

Warwickshire Health and Wellbeing Board

Agenda

17th July 2013

A meeting of the Warwickshire Health and Wellbeing Board will take place in **Committee Room 2, Shire Hall, Warwick on Wednesday 17th July 2013 at 13.30.**

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) Members' Declarations of Personal and Prejudicial Interests

Members of the Board are reminded that they should declare the existence and nature of their personal interests at the commencement of the item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

Membership of a district or borough council is classed as a personal interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.

(3) Minutes of the Warwickshire Health and Wellbeing Board on 11th June 2013 and Matters Arising

Draft minutes are attached for approval.

All public papers are available at democratic.warwickshire.gov.uk

Mobilising Communities

2. (13.35 – 13.50) Draft Warwickshire Tobacco Control Declaration

John Linnane – Director of Public Health, Warwickshire County Council
Bryan Stoten

Access to Care

3. (13.50 –14.10) Offender Health and the Criminal Justice Mental Health Liaison Service.

Donald McGovern – Assistant Chief Officer – Intervention,
Warwickshire Probation Trust

4. (14.10 – 14.30) Winterbourne View – Progress Update and Implications for Warwickshire

Chris Lewington – Head of Strategic Commissioning, Warwickshire
County Council

5. (14.30 – 14.40) George Eliot Hospital Update – No report

Councillor Bob Stevens – Warwickshire County Council

Working Together

6. (14.40 – 14.55) ‘Living in Warwickshire’ Survey - Project Proposal

John Linnane – Director of Public Health, Warwickshire County Council

7. (14.55 – 15.05) Draft Communications and Engagement Strategy 2013/14

Jack Linstead – Communications Officer, Warwickshire County Council

All public papers are available at democratic.warwickshire.gov.uk

8. (15.05 – 15.15) Health and Social Care Pioneer Project - Update – No report

Anna Burns - Director of Strategy and Engagement, South Warwickshire CCG

9. (15.15– 15.25) Warwickshire Dementia Conference – Note to follow

Chris Lewington, Head of Strategic Commissioning, Warwickshire County Council

10. Any other Business (considered urgent by the Chair)

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor Maggie O'Rourke, Councillor Bob Stevens, Councillor Heather Timms

GP Consortia: Andrea Green (Warwickshire North), David Spraggett (South Warwickshire), Jill O'Hagan (Coventry and Rugby)

Warwickshire County Council Officer: Wendy Fabbro - Strategic Director, People Group, Monica Fogarty - Strategic Director, Communities, John Linnane - Director of Public Health

NHS Martin Lee, NHS England

Warwickshire Healthwatch: Deb Saunders

Borough/District Councillors: Councillor Roma Taylor, Councillor Claire Watson, Councillor Michael Coker, Councillor Derek Pickard, Councillor Gillian Roache

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Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 11 June 2013.

Present:-

Chair

Councillor Izzi Seccombe

Warwickshire County Councillors (In addition to the Chair)

Councillor Maggie O'Rourke

Councillor Bob Stevens

Councillor Heather Timms

Clinical Commissioning Groups

Juliette Hancox – Coventry and Rugby CCG

Andrea Green – Warwickshire North CCG

Dave Spraggett – South Warwickshire CCG

Warwickshire County Council Officers

Monica Fogarty – Strategic Director, Communities Group

John Linnane – Director of Public Health (WCC/NHS)

Mike Taylor – Interim Strategic Director, People Group

Borough/District Councillors

Councillor Michael Coker (Warwick District Council)

Councillor Derek Pickard (North Warwickshire Borough Council)

Councillor Gillian Roache (Stratford District Council)

Councillor Roma Taylor (Nuneaton and Bedworth Borough Council)

Councillor Claire Watson (Rugby Borough Council)

Warwickshire LINK

Phil Robson

Guest speakers

Ron Ball – Police and Crime Commissioner

Glen Burley – Chief Executive, South Warwickshire NHS Foundation Trust

Nicola Wright – Locum Consultant in Public Health

Justine Richards – Coventry and Warwickshire Partnership Trust

1. (1) Apologies for Absence

Wendy Fabbro – Strategic Director, People Group

(2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

Councillor O'Rourke – Item 4 as employee of South Warwickshire NHS Foundation Trust

(3) Minutes of the meeting held on 13 March 2013 and matters arising

The minutes were agreed as a true record of the meeting. There were no matters arising.

2. Overview and Future Ways of Working

Councillor Izzi Seccombe (Chair of the Health and Wellbeing Board) informed the meeting of her vision for the way the Board would work in the future. An emphasis was placed on partnership working, behaviours, equality and professionalism.

Integration of services will bring about a number of challenges including the transfer of funding and the development of a common understanding of what is required. There is no need to pool all resources but it is important to ensure good outcomes for all.

Councillor Seccombe concluded that she is keen to encourage all agencies to come forward with ideas and concerns.

3. The Police and Crime Commissioner and Collaborative Work with the Health and Wellbeing Board

Ron Ball the Police and Crime Commissioner echoed the need for co-operation between agencies. He had observed good working relationships within Warwickshire informing the meeting that such good relationships were not to be found in all parts of the country.

His three priorities with a link to health were given as,

- Mental health and offending
- Alcohol and its impact on behaviour and health
- Children's protection and the need to address the threat of grooming

Councillor Maggie O'Rourke highlighted the impact of domestic violence. She was informed that work is already underway on this with the Community Safety Partnerships on this matter.

Councillor Derek Pickard highlighted the role of district and borough councils in addressing alcohol-related issues through licensing. The role of schools in education was also recognised.

Community safety ambassadors are being recruited to act as the eyes and ears of the Commissioner.

John Linnane (Director of Public Health) noted that there is a need to serve vulnerable communities. He expressed his support for the Commissioner and stated that he looked forward to working with him.

Councillor Izzi Seccombe highlighted the need to look out for the interests of serving and ex-servicemen and women. This was acknowledged.

4. (i) South Warwickshire NHS Foundation Trust – Key priorities and Challenges (ii) Integrated Long Term Conditions – Pioneer Site Application

Glen Burley, Chief Executive of South Warwickshire NHS Foundation Trust gave a presentation on the challenges and opportunities facing the Trust. Challenges include,

- Pressures on A&E services
- Demographic changes and in particular the aging population
- People's lifestyles

Ward capacity is a problem with most beds being occupied by elderly emergency cases.

To help address these and other challenges the Trust has five key objectives. These are,

- High quality service – Being accessible and friendly
- The development of services – An expansion of the rehabilitation hospital in Leamington Spa, increasing ward capacity at Warwick, growth at Stratford, the introduction of electronic healthcare records and seven day operation
- The development of people – Focus on improving appraisals, enhancing staff wellbeing, health visitor recruitment and the appointment of apprentices
- Integration of services – New models of “discharge to assess” and “assess before admission”, and support for patients with long term conditions
- A sustainable future - Encouraging income from outside sources, carbon reduction and ways of ensuring the long term economic sustainability of a local general hospital

Sue Price (NHS England) informed the meeting that work was being undertaken to address concerns over pressures on emergency care.

The meeting then turned to digital records. It was agreed that wherever possible systems should be developed in consultation with partners. Chris Lewington (People Group) proposed that as work is commencing on the Care Plus system the timing for this was good.

