk due to some forms of prescription medication.

Recommendation 3.5 - Whenever possible, medical professionals should be reinforcing safety plans for individuals with mental health problems

Promote the adoption of personal safety plans for people with mental health illness, or who have previously suffered from mental illness and/or are at risk of suicide as identified by GPs and other health professionals. This includes those who have never been in Secondary Care services.Personal safety plans are essential as part of the process of care and need to cross over organisational boundaries and be person held. There is an opportunity to promote the use of safety plans with GPs and other health professionals through education and training. Included in the safety plan is an assessment of access to means of suicide and dialogue should be promoted between the health professional and patient about how to eliminate access to the means of suicide. This should include exploring and adopting best models for reducing hanging in the community.

Educational resources and information for GPs could be disseminated by engagement with GP leads and clinical networks through the CCG.

12. PRIORITY 4 - PROVIDE BETTER INFORMATION AND SUPPORT TO THOSE BEREAVED OR AFFECTED BY SUICIDE

It was recognized in the 2012 Preventing Suicide in England strategy that bereavement by suicide was an area poorly covered by previous suicide prevention strategies. Bereavement is in itself a risk factor for suicide. In addition, those affected by the loss of a loved one through suicide will have specific needs.

Bereavement services for Cambridge and Peterborough are under review. The suicide prevention group will ensure they are part of this process by joining the group discussions for bereavement services.

The 'Help is at hand booklet ' produced by the Department of health[27] is designed for people affected by the loss of a loved one through suicide.

There are several bereavement charities and organisations, some of which specialize in helping those affected by suicide.

- CRUSE – a charity dealing with bereavement in general – supported by the CCG
- Survivors of bereavement by suicide
- Compassionate Friends – a charity dedicated to helping families of children who have died

12.1 Recommendations to support those who are bereaved and bereaved as a result of suicide

Recommendation 4.1 Ensure bereavement information and access to support is available to those bereaved by suicide

Information for those bereaved as a result of suicide should be made available through professionals and other organisations in first contact with bereaved people (Police Officers, coroners, GPs, death registration professionals and funeral directors).

- Distribute 'help is at hand' leaflets to these professionals.
- Provide details of local bereavement charities if not included in 'help is at hand' leaflet. People bereaved as a result of suicide should be signposted to organisations best able to help them:
    - CRUSE bereavement services
    - Survivors of bereavement by suicide
    - Compassionate friends – a charity dedicated to help in families of children who have died

In line with the national strategy – to provide more support for families affected by suicide, opportunities should be identified to work with neighbouring suicide prevention groups in the Eastern region to develop a self-help support group or network for people affected by suicide. It would be worth taking the opportunity presented through the Strategic Clinical Network Pathfinder programme to engage with other local suicide prevention groups interested in establishing self- help groups or networks for people affected by suicide.

People bereaved as a result of suicide may access help through organisations such as CRUSE (a

charity to help bereaved people). It will be important to ensure suicide prevention training is offered to personnel working for CRUSE in Cambridgeshire and Peterborough.

The families of people who have died as a result of suicide who are known to mental health services may be particularly vulnerable after bereavement. It will be important to review and map the processes in place to ensure that appropriate support is available to families and close contacts after bereavement. Any gaps in the services should be highlighted and recommendations made to improve outcomes.

13. PRIORITY 5 - SUPPORT THE MEDIA IN DELIVERING SENSITIVE APPROACHES TO SUICIDE AND SUICIDAL BEHAVIOR

It is known that the reporting of suicides by the media can promote other suicides – particularly using the same method or at the same location and that responsible reporting of suicide or reduced reporting can decrease suicides at 'hotspot' locations[28].

There are media guidelines on the reporting of suicide from 'The Samaritans'[29] that set out clear instructions and recommendations on what an article should contain when it reports a death by suicide.

13.1 Recommendation 5.1 – Encourage the appropriate and sensitive reporting of suicide

- Ensure all professionals in contact with the media are aware of guidelines for reporting suicide. Some professionals such as coroners and police may be contacted by journalists after a suicide in order to obtain details for an article to report the suicide.
- Liaise with local media to encourage reference to and use of guidelines for the reporting of suicide. Work with Comms teams within the local authorities to encourage responsible reporting of suicide by the local newspapers.
  Highlight the following:
    - Media guidelines produced by Samaritans
    - Encourage a positive report on the deceased person
    - Do not sensationalise the suicide or suicide method
    - Protect bereaved families from intrusion – press complaints commission
    - Use of language by the media - Avoid referring to suicide in the headline of a story – it is more sensitively reported in the body of the story.
    - Avoid terms such as "successful", "unsuccessful", or "failed".

14. PRIORITY 6 - SUPPORT RESEARCH, DATA COLLECTION AND MONITORING

Suicide prevention relies on information about local suicides to determine who is at risk of suicide and where and how suicides happen locally. This data is important in order to focus resources. It is also important to monitor local suicides and reports of self-harm by assessing up-to-date information. This will enable appropriate response to any changes in rates of suicides and self-harm and will help to understand the impact of implementing the recommendations set out in this strategy.

To this end, the following recommendations are made:

Recommendation 6.1 Collect detailed suicide data on a quarterly basis and carry out an annual audit of local suicides

Data should be collected from Cambridgeshire and Peterborough coroners and include information on age, sex, nationality, occupation, marital status, contact with mental health services, contact with services in two weeks prior to death, place of death, resident address, method of suicide. Collation of data and analysis to provide information on suicide trends, hotspots, risk groups and indicators. Police data on suicides and near suicides should also be used for analysis of suicide rates and methods, particularly around 'hotspot' locations.

The suicide data and statistics should be audited on an annual basis by public health analysts and be used to inform a report to the health and wellbeing board in relation to public health outcome 4.10 (suicide rate)[11]

Data should be held by public health analysts as part of the suicide prevention partnership

Recommendation 6.2 Disseminate current evidence on suicide prevention to all partner organisations

As evidence emerges on the best practice interventions and measures to reduce the risk of suicide, there should be a mechanism for ensuring that this is disseminated to all partner organisations working to prevent suicide. This may be facilitated through the suicide prevention group meetings with an assigned person responsible for checking the evidence base on a regular interval.

Recommendation 6.3 Coroners should notify the Suicide Prevention Strategic Group about inquest evidence that suggests patterns and suicide trends and evidence for service development to prevent future suicides

Coroners are best placed to review and assess evidence during the year as inquests to suicides occur. This may provide opportunities to identify concerns about local suicides – patterns or trends, for which action may be required. In addition, coroners may highlight concerns about services or opportunities to improve services where failings have occurred.

15. EVALUATION – HOW WILL WE KNOW WE ARE MAKING PROGRESS? Recommendation 6.4 - Evaluate and report on the suicide prevention implementation plan

Evaluation is an important component to this strategy and will provide essential information and evidence on what is effective in suicide prevention and what areas require more work or are ineffective.

A set of Key Performance Indicators will be developed to monitor the progress against the strategy. These are summarised in the table that follows and are discussed again in the accompanying document 'Joint Implementation Plan for Suicide Prevention in Cambridgeshire and Peterborough, 2014-2017'

The department of Health performance management of suicide has been based on the Our Healthier Nation target set in 1999[15] . The target was to reduce death from suicide and injury undetermined by at least one fifth by 2010 from a baseline of 1996.

Public health outcome indicator 4.10[11] expects suicide rates to be reported annually based on three year rolling average rates for local populations. A baseline has been set as the average rate of suicides for the period 2009-2011 and this should be used to compare future statistics and the impact of implementing this strategy.

An annual audit of suicide data should be carried out (recommendation 6.1) and this should be comprehensive in order to determine groups at risk of suicide and any changes to means of suicide and risk of suicide over time. The audit should be designed in parallel with the action plan for suicide prevention in order to present data relevant to any specific recommendation aimed at reducing risk of suicide by particular means or within particular risk categories.

Evaluation should also include surveys of various groups for effectiveness of particular actions or interventions. Where surveys are recommended, these are listed in table 5. It would be useful to run several surveys aimed at various stakeholder groups:

- Survey of GPs
- Survey of mental health professionals
- Survey of people trained in suicide prevention
- Survey of service users

Soft data should be used as part of the evaluation – data collected by each implementation sub-group. For example; actions taken, resources disseminated or used, numbers of people reached or informed.

Table 5 – Summary of recommendations with Key Performance Indicators if appropriate and data to be collected in order to measure and monitor performance

Recommendation	KPI	Data to be collected
Recommendation 1.1 - Suicide Prevention Training	In 2014-2015 200 people trained in Mental Health Awareness and suicide prevention training 50% of priority organisations receive training 80% Satisfaction with training	Numbers of people trained List of organisations receiving training and numbers of staff trained within each organisation Survey of people trained in suicide prevention
Recommendation 1.2 - Develop suicide prevention resources for professionals and agencies in contact with vulnerable groups	50% of priority organisations receive resources	Number of resources disseminated and list of organisations receiving resources
Recommendation 1.3 – Awareness-raising campaigns and Peterborough and Cambridgeshire Pledge to reduce suicide	Posters disseminated 1% of people in Peterborough sign pledge	Number of posters disseminated Number of individuals signing pledge

	5% or organisations in Peterborough sign pledge	Number of organisations signing pledge
Recommendation 1.4 - Resources to aid self-help in those at risk of suicide		Number of Crisis cards disseminated and CRISIS App downloaded. Number of posters to aid self-help displayed
Recommendation 1.5 – Aspire to develop integrated, appropriate and responsive services to those at risk of suicide		Survey of service users on integrated pathways for suicide prevention
Recommendation 1. 6 - Reassess pathways for people known by mental health services at risk of suicide		Report to suicide prevention group
Recommendation 1.7 - Improve pathways and support for people taken into custody and newly released from custody at risk of suicide	Reduction in suicides in people in custody – baseline 2009-2011	Report on pathways and support for prisoners and people taken into custody. Recommendations considered according to the report (above)
Recommendation 2.1 Work in partnership with CPFT and Accident and Emergency Departments and with reference to the CPFT suicide prevention strategy to assess pathways of care for children and adults who self-harm	Admission rates for self –harm reported to suicide prevention group Trends in admission rates recorded	Report on pathways available to children and adults who self-harm Including recommendations for improvements
Recommendation 2.2 Work with partners who are developing the 'Emotional wellbeing and mental health strategy for children and young people' to • Raise awareness and campaigning around self-harm • provide access to self-help resources that focus	TBC	

on building resilience in young people • assess pathways for support for children who are at risk of self-harm , particularly in vulnerable groups of children and young people – youth offenders, children in care, children under the care of people with mental health problems		
Recommendation 2.3 – Promote early interventions to aid prevention of mental health problems that could lead to suicide	Resources (information and mental health awareness training) are made available to communities and agencies – such as CAB	
Recommendation 2.4 – Promote training in Mental Health Awareness	At least 100 people provided with Mental Health Awareness and suicide prevention training	Number of people trained in Mental Health Awareness and suicide prevention
Recommendation 3.1 – In line with regulations, ensure the removal of potential ligature points – particularly in places of custody and in-patient settings	Audit of potential ligature points is conducted annually in inpatient wards and places of custody Potential ligature points removed or made safe	Audit is carried out
Recommendation 3.2 – Reduce the risk of suicide by jumping from high buildings accessible by the public including multi-storey car-parks	Training of car park and shopping centre staff in suicide prevention Posters displayed in car parks and shopping centres to aid self-help Achieve zero suicides at car parks in Cambridge and Peterborough Barriers erected on public buildings with history of suicides by jumping and at risk of further suicide attempts	Number of staff trained in suicide prevention Number of posters displayed Barriers erected on multi-storey car parks with risk of suicide by jumping
Recommendation 3.3 – Reduce the risk of suicide on railway lines	Training of rail staff in suicide prevention Posters available to aid self-help in railway locations	Number of network rail staff trained. Number of posters displayed

	Achieve zero suicides on railway lines	
Recommendation 3.4 – Work with Medicines Management teams at the CCG to ensure safe prescribing of some toxic drugs	Deliver recommendations in NICE guidelines on Safe Prescribing	
Recommendation 3.5 - Whenever possible, medical professionals should be reinforcing safety plans for individuals with mental health problems	All GP practices in Cambridgeshire to be offered general training over a 3 year period Target of 50% uptake over 3 years At least 4 GPs per LCG to receive bespoke training in suicide prevention and use of safety plans with the expectation they attempt to disseminate the learning throughout their LCG Information on use of safety plans sent to GPs through the CCG GP clinical network	Audit of training provided by implementation group Survey of GPs and health professionals to include question about the use of safety plans
Recommendation 4.1 - Ensure bereavement information and access to support is available to those bereaved by suicide	Help is at hand leaflets are available to police, coroners, funeral directors and GP practices Establishment of a self-help group or network with partner suicide prevention groups Bereavement services offered suicide prevention training	Number of 'help is at hand' leaflets disseminated to organisations in contact with people bereaved as a result of suicide Number of people trained from bereavement services
Recommendation 5.1 – Encourage appropriate and sensitive reporting of suicide	Sensitive and responsible reporting of suicide by local media against guidelines	Information on the responsible reporting of suicide has been provided to local media reporters and editors Media reports collated for evaluation report
Recommendation 6.1 Collect detailed suicide data on a quarterly basis from Cambridgeshire and Peterborough coroners and carry out an annual audit of local suicides	Reduction in suicides year on year Reduce the rate of suicide in the population Public Health Indicator 4.10 – Baseline period = 2009-2011 Achieve 10% reduction in suicide rate for 2014-2016	Data collated by public health analysts and shared confidentially with suicide prevention board Report on suicide rates to health and wellbeing board in relation to public health outcome:

		Reduce the rate of suicide in the population Suicide statistics on three year rolling basis
Recommendation 6.2 Disseminate current evidence on suicide prevention to all partner organisations		Implementation group meeting minutes and email records
Recommendation 6.3 Coroners should notify the Suicide Prevention Strategic Group about inquest evidence that suggests patterns and suicide trends and evidence for service development to prevent future suicides	Annual report on suicide prevention implementation plans to include evidence reported by coroners	Annual report on suicide prevention implementation plans

16. RESOURCES FOR IMPLEMENTING INITIATIVES TO PREVENT SUICIDE AND SUSTAINABILITY

The implementation of the strategy will require a mixture of input and work from partner organisations, cultural and organisational change and funding for the delivery of specific initiatives.

Implementation of the recommendations and action plan will be managed by a joint Cambridgeshire and Peterborough Suicide Prevention Implementation Group and overseen by the strategic group from September 2014. Multi-agency working across all sectors, from NHS and mental health professionals to voluntary organisations, will be encouraged in order to utilise expertise from these organisations to implement the proposed initiatives.

Continuing engagement with service users and their carers is expected for the successful development, implementation and delivery of initiatives in each priority area.

16.1 Strategic Clinical Network (SCN) Pathfinder project for suicide prevention in Cambridgeshire and Peterborough (STOP SUICIDE campaign)

The suicide prevention strategic group on behalf of Cambridgeshire and Peterborough CCG have recently been successful in obtaining funding through 'Improving Mental Health Outcomes: Application to the East of England Strategic Clinical Network Pathfinder Programme' in order to implement some specific work on suicide prevention for one year from April 2014.

The vision of the programme is to improve outcomes for mental health service users, reduce risks of suicide and self-harm, and to widely disseminate the learning from the exemplar projects selected to become pathfinder sites. To this end, the Peterborough and Cambridgeshire

'Pathfinder' application emphasises and encourages multi-partnership working across all sectors from NHS and mental health professionals to voluntary organisations and will utilise expertise from these organisations to implement some specific initiatives for suicide prevention. Continuing engagement between the dedicated members of the Cambridgeshire and Peterborough suicide prevention group and service users and their carers will be essential for the successful design, development and delivery of the initiatives.

The proposal is influenced by the recent publication by NHS England and Public Health England ' A call for Action: Commissioning for Prevention' [30]. The World Health Organisation states in its publication 'For which strategies of suicide prevention is there evidence of effectiveness?'[31] that 'suicide is a result of complex interactions of various risk factors and protective factors . Consequently, a combination of suicide preventive interventions addressing different risk factors at various levels in different populations may be required'.

In recognition of this, the Pathfinder initiative proposes a multi-pronged suicide prevention approach as follows:

1. Assessment of local suicide prevention pathways and development of a suite of professional resources including a pathway map to provide advice on how to respond to a suicidal individual in the community.
2. Provide suicide prevention training to select groups of professionals and personnel within organisations most likely to be in direct contact with people at high risk of suicide.
3. Create and promote the 'Peterborough and Cambridgeshire pledge to prevent suicide'.
4. Development of a website to contain the proposed local suicide prevention initiatives (www.stopsuicidepledge.org)

The proposed initiatives have overlap with recommendations made in this document and will aid the implementation and delivery of recommendations made here.

Implementation of the Pathfinder initiative is being jointly led by MIND in Cambridgeshire, LIFECRAFT and MIND in Peterborough with support from the Cambridgeshire and Peterborough suicide prevention group and governance by the CCG. Overseeing the project is the East of England Strategic Clinical Network

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APPENDIX 1

Examples of Suicide Prevention Protocols for specific professional groups

1. **Suicide Prevention Pathway developed by Peterborough MIND**

mind for better mental health | Peterborough and Fenland

Peterborough and Fenland Mind

Suicide protocol

Who should you call is you are faced with a Suicidal Person (SP)?

Rarely a SP may behave out of control on in a way suggesting harm to themselves or others. If this is the case you should call the Police on 999. See *point 1* if this is the case

Normally the SP will speak of thoughts or plans of suicide alone and appear distressed. If this is the case see *point 2* for the key questions you need to ask.

Point 1

The police are able to detain someone under the Section 136 of the Mental Health Act if they believe the SP to have a 'mental disorder' and are in need of immediate need of care and control.

They will first remove the SP to a place of safety, preferably a hospital or police station where they will be held until approved by an Approved Mental Health Professional. One or two doctors will also assess the SP for up to 72 hours.

Point 2

If you feel the person is distressed and can be spoken through what they are experiencing you should stay calm, show interest and concern, not show judgement or shock. You should be positive that the right help they can feel better.

You should then encourage them to see their GP as a matter of priority whilst still addressing non-medical

Point 3

If the SP refuses for you to get in contact with their GP then you must respect their request for confidentially. You should then offer the SP a 'Feeling on the Edge' leaflet and tell them they can return to you if they decide they want help from the service to access their GP. The expectations to this strict rule are (a) Imminent threat of self harm, then call the police (b) Vulnerable Adult such as Dementia, Learning Disability or Abused Domestic Violence when a SOVA approach is required

Point 4

If you are given consent you should then ring the GP and explain to the receptionist who you are, who the SP is and why you are calling. They should use a password (perhaps a Suicide Prevention Alert) and ask to speak to the Duty GP.

The GP will speak to you and they should use their professional judgement and personal knowledge to decide on the best pathway which will often result to a same day appointment. If the GP cannot speak to you immediately then you are to ask for a ring back and an urgent same day appointment for the SP.

If the surgery is unco-operative or unresponsive and you feel they are still carrying the risk then they should log the experience and feedback to the Administrators as a possible Quality Issue and also ring ARC for assistance.

You are to record all contacts of SP

2. Example of suicide prevention protocol for GPs

Cambridgeshire and Peterborough
Clinical Commissioning Group

GP Suicide Prevention Guide – Cambridgeshire & Peterborough

Resource	*Organisation*	*Contact*	*Information*
Self-help organisation	Samaritans	0845 790 9090 jo@samaritans.org	24/7 A 24 hour helpline service which gives you a safe space where you can talk about what is happening, how you are feeling, and how to find your own way forward
Self-harm pathway	NICE	http://pathways.nice.org.uk/pathways/self-harm	Summarises both short and long term self-harm guidance using a flowchart based approach
Local Mental Health Provider	CPFT	http://www.cpft.nhs.uk/	
Suicide Prevention Toolkits	NPSA	www.nhsconfed.org/Publications/briefings/Pages/Preventing-suicide.aspx	The toolkits support clinicians and managers to understand what they can do to reduce the suicides.
Self-Harm Top Tips	NHS Cambridgeshire and Peterborough CCG		Top tips - Self Harm.pdf
Risk Assessment Top Tips	NHS Cambridgeshire and Peterborough CCG		Top tips - Risk Assessment.pdf
The National Self-Harm Network	Self-Harm	0800 622 6000 (7pm-11pm Thursday-Saturday, 6.10pm-10.30pm Sunday) support@nshn.co.uk http://www.nshn.co.uk/	A forum and resource for those who self-harm and their families, and for professionals who support them.
Handbook on CAMH self-harm	CHIMAT	www.chimat.org.uk/resource/view.aspx?RID=105602	The National CAMHS Support Service produced a self-harm in children and young people handbook and an e-learning package, to provide basic knowledge and awareness of self-harm in children and young people, with advice about ways staff in children's services can respond.
Self-help organisation	PAPYRUS Hope Line UK	0800 068 4141 (Monday – Friday 10am-5pm & 7pm-10pm, Weekends – 2pm-5pm) pat@papyrus-uk.org http://www.papyrus-uk.org/	Papyrus aims to prevent young people taking their own lives.

Self-help organisation	Get Connected	0808 808 4994 Open from 1pm - 11pm every day Text 80849 for free - Texts will usually be answered within 24 hours http://www.getconnected.org.uk/	Offers help by telephone and e-mail to those under 25 who self-harm.
How to respond to suicide risk in older clients info sheet	The Staffordshire University Centre for Ageing and Mental Health	http://www.staffs.ac.uk/assets/Suicide_and_older_people_tcm44-32414.pdf	The Staffordshire University Centre for Ageing and Mental Health has developed a set of information sheets to help health and social care providers respond to suicide risk in older clients
Rural Stress Helpline	Rural Stress	Helpline 0845 094 8286 (Mon-Fri 9am-5pm); email help@ruralstresshelpline.co.uk	Offers a confidential, non-judgemental listening service to anyone in a rural area feeling troubled, anxious, worried, stressed or needing information.
Bereavement Resources			
Help is at Hand		http://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf or order from www.orderline.dh.gov.uk	A resource for people bereaved by suicide and other sudden, traumatic death. This provides advice and information for anyone directly affected by suicide. It also has advice for people in contact with those bereaved through suicide, either because of their work or because they are part of the same community
The Inquest Handbook	INQUEST	http://inquest.gn.apc.org/website/help-advice/the-inquest-handbook	A guide for bereaved families, friends and their advisors. This booklet includes specialist sections dealing with deaths in police or prison custody and when detained under the Mental Health Act 1983.
SOBS (Survivors of Bereavement by Suicide)		0844 561 6855 (open 9am – 9pm every day) sobs.admin@care4free.net http://www.uk-sobs.org.uk/	Meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend.
E-learning			
E-learning on Domestic Violence	RCGP	www.elearning.rcgp.org.uk/course/view.php?id=88	To enable them to identify and respond to victims of domestic violence more effectively.
Websites			
www.selfharm.co.uk	A project dedicated to supporting young people who are affected by self-harm		
http://www.getselfhelp.co.uk/			

APPENDIX 2

Joint Cambridgeshire and Peterborough Suicide Prevention Three Year Action Plan

2014-2017

The joint Cambridgeshire and Peterborough suicide prevention three year action plan accompanies the Joint Suicide Prevention Strategy 2014-2017. The action plan is a working document and will be adjusted and updated as work proceeds to implement the recommendations.

Implementation of the strategy according to the action plan will be the responsibility of partner organisations as described in the suicide prevention strategy. At present there is a Peterborough suicide prevention implementation group operational for this purpose. An equivalent Cambridgeshire suicide implementation group has yet to be formed and it is recommended that a joint Cambridgeshire and Peterborough Suicide Prevention implementation group is formed from September 2014 to implement the action plan proposed in this document. The joint implementation group will be accountable for delivering the strategy and will report progress on an annual basis to the various partner organisations; the Peterborough Adult Mental Health Stakeholder Group, Public Health Board and Health and Wellbeing Board in Peterborough, the Health Committee in Cambridgeshire and CMET of the CCG.

It is envisaged that the implementation group will use the action plan to identify priority areas to work with initially and over the three year time period. Task and finish sub-groups will be formed to carry out specific areas of work, which may be location based and these sub-groups will report to the implementation group until tasks are completed. The joint suicide prevention strategy document provides detail for each recommendation and should be used for cross-reference when implementing the action plan.

Funding to support recommendations and actions will depend upon on-going support from the partner organisations but in the first instance (year 1), some funding has been secured through the East of England Strategic Clinical Network Pathfinder Programme to support some of the recommendations listed below. In addition, Cambridgeshire County Council is supporting training in mental health awareness raising for organisations within Cambridgeshire.

Peterborough City Council is supporting community initiatives to increase awareness of mental health issues and prevent early stages of mental illness that could lead to risk of suicide.

Recommendation	Actions	Timescale	Suggested performance measure	Responsibility/Involvement of partners
Priority 1 - Reduce the risk of suicide in high risk groups				
Recommendation 1.1 - Suicide Prevention Training	• Three Applied Suicide Intervention Skills Training (ASIST) trainers trained • Training programme designed • Target priority organisations identified – ensuring training reaches out to people working or in contact with the most vulnerable or hard-to-reach groups at risk of suicide • Bespoke suicide prevention /Mental health awareness training developed • Delivery of suicide prevention training and mental health awareness in packages to priority organisations • Mixed groups of professionals to be trained to enhance consistency of messages and promote partnership working and better understanding of roles between agencies • Sustainable development of training • Evaluation of training effectiveness – at the end of each course (by survey) and follow-up after 2 months and 6 months?	Training funded through Strategic Clinical Network (SCN)Pathfinder programme from April 2014-April 2015 and Cambridgeshire County Council (Cambridgeshire only) ongoing funding for mental health promotion April – 2014 – Trainers trained June 2014- March 2015 – delivery of ASIST suicide training and Mental health awareness/suicide prevention bespoke training Evaluation of training – on-going and for write-up in February 2015	Numbers of people trained List of organisations receiving training and numbers of staff trained within each organisation-50% of priority organisations receive training 80% satisfaction with training	SCN Pathfinder Implementation Group to lead CCC Mental Health Awareness Raising CPFT On- going support from Cambridgeshire and Peterborough suicide prevention group Lead support from NHS England for any suicide prevention training in prison settings

		On-going delivery of training through trained trainers in ASIST and MHFA from April 2015 on a smaller scale and where appropriate within resources On-going training supported by Samaritans		
Recommendation 1.2 – Develop suicide prevention resources for professionals and agencies in contact with vulnerable groups	• Collect and collate available resources and a directory of services • Work with identified organisations to provide resources • Offer resources as part of suicide prevention training	August 2014 scoping of requirements through SCN Pathfinder group Pool and design resources Sept 2014 – April 2015 Liaise with priority organisations to disseminate resources On-going dissemination of resources after April 2015 Survey to establish effectiveness Sept 2016	50% of priority organisations receive resources Number of resources disseminated and list of organisations receiving resources Evaluation of effectiveness of resources – one off survey	SCN Pathfinder Implementation Group – task and finish group To be continued by the Cambridgeshire and Peterborough suicide prevention implementation group
Recommendation 1.3 – Awareness-raising campaigns and the Cambridgeshire and Peterborough Pledge to reduce suicide	• Engage with and consult service users on how to reduce risk in high risk and hard to reach groups – developing appropriate resources and advocacy services ensuring appropriateness to different vulnerable groups. Resources will need to be translated if they are to reach out to the Polish and Lithuanian population at higher risk of suicide.	August 2014 Design and implementation of Peterborough and Cambridgeshire pledge September 2014- Launch of pledge September 2014 – May 2015 Co-ordinate roll-out	Posters disseminated 1% of people in Peterborough sign pledge 5% or organisations in Peterborough sign pledge Number of posters disseminated Number of individuals	SCN Pathfinder Implementation Group – task and finish group to lead work Include: Service Users Network Peterborough city

	• Contact organisations and make use of public events and festivals to promote the pledge and raise awareness of suicide prevention - use of other public health market stall/stand to raise awareness of issues – leaflets could be put on the stall regarding suicide prevention. • Identify localities for specific awareness raising • Website to host awareness raising materials - learn from Grassroots and Papyrus websites and use of social media • Explore use of social media in awareness raising • Include suicide prevention in other mental health awareness campaigns • Include awareness raising and suicide prevention material in bulletins that are sent out to GPs • Link with local media partners and 'time to change' campaigns	of awareness raising at events and within organisations September 10th 2014,15,16 – ensure awareness raising in local media for suicide prevention day	signing pledge Number of organisations signing pledge Survey to assess awareness in the community	council Work to continue through the joint suicide prevention implementation group
Recommendation 1.4 – Resources to aid self-help in those at risk of suicide	• Continue roll-out of Crisis card and App • Work with professionals to develop care plans for people known by mental health organisations to ensure up-to-date self-help resources and contact information is included • Resources for self-help for children and young people, including	November 2014 onwards – continuing roll-out of CRISIS cards and App to service users through partner organisation and promotional events. November 2014 onwards –	Number of Crisis cards disseminated and CRISIS App downloaded. Number of posters to aid self-help displayed Number of self-help resource cards	SUN and SCN Pathfinder group to lead task and finish group Support from suicide prevention implementation group Include Cambridge

	promotion of Centre 33 • Directory of services should be developed to aid self-help • Include student welfare at Cambridge University and Anglia Ruskin University to promote resources for self-help – see Worcester model of care for preventing suicide in students	development of resource cards to be used by professionals and agencies to promote self-help, build resilience and enhance follow-up care. January 2015– resource cards available for dissemination to agencies	disseminated through partner agencies Directory of services developed and used by partner organisations	University and Anglia Ruskin University Welfare Officers in developing and promoting material
Recommendation 1.5 – Aspire to develop integrated, appropriate and responsive services for those at risk of suicide	• Ensure suicide prevention initiatives work with Crisis Concordat work and include pathways of care for people pre crisis, during crisis and post crisis • Map pathways and ensure all partners are aware of contacts and resources for self-help as well as pathways and how they operate • Encourage professionals and organisations to work together in identifying gaps and opportunities in pathways to prevent suicide – particularly at points where services meet when a person is transferred from one service to another • Support the police in responding to people with mental health problems by promoting pathways enabling contact and rapid access to other agencies that are able to provide advice and support • Develop a cultural view that it should be everybody's expectation that	September 2014-January 2015 – Ensure Crisis Concordat compliance – sub group to work with Crisis Concordat team to develop pathways of care Service mapping by the end of March 2015 June 2015 - Report and recommendations to improve pathways of care June 2015 onwards – establish links with partner organisations to ensure flow-through of information between agencies and thresholds are established. September 2015 onwards: Dissemination of information and good	Organisations signing the Crisis Concordat declaration Survey of service users on integrated pathways for suicide prevention. Measure the success of joined up pathways – transfer of information between agencies, use of care plans, distribution and use of self-help resources Audit of pathways used by each service – police, ambulance, A&E, liaison psychiatry	All Partners Groundwork by Crisis Concordat team with Police, CPFT, CCG and public health support. input during 2014-2015 from the SCN Pathfinder Implementation Group Ensure partnership support from Crisis Concordat group Task and finish group to achieve goals

	people receive appropriate and timely services • Refer to Crisis concordat recommendations on partnership working and the gathering and sharing of information about a person in crisis • Encourage systems that allow engagement with other services where appropriate – particularly with drug and alcohol teams • Endorse recommendations from coroner's reports on deaths as a result of suicide	working practice to front-line staff – internal promotion and training by each partner organisation for effective support of suicide prevention pathways		
Recommendation 1. 6 - Reassess pathways for people known by mental health services at risk of suicide	• Ensure Crisis Concordat work aligns with this priority area. Pathways of care to be assessed include those pre crisis, during crisis and post crisis. • Assess pathways to ensure that information is shared across agencies in the patient's best interest • Assessment of pathways for people who are discharged from psychiatric care and A&E care/liaison psychiatry – review of care plans and information contained within care plan, including consent to share information between agencies • Explore models for strong community and joined-up support at locality level for people post crisis • Engage with service users to establish	On-going from November 2014 - Work in partnership with Crisis Concordat group and CPFT to identify gaps or weaknesses and areas for improving the care of people Pre, during and post crisis including upon discharge from psychiatric care. January 2015 – decide on whether suicide prevention audit of A&E is a priority for 2015 or later task and finish group will need to be established if it is a priority liaise with A&E depts. to	Report to suicide prevention group A&E audit data Care plans in place for people discharged from services Resources and support offered to those in community settings who do not meet the threshold for secondary mental health services (assessed by survey). Endorsement for ongoing support to people with mental	Crisis concordat sub-group with CPFT as main lead with support from suicide prevention implementation group

	the strengths and weaknesses in pathways of care in response to crisis – including a review of the use of Police section 136 and the use of places of safety • Encourage development of pathways that are comprehensive and organised around the patient – particularly where organisations meet during transition points – acute sector transition into the community, for example • Assess the single point of access (ARC) and identify gaps around risk identification and pathways used by GPs and ARC staff. Training to GPs, ARC and CRISIS resolution team on pathways and risk identification • Engage with Rethink Carers group – for carers of people with mental health illnesses • Suicide prevention audit of Accident and Emergency Departments • Link up suicide prevention strategic group to influence the development of the 5 year mental health strategy to ensure ongoing support for people with mental health issues and for those people in the community who do not meet the threshold for secondary mental health services	conduct suicide prevention audit November 2014 onwards - Ensure the strategic group links with the CCG and Local authorities in influencing the development of the 5 year mental health strategy as this develops	health issues through the forthcoming 5 year mental health strategy	

Recommendation 1.7 - Improve pathways and support for people taken into custody at risk of suicide and for people newly released from custody.	• Liaise with NHS England and Public Health England to work with probation, prison and police staff to understand the screening risk assessment procedure at court and upon reception of prisoners and people taken into custody to include risk of suicide/self-harm. • Liaise with prison managers to promote the use of prison listeners. • Work with police partners to assess pathways of care for people in police custody and in prisons at risk of suicide • Broaden and promote access to the Samaritans in custody suites and in courts by raising awareness and supporting partnerships, learning from good practice • Promote access to support from drug and alcohol services for people in custody with mental health and drug/alcohol problems. Raise awareness and promote partnership working • Suicide prevention training of custody and court/probation staff and aspire to train prison listeners • Assess discharge pathways for people who have been in custody, including a review of care plans for people with mental health problems. Recognise the need to promote joined-up	January 2015 – Decide whether this is a priority area Ongoing from 2015 -2017	Reduction in suicides in people in custody – baseline 2009-2011 Report on pathways and support for prisoners and people taken into custody. Survey to show use of Samaritans in custody suites Numbers of police custody and prison staff trained	Suggested lead organisations: CPFT, police, probation, Samaritans and custody staff as members of the suicide prevention implementation group to develop task and finish group NHS England to lead on suicide prevention initiatives in prisons with support from the suicide prevention implementation group Engagement with Public Health England for support

	services with an understanding of the roles and responsibilities of other organsiations • Build on the work done to establish forensic services in Peterborough (ONE service). Assess links with partner organisations and discharge pathways			
Priority 2 - Tailor approaches to improve mental health in specific groups				
Recommendation 2.1 Work in partnership with CPFT to assess pathways of care for children (10-24 year olds) and adults who self-harm	• Results from suicide prevention audit at Accident and emergency departments • Monitor admissions to the Accident and Emergency departments for self-harm to assess any impact on service developments. • Directory of services to signpost and share at the point of contact (through liaison psychiatry). • Review the use of follow-up care plans for people discharged from services • Assess plans for people who self-harm if mental health services are not involved • Review good practice in resources to help people who self-harm or have a history of self-harm, for example; 'Harmless' http://www.harmless.org.uk A national organisation based in Nottingham	November 2014 onwards – task and finish group linking with pathway design for suicide prevention and Emotional well-being and mental health group for children and young people. January 2015 – decide whether A&E audit should be prioritised	Report on pathways available to children and adults who self-harm Including recommendations for improvements Admission rates for self –harm reported to suicide prevention group Trends in admission rates recorded	CPFT lead (to be agreed) Input from CCG and voluntary organisations Liaise with Accident and Emergency staff
Recommendation 2.2 Work with partners who	• Raise awareness and campaigning around self-harm	January 2015 onwards Workshops and events to	Data on self-harm in children	CCG, local authority children and family

are developing the 'Emotional wellbeing and mental health strategy for children and young people	• provide access to self-help resources that focus on building resilience in young people • raise awareness and develop resources aimed at preventing bullying in schools and colleges • assess pathways for support for children who are at risk of self-harm , particularly in vulnerable groups of children and young people – youth offenders, children in care, children under the care of people with mental health problems • assess pathways for teenagers and young adults who have attended A&E due to self-harm, particularly upon discharge • Support and promote the Bounce! project in Peterborough – working with families through workshops to encourage health and wellbeing including mental wellbeing • Provide support and ensure links are made to the proposed public mental health strategy for Cambridgeshire	be scoped for awareness raising around self-harm and support to the Bounce! Project in Peterborough	Training delivered for emotional wellbeing support of children Partnership working to deliver resources and awareness raising – Number of workshops and events run and feedback obtained Achieve zero suicides in children	services, Public Health advice and support from suicide prevention implementation group
Recommendation 2.3 Promote early interventions to aid prevention of mental health problems that could lead to suicide	Prevention interventions to promote good mental health and avoid decline towards suicidal tendencies. • Review access to support in the community before crisis situations arise. • Work with communities and community liaison teams to raise awareness of	January 2015 – decide whether this is a priority If priority confirmed: • workshop with service users • Communication and	Survey of community liaison team staff and health professionals to assess dissemination of advice	Suicide Prevention implementation group to lead - task and finish group with established Links to PCC and CCC

Comment [GH]: Definition of children used in EWB&MH strategy document: 'all children and young people and their families in Cambridgeshire and Peterborough, from conception to their 18th birthday or their 25th year if disabled or have complex needs'

	sources of help, for example, debt management, relationship counselling, housing organisations parent/children centres • Information to health professionals including GPs and health visitors to promote advice services • Engage with service users and public to understand gaps in service provision and focus efforts on improving the system to support individuals where appropriate Review the potential to provide a tangible presence of a mental health drop-in facility in Peterborough city centre Explore the Worcester model of care to reduce suicide and promote mental health in students	resources for community liaison teams and health professionals March –Sept 2015 Scope business proposal for mental health drop-in facility in Peterborough city centre		
Recommendation 2.4 **Promote training in mental health awareness, particularly with professional groups such as GPs to recognise mental health issues and risk of suicide**	See recommendation 1.1 as this is a subset of 'suicide prevention training' Training for GPs to include awareness around risk assessment for mental health issues by assessing patient histories, particularly around a past history of self-harm	Training for professionals including GPs included in training resources available from September 2014	Number of people trained in Mental Health Awareness and suicide prevention At least 100 people provided with Mental Health Awareness and suicide prevention training Number of GPs trained - 4 per LCG	Suicide Prevention Training task and finish group
Priority 3 – Reduce access to the means of suicide				
Recommendation 3.1 – In line with regulations, ensure the removal of potential ligature points – particularly in places of	• CPFT audit of ligature points and other suicide risks in inpatient settings and residential care settings in line with regulations	On a yearly basis	Audit of potential ligature points is conducted annually in inpatient wards and	CPFT lead for inpatient audit Police lead for audit of police custody

custody and in-patient settings	• Audit of ligature points in places of custody • Share information on identifying potential ligature points between agencies (CPFT, Coroners, Police and Prisons)		places of custody Potential ligature points removed or made safe	suites NHS England lead for audit in prisons
Recommendation 3.2 – Reduce the risk of suicide by jumping from high buildings accessible by the public including multi-storey car-parks	• Extend training provided by Samaritans • Risk assessments of car parks – work with agencies that own car parks • Work with coroners to fully endorse the erection of barriers as a mechanism to restrict the means to suicide • Posters displayed in car parks and shopping centres to aid self-help	August 2014 onwards – work with the support of partners in the suicide prevention implementation group - coroner, police and PCC to assess risk and promote the use of barriers in Peterborough car parks Sept 2014 onwards Advocate for construction of barriers at car parks where there is a risk of suicide	Number of staff trained in suicide prevention Training of car park and shopping centre staff in suicide prevention Achieve zero suicides at car parks in Cambridge and Peterborough Barriers to be erected at multi-storey car parks with suicide risk	Joint suicide prevention Implementation group to lead. Task and finish group for Peterborough and Cambridge with support from local authority, Coroner, police and Samaritans
Recommendation 3.3 – Reduce the risk of suicide on railway lines in Cambridgeshire and Peterborough	• Training available to rail staff • Review of availability of information to aid self-help – Samaritans' posters or others • Assessment of suicide prevention initiatives by British Transport Police	January 2015 Decide whether this is a priority	Training of rail staff in suicide prevention Posters available to aid self-help in railway locations Achieve zero suicides on railway lines	Joint suicide prevention Implementation group to lead. Task and finish group with lead from Samaritans and British Transport Police
Recommendation 3.4 – Work with Medicines Management team at the CCG to ensure safe prescribing of some toxic	• Work with the CCG medicines management team chief pharmacist to ensure that there is a focus on suicide prevention as part of implementation of forthcoming NICE	January 2015 – Decide timescale for this recommendation and whether it is a priority for 2015. If a workstream is	Prescribing data to reflect safe prescribing guidance	Suicide Prevention Implementation Group to join with Sati Ubhi (Chief pharmacist at the

drugs	guidance – quality standard on safe prescribing. Further consideration needs to be given to the prescribing of some toxic drugs, where safer alternative medicines are available. (Hawton et al 2010) • Promotion of suicide prevention through pharmacies and with pharmacists is recommended to raise awareness of suicide risk due to some forms of prescription medication.	established, connect with chief pharmacist at CCG to ensure safe prescribing by pharmacists and training of GPs to include safe prescribing Include an evaluation of the evidence to support alternative prescription drugs that may reduce suicidal ideation		CCG)
Recommendation 3.5 - Whenever possible, medical professionals should be reinforcing safety plans for individuals with mental health problems	Education and training for health professionals including General Practice staff on use of personal safety plans for patients with mental health problems. This includes plans for those who have never been in secondary care services. Dialogue between health professionals (GPs in particular) and patients about eliminating access to the means of suicide with reference to the individual's safety plan. This should include exploring and adopting best models for reducing hanging in the community.	Education and training to be included in wider training programme – see 1.1 and 2.4 Aspire to train General Practice staff from January 2015 onwards March 2015 Disseminate information about safety plans to GP networks – link with CCG to achieve this	All GP practices in Cambridgeshire to be offered general training over a 3 year period Target of 50% uptake over 3 years At least 4 GPs per LCG to receive bespoke training in suicide prevention and use of safety plans with the expectation they attempt to disseminate the learning throughout their LCG Education of GPs through CCG GP network – information disseminated to GPs	Suicide Prevention Implementation Group to work with CCG GP leads and mental health commissioners to disseminate educational material on ensuring safety plans for people with mental health problems. Advice from Sohrab Panday
Priority 4 – Provide better information and support to those bereaved or affected by suicide				
Recommendation 4.1 - Ensure bereavement information and access to support is available to	Ensure availability of 'Help is at hand booklet ' for those bereaved as a result of suicide (GP surgeries, coroners offices, police and funeral directors).	January 2015, January 2016, January 2017– check availability of 'help is at hand' leaflets and list of	Help is at hand leaflets are available to police, coroners, funeral directors and GP	Joint suicide prevention Implementation group to lead

those bereaved by suicide	. Information should be available to signpost bereaved people to organisations best able to help them: • CRUSE – a charity dealing with bereavement in general – supported by the CCG • Survivors of bereavement by suicide • Compassionate Friends – a charity dedicated to helping families of children who have died Link with other East of England suicide prevention groups to develop a self-help group or network for people bereaved by suicide. Bereavement services offered suicide prevention training Suicide prevention training used as a platform to disseminate resources on bereavement services Review support available to families and carers of people known to mental health services who have died by suicide Review support for carers who are bereaved Review resources available to young people affected by suicide – social media and websites	organisations to distribute leaflets.	practices Establishment of a self-help group or network Number of people trained from bereavement services	Sub-group to act as a task and finish group for this purpose
Priority 5 - Support the media in delivering sensitive approaches to suicide and suicidal behavior				
Recommendation 5.1 –	Liaise with local media to encourage	January 2015 – May 2015	Sensitive and	Joint suicide

Encourage appropriate and sensitive reporting of suicide	reference to and use of guidelines for the reporting of suicide Ensure the involvement of Comms teams in LAs and CCG	Review and update situation with media reporting. March 2015 onwards – continue to connect with media editors to ensure task is achieved. Review task in January 2017	responsible reporting of suicide by local media based on Samaritans guidelines Media reports collated for evaluation report	prevention Implementation group to lead Sub – group or individual task
Priority 6 - Support research, data collection and monitoring				
Recommendation 6.1 Collect detailed suicide data on a quarterly basis from Cambridgeshire and Peterborough coroners and carry out an annual audit of local suicides	Form sub-group to ensure data collection and audit Quarterly collection of data Audit on a yearly basis to report changes to suicide numbers, methods, demographics, risk factors. Report on suicide rates in relation to public health outcome: 'Reduce the rate of suicide in the population' Encourage data gathering and consent to collect and share data – self harm in A&E Departments. Audit of self-harm data if available to identify those at risk	2014-2017 On-going quarterly collection of data and full audit on a yearly basis February 2016 and 2017 - Annual report/update to be written by public health and presented to partner oganistations	Reduction in suicides year on year Public Health Indicator 4.10 – Baseline period = 2009-2011 Achieve 10% reduction in suicide rate for 2014-2016 Suicide statistics on three year rolling basis	Joint suicide prevention Implementation group to lead Sub-group Public health data analysts to lead Coroners to supply data Use information obtained from the newly created 'mental health information network' to understand local issues
Recommendation 6.2 Disseminate current evidence on suicide prevention to all partner organisations	Ensure membership of implementation groups by all partners with correspondence list kept up to date for sharing resources Agenda item for suicide prevention implementation group	On-going sharing of information with partner organisations	Implementation group meeting minutes and email records	Public health to lead, collate and ensure dissemination of evidence as part of role in chairing strategic group

Recommendation 6.3 Coroners should notify the Suicide Prevention Strategic Group about inquest evidence that suggests patterns and suicide trends and evidence for service development to prevent future suicides	Ongoing updates to the suicide prevention strategic group by the coroners as required	Annual report to include coroners recommendations to the strategic group	Data is sent on a quarterly basis to public health lead analyst in Cambridgeshire	Coroners to lead – liaising with the Suicide Prevention Strategic Group
Recommendation 6.4 Evaluate and report on the suicide prevention implementation plan	Surveys to evaluate effectiveness of interventions such as training, dissemination of resources, use of suicide prevention pathways, access to support, use of careplans. Survey of GPs (awareness and use of careplans, resources for self-help, partnership working) Survey of mental health professionals and other professionals involved in crisis care and follow up – to assess pathway design, gaps in crisis care provision and improvements to crisis care. Use of care plans and resources to aid self-help. Assessment of partnership working Survey of people who have received training in SP. Assess effectiveness and usefulness of training Survey of service users – awareness of resources/website. Use of careplans. Gaps in service provision. Use of services and improvements Evaluation of suicide audit data – changes to suicide methods or risk of suicide. Changes to rates of suicide Collation of soft data and evidence relating to	Annual report to include annual evaluation of implementation plan Autumn 2015 – design of surveys to be used for evaluation Surveys to be used on an annual basis where appropriate (GPs and health/other professionals). Otherwise surveys to be used as agreed and depending on completion of actions/plans	Collation and analysis of survey data Analysis of audit data Collation and analysis of other data sources and 'soft' data collected by each sub-group as described above	Public Health to lead Evaluation sub-group similar to data group

	each recommendation			

This is a live action plan that was last updated on 25/11/14.

Evaluation of the suicide Prevention strategy will need to be carried out in year 3. Progress reports should be written on a yearly basis – year 1 (Sept 2015), Year 2 (Sept 2016), Year 3 (Sept 2017)

The suicide prevention strategy will not operate in isolation, but will support and complement other relevant strategies including:

- The Cambridgeshire and Peterborough Joint Commissioning Strategy for Adult Mental Health Services 2013-16[4]
- The Cambridgeshire Emotional well-being and mental health strategy for children and young people 2014-2016[5]
- The Cambridgeshire Public Mental Health Strategy, which will be developed during 2014/15
- The Cambridgeshire and Peterborough Clinical Commissioning Group 5 year Mental Health Strategy, which will be developed in 2014/15

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 10
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn, Director of Communities	Tel: 01733 863749

DRUG AND ALCOHOL RETENDER

RECOMMENDATIONS	
FROM : Charlene Elliott, Assistant Commissioner	**Deadline date : 11th December 2014**
The Board is requested to review and comment on the proposals for the retender of the drug and alcohol services in Peterborough.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from a previous meeting.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Committee's views on a proposed development and retender of Peterborough's drug and alcohol services.

3. MAIN BODY OF REPORT

3.1 Peterborough City Council are commencing a retender of all drug and alcohol services in the city, in line with council and EU procurement rules. The procurement exercise will commence in the new year ready for services to go live on 1st April 2016.