Councillor Gillian Roache (Stratford District Council) sought assurance over patient transport. She was informed that work is being undertaken with West Midlands Ambulance Service and volunteer drivers to ensure a good level of service.

Turning to the Integrated Long Term Conditions Pioneer project Glen Burley informed the meeting of the aim to make person-centred coordinated care an support the norm across the health and social care system. He explained how areas were being invited to bid for pioneer status to roll out the nationally agreed principles into localities. The meeting acknowledged the value of integration of services and supported the idea of a bid being submitted. It was agreed that a letter of support be sent from the Board. Mike Taylor (Interim Strategic Director People's Group) asked that a reference to the County Council's Social Care Commissioning Intentions be included in the letter. This was agreed.

Resolved

That the Chair of the Warwickshire Health and Wellbeing Board write to the Department of Health expressing support for the bid for Pioneer Status. This letter to include reference to Social Care Commissioning intentions.

5. Health and Wellbeing Board Work Programme

John Linnane introduced the work programme to the Board. The production of the programme was welcomed by the Board in particular the inclusion of a timetable was appreciated. Monica Fogarty (Strategic Director, Communities Group) observed how the programme illustrates the complexity of the issues facing the Board and relationships between its partners. It was suggested that it would be useful if the Board and the Adult Social Care and Health Overview and Scrutiny Committee had a shared focus. The meeting agreed that, "priority families" should be added to the programme under wellbeing priorities. In addition alcohol should be added as a priority alongside smoking. The need for a flexible approach was highlighted.

It was agreed that time should be identified for the Board to consider the Francis Report.

Chris Lewington suggested that the work of the Joint Children's Commissioning Board should be brought to the Health and Wellbeing Board. This was agreed.

It was suggested that the reference in the programme to social housing should be changed to include other forms of housing such as that rented from private landlords. This was agreed.

Phil Robson (Chair of Warwickshire Health Watch) observed that with its limited resources it will be necessary for his organisation to prioritise its work carefully. In particular it will have to be selective over which groups it joins.

The Chair concluded by observing the need for good dialogue between the Board, Overview and Scrutiny Committee and Healthwatch.

6. JSNA Update

John Linnane summarised his report.

In response to a question from the Chair John Linnane stated that work is on-going with partners in housing with a view to addressing housing needs. In addition he observed that the JSNA is developed from a mixture of soft and hard data. The recently published statistics from Public Health England would be used to support the JSNA. Chris Lewington informed the meeting that the Commissioning Board is currently looking at ways in which to best use the data.

Resolved

That the Warwickshire Health and Wellbeing Board:

1. Approves for publication the 2013 Joint Strategic Needs Assessment Annual Update.
2. Agrees that a similar update be undertaken in 2014
3. Agrees that a full review of the Joint Strategic Needs Assessment be undertaken in 2015.

7. Health Protection Strategy

Nicola Wright (Public Health – WCC) summarised her report, introduced the strategy and asked for the Board's approval of it. She added that a similar report will be presented to the Coventry Health and Wellbeing Board at its next meeting. John Linnane informed the meeting that health protection is an increasingly important area of work. He cited the growth of TB as an example where this is a particular concern especially with vulnerable communities. Other areas of concern are the continuing threat of Norovirus and the low take up of

some vaccinations. In response to a question from Councillor Roache the meeting was informed that whilst MMR vaccinations are on target there had been a recent dip in take up in the south of Warwickshire. However catch up work is being undertaken with GPs.

Resolved

That the Warwickshire Health and Wellbeing Board approve the Arden Health Protection Strategy 21013-15

8. Any Other Business

Justine Richards from the Coventry and Warwickshire Partnership Trust updated the Board on the deferral of the Trust's application for Foundation status. She stressed that the deferral had been prompted by a desire to see greater evidence of the use of various processes. It was not a result of concerns over the quality of service. Deferral is for six months with reactivation anticipated in the late autumn 2013.

The Winterbourne View Concordat was discussed. Chris Lewington agreed to circulate a briefing updating the Board on the latest position. It was suggested that where pooled budgets are established one could be around learning disabilities. Monica Fogarty proposed a letter to Norman Lamb, Minister of State for Care and Support expressing the Board's commitment to the Concordat. This was agreed.

The meeting rose at 15.45

.....Chair

Warwickshire Health and Wellbeing Board

17 July 2013

Draft Warwickshire Tobacco Control Declaration

Recommendation

That the Warwickshire Health and Wellbeing Board considers signing up to the draft Warwickshire Tobacco Control Declaration.

1.0 Introduction

- 1.1 Newcastle City Council created and signed up to a Local Government Tobacco Control Declaration which sets out the Council's commitments in relation to reducing smoking among the local population and tobacco control. The Council is seeking early signatories to this document from across the country ahead of the official launch of the declaration in September 2013.

2.0 Our priorities in relation to smoking

- 2.1 Warwickshire Health and Wellbeing Strategy identifies smoking as one of the priorities for improving health and wellbeing of the local population:

In Warwickshire around 20% of people still smoke, as do 15% of pregnant women. At least 20% of children in Warwickshire live in a house where people smoke (...). Tobacco control is the responsibility of all of us.

- 2.2 The Strategy calls on partners to work towards:

- Reduction in the number of people who start smoking coupled with an increase in the number of people who are supported to quit, and
- Offering pregnant women the opportunity to be assessed for smoking and helped to adopt a healthy lifestyle.

3.0 Conclusions

- 3.1 The joint Tobacco Control Declaration presents an opportunity to make a positive step towards achieving the Health and Wellbeing Board's aspirations around smoking cessation.

4.0 Background Papers

- 4.1 None

	Name	Contact Information
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Strategic Director	Monica Fogarty	monicafogarty@warwickshire.gov.uk
Portfolio Holder	Cllr Bob Stevens Cllr Izzi Seccombe	

Warwickshire Declaration on Tobacco Control (as created by Newcastle City Council)

We acknowledge that:

- Smoking is the single greatest cause of premature death and disease in our communities;
- Reducing smoking in our communities significantly increases household incomes and benefits the local economy;
- Reducing smoking amongst the most disadvantaged in our communities is the single most important means of reducing health inequalities;
- Smoking is an addiction largely taken up by children and young people, two thirds of smokers start before the age of 18;
- Smoking is an epidemic created and sustained by the tobacco industry, which promotes uptake of smoking to replace the 80,000 people its products kill in England every year; and
- The illicit trade in tobacco funds the activities of organised criminal gangs and gives children access to cheap tobacco.

As local leaders in public health we welcome the:

- Opportunity for local government to lead local action to tackle smoking and secure the health, welfare, social, economic and environmental benefits that come from reducing smoking prevalence;
- Commitment by the government to live up to its obligations as a party to the World Health Organization's framework convention on Tobacco control (FCTC) and in particular to protect the development of public health policy from the vested interests of the tobacco industry; and
- Endorsement of this declaration by Department of Health, Public Health England and professional bodies.