3.2 The retender provides an opportunity to innovate and improve current services and increase value for money.

3.3 The services currently under review are;

- Adult drug treatment service.
- Adult alcohol treatment service.
- Young People's alcohol and drug service.
- Family work with children and young people affected by parental substance misuse.
- The needle exchange supply and clinical waste collection service.
- Pharmacy based supervised consumption and needle exchange schemes.
- Detoxification Bed.
- Residential Rehabilitation placements.
- Substance misuse service delivered in Claire Lodge (secure welfare unit for young women)
- Hospital Alcohol Liaison Project (this service is commissioned by CCG at present and we are in negotiations with the CCG to include HALP within the retender)

3.4 Current council expenditure for the services listed above is in the region of £2.7m per annum, excluding the HALP which is paid for by the CCG.

3.5 The retender project is in its pre-tender phase. Work undertaken to date includes:-

- Needs assessment and review of current services.
- Consultation with service users, current providers and key partners.

- Consultation with Public Health England as substance misuse experts (previously the National Treatment Agency).
- Soft marketing testing exercise to assess the level of market interest in the tender opportunity and understand what is being delivered elsewhere in the country.
- A provider information open day is scheduled for 4th December, allowing interested providers to learn more about the retender and Peterborough services.

3.6 A SWOT analysis identified the following areas in which we can improve our treatment system. We intend to address these via the retender:-

- Alcohol services appear to be under-resourced compared to drug services, despite the links with poor health and crime and disorder. This is echoed in the 2014 SPOT tool developed by Public Health England in which investment in alcohol services is considerably below all of our ONS comparators and investment in drug services significantly above (although this should be treated with caution as we have yet to verify the source data for the tool)
- Greater capacity is needed to treat the suspected levels of harmful drinking within Peterborough.
- Whilst the pathway from criminal justice services into drug treatment is strong, the pathway from CJS into alcohol services needs strengthening.
- There is inequality of mental health provision in alcohol and drug treatment services. The alcohol treatment service has two embedded Community Psychiatric Nurses and there is wide consensus on the effectiveness of this model. There is no such provision in drug treatment services and this may exacerbate difficulties in supporting those with dual diagnosis or other mental health issues.
- There is limited scope within drug service to undertake family and intergenerational work.
- The separation of drug and alcohol services is not ideal nor financially efficient. The main psychosocial interventions delivered are the very similar, irrespective of the substance being misused. The council also incurs additional cost from contracting with two providers at a time when budgets are reducing. Service users have commented that "…*It makes sense to have a therapist to treat underlying issues for the addiction…" "… it is good to have one worker so I don't have to keep explaining myself…*"

3.7 Vision

The following vision is proposed for the service. It is based upon consultation with Public Health England, discussions with commissioners and providers from elsewhere in the UK and internal discussions. We have also undertaken a range of consultation exercises with service users who are in the centre of this retender to ensure that the revised treatment system improves services for their needs and the needs of Peterborough. We will continue to test out our vision with key partners, wider stakeholders and potential providers in the coming weeks. Feedback to date has been supportive of our approach.

3.8 We are proposing an integrated treatment system which is focused on the overarching outcomes of harm reduction, crime reduction and health improvement at an individual, family and community level. A wide range of public health, mental health and criminal justice indicators will sit under these outcomes.

3.9 We propose the service is:-

- A single, integrated service to treat and support those affected by alcohol and drug use.
- Recovery focused in line with National Drugs Strategy (supporting people to become free from dependence).
- More focused on psychosocial interventions (behaviour, motivation to change) rather reliance on pharmacological interventions.
- Holistic in approach with a family and intergenerational focus, for example recovery workers trained in family and relationship therapies to maximise sustained recovery and limit hidden harm

- Multi skilled recovery workers able to support people with any combination of substance misuse.
- Embedded mental health provision to improve treatment outcomes for those with dual diagnosis or other mental health issues.
- Greater use of the shared care provision with GPs.
- Flexible provision to meet the wide needs of those in treatment.

3.10 The rational for this is:-

- Base services around people and their loved ones, rather than which substances they misuse.
- An integrated service is better placed to address poly substance use, remove stigma and allow alcohol users to benefit from the investment made in drug services over the years.
- An integrated service is better placed to respond to changing patterns of drug/alcohol misuse for example club drugs, alcohol and new psychoactive substances amongst young adults.
- Provides better value for money for the council.
- Innovative and improved services for local people.

4. CONSULTATION

4.1 There have been 28 1:1 consultation sessions held with a wide range of service users (including young people, families and adults in both drug and alcohol treatment services). A questionnaire has also been made available to all service users.

4.2 A consultation event is scheduled with the Specialist Advisory Group meeting which acts as an expert advisory panel to the Substance Misuse Joint Commissioning Group (JCG). It uses knowledge of the group to inform the JCG on needs and gaps in treatment, changing patterns of demand and trends to ensure that there is proactive commissioning of services.

4.3 Key stakeholders will be consulted via a consultation event for current providers and key partners. There will also be a wider listening event for representatives from agencies who are impacted or can work with the drug and alcohol services.

4.4 We also plan to consult the Joint Commissioning Board and the Safer Peterborough Partnership Board on the proposals.

5. ANTICIPATED OUTCOMES

5.1 For the Board to review and comment on proposals

6. REASONS FOR RECOMMENDATIONS

6.1 Reasons for recommendations are;

- To improve the current treatment system and address inequality within provision.
- To improve outcomes for those affected by drug/alcohol misuse
- To innovate and improve existing services
- To increase efficiency, effectiveness and value for money.

7. ALTERNATIVE OPTIONS CONSIDERED

(i) Do not retender and keep services as they are. This option was excluded as it would contravene council and EU procurement rules.

(ii) Commission separate services. This option has been excluded based on consultation and research. Treatment systems with multiple providers tends to lead to silo working, ‘clunky’ pathways, people getting stuck in one service and difficulties with information sharing and communication. It also means higher cost to the council in paying for multiple organisations and servicing a higher number of contractors. This option is not in the best interests of service users or the council.

8. IMPLICATIONS

Drug and alcohol services link to the wide range of other indicators across the Public Health and Criminal Justice spectrum.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)
None

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 11
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Helen Gregg, Commissioner, Communities Directorate	Tel. 863618

REPORT: HEALTH & WELLBEING BOARD DRAFT COMMUNICATIONS STRATEGY 2014-2016

RECOMMENDATIONS	
FROM : Health & Wellbeing Programme Board Chair, Wendi Ogle-Welbourn	**Deadline date : 11 December 2014**
The Board is requested to consider the draft HWB Communications Strategy 2014-2016 and comment accordingly.	

1. ORIGIN AND PURPOSE OF REPORT

1.1 The purpose of this report is to table the draft Health & Wellbeing Board Communications Strategy 2014-16 for discussion.

1.2 The strategy includes a stakeholder communication map, a multi-partner calendar of communications for 2015 and examples of partner newsletters to demonstrate opportunities to deliver key HWB messages.

2. BACKGROUND

2.1 One of the key recommendations from the LGA peer review in February 2014 was the need for the HWB to have a comprehensive Communications Strategy in place.

3. RECOMMENDATION

3.1 HWB Members are asked to review the draft communications strategy and offer comments and/or recommendations.

4. CONSULTATION

4.1 The draft communications strategy was presented to Health & Wellbeing Programme Board members (HWPB) for consultation on 26 November 2014. Members present discussed the strategy and agreed a small number of amendments. The HWPB chair subsequently made the amendments.

5. ANTICIPATED OUTCOMES

5.1 Should members approve the communications strategy, a meeting will be convened with representatives from the PCC communications team as well as key partner communication contacts to commence action. Key actions will be included in the HWB action plan for progress monitoring.

6. REASONS FOR RECOMMENDATIONS

6.1 The aim of the communications strategy will allow the HWB to make greater use of networks and target specific issues through a mixture of channels and in line with the Board's priorities.

6.2 The strategy will aim to increase awareness and understanding of the role and delivery programme of the HWB among priority audiences as well as align associated partner communications plans to avoid gaps and duplication.

7. IMPLICATIONS

7.1 The delivery of the communications strategy will support the achievement of the outcomes in the Health and Wellbeing Strategy 2012-2015.

8. BACKGROUND DOCUMENTS

Appendix 1 - Draft HWB Communications Strategy 2014-16
Appendix 2 – HWB PCC/Partner Communications Calendar 2015
Appendix 3 – Cross Keys Homes and SPP newsletters

PETERBOROUGH CITY COUNCIL

APPENDIX 1

PETERBOROUGH HEALTH & WELLBEING BOARD
COMMUNICATIONS STRATEGY 2014-2016

1.0 Introduction

The aim of a strategic framework for communication will allow the Health & Wellbeing Board to make greater use of networks and target specific issues through a mixture of channels. The Board will be able to pull resource from across services to allow better joined up working and less duplication.

Our Vision

We want people in Peterborough to be as healthy as possible, living among supportive family, friendship and community groups, with high aspirations for their own and their children's futures. When people need help and support, we will provide information about sources of support available locally to them, enabling them to rebuild their resilience and wellbeing.

We will work with local groups, communities and the voluntary and community sector to build community resilience through co-production and give power to solve problems back to individuals and local communities where we can.

We will do all we can to support people's independence and wellbeing; preventing, postponing and minimising need for more specialist care and support. Where additional support services are needed we will ensure that people using them have as much choice and control as possible through things like personal budgets and direct payments, supported by clear information and advice, empowering individuals and their carers to make the choices that are right for them. These support services will be provided only for as long as necessary and be focused on enabling people to become independent once more.

The Health & Wellbeing Board's five priorities, as outlined in the Health & Wellbeing Strategy 2012-2015 are:

- Securing the foundations of good health
- Preventing and treating avoidable illness
- Healthier older people who maintain their independence for longer
- Supporting good mental health
- Better health and wellbeing outcomes for people with life-long disabilities and complex needs

Given the Board's diverse membership and the importance and breadth of its work, there is a need for clear communications around its role and activities. This will help to ensure that the Board is positioned correctly with its stakeholders and audiences.

2.0 Legislation

Health and wellbeing boards are central to the government's vision of a more integrated approach to health and social care.

The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will collaborate to undertake their local community needs, agree priorities and encourage commissioners to work in a more joined up way.

3.0 Strategy Aims

To increase awareness and understanding of the role and delivery programme of the Health and Wellbeing Board among priority audiences.

- Provide a coherent communications strategy for health and wellbeing activity throughout the city
- Focus on delivery and outcomes
- Set out core principles, messages and vision for communicating the agenda and strategy for the Health & Wellbeing Board
- Align associated partner/agency communications plans to avoid gaps and duplication
- Identify the key stakeholders and communicators to be involved with the delivery of the strategy
- Set out the 'core offer' and future communication activity around the Health and Wellbeing Board

In the future our aspiration is to widen the communications network to cover all of the following areas:

- Board members
- Health and social care providers
- City Council
- Clinical Commissioning Group
- Third sector / voluntary and other non-statutory organisations
- NHS and Public Health nationally
- Regional stakeholders
- Peterborough Schools
- Private sector health organisations
- Healthwatch
- Patient representative groups

As structural realignment of the health and wellbeing community progresses, working relationships with the many partners above will develop, from the current core including Public Health, CCG, adult and children's social care to encompass the broader range of partners.

4.0 Identifying the audience

The stakeholder map (Appendix 1) provides a broad overview of the types of individual organisations who we aim to engage with about the work of the Board and the wider health and wellbeing agenda.

The primary audience must be the people of Peterborough and the communication strategy is designed to ensure that all stages of communication activity takes this into account by aligning with the outcomes and priorities of the Board.

The Board will work to fully understand our stakeholders so that communications can be effectively delivered and made appropriate and meaningful.

We recognise that some sections of our population will require tailored approaches and that we also need to target the groups who are in greatest need. We will use the JSNA data and other local intelligence including engagement activity to inform this work.

6.0 Health & Wellbeing Communications and Delivery

At the heart of all communications will be the need to reflect the outcomes and priorities of the Health & Wellbeing Board. Individual messages, campaigns and activity should all be able to demonstrate that they will deliver in a way that reflects these. Appendix 2 summarises multi agency communications activity for 2015 and shows how this is aligned to the six key strands:

- Healthy starts
- Healthy workplaces
- Healthy schools
- Healthy communities
- Healthy places
- Healthy living

To ensure the HWB's priorities and Health & Wellbeing Strategy are promoted, the following activity is proposed to accompany the cycle of meetings and activities the Board undertakes:

- Create and regularly use a 'HWB' Twitter account
- Establish a HWB blog
- Include the HWB in the Leader's weekly media column
- Use internal and external PCC/partner newsletters to advertise HWB meetings
- Select press topics from the Board's meeting agendas to engage with the media
- Utilise the Board's open forum style of meetings to make connections with partners and the public
- Where possible set up items like a CVD awareness initiative that might attract media interest and attendance
- Tweet live interaction and engagement during Board meetings
- Health & Wellbeing members to engage with public attendees during meetings and by way of a public consultation (ask them what their interest in the Board is, how would they like to be involved etc)
- Create and distribute a regular HWB newsletter to include partner/member update columns/articles to be sent to all members and stakeholders and upload to the HWB Council webpage
- Refresh the HWB and JSNA webpages (include links to all Board member webpages)
- Facebook updates

7.0 Measuring Success/Monitoring performance

We will assess the impact and effectiveness of our communications and engagement activity, review achievement of our objectives and identify the lessons learnt. A quarterly report will be prepared and presented to the Board for review.

As well as measuring the communication successes by way of outputs, outcomes and feedback, we will explore additional feedback evaluation mechanisms.

APPENDIX 1 – STAKEHOLDER MAP

Stakeholder (individual or group)	Stakeholder role	Summary of interest with the HWB	Key messages / information to communicate to the stakeholder
The People of Peterborough	The people the HWB are ultimately working for	Each and every citizen is impacted by the HWB and can benefit from it	All messages and communication should recognise that this is the most important audience and all messages should be relevant to this audience
Clinical Commissioning Group (CCG	Future of acute, specialist, community and mental health commissioning services in Peterborough .	High interest and overall awareness/ engagement of health and wellbeing in the future policies and in the Board's outcomes, execution and delivery	Information about the board - remit, priorities, governance, plans for improvement and implications on this for the CCG at local level
Public Health		High interest and overall awareness/ engagement of health and wellbeing in the future policies and in the Board's outcomes, execution and delivery	Information about the board - remit, priorities, governance, plans for improvement and implications on this
NHS England (local)	Future of specialist and primary care commissioning services in Peterborough	High interest in order to make policies, outcomes and delivery align with the HWB	Commissioning intentions, HWB's priorities, engagement in collective workstreams
NHS England (national)	National NHS resource and management policy	General interest in order to shape policies, outcomes and delivery	Direction of travel for the HWB Board, key messages around allocations, funding and the 'Call to Action'
Elected members	Responsible for representing their constituents, including Health and Wellbeing	Interest, awareness and agreement/support of policies and HWB outcomes	Information about the board - remit, priorities and governance
HWB Scrutiny Committee	Scrutiny around commissioning intentions and service changes for both the NHS and Peterborough City Council	High interest and overall awareness/ engagement of health and wellbeing in the future policies and in the Board's outcomes, execution and delivery	Information about the board - remit, priorities, governance, plans for improvement, national policy changes and local implications
Adults and Childrens Social Care	Overall support, engagement with board and strategic contribution that may be required to deliver	High interest and overall awareness/ engagement of health and wellbeing in the future policies and in Board's	Information about what this means for them, who the board are, their remit, priorities and implication of new

	strategy	outcomes, execution and delivery	commissioning arrangements
NHS Providers	Provider for health services in the community	General awareness and support /of the project	General information about what this means for Peterborough, who the board are, their remit and priorities going forward
Third sector (voluntary, community and faith groups)	Engagement with board policies and outcomes (where relevant)	General awareness	General information about what this means for Peterborough, the board - their remit, priorities going forward and details of future engagement
Communication leads in key organisations and local businesses	Disseminating information as provided by nominated lead and encourage engagement/support with the project	High interest and overall awareness/ engagement with board and health and wellbeing provision in the future	Information about what this means for their respective organisations, board remit, priorities and implications of new commissioning arrangements and cross sector delivery arrangements
Healthwatch (local and national)	Membership on the board and general scrutiny of policies and outcomes	General awareness and involvement and supporting publicity through identifying examples of inequalities that may exist	Information about the board - remit, priorities, plans for improvement, national policy changes and local implications
Public Health England	National lead on various health and wellbeing promotion campaigns	Engagement and influence over promotions	Coordination with Public Health promotion campaigns, reciprocal sharing e.g. Stoptober
Key partnership boards	Leading key elements of the HWB	High interest in health and social care of children and adults	All pertinent news, policy, governance and delivery arrangements

APPENDIX 2: HEALTH AND WELLBEING BOARD – communications/marketing/campaigns activity 2015

Partner	Title (campaign / event / marketing)	Strand (see key below)	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
PCC (Council wide)	'Great place to be' (city centre campaign)	Healthy places, living, communities, schools	'Great place to be' Phase 2 → promoting cycle paths and green spaces)											
	Domestic abuse campaign	Healthy living, communities	Domestic abuse Phase 2 → (focus on attitudes and behaviours, ie jealousy, manipulation, mistrust, sexism)											
	Love Peterborough – go green , keep it clean Campaign	Healthy communities, living, places	**Phase 2** – enforcement and incentivisation →											
PCC – Community Cohesion		Healthy Communities	A series of mosque events to mark birthday of Prophet Muhammed. (Muslim)	Lithuanian Independence Day celebrations		Vaisakhi celebrations at Gurdwaras (Sikh)	Inter faith council event at Town Hall	Ramadan month of fasting starting end of June (Muslim)				Black History Month (City Centre)	Latvian Independence Day celebrations Diwali celebrations (Hindu)	Christmas related activities in the city centre and other areas
Public Health	Healthy schools,		Rise Above Stakeholder	Smokefree Alcohol		Health checks								

	workplaces, communities, living		Launch Smart Swaps Healthy Eating Smokefree Dry January Pilot	Moderation Pilot TBC Act FAST Stroke Be Clear on Cancer Oesophaegal TBC		programme Launch 2015/16 Across 25 GP practices								
Travelchoice	Healthy communities and living	Healthy communities and living			Climate Week Big Pedal International Women's Day	World Health Day Spring campaign	UN Road Safety Week World Asthma Day Bike to school day Bike to work day Walk to work week Walk to school week Green Festival Tour series	World Environment Day Bike to school week National Bike Week Child Safety Weeks	National Childhood Obesity Week	Travelchoice month/week International Youth Day	European Mobility Week	World Mental Health day		
Cross Keys Homes		Healthy places, communities and living		Keylines article to all 10,000 tenants on healthy eating		Promote green gym and tenants free use of facilities via keylines	Incredible edible promotion on self growing fruit and veg	Promote walk to work day for staff		Keylines summer event promotion			Christmas completion for health places down your street	
Police	Abuse and violence awareness campaigns	Healthy communities, living	CSE awareness campaign	Domestic Violence awareness campaign	Campaign evaluation and planning									
Safer Peterborough Partnership (road safety) also in partnership with Cambridgeshire and Peterborough Road Safety Partnership	Various road safety campaigns	Healthy communities, schools, places	Winter Driving if required Speed possible drug driving if law changes	Young Driver Possible drug driving if law changes	Seatbelts Motorcycling Possible Drug Driving if law is changed	Motorcycling Driving tired	Motorcycling Speed Urban/Rural UN Road Safety Week	Motorcycling Child Safety Week	Summer Drink/drug Drive Driving tired	Summer Drink/drug Drive	Back to school (parking, stop means stop etc) Speed Urban/Rural Seatblets	Be Safe Be Seen Winter driving checks	Be Safe Be Seen BRAKE Road Safety Week Mobile Phones	Christmas Drink/Drug Driving

Key Strands

- Healthy starts
- Healthy schools
- Healthy workplaces
- Healthy communities
- Healthy places
- Healthy living

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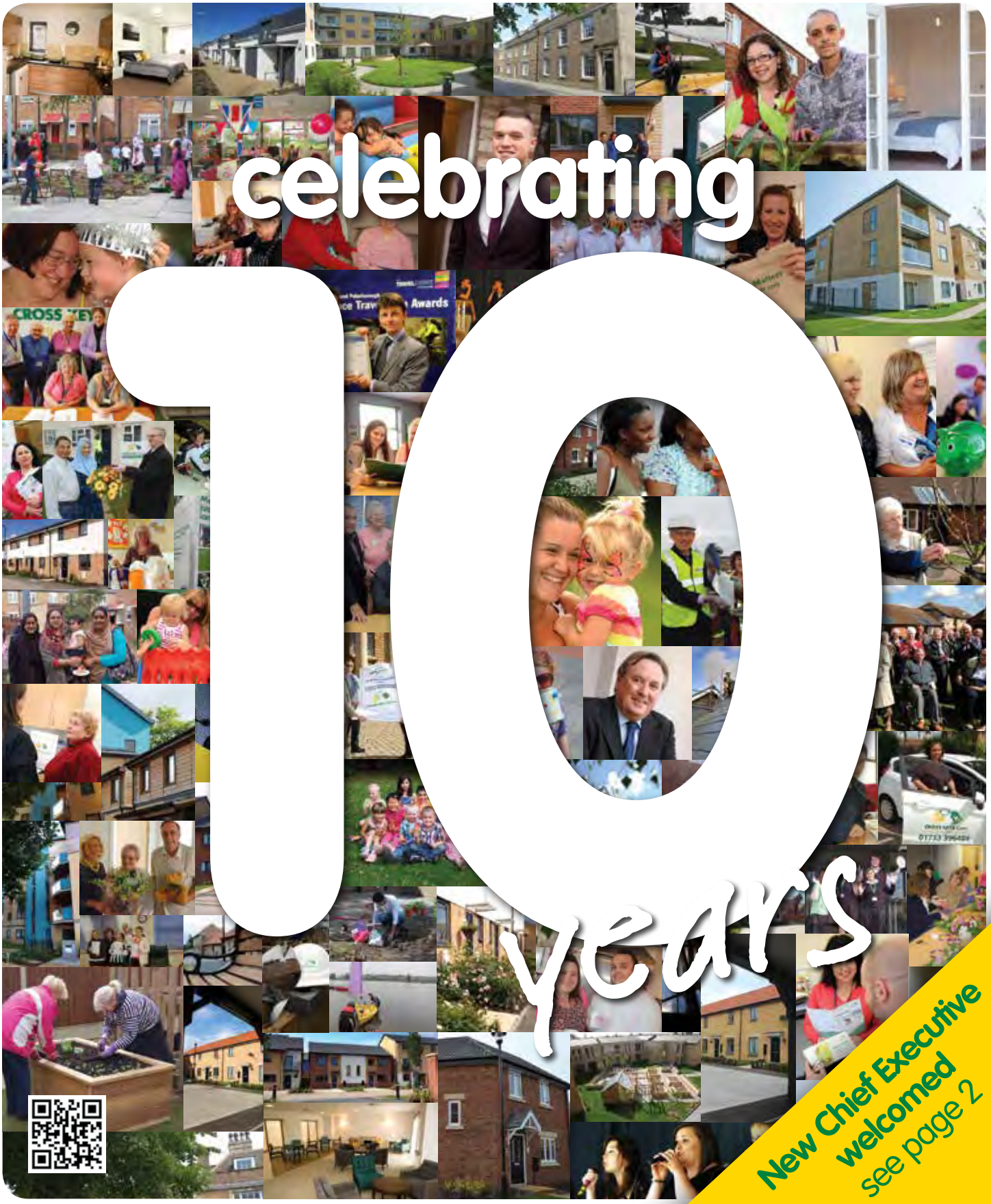
Keylines

Issue 37

November 2014

CROSS KEYS Homes
You'll be at home with us

Your news from your housing association



New Chief Executive welcomed
see page 2

Hello

Welcome to the autumn issue of Keylines…

Follow us on:

crosskeyshomespeterborough

@CrossKeysHomes

CrossKeysHomesUK

Remember, our website is packed full of useful information which is available at the touch of a button: **www.crosskeyshomes.co.uk**

Get in touch…

Your local Neighbourhood Office
Tel: 01733 385061
Email: neighbourhoodoffices@crosskeyshomes.co.uk

Head Office
Tel: 01733 385000
Email: info@crosskeyshomes.co.uk

Did you know that all of our vacancies are posted on our website as well as Twitter and Facebook?

Like us on Facebook or follow us on Twitter to be the first to hear about the vacancies we have available.

Need this translated?

Lithuanian
Reikia tai išversti?

Slovak
Potrebujete toto preložiť?

Czech
Potřebujete to přeložit?

Polish
Potrzebujesz tłumaczenia?

Portuguese
Necessita de isto traduzido?

Kurdish
بە کەم تە رجومە بە ۆ امقت دەقە ويە ت

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☎ 01733 385116

I am delighted to be writing this foreword to your magazine as the new Chief Executive of Cross Keys Homes.

Having worked here as Director of Operations and later as Deputy Chief Executive, since transfer just over ten years ago, I have been part of the growth and development of the organisation and have been lucky to have met many of you, our residents, during that time. I feel very honoured to now be leading the organisation in its continued growth and development.

We are in a great position financially thanks to the new refinancing arrangement (more details on page 3) and I know that there will be many exciting challenges ahead, especially with the implementation of the Universal Credit system, which will affect so many people. But I know we are well prepared and have listened to your concerns ensuring that our community work and support initiatives continue to focus on ensuring that we are more than just a landlord in your eyes. We are also continuing to build many more new homes to help provide even more people with that vital roof over their head and its fantastic news that we have recently completed our 1,000th new home.

As we are ten years old this year and in celebration of this, we are planning a special awards night in December which will recognise those residents who have done great things either for themselves as people, for their neighbours or for their wider community (or even all three of these!). You will see on page 7 of this magazine that we have some complimentary tickets to give away and I would love to see and meet as many residents as possible at this event, so if you are able to join us on Wednesday 10 December please ensure you register your interest. It promises to be a great evening.

As I hope you have noticed, Cross Keys Homes is very proud to aim to be an important force for good in the areas in which we work and always strives to do more. We have a fantastic team who are committed to making a positive difference to your lives, working here to support you all in the way you need us to. We are also very lucky to have a tremendous network of involved residents who are crucial in ensuring we carry on improving and making the right decisions about how our services should work.

Going forward I look forward to ensuring that we remain one of the very best housing providers and promise that we will continue to listen to your needs and requirements to ensure you truly value all the services we provide.

I would love to hear from you direct with your thoughts and suggestions about Cross Keys Homes and our work so please feel free to email me on: claire.higgins@crosskeyshomes.co.uk or on twitter @CKHClaire

Claire Higgins,
Chief Executive, Cross Keys Homes

News in brief

Christmas closing times

Please note our Head Office and Neighbourhood Offices will be closed for Christmas from 1pm on Wednesday, 24 December and will reopen at 9am on Friday, 2 January 2015.

Our Repairs, Cross Keys Care and Lifeline services will all operate as normal throughout this period.

Repairs Service:

☎ **0800 328 2742** or **01733 385030** 24-hours-a-day this includes reporting both routine and urgent repairs as well as emergencies.

Lifeline and Cross Keys Care service:

☎ **01733 235085** 24-hours-a-day.

So don't hesitate in calling us over the Christmas period if you need to book a repair, contact Lifeline or Cross Keys Care.

Award shortlisting

We have some great news in this edition to tell you about after being shortlisted for the national 24 housing awards – affordable housing scheme of the year.

Our prestigious Priestgate Court development, which comprises tastefully restored Grade II listed and brand new buildings providing 29 apartments for shared ownership right in the heart of the city centre, has been shortlisted for this fantastic award.

We will find out if we have been successful in winning this award later this month - so fingers crossed.

We still have a few apartments remaining for shared ownership at Priestgate Court. If you would like to part-own one of these see page 12 for more information.

Building for the future

Great news - our recent refinancing arrangement has been so successful that we will be able to develop a further 250 new homes per year.

This will enable us to play a leading role in meeting the significant need for new homes to be built in Peterborough and across Cambridgeshire - helping ensure we do our part in tackling the housing crisis and supporting more communities like we have been able to with you.

We are determined to make a positive difference and not only for residents now but for future generations too!

New Residents Board

In our last edition we informed you about the work underway to improve the way we are governed by setting up a new Residents Board.

Christine Cunningham, Chair

John Bradbury, Vice Chair

Following months of consultation with residents, and working alongside TPAS (the Tenant Participation Advisory Service) as our independent advisor, we officially received the green light for the new governance arrangement to commence in a shadow format following our Board's AGM.

The new Residents Board has been developed to help bridge the gap between the work that tenants, leaseholders, residents and partners do on the ground, and the decisions made at our Board. With delegated powers from the Board and budgets to manage, the group has been formed of 12 residents and four stakeholders from the local community.

Formally elected as the new Chair and Vice Chair of the Residents Board were tenants Christine Cunningham and John Bradbury.

Residents Board Chair, Christine Cunningham, said: "I am extremely honoured to have been elected as chair and I am looking forward to continuing the great work that is carried out by Cross Keys Homes, ensuring that residents are at the heart of every decision made and implemented here."

With the group being described as 'pioneering' by TPAS and leading the way as a best practice exemplar for the sector, Cross Keys Homes is setting new standards in governance.

It is hoped that by March 2015 the group will be ready and able to take on the full responsibility of the new Residents Board.

celebrating 10 years

To celebrate our 10th birthday we have produced a special ten year edition Annual Report – Ten reasons you're at home with us.

The report is available at any of our offices or on our website under 'publications' for you to download and read.

Designed with you in mind it will show how ten years on we are continuing to support our community to bring added value to you!

Or for another ten reasons why you are at home with us - why don't you see what other tenants have to say by visiting our YouTube channel and watching our 'Ten Lives' videos.

Cross Keys Homes in pictures


Signing of the transfer


Executive team


5th birthday celebrations


Head Office


Our home improvement programme

Bus kicks off home improvement scheme


Cumberland House makeover


Start of our 1,000th home


1,000th home in progress

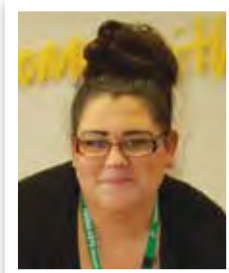

1,000th new home nearing completion

Our pre-Apprentices

Pre-Apprentices achieve success

Our fourth cohort of pre-Apprentices have celebrated their six-month placement success at a special presentation event.

Thanks to funding from the Greater Cambridge, Greater Peterborough Local Enterprise Partnership (LEP) Prize Challenge initiative, which we also match funded, twenty pre-Apprentices have been able to gain paid work experience at a number of local organisations. Work placements have been offered at Peterborough Rainbow Savers, Peterborough City Council, Peterborough Workspace and Ormiston Bushfield Academy as well as here at Cross Keys Homes.



Pre-Apprentice, Michaela Whiteman, said: "I'm pleased my time here has been extended and I am really enjoying working in the Neighbourhood Office alongside a brilliant team of people who have made me feel very welcome and are always happy to help.

"It has given me a real insight into working in a busy fast paced office environment and I feel I have gained a lot of experience here through the various tasks I have completed. I will be sad to leave when my pre-Apprentice role is over."

Chief Executive and LEP Board Member, Claire Higgins, added: "At Cross Keys Homes we believe it is vitally important that we develop the talents of the next generation because young people need to benefit from the opportunity to gain the skills they need to progress into the workplace or continue with their training or education.

"We are extremely committed to tackling unemployment and have worked hard since we were established 10 years ago to help people receive the training and support they need for their future prosperity and wellbeing."

If you would like to find out more about our pre-Apprentices scheme call Helen Hutchinson on: 01733 385058 or email: helen.hutchinson@crosskeyshomes.co.uk.

celebrating 10 years

Your awards night

In celebration of our 10th birthday we are putting on a night of glitz and glamour for our residents who have made great achievements for themselves, their neighbours or their wider community.

A special awards night is being held on **Wednesday 10 December at the Holiday Inn, Thorpe Wood,** to recognise the special people who are an inspiration to us all.

With a festive two-course meal included and a chance to win an award on the night, we have been calling for your nominations for residents who you feel deserve this recognition over the past few months.

Thank you to everyone who has taken the time to nominate a resident for one of these six award categories:

1) Good neighbour award
2) Working 4U award
3) Young person's achievement award
4) Area Panel award
5) Estate champion award
6) Personal achiever of the year (age 25+) award

We will be contacting all those who have been shortlisted for an award and offering them, and the person who nominated them, complimentary tickets for the evening.

We also have a handful of complimentary tickets to give away to residents who would like to come and join in the celebrations.

If you would like to come along to our awards night, simply email your name, address and contact details to: **cindy.cottis@crosskeyshomes.co.uk** or call: **01733 385059** with the number of tickets required for your household. Residents will be drawn at random and contacted by Friday 21 November if successful.

The green round-up

We all know how important protecting the environment is.

Here at Cross Keys Homes we are committed to leading the way in becoming more environmentally friendly. We are doing this by making changes at our Head Office and improvements to our housing stock, which ultimately save you, our tenants, money.

Here is a brief round-up of our key achievements:

- CO^2 emissions from our general needs stock have reduced by a whopping 34% since we started 10 years ago thanks to our home improvements!
- Over 2,000 suitable homes to date have now had solar panels installed – halfway towards our target which we aim to meet next year!
- Our average energy band rating according to a government formula for general needs properties is now 76 (and 79 for our sheltered properties) – way above the national average of 48.
- The new Vista housing development located just off London Road in the city centre where we will have 120 homes is set to be the largest energy efficient housing village in the UK.
- Among other improvements, our Head Office now operates under a 'zero waste to landfill' policy and 8% of our energy now comes from our solar panels.

We are always looking for more ideas to reduce our impact on the environment – if you have an idea or have made a recent change to help reduce your own carbon footprint, let us know by emailing: **communications@crosskeyshomes.co.uk** and your idea could appear in our next magazine.

NEW automated telephone payment line 0330 088 3786

Our new automated telephone payment line is now up and running. With the next rent payment fast approaching, paying your rent couldn't be easier with the service being in operation 24/7!

You are now able to pay your rent quickly and securely over the phone by dialling 0330 088 3786 at any time to suit you. No need to visit our offices or the post office and stand in line - simply pick up the phone and your payment will be processed the very next working day.

You will need your payment reference number (found on your latest rent statement or payment card) and debit card to pay your rent over the telephone. Just call the 24-hour telephone payments line on 0330 088 3786 and you will be guided through an automated system to make your payment.

If you do not have your payment reference number - don't worry - we'll be in touch soon with your number.

The call will cost the same as a call to a normal landline from your mobile or home phone and if your call package offers free or inclusive calls to landlines, it will be included in the exact same way.

Making a difference

We are committed to making a positive difference to your lives and listening to your views.

So here are just some of our key achievements to date to let you know about…

- We have helped 86 young people (aged 17 to 24) this year into employment, education and training.
- In five years we have helped over 500 people back to work and 50 people into training thanks to our Working 4U programme.
- 2,107 people have attended our various Working 4U sessions and courses.
- Our Funds 4 Communities initiative has donated over £17,000 this year alone to local projects and groups to improve wellbeing and help bring together local communities.
- We have helped benefit 195 families in the city thanks to our Families Programme.

We are successful because of you!

Your involvement with us helps us to improve our services for all residents.

Thanks to our involved residents groups, which include our Area Panels, Scrutiny Panel, Resident Liaison Group and our newly formed Residents Board, we have also been able to achieve these successes:

- Our Scrutiny Panel has made 83 recommendations to date, all of which have been approved by our Board and implemented by staff.
- In the last five years our Area Panel members have invested over £650,000 and have completed 169 local neighbourhood projects.
- Our involved residents have carried out monthly walkabouts in your local neighbourhoods identifying and tackling any issues that have arisen.

Over 100 residents have actively helped to make a positive difference to the running of Cross Keys Homes by becoming a member of one of our residents groups.

Do you want to make a difference to Cross Keys Homes?

Can you help us 'bee' the best?

Would you like to make a difference for Cross Keys Homes' residents?

You will:

- gain new skills and meet new people
- see change as a result of your help
- influence how we do our work.

If you are passionate, care about making a difference and are able to attend monthly meetings (about two hours at a time), please call the Involvement Team on: **0800 803 0357** or email: **involvement@crosskeyshomes.co.uk**

Prevention of condensation and mould training

PEOPLE MAKE COMMUNITIES
CROSS KEYS Homes
You'll be at home with us
MEARS
WE HELP BUILD THEM

Cross Keys Homes working with Mears, strive to help improve communities and people's chances in life.

Working together we have established a training academy designed to help you learn new skills which is FREE for you to attend.

With condensation and mould being a common problem in people's homes, we have put together a preventative training session which will help you to understand the reasons why condensation forms and what steps you need to take to avoid condensation and mould from appearing in your home.

These **free** training sessions are taking place on:

Friday 14 November
from 10am – 12pm

Thursday 11 December
from 10am – 12pm

Monday 12 January
from 10am – 12pm

To book your place on one of these training sessions, contact Tracey Wood on: 01733 385149 or email: Tracey.Wood@mearsgroup.co.uk

All classes take place at: Mears Limited, Units 19-24 Manasty Road, Orton Southgate, Peterborough, PE2 6UP.

TIME TO TEST

You are at least four times more likely to die in a fire in your home if you have no working smoke alarm.

Test your smoke alarms on the first day of every month, then you know that they're working. Don't take risks with your family when a simple action is all that's needed. It's your life, take extra care of it.

In England over 200 people die each year in fires in their homes. These are often caused by smoking materials, cooking accidents, candles and faulty electrical wiring or appliances - especially heaters.

These simple steps can reduce the risk of fire and keep everyone safer:

- Test them on the 1st of every month and never take out the batteries
- Take extra care in the kitchen and never leave cooking unattended
- Plan your escape route and make sure everyone knows it
- Make a bedtime check last thing at night to reduce fire risks - eg unplug heaters
- Put cigarettes out - right out - and never smoke in bed
- Never try to tackle a fire yourself

If a fire breaks out in your home. Get out, stay out and call 999
www.gov.uk/firekills

FIRE KILLS

LIFELINE
provided by CROSS KEYS Homes

"I can't always be there for Mum. Lifeline can."

Just because Mum is pretty independent doesn't mean I don't worry about her. Lifeline sets my mind at rest – I know that if she ever does need help, it's there at the touch of a button, 24 hours a day, 365 days a year.

Lifeline fits a small unit close to the telephone that allows Mum to speak to someone if she needs help – simply by pressing a button. They also provide a lightweight, splash proof pendant for her to wear, which has an emergency button that connects to immediate help.

Lifeline will set your mind at rest
from just £4.40 per week or £160 for the first year.

Call 01733 396439 or visit www.crosskeyshomes.co.uk/lifeline for more information.

The big countdown is on…

For some of us this time of year it's easy to get carried away buying presents for your loved ones ready for Christmas.

With less than eight weeks left to go it's definitely worth thinking about how you can be Christmas savvy.

There's plenty of inexpensive yet creative ideas available online or from your local library to help you make great presents for next to nothing, while ensuring you still have money set aside to pay your rent over the Christmas holidays.

So… if you are wondering what to get your loved ones this Christmas, think about your wallet first before you splash out and find yourself in debt next year.

We know times are hard but remember the secret to Christmas is not about spending lots! It's about the warmth you associate with this time of year – good cheer, pleasant company, happiness and laughter!

Winners round-up

Congratulations to Amanda Denson from Stanground who was the lucky winner of our 10th birthday photo competition. Amanda sent in this photo of herself together with her dog Jasper and a number ten made from Jasper's favourite biscuits!

We've already helped over 200 people move into their own home with shared ownership. We can help you too!

Priestgate Court, Priestgate, Peterborough

Situated in the heart of the city centre, Priestgate Court offers stylish and sophisticated living combining a sympathetically refurbished grade II listed building with a new modern development of 29 unique one and two bedroom apartments. Shares starting from as little as £22,500*.

Also available for shared ownership

- **2, 3 and 4 bedroom houses** – Vista, London Road, Peterborough
- **2 bedroom apartments** – Poet's Corner, Glinton Road, Helpston
- **2, 3 and 4 bedroom houses** – Burghfield Place, Gunthorpe, Peterborough
- **2 bedroom apartments** – Vista, London Road, Peterborough
- **2 and 3 bedroom houses** – Roman Fields, Gunthorpe, Peterborough
- **2 and 3 bedroom houses** – Silver Hill, Hampton

Shared Ownership is a part buy, part rent scheme that allows buyers to purchase shares between 25% and 75% and pay a rent on the remaining share. You can then buy further share over time until you own the property outright.

For more information:

Call: **01733 396406**

Email: **salesandmarketing@crosskeyshomes.co.uk**

Visit: **www.crosskeyshomes.co.uk/sharedownership**

*Price based on the minimum share of a one bedroom apartment. You are encouraged to maximise your affordability and a higher share will be offered if it is deemed affordable to you. Rent, management fee and buildings insurance are also payable.

Win a Christmas hamper

Calling all tenants make sure you take part in our FREE competition to win a Christmas hamper… just in time for Christmas.

This competition closes on Friday 12 December 2014.

Please send your completed entries to: **Katie Taylor, Cross Keys Homes, Shrewsbury Avenue, Peterborough PE2 7BZ**, to be in with a chance of winning.

Snowman
Tinsel
Festive
Santa
Presents
Fairy
Elves
Turkey

S	W	P	L	E	T	U	R	K	E	Y	N	C
F	N	K	A	M	H	R	C	G	N	L	A	I
B	R	O	V	X	F	A	I	R	Y	W	P	Y
C	E	F	W	M	J	L	S	E	L	Q	R	Z
U	L	N	R	M	G	H	E	F	M	T	E	E
S	V	I	Y	K	A	U	O	E	P	V	S	J
R	E	K	R	D	G	N	E	S	G	N	E	Y
K	S	M	C	G	I	N	F	T	T	R	N	E
P	S	A	N	T	A	T	R	I	D	A	T	K
F	D	U	Y	A	S	I	N	V	E	U	S	B
J	R	A	E	N	P	S	V	E	E	W	Z	C
W	P	V	O	G	E	M	C	K	U	S	E	I
Q	T	D	S	L	E	G	B	R	E	A	I	O

Name: .....
Address: .....
.....
Email: .....
Tel: .....

When you've finished reading, please remember to recycle this newsletter.

Moneymatters

Issue 12 // September 2014

CROSS KEYS *Homes*
You'll be at home with us

Cross Keys Homes App available for FREE now

see page 3

Helping you make the most of your money

StepChange Debt Charity

Worried about debt?

When debts get out of control, it's often difficult to know where to turn.

StepChange Debt Charity know debt. They understand the causes and can see the consequences, but most importantly they know the way out and can help you. In the past 20 years they've helped over 2 million people to overcome their debt problems, and get their lives back on track.

Free and impartial debt advice

StepChange Debt Charity offers a range of free services and solutions to suit every situation. Their advice is confidential, tailored, and most importantly, free.

So whatever your debt problem, StepChange Debt Charity can help.

For free debt advice

Call freephone: 0800 138 111 (including calls from mobiles) from Monday to Friday, 8am-8pm and Saturday, 8am-4pm.

Or you can visit their website where you can use their anonymous Debt Remedy online tool at: **www.stepchange.org**

Join your local Credit Union today

Peterborough Rainbow Savers

Just call Peterborough Rainbow Savers on:
01733 686483 or visit your local branch.
Providing an alternative to banks, building societies, high interest lenders and loan sharks! Helping you to take control of your money.

working in partnership with

CROSS KEYS Homes You'll be at home with us · accent nene · home · fscs · Hyde Minster Making a lasting difference

Money saved with a Credit Union is just as safe as money in the bank.

Peterborough Rainbow Savers is open Monday to Friday, 9.30am - 12pm and 1pm - 4pm, at 3 Cattle Market Road, in the city centre. There are also Rainbow branches in Wisbech, Cambridge, Suffolk and Norfolk.

Dive into digital

Let's get Digital

Have you explored the wonders of the internet? Delved into the depths of the digital world? If not, now's your chance!

Cross Keys Homes is inviting you to see what you can do on the internet as part of national Get Online Week (13-19 October). There are so many great things to discover online and we want you to unearth them too. Here are some ideas to get you started:

- **Social networking sites** – such as Facebook, Twitter or Instagram: great for keeping in touch with family and friends and following your favourite celebrities.
- **Applying for jobs** – the internet is a fantastic way to apply for jobs because there are so many to choose from: type in 'Jobsite' or 'Indeed' to get started.
- **Purchasing** – find the cheapest deals online at your favourite high street stores and supermarkets.
- **Enjoying hobbies** – find groups and clubs to join and get involved in your favourite hobbies locally.
- **Finding out new information** – there is tons of information online about any topic that might interest you and you can access it with just a click of button.

So what are you waiting for? See what you can discover online now!

Look out for our trailer in your local area between the 13-19 October, offering you more information and advice about how to get online and surf the web with ease!

Take a trip to the tip

Last year we collected over 229 tonnes of fly-tipped items costing us £30,000!

This is equivalent to the weight of over 33 African male elephants!

So if you have unwanted items make sure you take a trip to the tip where you can dispose items FREE of charge. Peterborough's local Household Recycling Centre is on Welland Road in Dogsthorpe.

If you are unable to go to the tip, then Peterborough City Council also provides a bulky waste collection service for £23.50. Just contact Peterborough Direct on: 01733 747474 for more information. If you live further afield, please contact your local council.

Don't forget though… your junk could be someone else's treasure! So if you are strapped for cash, why not hold a car boot sale instead and you may just be surprised at what you get for your unwanted items.

Let's put a stop to fly-tipping!

FREE Cross Keys Homes App

AVAILABLE NOW…

Our new Cross Keys Homes App is now available for free from your app store. If you have a smart phone why don't you download it now. Once you have, you will be asked to create a new account. Simply fill in your details and you are ready to go.

On the app you can see your rent balance, report a fault whether this is a repair or problem in your neighbourhood, report ASB or simply look up contact details or FAQs.

So go to your app store, download and tell us what you think.

FREE school meals

Don't forget FREE school meals are being rolled out from the start of term for children in reception, year one or year two (known as Key Stage 1) as part of the government's new plans.

You can also apply for free school meals for your children if you receive any of the following:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Support under Part VI of the Immigration and Asylum Act 1999
- Child Tax Credit, provided you are not entitled to Working Tax Credit and have an annual income that does not exceed £15,575
- The Guarantee element of State Pension Credit.

To find out more about how to apply for this, please contact your child's school directly.

Have you got home contents insurance?

What would you do if you arrived home after a night out or a trip away to find out that someone had broken into your home or a pipe had burst and flooded your home?

Your belongings are not insured by Cross Keys Homes against fire, theft, water damage and other house hold risks. So, if you haven't thought properly about insurance cover, you could be in for a shock. However, **My Home Insurance** can provide cover for the contents of your home at a **special affordable rate**.

The cover has been designed to help you insure most of your belongings as easily as possible. The minimum value of possessions you can insure is only £9,000 (£6,000 if you are aged over 60) and premiums start from as little as **£2.17** a fortnight (under 60s) and **£1.40** a fortnight (over 60s) for standard cover. Extended accidental damage and optional extensions such as personal possessions (cover away from the home), wheelchairs/mobility scooters, hearing aids and buildings cover for sheds, garages and greenhouses are also available for an additional premium.

For further information call My Home Insurance on: 0845 337 2463 or: 01628 586189 if calling from a mobile.

My Home Contents Insurance

NATIONAL HOUSING FEDERATION

THISTLE TENANT RISKS

The National Housing Federation **My Home** Contents Insurance Scheme is a product name arranged and administered on behalf of the National Housing Federation by Thistle Tenant Risks. A trading style of Thistle Insurance Services Limited. Lloyd's Broker. Authorised and Regulated by the Financial Conduct Authority. A JLT Group Company.

Registered Office: The St Botolph Building, 138 Houndsditch, London, EC3A 7AW. Registered in England No 00338645. VAT No. 244 2321 96.

The National Housing Federation is an Appointed Representative of Thistle Insurance Services Limited.

Want to get your foot onto the property ladder?

We have one remaining three-bedroom property available for shared ownership on phase two of the zero carbon development site known as Vista just off London Road.

From as little as £43,000* - this could be the ideal solution if you are struggling to save for a large deposit!

Call us on: 01733 396406 for more information or visit: www.crosskeyshomes.co.uk/sharedownership.

*Price based on the minimum 25% share. You are encouraged to maximise your affordability and a higher share will be offered if it is deemed affordable to you. Rent, management fee and buildings insurance are also payable.

How we can help you

As a Cross Keys Homes' tenant you can access our FREE Working 4U programme which is committed to helping you achieve really great things.

Our Working 4U programme offers:

- Training courses
- National qualifications
- Help completing your CV
- Job search facilities
- One-to-one support and advice
- Volunteering opportunities
- And much more…

Just call: 01733 396409 or visit: www.working4u.org.uk

Saving money on your energy bills

HOME HEAT HELPLINE

With autumn fast approaching now's the time to make sure you get savvy with your energy use so that you can save money on your bills!

Lighting
Energy efficient bulbs use 1/5 of the electricity and can last 12 times longer than ordinary ones. This could also save you around £55 a year!

Radiators
Turning radiators down in rooms which you only use occasionally could save you around £75 a year.

Electrical appliances
Turning electrical appliances off rather than leaving them on standby could save you around £50 a year on your electricity bill.

Hot water
Your cylinder thermostat shouldn't need to be set any higher than 60°C/ 150F. By doing this you can save over 15% on your monthly heating bill.

Kettle
By only boiling as much water as you need in your kettle could save around £20 a year.

Washing
Remember to wash your clothes at 30°. This uses 40% less electricity and will save you around £10 a year.

If you are worried about your heating bills you are not alone. It is never too late or too early to prepare for the cold weather. Just call Home Heat Helpline on: 0800 336699 to access advice and grants to help you prepare for winter.

Cold weather payments

Don't forget if you were born on or before 5 January 1952 you are entitled to Winter Fuel Payments of up to £300. If you get the State Pension or another social security benefit, then this payment is usually automatically paid to you between November and December.

If not, you will need to make a claim by calling: **08459 151515** or visiting: **www.gov.uk/winter-fuel-payment.**

You may also be entitled to **Cold Weather Payments** from November if you receive certain benefits or have a child who is disabled or under the age of five.

Payments are made when your local temperature is either recorded as, or forecast to be, an average of zero degrees Celsius or below, over seven consecutive days. If so, you'll get a payment of £25 for each seven day period of very cold weather between 1 November and 31 March 2015.

To find out more about Cold Weather Payments contact your local Jobcentre Plus or visit: **www.gov.uk/cold-weather-payment**

Handy tips and ideas

In this issue we want to help make life easier for you by sharing our handy tips and ideas on budgeting.

We all hate receiving dreaded bills especially when they are more than we anticipated but with a bit of time and careful consideration, a simple monthly household budget plan, like this one, can really help you to plan ahead and budget for these payments.

Your budget plan

Income:	Per month (£):
Job earnings:	
Partner's earnings:	
Child Benefit:	
Child Tax Credit:	
Housing Benefit:	
Other Benefits:	
Other:	
Total:	

Home expenses:	Per month (£):
Rent:	
Council Tax:	
Home contents insurance:	
Electricity:	
Gas/Oil:	
Water rates:	
Phone:	
Cable/Satellite TV:	
Broadband:	
Maintenance:	
Furnishings:	
Other:	
Total:	

Travel:	Per month (£):
Car payments:	
Car insurance:	
Car Tax:	
Fuel:	
Bus/Taxi/Train fare:	
Other:	
Total:	

Daily living:	Per month (£):
Groceries:	
Clothing:	
Cleaning:	
Children's activities:	
Hobbies/interests:	
Eating out/takeaways:	
Hairdresser:	
Pet food:	
School lunches:	
Other:	
Total:	

Your budget plan

Savings:	Per month (£):	Debts:	Per month (£):
Pension:		Loans:	
Emergency fund:		Credit cards:	
Investments:		Arrears:	
Other:		Other:	
Total:		**Total:**	

Other items:	Per month (£):	Other items:	Per month (£):

Top tips to remember...

- **Remember to divide your expenses into:**
  - costs you cannot avoid – ie your rent and Council Tax.
  - bills you must pay but can control – ie your electricity and water by thinking smarter about your usage of them.
  - essentials you could get cheaper – ie your groceries by shopping around.
  - items that make life easier – the fun things which, if push comes to shove, yes you can really do without.
- Say no to pay day loans! If you are struggling with debt speak to someone first. Step Change (see page 2 of our magazine) offers free debt advice.
- The cost of living really can be cheaper if you shop sensibly. Try: **www.mysupermarket.co.uk** This website shops for you helping you to save money not spend money.
- Use your loyalty points! If you have a loyalty card with any supermarket – make sure you use your rewards! With the average outstanding balance on a person's loyalty card standing at £28.60, it's time you take advantage of it before it expires.

celebrating 10 years

CROSS KEYS *Homes*
You'll be at home with us

Your awards night 2014 - call for nominations

Recognising the people who make us proud of their efforts and achievements

There are six categories in which you can nominate either yourself, an involved residents' group or another resident…

1) Good neighbour award
2) Working 4U award
3) Young person's achievement award
4) Area Panel award
5) Estate champion award
6) Personal achiever of the year (age 25+) award

Nominate online at: **www.crosskeyshomes.co.uk/awards-night** or pick up a nomination form from your local Neighbourhood Office.

Those who are shortlisted for each award will receive complimentary tickets for not only themselves but for those who nominated them to our special awards night on Wednesday 10 December at the Holiday Inn in Thorpe Wood.

Nominations need to be received by Friday 31 October 2014.

Nominate someone deserving today!

MAKING PETERBOROUGH SAFER MONTHLY NEWSLETTER: Issue 1

Your Newsletter

Welcome to Issue 1 of the Safer Peterborough Partnership briefing sheet. We hope learning a bit about the work of the partnership, celebrating our successes and looking towards the future together will help us all make Peterborough a safer place to live, visit and work.

If you have ideas you wish to include in the briefing sheet please contact the Safer Peterborough Partnership Team.

Safer Peterborough Partnership
4th Floor, Baynard Place
Broadway
Peterborough
PE1 1HZ

Email saferpeterborough@peterborough.gov.uk

Your Partnership

The partnership is responsible for making our city a safer place to live, work and visit. Its vision is to empower neighbourhoods to help cut crime and reduce anti-social behavior, which will create and sustain strong and supportive communities.

The Safer Peterborough team is responsible for delivery of this vision and is structured to focus on three priority areas:

Reducing Crime

Tackling anti-social behavior and hate crime

Building Stronger and more supportive communities

These priorities cover nine themes that concern communities the most :

- Anti-social behaviour
- Arson
- Domestic Abuse
- Hate crime
- Road safety
- Serious acquisitive crime
- Serious sexual offences
- Substance misuse
- Violent Crime

The SaferPeterborough partnership brings together responsible authorities who, under the Crime and Disorder Act 1998, have a duty to consider the community safety implications of their actions.

The responsible authorities are :

- Peterborough City Council
- Cambridgeshire Constabulary
- Cambridgeshire and Peterborough Fire Authority
- PHE Peterborough
- Cambridgeshire and Peterborough Probation Trust

Co-operating authorities are local groups or organisations that contribute significantly to community safety. The Crime and Disorder Act makes co-operating bodies key partners in the setting and delivery of objectives. Co-operating authorities provide information to improve the understanding of local crime and disorder problems, thereby benefiting the core functions of the partnership.

Cross Keys Homes (representing registered social landlords) is a co-operating authority of the partnership.

SaferPeterborough also invites other organisations to assist in the delivery of crime reduction activities. These are known as invitees to participate. This provides an opportunity for the voluntary sector to support the work of the partnership.

Invitees to participate include:

- HMP/YOI Peterborough,
- Peterborough Racial Equality Council
- Peterborough Council for Voluntary Service
- The One Service

Safety Partnership Profile

Claire is the Director of Operations at Cross Keys Homes. In her current role Claire is responsible for the housing management and supported housing services, community investment and engagement and the asset management service.

She is also involved externally as the vice chair of the connecting families board (the government's "troubled families initiative"), a member of the 'Prevent' strategic board, chair of the children and families commissioning board for the city and also chairs the statutory community safety partnership for the city, the Safer Peterborough Partnership.

Presently, Claire is particularly immersed in the implementation of the Cross Keys Homes community strategy in making sure it aligns and complements Peterborough's sustainable community strategy as well as making a real difference to people's lives given the current and unprecedented changes to the national welfare reform framework.

"Making our city a safer place to live work and visit"

MAKING PETERBOROUGH SAFER MONTHLY NEWSLETTER: Issue 1

Making Peterborough Safer : Your Successes

BEVERLY STONE: Your contribution of supporting parents and children to work with schools to address challenging behavior in schools, poor attendance and arrange further educational placements was seen as the most significant contribution that will make Peterborough a safer place to live, work and visit.

OPERATION CAN DO POLICE TEAM: Your contribution of working with multiple agencies to deliver real change to the Peterborough area was seen as the most significant contribution that will make Peterborough a safer place to live, work and visit.

BRIDGET PEEROO: Your contribution of arranging support meetings and contact with offenders post release to help keep them away from a life of crime and involvement in the sex industry , was seen as the most significant contribution that will make Peterborough a safer place to live, work and visit.

BRIAN GASCOYNE: Your contribution of running a website on homophobic crime and a member of the hate crime task and finish group was seen as the most significant contribution that will make Peterborough a safer place to live, work and visit.

MATT LAUCH: Your contribution of Community projects and Duke of Edinburgh awards was seen as the most significant contribution that will make Peterborough a safer place to live, work and visit.

EMILY WHEELER: Your contribution of helping to recruit volunteers and support those who need it most was seen as the most significant contribution that will make Peterborough a safer place to live, work and visit.

RAY HOOKE: Your contribution of helping the partnership invest it's resources in the most efficient and effective ways was seen as the most significant contribution that will make Peterborough a safer place to live, work and visit.

AND WELL DONE TO THIS MONTHS NOMINATIONS

NORTHERN DISTRICT SCENES OF CRIME TEAM: Your contribution of helping to identify offenders of crime, "They continually support us in our large jobs from initial attendance and then continued advice and support". The team although going through a re-structure process have remained positive and displayed a high level of professionalism. Your contributions to finding offenders of crime really do make Peterborough a safer place to live, work and Visit.

JOAN TIBBS: Your contribution of enabling mutli-agency working to help provide offenders with employment on release will help make Peterborough a safer place to live, work and visit. Achieved using your "Can do approach" to deal with multiple issues that could have prevented the project from moving forward.

MARTIN WEST: Your contribution of working in your own time to support the work of the One Service, building fishing events for offenders, acting as a role model, and only towards the end revealing your identity as a police officer, and helping build those valuable relationships that will make Peterborough a safer place to live, work and visit.

NOMINATE A SUCCESS: If you know anyone that has made a difference let us know so we can recognise this achievement, by emailing :

Saferpeterborough@peterborough.gov.uk

"Making our city a safer place to live work and visit"

MAKING PETERBOROUGH SAFER MONTHLY NEWSLETTER: Issue 1

Our Police and Crime Commissioner

Our Police and Crime Commissioner, Sir Graham Bright was declared as Cambrigeshire's Police and Crime Commissioner on November 16th, 2012. Police and Crime Commissioners have responsibility for delivering an efficient and effective police service in their area. Commissioners set police and crime objectives, the police budget and issue crime and disorder reduction grants through the Police and Crime Plan. Commissioners also hold the police to account, making them answerable to the public.

A Commissioner's role is to support and, when necessary, challenge the Chief Constable. They must also work with local agencies such as local authorities, health, the Probation Trust, fire and rescue services and the criminal justice system, to ensure there is a joined-up approach to preventing and reducing crime.

If you want to find out more about the work of our Police and Crime Commissioner you can contact the Office of the Cambridgeshire Police and Crime Commissioner by writing to:

Cambridgeshire Police and Crime Commissioner
South Cambridgeshire Hall
Cambourne Business Park
Cambourne
Cambridge, CB23 6EA
By email: cambs-pcc@cambs.pnn.police.uk
By telephone : 0300 333 3456

Your Ideas Count

YOUR SAFETY PARTNERSHIP: **The partnership is responsible for making our city a safer place to live, work and visit. Its vision is to empower neighbourhoods to help cut crime and reduce anti-social behaviours, which will create and sustain strong and supportive communities.**

The Safer Peterborough team is responsible for delivery of this vision and is structured to focus on three priority areas:

- **Reducing Crime**
- **Tackling anti-social behaviour and hate crime**
- **Building Stronger and more supportive communities**

These priorities cover nine themes that concern communities the most:

- **Anti-social behaviour**
- **Arson**
- **Domestic Abuse**
- **Hate Crime**
- **Road Safety**
- **Serious acquisitive crime**
- **Serious sexual offences**
- **Substance misuse**
- **Violent Crime**

WHAT HAPPENS NEXT?

- **You are asked to forward your ideas to the Safer Peterborough Partnership on the form attached.**
- **All new ideas submitted will be acknowledged**
- **Ideas will be reviewed once a month by the lead SPP co-ordinator for each of our core priority areas**
  - **Reducing Crime**
  - **Tackling anti-social behaviour and hate crime**
  - **Building Stronger and more supportive communities**
- **The best idea each month will receive £50 vouchers and a Safer Peterborough lapel pin to be presented by the nominated executive from your organisation that sits on the Partnership Board. The top 10 ideas a month will also receive a Safer Peterborough Partnership mug.**

Success of the Youth Offender Team

There was a Full Joint Inspection of Youth Offender work in Peterborough, published in April 2014.

The inspection was led by HMI Probation

The team showed they were effective in:

- Reducing the likelihood of reoffending
- Protecting the Public
- Governance and Partnership
- Intervention

And they achieved the highest possible rating for:

- Protecting children and young people
- Ensuring that the sentence is served

The report confirmed Peterborough Youth Offender Team as being one of the best performing services in the Country.

Well done to all involved you are helping make our city a safer place to live, work and visit.

"Making our city a safer place to live work and visit"

MAKING PETERBOROUGH SAFER MONTHLY NEWSLETTER: Issue 1

NEW IDEA NOMINATION FORM

NAME :	**DATE :**
ORGANISATION :	**DEPARTMENT :**
EMAIL :	**TELEPHONE :**

DETAILS OF YOUR IDEA (add attachments if needed**):**

What? Please give us a brief outline of your idea

How? How do you imagine your idea being implemented?

Why? What are the benefits of your suggestion?

Thank you very much for your suggestion. Please send it to SPP New Ideas Scheme, C/O SPP Team, 4th Floor, Bayard Place, Broadway, Peterborough, PE1 1HZ (Email saferpeterborough@peterborough.gov.uk)

"Making our city a safer place to live work and visit"

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 12
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Helen Gregg, Commissioner, Communities Directorate	Tel. 863618

EXCEPTION REPORT: HEALTH & WELLBEING BOARD ACTION PLAN PROGRESS UPDATE

RECOMMENDATIONS	
FROM : Health & Wellbeing Programme Board Chair, Wendi Ogle-Welbourn	**Deadline date : N/A**
The Board is requested to consider the progress made against the action plan and comment accordingly.	

1. ORIGIN OF REPORT

1.1 This exception report is submitted to the Health & Wellbeing Board (HWB) following a request from the HWB Chair to regularly report on action plan progress, following the LGA led peer review held in February 2014.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update HWB members with regard to progress, outlining any issues and challenges, since the last update report provided at the HWB meeting held on 25 September 2014.

2.2 Members are asked to review the action taken to date and issues arising and offer comments or recommendations.

3. BACKGROUND AND UPDATE

3.1 The action plan takes into account the key recommendations from the LGA peer review and now also incorporates the Health & Wellbeing Board's delivery plan and key priorities from the Joint Childrens and Families Commissioning Board.

3.2 Since the September HWB meeting, the action plan has been presented to the Health & Wellbeing Programme Board (HWPB) on 22 October and 26 November. During the meeting on 22 October, the HWPB agreed to add arrows to the 'On Track' column to depict if the action is on track or experiencing delays/issues.

Focus: Children and Young People **Lead: Wendi Ogle-Welbourn**	
Delivering the Healthy Child Programme	Provider is performing well against all checks for children. 14-day visits and 12 month visits slightly down. Focus will be on this at the next contracting meeting. Early Years pathway and the perinatal mental health pathway mapped
Safe transfer of the health visiting service from NHS England to the local authority	Regular meeting taking place between PCC and NHS England to plan handover. Service specification and KPI's currently being agreed (everything on track)
Securing emotional health and wellbeing for children and young people	The waiting lists for CAMH's still an issue. Good progress has being made on a core offer of help and support for universal services. Training receiving very good feedback
Develop the Healthy School	Workshop held and agreement reached to progress programme.

Programme	Separate report provided to the HWPB in November
Focus: Cardiovascular Disease Lead: Dr Henrietta Ewart	
Develop the CVD strategy based on national guidance and good practice to reduce local prevalence	Workshops will be rolled into work related to the JSNA prioritisation rather than developed separately. The aim of the workshops will be to engage partners across three workstreams to plan, develop and maintain effective programmes. Complementary NICE guidance such as behavioural change and workplace interventions are also being reviewed in advance of the workshops as are associated risk factor guidance and local plans for smoking cessation; physical activity and obesity.
Focus: Health Protection Lead: Jana Burton, Dr Henrietta Ewart, Cath Mitchell	
Build and improve relationships with the local PHE and NHS England representatives	*Action: Review of joint working opportunities* Jana is the DASS representative on the Challenged Health Economy working group to develop options for new ways of working
Review the current immunisation programme	Task and finish group established, output on screening and immunisation due March 2015. Future annual report on comprehensive Health Protection will include immunisation and screening.
Focus: Campaigns and Communications Lead: Wendi Ogle-Welbourn	
Create a framework for communication and engagement which will allow the HWB to make greater use of networks and target specific issues through a mixture of channels	*Revised action added to the current action plan.* Draft Communications & Engagement Strategy reviewed by HWPB at the November Board meeting.
Implement the childhood obesity strategy	Strategy is being refreshed alongside discussions with lead obesity partners, while the Alliance is scheduled to be established in the New Year.
Undertake horizon scanning / research of best practice models	Current focus at a regional level is reviewing the regionally developed business cases for increased alignment and investment in Tobacco Control.
Focus: Health & Wellbeing Board Development and Scrutiny Lead: Jana Burton and Cath Mitchell	
Commence a review of the Board membership	Paper prepared on the Board's membership to present to the HWB
Improve political engagement within the HWB	Meeting set for 19th November with Cllr Lamb and Cllr Cereste to discuss. Plans to be considered as part of the workshops taking place early in the New Year.
Challenged Health Economy	As above to also discuss 2015 workshop on Peterborough & Challenged Health Economy plus plans for all party policy meeting on CVD and Dementia
Maintain quality, cost and resource effectiveness	BCF plan approved subject to conditions. Plan 'A' resubmitted 14th November 2014. Full submission required by 9th January 2015
Presentation of statutory responsibilities to the HWB with regard to health protection including emergency planning and response	All actions completed and removed from the current action plan.
Strengthen effectiveness of the health scrutiny commission in relation to the work of the HWB	Health Scrutiny required CCG to hold a workshop for Cllrs on Challenged Health Economy. Report provided to Health Scrutiny on CVD October 2014
Organise a HWPB members strategy workshop	New action added to the current action plan. A report has been prepared for the HWPB's November meeting
Request LGA to deliver a mentoring programme to the chairs and vice-chairs of the HWB and HWPB	New action added to the current action plan. Progress to be made following the workshops planned for the New Year.

Focus: Other Lead: Dr Ewart	
Relocation of the adults commissioning service into the Communities Directorate	Team moved to Bayard Place in November 2014. Action completed and removed from the current action plan.
Public Health Intelligence	Leads have been identified for CVD and Mental Health as the two priorities and steering groups are to be convened.
DPH to present annual report to the Programme Board	On track

3.3 **CCG Update**

- The local CCG aims to increase their focus with the HWB, leading on key elements of the action plan in partnership with the Director of Public Health and other Board members
- Better Care Fund – there are still some aspects to be finalised, in keeping with the ongoing status as mentioned in the action plan. A more detailed update will be provided early in the New Year
- The CCG are continually looking at ways to reduce Coronary Heart Disease (CHD) which is aligned with the Board's priority to reduce CVD and will present a paper to the HWPB early in 2015, which provide information on action undertaken to date and future plans

4. CURRENT CHALLENGES / ISSUES

4.1 The majority of actions are progressing well. The waiting list for tier 3 Camhs services still remains a priority action and plans are in place to escalate with the service provider.

5. CONSULTATION

5.1 The action plan was presented to the Health & Wellbeing Programme Board members for consultation and approval on 26 November 2014. All members present approved the action taken to date and agreed a programme for workshops to be scheduled in Spring 2015.

6. ANTICIPATED OUTCOMES

6.1 Future key actions to be undertaken are:

- Presentation of a draft Communications Strategy to the HWB for review and comment
- Organisation of a Challenged Health Economy workshop
- Organisation of a HWB strategy workshop to consider the outcomes from the Challenged Health Economy workshop as well as a position check on where the HWB is now and where the HWB would like to be

7. REASONS FOR RECOMMENDATIONS

7.1 The aim of the action plan is ensure the recommendations from the peer review are actioned and the HWB Strategy's priorities are continually reviewed and considered.

8. IMPLICATIONS

8.1 The delivery of the action plan will support the achievement of the outcomes in the Health and Wellbeing Strategy.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Appendix 1 - HWB Action Plan 261114

APPENDIX 1

Health and Wellbeing Board
Action and Delivery Plan 2014/15
November 2014

Focus: Children and Young People
Lead: Wendi Ogle-Welbourn

Objective: Improve the health and wellbeing of children and young people in the city

Num	Recommendation	Action	By Whom / When	On Track
1	Delivering the Healthy Child Programme	• Invite Janet Dullaghan (Head of Child Health & Wellbeing) to present progress to the Board	Wendi Ogle-Welbourn Ongoing *Action plan driven by CFJCB*	
2	Safe transfer of the health visiting service from NHS England to the local authority	• Partners to work together to ensure a smooth transfer of staff and the service	Wendi Ogle-Welbourn November 2014	
3	Securing emotional health and wellbeing for children and young people	• WOW to review CCG's response to the contract queries raised and then escalate if required • WOW to share performance data with Alan Sadler • Alan Sadler to review outcomes data	Wendi Ogle-Welbourn Ongoing	
4	Develop the Healthy Schools Programme	• Hold a review workshop with schools and partners to test the proposal to establish a Peterborough programme	Julian Base April 2015	

Focus: Cardiovascular Disease **Lead: Dr Henrietta Ewart** **Objectives: Reduce under 75 mortality rates from all cardiovascular diseases and reduce morbidity associated with all cardiovascular diseases and Increase healthy life expectancy**				
Num	**Recommendation**	**Action**	**By Whom / When**	**On Track**
1	Develop the CVD strategy based on national guidance and good practice to reduce local prevalence	• Organise workshops focused on three identified workstreams: - Prevention and Early Intervention - Heathcare and rehabilitation / reablement - Continuing support • Whole CVD system pathway to be mapped • Engage partners in the creation of a 'British Heart Foundation House of Care' model for Peterborough	Dr Ewart January 2015 Dr Ewart March 2015 Julian Base February 2015	⬆

Focus: Health Protection **Lead: Jana Burton, Dr Henrietta Ewart, Cath Mitchell** **Objective: The population's health is protected from communicable disease, environmental hazards and major incidents and other threats, while reducing health inequalities**				
Num	**Recommendation**	**Action**	**By Whom / When**	**On Track**
1	Build and improve relationships with the local PHE and NHS England representatives	• NHS England to lead a task/finish group and steering/working groups regarding childhood immunisation and screening for cervical/bowel cancers • Produce a clear implementation plan to address shortfalls • Review of joint working opportunities	Dr Ewart, Cath Mitchell March 2015 Jana Burton, Dr Ewart February 2015 Jana Burton, Andrew Reed, February 2015	
2	Review the current immunisation programme	• Consultant to present an annual report to the HWB for debate and to feedback on ad-hoc incidents that may arise • The HWB to review the commissioning arrangements for the current immunisation programme and the performance monitoring in place	PHE March 2015 The HWB March 2015	

Focus: Campaigns and communications
Lead: Wendi Ogle-Welbourn

Objective: Develop a city wide, multi partnership communications plan to enable a joined up approach and shared resource and funding opportunities.

Num	Recommendation	Action	By Whom / When	On Track
1	Create a framework for communication and engagement which will allow the HWB to make greater use of networks and target specific issues through a mixture of channels	• Produce a Communications and Engagement Strategy outlining aims, principles and delivery mechanisms to be presented to the HWPB and HWB	Wendi Ogle-Welbourn November 2014	
2	Reinstate chief executive meetings	• Chief Executive to contact CEO's of partners and organise a programme of meetings/dinners	Gillian Beasley October 2014	
3	Implement the childhood obesity strategy	• HWB to provide clear leadership and guidance in the future direction of the strategy, evaluation and accountability • Re-establish the Change 4 Life Alliance to oversee implementation and report progress	Julian Base / HWB February 2015	
4	HWB Strategy (2012-2015) to be updated and published	• The Programme Board to facilitate an LGA/peer led workshop with partners and providers to refresh the strategy and consider priorities (to be scheduled for early 2015) • A public consultation exercise to be undertaken	Programme Board March 2015	
5	Undertake horizon scanning / research of best practice models	• Attendance at regional and national learning sets and contacting other LA's to identify best practice models	Dr Ewart Ongoing	

Focus: Health & Wellbeing Board Development and Scrutiny
Lead: Jana Burton and Cath Mitchell

Objective: Improved partnership delivery of the Health & Wellbeing Strategy

Num	Recommendation	Action	By Whom / When	On Track
1	Commence a review of the Board membership	• WOW to prepare and present an update membership report to the Board • Partners/providers to be formally invited as a member of the Board • Board meeting seating plan to be refreshed to encourage partnership working	Wendi Ogle-Welbourn December 2014 January 2015 January 2015	↑
2	Improve political engagement within the HWB	• Leader to hold a 'Leader's Summit' for politicians and agree a programme of regular meetings	Cllr Cereste, Cllr Lamb, November 2014	↑
3	Challenged Health Economy	• Organise a workshop and engage members and partners to include the acute trusts, mental health partners, other local authorities	Jana Burton November 2014	↑
4	Maintain quality, cost and resource effectiveness	• Develop joint services through the Better Care Fund	Jana Burton, Cath Mitchell Ongoing	↑
5	Strengthen effectiveness of the health scrutiny commission in relation to the work of the HWB	• Create a robust challenge mechanism in line with the work programme • Training offered to the panel members on leadership and challenge • Chair of scrutiny to have a standard agenda item at future HWB meetings to report on progress of the action plan and recommendations • Scrutiny members to be fully engaged and consulted on activity to reduce CVD (attend the workstreams) and the Healthy Economy Plan	Cllr Brian Rush Jana Burton November 2014	↑

6	Organise a HWB members strategy workshop	• HWPB to organise a strategy workshop after the Challenged Health Economy workshop has taken place	HWPB March 2014	
7	Request LGA to deliver a mentoring programme to the chairs and vice-chairs of the HWB and HWPB	• WOW to discuss with the chairs to seek their approval, to follow the Challenged Healthy Economy workshop and the strategy workshop	Wendi Ogle-Welbourn May 2015	

Focus: Other Lead: Dr Ewart				
Num	**Recommendation**	**Action**	**By Whom / When**	**On Track**

1	Public Health Intelligence	• Steering groups to be convened to manage the production of the JSNA and covering the 4 priorities listed below
		  ○ CVD
		  ○ Mental health and mental illness
		  ○ East European migrants
		  ○ Older peoples Primary Prevention of Harm
		• Steering groups to produce fully scoped project plans to be presented to the Programme Board
			Dr Ewart
			April 2015
				

2	DPH to present annual report to the Programme Board	• Draft report to be prepared and presented	Dr Ewart April 2015	

COMPLETED ACTIONS

Num	Recommendation	Action	By Whom / When	On Track
Focus: Cardiovascular disease				
1	Organise a CVD focussed workshop to develop local CVD prevention and intervention plans.	• Ensure partners from across the City are invited to partake in the workshop, are clear on the workshop objectives and outcomes are then fed into the House of Care application for funding	Julian Base August 2014	Completed. A workshop was held on 18 July
2	Implementation of the British Heart Foundation's House of Care model for CVD and the associated opportunity to bid for BHF monies to support this work locally	• Circulate a draft application for partner consultation • Submit the final application to the British Heart Foundation – House of Care for funding	Julian Base August 2014	Completed. The application was submitted on 12 August
Focus: Health Protection				
1	Identify and agree health priorities / challenges	• Drive through agreed priorities and challenges, reporting regularly to the HWB on progress and outcomes	The Programme Board September 2014	Completed. Priorities have been agreed as CVD and Children and Young People
3	Review the current immunisation programme	• Invite the accountable consultant in screening and immunisation from the embedded PHE team to attend the health protection committee	Dr Ewart	Completed.
Focus: Campaigns and Communications				
1	Develop a childhood obesity strategy	• Presentation to the HWB and scrutiny panel for consultation and approval	Julian Base / HWB	Completed. The strategy was presented to the Board and agreed. This will now form part of the development of the Healthy Schools Programme
Focus: Health & Wellbeing Board Development and Scrutiny				

1	Strengthen the involvement of the CCG	• Consider CCG representative to be vice chair of the HWBB	HWBB Chair	Completed. Agreed
2	Presentation of statutory responsibilities to the HWB with regard to health protection including emergency planning and response	• Health protection and emergency planning report to be tabled at the HWB on regular basis • Kevin Dawson to be included as a member of the Health Protection Committee and provide progress reports • Feedback on actions agreed at future Health Protection Committee for HWB to debate if the arrangements in place are robust and effective • HWB to consult on current 'test exercise programme' to ensure staff are prepared	Dr Ewart	Completed.
Other				
1	Relocation of the adults commissioning service into the Communities Directorate	• Service is scheduled to move by December 2014	Wendi Ogle-Welbourn December 2014	Completed. Team moved in November

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 13
11 DECEMBER 2014	PUBLIC REPORT
Contact Officer(s):	Russell Wate LSCB Chair

LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 13/14

SAFEGUARDING ADULT BOARD ANNUAL REPORT 13/14

RECOMMENDATIONS	
FROM : Russell Wate LSCB Chair	**Deadline date :** N/A
The Board is requested to note the annual reports 13/14 from the Local Safeguarding Children Board and the Safeguarding Adult Board.	

1. ORIGIN OF REPORT

1.1 These reports are submitted to HWB following publication in September 2014.

2. PURPOSE AND REASON FOR REPORT

2.1 To provide the Health and Wellbeing Board with an update of progress with respect to the Peterborough Safeguarding Children Board and Safeguarding Adult Board.

3. BACKGROUND

3.1 The Local Safeguarding Children Board (LSCB) 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.

3.2 In March 2010 the Apprenticeships, Skills, Children and Learning Act 2009 introduced a requirement for LSCB's to produce and publish an annual report.

3.3 In May 2011 Professor Eileen Munro recommended that legislation be amended to require the annual report to also be submitted to the Chief Executive and Leader of the Council, to the Local Police and Crime Commissioner and the Chair of the **Health and Wellbeing Board.**

3.4 The Care Act 2014 (implemented April 2015) states that one of the core duties of a Safeguarding Adult Board is to publish an annual report, detailing what the board has done during the previous year. Every Safeguarding Adult Board must send a copy to the chair of the **Health and Wellbeing Board.**

4. CONSULTATION

4.1 The annual report and business plan for both boards has been developed with partners who submitted information for inclusion. They have had the opportunity to contribute to the priorities through discussion at PSCB & SAB meetings.

4.2 The reports have already been presented to the scrutiny and audit Committee, and to the Police and Crime Commissioner.

5. ANTICIPATED OUTCOMES

5.1 The PSCB is funded by the City Council, Cambridgeshire Constabulary, NHS England, Cambridgeshire and Peterborough Foundation Trust, Peterborough and Stamford Hospitals, NHS Foundation Trust, Cambridgeshire and Peterborough Clinical Commissioning Group, National Probation Service and Children and Family Court Advisory and Support service. The work of the PSCB is supported by a small team of three, soon to be complemented by a CSE Co-ordinator.

5.2 The SAB is funded by the City Council, Police and health commissioners. This has been a voluntary contribution so far, but will become statutory next April 2015.

5.3 The work undertaken by partners is city wide.

5.4 The outcome hoped is further support to the work and activity of both boards.

6. REASONS FOR RECOMMENDATIONS

6.1 The PSCB & SAB are mindful that the Health & Wellbeing Board are aware of their activity so this can help to inform and safeguarding activity of this board.

7. BACKGROUND DOCUMENTS

The two board reports are attached at Appendix 1 and Appendix 2.

APPENDIX 1

Peterborough Safeguarding Children Board

Keeping Children Safe Together

2013/14 ANNUAL REPORT

WWW.PETERBOROUGHLSCB.ORG.UK

Contents

Guiding Principles of our Work

Peterborough Safeguarding Children Board (PSCB) is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share the same commitment.

Peterborough Safeguarding Children Board believes that:

- ✓ The welfare and safety of the child is paramount
- ✓ We will be more robust in safeguarding children if we all work together. This includes both statutory and voluntary agencies and also the wider communities
- ✓ Early help is a critical part of keeping children safe
- ✓ We will support families in bringing up their children safely, engaging with them in the wider agenda for safeguarding
- ✓ We will ensure agencies provide an equitable, quality service to all children and their families
- ✓ Services should be provided which are appropriate to race, religion, culture, language, gender, sexual orientation and disability
- ✓ We need to be accountable for our actions, open to challenge, and to learn from practice in order to achieve continuous improvement
- ✓ Procedures and processes must be open and transparent

These principles should underpin everyone's approach to safeguarding children and promoting their welfare, regardless of the extent of their involvement.

Peterborough Safeguarding Children Board will further ensure that:

- ✓ Personal information is held confidentially and only by those who need to know
- ✓ Information will be shared safely and effectively, so that agencies working with children, young people and families know the whole story, understand the risk, and the child only has to tell their story once
- ✓ Safeguarding children is viewed in the wider context of their needs and rights

Essential Information

This report was approved for publication by the Peterborough Safeguarding Children Board and is available on the Peterborough LSCB website www.peterboroughlscb.org.uk

For further information or queries about Peterborough Safeguarding Children Board (PSCB) visit our website or contact any of the members of the staff team listed below:

Russell Wate; PSCB Independent Chair	Russell.wate@peterborough.gov.uk
Jo Bramwell; PSCB Business Manager	Joanne.bramwell@peterborough.gov.uk
Jody Watts; Business Support Officer (Board)	Pscb.admin@peterborough.gov.uk
Isabel Pacheco; Business Support Officer (Training)	Pscb.training@peterborough.gov.uk

Foreword and Introduction

BY RUSSELL WATE QPM, PSCB INDEPENDENT CHAIR

It gives me great pleasure to present to you Peterborough's Safeguarding Children Board annual report for the period April 2013 – March 2014. The report outlines both the activity and contribution of the board and its partners that has taken place during the last year. The year has been a very challenging one for all agencies. The health services nationally have gone through changes creating NHS England and Clinical Commissioning Groups. I am pleased to say that from a multi-agency partnership approach this has happened locally with very little disruption. Children's Services have done extremely well during the last year and have received positive comment from the Children's Minister Ed Timpson. I would like to thank all of the board members (in particular the lay members) and their organisations, especially the frontline staff, for the hard work they have carried out to keep children and young people safe from harm in Peterborough.

Our overarching objectives through Working Together 2013 are still to *1) Co-ordinate what is being done by each person or body represented on the board to safeguard and promote the welfare of children in Peterborough* and *2) Ensure the effectiveness of what is done by each such person or body for those purposes.* However, you will see in the report that we have worked well through our priorities for the year, and as a result of these being correctly identified we are now continuing with them for another year. Some of these priorities we share with our partner boards, for example the priority of ensuring children and young people receive early help in Peterborough. This is achieved in conjunction with the Children and Families Joint Commissioning Board and evidences clear joint working arrangements in Peterborough.

The biggest challenge for the Board and its partners has been the investigations in the city into child sexual exploitation. This has been a very successful example of the commitment of agencies, in particular children's services and the police, to face the issue head on and to tackle it with vigour. As a result of effective multi-agency working a number of successful prosecutions have already taken place. We have in place a partnership 'Gold Group' which I chair, and this demonstrates a clear commitment to work together. Other areas, and senior civil servants, want to learn from this successful joint working so that they can use it as good practice. We have as a board provided CSE awareness training for secondary schools in Peterborough through a professional drama production 'Chelsea's choice'. We have also commenced four SCR's which shows that we are very much a partnership that wants to learn lessons at every opportunity.

We, as a board, feel the next year is an exciting one for us with lots of opportunities for the partnership to continue our work and to move to be a very good, if not outstanding, safeguarding board.

Russell Wate QPM

Lay Member Comments

BY SUE HARTROPP, PSCB LAY MEMBER

I have now served as a Lay Member on the Peterborough Safeguarding Children Board for nearly two years. During this time I have witnessed at first-hand the relentless commitment of all partner agencies in the City to improving and trying to ensure the safeguarding of Peterborough's children and young people. The effectiveness of this multi-agency working has gone from strength to strength and is now being given due recognition nationally, particularly with regard to its handling of child sexual exploitation cases. However, there is never any sense of complacency and all Board members continue to contribute whole-heartedly to further improvements and greater effectiveness, through mutual challenge and support.

It has also been very good to see how the Board and its partner agencies – both public and voluntary sector – are responding to the challenging and changing needs of Peterborough and its children, and our newly-established Communications and Engagement sub-group will help to ensure that we work even more closely with all sectors of our diverse community, to encourage everyone to fulfil their responsibility to help keep children safe from harm. The recent appointment of Peterborough's Youth MP as a virtual member of the Board will also provide a more direct link with children and young people, so that we can listen to and learn from, their views about their safety.

It is a privilege to be a part– even in a small way – of such a dedicated team and to see what importance all public and voluntary agencies place on the safeguarding of Peterborough's children.

Sue Hartropp

Lay Member PSCB

Business Priorities 2013/14

The PSCB priorities were decided upon in consultation with both partner agencies, children and young people from Peterborough schools and the Peterborough Children in Care Council.

"Early help and preventative measures are effective"

Some families need help – this may be help in relation to housing, how to parent, behaviour/ anger management, how to budget and attendance at school. By helping these families it is hoped that the situation will improve and the family/ children will not need to have intervention by children's social care.

"Children at risk of significant harm are effectively identified and protected"

Significant harm within this priority means children who are the victims of child abuse. This could be emotional abuse, physical abuse, neglect or sexual abuse (including child sexual exploitation).

"Everyone makes a significant and meaningful contribution to safeguarding children"

Legislation states that everyone has a role to play in safeguarding children. Part of the role of the PSCB is to ensure that all agencies (including Police, Children's Social Care, Education, Probation, Youth Offending Service, Health and the Voluntary Sector) are properly completing their role in safeguarding. We do this through case reviews, audits, training and listening to children, young people, carers and professionals. Where we consider that an agency could improve their safeguarding activities the PSCB holds the agency to account.

"Workforce has the right skills/knowledge and capacity to safeguard children"

The PSCB has a duty to deliver multi-agency safeguarding training to agencies in Peterborough to ensure that all professionals know how to safeguard children and what signs to look for. We are also responsible for checking that any safeguarding training that is run by agencies in Peterborough is fit for purpose.

"Understand the needs of all sectors of our community"

Peterborough is a multi-cultural City with lots of different communities. It is very important that the PSCB understands the cultural and religious beliefs of all sectors of its communities and how they may impact on safeguarding issues.

"Children are fully protected from the effects of domestic abuse (domestic violence) and neglect"

Peterborough has a high number of cases that involve domestic abuse and neglect. It is vital that professionals work together to ensure that children are fully protected from the effects.

"Children are fully protected from Child Sexual Exploitation"

You may have seen in the news that there have been two criminal trials recently involving girls who had been sexually exploited in Peterborough. The PSCB has been involved in delivering awareness raising sessions to young people in school (Chelsea's Choice) and also briefing professionals on the signs of CSE. The PSCB has developed an action plan about how CSE will be tackled in Peterborough. This involves all agencies across the City.

Key achievements of Peterborough Safeguarding Children Board in 2013/14

Peterborough Safeguarding Children Board has undertaken a substantial amount of safeguarding activity in 2013/14. The following is a highlight of some of this activity;

Training

The PSCB has a Strategic Learning and Development Sub Group which is responsible for making sure that the PSCB Training Strategy, as agreed by the Board, is implemented effectively across all partner agencies. This process ensures that all workers in Peterborough in contact with children/young people and/or their parents and carers receive appropriate training in Safeguarding children. It agrees effective quality assurance processes in order to ensure that the safeguarding children training provided by all member agencies meets agreed standards. It makes changes in the light of any identified gaps in training or resulting from national and local findings of SCRs/CRs, research, new or revised legislation and guidance.

In 2013-14 a total of 704 people attended PSCB training, the graph below (what graph below?) details the breakdown of attendance by agency group. The largest proportion of agencies attending the training are; Health (32%) Social Care (24%) and the voluntary sector (10%).

The PSCB uses a variety of evaluation methods in order to effectively measure the impact of training on knowledge, confidence levels and practice, e.g. by way of Action Planning activity and follow-up back at the workplace post training The PSCB has recognised the importance of assessing the impact that training has had on practice. From June 2014 a new impact of training process has been implemented. The impact of PSCB training has been assessed and evidences that the learning opportunities have had a positive impact on the people who have attended. Further information about PSCB training and agency attendance is contained in the Strategic Learning & Development Group section of this report.

Child Sexual Exploitation

The PSCB has reacted positively to CSE by establishing both strategic and operational CSE groups. There is a joint Peterborough and Cambridgeshire CSE strategy and supporting action plan which is being effectively worked by agencies across the County and monitored through the Strategic CSE group. The PSCB, has through the Independent Chair led on the partnership Gold Group, which was set up to deal with the series of investigations into CSE in Peterborough. This has allowed the PSCB to be at the centre of joint working.

The PSCB commissioned the drama piece “Chelsea’s Choice” which was delivered to all secondary schools in Peterborough. In excess of 3,000 Year 8/9 students saw the drama piece and this work has been followed up by the Police Safer Schools officers who have continued to roll out the “exploited” programme.

The PSCB has delivered CSE awareness training to in excess of 480 taxi drivers, approved drivers and voluntary drivers. This will form part of an annual safeguarding update that will continue to be delivered to drivers across Peterborough. This ensures that people are fully aware of CSE and its implications.

The PSCB has contributed to the “Say something if you see something” campaign which to date has been delivered to targeted hostels and bars. The next phase is to deliver to environmental health colleagues so that fast food outlets can be targeted.

The PSCB has decided to recruit to a part time CSE Co-ordinator post to ensure that there is a centralised person to gather and analyse data and intelligence surrounding CSE cases.

Section 11

Every two years the PSCB undertake a review of statutory partners S11 responsibilities. The last review was completed in March 2013. All agencies complied and an overall s11 safeguarding responsibilities report was presented to the PSCB in May 2013. The PSCB S11 audit tool has been recognised as good practice by other LSCB's who have sought permission to use it for their own purposes.

Partner agencies engaged positively in both the S11 activity and follow up action. For the first time the S11 involved the wider Peterborough City Council services, this was undertaken by an independent person who was commissioned by the Chief Executive.

The report highlighted that organisations fully met the S.11 standards (83% of indicators were fully met across the partner agencies). An action plan was put in place to address those standards that were not fully met. Each agency had a separate action plan and progression against the actions was monitored through the Quality and Effectiveness Group.

The S11 audit had a positive impact, providing the PSCB with an accurate reflection of safeguarding practice across partner agencies and compliance with S11 responsibilities. The audit identified additional actions that agencies needed to undertake. The PSCB has monitored compliance with these actions and challenged agencies to account if needed.

The PSCB is in the process of developing the S11 process to include peer challenge and the use of themed S11 returns which reflect the business priorities. It is anticipated that the first themed S11 will focus on the "voice of the child"

Quality assurance activity

The PSCB has a Quality and Effectiveness sub group which is responsible for monitoring and challenging agencies safeguarding practice. The PSCB has developed and implemented an annual themed audit programme which includes both single and multi-agency audits. All multi-agency audits are linked to the PSCB business priorities. The impact of the quality assurance activity is that auditors can act as the "voice of the child" whilst regularly reviewing safeguarding practice to ensure that it is child centred. The PSCB can assure itself that safeguarding practice across the City is robust and fit for purpose.

In the past 12 months the PSCB has undertaken 3 multi-agency audits. One focussed on second or subsequent child protection plans. The second multi-agency audit focussed on the quality of strategy discussions and their compliance with the strategy discussion processes and the third related to agency attendance at child protection conferences. The findings and impact of these audits can be found in the Quality and Effectiveness section of this report.

The PSCB Chair actively raises practice issues. An example of such is multi-agency attendance at CP conferences. As a result of the data viewed and subsequent challenge made by the Chair, measures were established to improve and monitor progress. This was also an Ofsted action of 2012.

The next step for the PSCB is to actively engage children, young people and families in the evaluation/ feedback of front line practice. The youth MP for Peterborough is a lay member of the PSCB and will be utilised to consult with young people and will be supported by youth safeguarding ambassadors.

Serious Case Reviews

Within the timescale of this report 4 SCR's commenced but none had completed. All relevant agencies engaged well with the SCR process.

The PSCB SCR sub group has considered and cascaded the lessons from both the Daniel Pelka SCR and the Bright Stars Nursery in Birmingham.

Regular training on SCR is delivered on a quarterly basis, this includes information around national and local SCR's. The PSCB has developed and implemented guidance on the process to be followed when a significant incident is referred to the PSCB for consideration of an SCR. In addition, a standard IMR resource pack has been developed which is distributed to relevant agencies at the commencement of an SCR. This includes, IMR template, guidance notes, criteria for appointing IMR authors, Pro forma for Chief Officers Statement and a model action plan. This pack has been recognised as good practice by other LSCB's who have sought permission to use it in their SCR process.

About PSCB, The Statutory and Legislative Context

What are the responsibilities of Peterborough Safeguarding Children Board?

The PSCB'S vision is to "keep Children Safe Together". The Board was established under section 13 of the Children Act 2004 which required each local authority to establish a Local Safeguarding Children Board (LSCB) by the 1 April 2006. Updated guidance, issued under section 7 of the Local Authority Social Services Act 1970, is contained in 'Working Together to Safeguard Children; Chapter 3 (2013)'

Peterborough Safeguarding Children Board has a statutory responsibility to coordinate and ensure the effectiveness of what is done by each agency/organisation on the Board for the purposes of safeguarding and promoting the welfare of children in Peterborough. The PSCB is not accountable for operational work but holds partner agencies to account on the effectiveness of their safeguarding services for Peterborough's children.

Safeguarding and promoting the welfare of children is defined as:

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

Our Vision is to safeguard and protect all the children of Peterborough.

This is achieved through effective safeguarding where

- The child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates.
- All professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children.
- All professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and children's social care.

Peterborough Safeguarding Children Board undertakes its work recognising the diverse needs of children and will promote equality of opportunity.

In order to promote the highest standards of safeguarding work, Peterborough Safeguarding Children Board encourages a culture of constructive challenge and continuous improvement by and between member organisations. (Working Together to Safeguard Children 2013 para 6/p.7)

Who is represented on the PSCB?

The PSCB is composed of senior representatives nominated by each of its member agencies and professional groups. Statutory (the Board partners set out in Section 13(3) of the Children Act 2004) & Other Partners, of whom 100% attendance at meetings is expected by the representative or nominated substitute:

Name	Agency
Russell Wate	**Independent Chair**
Mark Hopkins	**Assistant Chief Constable Cambridgeshire Constabulary and PSCB Vice-chair**
Sue Westcott	**Executive Director Children's Services**
Debbie Haith	**Assistant Director Safeguarding Families & Communities**
Sarah Robinson	**Patient Experience Manager, NHS England East Anglia Area Team**
Jill Houghton	**Director or Nursing and Quality, Cambridgeshire and Peterborough CCG**
Paula South	**Associate Director Safeguarding Children and Vulnerable Adults, Cambridgeshire & Peterborough CCG**
Emilia Wawrzkowicz	**Designated Doctor Safeguarding Children**
Matthew Ryder	**Assistant Chief Probation Officer, Cambridgeshire**
Issy Atkinson	**Service Manager, CAFCASS**
Melanie Coombes	**Director of Nursing, Cambridgeshire & Peterborough Foundation Trust**
Chris Wilkinson	**Director of Nursing, Peterborough & Stamford Hospitals NHS Foundation Trust**
Nick Edwards	**Service Manager, NSPCC**
Tina Hornsby	**Assistant Director Quality, Information and Performance, Adult Social Care**
Iain Easton	**Head of Youth Offending Service**
Rick Hylton	**Cambridgeshire Fire and Rescue**
Phil Parr	**East of England Ambulance Service**
Chris Emerson	**Lay Member**
Sue Hartropp	**Lay Member**
Professional Representatives, who provide insights from and communication with their professional bodies but do not represent a single agency or organisation:	
Georgina Billin	**Assistant Principal; Representing Secondary Schools**
Sarah Levy	**Headteacher; Representing Primary Schools**
Joanne Hather-Dennis	**Executive Director (students), Peterborough Regional College; representing Further Education establishments**
Catherine Shingler	**Little Miracles, Representing Voluntary Sector**

Partner agency representatives are of sufficient seniority to have control over or access to their agency's resources. They are given delegated authority to make decisions to an agreed level on behalf of their

agency and have access to those responsible for making the decisions for which they do not have delegated authority.