We commit our Council from this date 1st August 2013 to:

- Act at a local level to reduce smoking prevalence and health inequalities and to raise the profile of the harm caused by smoking to our communities;
- Develop plans with our partners and local communities to address the causes and impacts of tobacco use;
- Participate in local and regional networks for support;

- Support the government in taking action at national level to help local authorities reduce smoking prevalence and health inequalities in our communities;
- Protect our tobacco control work from the commercial and vested interests of the tobacco industry by not accepting any partnerships, payments, gifts and services, monetary or in kind or research funding offered by the tobacco industry to officials or employees;
- Monitor the progress of our plans against our commitments and publish the results; and
- Publicly declare our commitment to reducing smoking in our communities by joining the Smokefree Action Coalition, the alliance of organisations working to reducing the harm caused by tobacco.

Signatories

.....
Leader of the Council

.....
Chief Executive

.....
Director of Public Health

Endorsed by

.....
Anna Soubry, Public Health Minister

.....
Duncan Selbie, Public Health England

.....
Professor Dame Sally Davies CMO

.....
**Dr Janet Atherton, President,
 Association of Directors of Public Health**

.....
**Dr Lindsey Davies, President,
 UK Faculty of Public Health**

.....
**Graham Jukes, Chief Executive,
 Chartered Institute of Environmental
 Health**

.....
**Leon Livermore, Chief Executive,
 Trading Standards Institute**

Warwickshire Health and Wellbeing Board

17 July 2013

Offender Health and the Criminal Justice Mental Health Liaison Service.

Recommendation

That the Warwickshire Health and Wellbeing Board notes the report of the Assistant Chief Officer - Interventions Warwickshire Probation Trust

1. Warwickshire Probation Trust (WPT) is responsible for the supervision of approximately 2000 offenders a year. 75% of these offenders are living within the community in Warwickshire. The remaining 25% are serving prison sentences and subject to offender management by WPT in preparation for their release back to Warwickshire. It should be noted that WPT is not currently responsible for the supervision of any other offenders who are sentenced by the courts to periods of imprisonment of under 12 months as this cohort are not subject to statutory supervision (although this is likely to change in line with recent Government proposals to reform the delivery of probation services).
2. Offenders supervised by WPT will come from all sections of the community in Warwickshire but a significant proportion are likely to come from groups identified as 'hard to reach'. It is estimated (based on WPT's offender need assessment data of) that 29% experience drug problems, 51% have alcohol problems, and 31% report emotional well-being concerns. There is limited information available on other health needs but there are concerns that the offender population, and their families, may either not be engaged with health services or not engaged appropriately (i.e. over-reliant on crisis and emergency services).
3. At present, within Warwickshire, there is some designated provision for offenders requiring health interventions. Treatments relating to substance misuse can be accessed through the Recovery Partnership, and there is a priority service purchased by WPT for offenders required to reside at the two Approved Premises (residential premises for high risk offenders) in the county in order to ensure access to local GP surgeries. A further specialist service is the Criminal Justice Mental Health Liaison Service (CJMHLs) which

provides a single point of access for mental health assessment and liaison to individuals in contact with the criminal justice system and identified as being in need of additional support for mental health needs.

4. The CJMHLS (formerly known as the Mentally Disordered Offender Scheme) has been in existence since 1996. It is funded through a multi-agency partnership arrangement comprising of WPT (£38,000), Warwickshire County Council Adult Social Care (£41,000), Coventry & Warwickshire NHS Partnership Trust (£42,000) and Warwickshire Police (£23,000) at an annual cost of £144,000 (individual agency contributions in preceding brackets). The service is delivered by 2 full-time Community Forensic Psychiatric Nurses (CFPNs) who attend both police custody suites in the county, and management is provided by the NHS Partnership Trust. The service provides a single point of access and has a focus on assessment, diversion and liaison; it is also responsible for some individual case work and attendance at Multi Agency Public Protection Meetings (MAPPA). The CJMHLS deal with approximately 400 referrals a year (some of which may be repeat referrals) of which approximately 60% are from custody suites and a further 40% are brought to the attention of the CJMHLS post-sentence (approximately 40% of all referrals are identified as having a previous mental health history).
5. Although small in scale the CJMHLS has established itself as a model of practice that is included within the National Diversion and Liaison Network set up by the Ministry of Justice/Department of Health (MoJ/DoH) in order to assist with the implementation of measures recommended in the Bradley Report. (Government sponsored report into provision for mentally disordered offenders). It is also a nominated site for an ongoing national evaluation of diversion and liaison services which will inform future plans for delivery of these services throughout the country.
6. A further development in relation to delivery of mental health services to offenders is an innovative project that provides IAPT (Improving Access to Psychological Therapies) to offenders under probation supervision. This is another MoJ/DoH funded initiative to provide alternatives to custody for offenders following a successful bid by criminal justice and health partners. The project had an initial focus on Prolific and Priority Offenders but has now been extended to a wider probation cohort. This has been a challenging programme but is now beginning to demonstrate some successes in engaging 'hard to reach' individuals with a health intervention not normally associated with this client group.
7. Despite the Service's notable longevity, ability to attract national attention, and interest in extending service delivery it has limited resilience in terms of overall resources and is subject to year on year uncertainty in relation to funding. This uncertainty is likely to be further emphasised in 2014/2015 with the impending reforms to Probation Trusts. The funding for the IAPT service is time limited and currently due to cease from the end of September this year.

8. Within the new commissioning landscape following the enactment of the new Health and Social Care Act 2012 the responsibility for commissioning services to meet the health needs of offender within custody lies with the NHS Commissioning Board but the responsibility for health needs of offenders in the community will remain with local Clinical Commissioning Groups. It is important that commissioners are aware of the specific needs of this offender group and are able to work alongside partners to assess, identify, and deliver appropriate interventions. In addition there are existing partnership arrangements and identifiable stakeholders with a clear interest in community safety and the links with health services (e.g. Community Safety Partnerships, Police and Crime Commissioner, Public Health) but it will be important to ensure there is a co-ordinated approach to the commissioning and delivery of services. Whilst it is anticipated there will be scope to sustain and develop existing services for offenders there will also be opportunities for further innovation in order to ensure offenders, and their families, achieve required health outcomes.
9. There are many potential benefits both in terms of cost and enhanced public safety in addressing the needs of offenders. It is likely that many offenders make significant demands on the health service as a consequence of their behaviours or medical conditions; failure to obtain required treatments are likely to contribute to increased offending resulting in further costs to public services and potential victims. A well co-ordinated and focused response will serve to reduce these costs.

Warwickshire Health and Wellbeing Board

17 July 2013

Winterbourne View – Progress Update and Implications for Warwickshire

Recommendations:

That the Warwickshire Health and Well-being Board:

1. Note the content of this report.
2. Agree to a further half day workshop in September for Board members on their roles and responsibilities in relation to the Winterbourne Concordat and their role as strategic leaders for change.
3. Agree to receive future progress updates and positions statements from the Strategic Action Planning Group aligned to the 'Getting Things Right' toolkit. The first update should be presented in October 2013.

1. Background and Context

- 1.1. Norman Lamb, Minister of State for Care and Support, wrote to all Chairs of Health and Wellbeing Boards to set out the collaborative approach to achieve a number of objectives by June 2014. A key focus related to the care reviews of people living in long stay institutions being completed by June 2013.
- 1.2 Winterbourne View was a private hospital owned and operated by Castlebeck Care Limited. It was designed to accommodate 24 patients in two separate wards, and was registered as a hospital providing assessment, treatment and rehabilitation for people with learning disabilities.
- 1.3 In response to the events at Winterbourne View, exposed in a Panorama investigation broadcast in 2011, a concordat was published in 2012. The key components of this include:
 - A duty on local areas to review all hospital placements and move everyone inappropriately placed to community based support by 1st June 2014.
 - Every area will put a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour for 2014/15.
 - National leadership and support for local change.
 - Planning will start from childhood.
 - Tightening of regulation and inspection

2. Local Response

- 2.1 Reflecting the nature of health commissioning arrangements locally a multi-agency 'Strategic Action Planning Group' has been established across Coventry and Warwickshire to respond to the requirements and oversee the change process. The group has been operating since February 2013, meets monthly, and is chaired by Jacqueline Barnes, Executive Nurse for Coventry and Warwickshire CCG.

3. Progress to Date and Implications for Warwickshire

- 3.1 In response to the specific requirements of the concordat a local register of all patients has been developed. Arden Commissioning Support Service hold the 'live' register and ensure it is updated accurately to reflect the current position.

- 3.2 The register differentiates between 'phase 1' patients who are currently in hospital placements and 'phase 2' patients who are currently placed out of area in various types of residential establishments.

3.3 Phase 1

- 3.3.1 There are 23 individuals in phase 1 of the register. The health and social care needs of all of these individuals have recently been reviewed by Coventry and Warwickshire Partnership Trust Learning Disability Team to propose future care and accommodation arrangements.

- 3.3.2 8 of these individuals are placed out of Coventry and Warwickshire in the independent hospital sector. 4 of these 8 individuals are Warwickshire residents.

- 3.3.3 These 8 cases went to a local multi-agency scrutiny panel in May to agree the future plans for the individuals. This was a joint panel between health and the social care. For the majority of individuals the plan is to repatriate them into local services and 2 have actually moved back to Warwickshire already.

- 3.3.4 The remaining 15 individuals are placed in county at Brooklands and their cases will be reviewed by the multi-agency scrutiny panel on 12th July.

- 3.3.5 Indications are that 4 of these individuals will be moving imminently (3 are placed by Coventry/Rugby CCG and 1 South Warwickshire).

3.4 Phase 2

- 3.4.1. Phase 2 review of patients placed in residential establishments out of area will commence over the next few months. The current register of people will need to be expanded to include children and young people and there is local agreement to revisit what was originally scoped in and to explore definition of 'institutions' for children.

4. Oversight of Progress and Change – The role of Health and Well-being Board

- 4.1 Learning Disability Partnership Boards, Health and Wellbeing Boards and Children and Young People's Boards are required to take an active role in monitoring local responses to the concordat.
- 4.2 In the West Midlands region, ADASS and NHS Midlands and East have commissioned *Equip for Change* to develop a toolkit 'Getting Things Right – A response to Winterbourne View' aimed at commissioners, Learning Disability Partnership Boards, Children and Young People's Boards and Health and Wellbeing Boards to assist them in ensuring that the changes needed become a reality. The toolkit has been produced in consultation with commissioners, people with learning disabilities and family carers.
- 4.3 The toolkit for Health and Wellbeing Board (see attached) covers a number of concordat requirements and poses questions to Health and Wellbeing Boards for them to scrutinise covering areas such as:
- The joint local register and plan
 - Board involvement (reporting, influence, information sharing, service visits and named lead)
 - Local Healthwatch arrangements
 - Experts by Experience Peer Audit
 - CQC representation and reports
 - Pooled budgets arrangements (with justification where this is not done)
 - Quality of Health principles and Cquins
 - Individual personalised contracts
 - Use of 'Getting Things Right' guidance
 - Joint Strategic Needs Assessment
 - Advocacy
 - Planning from Childhood
 - Safeguarding
 - Learning and Development
- 4.4 Sandie Keene, ADASS President and Andrea Pope Smith, LD Policy Lead, recently communicated with all local areas requesting that they return a stocktake proforma by 5th July 2013 evidencing action and progress being made against 11 key areas associated with the concordat. Warwickshire has worked in partnership with Coventry City Council, CCG's and Arden Commissioning Support Unit to prepare this (see attached).
- 4.5 To support implementation of concordat requirements key areas for development locally, identified in the stocktake, include understanding the money, pooled budget arrangements and prevention and crisis response capacity.

5. Next steps and recommendations

- 5.1 As local progress in delivering the requirements of the concordat continues it is recommended that a future progress update and position statement is presented to Health and Well-being Board in September using the 'Getting Things Right' toolkit format. It is also recommended that a workshop is held for Board members to acquaint themselves with the toolkit and their key role and responsibilities as leaders. This will provide Board with a clear understanding of the issues and will present proposals for how Board can steer and support local activity.

Supporting papers

1. Stocktake Submission 5th July 2013.
2. Getting Things Right Toolkit: A Response to Winterbourne. Guide for Learning Disability Partnership Board, Children and Young People's Board and Health and Wellbeing Board members: Ensuring a high quality joint local plan in response to Winterbourne View

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Portfolio Holder	Jose Compton	josecompton@warwickshire.gov.uk

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.





This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA [website](#)

May 2013

Winterbourne View Local Stocktake June 2013

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>A multi-agency steering group was established to address the immediate response to the Winterbourne review and ensure undertaking of reviews. Following the implementation of the concordat we have reviewed the function of the steering group to provide strategic and operational focus to inform our future planning. See attached documents (1, 2, 3) relating to the operation of the steering group.</p>	<p align="center">  1 SOP - register260313.doc  2 RAF.docx  3 ToR Panel V1.docx </p>	
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).</p>	<p>Initial contact has been made with specialist commissioning. Housing colleagues are involved where required regarding individual cases. We recognise that more strategic links within the Winterbourne concordat planning needs to be made. In Warwickshire Heads of Housing and Social Care and Support have developed a protocol for multi-agency management of risk for vulnerable adults and this protocol is being presented for sign off at the Warwickshire Safeguarding Adults Board (see document 4 attached). Our key mental health and learning disability NHS provider is represented at both the Strategic and operational groups. In Warwickshire we are keeping social care providers abreast of progress through the Providers Forum.</p>	<p align="center">  4 Vulnerable Tenants and Applicants Protoc </p>	

1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.

The operational group reports to the strategic group to ensure governance is in place. The information from the operational group will help inform the planning function both in the Commissioning planning and the Strategic priorities. In addition we have built in a layer of scrutiny in which each case is presented to a multi-agency scrutiny panel to endorse the review and the proposed care pathway. In Warwickshire we have developed a Quality Assurance Panel in social care to scrutinise proposed packages for all individuals including those with complex needs (see document 5 – draft terms of reference)

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.

The priorities of the concordat within the joint strategic plan will be embedded into the local Learning Disability Strategy that is owned and monitored by the LD Partnership Board. In Warwickshire our local response to the Winterbourne concordat is being discussed at the next meeting on 10th July.

1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.

On 11th June Warwickshire Health and the Wellbeing board considered a short briefing on progress. Further updates will be presented to board and the national templates will be used to support this.

1.6 Does the partnership have arrangements in place to resolve differences should they arise.

There are range of mechanisms in place including the Strategic Steering Group and joint commissioning boards across children and adults.