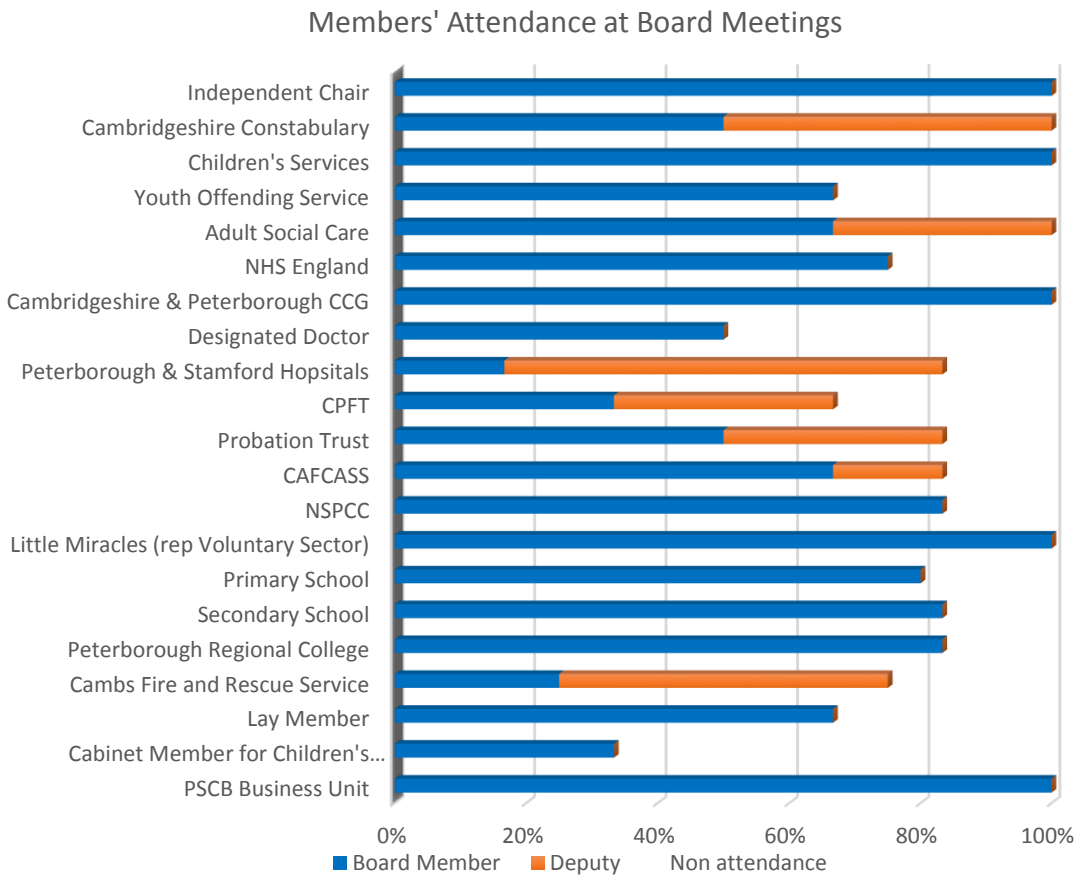
Each representative on the PSCB is responsible for disseminating information between the PSCB and their agency/professional body and for identifying any necessary actions.

The Cabinet Member for Children's Services is a 'participating observer' of the PSCB, attending meetings as an observer, engaging in discussion but not being part of the decision making process. This enables the Cabinet Member to challenge, when necessary, from a well-informed position.

Two Lay members have been part of the Board since September 2012. The remit of the Lay member is to:

- Support stronger public engagement in local safety issues
- Contribute to an improved understanding of the PSCB's child protection work in the wider community
- Challenge the PSCB on the accessibility by the public and children and young people of its plans and procedures
- Help to make links between the PSCB and community groups.

The PSCB met 6 times during the year and there were no extraordinary meetings held. As evidenced in the graph below, agency attendance for 2013-14 is good. The Business Planning event, at which the Board's priorities were agreed, was held during a regular Board meeting and was open to subgroup chairs and other key members. The chart does not show the attendance of these additional attendees at the Business Planning event.



Partner engagement with the Peterborough Safeguarding Children Board

The Board has seen positive relationships forged with partner agencies and significant improvements in multi-agency engagement. The following is a brief assessment of agencies involvement. The assessment below are highlights of partner engagement, it is not an exhaustive list and additional evidence of engagement can be found within the main body of this report.

Education

Education have positively engaged with the Peterborough safeguarding agenda. Secondary schools and Primary schools are represented on the PSCB and both the nominated representatives have attended the majority of PSCB meetings. This year has seen a successful resurrection of the education child protection information network with a majority of the educational providers participating in the forums. This has provided an effective way for safeguarding messages to be comprehensively delivered across schools and has also provided a useful mechanism for consultation.

In 2013 the PSCB commissioned the CSE drama production "Chelsea's Choice" to be delivered to Year 8/9 students across the City. With the exception of 2 schools in the City all secondary schools contributed to this project which resulted in excess of 3,000 students seeing the production.

The designated safeguarding lead for education has successfully implemented and undertaken an annual safeguarding review of schools across the city. This will now form part of an annual safeguarding review.

In 2014/15 one of the challenges for the PSCB and education will be how schools will continue to educate young people about the risks of CSE as part of an ongoing educational programme.

Health

It is considered good practice that senior safeguarding managers from all of the health partners (including NHS England, CPFT, CCG, CCS) have formed a Health Executive Safeguarding Board which is accountable to the PSCB (and Cambridgeshire LSCB). The board considers safeguarding issues from both a children's and adults' perspective. The PSCB Business Manager is an active member of the group and ensures that there is regular challenge and scrutiny of health activity. The group is currently chaired by the senior safeguarding member of CCG.

There is also a safeguarding practitioner's sub-group in place, which is chaired by the designated doctor. This provides a forum for frontline operational issues to be considered and discussed.

Clinical Commissioning Group (CCG)

Representatives from the CCG have been key in safeguarding activity across the City. A representative of the CCG Chairs the Health Executive Safeguarding Board and is also a member of the PSCB. This arrangement facilitates direct reporting between the PSCB and the Health Executive Group. Both the Designated Doctor and Nurse have played an integral part in the business of the PSCB and have been involved in policy development, SCR's, quality assurance activity and training. The PSCB have held CCG to account on a number of occasions one of which is the completion of initial LAC medical assessments within timescale. The impact of this challenge is an action plan has been put in place to address the issue. Progress against the action plan will continue to be monitored by the PSCB in 2014/15.

NHS England

NHS England joined the PSCB in November 2013. Since joining they have consistently been involved in the PSCB safeguarding agenda and activity. They have been instrumental in establishing a clear process and

support for GP's involvement in SCR's, and also input into child protection conferences. The impact of this has been greater clarity of the roles of GPs and enhanced engagement.

The area team has engaged with the 4 LSCB (in addition to the 4 Safeguarding Adult Boards) within its localities and has begun to build up stronger partnership working arrangements. The area team is also a member of the Health and Well-Being board and facilitates Quality Surveillance Group meetings which bring together a range of partners to address quality and safety issues at a strategic level across the health and social care arena.

NHS England facilitate quarterly safeguarding forums that bring together designated safeguarding leads from both East Anglia and Essex. In this forum, supervision and support is provided and specific work areas include the provision of Level 4 training. During 2013/14 the following training has been delivered: information governance and safeguarding; a conference event focussing on a wide agenda of safeguarding including internet safety and CSE; DBS training; Root Cause Analysis training. The forums also provide an arena for the sharing of learning from Serious Case Reviews and Serious Incidents.

Priorities for 2014/15

- Continued close working arrangements with our CCG colleagues to try to minimise the fragmentation of health commissioning as a result of the NHS reforms. This includes increasing the capacity and expertise of safeguarding within primary care services.
- To continue to work at a strategic level to ensure that safeguarding issues are addressed within the health and social care arena. Specific areas include focussing on SARC services and provision of paediatric FME, Tier 4 CAMHS service provision, and engagement of health within CP conferences.

Peterborough and Stamford Hospital Foundation Trust

Representatives from the PSHFT have been very active in safeguarding across the City, they have engaged in board priorities and have been particularly involved in the PSCB quality assurance and training agenda's.

CPFT/ CAMH

CPFT and CAMH representatives have been actively involved in the SCR process and quality assurance activity. The PSCB acknowledges that whilst relationships on a ground level are well established and embedded, additional work needs to take place in 2014/15 to further improve relationships at a strategic level.

Cambridgeshire Constabulary

Cambridgeshire Constabulary is committed in its support to the PSCB and is one of the few forces that has an Assistant Chief Constable as a full board member. This level of commitment is indicative of the importance the Constabulary places on the role of safeguarding boards. The Constabulary delivers specialist safeguarding functions through a Public Protection Department of approximately 200 officers and staff who work closely with partners to protect children who may be vulnerable to abuse not only from within their own extended families, but though on line grooming, sexual assaults by strangers, and through Child Sexual Exploitation by groups or gangs (CSE). The Constabulary recognises that a Criminal Justice Outcome is but one way of safeguarding children and therefore is committed to supporting preventative and education initiatives wherever possible.

A highlight of this year has been the proactive investigation of CSE (operation Erle) which has been an excellent example of joint working between Police and the Local Authority whereby specialist police officers and social workers have engaged with young people over protracted periods of time, leading to victims having the strength to give evidence against their abusers. The Police are engaged in the PSCB at

both a Board and sub group level. The Police are leading on the CSE/ Missing Group and supporting action plan. The Constabulary has increased its internet investigation capability in response to an increase in internet related offending and also increased its resources into the investigation of Domestic Abuse. The Constabulary recognises that Domestic Abuse within families can have a significant impact on children living in that environment and therefore specialist domestic abuse investigators are also equipped with skills in safeguarding children. This also links in with the PSCB Business Priorities of Domestic Abuse. The PSCB have held the Police to account over their handling of domestic abuse cases and the outcomes of the HMIC inspection. This will continue to be scrutinised in 2014/15.

Children's Services

Children's services have been an integral part of the work of the PSCB in 2013/14. The Executive Director for Children's Services (DCS) is a member of the PSCB and children's' services are represented on all PSCB sub groups. The Chair of the PSCB is a member of the Children's Services internal Improvement Board and ensures that there is appropriate challenge and scrutiny of practice.

Monthly meetings with the DCS and Chair of the PSCB were instituted in April 2012 and continue to date. Agenda items are identified by both parties and the meetings provide an opportunity for robust detailed discussion. Examples of challenge arising from the meetings include;

- Capacity of CSC to contribute to the work of the Board e.g.; multi-agency audits
- Attendance of agencies at child protection conferences (arose from a PSCB audit)
- Progression of the MARU.

As a result of these discussions Children's Social Care have provided resources to undertake audits and Chair PSCB sub groups. There is also a regular reporting on multi-agency attendance at conferences which is scrutinised through the PSCB Quality and Effectiveness Sub Group. This has resulted in a sustained increase in agency attendance at conferences.

Probation

Probation's engagement with both the Board has considerably improved in 2013/14. There has been regular attendance at both Board and sub group level and they have made a meaningful contribution to meetings. Members have also been involved in the Boards quality assurance activity and SCR process. The PSCB have held probation to account over their attendance at child protection conferences. This had a positive impact and led to a monitoring process being put in place which has resulted in a significant improvement in probation attendance at child protection conferences. The PSCB will continue to monitor attendance in 2014/15.

CAFCASS

Cafcass is an integral part of the PSCB and a Service Manager for Cafcass sits on the Board. In 2013/14 a total of 9,680 care applications (public law) were received, which is a decrease of 12% compared with the number received in 2012/13. Similarly there has also been a decrease in private law cases where a total of 42,888 applications were received in 2013/14 - a 7% decrease compared to 2012/13. It is thought that shorter case durations (within s31 cases), together with proportionate working and more efficient working practices have led to the stock of open cases reducing in both private and public law.

The following are examples of activities undertaken by Cafcass in 2013/14 to have an impact on improving practice, better safeguard children and make a positive contribution to family justice reform:

- Working with partners in family justice e.g. the Family Justice Board, Local Family Justice Boards (11 of which are chaired by Cafcass), judges; the Family Justice Young People's Board; and the

ADCS, to promote family justice reform in preparation for the implementation of the Children and Families Act (April 2014).

- Contributing to the development of the Public Law Outline and Child Arrangements Programme (Practice Directions 12A and 12B respectively); and working with partners to reduce the duration of care cases (35 weeks as of quarter 3).
- Setting up demonstration projects designed to accelerate family justice reform
- Strengthening the workforce through a number of measures including: the talent management strategy; MyWork (a mechanism by which staff can understand and regulate their own performance); development of a health and wellbeing strategy.
- Revising the Child Protection Policy, Operating Framework and Complaints and Compliments Policy.
- Drafting service user minimum standards which will be joined with our workstream on child outcomes.
- Undertaking a number of pieces of research into the work of Cafcass and family justice including research into: expert witnesses in s31 cases; the work of the Children's Guardian; learning derived from Cafcass submissions to serious case reviews (Cafcass having contributed to 30 such reviews in 13/14).

The National Ofsted inspection took place in February and March 2014. Both private law and public law practice were judged to be good as was the management of local services. National leadership was judged to be outstanding.

Cambridgeshire Fire and Rescue Service and East Anglian Ambulance Trust

Both of these agencies are relatively new members of the PSCB and whilst both are engaging with the safeguarding agenda it is too early to monitor the impact of these relationships.

Voluntary Sector

The voluntary sector is represented on the PSCB by the NSPCC and Little Miracles. Other voluntary agencies are represented on various PSCB sub groups (Aspire, Banardos, Drinksense, and Peterborough Council for Voluntary Services). The PSCB acknowledges that whilst relationships are in place, these require further development to ensure that the voluntary sector is adequately represented in the safeguarding board business.

NSPCC Peterborough Service Centre

The regional Service Manager for the NSPCC is a member of the PSCB and also chairs the Strategic Learning and Development Subgroup.

Throughout the whole of 2013/14 three services have been provided by the NSPCC in Peterborough have focused on families where Neglect has been identified as a concern. NSPCC workers have been trained to deliver two interventions, being Triple P (Positive Parenting Programme) and Video Interaction Guidance. In both programmes the adult carer has been the focus of the change programme, with at least one 'target child' aged between 2 and 12 years of age. Across the two programmes, 105 adults have been worked with, benefitting well in excess of the 100 identified children, given a number of large sibling groups in the families worked with. All of the NSPCC programmes have in place a research element, with both national and local findings demonstrating the positive impact of the services delivered. This research will feature as a learning event for the LSCB during 2014/15, and will be included into a proposed Neglect Conference in March 2015 in the city. In addition, working alongside Local Authority colleagues, an assessment tool for neglect cases has been trialled, being the Graded Care Profile. Whilst this has not been widely used in the

city, the national learning will also feature in the planned LSCB events, along with research findings from other assessment tools.

An emerging issue for Peterborough as a city during 2013/14 has been the impact of joint investigations into Child Sexual Exploitation. The NSPCC have developed a national programme aimed at supporting children and young people who have suffered from sexual exploitation, and to work with young people who are assessed as being at risk. This service, known as Protect & Respect, was introduced very quickly into Peterborough in March 2013 as a key element of the partnership response to this emerging issue in the city. During 2013/14 NSPCC Managers have worked with partners to support the investigation process, and NSPCC Social Work staff in Peterborough have worked with 61 young people either individually or in school based groups. Although part of this intervention focuses on recovery for those who have been sexually abused, the NSPCC, in partnership with the Local Authority, introduced a second dedicated therapeutic service known as 'Letting the Future in' to meet identified need. This service began delivery in November 2013 and in that short period through to March 2014 worked with some 36 identified individuals.

Both of the service areas for NSPCC partnership delivery link to LSCB priorities and learning gained within Peterborough will be used to inform multi-agency training and drive collective development across partner organisations.

How does the Peterborough LSCB work?

For the board to be influential in coordinating and ensuring the effectiveness of safeguarding arrangements it is important that it has strong links with other groups and boards who impact on child services. The board also has an integral role in being part of the planning and commissioning of services delivered to children in Peterborough.

To enable it to fulfil its responsibilities effectively, Peterborough LSCB has the following subgroups:

- Communication & Engagement
- E-Safety (joint with Cambridgeshire LSCB)
- Quality & Effectiveness
- Strategic Learning and Development
- Child Sexual Exploitation and Missing (joint with Cambridgeshire LSCB)
- Serious Case Review Subcommittee
- Health Executive Safeguarding Board (joint with Cambridgeshire LSCB)
- Child Protection Information Network (CPIN)
- Child Death Overview Panel (joint with Cambridgeshire LSCB)

Each subgroup has their own terms of reference and reporting expectations. They are chaired by an agency representative and supported by the Business Manager and Business Support Officers. To ensure that the subgroups are effective and progressing actions a chairs' subgroup is held bi-monthly. This meeting is chaired by the Independent Chair of the PSCB and the work of the subgroups is challenged and scrutinised.

Child Death Overview Panel (CDOP)

Child Death Overview Panels (CDOP) were established in April 2008 as a new statutory requirement as set out in Chapter 7 of 'Working Together to Safeguard Children' 2006. Their primary function (as required by the Local Safeguarding Boards Regulations 2006) is to undertake a comprehensive and multiagency review of all deaths of children normally resident in the area aged under 18 years of age, in order to understand better how and why they die and to use the findings to take action to prevent other deaths and to improve the health, wellbeing and safety of children and young people. The Local Safeguarding Boards of Cambridgeshire and Peterborough form a single Child Death Overview Panel chaired by the Independent Chair of Cambridgeshire LSCB.

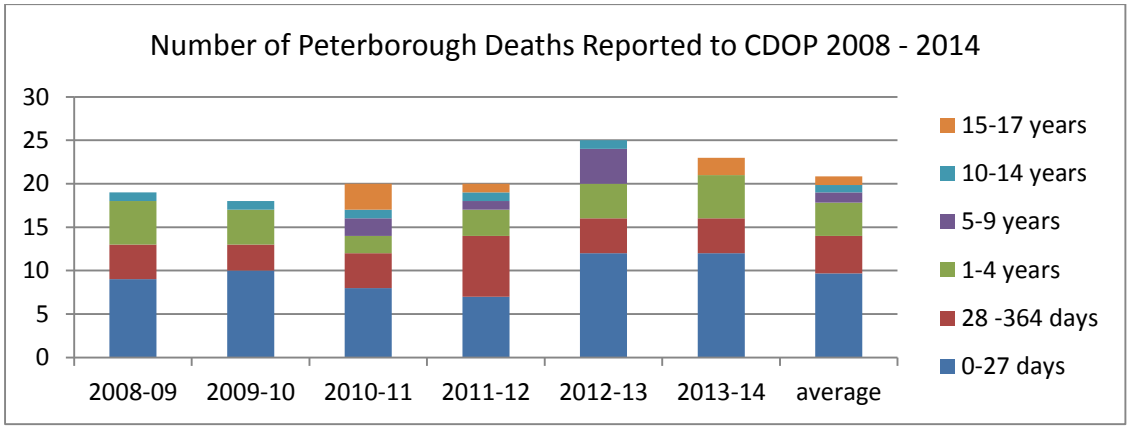
Over the last year, 53 children died across Cambridgeshire and Peterborough, 34 of these deaths (64%) were babies under one year old, with many dying in the neonatal period having never left hospital.

In last year's annual report, the highest figure of child deaths (66) was reported since the CDOP process began in 2008. However the figure for 13/14 reflects the pattern of earlier years where the average number of deaths has been 56.

A total of 82 deaths were reviewed in 2013/14, 35 by the main CDOP panel and 47 by the neonatal panel. Not all of the deaths which were reviewed occurred in this year, some will have occurred the previous year or even earlier. Over half of the deaths reviewed this year actually occurred the year before. Just over a third of the deaths that occurred this year were reviewed in the same year. There is generally a gap of several months between a reported death and that death being reviewed to enable all relevant information to be gathered. CDOP is unable to review a death until other processes have been completed such as NHS serious incident investigations, serious case reviews, post mortem reports and coronial inquests.

It is the purpose of the child death overview panel to identify any 'modifiable' factors for each death, that is, any factor which, with hindsight, might have prevented that death and might prevent future deaths.

As in previous years the majority of children (74%) who died were less than a year old. The next highest age range was children aged 1- 4 years but with no modifiable factors identified.



Safe Sleeping Campaign

After a number of unexpected deaths where unsafe sleeping arrangements were considered to be a modifiable factor Cambridgeshire and Peterborough LSCBs along with Health Visitor leads and the Designated Doctor for Death in Childhood launched a 'Safer Sleeping Campaign'.

Up until April 2014, there have been four workshops which involved an overview of safer sleeping and infant deaths, a role play on how to engage parents in safer sleeping and the distribution of the Lullaby Trust materials. Attendance was positive with around 40 people attending each workshop, though the

practitioners tended to be from health (health visitors / nursery nurses) and children's centres. It was noted that there were representatives from Social Care, Doctors Surgeries and family workers from locality teams – participants who were particularly targeted. Feedback from the groups was extremely positive and the groups held a lot of discussion surrounding associated risks and advice to give to parents – both for Mums and Dads.

The priority actions for 2014/15 are:

- Review multi agency procedure and protocols
- Evaluate the Safe Sleeping Campaign
- Promote the Water Safety Leaflet
- Link up the work on accidents and deaths from road traffic accidents

The Serious Case Review (SCR) Panel

The SCR panel reviews cases where it is apparent that there is multi-agency learning to be achieved. A serious case review must be undertaken when a child dies or is seriously harmed and abuse or neglect is known or suspected.

'Working Together 2013' which became effective on 15th April 2013 has changed the method by which these reviews can be conducted and has moved organisations to take a more systems approach to identify the issues.

During 2013/14 the PSCB has developed a thorough case review approach which focuses not only on cases that fit the Serious Case Review criteria but also other cases where there is learning opportunity and examples of good practice. This approach is supported by a new comprehensive resource pack for practitioners which clearly explains the criteria and process for making a case referral (including a referral form). It explains, in detail both the process whereby the criteria for a SCR is met and not met. This includes examples of SCR methodologies, action to be taken by agencies and notifications to both families and victim. To assist agencies model templates for IMR's have been developed and are included within the resource pack. The impact of this has been greater clarity for agencies around the SCR process and consistency of approach. The feedback from agencies has been very positive and other LSCB's have requested permission to adopt the resource pack for use within their area.

The PSCB has developed and implemented an effective Learning and Improvement Framework which clearly identifies the process that the PSCB will follow to disseminate learning from SCR's and other case reviews. This includes the use of briefings, training and written material that assists practitioners to learn lessons from reviews.

The SCR panel has embraced the learning from national case reviews to ensure that lessons are learnt by the multi-agency partnership in Peterborough. They have set up a scanning process which ensures that it finds out at the earliest opportunity when a report is published. It then circulates these to the board members. The SCR panel has reviewed two recent high profile national SCR's. The panel reviewed and implemented the learning from the Little Stars Nursery SCR (Birmingham LSCB) and a Peterborough action plan has been developed from this and subsequently implemented. As a result of this action plan the following action has taken place;

- Development of early year's safer recruitment pack which has been supported by the delivery of safer recruitment and supervision training.
- Development and distribution of e safety guidance.

- The relationship between early years and the LADO has been strengthened and this has been further enforced by the LADO delivering "Allegations against staff" training to Early Years settings.
- Formal links have been established between early year's settings and the college safeguarding lead to ensure that a process is in place so that the supervision and assessments of students on placements is formally recorded.

The SCR panel has also reviewed and implemented the serious case review involving Daniel Pelka. An action plan was developed and implemented and the following action/ learning has taken place.

- PSCB domestic abuse training updated to include learning from the SCR
- PSCB multi-agency audit of strategy meetings/ discussions has taken place and the findings shared with all agencies
- PSCB multi agency of domestic abuse planned
- Scrutiny of CSC audits of referrals
- S.175 (Education Act 2002) schools returns updated

Summary of SCR's and Reviews that were undertaken in 2013/14

A total of 4 SCR's were commenced in 2013/14 but due to them all commencing towards the latter end of the timeframe for this report none were completed by the end of March 2014. The PSCB has used this as an opportunity to experience different SCR methodologies.

One case involved the murder of a Lithuanian child aged 9 weeks for which the father stands charged. Agencies had limited contact. The review is being undertaken using a traditional methodology complemented by practitioner events.

The second case involved a sexual assault of a five year old child. This review was undertaken using the Serious Incident Learning Process (SILP).

The third case involves two girls who were the subject of CSE, this is being undertaken using traditional methodology complemented by practitioner events.

The final case involves the abuse of a 5 month old baby. This is being undertaken with a traditional methodology complemented by practitioner events.

Although the cases have not been completed, learning is being implemented at the earliest opportunity.

The review panel has adopted a proportionate approach on undertaking serious case reviews and is keen to gain experience of differing methodologies to achieve the best learning for the partnership.

The group has a responsibility to ensure that these lessons and others gained from regional and national partners are effectively communicated to the workforce. The PSCB achieves this by providing SCR briefings and updates. The panel monitors any actions emanating from reviews to ensure compliance and impact on outcomes for children.

Quality and Effectiveness Group

The Quality and Effectiveness Group is responsible for analysing the effectiveness of safeguarding services both in single agencies and across partners.

The impact of the quality assurance activity is that auditors can act as the "voice of the child" whilst regularly reviewing safeguarding practice to ensure that it is child centred. The PSCB can assure itself that safeguarding practice across the City is robust and fit for purpose.

In the past 12 months three multi-agency audits have been undertaken in order to check on the quality of practice.

Audit of second or subsequent child protection plans

A total of 10 cases were reviewed by a multi-agency audit group. The audit looked at cases where Child Protection plans have ceased and subsequently been re-instated. The review was undertaken using a bespoke audit tool and focussed on;

- quality of decision making
- whether a Child in Need plan was considered at the point of the Child Protection Plan ending
- subsequent decision making
- appropriateness to re-instate the CP plan.

The audit found that in the majority of cases (90%) the child protection conferences were quorate. In the 1 case that was not quorate the Chair made the decision to proceed based on the information available and the reports provided by partner agencies. Auditors considered that this was the appropriate decision.

Decisions to remove the child from a plan was justified on clear risk assessments, likewise auditors considered that the decision to re instate the Child Protection Plan was appropriate and based on the risks to the child.

Auditors were concerned about the low level of agency attendance at Conferences with some of the meetings only just being quorate.

A recommendation of the audit was that the PSCB undertake an audit of partnership attendance at Child Protection Conferences. The impact of the audit is that, processes have been put in place to ensure that there is regular robust monitoring of agency attendance at child protection conferences.

Audit of attendance at Child Protection Conferences

This audit was carried out in response to the recommendation arising from the audit of second or subsequent child protection plans. The audit was conducted 4 months after the previous audit and looked at both agency attendance and also the submission of agency reports to conference.

The audit found that there had been a positive increase in agency attendance, with 100% attendance from Social Care, Education and Health. Police had a 97% attendance rate. There was a lack of engagement with Probation and GP's.

The impact of the audit is that the Head of Quality Assurance & Safeguarding (CSC) met with the Probation service to resolve non engagement.

The Chair of the PSCB wrote to the Chair of the Health & Well Being Board and Chair of the General Medical Council to resolve the issue of non-engagement of GP's. Both of these approaches have been successful and there has been a significant improvement in engagement.

To ensure that the levels of agency engagement continues, the PSCB monitors attendance at child protection conferences on a quarterly basis.

Audit of strategy discussions/ meetings

The third multi-agency audit focussed on the quality of strategy discussions and their compliance with the strategy discussion processes. This was a follow up to a previous strategy discussion audit that had been completed in May 2012, to ensure that progress had been made. A multi-agency team of auditors reviewed 20 strategy discussions. The audit found that 16 out of the 20 cases were graded as adequate or above. This demonstrated a significant improvement in practice since the last audit (May 2012). It was evident that regular strategy discussions were held with the Police and CSC but these did not regularly include other relevant agencies. A multi-agency action plan was developed to address multi-agency attendance and this was monitored through the Quality and Effectiveness Group.

Strategic Learning and Development Group (SLDG)

Multi-agency training is a key statutory function of Safeguarding Children Board's and the PSCB has a comprehensive multi-agency training programme in place.

The PSCB Training Strategy's overall purpose is to provide the framework for workforce development and safeguarding training events in Peterborough to ensure those working with children, adults and families are appropriately skilled and competent. The strategy is intended to add value rather than replace workforce strategies in a wide range of partner organisations.

It should be noted that the success of the training programme would not be possible without the extensive contributions of many of the partner agencies.

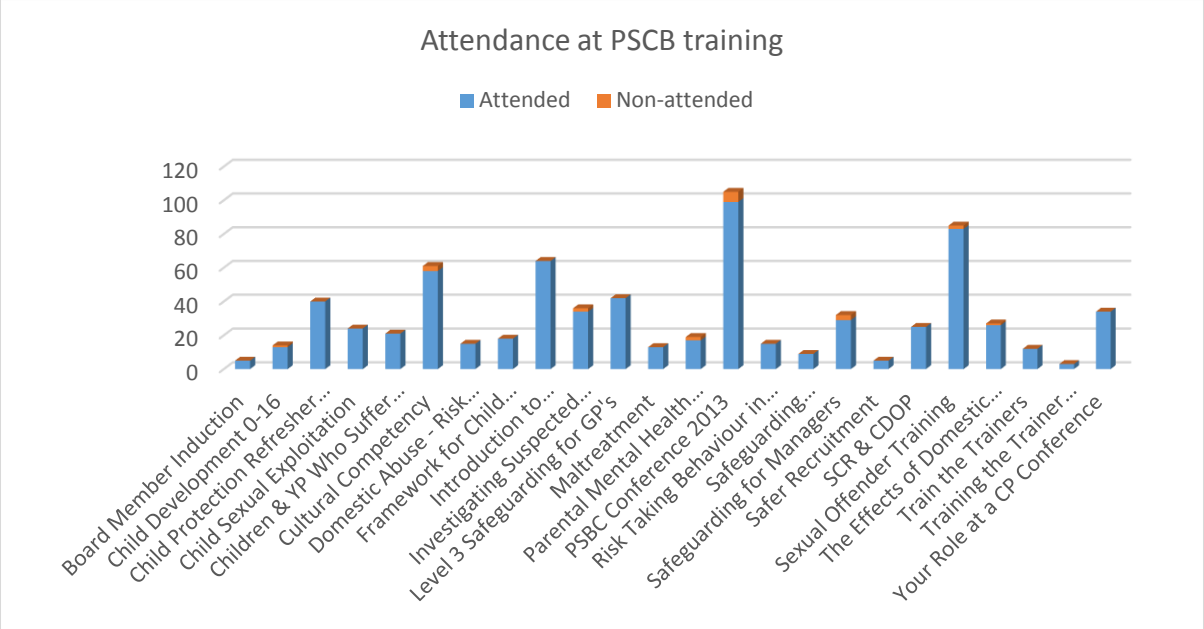
Context

During the period 1 April 2013-31 March 2014 the PSCB delivered a total of 24 different safeguarding courses. These varied in both subject area and course level but the vast majority of them were delivered to a multi-agency audience. The subjects discussed this year included;

- Child Development
- Child sexual Exploitation
- Neglect
- Cultural Competency
- Domestic Abuse
- Parental Mental Health
- Safeguarding deaf & disabled children
- Safeguarding for Managers
- Messages from child death overview panel and serious case reviews
- GP Training

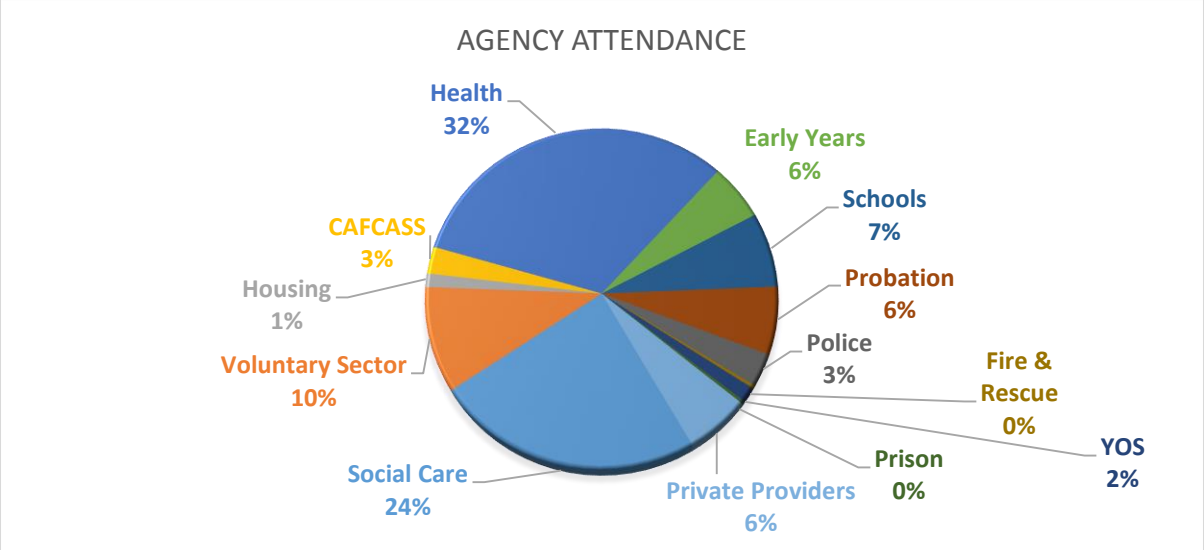
Attendance

In 2013/14 722 training places were allocated and 704 people attended the training. It is encouraging to note that the non-attendance rate remained at 2%, which is the same figure as 2012/13 and a significant increase on previous years. Non-attendance continues to be followed up as to reasons why and a charge raised where appropriate.



We have maintained our use of Northminster House as our primary training venue, which has in turn retained our increased participant space on courses. Delegates have commented that this training venue is easily accessible and is suitable for delegates who may have disabilities.

For the second year in a row we have seen over 700 delegates attending training, though saw a slight dip from the 749 of last year to 704 this year. We have seen a good representation of agencies across the partnership, with health colleagues attending the most events with 32% of places, social care 24%, and the voluntary sector at 10%. Peterborough Safeguarding Children Board worked in partnership with Cambridgeshire Local Safeguarding Children Board and the Designated Doctor for Safeguarding Children and delivered 3 safeguarding sessions specifically aimed at General Practitioners. 134 general practitioners attended the sessions. It is recognised that housing, YOS and the police attendance is lower than some of the other agency attendance. In relation to housing, in 2013 the PSCB Training & Development Manager delivered specific safeguarding training for housing colleagues. In excess of 90 staff members from housing attended this training. As this training was single agency the numbers have not been included in the overall PSCB multi agency training figures. The low take up by YOS and CAFCASS can be partly explained by the small numbers of staff who work for these agencies. Police, CAFCASS and YOS take up of training places will be considered in more detail by the Strategic Learning and Development Group.

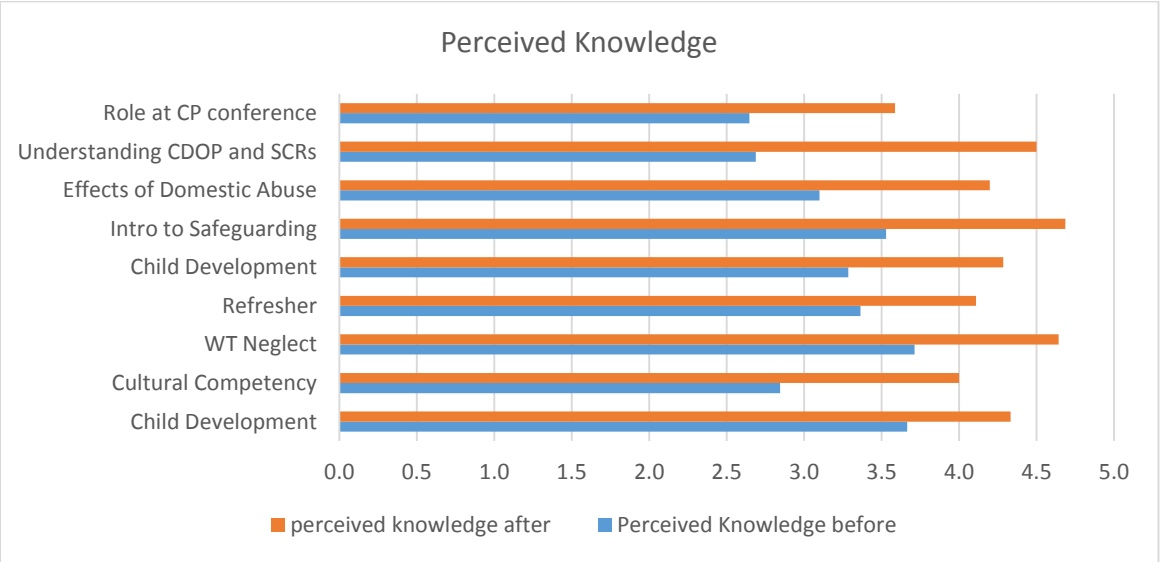


The on-going investigations in the city related to Child Sexual Exploitation have maintained the professional focus on this area of learning, with CSE now part of the core training offer. We plan to run a half day LSCB Conference in the autumn to share with local staff the learning associated with our work around Sexual Exploitation, by way of a follow up to the full day conference in the autumn of 2012. The SLDG also co-ordinated the roll out of the 'Chelsea's Choice' theatre production within Peterborough schools during the summer of 2013, carrying forward that learning from the professionals' conference into front line delivery. In excess of 3,000 Year 8/9 students from across the City saw the production (this figure has not been included in the overall numbers of training)

Impact of training

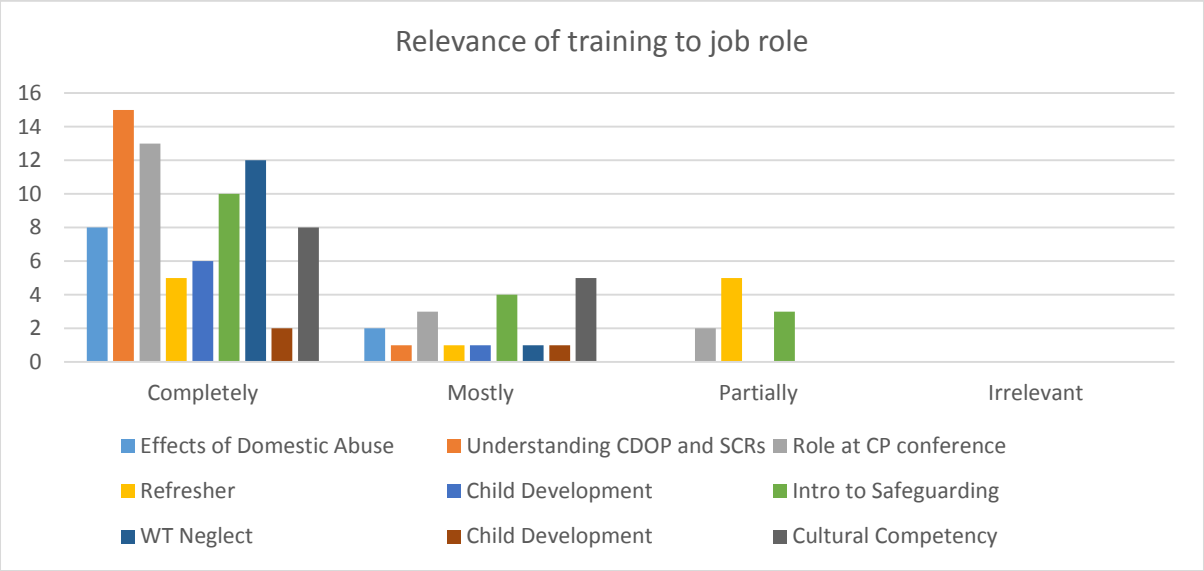
Perceived knowledge

In 2013/14 the impact of training was measured by way of an evaluation form that was distributed to all delegates at the completion of the training. The initial question focussed on whether delegates considered that their knowledge had increased as a result of attending the training. The table below evidences that all of the delegates considered that their knowledge had increased as a result of attending the training course. This is particularly apparent in the Understanding CDOP and SCR's, Cultural Competency, Effects of Domestic Abuse and Introduction to Safeguarding courses. The graph clearly evidences that the training had a positive impact on the delegates who attended.



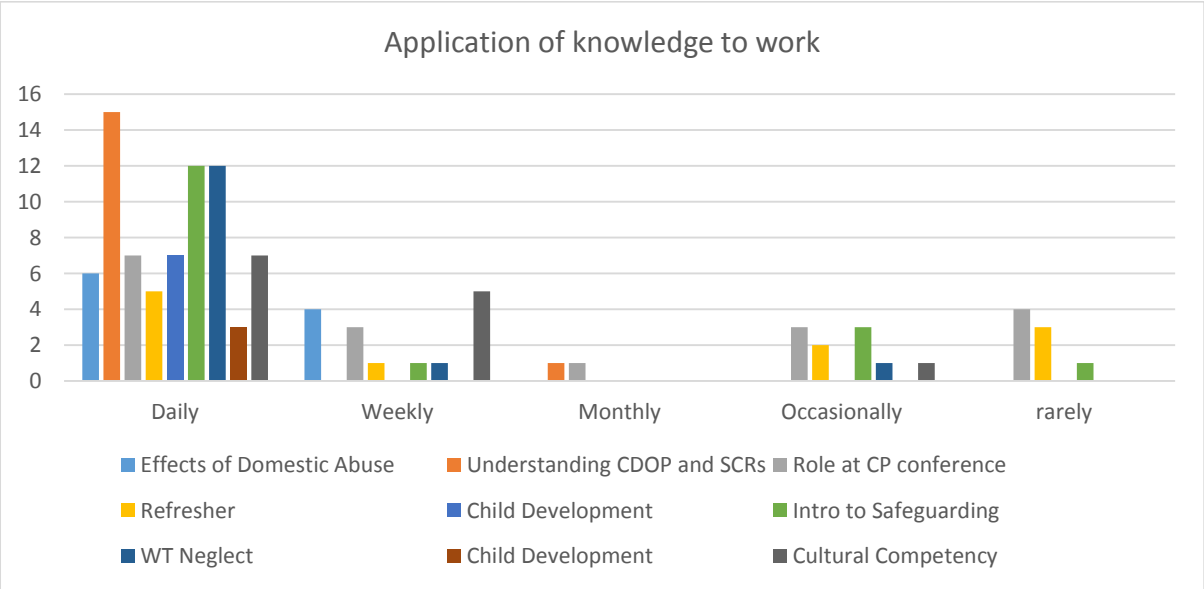
Relevance of training to job role

The PSCB recognises that training should be relevant and contribute to practitioners working practices. The evaluation form asks a specific question about whether the training was relevant to their job role. The graph below demonstrates that the vast majority of practitioners considered that the training was completely relevant to their job role. No delegates felt that the training was not relevant. Where delegates said the training was only partially relevant no further information was available as to why they had said this or what could have been changed to make the training more relevant. The evaluation form will be amended in 2014/15 to ask (where appropriate) why the training was partially relevant/ irrelevant and what could be changed to improve it.



Application of knowledge on practice

It is important that the knowledge that people gain from attending PSCB courses is relevant to their work and something that they can use in their day to day practice. The evaluation form requires delegates to estimate how often they will use the knowledge that they have gained. The graph below demonstrates how regularly delegates considered that they would use the information that they had learnt as a result of attending the training.

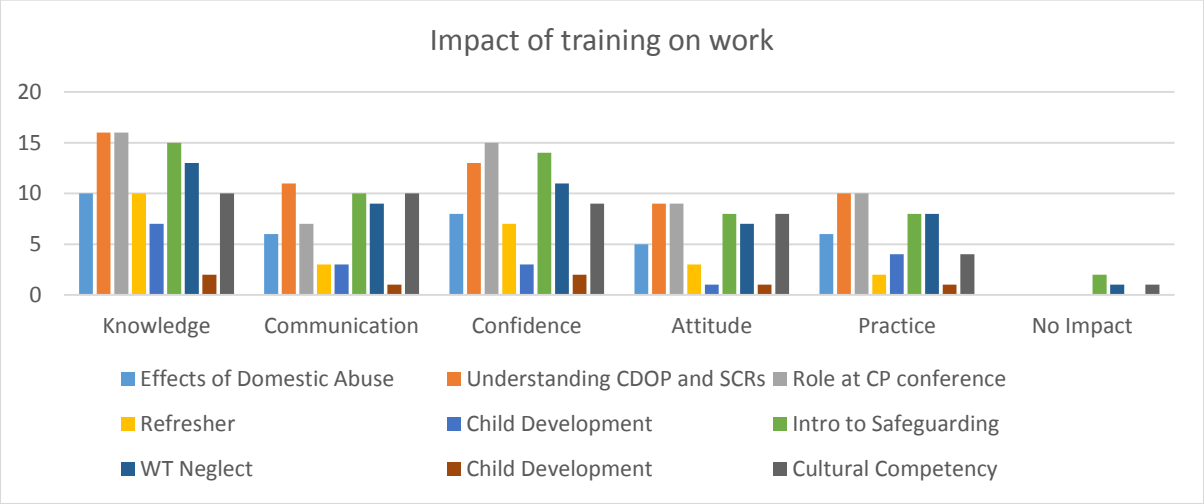


As can be seen above the vast majority of delegates considered that the information that they had learnt was important enough to use on a daily basis. Unfortunately the evaluation form did not ask delegates to expand on the reasons why they would only use the knowledge occasionally or rarely. Consequently, it is impossible to determine whether they would not use the knowledge because it was not helpful or because their job role was such that it did not warrant it. The evaluation form will be amended in 2014/15 to ask (where appropriate) why delegates would only use the knowledge they had gained occasionally/ rarely. This will provide an additional quality check on the standard of training being delivered.

"Thank you, the training was brilliant and I will use what I have learnt on a daily basis" – An introduction to Safeguarding Children

Impact of training on practice

Where delegates had confirmed that they would use the knowledge that they had acquired on the course, they were asked to give examples of how they would do this. The graph below indicates the answers given;



This graph clearly evidences the impact that the PSCB training has had on practitioners, knowledge, communication and confidence in dealing with safeguarding issues. The vast majority of delegates said that the training would impact on their working practice in a positive way. It is encouraging that only 4 people said that the training would have no impact on their working practice. The PSCB has noted that the Child Development course attained the lowest "scores" in terms of impact on training, this has resulted in the course being redeveloped in conjunction with early years and health colleagues.

"Information will be put on the EYFS and information boards"- Cultural Competency

PSCB Conference

This year's PSCB conference 'The Challenges of Safeguarding Children from Diverse Communities' was held on 7th November at the Kingsgate Centre, Peterborough. Speakers represented services local to Peterborough with the keynote speaker, Dr Fatima Hussain provided research evidence into cultural competence.

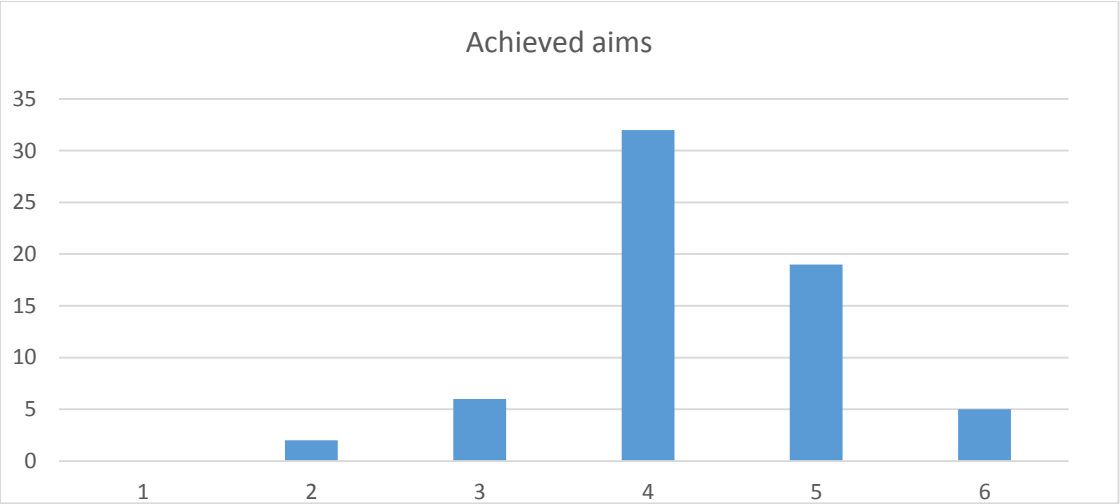
The aim of the conference was to enable practitioners to explore the challenges of safeguarding children from different cultures and communities and to share good practice.

The conference was attended by 109 delegates, and 62 completed evaluation forms were returned at the end of the day

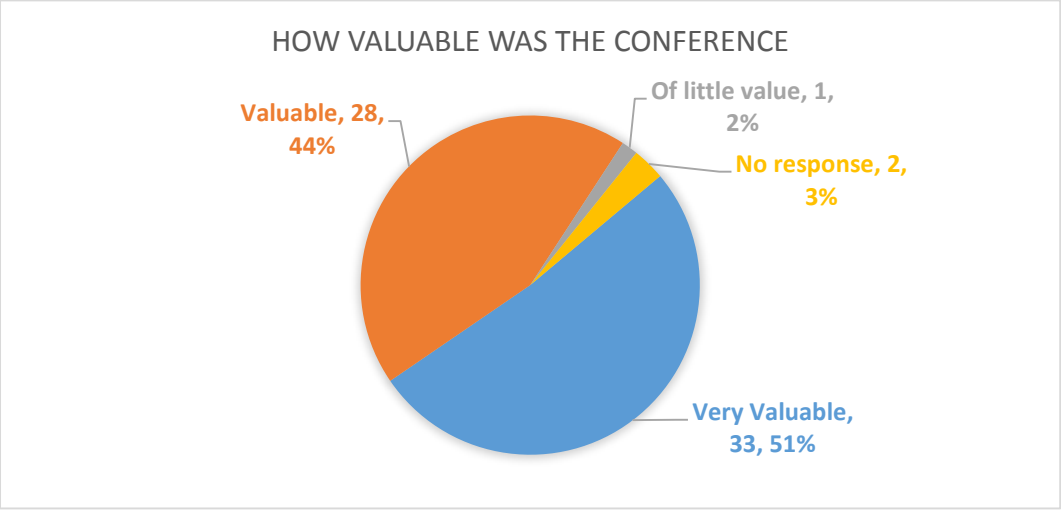
Feedback was very positive and overall satisfaction with the venue and catering was good. Some delegates felt that a question and answer session at the end of the conference would have been useful. This feedback will be used by the SLDG when organising the 2014/15 conference.

Analysis of the evaluation

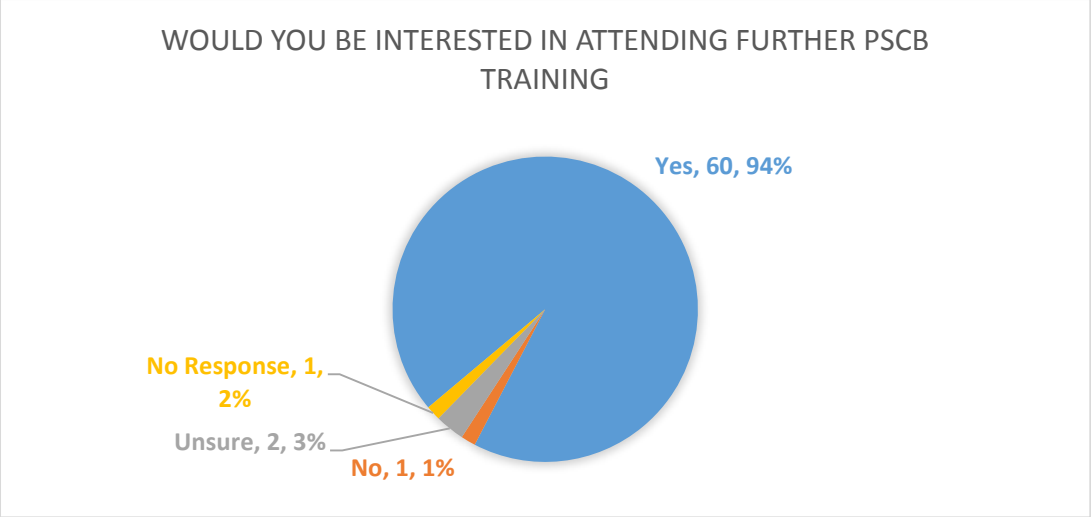
Delegates were asked to rate whether the conference had achieved its aims. 1 was not at all 6 was the aims had been completely reached and exceeded. The overwhelming majority felt that the aims of the conference had been met or exceeded.



Delegates were asked to comment to what extent they had found the conference useful. The graph below evidences their responses. It is encouraging that the majority of delegates who responded found the conference to be valuable or very valuable.



Delegates were asked whether they would be interested in attending further PSCB training. It is positive that the vast majority said that they would attend further training.



Overall, the evaluation of the conference was very pleasing and reflected delegate satisfaction. The venue and catering was excellent and the quality of speakers was also evaluated as very good. The delivery of information was varied and included DVD, question and answer panels and direct delivery, this was successful in holding the attention of the delegates throughout the day.

Next steps

Looking towards 2014-15, it has been agreed that we will move from a single day conference towards two half day events, allowing two significant LSCB priorities to be addressed – Sexual Exploitation in the autumn and Neglect in the early spring. Our plans for the coming year include additional learning events focused on neglect to move us towards that main conference in March. This hopefully demonstrates an increasingly proactive approach to training being offered within the city, rather than having a static approach of running the same courses year in, year out.

The work of the group has maintained a close eye on national best practice, new policy and directions of travel, and at the same time has focused on the key issues for the professional community in Peterborough and the children and families we work with.

Child Sexual Exploitation and Missing Group

Ensuring that children and young people are fully protected from CSE is a business priority for the PSCB. Peterborough Safeguarding Children Board has reacted positively to CSE by establishing both strategic and operational CSE groups. There is a joint Peterborough and Cambridgeshire CSE strategy and supporting action plan which is being effectively worked by agencies across the County and monitored through the Strategic CSE group. The PSCB has, through the Independent Chair, led on the partnership Gold Group, which was set up to deal with the series of investigations into CSE in Peterborough. This has allowed the PSCB to be at the centre of joint working.

The CSE action plan is structured under the themes below. This plan remains flexible to be able to meet local and national developments. The development of this plan includes enhancing the work undertaken within the initial task and finish group and mapping the recommendations from a number of national reports and Serious Case Reviews including:-

- CSE ACPO action plan
- All Party Parliamentary Group (APPG) on missing children
- Report from the Children Commissioner Nov 2013

- SCR Rochdale published Dec 2013
- SCR Oxfordshire

1. **Prevent; Public Confidence and Awareness**
   Child Sexual exploitation takes place within our communities; it is important that we engage and raise awareness of those at risk of CSE to prevent children from becoming victims. It is critical to victim and public confidence that the multi-agency partnership is reflected accurately through the media and other public facing communication methods.
2. **Protect: Protecting, Supporting, Safeguarding Victims and Managing Risk.**
   The absolute priority for the multi-agency partnership is to identify and protect children and young people at risk of or subject of sexual exploitation and to safeguard, support and prevent them from further harm.
3. **Pursue: Effective Investigations and Bringing offenders to Justice.**
   Tackling offending behaviour is critical to the effective prevention of CSE and protection of victims; this will be delivered through professional investigation, effective identification and targeting of perpetrators (including potential perpetrators) and robust offender management.
4. **Partnerships**
   Tackling Child Sexual Exploitation is one of the most important challenges facing safeguarding partnerships; the only way to tackle it effectively is through multi-agency working and a partnership approach. Our objective is to build on and strengthen existing partnerships and identify new partnerships (external and internal) to tackle Child Sexual Exploitation.
5. **Intelligence and Performance Monitoring**
   It is of critical importance that we gain a greater knowledge and understanding of Child Sexual Exploitation and how to target activity effectively at a local, regional and national level. Understanding and monitoring performance is vital to assist the effective promulgation of learning and sharing of best practice.
6. **Leadership**
   Tackling Child Sexual Exploitation is a multi-agency issue which requires clear leadership within all agencies who are willing to hold one another to account constructively.
7. **Learning and Development**
   The depth of knowledge held by frontline professionals in Child Sexual Exploitation is inconsistent; it is critical they have the understanding to recognise and respond effectively to Child Sexual Exploitation.

The group has developed information to assist parents/carers and professionals to identify early signs of exploitation and information for children and young people to identify risk to peers and seek assistance where required. In addition, The PSCB has delivered CSE awareness training to in excess of 480 approved drivers and developed CSE multi agency training for professionals.

A multi-agency risk assessment tool and pathways for investigation has been developed and implemented to ensure that there is a clear understanding between agencies and a coordinated response.

The PSCB responded to the need to inform and educate young people of the risks of CSE and in July 2013 it commissioned the drama piece Chelsea's Choice (drama piece which raises awareness of CSE) to be delivered in all secondary schools in Peterborough. In excess of 3,000 Year 8/9 students across the city saw the drama piece and the CSE awareness work has been followed up by the Police Safer Schools officers who have continued to roll out the "exploited" programme in secondary schools.

E-Safety

This is a group shared with the Cambridgeshire Safeguarding Children Board. This area continues to be a focus for the Board. The group has a work plan which is structured under five priorities.

- To support agencies in the safer use of Information Communication Technology
- Develop procedures for dealing with e safety incidents which also identify trends.
- Promote the awareness and understanding of E-safety issues.
- Develop standards by which agencies can self-audit.
- To support children and young people's participation in developing information for parents, carers and others.

The work of this group over the last year has included updating the guidance and information on the PSCB website for professionals, parents/carers and children and young people.

The group aims to respond to ever-changing trends in the use of technologies. This year, we have added an Incident Flowchart with guidance to support professionals with concerns arising from the use of technology.

There has been an update to the resources for Primary aged children and a focus on safe online gaming. After an incident involving grooming via Skype, the group responded actively by including advice on the safe use of Skype.

In order to support professionals, the group has produced advice about professional boundaries when using social networking sites; this includes guidance for foster carers.

Ensuring that communication via email is secure has been a significant focus for the group. It is not possible to be confident that all systems are secure but we produced 'Common Sense Email' to help individuals think about what and how information is to be sent.

All this information is available on www.peterboroughlscb.org.uk so that practitioners, young people and parents/carers can easily access it.

Health Safeguarding Group

2014 has been a period of great change in the NHS, with new lines of accountability being embedded and creation of new partnerships for example between the CCG and NHS England, as commissioners of health services. The Health Safeguarding Group (HSG) has continued to be well attended by health providers. The HSG continues to provide a forum for nurses and doctors to discuss such issues as CQC inspections, CSE

and challenging and complex individual issues. The group has been made aware of the national issue of "Children Missing in Health" with both community providers engaged in the national serious incident process.

The key aim has been the establishment of the Health Safeguarding Executive Board which had its inaugural meeting in February 2014.

The aim of the group is to strengthen and provide direction for the health community as well as agree the work plan for the Health Safeguarding Group for the forthcoming year.

Child Protection Information Network (CPIN)

The main purpose of this group is to provide a link between the PSCB and staff in schools who have responsibility for Safeguarding.

Schools play an extremely important role in the safeguarding of children and these half termly sessions provide an opportunity for designated staff to hear of PSCB updates, learn about the work of partner agencies, and discuss with peers any pressing and pertinent issues or concerns. They also provide a platform for sharing ideas and best practice and for celebrating successes. A recent audit provided the opportunity for schools to share their views on their own experience of working with CSC. Actions were agreed, to be worked upon by both parties.

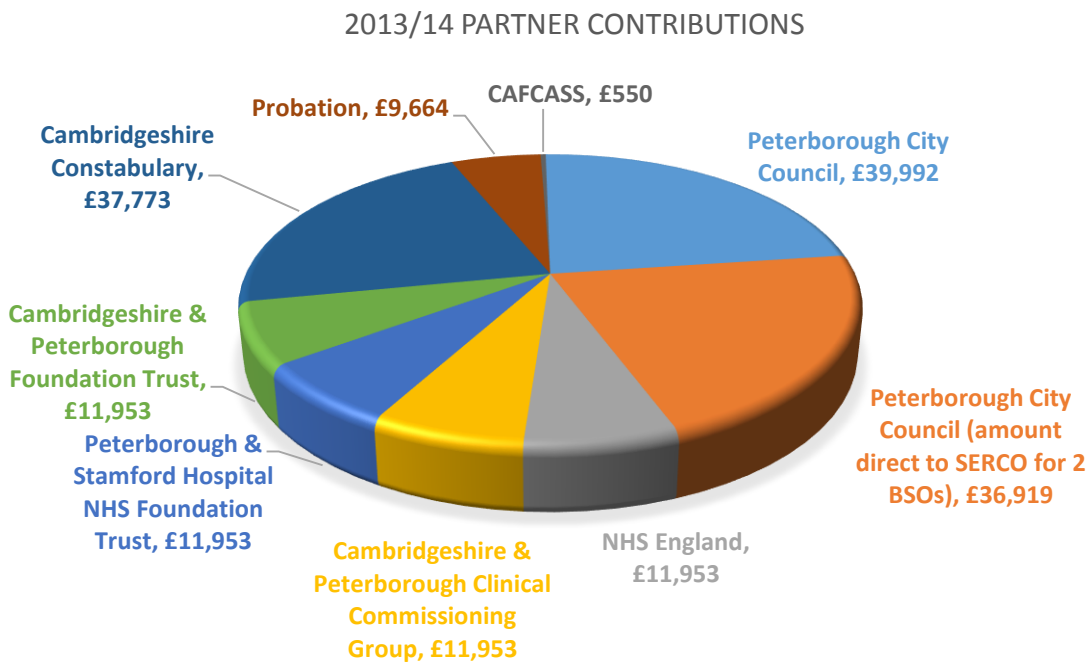
Attendance is open to all schools and settings and, although non-mandatory, there is very good representation from schools, colleges and early years. Recently, each network has been offered as an additional twilight session to facilitate those who may not be able to attend during the school day.

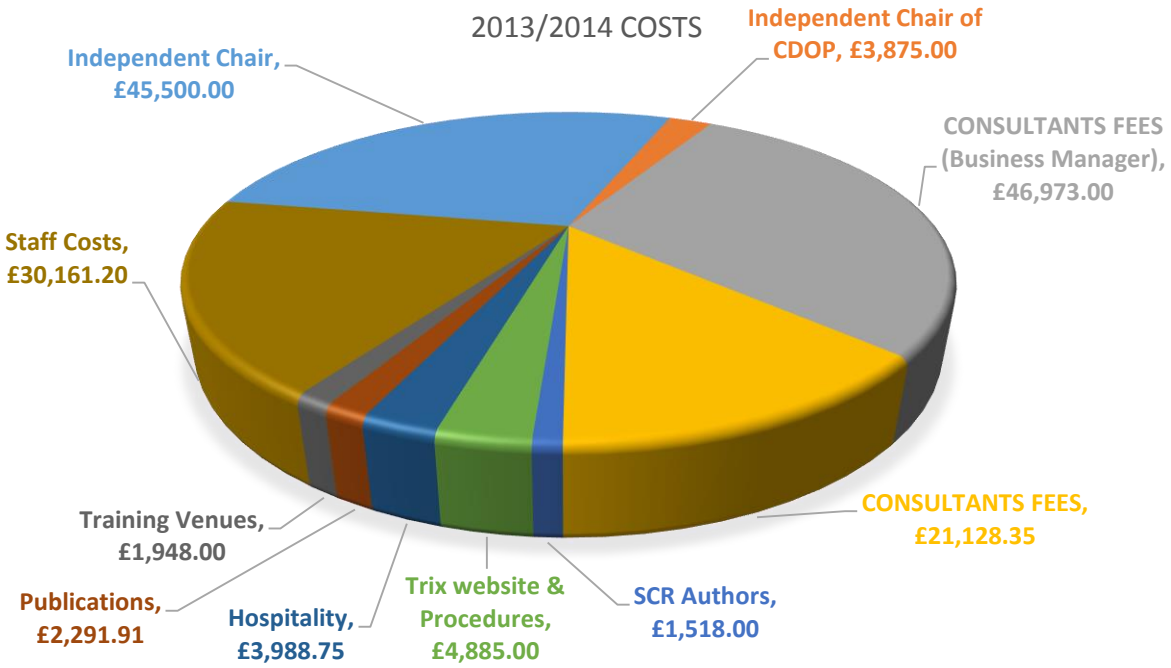
Current priorities include working to ensure compliance with actions within the Domestic Abuse action plan, further updating training and information within the realm of CSE, and developing a Safeguarding Curriculum for use within all local schools.

Supplementary sessions for school safeguarding staff have been held in addition to the information networks. These have focussed primarily on CSE and on working with the Police to raise awareness of extremisms and the wider range of potential vulnerabilities faced by some of our children.

Peterborough Safeguarding Children Board Budget 2013 - 14

The budget for the PSCB is made up of contributions from partner agencies.

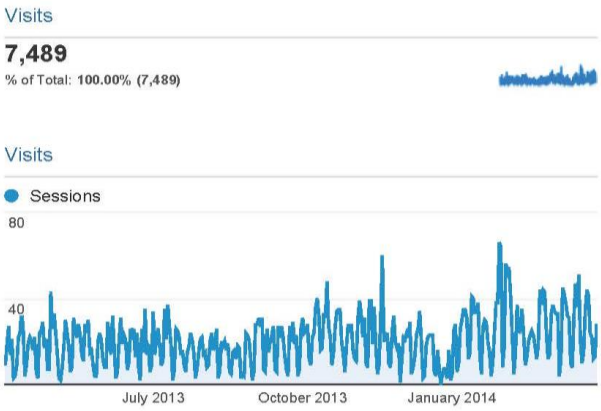


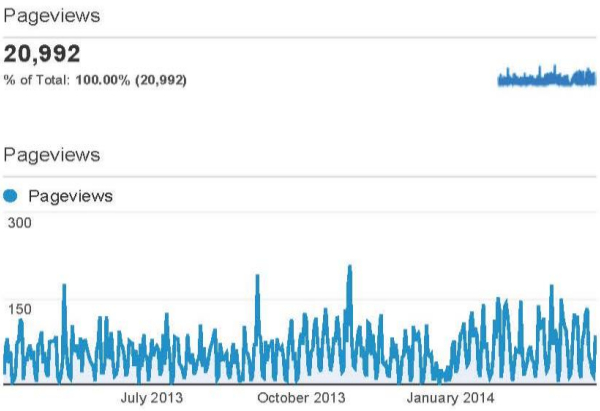


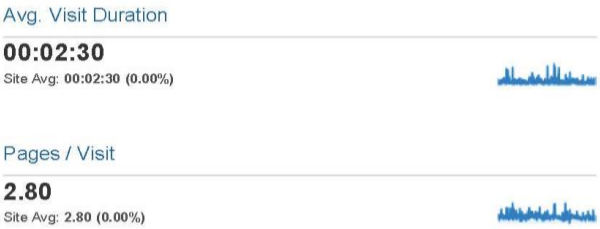
The PSCB has maintained a carryover of £60,000 as a contingency for Serious Case and other reviews that are required.

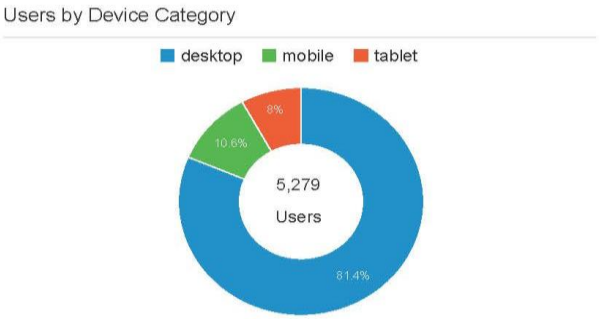
Raise Public Awareness and the profile of the board

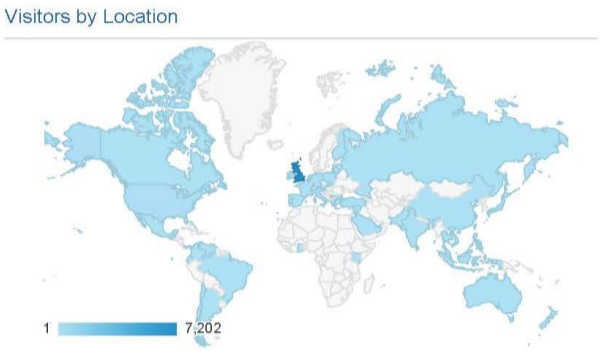
It remains a priority for the board to raise its profile and by doing so increase the awareness of safeguarding. One of the ways in which it does this is to have a website that is available not only to professionals but also to children and young people, and parents / carers. Some statistics on the use of the website can be seen below.











The board intend to initiate some new projects to increase further the overall awareness of the safeguarding board such as;-

- Attending organisational staff forums.
- Safeguarding Awareness Week
- Redesign of the PSCB website

Progress Against the Priorities Outlined in the 2013/14 Business Plan

The Business Plan for 2013 – 2014 was published as an appendix to the annual report 2012 – 2013. It was developed around 7 priorities which in turn informed the work of the sub-committees and was monitored by the Chairs' group, who in turn report to the Board on progress.

Action	Owner	Timescale	Progress and Impact	RAG
1 Ensure that that early help and preventative measures are effective				
Monitor indicator dataset to ensure progress	Quality & Effectiveness Subgroup	Ongoing	Dataset now in place and includes measures on Early Intervention for the board to monitor	Green
Review and publish a threshold document that includes: • the process for the early help assessment and the type and level of early help services to be provided; and • the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under: o section 17 of the Children Act 1989 (children in need); o section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm); o section 31 (care orders); and o Section 20 (duty to accommodate a child) of the Children Act 1989.	PSCB Business Unit	31st July 2013	Threshold document has been adopted by the PSCB as required in Working Together 2013. A task and finish has refreshed the document and the work has been signed off by the board and shared with all agencies. Impact is that all agencies will have a consistent awareness of thresholds and be working to the same thresholds.	Green
Support Joint Children Commissioning Board to achieve the Early Intervention Strategy and Connecting families to include;- • Promoting the threshold document	Independent Chair	31st March 2014	PSCB has monitored the effectiveness of MASG and assured that the process is effective.	Green
			PSCB has updated policies Parental mental health and Harmful Sexual behaviour to strengthen Early Intervention. Impact is that all agencies are following the same	Green

Action	Owner	Timescale	Progress and Impact	RAG
			policies and procedures that are based on recent guidance and research.	
• Embedding and promoting the use of CAF across all relevant organisations. • Promoting the effective use of MASGs • Promoting the multi-agency use of the Locality Toolkit and Services directory.	PSCB Board	31st March 2014	The board is redefining protocols to increase adult agencies use of the CAF. Use of the CAF is reported in the dataset and monitored.	Green
			The Family Services directory is linked on the PSCB website and promoted in media. Impact is that it will be easily accessible to professionals and the public.	Green
			The PSCB has developed and delivered an interactive Parenting Guide which links to the family directory. Impact is that professionals have an easy to use tool to assist families.	Green
Ensure that CiN processes and plans are robust and there is multi-agency engagement.	PSCB Board	31st March 2014	Multi-agency audit has highlighted the need for increased multi-agency focus on CiN. This is currently being monitored by the board.	Amber
			PSCB is monitoring audit activity and will receive reports on CiN	Amber
			PSCB members actioned to report on CiN engagement within their organisations.	Amber
			CiN task and finish group to be formed and take forward recommendations of CSC CiN audit.	Amber

Action	Owner	Timescale	Progress and Impact	RAG
2 Ensure that children at risk of significant harm are being effectively identified and protected				
Monitor indicator dataset to ensure progress	QEG	Ongoing	Measures included in	Green
Review the attendance of relevant agencies at child protection conferences along with the timeliness of reports being available	QEG	31st August 2013	Ofsted Action. Multi agency audit through QEG on attendance and action plan being monitored. Impact of the audit is that a new attendance monitoring process has been put in place. Data on attendance to be regularly reviewed at QEG and PSCB.	Green
			Monthly reporting now in place from Children Services on agency engagement and reporting. Impact is that the PSCB can assure itself that all relevant agencies are attending CPC and can hold agencies to account if they are not attending.	Green
Develop links with the strategic MAPP board to ensure that safeguarding is fully integrated into managing offenders who pose a risk to children	PSCB Business Manager	31st August 2013	Independent chair and business manager now part of SMB and local procedure developed.	Green
Ensure there are structures in place to maintain a PSCB focus on Looked after children, this to include links to:- • Corporate parenting panel • Independent Review Service • Children looked after placed out of authority	PSCB Business Manager	31st July 2013	Reporting cycle to board in place and necessary information included in dataset. Impact is that the Board is fully aware of practice and receives regular information and data on these services and can offer appropriate challenge.	Green

Action	Owner	Timescale	Progress and Impact	RAG
Develop a robust auditing programme that includes a focus on the experience of the child and the impact and outcome of service provision and that leads to the identification of themes and plans for improvement which are robustly implemented and monitored	QEG	31st August 2013	Ofsted Action Auditing programme developed and delivered through QEG (includes single and multi agency audit) Reports on children and Young Persons experience at conference reports to board. Impact is the PSCB is assured about the quality of practice and can challenge any issues raised	Green
3 Ensure that everyone is making a significant and meaningful contribution to safeguarding children				
Monitor indicator dataset to ensure progress	QEG	Ongoing	Measures in dataset on CAF/ referral and training detailed by agency and monitored	Green
Monitor and coordinate the development of local protocols for assessment which include;- • Assessments are timely transparent and proportionate. • Set out the needs of disabled, young carers and children in youth justice. • Clarify how agencies can make contribution. Establish how assessments can be linked to other specialist assessments.	Children Services	31st March 2013	Working Together 2013 Assessment framework being delivered by Children Services and monitored by board. Impact is that assessments are completed consistently	Green
Develop a multi-agency safeguarding recognition scheme	Business unit	31st August 2013	Commenced July 2013	Green
Develop a multi-agency safeguarding suggestion scheme to promote the role of the board and capture innovation and good practice	Business unit	31st August 2013	Commenced July 2013	Green

Action	Owner	Timescale	Progress and Impact	RAG
4 Ensure the workforce has the right skills, knowledge an capacity to appropriately safeguard children in Peterborough				
Monitor indicator dataset to ensure progress	QEG	Ongoing	Training by agency monitored by the board through the dataset.	Green
Deliver a multi-agency training strategy to equip the workforce to identify and assess children and families in need of early help and to protect children from significant harm to include :- • Safeguarding disabled children • Protecting children from the Internet • Parental substance misuse • Child Abuse	SLDG	March 2014	Training brochure developed and delivering required multi-agency training. Impact is that practitioners are equipped with the right skills and knowledge to safeguard children.	Green
Ensure that the learning from case reviews and audit is effectively disseminated	SLDG	March 2014	Mandated training to be delivered on W review. Impact lessons from review are shared.	Green
			National SCRs monitored and action plans in place where necessary. Impact lessons from reviews are shared .	Green
Establish closer links with the multi-agency workforce to allow the board to understand issues and barriers to effective safeguarding	PSCB Business Manager	December 2013	Delivered PSCB briefings to Social Workers Forum and Police Managers. Business manager to be part of the health sub group.	Green
			Formation of operational safeguarding managers and practitioners forum	Amber
Ensure that the lessons from Local, regional and national Case Reviews and audits are appropriately disseminated and lessons learned.	SDLG	March 2014	Subject to regular staff briefings and media dissemination.	Green

Action	Owner	Timescale	Progress and Impact	RAG
			Impact – lessons from reviews are shared across agencies.	
5 Know and understand the needs of all sectors of our community and are able to identify safeguarding issues within them				
Monitor indicator dataset to ensure progress	QEG	Ongoing	Measures s included in the multi-agency dataset and monitored through QEG	Green
Develop better links between PSCB and community cohesion in Peterborough	PSCB Business Manager	31st July 2013	Regular meetings held with community cohesion lead, formation of Communication and Development group of which cohesion leads are members. Impact – PSCB can begin to understand needs of all sectors of Peterborough communities.	Green
Develop closer links with faith groups in Peterborough	PSCB Business Manager	31st March 2013	Initial work on safeguarding in Madrasahs to be expanded as part of the PSCB annual conference in November. Impact – Madrasahs are all aware of safeguarding issues, policies and procedures and have an established link to the work of the safeguarding board.	Green
Develop a structure to capture the voice of children and young people on safeguarding issues.	Independent Chair & PSCB Business Manager	31st September 2013	Formation of youth ambassadors network in conjunction with CSC participation to Heads Forum in September 2013. Impact – PSCB can capture the voice of children and young people across Peterborough	Green

Action	Owner	Timescale	Progress and Impact	RAG
			Youth MP appointed as PSCB lay member. Impact – PSCB can capture the voice of children and young people across Peterborough.	Green
Develop links with HMP Peterborough to ensure that safeguarding is integrated into the appropriate areas of work	PSCB Business Manager	31st August 2013	Links in place. HMP Peterborough mother and baby unit completed s11 audit for the first time. Impact – PSCB can assure itself that HMP Peterborough is making a significant and meaningful contribution to safeguarding and challenge where appropriate.	Green
6 Know that children are fully protected by all agencies from the effects of domestic abuse and neglect				
Monitor indicator dataset to ensure progress	QEG	Ongoing	Measures on MARAC and from police included in dataset and monitored through QEG/ board.	Green
Support the implementation of the Peterborough Domestic Abuse Strategy	Independent Chair	31st December 2013	Business manager now part of the domestic abuse governance group. Impact – the PSCB can assure itself that the DA process in Peterborough is effective and all agencies are playing an active part.	Green
			Update to board January and monitoring by board on progress. Impact – the PSCB can assure itself that the DA process in Peterborough is effective and all agencies are playing an active part.	Green

Action	Owner	Timescale	Progress and Impact	RAG
			Multi-agency audit in March 2014	Amber
Deliver appropriate multi agency domestic abuse and neglect training	SLDG	31st March 2014	Domestic abuse training delivered as part of multi-agency training. Impact – Practitioners are equipped with knowledge to safeguard children	Green
Review and raise awareness or the PSCB good Parenting Guide ensuring it is focused and available to diverse communities	PSCB Business Manager	31st December 2013	Guide being developed to include domestic abuse. Impact – Practitioners are equipped with knowledge to safeguard children	Green
Raise the awareness to the signs of neglect in all agencies	SLDG	31st December 2013	Supported neglect briefings to CSC managers. To develop greater awareness. Impact – Practitioners are equipped with knowledge to safeguard children	Green
Enhance the links between PSCB and the Domestic Abuse Governance Group.	PSCB Business Manager	31st July 2013	Business manager now part of the group.	Green
7 Ensure that all children are fully protected from the effects of CSE				
Monitor indicator dataset to ensure progress	QEG	Ongoing	Relevant measures in dataset.	Green
Develop the multi-agency strategy to identify and respond to CSE	CSE sub group	31st July 2013	Strategy in place to be refreshed by newly formed strategic group in light of national developments. Impact – PSCB can assure itself that CSE is being dealt with effectively by all agencies and processes are fit for purpose.	Green

Action	Owner	Timescale	Progress and Impact	RAG
			Action plan developed from ACPO, APPG, Children Commissioner and SCR recommendations and monitored through strategic group.	Green
Continue to raise the awareness CSE with children and young people, parents/carers and professionals.	CSE sub group	31st March 2014	Training, website, newsletter and dissemination of national learning via the strategic group. Impact – Practitioners, young people, parents and carers are equipped with consistent knowledge about CSE and know what to do if they came across cases of CSE.	Amber
			Membership of the NWG. Impact – The safeguarding board has access to cse materials and resources and up to date guidance.	Green
			Briefings to all approved and voluntary drivers.	Green
			Chelsea's Choice to schools to be followed up by Exploited video delivered by safer Schools officers. Impact – Practitioners, young people, parents and carers are equipped with consistent knowledge about CSE and know what to do if they came across cases of CSE.	
			Further awareness work needs to be undertaken with parents/ carers	Amber

Action	Owner	Timescale	Progress and Impact	RAG
Review practice in relation to responding to CSE and disseminate any learning	PSCB Business Unit	31st March 2014	Scoping exercise commenced, results will be used to identify gaps in service provision. Impact – PSCB is assured that there are no gaps in service provision and if there are these can be addressed.	Amber
	Case Review Subcommittee		SCR re CSE commenced	Amber
Deliver effective multi agency training on CSE	SLDG	31st March 2014	Multi agency training continues to be delivered. Impact – Practitioners, young people, parents and carers are equipped with consistent knowledge about CSE and know what to do if they came across cases of CSE.	Green
Develop greater awareness in schools of CSE	SLDG	31st March 2014	Drama delivered to all year 8 and 9 children. To be further evaluated. Impact – Practitioners, young people, parents and carers are equipped with consistent knowledge about CSE and know what to do if they came across cases of CSE.	Green
8 Governance and structure of PSCB				
Ensure that there are clear links between PSCB, the Health and Wellbeing Board and Joint Children's Commissioning Board	Independent Chair	31st July 2013	Independent chair represents PSCB at both groups. Reports presented to PSCB.	Green
Develop a dataset that delivers high quality information to allow PSCB to monitor and challenge practice across all agencies	QEG PSCB Business unit	31st July 2013	Ofsted Action Multi-agency action plan in place.	Green
Review the membership of the board	Independent Chair	31st July 2013	Representation now from voluntary sector, Primary schools, Fire and	Green

Action	Owner	Timescale	Progress and Impact	RAG
			Rescue, and National Health commissioning board.	
Review and agree the sub group structure of PSCB	Chairs Group	30th August 2013	Review complete. New structure in place.	Green
Develop and agree PSCB Priorities and monitoring framework	PSCB Business Unit	31st June 2013	Priorities agreed and published and linked to the performance framework.	Green
Review and agree PSCB risk register	Business manager	31st July 2013	Risk register refreshed and linked to business priorities.	Green
Develop and trial systemic approaches to SCR and other case reviews • Develop process to audit and monitor SCR decisions and actions arising	Business manager	31st September 2013	Discussed in SCR – a case by case approach will be taken. Examples available methodologies has been gathered.	Green

The Local Context

Peterborough has a fast growing child population:

The table below indicates the projected population increase in the City among children and young people. These figures are from the projections carried out in 2010 by the LGSS Research, Performance and Business Intelligence Team [RPBIT] on behalf of Peterborough City Council. It is important to note that these projections differ from those produced by the Office for National Statistics [ONS].

RPBIT data takes into account the impact of policy and planning decisions in any particular area, while ONS data is simply trend data based on previous population growth. In cities such as Peterborough where there are ambitious plans for growth, ONS data will always therefore predict slower increases in population growth than those predicted by RPBIT.

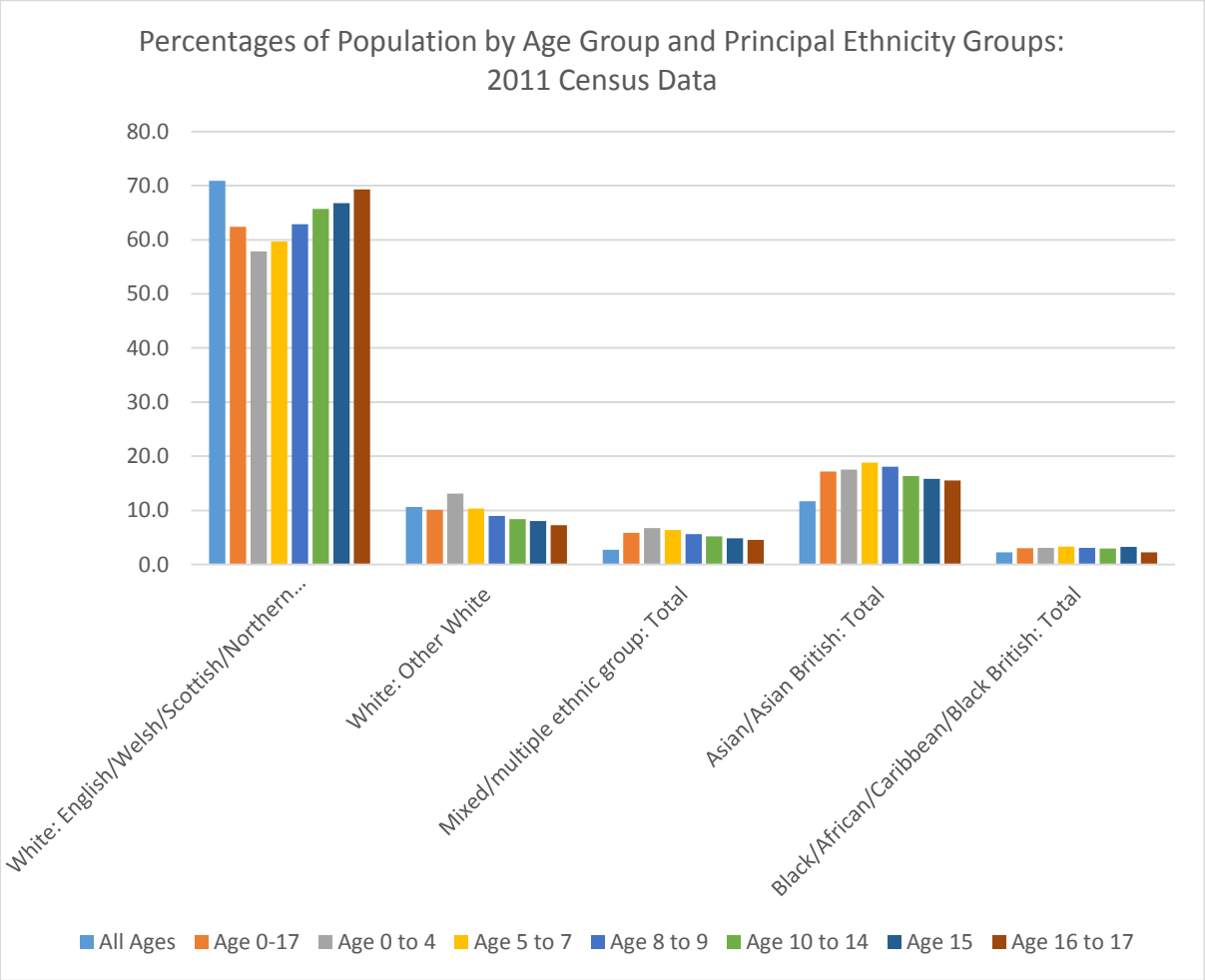
Age Group	2011	2013 [1]	2016	% change 2013-16	2021	% change 2013-21	2026	% change 2013-26	2031	% change 2013-31
0-4	14,300	14940	15,900	6%	17,500	17%	17,300	16%	17,100	14%
5-10	13,800	15320	17,600	15%	19,800	29%	21,000	37%	20,800	36%
11-15	10,800	11000	11,300	3%	14,500	32%	16,000	45%	17,000	55%
16-19	8,200	8320	8,500	2%	9,000	8%	11,400	37%	12,400	49%

While the growth rate of 0-4 year olds stabilises from 2021, the projection is that there will be 17% more children in this age range in 2021 than there were in 2013. It is projected that there will be an almost 30% increase in the number of children aged between 5 and 10 over this period and a 32% increase in the number of young people aged 11-15. The population of children and young people aged 0-18 is projected to increase by 21% between 2013 and 2021.

[1] 2013 figures are estimated by assuming growth between 2011 and 2016 for each age band follows a linear progression between these years.

Peterborough's population is becoming increasingly diverse:

The graph below indicates how rapidly this increasing diversity of population is taking place across the age bands:



So, while the proportion of our 16 and 17 year olds who are from White British populations is broadly similar to the all age population at around 70%, among 0-4 year olds, the White British population is 58% of the total.

Between October 2012 and 2013 there was an increase in pupil numbers of just over 1,000; 91% of these had English as an Additional Language and, according to the 2013 school census, there are now 135 languages spoken in our schools.

This rapidly increasing and changing population is likely to place additional pressures on services over the coming years. An increasing population of children implies that, all things being equal, there will be increasing numbers of children who are in need, including those who are in need of protection and/or looking after. The PSCB will need to ensure that it has an awareness of safeguarding issues in all sectors of Peterborough's communities. This in itself will be a challenge for the Board.

The PSCB has taken initial actions, in November 2013 a multi agency conference "The challenges of safeguarding children from diverse communities" was held. In excess of 100 delegates attended from a range of agencies. The conference enabled practitioners to explore practice issues and share good practice. The PSCB also ran several multi agency training sessions on cultural competency (additional information about these can be found in the Strategic Learning and Development Group section of this report. The next step for the PSCB has been to establish a Communication and Engagement Group. One of the main remit's

of this group is to establish links with Peterborough communities. This will be a priority for the Board in 2014/15

Increasing diversity among the population served means that it is more important than ever to reach into the communities that we are serving, ensuring that differences in expectations around issues such as the point in a child's life when they start education are widely understood among newly arrived communities.

We must use improving community links to enable us to recruit a workforce that reflects the changing communities that we serve. Working through interpreters, for example, can never provide the same quality of intervention as when communicating in a first language, regardless of the skills of the worker and interpreter concerned. This is particularly so in highly stressful situations such as those surrounding child welfare matters and within a context of radically different cultural expectations.

It is likely that many of the people who have skills that we need to grow and develop to enable us to meet these challenges are already here, often working in other jobs and services. This is therefore our key challenge – to grow the capacity of the communities that make up the City – and this is a key priority area for the Communities Directorate in its work to enable all children and young people in the City to achieve the best possible outcomes in a sustainable way.

Child and family poverty in Peterborough

Child poverty (and poverty in general) is a significant issue in Peterborough. Almost a quarter of our children live in poverty compared to 18% nationally (defined as living in households with an income of 60% or less of the median household income).

The Child Poverty Act 2010 sets challenging UK-wide targets to be met by 2020. These targets are to:

- reduce the number of children who live in families with income below 60% of the median to less than 10%
- reduce the proportion of children who live below an income threshold fixed in real terms to less than 5 per cent.

Children who grow up in homes of persistent poverty are more likely to suffer poorer health, have a lower life expectancy, perform less well at school and have lower self-aspirations and self-esteem

What Do We Know About Poverty In Peterborough?

At the time of writing:

- Peterborough is ranked 71st most deprived local authority district out of a total of 326 nationally
- Nearly 36% of Peterborough's Lower Super Output Areas are in the most deprived 20% nationally, with one featuring in the bottom 4% nationally
- Compared to the rest of the country, Peterborough's total median annual pay (gross) is only slightly below the national average of £21,794
- Whilst numbers of job vacancies have risen, there has been an increase in Job Seeker Allowance claimants
- The available jobs do not match the skills available from a majority of our unemployed citizens
- Life expectancy in Peterborough is significantly lower than the UK average
- 11,256 households (15.6%) live in fuel poverty, although this is slightly below the national average of 16.1%

The PSCB acknowledges that ending child and family poverty requires concerted, coordinated leadership and action across the whole range of local services, and the Act places a duty on all local authorities and

their partners to cooperate to tackle child poverty in their area. They are required to prepare and publish a local needs assessment and also to prepare a joint local child poverty strategy.

The Peterborough poverty strategy sets out our goals for ensuring that all our children and families can achieve their full potential, and describes the steps we will take to achieve them. Services will work to narrow the gap in outcomes between the most and least disadvantaged groups and help to remove barriers to employment and training.

Early Intervention and Prevention

The PSCB recognises the need for all agencies to work together to identify and deliver help to children and young people at the very earliest opportunity. In 2013/14 the effectiveness of early help has been a priority for the PSCB. The board can do much to promote and coordinate this approach and to hold organisations to account to ensure that safeguarding is at the forefront of all activity.

The PSCB has delegated the lead for early help to the Children and Families Joint Commissioning Board (CFJCB). The PSCB Independent Chair sits on the CFJCB and the continued activity of all agencies to promote and embrace early intervention and prevention will be monitored by the PSCB.

The Children and Families Joint Commissioning Board (CFJCB) brings together a wide range of partners to undertake the analysis of need, resources, strategic service development and commissioning priorities and outcomes, setting the framework for joint working arrangements. This work has been captured in the *Early Intervention and Prevention Strategy in Peterborough*.

The work of the CFJCB and its delivery groups is to be based on the desire to work together to ensure the sustainable delivery of:

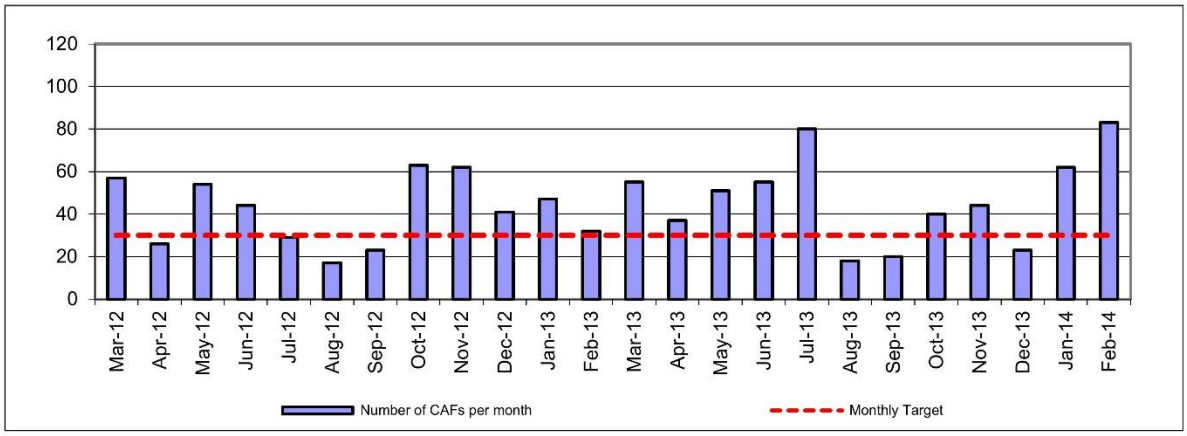
- The right services
- To the right children, young people and families
- In the right place
- At the right time
- For the right price.

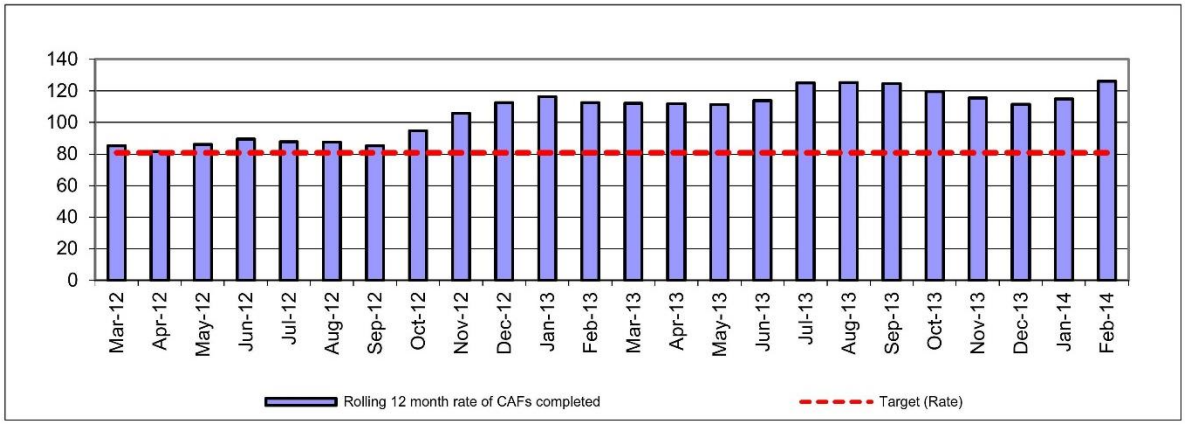
The strategy includes a wide ranging, cross-cutting set of aims and objectives. These are being taken forward by a small number of delivery groups.

Some of the work has included establishing Multi Agency Support Groups (MASG), which seeks to coordinate better the service provided to high need families by all agencies. Each contributing agency has provided the services of a 'Connector' who come together as a virtual team and whose activity is coordinated by the Connecting Families coordinator.

Use of the Early Help Assessment [CAF]

The numbers of new CAFs registered continues to grow year on year, as illustrated by the chart below:





As a large proportion of CAFs are registered by schools, the numbers of new CAFs registered fluctuate throughout the year, and can vary quite markedly from week to week – during half term, for example.

Contacts Not Meeting Children's Social Care Threshold where CAF is recommended

Consent from the family must be obtained before a contact that does not meet Children's Social Care threshold but that might benefit from a CAF can be passed from the Contact Centre to the CAF team for the team to begin making enquiries and identify a person who can act as lead professional and initiate a CAF assessment.

The new e-CAF system prevents contacts being passed to the CAF team unless this explicit consent is evidenced.

When consent has been obtained, the CAF team often continue to struggle to persuade practitioners to initiate a CAF, despite offering support and training wherever they can.

Raising the Profile of the Early Help Assessment [CAF]

eCAF was launched to partners in January 2014. Summary of expected benefits include:

1. Recording and management of the whole Common Assessment Framework process
2. Ability to invite assessment contributions from a range of partners
3. Ability to conduct whole family assessments with ability to record the differing needs of each child separately if appropriate

4. Ability to use the system to set up Team Around The Child (or family) meetings, create action plans and monitor progress
5. Ability to escalate electronically and refer cases into Children's Social Care when the situation has deteriorated and also ability to receive de-escalations from Children's Social Care where it is deemed support at a CAF/TAC level would be appropriate.

The CAF team has so far trained in excess of 220 practitioners across the City in the use of the e-CAF. Sixty more are booked on to training in the coming months and training will continue into the next academic year.

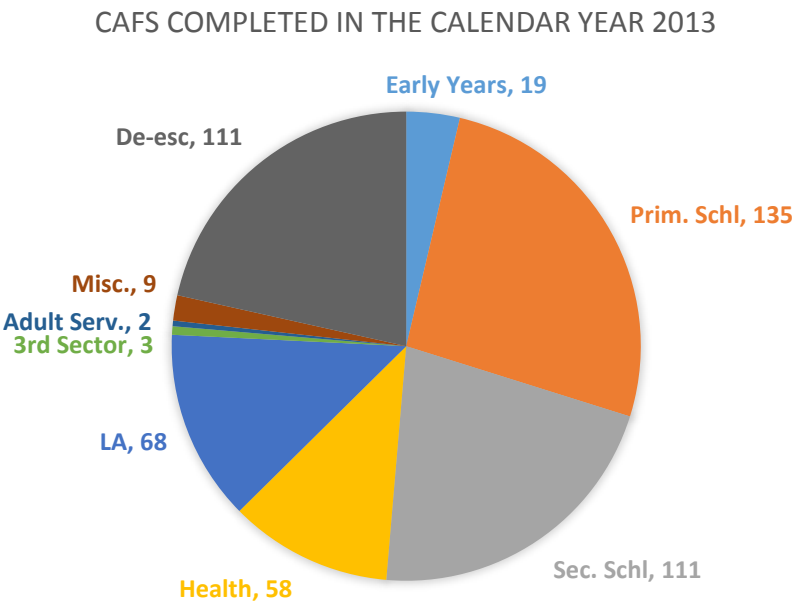
However, it does remain the case that the best way to encourage new partners to initiate a CAF is if they can see active benefit in doing so.

The CAF is increasingly becoming the early help assessment required as a pre-cursor in accessing a range of other services and these developments need to continue.