5 Learning Disability
Quality Assurance Pa

<p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.</p> <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p> <p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>Yes. The Steering Group will provide a briefing report upon the completion of the stocktake to advise all stakeholders of the priorities and the requirements moving forward including the development of key stakeholder engagement.</p> <p>We are not aware of any current issues. Ordinary residence is recognised as a possible implication for the operational group to take into account.</p> <p>We are making full use of the Tool kit to inform our planning and we believe we have made good progress and this is recognised regionally. We would be keen to consider any possible additional support that might be available in order to continue this good progress, e.g., understanding better the costs of current services and funding streams (see 2.1).</p>		
<p>2. Understanding the money</p> <p>2.1 Are the costs of current services understood across the partnership.</p> <p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p>	<p>No not currently. Understanding the money is a priority for the steering group. Further work on pulling together the various funding streams and data is required.</p> <p>The funding arrangement is known on an individual funding basis across Health and Social Care.</p>		

2.3 Do you currently use S75 arrangements that are sufficient & robust.	No arrangements are in place. In Warwickshire we are currently scoping the benefits of this and a paper will go to Adult Commissioning Board in the first instance for consideration.		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No		
2.5 Have you agreed individual contributions to any pool.	N/A at this time – to be worked through.		
2.6 Does it include potential costs of young people in transition and of children’s services.	N/A – as above		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	Not currently (see 2.3)		
3. Case management for individuals 3.1 Do you have a joint, integrated community team. 3.2 Is there clarity about the role and function of the local community team. 3.3 Does it have capacity to deliver the review and re-provision programme. 3.4 Is there clarity about overall professional leadership of the review programme.	In Warwickshire we do not have an integrated team although the work is aligned and we adopt a multi-disciplinary approach for services for people with a learning disability. Yes. Yes we have to deliver change for the existing cohort however this will need to be continually reviewed as we expand the scope of the programme. Yes nominated leads across CCG, Commissioning Support Services, NHS Provider and Local Authority		

3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes on an individual basis including access to IMCA/IMHA where required.	
4. Current Review Programme		
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	A comprehensive register of people affected by the programme has been established and arrangements are being put in place to support them and their families through the process. In the process of further developing the register in response to 'Getting this Right' Planning tool.	See documents attached in 1.1
4.2 Are arrangements for review of people funded through specialist commissioning clear.	Those people funded and supported by specialist commissioning have had reviews and these are being shared with respective CCGs and Local Authorities.	
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Health watch) agreed and in place.	Further work to be undertaken as part of question 1.7.	
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	A comprehensive register of people affected by the programme has been established and is being maintained and updated at least monthly. Further work to include children on the register. This is inclusive of updating the register to reflect the specific needs of individuals such as Behaviour that challenges and/or autism	See documents attached in 1.1
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	Ensuring compliance with data protection and applying Concordat principles is embedded within the agreed Standard Operating procedure	

<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes.</p>	<p>Each local CCG receives an updated register of people affected on at least a monthly basis. Advocacy services are routinely available to people (and family) to support assessment, care planning and review processes. In Warwickshire we are about to retender all advocacy services as part of a framework agreement in partnership with Coventry.</p>		
<p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed?</p>	<p>The Steering Group has established a multi-agency scrutiny panel to provide necessary assurance that the quality of the reviews and good practice identified meets the requirements set out in national guidance.</p>		
<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>The review documentation provides a comprehensive description of the needs, current support and the future support that individuals require.</p>		
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>All reviews of individuals in hospital settings have been completed.</p>		
<p>5. Safeguarding</p>			
<p>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p>	<p>Yes, monitored by the Safeguarding Board</p>		
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments?</p>	<p>On an individual basis a full risk assessment and management plan is undertaken and included in the care planning. Pre- placement a quality assurance exercise is undertaken. Contract monitoring and quality assurance is undertaken on an on-going basis.</p>		

5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.

Since the establishment of the steering group and the undertaking of the actions from Winterbourne, there have been one Care Quality Commission inspection to a residential provision managed by the NHS Provider in the locality on 24th June (too soon for feedback). Warwickshire has in place a robust Service Escalation process jointly with NHS colleagues and LD providers are considered regularly at panel if quality concerns are raised through inspection or contract monitoring. Regular information sharing meetings take place with CQC.

5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.

The Safeguarding Adults Board has been briefed on the Winterbourne Concordat and a progress update is going back to board on 10th July. To take into account this requirement and the expansion of the programme to include children a recommendation of the paper is that it also goes to Children's Safeguarding Board.

5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.

Safeguarding Adults Board does not discuss individual cases unless as part of a serious case review. Contract monitoring of LD providers in Warwickshire does include existing concerns/alerts, DOLS and training for and use of restraint.

Contract monitoring in Warwickshire includes the use of peer reviewers (see documents 6, 7, 8, 9, 10) – peer reviews have recently reviewed Community Hubs and the Complex Needs Service.

If concerns were raised these would be presented to Service Escalation Panel at which there is operational and safeguarding representation (see 5.3)



6 Summary Report of Peer Review Visit dra



7 ER WCC Volunteer Job Template.RF.doc



8 PR Quality Standards, Dignity fa

5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.

5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.

5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.

To be developed, some sharing of good practice via the operational group.

Members of the Safeguarding Adults Board will be briefed as indicated in 1.7 above on 10th July - the local Community Safety representative is a member of this board. We recognise that further work may be required with our Community Safety Partnership as a result of the plans to be developed in response to the concordat and this will be actioned accordingly. In Warwickshire as part of the Keeping Safe component of our learning disability strategy we continue our programme of activity on raising awareness of mate and hate crime and our promotion of Safe Places in the community. Both of these activities are focused on improving the safety of individuals living in the community rather than residential or more restrictive care and support environments.

Yes as described above (5.3).




9 New PR Quality of Life standards v4 fina



10 WCC Volunteer Job Template.RF.pdf

6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes this has been completed		
6.2 Are these being jointly reviewed, developed and delivered.	Yes as individual cases where appropriate and as part of the multi agency scrutiny panel	See documents attached in 1.1	
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services?	Yes this is incorporated in the register		
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	These been incorporated within our commissioning planning for over 5 years, currently being reviewed to incorporate the requirements of the concordat and the LD Strategy review.	See response in 3.1	
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	To be progressed.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	No - refer to section 2 Understand the money		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	We have local arrangements for specialist advocacy including Autism specific and LD and work is taking place sub-regionally on a new advocacy procurement framework. We have well established statutory Advocacy services in place.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	Yes via the steering group informed by the operational group and the priorities identified in the Stocktake.		

<p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p>	<p>Yes - Following the next scrutiny panel on the 12th July 13 individual plans for those inpatients placed out of area will be ratified as appropriate for their next steps and will be reviewed to ensure the least restrictive option is utilised.</p>		
<p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>N/A</p>		
<p>7. Developing local teams and services</p>			
<p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>	<p>Yes the operational group outcomes will help inform the future commissioning intentions</p>		
<p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p>	<p>Yes through contract monitoring and development of the new service specifications for all aspects of advocacy provision</p>		
<p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>Routinely involved in Case Management</p>		
<p>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</p>			
<p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p>	<p>Crisis resolution and home treatment team provided jointly across Social Care and the NHS Provider can respond to the needs of people with a learning disability, who experience a significant episode of mental illness. In Warwickshire we have a service in county that provides short term emergency care and as part of our respite review we are proposing the development of 2 emergency respite beds; one for individuals in crisis due to a change in circumstances and one for individuals who are displaying behaviours that challenge. It is recognised further work is required</p>		

<p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p> <p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>to assess whether what we have locally is adequate to meet needs and this in turn will inform future planning and market management.</p> <p>See 8.1 above.</p> <p>All service specifications are clear about training and skills and workforce development required to deliver services.</p>		
<p>9. Understanding the population who need/receive services</p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>Yes. Our Market Position Statement for Disabled People covers this as do all relevant service specifications for LD services (see attached document 11).</p> <p>Yes within individual case planning and the reviewing tool and register.</p>	 <p>11 MPS Disabilities FINAL (1).pdf</p>	

<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>To be further developed through the operational group reporting into the Strategy group. In Warwickshire we have a Transitions project focusing on this and we are moving to an All Age Disability approach to Strategic Commissioning.</p> <p>In progress through our Joint Strategic Needs Assessment of people with a learning disability and people with mental health needs.</p>		
<p>11. Current and future market requirements and capacity</p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local for to share/learn and develop best practice.</p>	<p>In addition to Joint Strategic Needs Assessment on LD and MH, Warwickshire’s Market Position Statement covers this.</p> <p>Yes it will.</p> <p>As indicated throughout this document.</p>		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

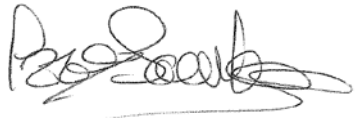
Name: Becky Hale

Organisation: Warwickshire County Council

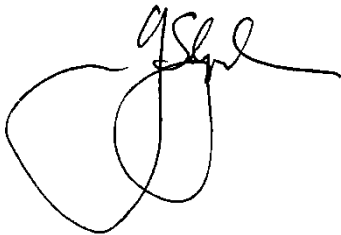
Contact: 07769 165488

Signed by:


Chair HWB: Izzi Seccombe

A handwritten signature in black ink, appearing to read 'Izzi Seccombe', with a large, sweeping flourish underneath.

LA Chief Executive: Jim Graham

A handwritten signature in black ink, appearing to read 'Jim Graham', with a large, circular flourish underneath.

CCG rep: Alison Walshe, Director of Quality and Performance, South Warwickshire CCG

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Getting Things Right

A response to Winterbourne View



**Guide for Learning Disability Partnership Board, Children and Young People’s Board and Health and Wellbeing Board members:
Ensuring a high quality joint local plan in response to Winterbourne View**

This guide is designed to help members of Learning Disability Partnership Boards, Children and Young People’s Boards and Health and Wellbeing boards to ensure that there is a positive local response to the actions required by the Winterbourne View Concordat. This guide provides some of the key questions that board members need to ask, in order to be assured that appropriate local actions are being taken. It forms part of a larger “Getting Things Right” toolkit.

Date for action	Winterbourne View Concordat Requirement:	Questions for Learning Disability Partnership and Health and Wellbeing Boards	Comments on progress and additional questions or actions needed
By April 2013	“All CCG’s to develop local registers of all people with challenging behaviour in NHS funded care.”	Is there a joint local health, care and education register that includes children and adults with learning disabilities in NHS funded care and large scale (5 plus people) residential placements in and out of out of local area, including residential schools and colleges?	

		<p>If not, how is this information collated and what plans are in place to ensure robust information for purposes?</p>	
		<p>Does each Board receive reports from commissioners at least annually on the numbers of people in NHS funded care and residential placements?</p> <p>Does the report include progress and any barriers to people moving into community settings?</p> <p>How does each Board influence and enable progress in reducing the number of specialist residential placements?</p>	
<p>From April 2013</p>	<p>“Directors, management and leaders of organisations providing NHS or local authority funded services to ensure that systems and processes are in place to provide assurance that essential requirements are being met and that they have governance systems</p>	<p>Is there a named senior strategic lead for the Winterbourne View strategic plan on both the Learning Disability Partnership Board and Health and Wellbeing Board?</p> <p>How do the two Boards share information and influence?</p> <p>How often do the strategic leads and other members of each Board visit local services?</p>	

	<p>in place to ensure they deliver high quality and appropriate care.”</p>	<p>Does local Healthwatch includes representation of people with learning disabilities and family carers? If not, how will each Board influence this?</p> <p>How does Healthwatch monitor local specialist services for people with learning disabilities?</p>	
		<p>How does each Board ensure that people with learning disabilities and family carers are commissioned as Experts by Experience to audit services?</p> <p>Does each Board receive feedback from such audits direct from the Experts by Experience, and how does it monitor any changes needed?</p>	
		<p>How are CQC represented on each Board, and how often do members check CQC reports on local services?</p>	
<p>From April 2013</p>	<p>“The strong presumption will be in favour of pooled budget arrangements with local commissioners offering justification where this is not done.”</p>	<p>Does each board receive annual reports on total health and social care budget for children and adults with learning disabilities?</p> <p>To include breakdown of spend, trends and shift of resources to community based support models.</p>	

		<p>What is the locally agreed mechanism for pooling /aligning education, health and care resources, with a focus on investment on local community based care and support? What further work needs to be done to pool/align budgets and how does each Board monitor and influence progress?</p>	
From April 2013	<p>“Health and care commissioners will use contracts to hold providers to account for the quality and safety of the services they provide.”</p>	<p>There is an expectation that Quality of Health principles are adopted in health and social care contracts to drive outcome based commissioning and provision</p> <p>What evidence does each Board have that they are actively included and monitored by commissioners and providers?</p>	
		<p>The Joint Improvement Board has nationally developed a service specification model and learning disability Cquins. How does each Board check that these are being used locally, and making a positive impact?</p> <p>Commissioners are required to ensure that individual personalised contracts are developed and used, with clear outcomes that have been developed with each person and their family. What evidence is there that standard contracts are no longer used?</p>	
By 1 June	<p>“Health and care commissioners, working</p>	<p>Health and social care commissioners are required to use the joint monitoring tool in this “Getting Things Right”</p>	

2013	with service providers, people who use services and families, will review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual based around their and their families' needs and agreed outcomes."	<p>toolkit to monitor progress in reducing the number of people in specialist residential accommodation.</p> <p>Does each Board receive updates on progress at least annually?</p> <p>How does each Board check that the following two requirements are met, and that people have a holistic high quality review?</p> <ol style="list-style-type: none"> 1. Commissioners are required to ensure that the named care managers for each person use the nationally developed framework for individual reviews, produced for the Winterbourne View Joint Improvement Board. 2. Commissioners are required to use "Getting Things Right" guidance on checking for quality of reviews and support plans. 	
By April 2014	"Clinical Commissioning Groups and Local Authorities will have set out a joint strategic local plan for Learning Disability to commission the range of local health, housing	<p>Does the Joint Strategic Needs Assessment include analysis of local population of children and adults with learning disabilities?</p> <p>If not, what other mechanisms are in place to gather this information and what further work is needed to ensure high quality information for local planning purposes?</p>	