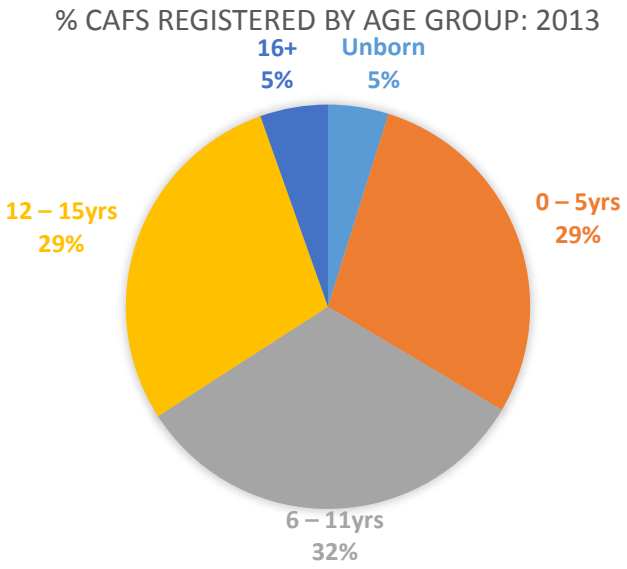
For example, in developing new approaches to supporting behaviour within primary schools, it will be important to ensure that access is through a proper early help assessment. This is not simply because we want to increase the use of the CAF, but because all the evidence shows that an informed holistic assessment of strengths and needs within a family and community context is essential if support services are to have impact.

Sources of CAF

The table below shows the source of the CAFs completed in the calendar year 2013:



Numbers completed by adult services colleagues in particular remain low although the fact that any have been initiated reflects progress from previous years. The following chart shows the percentage of CAF's registered by age range:



This shows that of all the CAF's registered in the calendar year to date, only 25 relate to unborn babies. This figure could be considered to be low although it may reflect the impact of the development of the Healthy Child programme, which sets out a much clearer maternal and child health pathway for pregnant mothers through to early years. However, it is an issue to be further investigated with child health commissioners and providers to ensure, for example, that Health Visitors and midwives are actively completing CAF's where appropriate.

Impact of CAF

Six months after registering a CAF, the CAF initiators for all CAF's completed by partners are contacted and requested to complete a questionnaire to ascertain the level of progress made at this point. Practitioners are asked:

1. Has progress been made?
2. If yes, in what areas?
3. Have specific achievement been made?
4. If yes, what?
5. What have been the main contributing factors to achieving progress?
6. Have there been any negative outcomes?
7. If yes, what?
8. Do you currently have any concerns about the family?
9. Has the family made the level of progress you would expect?
10. Could anything have been done differently to improve outcomes?

Return rates usually vary between 10% and 35%, which although low is not an uncommon rate of response to questionnaires. The responses to each of the above questions are scored and an overall percentage score is arrived at, with anything over 50% indicating improvement since the CAF was initiated. The most up to date analysis of the returns indicates an average score of 73%, demonstrating that in most cases improvement has been seen as result of the CAF being initiated. A selection of comments is set out in the table below:

Month: CAF's registered in July 2013. Updates requested in January 2014		
CAF URN	Percentage Score	Comments
***** (Unique Reference Numbers deleted for the purpose of this report)**	100%	Progress has been made. Changes in parenting have been noted. Mum is setting clear and consistent boundaries and is establishing a routine. This has had impact on K's behaviour. He is listening to and responding to mum. Mum is more confident and is now attending the Webster Stratton course. Attendance at school has improved. Parents are working together. Dad is supporting mum.
*******	57%	Progress has been made. S was at risk of being permanently excluded but since being at our young people's centre he has achieved GCSE status. Some new concerns raised at home, but mum is currently refusing to engage with the CAF process.
*******	100%	Positive progress made. In the main due to positive parental role model; willingness for all parties to engage in the process; successful completing of YOS programme.
*******	57%	Mum has accessed speech and language appointments for H and H's speech has improved. Lead Professional feels mum has not engaged as much as she had hoped.
*******	71%	Case opened to Children's Social Care following disclosure by younger sibling therefore events overtaken by disclosure.

The returned questionnaires are followed up with practitioners, managers, colleagues and services in order to improve impact and address any issues. Key themes are discussed at the CAF workshops, which are held once per term and are attended by a wide range of practitioners who act as lead professionals.

Child and Family Voice

The CAF team analyses the content of child and family comments on all CAFs that are submitted. Any issues of concern are picked up immediately with the lead professional.

A selection of recent comments can be found in the following table:

Child/Family Comments Recorded on CAFs as analysed in January 2014		
CAF/Liquid Logic no	**Parent/carer comments**	**Child/young person comments**
*** (Unique Reference Numbers deleted for the purpose of this report)	Mr B was happy with the decision to close the CAF and will continue to engage with ASPIRE drug services as planned	
***	Parents do feel that progress is being made slowly. They are being positive and T is working well with M.	T feels that things are getting a bit better. T expressed that he has stopped fighting and is sharing. T says he has a reward chart at home. He has to be good for 7 days and then can get a treat.

***	Dad is pleased that N is happier in school and that there are no more reports of bullying.	N feels happier in school and looks forward to his weekly meetings with Mr M.
***	I think that our family has benefitted from the support as O's well-being has improved, and is much calmer. It is great O is attending school now and I hope he continues to manage this, and hopefully have a letter time with people and learning	
***	Mum is pleased that H is now settled in his home and school life. She is also pleased with the help and support she is receiving from the Academy	H said he is happy at the moment but is worried about catching up with his coursework, but was re-assured when we said that help would be provided.
***	I agree with everything that has been written and have nothing further to add	Z did not want to write a statement to add anything

Multi-Agency Support Groups (MASG)

The MASG's have had a very positive impact on families in Peterborough Over 400 families have been supported through the MASG since the panels began in September 2012. Over 70% of these families have been presented to the Central and East and North West and Rural panels, with the latter area having the largest number of referrals overall at 37% of the total.

The most common reasons for referral to the MASG remain behaviour/boundaries and domestic abuse. Domestic abuse also remains one of the most frequent factors behind cases being re-referred into Children's Social Care, because of repeat incidents or the return of a violent partner to the home, often also combined with non-engagement.

Partner engagement within the MASG system remains very high and all agencies represented at the point of launch continue to attend the panels. This is testament to the value that partners see in working together to address the needs of families facing some of the most complex issues in the City.

The NSPCC continues to offer significant support through the MASG through parenting support programmes such as VIG and Triple P. Spot-purchased family support services are also used to support a number of families. However, as before, it is often simply bringing agencies together around the table and agreeing a means of joining up the support available that makes the difference.

Impact of MASG

Earlier in 2013, a report analysing the impact of the MASG panels on the first 300 referrals was produced. This showed that among those families accessing support through the panels, impact that could be attributed to the MASGs could be demonstrated in 42% of families through analysis of the distance-measured tool.

Given that families are only discussed at the MASG because they are being stepped down after assessment within Children's Social Care or because community-based TAC approaches have become stuck and are not achieving progress, this was a positive result.

However, it was also one that depended on the return of information from lead professionals and support services, which has sometimes been difficult to obtain and is inconsistent in its format. There was also no direct analysis of the voice of the child, young person or their family; this was only available through the lead professional or partners working with the family.

The partnership in Peterborough has committed to the development of the Outcomes Star as a means of working more effectively with families, children and young people, as well as providing a consistent and evidenced-based model for measuring distance travelled that places the family voice at the centre. Training on the use of Outcome Star as a distance measured tool is currently taking place with partners and it is hoped will start to be used to help measure impact of support and interventions during the coming months.

Conclusions and Future Priorities:

eCAF was launched to partners in January 2014. This is being received well by partners and early indications are that partners are engaging. MASG panels continue to receive large numbers of referrals and are continuing to have an impact on supporting families at a targeted level.

Priorities 2014-2015

1. Embed the use of eCAF across all partner agencies
2. Continue to promote the use of MASG's across all agencies
3. Utilise data produced from eCAF to identify where early help assessments are not taking place where families may benefit from this and support those agencies to engage in the process.
4. Continue to raise the profile of CAF as an early intervention tool and way of supporting families at a targeted level
5. Promote the use of Outcome Star where appropriate as a distance measured tool

The PSCB will continue to monitor progress against these actions.

Child Protection Plans

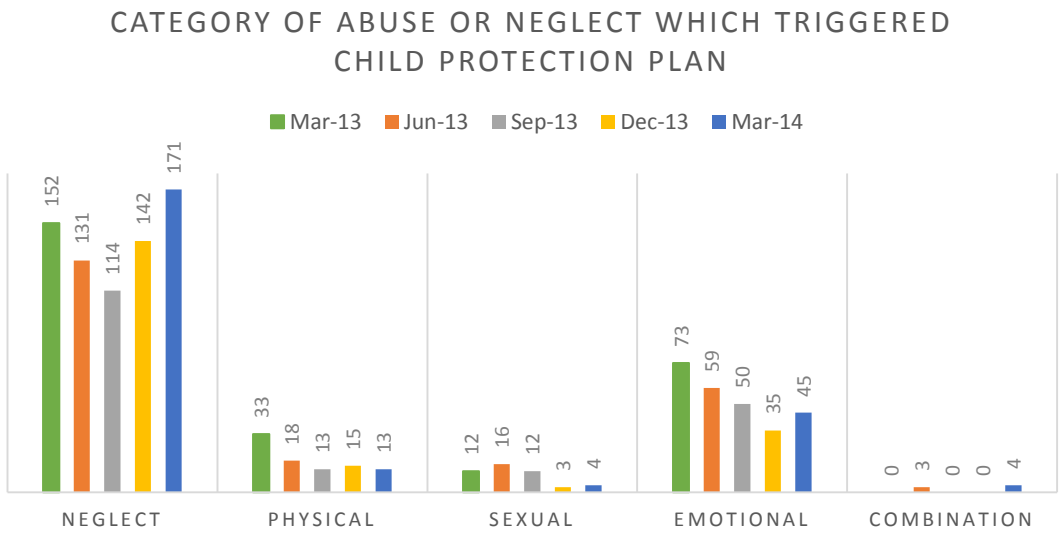
"Children at risk of significant harm are effectively identified and protected" is a priority for the PSCB.

All children at risk of significant harm or abuse will be the subject of a Child Protection Plan. A child protection plan is a working tool that should enable the family and professionals to understand what is expected of them and what they can expect of others. The aims of the plan are:

- To keep the child safe
- To promote their welfare
- To support their wider family to care for them, if it can be done safely

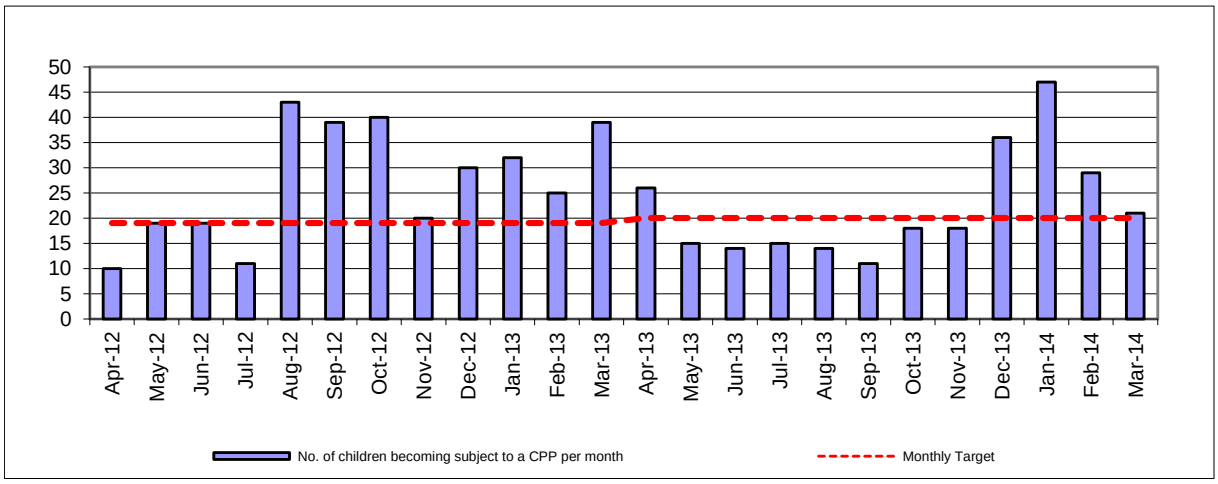
The table below and charts shows the number of Peterborough children on a Child Protection Plan

	Mar-13	Jun-13	Sep-13	Dec-13	Mar-14
Child protection	**270**	**227**	**189**	**195**	**237**



The majority of children and young people who are subject of Child Protection plans in Peterborough are registered under the category of Neglect. The PSCB has recognised this and accordingly, Neglect will remain as a business priority for the Board in 2014/15 and further work around the issues of neglect will take place.

The Number of children becoming the subject of a child protection plan per 10,000 of the local population (aged under 18)

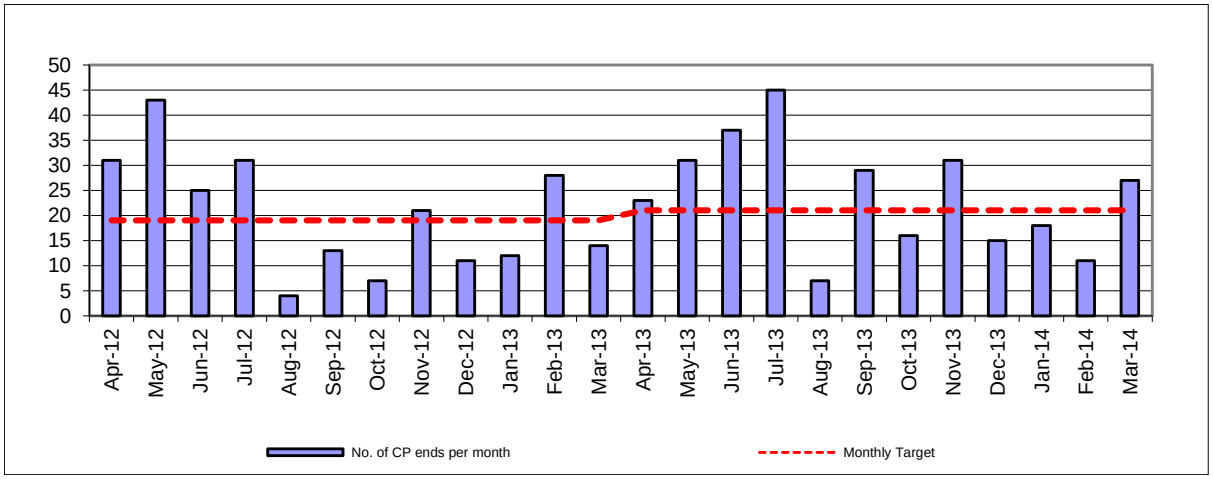


There were 264 children who became subject to a child protection plan during 2013/14. This equates to a rate per 10,000 of 58.7 which is 9.9% higher than the target rate of 53.4.

The number who became subject to a CP plan for second or subsequent time

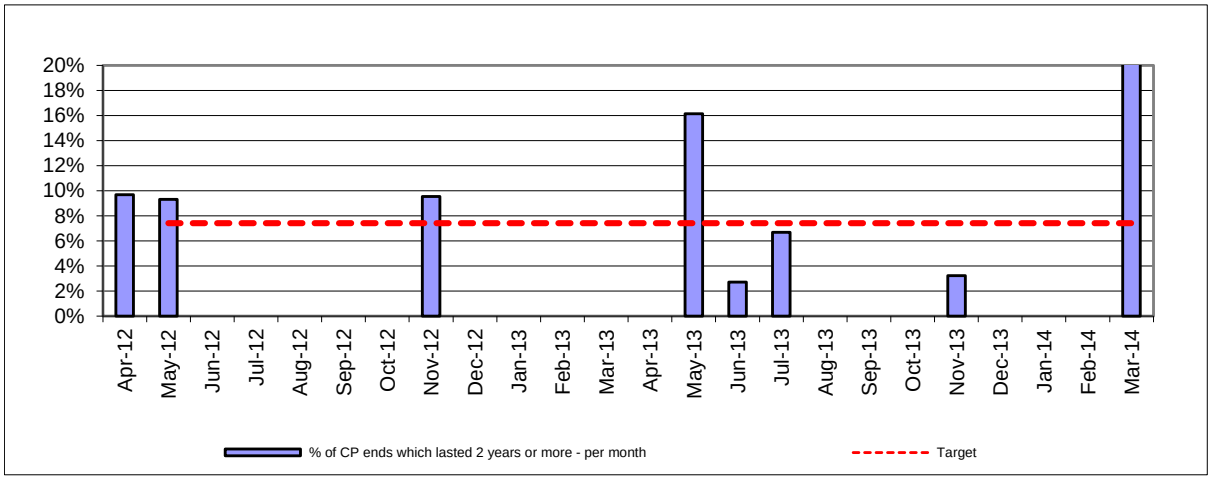
Of the 264 children who became subject to a child protection plan during 2013/14, 31 (11.7%) of them had previously had a child protection plan in Peterborough.

The number of discontinuations of a Child Protection (CP) Plan per 10,000 of the local population under 18



There were 290 children who ceased to be subject to a child protection plan during 2013/14. This equates to a rate per 10,000 of 64.4 which is 14.1% higher than the target rate of 56.5.

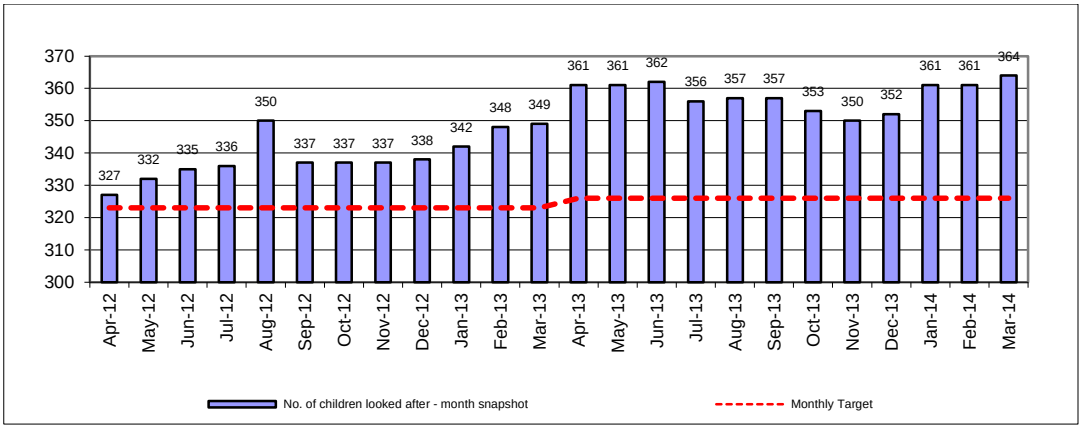
Child Protection Plans lasting 2 years or more



Of the 290 children who ceased to be subject to a child protection plan during 2013/14 16 (5.5%) of them had been subject to a child protection plan for more than two years. This is 1.9 percentage points better than the target of 7.4%.

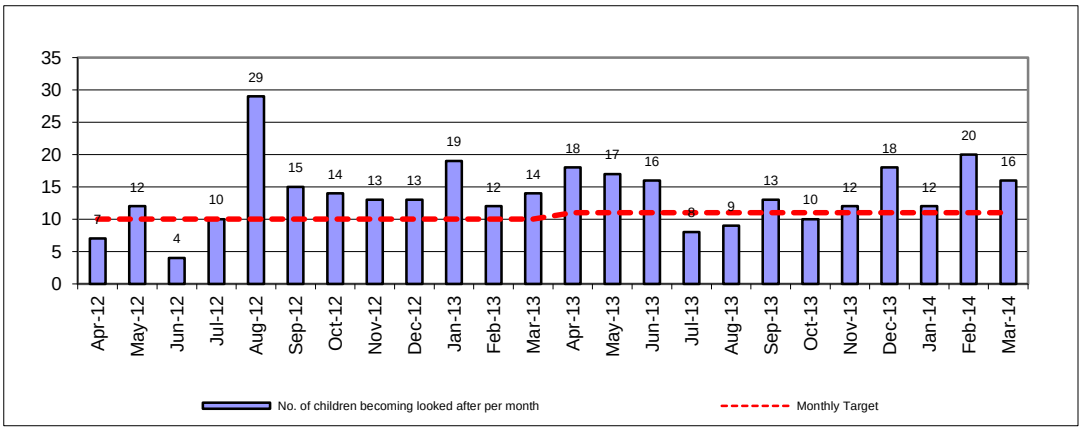
Looked After Children

The number of children looked after at the end of March 2014 reached 364; this is the highest number seen over the last two years reporting period. The rate per 10,000 is 80.9, 9.3% above the target (74.0).



Admissions of Children Looked After per 10,000

16 children came into care during March 2014, above the target of 11 per month. The 12 month rolling rate is at 37.6, 29.5% above the target of 29.0.



Priorities 2014 - 2015

Ensure there are structures in place to maintain a PSCB focus on Looked after children, to include strengthening links to the corporate parenting panel and Independent Review Service and reviewing children who are looked after and placed outside the authority.

Domestic Abuse

The PSCB recognises that Domestic Abuse is a significant issue in Peterborough. For this reason ensuring children are fully protected from the effects of Domestic Abuse is a business priority for the board. Peterborough agencies are engaged with working in a multi-agency capacity to offer services to those families effected by Domestic Abuse.

Local Profile

The key findings from a City-wide audit conducted by the Safer Peterborough Partnership in November 2013 indicated that:

- In the risk matrix developed by the Safer Peterborough Partnership, domestic abuse was identified as the issue likely to cause the most harm.

- Currently there are a number of different agencies providing a response to domestic abuse including the Police, the City Council, Health and others; The Safer Peterborough Partnership Domestic Abuse strategy 2012-2015 and associated action plan will coordinate this work.
- In addition, the prison is developing responses for both perpetrators and victims within its community, but the Partnership needs to ensure these responses can be continued beyond the gates and are in line with responses being delivered in the community.
- The newly commissioned Specialist Abuse Service Peterborough (SASP) commenced on 1st April 2014. The overarching aim of the service is to provide accessible and appropriate interventions to improve safety and reduce risk and harm to victims of domestic abuse and/or sexual violence.
- From July 2014 the SASP service will include the psychological interventions service for children and young people who are affected by domestic abuse and/or sexual violence. The service will provide psychological therapies and interventions for children and young people experiencing significant psychological distress as a result of being a victim, or exposed to, domestic abuse and/or sexual violence.
- Considerable progress has been made in addressing domestic abuse in the city, but the focus must remain over the coming year to ensure the wide range of needs are met and that the approach is truly multi-agency.

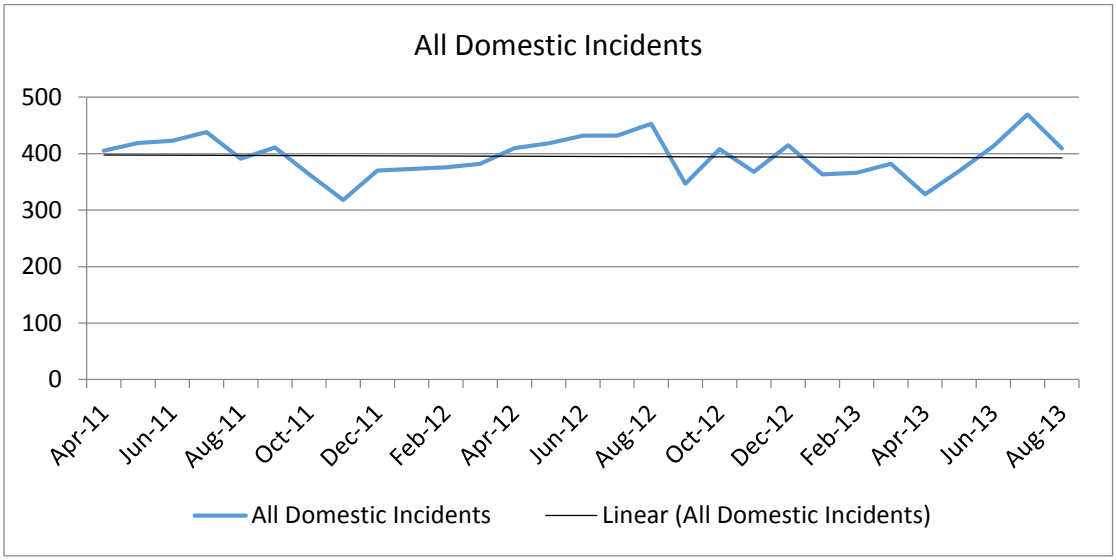
Scale of the problem

Local information on levels of domestic abuse is available from a number of different sources. Currently, the Police record both the robust data on domestic abuse and the highest numbers however, given that up to a quarter of domestic abuse is not reported to the Police, this data only provides a partial picture.

There remains an issue with the ability to compare data across and between the various partners due to collection and collation differences. This will ease somewhat with the commissioning of the new SASP Service which will provide a single dataset from the specialist service, with the exception of Victim Support. This will enable a much clearer picture to continue to be built of both the offender and victim profiles which will be shared with the PSCB for scrutiny

Police Data

The graph below shows the trend in all domestic abuse incidents and offences reported to the Police between April 2011 and August 2013, these have remained broadly static over the last three years:



For the period April 2012 to March 2013, police data indicates:

	2011-2012	2012-2013
Number of Domestic Abuse Incidents	*3511*	*3741*
Number of Domestic Violence Crimes	*857*	*767*
Other Domestic Abuse Crimes	*301*	*286*

For the period November 2012 to October 2013, police data indicates:

- There were 978 recorded domestic abuse crimes in Peterborough compared to 909 between the period May 2011 to April 2012,
- Of these 978, there were 663 individual victims

Information on levels of domestic abuse is also recorded by the Independent Domestic Violence Advocacy (IDVA)2 Service and Women's Aid who receive referrals from a number of different sources. Incident levels from the IDVAs and Women's Aid have increased over the last three years however, since there have been major developments to encourage victims of domestic abuse to seek help and to develop the quality of the services that they may receive, this is not surprising. Referrals from Children's Social Care and Children's Centres have also contributed to the increase in referrals this year.

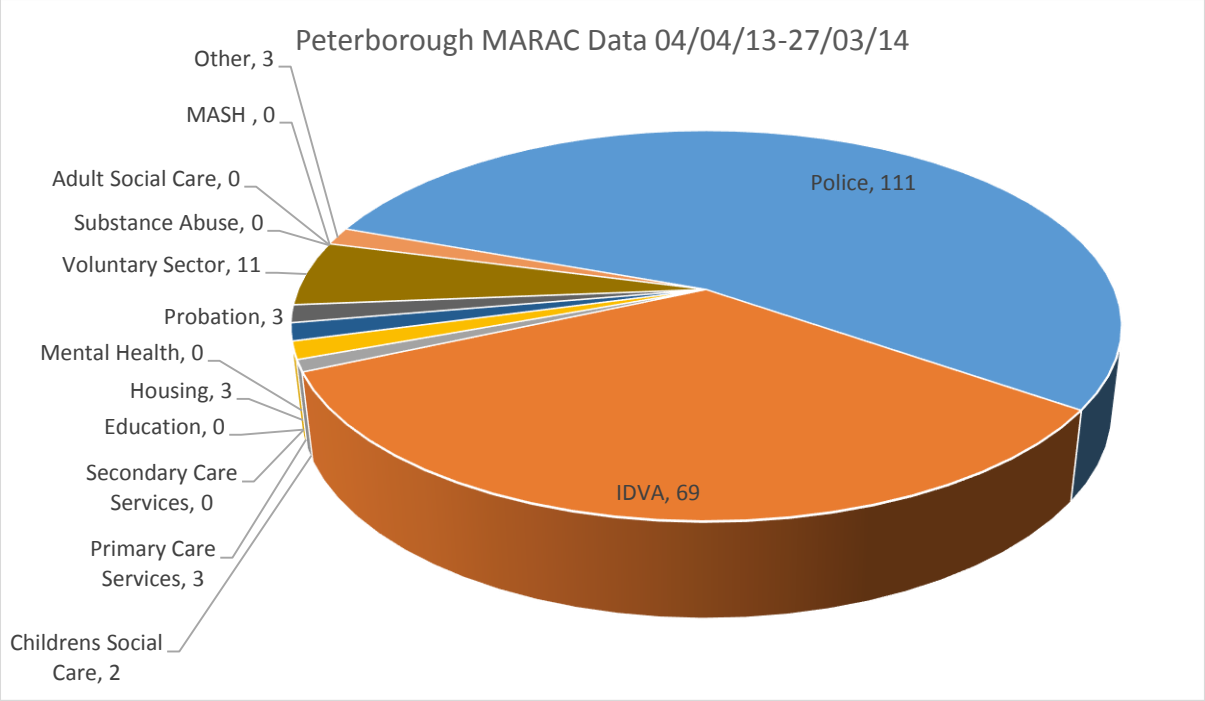
Victim

The profile of victims of domestic abuse in Peterborough has largely remained unchanged during 2011-2013: victims are generally female, White British and under the age of 50, however there is a peak in the 20-26 age group. White Other victims continue to be over-represented when compared to the population estimates, with victims from Lithuania, Poland, Portugal and Latvia most frequently recorded

Women's Aid and the IDVAs have found increasing numbers of Eastern European women accessing services, with many finding that they have no recourse to public funds. There remains an issue with domestic abuse seen as acceptable in these communities and therefore the actual prevalence reported is likely to be a significant under-estimate of the true picture.

Multi-Agency Risk Assessment Conferences (MARAC) are meetings that seek to bring agencies together to discuss the most high risk domestic abuse cases and put measures in place to prevent repeat instances.

[2] IDVAs work with the most high risk domestic abuse cases



- 205 cases discussed at the MARAC
- 57 of these were repeat cases
- 285 children in the household
- Over 50% of the referrals were from the Police
- 28% of cases discussed were from the BME community
- 7 male victims

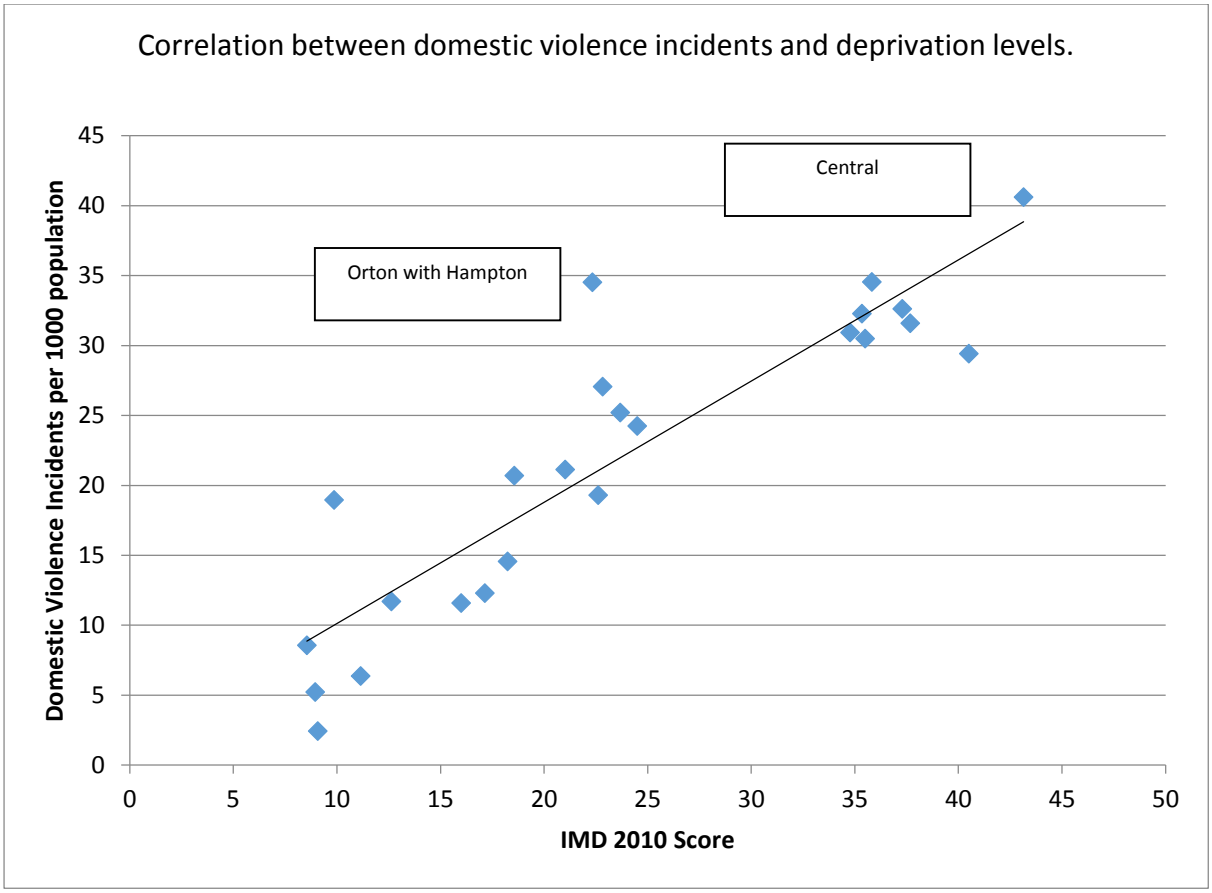
Offender

The local offender profile has shown little change over the last year. The average offender is generally male (87% of the offending population) and White British. There is no particular peak age group, with most offenders falling in the 20-40 age group. White Other offenders are generally over-represented compared to population estimates (15% of offender population), with the majority of offenders coming from Lithuania, Poland, Portugal and Latvia. Conversely, Asian Pakistani offenders are under-represented compared to the population profile (4% of offender population). White Other offenders are almost all under 50, however this could be a reflection of the population who have come to live in the City.

Large sections of the New European States Community are displaying a range of additional risk factors such as alcohol misuse, multiple occupancy housing, low wage manual jobs and significant levels of unemployment and therefore we can identify an emerging community vulnerable to domestic abuse.

Location

The link between deprivation and domestic abuse is clear in Peterborough. Those areas which score highly on the Index of Multiple Deprivation and those recording high levels of domestic abuse show a clear correlation as the graph below demonstrates:



Poverty is associated with an increased risk of domestic abuse and this is a key factor for consideration, particularly in the Central Ward of Peterborough. Furthermore, under-reporting in certain areas is a strong possibility, with some victims not reporting domestic abuse as it may carry a social stigma within their community.

Conclusion and Future Priorities

The Safer Peterborough Partnership has highlighted domestic abuse as a key concern within Peterborough. Domestic abuse scored highest on the risk matrix in terms of causing most harm to the Peterborough Safeguarding Partnership. Currently there are a number of different agencies providing a response to domestic abuse including the Police, the City Council, Health and others.

Priorities: 2014 - 2015

- *Commissioning & Resources*
  To develop joint commissioning arrangements for domestic abuse including pooled funding, improve the involvement of partners and increase the resources to support the delivery of the strategy and action plan.
- *Improve data collection, monitoring and reporting*
  To develop an Outcome Monitoring Framework, improve the data collected by partner agencies and to agree a standard data set for support services.
- *Victims & Survivors*
  To provide joined up services for victims and survivors, improve support services available and provide support to male and same sex victims and survivors.
- *Perpetrators*
  To provide a range of perpetrator programmes both in custody and the community and to evaluate the outcomes from the programmes.

- *Children and Young People*
  To consult with young people about their views and experience of domestic abuse, improve input in local schools and provide services for young people as victims.
- *Prevention and Awareness Raising*
  To ensure prevention and awareness raising work is co-ordinated through the city and has a consistent message.
- *Training*
  To identify a clear lead to co-ordinate training and identify resources to enable delivery of this.

Children Missing From Home and Care

Around 140,000 children go missing each year[3]. When a child goes missing, it is a clear sign of problems in their life. The reasons children go missing include domestic abuse, neglect, exploitation, mental health issues and substance misuse. Once away from home they are vulnerable to many risks including child sexual exploitation, gang exploitation, becoming involved in crime or becoming a victim of crime.[4] Failing to recognise missing as a serious safeguarding issue can lead to significant gaps in agencies' awareness and the effectiveness of their responses. In contrast, early intervention with a missing child can reduce the harm they experience, and help them change behaviour before it gets embedded: a sexually exploited 15 year old who frequently goes missing is likely to need significantly more safeguarding interventions and support than a child who goes missing once. The PSCB needs to assure itself that agencies are working together to identify and help those children and young people who go missing.

Children's services are alerted to missing incidents in the following ways:

- for children living in Peterborough who go missing (either from home or from a care placement), the 0-19 service receive a missing alert from the police
- for Peterborough children in care who are placed outside of the LA boundary, the social worker is alerted by the care provider.

In both of these cases, the incidents are recorded on Liquid Logic, the children's social care case management system.

The police changed their definition of missing in the spring of 2013 where it was split into "missing" and "absent".

The 0-19 service only receive notifications of missing incidents meaning that any now classed as "absent" are no longer included in the data. This means figures have dropped considerably and are not directly comparable.

The table below shows the number of incidents each month from April 2013 to March 2014. The data shows a spike of incidents in July 2013 with 33 occurring in that month alone. A similar spike in incidents is also seen in March 2014.

Throughout the year, 193 missing incidents were recorded.

[3] Report of the Missing Persons Taskforce, 2010, the Home Office

[4] Missing Children and Adults, A cross government strategy, 2011, the Home Office; Still Running 3, 2011, The Children's Society

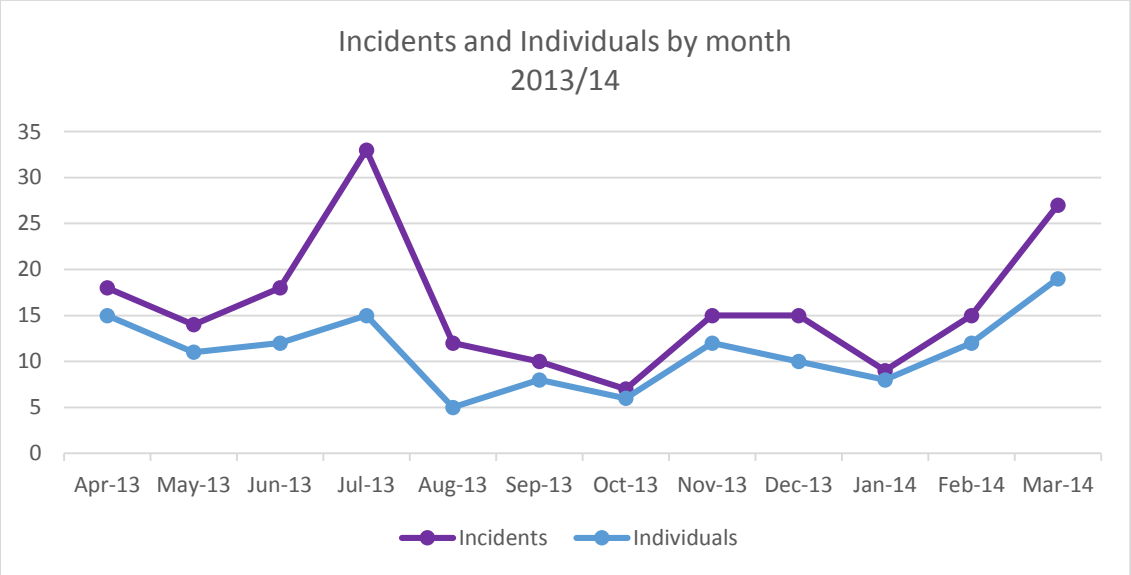
Although the individual months have very different figures, the quarterly totals are very similar; Q1 50, Q2 55, Q3 37 and Q4 51. Q3 is the only exception, where the number of incidents coming into the 0-19 service from the police dropped quite considerably.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	2013-14 YTD
Incidents	18	14	18	33	12	10	7	15	15	9	15	27	**193**

An individual child or young person can have more than one missing incident over a month, quarter or year. The next table shows the number of individuals in each month with missing incidents. The total box is the number of individuals across the whole year, who may have incidents in more than one month.

The data shows that over the year, 96 individuals had one or missing incidents. The highest number of individuals is March 2014, with 19. This increase in March may be due to guidance to Social Workers being re-issued, which showed them how to record missing incidents for children in care. Although this may not be the whole reason for the increase in both individuals and incidents in March, it needs to be taken into account.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	2013-14 YTD
Incidents	15	11	12	15	5	8	6	12	10	8	12	19	**96**



Looking at the tables above it is clear that there are repeated incidents happening in some cases. There are some individuals who have had several missing incidents across several months. The next table shows how many incidents the 96 children and young people have had over the year.

64 children had 1 incident over the year (66.7%). 14 young people had 2 incidents over the year (14.6%) and 8 had 3 incidents (8.3%). There are 10 young people who have had more than 4 incidents each during the year. Of these young people, 6 had between 4 and 10 incidents each and 2 had more than 10.

	1 incident	2 incidents	3 incidents	4+ incidents	Individuals
2013/14:	64	14	8	10	**96**

The next set of tables look at the characteristics of the 96 individuals. We can see that 43 of the young people were male (44.8%) and 53 female (55.2). Previous years' data indicate this has been the trend for several years.

	Male	Female	Individuals
2013/14:	43	53	**96**

The age split of the individuals below shows the majority of incidents occurring among those aged 16 and 17. However, the number of those aged 15 is increasing and is now higher than those aged 16. In Q3 bulletin the numbers aged 16 and 17 came to 14 each while those aged 15 came to 10.

	0-4	5-9	10	11	12	13	14	15	16	17	18
2013-14	<5	<5	<5	<5	5	10	13	18	16	21	5

63 of the individuals are white British (65.6%) and 12 are white European (12.5%). We have 7 individuals where their ethnicity is either blank, not known or is recorded as other (these are reflected together in the "unknown" column).

	W Brit	W Euro	Mixed	Asian	Black	Unknown	Individuals
2013/14:	63	12	7	<5	<5	7	**95**

Involvement with children's social care

Prior analysis has shown that children with missing incidents are likely to have links with children's social care. The following analysis looks at whether the child was known to social care at the time of their missing incident, prior to or subsequent to the incident. Where an individual has more than one missing incident over the year, the most recent one has been used in the analysis.

The first table looks at whether the child or young person had an open referral within social care at the time of the incident. For those that were not open to social care at the time, analysis shows whether they had either a prior or subsequent referral. The data shows that 50 individuals (52%) were open cases within social care at the time of the missing incident. 17 young people (18%) had a prior referral to the incident which had since been closed and 13 (14%) had a referral opened after the incident. Just 16 children (17%) do not have any children's social care involvement at the time of writing (May 2014).

Of the 50 cases that were open to social care at the time, the second table shows that 33 (66%) were in care. 5 of the individuals (10%) were subject to child protection and 12 were children in need.

Open Referral:

Current:	50	52%
Prior:	17	18%
Subsequent:	13	14%
Never:	16	17%
Total:	**96**	100%

Open to CSC at the time (50):

Current CLA	33	66%
Current CP	5	10%
Current CIN:	12	24%
Total:	**50**	100%

There are clear links between Child Sexual Exploitation and children who go missing. Barnardo's has documented that more than half of the children they worked with in 2010 following sexual exploitation had previously been missing from home or care on a regular basis. More than 100,000 young people under the age of 16 run away from home, their care placement or school each year. The PSCB understands that early identification and early support to children and young people at risk is the most important method for preventing CSE

Allegations Management

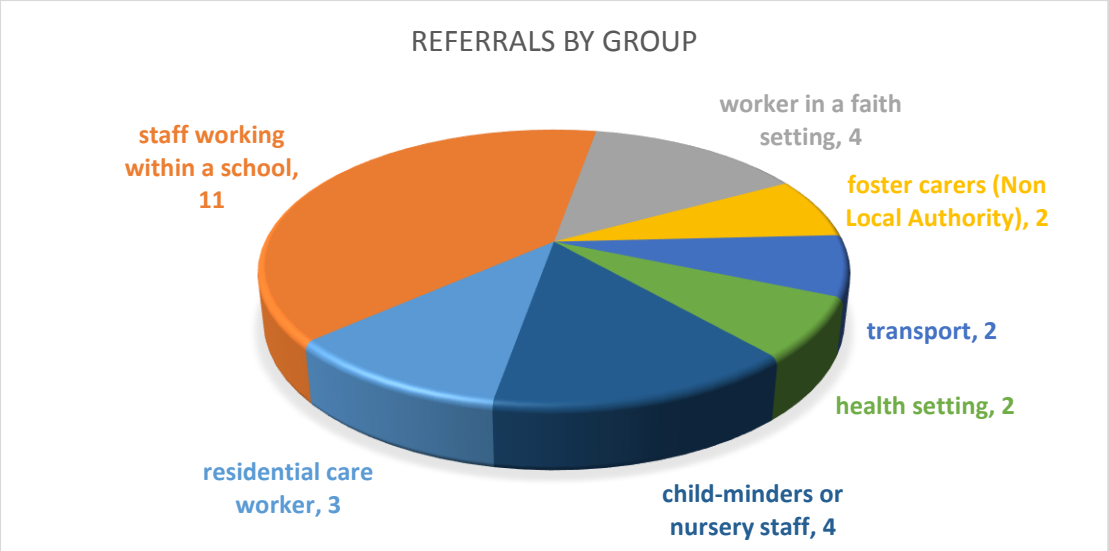
Working Together 2006 introduced the concept of the Local Authority Designated Officer (LADO) who has the responsibility to have oversight of all allegations against a professional working with children from beginning to end (subsequently updated by Working Together 2010). The LADO must also provide advice to employers, liaise with the police and other agencies, monitor the progress of cases, collect relevant data and report on this data. The PSCB has a responsibility within this guidance for ensuring that there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and for monitoring and evaluating the effectiveness of these procedures. The new version of Working Together 2013 does not alter this responsibility.

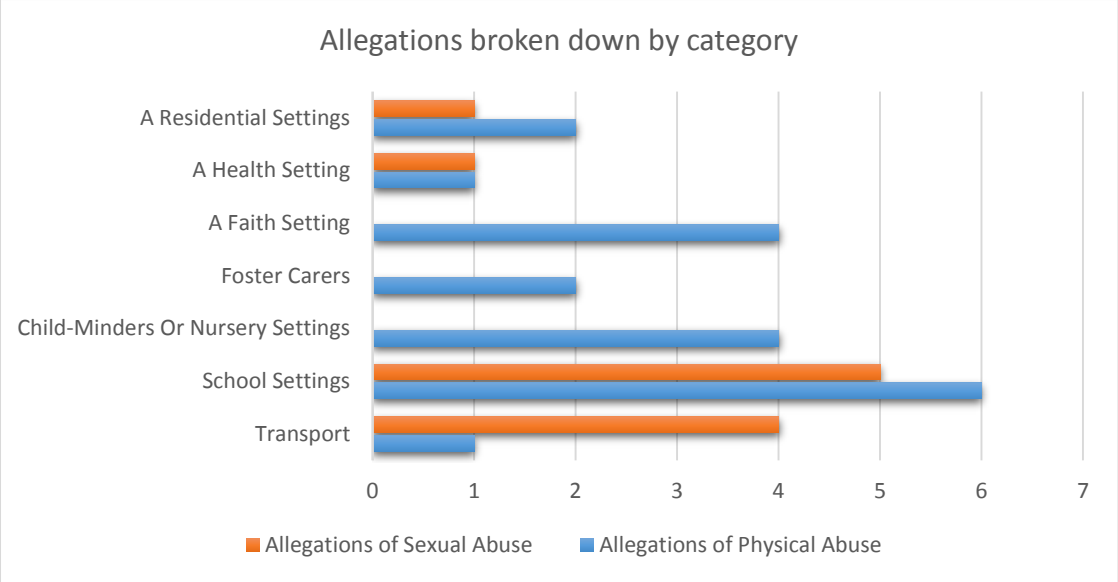
Once an allegation is received it will be assessed to see what action is required and if warranted it will progress to a Complex Strategy Meeting. (CSM)

During the period of this report **120** concerns were discussed with the LADO which did not meet the threshold for a CSM: these concerns have been raised by a range of organisations including social care, early years settings, education settings, secure accommodation, foster carers, youth work settings and the police which suggests that there is an increasing awareness of the process and the role of the LADO.

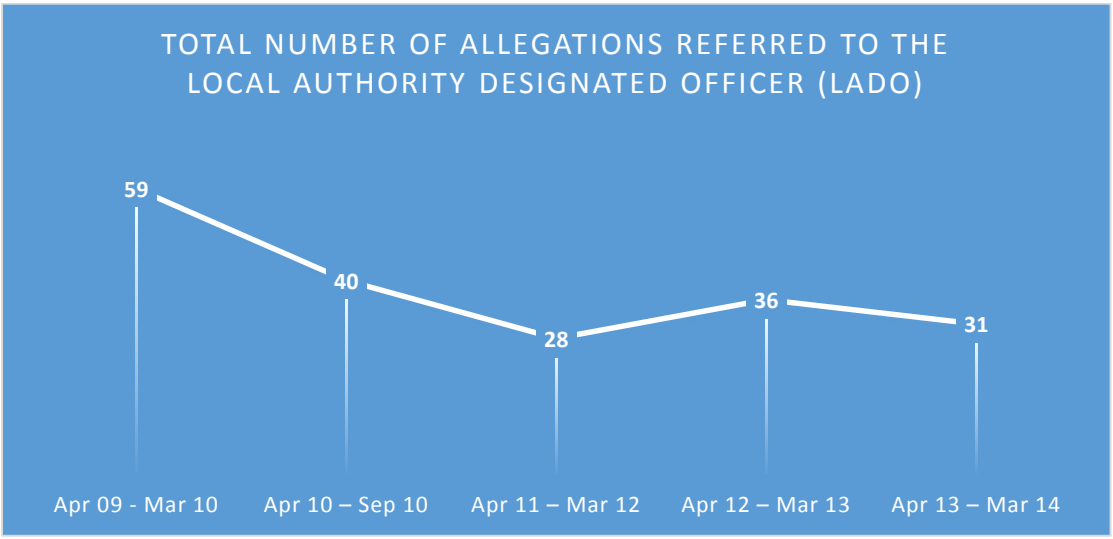
31 referrals have been made to the LADO which resulted in CSMs being held, as compared to **36** referrals in the preceding 12 months.