	<p>and care support services to meet the needs of people with challenging behaviour in their area.”</p>	<p>How are Board members actively engaged in developing and consulting on the joint strategic local plan for people with learning disabilities? How does each Board check that this includes input from:</p> <ul style="list-style-type: none"> • People with learning disabilities • Family carers • Advocacy organisations • Public Health • Children’s services • Further Education • Employment support • Housing services • Voluntary sector • Mental health services • Police • Offender management services. • Leisure and community services 	
		<p>The joint strategic local plan is presented to, signed off and monitored by the Learning Disability Partnership Board and Health and Wellbeing Board.</p>	
<p>By 1 June 2014</p>	<p>“Health and care commissioners will review all current hospital and</p>	<p>Both boards receive reports at least annually on numbers of people in NHS funded care and other complex placements, and any barriers to them moving into</p>	

	<p>other complex care placements and support everyone inappropriately placed in hospital and similar placements to move to community-based support as quickly as possible and no later than 1 June 2014.”</p>	<p>community settings (as above).</p>	
	<p>“Ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.”</p>	<p>What local accessible information in a range of formats is provided to children and adults with learning disabilities and their families on supports and options available in the local area? What further information is needed and how can advocacy organisations assist with this? How does each Board monitor investment in and impact of a range of advocacy supports, including self-advocacy, and ensure that a quality framework for advocacy is embedded into all contracts?</p>	

By 1 June 2014	"Planning will start from childhood."	Who are the representatives of children's services and/or families of children with learning disabilities on each Board? Do they have sufficient authority to promote change?	
		Is there strong engagement across children's and adult services to identify current and future needs of young people? N.B. The Children and Families Bill gives children's services some additional responsibilities for young people up to age 25.	
	"All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults."	How do adult and children's safeguarding boards have ensure that there are linkages with police, CQC, provider services and others to identify patterns of safeguarding concerns and referrals, and to respond robustly when such patterns occur.	
		How do the Learning Disability Partnership and Health and Wellbeing Board monitor the outcomes of safeguarding referrals?	
By 1 June 2014	"All signatories to the Concordat will work to continue to improve the skills and capabilities of	Is there a strategy for joint learning and development on key issues across health and social care staff? Are there any significant gaps in learning and development opportunities?	

<p>the workforce across the sector through access to appropriate training and support and to involve people and families in this training.”</p>		
	<p>How are people with learning disabilities and families commissioned to provide training and awareness raising to health and care staff, and to the wider community, and what is the impact of this?</p>	
	<p>How do provider services ensure learning and development opportunities are in place for their staff? Are there any significant gaps in learning and development opportunities?</p>	

End of table.

Warwickshire Shadow Health and Wellbeing Board

17 July 2013

'Living in Warwickshire' Survey - Project Proposal

Recommendations

That the Warwickshire Health & Wellbeing Board:

1. Note the proposal to undertake a 'Living in Warwickshire' survey in Autumn 2013, to provide a key part of the evidence base for the review of Warwickshire's Joint Strategic Needs Assessment (JSNA) during the early part of 2014.
2. Agree to act as the strategic project sponsor, and to agree to use the Board's name in promoting the survey to Warwickshire's residents to help encourage the maximising of survey response rates.

1.0 Background

- 1.1 Between 2000 and 2008, a statutory duty was placed on local councils to undertake a prescribed 'User Satisfaction Survey'/'Place Survey' every two years. This helped in gathering perceptions data from local people about council services. Warwickshire County Council also carried out a variation on the prescribed survey in non-statutory years to build up a good time series of data, and also enable partners to gather data from residents relating to their services. The last time we were able to gather this perceptions type data was in 2009, and the council is now keen to gather a refreshed set of perceptions data.
- 1.2 In relation to health and lifestyle information, the West Midlands Regional Observatory carried out a very detailed survey of residents across the region in 2005. More recently in Warwickshire we have asked some limited questions relating to lifestyles in our Place Survey, and reported this through the 'Quality of Life Report' published by the Warwickshire Observatory, and some of the analysis has also been included in the Director of Public Health Annual Reports. However, this data is now becoming less relevant and less robust.

- 1.3 More recently, the Department for Health has published new guidance on the production of JSNAs in local areas, which gives greater flexibility around the processes we should adopt for delivering our JSNA than was previously prescribed. However, the guidance still recognises that an important part of the JSNA process is the role that consultation and engagement with local people has, so that it becomes a vital part of our evidence base.
- 1.4 The new JSNA guidance also suggests that Health & Wellbeing Boards need to consider what health and social care information the local community needs, how they access it, and what support they may need to understand it. Currently there are limited, or, where it does exist, often uncoordinated means of doing this.

2.0 Current Issues

- 2.1 During the preparation of our current JSNA material the limited data from community participation became obvious for some topic areas and priorities. Often the JSNA Working Group has had to rely on increasingly dated consultation or engagement findings. In some instances there have been data gaps at local level, and as a result the analysis carried out has been limited to using national or regional modelled data or synthetic estimates for a range of health and social care topics.
- 2.2 In completing our JSNA work to date in Warwickshire, we have also found that there is a lack of evidence about particular themes or issues, and we have limited contact with some seldom heard and vulnerable groups, which we recognise could be indicative of unmet needs and/or deprivation.
- 2.3 Under the evolving arrangements, it is recognised that we do not have any joint mechanism currently for collecting data and intelligence from residents to underpin our JSNA and Health & Wellbeing Strategy work, to provide a joint understanding of issues and priorities to inform overall improvements to health and social care services. However, the formal launch of the Health & Wellbeing Board gives the opportunity to address this gap.

3.0 Proposal

- 3.1 It is proposed that the Warwickshire Health & Wellbeing Board sponsor a survey of local people which focusses on issues around 'Living in Warwickshire'. This would cover perceptions type data about life in Warwickshire, use and satisfaction with public services, and also lifestyle data and intelligence. The Board would be the public face of the work, and it would give the Board the opportunity to engage with residents around what is important to them, at an early stage in its life. It is important that the survey

content avoids duplication with other consultation exercises such as, for example, the GP Access Survey.

- 3.2 The survey could be high profile, which would show to residents that they are helping to inform local priority setting, decision making, and commissioning outcomes, and the opportunity to shape services for the future.
- 3.3 It is anticipated that the survey sample size will provide statistically robust results at both County and District/Borough level. However, we also want to ensure sufficient numbers of responses to enable sub-district level analysis and provide further insight on the results. This is likely to be at Locality or grouped Locality level or on an Urban/Rural basis. We also plan to provide analysis on a range of other demographic characteristics (age, sex) where possible.
- 3.4 The survey would also be supplemented with a series of focus groups, to gather more in-depth insight around a range of issues identified through the survey, or related to specific communities or local areas in the county. These will help to further unpick, understand and gather richer qualitative intelligence on the key issues emerging from the survey findings.
- 3.5 We would want the results from the survey to be widely disseminated amongst partners and the public, with key messages and analysis disseminated over the following 12-18 months as part of the Board's communications and engagement plan, as well as informing analysis for the JSNA and any future refresh of the Health & Wellbeing Strategy.