The highest number of referrals come from those groups that have the most direct contact with children and young people, as follows:





ALLEGATIONS DATA



Number of referrals by agency:					
Agency:	***Apr 9 – Mar 10***	***Apr 10 – Mar 11***	***Apr 11 – Mar 12***	***Apr 12 – Mar 13***	***Apr 13 – Mar 14***
Social Care:	***6***	***2***	***5***	***1***	
Health:		***1***	***1***	***1***	***2***
Education:	***25***	***17***	***8***	***13***	***15***
Foster Carers:	***13***	***3***	***4***	***4***	***2***
Connexions:	***1***				

Police:		***1***			
YOT:					
Probation:					
CAFCASS:					
Secure Estate:		***4***	***1***	***1***	
NSPCC:					
Voluntary Youth Organisations:				***1***	
Faith Groups:	***3***	***4***	***2***	***2***	***4***
Armed Forces:					
Immigration/Asylum Support Services:					
Other	***11***	***8***	***7***	***13***	***8***

Private Fostering

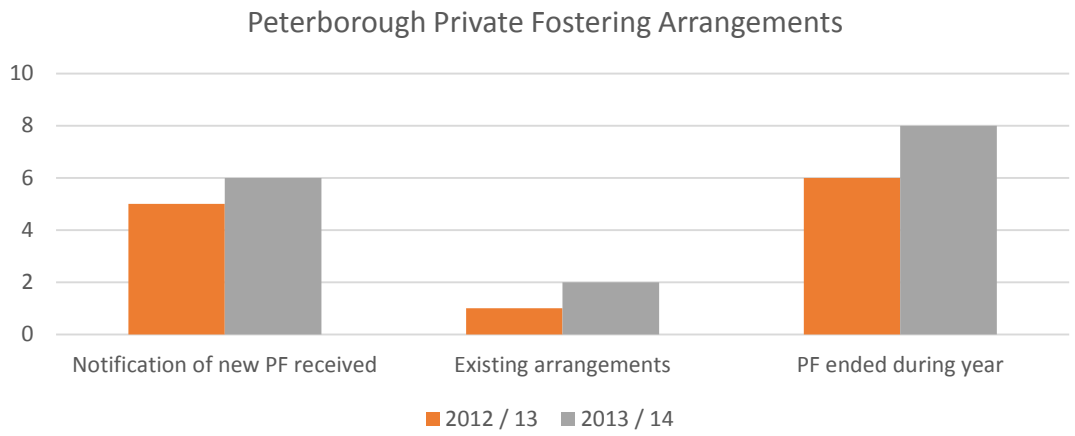
A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18 if disabled) by someone other than a parent or close relative of the child, in their own home, with the intention that it should last for 28 days or more. It should not be confused with fostering placements provided by Independent Fostering Agencies run by private companies.

A private foster carer may be a friend of the family or the child's friend's parents. However, a private foster carer is sometimes someone who is not previously known to the family, but who is willing to foster the child privately.

The Children Act 1989 requires parents and private foster carers to give the Local Authority advance notice of a private fostering arrangement. It also places specific duties on local authorities with responsibilities for children's services. The legislation made what was considered a private arrangement into a public matter by giving Local Authorities a role in ensuring that children are safeguarded.

The Board's role in Private Fostering is to have an overview of the numbers of cases being notified and that those cases are being dealt with within the guidance.

The low numbers of notified cases could be a concern and therefore the PSCB takes the role of ensuring that all partners are aware of what Private Fostering is and their responsibility to notify the Local Authority when they become aware of this sort of arrangement.



The Voice Of Children, Young People and Families

The Board and their partners are very aware of the need to engage with families, children and young people in a meaningful way to understand and act on their views and concerns.

Work has been undertaken to start this and will continue to develop the best ways possible to capture this vital information.

Peterborough Children Services, health and other partner agencies have continued to undertake commissioned consultations on a range of issues including the impact of CAF, the views of Looked after Children, views on child protection conferences and processes. The outcomes of these consultations have been regularly considered and scrutinised at the PSCB.

The PSCB has consulted with young people with regard to their views on the Board's priorities and have used their views have been used to inform the board where to focus activity.

The Board has appointed the Youth MP as a virtual member of the PSCB, in addition a "Safeguarding ambassador" has been identified in the majority of secondary schools across the City. The Youth MP and ambassadors will be used to undertake consultations with other young people within their schools. In essence this means that the PSCB will have the ability to consult with all secondary school students across the City. The Board is now concentrating on how it can engage with primary school students.

Business Priorities and Board Development 2014-15

The Board recognises that clear priorities are essential to improve the outcomes for children. The Board consulted with partners, children and young people as to what their priorities were for Peterborough to ensure that all children are safeguarded and their welfare promoted.

The Board considered other consultations undertaken to develop the Early Intervention and Prevention Strategy and actions resulting from the recent inspection of safeguarding arrangements.

The board have continued with the priorities for activity in 2014/15 and these are structured under the following areas:-

- Early help and preventative measures
- Children at risk of significant harm are being effectively identified and protected
- Everyone is making a significant and meaningful contribution to safeguarding children

- The workforce has the skills, knowledge and capacity to appropriately safeguard children
- Children are fully protected by all agencies from the effects of domestic abuse and neglect
- Understand the needs of all sectors of our community and are able to identify safeguarding issues within them
- Know that children are fully protected by all agencies from Child Sexual Exploitation

Each of these priorities is monitored by selected multi-agency indicators that will inform the board as to where any potential risks may lie and will give the board better opportunity for healthy and appropriate challenge and dialogue.

The thread of the voice of the child, young person and families' runs through all the priorities and the Board will seek to collect and understand these views in assessing the progress of delivering these priorities.

A business plan structured under the priorities gives ownership and accountability to actions which will deliver the priorities is available on www.peterboroughlscb.org.uk

Final Analysis and Conclusions

The Peterborough Safeguarding Children Board is a strong partnership which has worked well together to coordinate their activity to provide the best outcomes possible for children and young people in Peterborough.

The partnership has delivered the outcomes it set itself for the period 2013/14 and has worked with children and young people to again identify priorities for 2014/15 which will build on the work already undertaken.

The PSCB recognises that the way in which it engages with young people and all sections of the community can always be improved and has included this aspect in their current business plan.

The PSCB also recognises that the partnership is more necessary than ever as organisations are re-structured and feel pressure from reducing resources. The PSCB will continue to offer supportive scrutiny and challenge across organisations to ensure that the needs of children and young people in Peterborough are met and they are effectively safeguarded.

SAFEGUARDING - KNOW YOUR RESPONSIBILITIES

In order to ensure children stay safe, it is important that everybody knows their responsibilities around safeguarding. This guide is here to help:

Members of public

If you have any concerns about the safety of a child or young person, or that they may be subject to abuse or harm:

- **Don't ignore your concerns** - contact the Police or the Children's Services Contact Centre (contact details below) who will make appropriate and sensitive enquiries. Your confidentiality will be maintained at all times.
- It is better that a nagging doubt is reported, and turns out to be nothing than for nobody to help a child who is suffering harm.

Practitioners

All those who come into contact with children and families in their everyday work have a duty to safeguard and promote the welfare of children. This duty extends to your private life as well as your professional one.

We would expect you to:

- Be familiar with and follow your organisation's policy and procedures for safeguarding the welfare of children.
- Know who to contact to express concerns about a child's welfare.
- Attend training that raises awareness of safeguarding issues and equips you with the knowledge and skills you need.
- Never ignore a 'nagging doubt' and to report any concerns you have.

Organisations

All organisations that work with children and young people need to be aware of how the issues of safeguarding apply to the organisation, staff, volunteers and trustees.

Your organisation needs to make appropriate plans for:

- A member of your staff team reporting concerns about the safety of a child they are working with.
- Your organisation being asked by Children's Social Care or the police to provide information about a child or a family.
- An allegation being made against a member of your staff.
    - To help your organisation deal with these issues you should have a safeguarding policy and a set of procedures that all staff, volunteers and trustees must follow. These should be based on the Safeguarding Board's multi-agency procedures (see PSCB website www.peterboroughlscb.org.uk).
- Your organisation should provide appropriate training for staff, to ensure they have the knowledge and skills they need to keep children safe (see PSCB Workforce Development Brochure on the web site).

- You should ensure that you are recruiting safely, so that checks are made for any staff who may have access to vulnerable people during their work.
- Two key pillars of a safeguarding culture are rigorous risk assessments and a code of conduct. It is essential that everyone involved in your organisation knows what behaviour is acceptable and what is not. Creating a safeguarding culture within an organisation is much easier if everyone is fully aware of the behaviour and conduct that is expected from all.

Useful Contacts:

- Contact Centre Duty Officers 01733 864180 and 864170 (out of hours 01733 561370)
- Cambridgeshire Constabulary 101
- NSPCC 0808 800 5000
- Peterborough Safeguarding Children Board 01733 863744
- Peterborough Safeguarding Children Board web site

  www.peterboroughlscb.org.uk

Peterborough Safeguarding Children Board

1st Floor

Bayard Place

Broadway

Peterborough

PE1 1FD

pscb@peterborough.gov.uk

01733 863765

Peterborough Safeguarding Adults Board Annual Report 2013-14

Safety, Enablement, Empowerment and Prevention, at the centre of everything we do.

The Peterborough Safeguarding Adults Board Annual Report 2013-14

Contents

Introduction

It is my pleasure to introduce my first Peterborough Safeguarding Adults Board's Annual report. I would like to thank my predecessor Flick Schofield for all of her hard work during the last year.

The aim of the report is to capture the difference we made in 2013/14, set against the priorities we had identified in the previous annual report, and set out our priorities for 2014/15.

Once again, our work over the year took place in an environment of organisational change and resource constraint across the whole partnership, in particular with the reconfiguring of the health system and probation system. Nevertheless, I think that we have made some considerable progress again this year, particularly around our monitoring and oversight of the quality of care within Peterborough.

We have maintained close links with both the Peterborough Safeguarding Children Board and the Cambridgeshire Safeguarding Adults Board in recognition of those organisations that deliver services to both children and adults and across the council boundaries.

We have also kept close links with the Health and Wellbeing board in Peterborough.

In the forthcoming year we will need to ensure we are ready as a Board to fulfil the expectations of the Care Act 2014, which begins operation in April 2015.

I should also like to thank all of those colleagues who have worked so hard to promote and improve our approach to safeguarding over the last year.

Russell Wate
Independent Chair
September 2014

Background

Our current Safeguarding Adults Board was formed under the 'No Secrets' statutory guidance 2000. Safeguarding Adults Boards are not at this time a statutory requirement. The role of the Peterborough Safeguarding Adults Board under this 'No Secrets' guidance is summarised as follows:

- To ensure the safeguarding of adults at risk in Peterborough, to prevent abuse and neglect happening within the community and in service settings.
- To provide independent governance and audit of safeguarding practices and to promote the safeguarding interests of vulnerable adults to enable their wellbeing and safety.
- To promote, inform and support the work to safeguard adults in Peterborough across all the partnership agencies.
- To develop Peterborough's strategic safeguarding policies, and ensure the inclusion of these polices in all agencies strategy documents and plans.

Throughout this report we will make reference to the enhanced and statutory role of Safeguarding Adults Boards which will be introduced via the Care Act 2014 from April 2015.

Members

The Board has representation from the following organisations:

- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- Care Home Representative
- Domiciliary Care Representative
- East of England Ambulance Service NHS Trust
- Healthwatch
- HMP Peterborough
- NHS England
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Peterborough City Council (representation from Adult Social Care, Community Safety, Children's Services and including the lead member for adult services)
- Peterborough City College
- Peterborough Regional College
- Peterborough Voluntary Sector representatives (including Age UK and Mind)
- Probation Service (Now operating as the National Probation Service and BeNCH – Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company PLC)

For further information about the work undertaken by individual member organisations across the partnership in 2013/14, please refer to the "Peterborough Safeguarding Adults Board Members Commentary" document, which can be found at:
www.peterborough.gov.uk/safeguardingadults

How The Board Operates

The Peterborough Safeguarding Adults Board provides the strategic leadership for safeguarding adults work locally. The Board's approach to safeguarding is based on promoting dignity and respect, helping all people to feel safe and making sure safeguarding is everyone's business

In 2013-14 Adult Social Care began to transform its service delivery and this will continue through 2014/15 in preparation for the implementation of the Care Act from April 2015. There was continued health reorganisation during 2013-14 with Cambridgeshire and Peterborough Clinical Commissioning Group, Peterborough and Borderline Local Commissioning Group, and NHS England taking on the functions previously carried out by the Primary Care Trust. There was also reorganisation within the Probation Service in preparation for the establishment of the National Probation Service and the Community Rehabilitation Company in May 2014. Against this backdrop the Safeguarding Adults Board continued to provide the strategic leadership for the adult safeguarding agenda.

The Board is supported by three sub-groups:

- Quality and Performance Sub-Group
- Training Sub-Group
- Serious Case Review Sub-Group

The Board monitored its progress for 2013/14 against the three priorities identified in its business plan:

- Priority Area 1 - Effective safeguarding policies procedures and governance
- Priority Area 2 - Improved response to safeguarding concerns
- Priority Area 3 - Increased access and involvement.

This report reflects the work undertaken which we feel has delivered performance improvement across the system during 2013-14, and sets out some further work programmes for 2014/15 to allow further progress to be made, alongside our preparations for the Care act 2014.

Priority Area 1 – Effective Safeguarding Policies, Procedures and Governance

Establishing a Board Strategy

The Board held its annual away day in February 2014 and set out the main framework for a strategy to take it forward into the coming years.

From the day we were able to draft a Board vision as set out below:

Our vision is clear: **Safety, Enablement, Empowerment and Prevention will be at the centre of everything we do**.

We have agreed that our vision includes:

- Enabling and empowering our communities to live a life free from harm
- Working together to promote the early detection of harm, abuse and neglect, and before it happens, make proportionate, preventive intervention.
- That if abuse has taken place, to provide an effective multi-agency response where professionals are competent and communities know how to respond
- Making sure that service users and their carers are empowered and well represented
- Working closely with the voluntary and private sector to build and develop choices
- Continuously improving our skills and practices to effectively safeguard adults at risk

A strategy is subsequently being developed during 2014/15 to determine how we will deliver this vision. To support further development the Board has invited the Local Government Association to undertake a Peer Review of Safeguarding Adults in Peterborough, at a date to be agreed. Learning from this review will help us build on our strategy, and develop our business plan and preparations for the Care Act responsibilities from April 2015.

Practice Guidance – building on Multi Agency Safeguarding Adults Policy and Procedures

The current Multi Agency Safeguarding Policy and Procedures were formally adopted by the Safeguarding Adults Board in March 2013. During 2013/14 a Practice Guidance Task and Finish group has produced the following guidance documents to support the procedures:

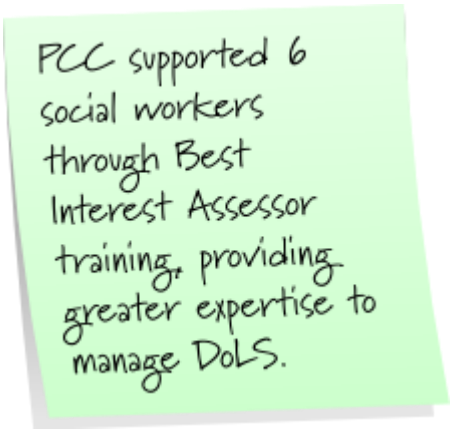
- Minute Taking for Safeguarding Meetings
- Working with the Coroner's Office
- Pressure Ulcers (to support decision making about when to make a safeguarding adults referral regarding pressure ulcers).
- An Escalation and Resolution procedure

Work is continuing to develop a framework for Serious Case Reviews and other Multi-Agency Reviews, and the Large Scale Investigation Procedure.

The Board is still committed to ensuring that where possible, future policy and procedural developments are undertaken in conjunction with Cambridgeshire County Council. Work to review our policy and procedures in preparation for the Care Act will be done in conjunction with the regional ADASS Safeguarding network, alongside Cambridgeshire.

Deprivation of Liberty Safeguards

In the period 1 April 2013 to 31 March 2014, Peterborough City Council's Deprivation of Liberty Safeguards (DOLS) team received 24 requests for DOLS authorisation, compared to 17 in the previous year. 10 were from hospital settings (either acute or psychiatric inpatient wards) and 14 were from care homes, compared to 5 from care homes in the previous year. This represented some level of improved awareness in Care Homes, but not enough. However, the Cheshire West judgement which came at the end of 2013/14 has led to a much increased awareness and 138 requests from care homes in the first quarter of 2014/15 alone.



The Work of the Sub Groups

Quality and Performance Sub Group

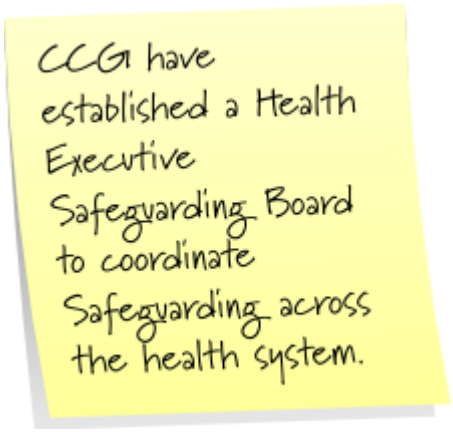
The Quality and Performance Sub Group draws membership from a cross section of partner organisations. The purpose of this sub-group can be categorised as:

- To assure adult safeguarding processes in Peterborough are safe, effective and provide a positive customer experience.
- To commission specific quality and performance analysis work and to report findings and make recommendations to the SAB

Highlight achievements

A Performance Framework was agreed in July 2013. This includes a performance report which is reviewed quarterly by the Sub-Group and a summary Dashboard which is presented to the Board. The Dashboard includes the following system performance indicators.

- Timelines for investigations
- Outcomes of investigations
- Use of Protection Plans
- Re-referral rates
- Number of DOLS requests made and granted
- Numbers in secure provision as per Winterbourne Review definition.



The Sub-group also overviewed the development of quality audit work around investigations and some pilot programmes around outcomes and experiences for adults supported by the investigation process.

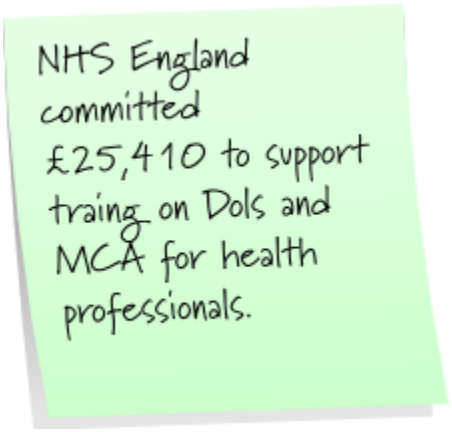
Details on performance and quality relating to Safeguarding is covered under priority 2.

Training Sub Group

The purpose of the Training Sub Group is to oversee and commission training which further strengthens the awareness of safeguarding. To ensure that those who respond to and investigate safeguarding concerns have the necessary skills to do so effectively.

Highlight Achievements

- Developed a Training Strategy and training programme for 2014/15
- Oversaw the work of the Practice Guidance Task and Finish Group
- Targeted training for provider managers around their roles and responsibilities in relation to safeguarding
- Targeted training for professionals leading investigations



Serious Case Review (SCR) Sub Group

The purpose of the Sub Group is to consider referrals made to the group which either meet the criteria for a serious case review or which might result in lessons learned for partnership working if examined in detail.

The Serious Case Review subgroup is chaired by the independent chair of the Safeguarding Adults Board and comprises of senior managers from all the statutory agencies.

For the year 2013-14 two potential Serious Case Reviews were considered, but no Serious Case Reviews were undertaken. A multi-agency review, which commenced in 2012, into a case where an elderly man had sadly died from sepsis due to pressure sores, was completed. The report was agreed by the Board and a programme of learning events were held over the summer and autumn.

As direct recommendations from the review, practice guidance around pressure sores and a process for recording and communicating concerns about care providers were both developed.

Effective Safeguarding Policies, Procedures and Governance - Priorities set for 2013/14

- Review Safeguarding Procedures and develop a framework for Serious Case and other Multi-Agency Reviews – **Delayed pending Care Act guidance**
- Review and agree funding arrangements for the Safeguarding Adults Board - **Delayed pending Care Act guidance**
- Develop a Performance Management Framework - **Complete**
- Develop quality assurance of safeguarding adults work - **Underway**
- Improve awareness of MCA and DOL's in care home settings - **Underway**

Effective Safeguarding Policies, Procedures and Governance - Our priorities for 2014/15

- Review Safeguarding Procedures and develop a framework for multi-agency reviews in light of the Care Act, in partnership with Cambridgeshire SAB and the regional ADASS safeguarding network.
- Develop a MCA and DOLS service that is able to provide a quality and timely response to the increased demand for use of DOLS within care settings.
- Review SAB membership and funding in light of the Care Act 2014 guidance
- Undergo an LGA Peer review of Adult Safeguarding arrangements in Peterborough

Priority Area 2 – Improve response to safeguarding concerns.

Safeguarding Adults Activity 2013/14

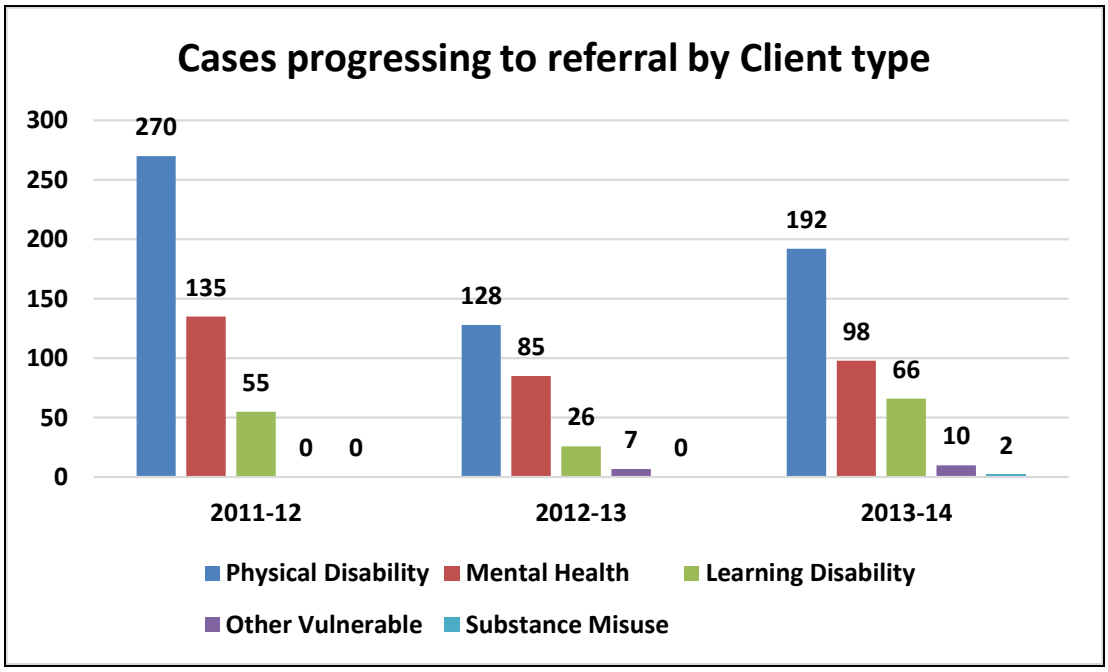
During 2013/14 the national reporting for Adult Safeguarding was changed and a new return was introduced, the Safeguarding Adults Return. In order to comply with this return we have changed some of our recording. Therefore not all information available for the year can be compared with previous years or with elsewhere in England. One of the significant changes has been the move away from counting safeguarding alerts.

In order to ensure responsiveness to safeguarding concerns we need to ensure that there is awareness amongst all agencies and that appropriate alerts are raised. Too many referrals can be evidence of a lack of understanding of what constitutes a safeguarding concern, too few can be evidence of a lack of awareness of adults at risk. Initial first cut benchmarking of referral rates under the new Safeguarding Adults Return shows Peterborough rate to be 260 referrals per 100,000 of the population and the all England rate to be slightly lower at 251 per 100,000. See figure 1 below.

Figure 1

	Total referrals	Total adult population	Referrals per 100,000
Peterborough	368	115,400	260
England	105560	33,013,910	251

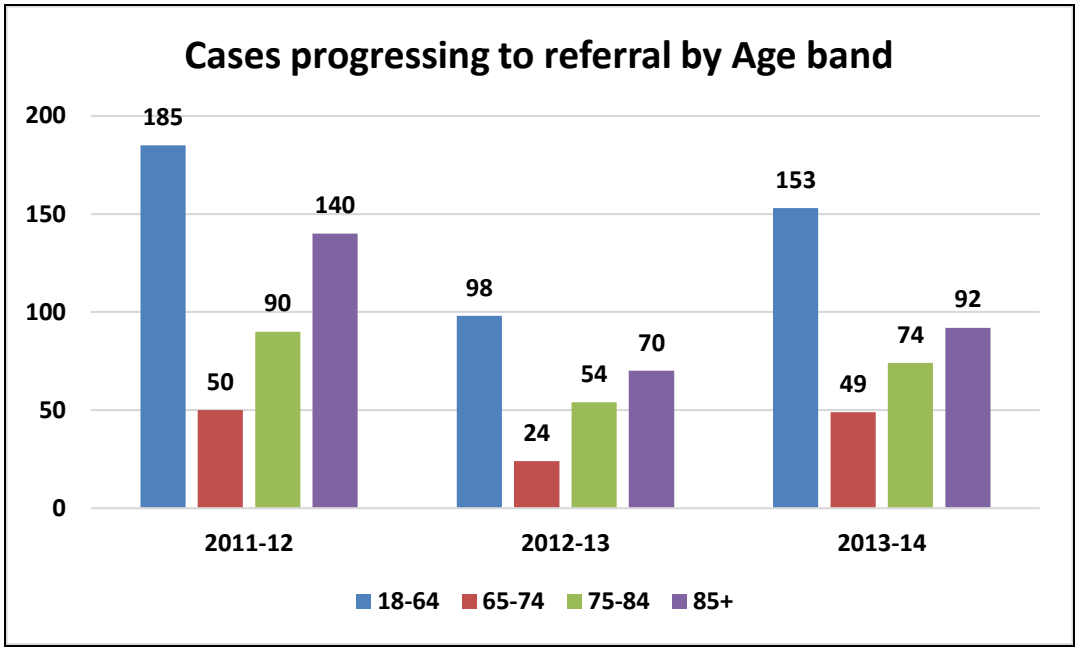
Figure 2: Cases Progressing to Referral by Service User Group



As in previous years the majority of referrals were for those recorded as being physically disabled or frail (52%), which includes frail older people. Mental health was the next largest percentage with 27% of referrals, and a further 7% being dementia. 18% of referrals were for adults with learning disabilities, (an increase from 10% in the previous year) and 10% were for people with sensory impairments (a new category for 2013/14 which would previously have been included in physical disability).

Of the referrals received 308 (84%) were for people with White British ethnicity. Referrals for other ethnic groups were spread, with the next largest percentage (5%) being Asian / Asian British.

Figure 3: Cases progressing to referral by Age band



In 2012/13 people aged 65 years or over accounted for combined 66% of all safeguarding referrals. The balance changed slightly in 2013/14 with only 58% of referrals relating to adults aged 65 and over and 42% relating to younger adults, aged 18-64. Those aged 85 or over continue to be most at risk, making up 25% of all referrals received.

Figure 4: Source and type of alleged abuse

Type of abuse	Social Care / Support service	Individual known to the person	Individual unknown to the person	Total
Physical	**57**	**85**	**8**	**150**
Sexual	**8**	**33**	**4**	**45**
Psychological/ Emotional	**26**	**77**	**6**	**109**
Financial / Material	**17**	**102**	**13**	**132**
Neglect or omission	**125**	**42**	**22**	**189**
Discriminatory	**1**	**42**	**22**	**65**
Institutional	**40**	**3**	**0**	**43**
Total	**274**	**345**	**54**	

The most commonly investigated form of alleged abuse was neglect, with 189 referrals involving some aspect of neglect, the majority of which (125, 66%) relating to social care providers or support services. This is line with the issues we have discovered around the poor quality of some social care provision with the city. Improving our oversight of quality

of care provision has been a key focus for us in 2013/14 and continues to be so in 2014/15.

During the year there were 11 large scale investigations into providers of social care and health care services, accounting for a large proportion of the referrals relating to institutional abuse and neglect or omission. Concerns around the quality of care provision have led to plans for the CCG and the Council to establish a quality improvement team to support care providers in the City.

Financial abuse was still the most common form of abuse alleged to be perpetrated by someone known to the adult at risk, other than as a social care worker.

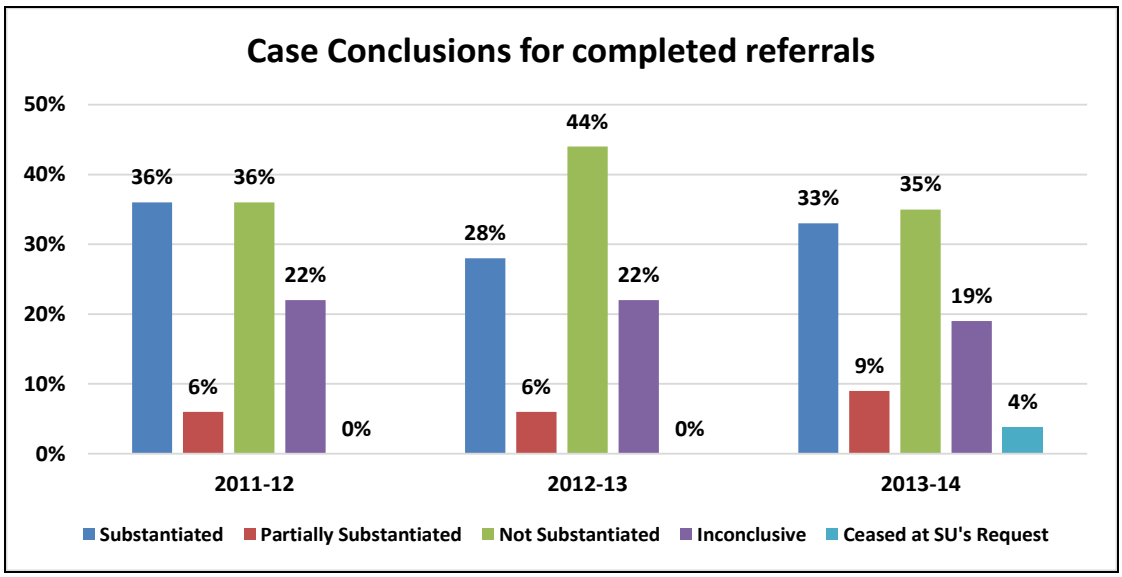
Outcomes of referrals and investigations

PSHFT uses outcomes from safeguarding investigations to inform "top tips" a bi-monthly newsletter.

Of the 368 received in the year 288 led to some action being taken under safeguarding. Of these 288 only 40 (14%) were judged to still have the same level of risk following the investigation, 168 (58%) had "reduced risk" and 80 (28%) had the "risk removed". Where no action was taken this is likely to have been because the investigation revealed no risk of abuse.

Figure 5 below shows a breakdown of the case conclusions for all completed referrals.

Figure 5: Case conclusion



In 2012/13 cases which were concluded as Not Substantiated accounted for 44% of all safeguarding adult cases, whereas in 2013/14 this dropped to 35%. It is felt that this is linked to the tightening of timelines for completion leading to better evidence collection; our previous rates of not substantiated outcomes were high compared to other similar cities. The percentage resulting in an inconclusive finding also reduced from 22% to 19%

The percentage of investigations where abuse was substantiated increased from 28% to 33%, and those which were partially substantiated rose from 6% to 9%. Although

benchmarking is not yet available for 2013/14, these figures appear to be more aligned to the national picture than in 2012/13.

Improving the quality of safeguarding in Peterborough

Alongside collecting activity data for the national safeguarding returns the Quality and Performance Sub-Group have developed metrics to aid the Board in monitoring the quality and inclusiveness of safeguarding in the City. This work led to the launch of a new investigation process in November 2013 and the introduction of a SAB Performance dashboard. The dashboard metrics can be aligned to the following three performance improvement themes:

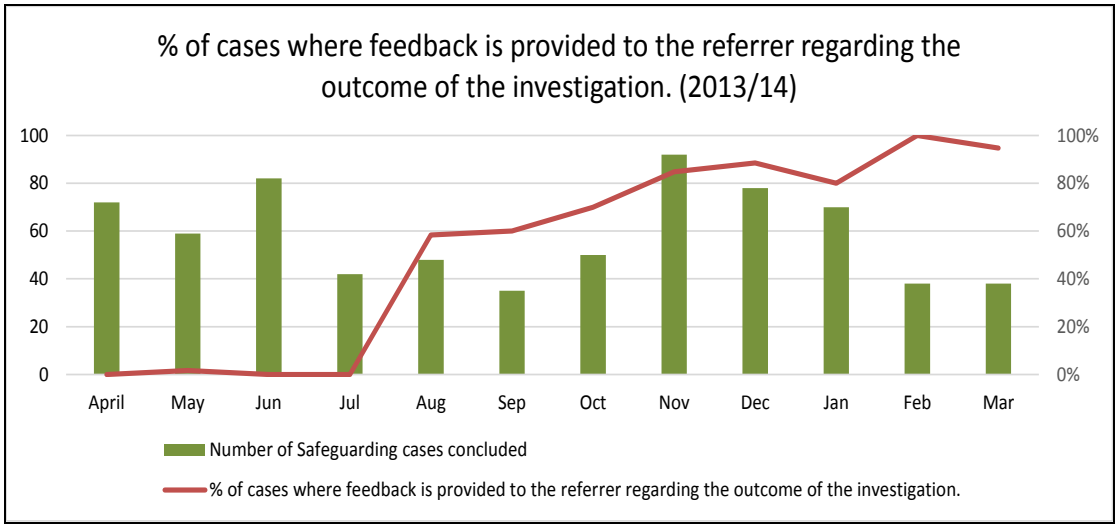
1. Strengthen response to referrers of safeguarding concerns

Referrers had expressed concerns around a lack of feedback at key points of the safeguarding investigation process, at the point at which it is decided to treat a concern as a referral and at the conclusion of an investigation. Two measures were introduced to the dashboard.

1. ***Feedback to referrers***. Of the 704 concerns submitted 345 (or 49%) referrers were given feedback after the referral / non referral decision. This is not as high as we would wish and we will continue to monitor this measure.

2. ***Feedback not given to referrers after the outcome of the investigation.*** We have seen a vast improvement in recording cases where feedback was being given; The graph below shows the increasing rates of feedback being given throughout the year. By March only 5% of referrers did not receive some form of feedback at the end of the investigation, see figure 6 below.

Figure 6. % of cases where feedback was given to the Referrer regarding the outcome of the investigation.



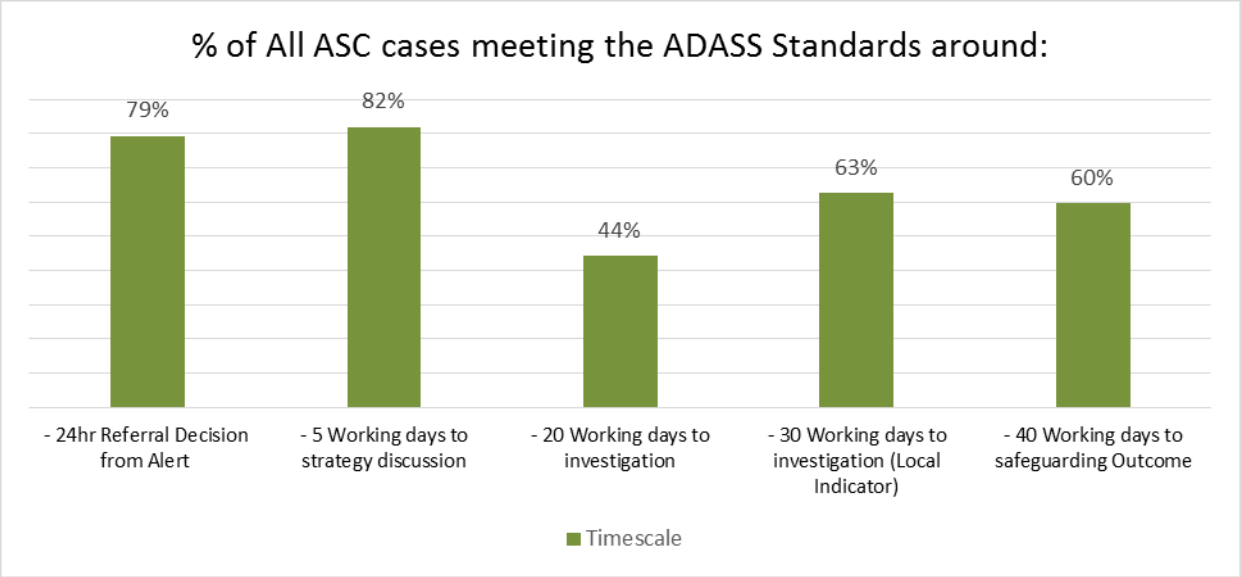
Providers have asked that we now focus on improving the value of feedback provided, to ensure that it is shared with the responsible manager in a useful format, to maximise potential for learning.

2. Improve timeliness of investigations

Although there are no nationally set timeframes for conducting and completing adult safeguarding investigations, the Board was anxious to monitor timelines to ensure previous issues with back logs did not reoccur. The Board agreed to monitor the investigation process via the following four timeline benchmarks, suggested by the Association of Directors of Adult Social Services (ADASS)

- 24 hours to decide to treat concern as a referral
- Strategy meeting or discussion to be held within 5 working days
- Investigations completed within 20 working days / 30 working days
- Outcome of the investigation to be known within 40 working days

Figure 7 – Timeline indicators



Although improvements have been made there has been particular difficulty in meeting the timelines around investigation completion. This is in part due to the number of large scale investigations that have been undertaken during the year, but also in part due to a focus on quality audit of investigations meaning that some investigations were kept open longer to ensure a thorough investigation took place.

The improvement in percentages of substantiated cases might be evidence that timelines are not adversely affecting outcomes.

3. Prevention of further abuse

We were one of the first to run "Building Better Relationships" programme, promoting safety and prevention. BeNCH

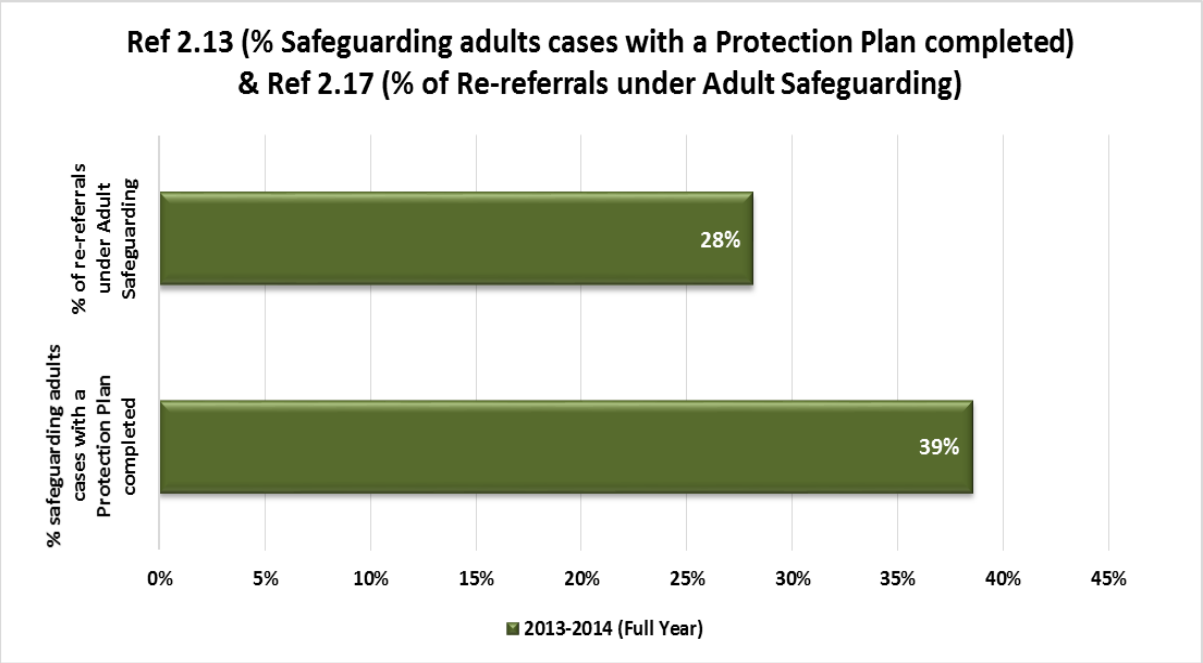
The Board also wished to identify measures to show the impact of investigations in preventing further abuse. Two measures were identified as headline measures of this.

- % of safeguarding adults cases where a protection plan was put in place
- % of safeguarding referrals that were re-referrals

The rate of re-referrals rose in 2013/14, although this is felt to be due to the large numbers of individuals included in large scale investigations and also to be a reflection on previous historical

referrals. This continues to be a key measure for us to monitor in 2014/15.

Figure 8 – prevention indicators



The use of protection plans to prevent further harm rose significantly throughout the year and has continued to rise into the first quarter of 2014/15. It is hoped that the focus on protection plans will also impact on future re-referral rates.

Safeguarding Adults Training Report April 2013/14

Identification and response to safeguarding concerns are dependent upon knowledge, understanding and awareness of all agencies. The Safeguarding Adults Board has an agreed training plan to enhance this.

During the year we began to move away from generic training to more focussed training for specific groups. Rather than running a generic "Enhanced" safeguarding course we have run courses for those who lead investigations, minute case conferences, and for provider managers. These focussed courses were well received.

We have also developed a course for Councillors which was initially rolled out to Scrutiny Commission members but will be rolled out more widely in 2014/15.

CPFT - Staff involved in investigations are supported by monthly peer supervision.

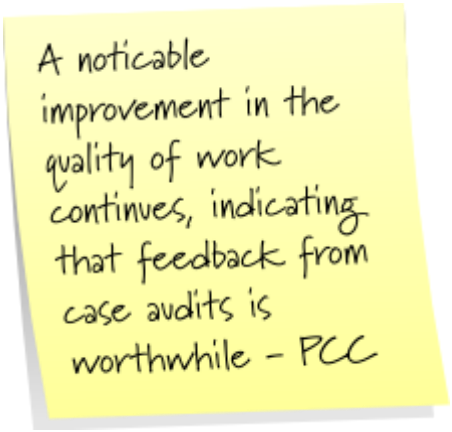
We introduced shorter level 1 refresher sessions for Safeguarding and MCA/ DOLS, but these were not taken up as well as expected. This may be due to a lack of understanding around when a refresher is appropriate, or an indicator of the volume of new starters within the system.

Providers have requested MCA and DOLs training for them in their role be added to the plan for 2014/15 following the Cheshire West judgement.

All partner organisations report on training compliance levels within their highlight reports to the SAB.

Quality Monitoring and Audit

During 2013/14 steps were taken to significantly enhance both the quality auditing of safeguarding investigations and the quality of social care provision to vulnerable people.



We have instigated regular case audits of safeguarding investigations by senior managers across the City Council and Cambridgeshire and Peterborough Foundation Trust (CPFT) social care functions. Within the year 59 investigations were audited. Where specific concerns around an individual investigation were found the worker and team manager were issued letters giving clear guidance on remedial action to be taken. More recently we have seen a number of investigations judged to be excellent and workers have received letters of commendation for the clear analysis carried out.

From January 2014 Team Managers and Social Workers have been included in the case audit process and the next step will be to involve external agencies. This will begin by the Police auditing their involvement in a sample of cases.

Improve Response to Safeguarding Concerns – Our Priorities for 2013/14

- Ensure thresholds for safeguarding referrals are better understood. **Awaiting guidance around Care Act**
- Strengthen response to referrers of safeguarding concerns. **Improving**
- Provide training for all managers to enhance their skills in leading investigations - **Provided**
- Improve outcomes for service users – **Pilot projects undertaken**
- Ensure an increase in take up of training provided – **more targeted training provided**

Improve Response to Safeguarding Concerns – Our Priorities for next year

- Work with the County project group and Children's Services to establish a MASH
- Continue with national outcome pilots – in line with Care Act 2014
- Training for GPs, in MCA and DOLs
- Training for Provider managers in MCA and DOLs
- Enhance monitoring of quality around MCA and DOLs
- Continue to build on quality and audit processes
- Establish a quality improvement team to support providers

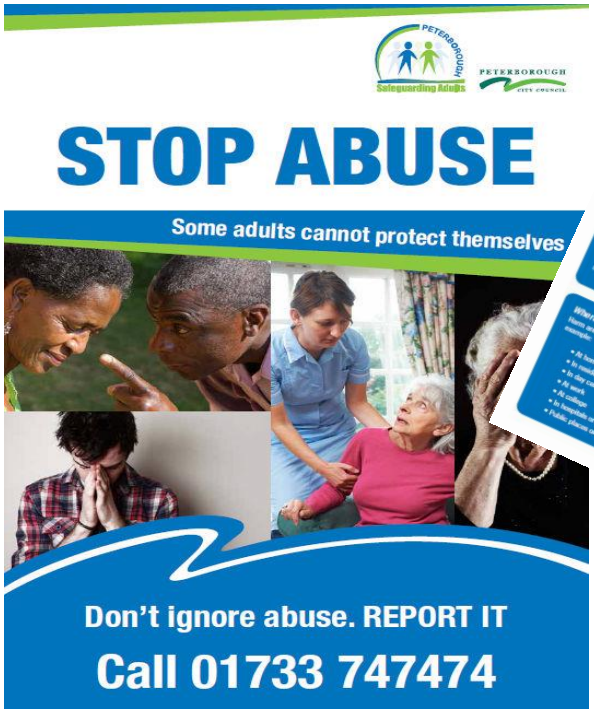
Priority Area 3 – Increased access and involvement

CPFT established a volunteer mentor scheme to work with people with LD and particulat metal health issues.

Improving accessibility of information

During 2013/14 we have continued to look at ways to better increase awareness of adult safeguarding and to improve the involvement of adults at risk in the process of investigations and in quality overview of social care provision and of our work as a Board.

We have added to the information available on the Adult Social Care Safeguarding Adults website, which now includes posters and leaflets to download, and newsletters.



The Council is currently investing in an extensive redesign of its website and customer facing portals as part of its Customer Experience Programme. The Safeguarding Adults Board pages will be included as part of this redesign to further enhance accessibility.

Participation in national pilots

We also took part in two national pilot projects both looking at ways to involve adults at risk in the safeguarding investigation process:

Making safeguarding Personal – a pilot run by the Local Government Association (LGA) and ADASS

Safeguarding Outcomes Measures – a pilot run by the Department of Health Information Centre.

Both pilots will feed national work to prepare for the Care Act 2014 and the establishment of a new national safeguarding outcomes measure.

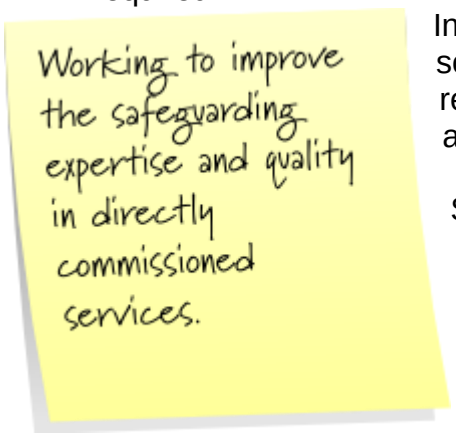
Winterbourne Review

The Board has continued to receive reports on the progress of implementing the learning from Winterbourne View. The Winterbourne review recognises that choice and empowerment is needed to prevent institutional abuse, and that secure hospital settings are not the correct settings to foster this.

All Peterborough people who were ready to be resettled have now received person centred support to move on from the secure setting placements outside Peterborough. At the end of March 2014 only 8 people with Learning Disabilities still remained in secure settings, all of whom were not yet ready to move on.

Notification of Concerns process and Quality oversight of providers

In response to findings from the multi-agency review overseen by the Serious Case Review Sub-Group, and to the concerns around the quality of some care services within the City a process has been established for collecting and sharing concerns about social care providers. The Notification of Concerns process requires any Council Adult Social Care worker identifying concerns or being informed of concerns about a provider to record them within the system. Notices are then sent to the contracts monitoring and quality assurance functions within the Council in order that immediate action can be taken if required.



In addition a monthly multi-agency review is held including adult social care, the Clinical Commissioning Group and Healthwatch to review the concerns raised and agree any system wide actions and inputs.

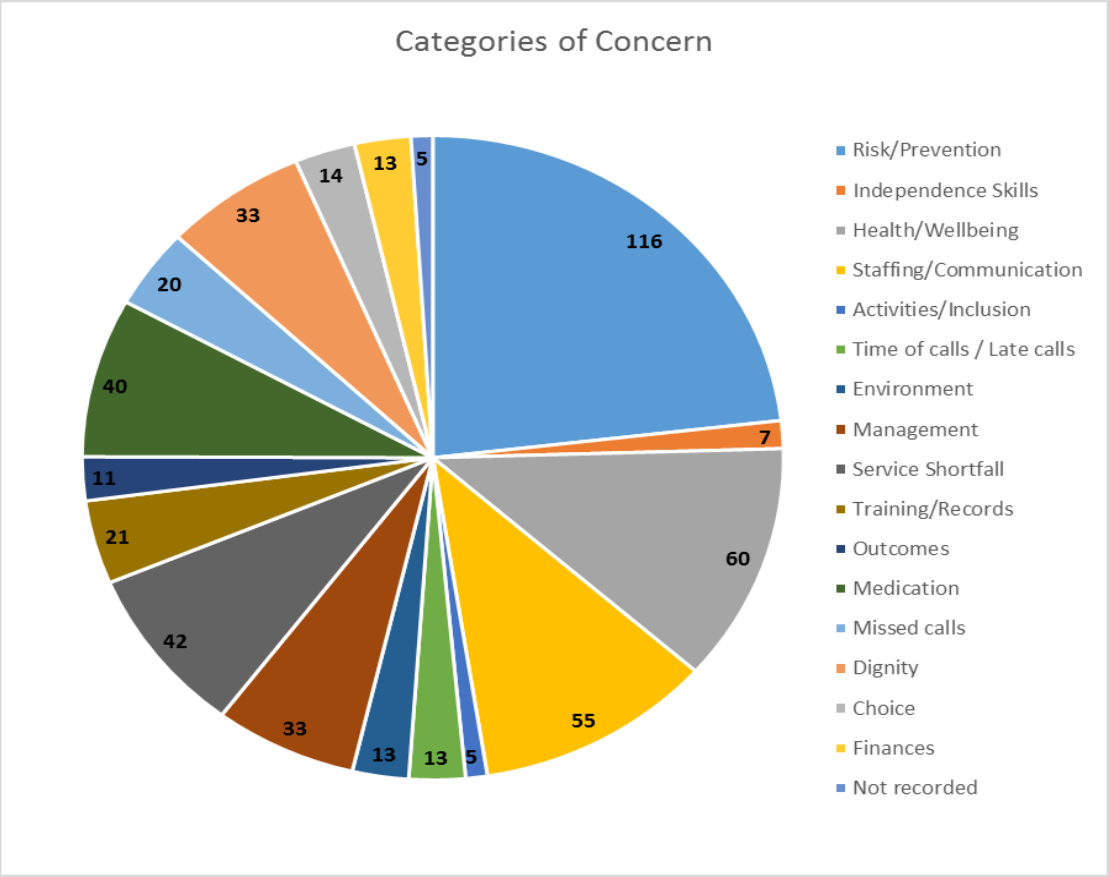
System actions taken have ranged from system wide suspension of commissioning from a provider, through to increased contract monitoring visits, or an “enter and view” visit being made by Healthwatch.

A summary of the concerns reviewed from the establishment of the process to end March 2014, is shown below.

Count of concerns received:	**248**
Count of categories selected:	**501**

Note: The count of categories selected for the 248 NOC was 501, as many NOC related to more than one category of concern.

Figure 11 – Notifications of Concern – count of categories selected.



The knowledge being built up over time via this process will allow us to target quality improvement interventions more widely for the City. This information has also helped support the business case for the establishment of a multi-professional quality improvement team for the City.

Feedback from providers has recognised the worth of surveillance and monitoring but has asked that addressing issues identified is seen as a partnership, and that summary of concerns raised should be shared openly and regularly with providers. This will be a key objective for the quality improvement team once in place.

Findings from the 2014 Adult Social Care User Experience Survey.

The Quality and Performance Sub-Group have reviewed the findings of the User Survey carried out in February 2014, where they relate to safety, dignity and control. Key messages are summarised below.

A significant increase was observed in the proportion of service users who said care and support services help them in feeling safe from 72% in 2012/13 to 84.2% in 2013/14. Nationally only 79.2% of service users felt their services helped them keep safe, so Peterborough service users experience here appears more positive.

98% of students feel safe, and 97% of parents/carers feel that Peterborough Regional College is safe.

There was also an increase in those feeling that their care or support services did not undermine how they felt about themselves from 87.8% in 2012/13 to 89% in 2013/14, in line with the national average of 89.1%.

However less people felt they had control over their lives, 76.4% in 2013/14 compared to 78.8% in the previous year, and only 87.7% felt their support services helped them have control, as opposed to 88.1% in the previous year.

Nationally 76.7% of respondents felt they had control and 86.9% felt services helped them take control. Although less people in Peterborough felt they had control a higher percentage still felt their services help them to have control than the national picture.

Although an increased percentage of people felt their support services helped them feel safe, overall less people felt safe 91.5% as opposed to 93.9% in 2012/13, with the national average being 93.9%. The percentage who did not feel safe at all rose from 1.2% to 2%, higher than the national average of 1.8%. Where users indicated they did not feel safe social workers were alerted so that follow up action could be taken.

Increased Access and Involvement – Our Priorities for 2013/14

- Continue to develop the Safeguarding Adults website. **ongoing**
- Continue to review our safeguarding publications and launch our new 'Stop Abuse' poster and leaflet. **complete**
- Ensure that contract management processes are reviewed ensuring service users are safeguarded. **ongoing**
- Establish a system for sharing concerns about care providers. **Ongoing**
- Continue Progress to ensure the Government's action plan on Winterbourne View is implemented. **Ongoing**

Increased Access and Involvement – Our Priorities for 2014 /15

- Continue to build on the Notification of Concerns process and system wide intelligence sharing
- Implement a quality improvement team with health and social care specialist inputs.
- Improve service user perception of safety within the community
- Implement aspects of the Care Act 2014 relating to personalisation and advocacy, and access to advice and information as they relate to safeguarding and the prevention of significant harm to wellbeing.

Summary

In summary, the Board feels that a great deal of progress has been made during the year, putting systems in place to try to improve safeguarding of adults in Peterborough.

The focus for 2014/15 will be making the systems work to deliver outcomes, as well as delivering long term sustainability by preparing for the Care Act 2014 and applying learning from our Peers via the Peer Challenge process.

If you require any further information please contact:

Tina Hornsby, Assistant Director, Quality Information and Performance

Adult Social Care, Peterborough City Council

Email:	tina.hornsby@peterborough.gov.uk
Telephone:	01733 452434
Or visit our website:	www.peterborough.gov.uk/safeguardingadults

Peterborough Safeguarding Adults Board
Members Commentary 2013-14

This document is a supplement to the Peterborough Safeguarding Adults Annual Report 2013-14

Safety, Enablement, Empowerment and Prevention

Peterborough Safeguarding Adults Board Members Commentary 2013-14

Contents

Core Members

Adult Social Care – Peterborough City Council

Achievements

The Council established a Raising The Bar quality improvement initiative for Safeguarding. This includes monthly performance meetings and weekly case review audits lead by members of the Departmental Management Team. The findings of the review are notified to all relevant parties to share good practice and learning and development for individuals and the organisation.

Following learning from this initiative the safeguarding investigation forms and workflows were revised and all staff received a mix of systems and practice training. Electronic referrals from PHSFT for Safeguarding referrals were introduced from December.

The Council transferred its contracting and procurement function for Adult Social Care to SERCO in July 2013. Following this transfer there was a re-tender for domiciliary care services, using the ADASS Regional Contract which includes a widened quality schedule.

A new suspension protocol was agreed to formalise the suspension of contracts where there are significant quality concerns about providers. The draft large scale investigation procedure has been operationalised and a number of large scale investigations have been carried out in the year.

The Council completed and submitted the Winterbourne View stocktake, and worked with the Mental Health Trust to ensure all eligible residents were appropriately reviewed and resettled where appropriate.

The Carers Partnership Board agreed a new three year strategy to support carers in the City. The strategy is also accompanied by a carers directory which can be found on the website at http://www.peterborough.gov.uk/pdf/HealthAndSocialCare-ASC-CarersDirectory-ASCDirectory2013.pdf

The Council launched a new notifications of concern procedure to link it to the regular multi-agency Quality and Information Sharing meetings.

Training appropriate to role and responsibility continues to be undertaken for Managers and Social Care staff. This has included additional training in relation to protection planning and case conferences and specific training around larger scale safeguarding investigations.

Strategic Lead for safeguarding has set up monthly meetings with the Safeguarding Lead Practitioners to continue to develop the role and support front line social care staff.

The Council supported 6 social workers (of which 3 work for CPFT) through their training to become qualified Best Interest Assessors. 1 qualified in November 2013 and the other 5 in January 2014. This means that the Council has 6 BIA s who will be able to carry out the

assessments in response to a request for DoLS. This also provides us with greater expertise to deal with concerns and issues around the Mental Capacity Act.

New Initiatives

The Council completed the tender process for the provision of a Dementia Resource Centre and this will be fully operational under the management of the Alzheimer's Society by September 2014. On Wednesday 5 February there was an official launch of the Peterborough Dementia Action Alliance, a partnership working together with the shared aim of transforming the quality of life of people with dementia and helping Peterborough become dementia friendly.

Work is ongoing to develop a Prevention strategy for the City.

The Council has embarked upon a significant programme of transformation of its services, to ensure that processes are customer centred and to prepare for the Care Act 2014 becoming operational from April 2015. As part of this transformation we will be looking to align our safeguarding front door with the newly establish Multi Agency Safeguarding Hub (MASH).

The Council took part in two national pilot projects both looking at ways to involve adults at risk in the safeguarding investigation process:

- Making safeguarding Personal – a pilot run by the Local Government Association (LGA) and ADASS
- Safeguarding Outcomes Measures – a pilot run by the Department of Health Information Centre.

Both pilots will feed national work to prepare for the Care Act 2014 and the establishment of a new national safeguarding outcomes measure.

Issues

Significant quality concerns with a small number of care providers have led to large scale investigations, which have required significant resources and impacted on safeguarding investigation timeline overall. The CCG and the Council have agreed to establish a care sector quality improvement resource to work proactively with providers to limit the future need for large scale investigations by supporting quality improvement in a timely way.

Despite the Council's proactive steps to enhance the capacity for best interest assessments for DOLs applications, by training 6 social workers, the West Cheshire judgement has brought huge pressures on these resources and necessitated the continued use of independent assessors.

The Future

Preparations for the Care Act 2014 will be a key priority for the Council during 2014/15, particularly the delivery of the new target operating model, expansion of community based preventative services and interventions, the MASH, enhancement of advocacy services, and the Care Sector Quality Improvement Team.

The Council is currently investing in an extensive redesign of its website and customer facing portals as part of its Customer Experience Programme, to improve accessibility of information and advice and access to preventative and support services.

A new contract for Residential Services covering Older Persons, Learning Disabilities and Autism and Mental Health is being created and is due to be implemented in 2014/15.

Commissioning of Adult Social Care services and community based preventative services will be undertaken by the Council's Communities Directorate from April 2014. This should allow us to align existing resources to target delivery of improved outcomes for vulnerable adults and adults at risk in the City.

Expansion of the current resources for undertaking and authorising DOLS applications, including providing advice to providers is a key area for focus for 2014/15.

The Council has commissioned an LGA Peer Challenge in October 2014 to identify progress made around safeguarding and to inform priorities for improvement and preparation for the Care Act 2014.

The Council will continue to engage in national pilots around personalisation of safeguarding and supporting outcomes for adults involved in investigations.

Tina Hornsby
Assistant Director, Quality, Information and Performance

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

From 1 April 2013, significant changes took place within the structure of the NHS and how it commissions services. Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) became responsible for the commissioning of local NHS services and primary care services were commissioned by NHS England.

There were no formal commissioning arrangements by the CCG with care homes.

Achievements

All health services commissioned by the CCG have responsibilities with regard to adult safeguarding specified in their NHS contract. Compliance with these requirements is monitored through clinical quality review (CQR) meetings with each provider as part of the formal contractual arrangements using a dashboard with quality metrics to clearly identify any gaps in service provision.

The CCG undertook a 'deep dive' review into the provision of adult safeguarding with the 6 main providers it commissions from. Each provider has developed an action plan to address areas that were highlighted as requiring improvement. Progress against these action plans is monitored via the CQR process.

The CCG set up a Health Executive Safeguarding Board where senior representatives meet to discuss safeguarding issues and processes at a strategic level. A Health

Subgroup was set up to report to the HSE and works at a more operational level to ensure that involvement of 'health' in both adult and children's safeguarding is working across provider boundaries.

A soft intelligence database to record concerns in relation to care homes has been developed and information is shared with partner agencies as appropriate.

The sharing of information regarding potential safeguarding issues with the Safeguarding Adult Board by supplying data for their quality dashboard.

New initiatives

The CCG is undertaking a service redesign for the provision of older people. A procurement process is underway with the aim of improving services to encourage people to be independent, healthier and to receive care nearer their homes when needed, with admission to hospital being averted if possible. Safeguarding of adults will be integral to this process. This procurement process will be completed during 2014-2015.

Formal contracts with nursing homes where the CCG place patients requiring continuing healthcare or funded nursing care are being developed. This will enable closer monitoring of the quality of the service provided alongside the 6 main Providers of NHS care. This will enable contractual levers to be used when the quality of the service is sub-optimal.

This process will be completed during 2014-2015.

The number of staff involved with adult safeguarding within the CCG has been increased which will enable closer working with partner agencies.

Future Aims

- Continue to develop closer links with Partner agencies to ensure that adult safeguarding is fully embedded.

- Strengthen the quality requirements for adult safeguarding with providers of services commissioned to ensure that adult safeguarding is fully embedded which will enable earlier detection of issues and the ability to address concerns in a more timely way.

- Improve networking of adult safeguarding leads between Health organisations

- A CCG Adult Safeguarding Strategy is being developed.

- Sharing of the main health provider organisations quality metrics for safeguarding the Safeguarding Adults Boards

Doreen Simpson
Lead Nurse for Safeguarding Adults and Serious Incidents

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Statement of purpose

Cambridgeshire and Peterborough NHS Foundation Trust is committed to the working with partner agencies to ensure the safeguarding of adults at risk of abuse. To this end the Trust will ensure the establishment and maintenance of systems to safeguard people with a severe mental illness who are the responsibility of the Trust.

Governance and Accountability

The Trust has a Combined Safeguarding Steering Group attended by senior staff across the Trust. This group reviews and monitors safeguarding activity in the Trust and implements actions from the Safeguarding Board and reports to the CPFT Clinical Governance and Patient Safety Group.

The Director of Nursing is the Executive Director with Board responsibility for Safeguarding Adults, and attends the Peterborough Adult Safeguarding Board.

The Head of Adult Safeguarding is the lead officer for adult safeguarding with responsibility for developing processes and procedures within the Trust and contributes to the work of Peterborough Adult Safeguarding Board sub-groups. This is a new post from 1st April 2014.

The Advanced Practitioner post for adult safeguarding has a lead role in the referral process and is available to offer support and advice to CPFT staff during the course of investigations.

SOVA investigators are trained to coordinate investigations into allegations of abuse.

2013-14 Achievements

<u>Workforce</u>

- Increased numbers of staff trained to coordinate SOVA investigations and provide advice, support and training to teams
- More Ward staff trained to leads SOVA investigations
- Continuation of a peer support group for CPFT staff in Peterborough who undertake Safeguarding investigations.

<u>Training</u>

- CPFT has trained 93% of its staff in adult safeguarding as April 2014. The acute care division had trained 96% of staff.
- All wards had bespoke sessions on adult safeguarding delivered by the advanced practitioner.

<u>Policy and Procedures</u>

- Trust Adult Safeguarding Policy and Procedures updated in line with Peterborough SAB policy
- Development of safeguarding guidance for falls and medication

<u>Audit</u>

- audit to commence early 2014 with revised format

Activity.

- There was an increase in safeguarding investigations over 2012-13 which reflects a continuing increasing in awareness of safeguarding issues within mental health services.

Multi-agency working

- CPFT staff have worked with colleagues in partner agencies to explore the development of integrated referral pathways and services via the Multi-agency Referral Unit hosted by the Police.

PREVENT

The roll-out of the PREVENT WRAP programme commenced in July 2013. CPFT has twelve staff trained to deliver the programme.

- Seventy-eight staff have already received training.
- Consideration is to be given to making the WRAP training mandatory

CQC registration

Following a CQC inspection to Cambridge wards during 2013-14 CPFT, moderate concerns against outcome 7 (Safeguarding) were registered**.** As a result a specific project was launched to address perceived gaps in awareness and recording of adult safeguarding incidents and bespoke training was delivered to all CPFT wards.

CQC has now declared the ward as being compliant with Outcome 7 (Safeguarding).

Staff Training

Training for Trust staff is delivered in house and through Peterborough City Council multi-agency training.

The Trust currently has 57 staff who have trained as SOVA investigators on the Peterborough City Council 'Leading Safeguarding Investigations' course,

CPFT Adult Safeguarding Advanced Practitioners also deliver training to CPFT staff, as well as to external agencies.

Serious Case reviews & prosecutions

There were no serious case reviews held under Peterborough procedures during 2013-14 involving people receiving a service from CPFT. However the Head of Social Work contributed to the work of the Peterborough Serious Case Review Panel.

Staff supervision

SOVA investigators are supported by the programme of monthly peer supervision meetings of the 'Peterborough CPFT Safeguarding Adults Group'. Last year the following speakers delivered contributions:

- One Service/St Giles Trust
- Advanced Midwife Practitioner for Mental Health and Learning Disability
- ASPIRE

- Drinksense

Priorities for 2014-15

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues.
- Ensure that the target of 95% for staff training continues to be met
- Ensure that each ward and community team in the adult services has a trained SOVA lead
- Publish results of audit work and develop action plan
- Develop adult safeguarding strategy in conjunction with both SABs

Paul Collin
Head of Adult Safeguarding

Cambridgeshire Community Services (CCS)

Safeguarding Champions across the organisation have been developed so that safeguarding is seen as everyone's business.

A Named Nurse role in Luton has been appointed and funding for 2 further named nurse roles is being explored. One of these posts will cover Peterborough and Huntingdon.

All units across CCS have developed and implemented safeguarding structures so that staff are aware of responsibilities.

Face to Face safeguarding training has taken place in Peterborough for staff working within the City Care Centre. This was aimed at staff whose first language is not English. This training was well received and discussions are in place to make this a rolling programme.

Esther Bolton
Community Manager

Cambridgeshire Constabulary

Throughout 2013-14 we have:

- Agreed with Cambridgeshire adult safeguarding and CPFT that in due course all safeguarding referrals would pass through the Multi-Agency Referral Unit (MARU). A task and finish group was set up and will move the MARU towards being a Multi-Agency Safeguarding Hub (MASH) in respect of Adult safeguarding in Cambridgeshire.
- The MARU project board has met regularly and drives forward a number of work streams. The performance pack has been agreed and is shown below.
- Invited Peterborough adult services to be members of the operational management group as they have staff deployed into the MARU.

- Renamed The Adult Abuse Investigation Unit (AAIU) the Adult Abuse Investigation and Safeguarding Unit (AAISU) in recognition of its role in safeguarding and in anticipation of future statutory obligations within the Care Bill.
- Increased the number of police officers who have attended the Safeguarding Awareness training delivered by the PCC Workforce Development team'

We anticipate an increase in work associated with the implementation of the Care Bill and await national guidance anticipated this year.

MARU Performance Measures:

Measure 1: Are we keeping people safe?
Collate the number of referrals submitted by each agency for information sharing over a twelve month period. Data collection can begin without requiring collection of past data. This measure provides an overall assessment of how much an agency puts forward in terms of safeguarding.

Measure 2: Are we focused on priority areas?
Classify the referral numbers by type. This will provide a measure of the number of referrals in each category of business. It will map out key areas where safeguarding should be made a priority.

Measure 3: Are we reducing risk and sharing information?
Referrals by category of risk i.e. Red, Amber, and Green. RAG rating will map the level of risk dealt with by the MARU. Comparisons can be made with the outcome severity allowing understanding of the added value of information sharing in relation to risk issues.

Measure 4: Is our response to MARAC referrals effective?
This measures the number of repeat referrals into the MARAC. This demonstrates agency effectiveness to deal with critical cases at the first attempt. Use dwelling addresses as basis for the repeat. The measure highlights emerging trends over time.

Measure 5: Do we handle cases efficiently?
Measures timeliness of dealing with referrals against set targets and therefore the overall effectiveness of MARU processes. The targets are: Red - 2 hours, amber - 24 hours, and green - 72 hours. This is an internal process and not linked to any single agency targets already set. The measure assesses response to the flow of work and determines blockages.

Measure 6: Are we managing risk to repeat cases?
This measures the repeat referral rate into the MARU. It will determine the effectiveness of solutions being applied to vulnerability and the escalating level of risk to those persons. Outputs from this measure may require at least 12 months of initial referral data before a trend will be observable and recordable.

Measure 7: Do we deliver a quality service?
Undertake six-monthly satisfaction surveys with professionals to ensure the customer experience is aligned to the intended outcomes. This will influence how business is developed and how effective the MARU contributes to safeguarding and improved

outcomes. As practitioner time is limited, ensure the survey is focused, short, and easily accessible.

Measure 8: How are we improving?

Creation of evidence library so that cases can be produced by any agency as a tangible example of the work and outcomes being delivered. This provides many opportunities to show case good work but also extract learning as the MARU develops and new approaches are considered. Cases should be concise and use similar data fields to promote consistency of approach.

Measure 9: Is our work consistent?

Conduct quality file auditing in line with inspection methodology. Deep dive analysis of selected cases in each agency every three to six months. The overall audit process will inform each agency of their contribution to safeguarding in terms of quality inputs to cases.

Detective Superintendent Gary Ridgway
Head of Public Protection

NHS England: East Anglia area team

2013/14 was the first year of being operational and has been a large learning curve with regards to managing our responsibilities with regards to safeguarding for both our directly commissioned health services (such as GPs, dentists, opticians, prison health care, secure mental health treatment, screening and immunisation services, sexual assault referral centres) and safeguarding responsibilities across the wider health economy (within a very limited resource).

Achievements

The area team has engaged with the 4 Safeguarding Adult Boards (in addition to the 4 Safeguarding Children's Boards) within its localities and has begun to build up stronger partnership working arrangements. The area team is also a member of the Health and Well-Being Board and facilitates Quality Surveillance Group meetings which bring together a range of partners to address quality and safety issues at a strategic level across the health and social care arena.

We facilitate bi-monthly safeguarding forums that bring together adult safeguarding leads from health organisations and commissioning parties across both East Anglia and Essex. In this forum, supervision and support is provided and specific work areas include the provision of CPD training (such as capacity and consent for sexual relationships), and the development of regional health guidance for differentiating between service improvement issues, case management issues, complaints, and safeguarding referrals in health specific scenarios. The forums also provide an arena for the sharing of learning from Serious Case Reviews, Domestic Homicide Reviews, and Serious Incidents.

Priorities for 2014/14

- Continued close working arrangements with our CCG colleagues to try to minimise the fragmentation of health commissioning as a result of the NHS reforms

- Improving adult safeguarding awareness, skills and expertise in our directly commissioned services specifically with regards to primary care services. This is not without difficulties as some national contracts (for example GP contracts) do not mandate adult safeguarding training.
- To continue to work at a strategic level to ensure that adult safeguarding issues are addressed within the health and social care arena. Specific areas include focussing on the Winterbourne View agenda and concordant, addressing the quality of care in nursing and residential homes as well as private hospital care, and raising quality and safety standards for vulnerable adults in acute hospitals.
- To remain aware and implement where necessary the requirements of the Care Bill and developments in DoLs legislation.

Dawn De Coteau

Patient Experience Manager

Peterborough and Stamford Hospitals Foundation Trust

This report provides information relating to actions undertaken by Peterborough and Stamford Hospitals NHS Foundation Trust from April 2013 to March 2014 in respect of its commitment to and responsibility for ensuring the safety and protection of adult service users who are at risk of abuse. It provides a brief review of the Trust's activity and work over the year 2013/14 and gives an outline of the planned work in connection with adult safeguarding for the coming year (2014/15). More information is available in the Trusts Adult Safeguarding Annual Report 2013/14.

The Trust's Safeguarding Committee (SC) meets bi-monthly and links the adult and children's safeguarding agendas. This integrated approach to safeguarding reaffirms the Trust's commitment to their safeguarding responsibilities and further strengthens its relationships as a multi-agency partner.

The Corporate and Operational Trust Leads provide anonymised reports to each meeting of the Safeguarding Committee, detailing all alerts raised both by the Trust and against the Trust. The Safeguarding Committee also receives reports relating to activities in reference to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (MCA and DoLS) and the provision of care and support to patients with Learning Disabilities and their family/carers.

The Cambridgeshire and Peterborough CCG conducted a "deep dive" inspection of the Trust's SOVA and child protection practice and performance during Quarter 2 of the year. A number of recommendations were made following the inspection and the Trust has been working hard to meet these recommendations thereby strengthening the robustness of Adult Safeguarding within the Trust. The Clinical Commissioning Group have been monitoring our progress against the action plan and are reassured by the actions that have been taken.

The Trust underwent a Care Quality Commission inspection in March 2014. Specific positive comments regarding staff members' knowledge and understanding of safeguarding adults and MCA/DoLS were recorded against all areas inspected.

In December 2013 the Trust moved to an electronic alert process via e-track which enables any staff member to report a concern direct and this has resulted in an increased level of reporting again for the year. We believe that, together with the introduction of "e-alerts", the year on year growth demonstrated is testament to the training that has occurred and the greater awareness amongst staff of the importance of reporting adult safeguarding issues.

The Trust's Strategy for the Care of People with Learning Disabilities and/or an Autistic Spectrum Condition was approved by the Safeguarding Committee in Quarter 4 of the year and is now available to all staff through the Intranet as is the Policy for Compliance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which provides comprehensive guidance for compliance with these statutes' Codes of Practice. Mental Capacity Act (2005) and Deprivation of Liberty Safeguards training is mandatory for all clinical and medical staff who have face to face contact with patients.

Considerable progress was made in the Trust's objectives against the Acute Hospital Learning Disability/Autism Self-Assessment Framework (an NHS East of England QIPP) which commenced in 2011. The majority of improvements have now been achieved and any outstanding areas will be rolled over into a revised action plan that incorporates the objectives resulting from the Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (CIPOLD).

SOVA Awareness training is delivered to new staff as part of the mandatory induction programme. The currency of the training is 3 years and there are monthly refresher sessions open to all staff who need to update their training.

Over 2013/14 training was delivered to 2,505 members of staff.

As part of its ongoing commitment to safeguarding adults at risk of harm or abuse, the Trust has appointed a Lead Nurse for Safeguarding Vulnerable Adults (reporting to the Assistant Director of Nursing and Care Quality (Patient Experience)) who took up post at end of Quarter 1 2014/15. The Lead Nurse will be reviewing all Safeguarding Adult practice to ensure compliance with The Care Act 2014 which is due to come into effect from April 2015.

The Trust will continue its active participation in and involvement with the Peterborough Safeguarding Adults Board and its subgroups, and the East of England Safeguarding Forum.

Other key areas of work over 2014/15 include:

- Working with its Local Authority partners to review its DoLS practice following the Cheshire West Judgement.
- Further strengthening the links between the Trust and its safeguarding partners
- Development of ward based MCA/DoLS and Learning Disability Links networks
- Identification and training of MCA/DoLS champions

- Participation in the newly established NHS England, East Anglia Adults Safeguarding Forum
- Participate actively in the Health Executive Safeguarding Board (C&P CCG).

Lesley Crosby
Assistant Director of Nursing and Care Quality (Patient Experience)

Other Members

Age UK, Peterborough

We run a half day Safeguarding Awareness Course about every six months for new staff and volunteers.

In addition to this, all new staff are told at their first day induction of the importance of reporting incidents, suspicions or allegations of abuse.

David Bache
Chief Executive

Axiom Housing

We completed an internal audit of safeguarding policies and procedures – this revealed only minor housekeeping issues. The audit was comprehensive and a good process to go through.

We worked with City College, Peterborough on the delivery of Safeguarding training to all our front line staff, all staff will have gone through the training by the end of the year and training is repeated on an annual basis. We are beefing up our record keeping on training; that was one of the outcomes from the audit.

We organised refresher training for all staff on safeguarding – part of an annual review process and are continuing to reinforce messages around safeguarding

As part of our overall Safeguarding, we are undertaking an on-going process of spot checks on our front line operational staff.

Stuart Fort
Operations Director

Cambridgeshire Fire and Rescue Service (CFRS)

CFRS conducted post fire deaths, multi-agency reviews and as a result we established that there are a growing number of residents, who have hording tendencies, who are dying in fires. Of four deaths in Cambridgeshire three had this issue, therefore this cohort of residents have been identified as High Risk for the Service.

We have established a standard operating procedure which includes a “health” Clutter Imaging Rating scale. All front line staff are having this awareness raising training which also includes an understanding of the types of hoarding and how to engage effectively with residents. At the same time we have introduced an elearning training module.

Prevention officers are actively seeking partners and agencies to collaborate with FRS who engage with hoarders.

CFRS has also purchased specific “wisafe” smoke and carbon monoxide alarms, and fire retardant bedding to try to mitigate their fire risk.

Wendy Coleman
Community Risk Manager

Carers Partnership Board

We agreed the need for providers to work with ASC to help to identify ‘hidden’ carers. By supporting more carers, we can advise them of what services and support is available as well as discussing with them safeguarding and how to get help and advice.

Following a presentation from Safe Local Trades, the Safe Local trades leaflet is in our new Carers Pack to be given out to all new carers. By encouraging more people to use this service we will be protecting vulnerable people from rogue traders

We also had a presentation from the Credit Union and as a result we aim to publicise this service to carers as the Credit Union is an organisation that helps vulnerable people to manage their money and negates the need for high interest money lending organisations.

We organised a Carers Heath Day in October 2013 and offered healthy eating and exercise sessions.

At the October 2013 Carers Partnership Board, carers were consulted regarding the re – commissioning, redesign and redelivery of carers services in Peterborough

A new Carers Safeguarding leaflet has been produced and has gone into the new Carers pack that all new carers will receive.

1000 carers safeguarding leaflets have gone to Peterborough and Stamford Hospital Foundation trust to be distributed throughout the Hospital.

Community Services have also requested copies of the leaflets.

The carers assessment has been redesigned and safeguarding now has its own section so that social workers can quickly decide if the carer needs support

The new carer’s service specification tender contains the Adults and Children’s safeguarding template which all organisations that tender for the service will need to complete. This will be scrutinised closely to ensure that the organisations are committed to Peterborough City Council’s safeguarding policy.

Hedda Lilley
Peterborough City Council

City College

New Initiatives in 2013-14

- Working with Prevent team to recognise self-radicalisation and report into the Chanel Police team
- Continuing to enhance our behaviour management policies across the service.
- Startle Vision is a new campaign at the John Mansfield Campus to raise awareness of topical issues such as the recent internet phenomenon, Neknominate, legal highs etc but also to tackle bullying, child sexual exploitation, gambling, sleep deprivation, female genital mutilation (FGM), drug use, self-harm, depression/anxiety.

Tanya Meadows
Vice Principle - Students

Domiciliary Care Representative

My role as the domiciliary care representative on the PSAB is to supply an independent, external viewpoint of providers working within the Peterborough boundaries.

I hope that over the past 12 months, I have represented the sector well and I have fed back any views or issues raised by my colleagues to ensure a transparent safeguarding procedure.

I am now the representative for Peterborough with the Cambridgeshire training sub-group and feel this role has helped to further strengthen partnership working between neighbouring authorities. I have also taken on the role of being the PSAB representative for day services, which has allowed further representation of independent sectors at board level.

There has been significant change over the past 12 months, such as DoLS now being regarded in supported living environments, I have encouraged and supported providers with making referrals and encouraged the utilisation of the Workforce Development, especially the Roles and responsibilities of provider managers training and Train the Trainer sessions, which in turn help to support the training standardisation I am so passionate about.

Over the next 12 months, further change is evident, such as the introduction of the Care Act, I am already preparing to offer support and guidance to my colleagues. Communication can be an issue, and I politely urge providers, whether or not they hold a contract with Peterborough City Council, to contact me as their representative. This will allow me to ensure I appropriately and accurately represent the entire sector.

Matt Hadman
Registered Manager and Safeguarding Lead
Atlas Care Services

Healthwatch Peterborough

We undertook the Safeguarding Adults Training in the autumn. This was offered to the Voluntary Directors, Management Group and Team Members, prior to conducting Enter and View activities in Residential and Nursing Homes in the area.

Jean Hobbs

Peterborough and Fenland Mind

In 2013 we reviewed our Safeguarding process and procedures as part of our successful ISO9001 accreditation, we developed a new referral form and now monitor all referrals and outcomes centrally to see if there any recurring issues we need to be aware of.

We have finalised forms in place and a robust central reporting system. This will enable us to highlight any patterns or any areas where other agencies need to be involved.

The outcome of this is that staff will feel more confident in raising a concern if there is a formal process in place, and this can be monitored more effectively by management.

We had an occasion where one staff member hadn't recognised that there was a Safeguarding concern until they had come back and discussed the client with their team – although this wasn't immediately recognisable as a Safeguarding issue, it encouraged us to review when all staff last took part in Safeguarding training and we delivered refresher sessions to staff.

Emily Gray
Chief Executive

Peterborough Regional College

Peterborough Regional College is a further education college with approximately 6000 learners, half of which are over the age of 18 years, studying on both full and part time programmes. 12% of our learners have learning difficulties ranging from mild to severe and multiple difficulties (2% moderate to severe). 9% of our learners have disabilities including visual and hearing impairment, physical, medical and mental health difficulties. Additional learning support is provided for over 1300 learners. These learners are studying in both our main stream provision and our Inclusive Learning department. There are currently 86 learners in our Inclusive Learning Department studying a range of programmes from awards in personal and social development, skills for working life, skills for independent living and skills to enable progression.

The College has six designated members of staff for safeguarding; these include a designated person for vulnerable adults. Mandatory Safeguarding training is provided for all new staff, Governors and volunteers and is updated every three years.

There is a Governor with corporate responsibility whose role is to ensure that the College has an effective policy, locally agreed procedures are in place and that the policy and structures supporting safeguarding are reviewed annually. Operational responsibility is delegated to the Executive Director for Student Support.

A report is received by the Governors annually. A Safeguarding Committee provides a forum for all key staff to meet and ensure the progress and implementation of the strategy and associated action plan, compliance with statutory duty as well as identifying best practice.

All staff, Governors and volunteers have an enhanced DBS check and are subject to reference checks when they join the College. Visiting associates are only given access once written confirmation has been received from their employing company.

The Professional Standards Policy and Safeguarding Guidelines, displayed in all offices and staff rooms, inform all staff and workers in the College of the expected standards to be maintained and consequences of failing to uphold them.

Application and enrolment forms capture details of those learners requiring additional support. This enables us to assess risk and identify support needs prior to them commencing the programme.

Safeguarding is introduced to the learner during the induction period. A mandatory presentation introduces them to all aspects of health and safety including safeguarding and internet safety.

The College Access Control, ID system and security measures ensure the safety of our learners on site. Different coloured lanyards identify students, staff and visitors. Security guards patrol and positively engage with learners throughout the College day.

New initiatives

We have updated our policies to reflect the new Keeping Children safe in Education and DBS requirements

There have been ongoing developments with our inclusive learning students to increase their inclusivity within the college. They represented the college at the Worldskills competition and we are developing employability skills through internships and an employability course. Additional qualifications have been developed with an emphasis on progression. We have a range of new part-time programmes to provide greater access/participation in college life for young adults who are preparing for independent living and study – these include Developing Active Learning Skills, Raising money for good causes (includes H&S), Community sports programme and our Supported internship programme.

We had a safer internet week of events during which we raised awareness of the need for adequate security settings on social networking sites and the consequences of cyber bullying etc. Large amounts of students became engaged in the activities which will hopefully impact on their future use and online safety. We have since achieved the South West Grid 360 Degree Safe Award for E-safety. We are the first college in the UK to achieve this award.

We have worked towards and achieved the BIG award (Bullying Intervention Group)

We have started mental health awareness training for tutors and those with pastoral support responsibilities as we are having increasing numbers of students with mental health problems. We have appointed a mental health specialist to help support students with mental health issues. This has already had a positive outcome in that students and staff are feeling more supported.

Cambridgeshire Constabulary have delivered WRAP (workshop to raise awareness of prevent) training and this will be mandatory for all staff to raise awareness of the PREVENT agenda. We are working with the (National Counter Terrorism Security Office (NaCTSO) to identify areas of vulnerability within the college and managers have been trained in dealing with acts of terrorism (Prevent agenda).

We have produced a Safeguarding leaflet to send out to all of our employers of apprentices to advise them of their safeguarding responsibilities.

We have made the retention of our looked after/care leavers an equality and diversity impact measure which means that their attendance and retention will be closely monitored and there will be targeted interventions to ensure that they are retained.

Impact

- Ofsted graded Safeguarding Children as Outstanding.
- Gold Royal Society for the Prevention of Accidents award
- 98% of students feel safe in College.
- 97% of parents/carers felt that the College is safe.
- Since installing the access system there have been fewer incidents involving non students entering the site.
- Staff and students are aware of College Safeguarding procedures and who to approach with concerns.
- All concerns and referrals are dealt with in a timely and appropriate manner.
- Through our Learner Involvement Strategy we have developed a supportive and secure environment that helps young people feel valued and confident that they will be listened to.
- Retention of LAC/Care leavers has increased by 7%
- College achieved the Buttle Quality Mark for Care Leavers at exemplary level

Priorities for 13/14

- Continued staff training to include Mental Health/EBD.
- Implementation of the SEND reforms

For 2014/15 we are working with the Gypsy Roma Traveller Police Association, who are coming to provide support, information and guidance to the team and we will collaborate and work with them throughout the year to work with our vulnerable Roma students in ESOL

Joanne Hather-Dennis
Executive Director – Students

Residential and Nursing Representative

I have continued to network with care homes and staff who deal with learning disability establishments. I have also shared the Workforce Development training schedules with all Registered Managers to help promote attendance and knowledge of procedures.

Feedback from them continues to be good and they are pleased that they are being communicated with and, as a result attendance at Safeguarding training has increased.

Through networking at these meetings I have been asked to share other training and information which has been well received, including information about Children's Safeguarding.

Local networking between care and domiciliary providers has helped prevent inappropriate recruitment, and promoted the welfare of Adults at Risk.

Our local training has been made more interactive and this has been well received by my staff.

It was very good to see that the internal audit had due to further discussions within the teams; improved the quality of the analysis and recording.

At the Quality and Performance, and Training sub groups of which I am also a member we have been discussing minimum levels of safeguarding training for Registered Managers for Contracts to monitor.

I continue to work with colleagues in the Local Authority, Adult Social Care and care homes to monitor and improve the process for feedback to referrers.

Kerry Elliott
Manager, Longueville Court

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 14
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Lou Williams, Assistant Director for Commissioning	Tel. 01733 864139

PERFORMANCE REPORT ON DOMESTIC ABUSE SERVICES

RECOMMENDATIONS	
FROM : Jo Melvin, Commissioner – Public Health	**Deadline date :** *11th December 2014*
The Board is requested to note the performance of domestic abuse services.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from a previous meeting.

2. PURPOSE AND REASON FOR REPORT

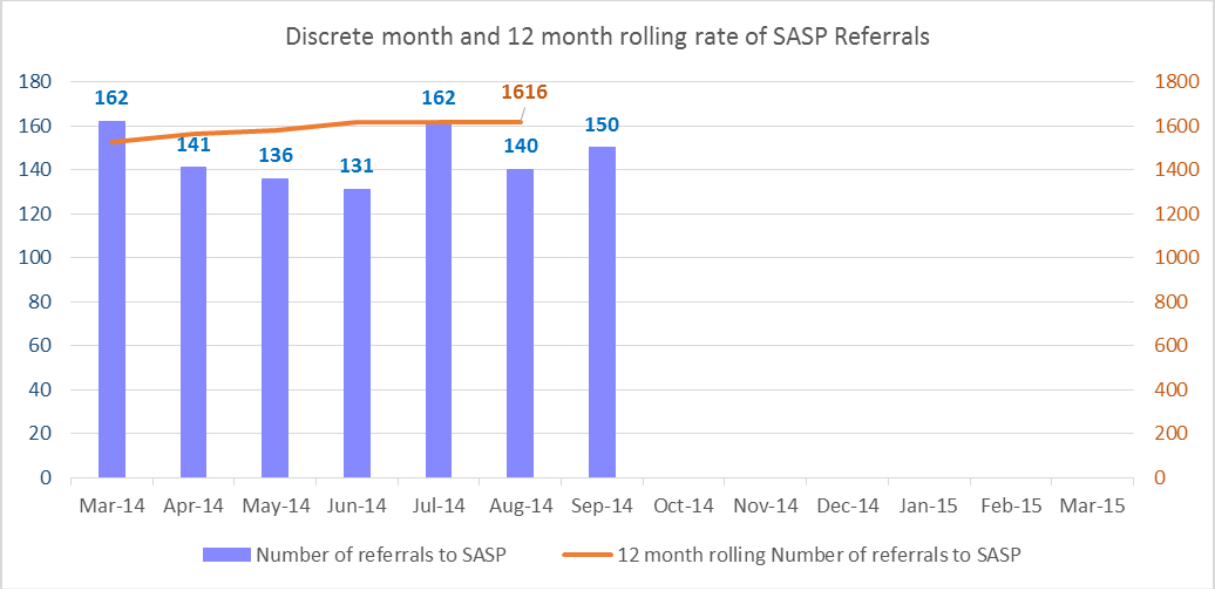
2.1 The purpose of this report is to updated the Board on the performance of the domestic abuse services.

3. BACKGROUND

3.1 **Service Update**
In April 2014 following a competitive tender exercise, traditional domestic abuse services for victims were integrated with sexual violence advocacy services to create SASP, an integrated service for adult victims of domestic abuse and sexual violence. In July 2014, SASP began its service for children and young people affected by domestic abuse or sexual violence.

3.2 Since the tender award, SASP has been allocated additional temporary staffing resources from a grant secured by the Police Commissioner. This includes a community psychiatric nurse and a further independent sexual violence advocate for children and young people. Work is under way to allocate a SASP worker within the multi-agency safeguarding hub (MASH).

3.3 **Performance**
The chart below shows both discrete month and 12 month rolling rates of all Peterborough Women's Aid and IDVA referrals up to September 2014. Please note the SASP service commenced on 1st April, data prior to this relates to the previous service. The data suggests the service managed the transition well as it has maintained a stable rate of domestic abuse referrals over the 12 month rolling rate. This is an effective increase from the baseline period (12 months up to the end of March 2014) of 6.4%.



3.4 Service activity is summarised below:

SASP Adult service – Q1 and Q2 14/15

Total referrals = 860 (787 female, 73 male)

Domestic abuse referrals:
500 medium risk
358 high risk
37 very high risk

Sexual violence referrals:
<5 male
35 female

Pathways from the sexual assault referral centre (SARC) to the SASP have been reviewed and we expect the numbers of sexual violence referrals to be higher in coming months

SASP Children and Young People's Service – Q2 14/15

Total referrals: 45 (27 male and 18 female)
8/45 subject to Child Protection, Child In Need or CAF

These numbers reflect the first 3 months of the new service and so expect referrals to be higher in coming months

3.5 Demand for the service is very high and pressure on the service exacerbated by a 9% increase in the numbers of cases heard at MARAC. Analysis of referrals, completions and disengagements from the service suggests there has been a net growth of 129 clients in Q1 followed by a further 57 in Q2, adding to the pressure in the service.

3.6 The service estimates having in excess of 300 open cases across its 6.8FTE staffing. This means workers often have caseloads well above the level recommended by CAADA. Discussions have taken place to regard to managing this and some additional investment from the local authority has been identified to increase capacity. Discussions are also underway with Cambridgeshire to begin supporting some of the Specialist Domestic Violence Courts.

4. CONSULTATION

4.1 Safer Peterborough Partnership (analyst) for comprehensive data

5. ANTICIPATED OUTCOMES

5.1 For the Board to note and comment on performance of domestic abuse services

6. IMPLICATIONS

6.1 Potential implications for safety and wellbeing of victims if service is not available to them

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Safer Peterborough Partnership Performance Report November 2014

Contract Monitoring returns from Specialist Abuse Service (Q1 and Q2 14/15)

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 15
11 DECEMBER 2014		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn, Director for Communities	Tel. 01733 863749

PERFORMANCE REPORT ON SUBSTANCE MISUSE SERVICES

RECOMMENDATIONS	
FROM : Jo Melvin, Commissioner – Public Health	**Deadline date :** *11th December 2014*
The Board is requested to note the performance of substance misuse services.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from a previous meeting.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the Board on the performance of substance misuse services.

3. MAIN BODY OF REPORT

3.1 Due to the restricted nature of statistics on drug and alcohol treatment services the following report is based on the latest publically available data.

3.2 Peterborough has three distinct substance misuse treatment services:-

- Adult drug treatment service
- Adult alcohol treatment service
- Children and young people's drug and alcohol service

3.3 All of these services are community based in the city centre and offer open access for anyone wishing to self-refer. They also have strong links into criminal justice services to ensure robust pathways for those whose offending is linked to drug and/or alcohol misuse.

3.4 In addition to treatment, the young people's service undertakes a range of early intervention and prevention activities with children and young people. This includes outreach, drug and alcohol education and health promotion. The young people's service also delivers family services, supporting both children and families affected by substance misuse. The service also undertakes drug and alcohol awareness training for other professionals working with children, young people and families.

3.5 Demand for all services is high given the prevalence of drug and alcohol issues in the city. The complexity of alcohol issues in Peterborough reflects the national picture. However, there are higher rates of complexity amongst the drug treatment population than compared to the national average.

3.6 There are 3 main indicators for assessing performance of drug and alcohol treatment services used by Public Health England. They are:-

- Numbers of people in treatment
- Rate of successful completion
- Rate of re-presentation to treatment service (following successful completion)

3.7 In 2013/14 873 people were in treatment for opiate dependence in Peterborough. The rates of successful completions were above the national average (12% v 8% national average) and the rate of re-presentations in line with the national average (22% vs 23%)

3.8 In 2013/14 the number of people entering treatment for non-opiate dependence was much smaller (110 in total). The rates of successful completions exceeded the national average (61% vs 38% national average) and rates of re-presentation amongst this group was below the national average (2% vs 9% national average).

3.9 In 2013/14 278 people were treated for alcohol dependence (this excludes outreach and those with a probation requirement to attend alcohol treatment). Successful completion rates were above the national average (56% vs 39% national average) but representation rates above the national average (22% vs 12% national average). Measures have been put in place by the provider to address the rate of re-presentations. Early indications suggest the rate of re-presentations has reduced during 2014.

3.10 The Public Health Outcomes Framework includes a measure to monitor the proportion of people entering prison with substance dependence issues who have not been engaged in treatment in the community. The more effective the treatment service and its pathways, the lower this figure should be.

3.11 Peterborough's performance against this measure is shown in the table below:-

PHOF Indicator	Period	Peterborough	National Average
People entering prison with substance dependence issues previously not known to community treatment services	2012/13	37.1%	46.9%

3.12 Collectively, these indicators suggest Peterborough's drug and alcohol treatment system is working effectively to engage and treat both opiate, non-opiate and alcohol dependent individuals.

4. CONSULTATION

4.1 Public Health England.

5. ANTICIPATED OUTCOMES

5.1 To note and comment on performance

6. IMPLICATIONS

6.1 Performance of substance misuse services is likely to influence a range of other indicators across the public health and, crime and disorder spectrum.

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Recovery Diagnostic Toolkit for Peterborough 13/14, Public Health England

Public Health Outcome Framework, Public Health England
http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/1/par/E12000006/are/E06000031
Viewed on 26/11/14

UPDATED: 3 DECEMBER 2014

HEALTH AND WELLBEING BOARD
PROPOSED AGENDA PLAN 2014/15

MEETING DATE	ITEM	CONTACT OFFICER
7 January 2015 (Extraordinary Meeting)	Approval of the Better Care Fund Submission Approval for a Proposed Workshop on the Challenged Health Economy Winterbourne Response Update	**Jana Burton** **Jana Burton** **Mubarak Darbar**
26 March 2015	Annual DPH report on health of the local population Standard agenda items will always be: Programme Board Performance report on activity focused on identified priorities and activities in the refreshed Health and Wellbeing Strategy (exception report) Report from NHS England on Screening and Immunisations performance Report from NHS England on development of Primary Care Strategy Report from Director of Public Health on health protection - emergency planning and response to emergencies that present a risk to the public's health arrangements Report on development of the Better Care Fund Action Plan	**Jana Burton** **Wendi Ogle-Welbourn** **PHE/NHSE** **PHE/NHSE** **Dr Henrietta Ewart** **Cathy Mitchell**
For Consideration at Future Meetings	Tobacco Control Healthy Child Programme (including breastfeeding, 2.5 health checks) Public protection and regulatory activity to support reduction in health inequalities (including takeaways/fast food/alcohol, air pollution and fire safety) Healthy schools and pupils Warm and safe homes Helping people find good jobs and stay in work Active and safe travel Access to green and open spaces and the role of leisure activities Strong communities, wellbeing and resilience Health and spacial planning	**Julian Base**

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