4.0 Benefits for the Health & Wellbeing Board

- 4.1 The proposed survey would have a range of benefits for the Board:
 - To provide a useful and timely baseline for the Board as it starts its work in Warwickshire against which it can monitor its progress over time
 - Up-to-date data and intelligence from residents to better inform the work programme of the Board, provide an evidence base for the JSNA, and vital intelligence to shape future priorities through the Health & Wellbeing Strategy
 - Given the number and diverse nature of partners on the Board, it is vital to involve stakeholders from the outset of its work
 - Wider Board level involvement will help make it easier for different agencies to own the results, and encourage greater use of the intelligence collected

- Responses to the survey should be improved and will provide more statistically reliable results if supported by a wider range of strategic stakeholders locally.

5.0 Benefits for the JSNA

5.1 In providing benefits for our JSNA in Warwickshire, the survey will:

- Provide more robust material for the JSNA for its review in 2014, rather than relying on outdated data or data gaps
- Provide valuable data to better target local services and interventions which reflect local need, and provide information to help plan and commission new services
- Enhance joint working at a practitioner level
- Encourage efficiencies in the way we carry out consultations with residents in Warwickshire, by tying two large scale surveys together
- Promote greater integration amongst local authority services. With Public Health moving into local government there is an opportunity to use the evidence gathered to underpin more joining up of services and demonstrate the linking together of the wider determinants of health and wellbeing.

6.0 Timescales associated with the decision/Next steps

6.1 Project Arrangements

6.2 The project will be managed through the existing JSNA Working Group. This comprises membership from both Public Health and the Warwickshire Observatory, along with representation from People Group (WCC) and also external partners such as Health Watch.

6.3 It is anticipated that elements of the project such as sampling, fieldwork, and data entry will need to be commissioned to an external provider. The analysis and presentation of the survey results could be carried out as part of the work programme for the JSNA Working Group, and we will be in a position to provide a range of agreed analysis, and bespoke analysis around key themes emerging from the survey.

6.4 Resources

6.5 Currently the project is being funded jointly by Public Health and, subject to approval, by the Resources Group of the County Council.

Supporting Papers

References:

1. 'Statutory Guidance on Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies', Department for Health, March 2013
<http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/>

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Warwickshire Health and Wellbeing Board

17 July 2013

Draft Communications and Engagement Strategy 2013/14

Recommendation

That the Warwickshire Health and Wellbeing Board considers and approves the Health and Wellbeing Board Draft Communications Strategy 2013/14.

1.0 Introduction

- 1.1 Warwickshire Health and Wellbeing Board is unique in bringing together all partners in health, social care and other public services, and this presents opportunities to provide a single communication and engagement channel.

2.0 Key issues

- 2.1 The attached strategy assumes a commitment from all Board partners to provide information on a regular basis on work they are undertaking which is in line with the Warwickshire Health and Wellbeing Board Strategy and Work Programme.
- 2.2 The delivery of the Communications Strategy would require agreement for a single Health and Wellbeing web platform for information for partners to feed messages into.
- 2.3 If holding a partner to account, the Board's communications could be in conflict with a partner's reputation management messages. This needs to be accepted by all the partners and should encourage all partners to be open and transparent with the Board and how they communicate and engage with the public.

3.0 Timescales associated with the decision and next steps

- 3.1 The web platform for Health and Wellbeing would need to be developed and if agreed, the delivery of this could be fed into a future meeting.
- 3.2 The delivery of the electronic 'newsletter' could be implemented to follow the next Board's meeting.
- 3.3 Form communications and engagement group.

4.0 Background papers

None

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Warwickshire Health and Wellbeing Board Communications and Engagement Strategy 2013/14

The Board

Warwickshire Health and Wellbeing Board aims, by working in partnership, to improve the health and wellbeing of people in Warwickshire, and encourage better integration across health, social care and other local services. The Board also supports the commissioning of integrated services where it makes sense to do so and to deliver support to areas in most need most effectively.

These aims are what will drive the Communications Strategy for the Board.

The Communications Strategy for the Board should at all times match the objectives of the overarching Warwickshire Health and Wellbeing Strategy.

The Warwickshire Health and Wellbeing Board is the one body that brings together all the major players in health and wellbeing in Warwickshire. It provides a central point of strategic decision making in Warwickshire, a forum for partners sharing information, and a way to then present information from a single relevant source.

The aim of this strategy is to lead effective communications and engagement to support and promote the health and wellbeing of people in Warwickshire.

We want our local population to have confidence in the local health and care system, and also to have the knowledge about how to access services, how to stay healthy and independent, where to find assistance and how to get involved.

Through our board members we want to make sure that we support our communities to get involved in the services they receive and giving local people greater influence over decisions that affect them and their communities.

Everyone has a role to play

Warwickshire Health and Wellbeing Board presents an opportunity for messages to both be delivered to partners, and from partners, therefore everyone will have a role to play in ensuring the communications for the Board are successful.

The communications and engagement leads from Warwickshire County Council; NHS England Area Team; Clinical Commissioning Groups; NHS Trusts; Healthwatch and District and Borough Councils will be responsible for cascading key messages from the Board meetings to internal and external audiences, and providing feedback, where appropriate on key communications issues.

The Board will engage with its population, its staff and its partners. We will seek to grow and develop an active network of commissioners, providers and people who use services across Warwickshire. We will make sure that we complete the

engagement loop by feeding back to people and keeping people informed on what we have done and why we have done it.

A web presence

The development of a single web platform for Health and Wellbeing in Warwickshire will enable communications leads to feed information through a single source and enable both the public and professionals to gain an insight into the joined-up approach to health and wellbeing in the county.

The Board's voice

Each Board meeting will identify three key messages to be shared with all partners in the week following the Board meeting. This will be distributed electronically, and will include the three key messages from the Chair of the Board. This electronic 'newsletter' will also highlight key areas of communication work that partners have fed into the board. The existing Warwickshire Health and Wellbeing Board blog will be used to promote the Board's messages and highlight the work of individual members of the Board.

Community Awareness

Ahead of each Board meeting key agenda items will be promoted to the public.

Board achievements

These can form the basis of Board communications and engagement action plans:

- Success in getting partners talking together and identifying joint aims
- Promoting joint strategies, projects and bids
- Reducing costs/duplication/effort
- Publishing the Board's Annual Report – delivering priorities against the Strategy/JSNA
- Sharing news and best practice
- Presenting a joined up approach to the public making it easier for them to engage/refer between linked services
- Coordinated communications campaigns, such as Warm and Well, immunisations, heatwave
- Supporting and influencing organisations to plan, improve and commission care services.

Communication and engagement project plans:

It is recommended that communications and engagement leads from across the board build upon their existing work and join together on a practical plan for the Board.

The Warwickshire Health and Wellbeing Board's communications and engagement strategy aims to:

- Keep all stakeholders engaged and informed about the work of the Board.
- Demonstrate how the Board has applied feedback from listening to stakeholders.
- Design and deliver specific communication and engagement activities in support of the JSNA refresh and publication at regular intervals.
- Generate publications, articles and media coverage about health and wellbeing priorities in Warwickshire, through the work of the Board, its constituent organisations and wider stakeholders.
- Collaborate with communication and engagement specialists from the Board's members and wider stakeholders so that we jointly deliver a consistent set of messages about local health and wellbeing priorities, and that we avoid duplication of effort.

Communications will closely reflect the Board's work programme. If necessary individual Communication Project Plans can be created to deliver campaigns or major projects. However, the vast majority of the time these would be created, and owned, by the individual partner Communication teams.