Warwickshire Health and Wellbeing Board

Agenda

25 March 2015

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 25 March 2015 at 13:30.**

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) Appointment of Board Member

To appoint a representative for the Warwickshire North Clinical Commissioning Group.

(3) Members' Disclosures of Pecuniary and Non-Pecuniary Interests.

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;
- Must leave the meeting room until the matter has been dealt with (Standing Order 43); and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the new Code of Conduct. These should be declared at the commencement of the meeting.

(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 21 January 2015 and Matters Arising.

Draft minutes of the meeting are attached for approval.

2. (13.35 – 14.05) Health & Wellbeing Peer Challenge

Councillor Isobel Seccombe

3. (14.05 – 14.35) 0-5 Strategy Group

John Dixon, WCC

4. (14.35 – 14.45) NHS England briefing on Rugby surgeries and the GP funding process

David Williams, NHS England

5. (14.45 – 15.00) Pharmaceutical Needs Assessment

Laurence Tressler, NHS Arden Commissioning Support
and Rachel Robinson, WCC

6. (15.00 – 15.15) Warwickshire's Response to the Mental Health Crisis Care Concordat

Anna Hargrave, on behalf of the Mental Health Commissioners Group

7. (15.15 – 15.30) Forward Plan

Councillor Isobel Seccombe

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

Further Information, Future Meetings and Events:

Health and Wellbeing Board Newsletter Link to Newsletter
Healthwatch Newsletter Link to Newsletter

Minutes of Safeguarding Boards, Joint Commissioning Boards and Health Protection Committees Link to Minutes

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor John Beaumont, Councillor Jose Compton, Councillor Bob Stevens,

Clinical Commissioning Groups: Vacancy (Warwickshire North), David Spraggett (South Warwickshire), Adrian Canale-Parola (Coventry and Rugby)

Warwickshire County Council Officers: John Dixon – Interim Strategic Director, People Group, Monica Fogarty - Strategic Director, Communities, John Linnane - Director of Public Health

NHS England: David Williams.

Healthwatch Warwickshire: Phil Robson

Borough/District Councillors: Councillor Neil Phillips (NBBC), Councillor Belinda Garcia (RBC), Councillor Michael Coker (WDC), Councillor Derek Pickard (NWBC), Councillor Gillian Roache (SDC)

General Enquiries: Please contact Paul Spencer on 01926 418615
E-mail: paulspencer@warwickshire.gov.uk

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 21st January 2015.

Present:-

Chair

Councillor Izzi Seccombe

Warwickshire County Councillors (In addition to the Chair)

Councillor John Beaumont
Councillor Jose Compton
Councillor Bob Stevens

Clinical Commissioning Groups

Dr Adrian Canale-Parola (Coventry and Rugby CCG)
Karen Ashby (Warwickshire North CCG)
Dr David Spraggett (South Warwickshire CCG)

Warwickshire County Council Officers
Monica Fogarty – Strategic Director for Communities
John Dixon, Interim Director for the People Group
Dr John Linnane – Director of Public Health

Healthwatch Warwickshire

Phil Robson – Chair

Borough/District Councillors

Councillor Michael Coker (Warwick District Council)
Councillor Neil Phillips (Nuneaton and Bedworth Borough Council)
Councillor Derek Pickard (North Warwickshire Borough Council)
Councillor Gillian Roache (Stratford District Council)

The Chair welcomed John Dixon, Interim Director for the People Group and Board member for Warwickshire County Council.

1. (1) Apology for Absence

David Williams (NHS England)

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

Councillor Derek Pickard declared a non-pecuniary interest, as a member of the County Council's Adult Social Care and Health Overview and Scrutiny Committee.

(3) Minutes of the meeting held on 19th November 2014 and matters arising.

The Minutes were agreed as a true record, subject to altering the last line of page 2 to read ‘patient involvement’.

2. Warwickshire Safeguarding Children Board Annual Report 2013/14

The Chair introduced David Peplow, the Independent Chair of the Warwickshire Safeguarding Children Board (WSCB). Mr Peplow confirmed that the WSCB was required to publish an annual report which evaluated the effectiveness of arrangements to safeguard and promote the wellbeing of children in the local authority area. The report was set out in three main parts which addressed progress against the WSCB strategic objectives, reports from partner agencies on their individual safeguarding activity during the year and a performance analysis.

A report of the Child Death Review Function was also provided. There was a partnership arrangement between the local authorities for Warwickshire, Coventry and Solihull and the report covered this sub-region A substantial finding of the report was that children with disabilities and children from black and minority ethnic backgrounds were under-represented at all levels of the safeguarding continuum.

For future reports, performance data on child sexual exploitation would be included. Further findings were the need to increase ‘return home’ interviews when children had been reported missing, the increase in private fostering and the increase in safeguarding activity. Mr Peplow advised that a development day had recently taken place and the Board would consider the findings at its next meeting.

There was discussion about the provision of safeguarding training, particularly low attendance levels at some training events, plans for future training and the option of joint training programmes. Additional information was provided about the referral processes.

Resolved

The Health and Wellbeing Board accepts the WSCB Annual Report for 2013/14.

3. Warwickshire Data Sharing Protocol

This item was presented by Chris Lewington, Head of Strategic Commissioning at Warwickshire County Council and Gareth Wrench, Senior Public Health Intelligence Manager.

An overarching data sharing protocol for the County had recently been developed by Arden Commissioning Support Unit. The clinical commissioning groups in Warwickshire, the County Council and acute trusts had all signed up to the protocol. The importance of information and data sharing to facilitate the improvement of services had been highlighted in the new Health and Wellbeing Strategy.

It was stressed that the protocol did not provide the basis for the sharing of all data between partner organisations, but set out the legislative requirements to be complied with. The precise details of information to be shared would be agreed separately in the form of a data sharing agreement. The ability to share data with health partners was particularly important in work relating to the Better Care Programme. The protocol was currently being used to progress data sharing for the Discharge to Assess and Transforming Domiciliary Care programmes.

It was emphasised that this was an interim report to satisfy the governance requirements and it was planned to submit an update to a future meeting. The protocol would remove some of the current frustrations and enable professionals to consider all relevant information when determining care requirements.

The protocol was welcomed by the Board. It was questioned how well the IT systems would work together. Tonino Ciuffini, the County Council's Head of Information Assets provided further information on the internet-based technology allowing the sharing of batches of data. The system worked using an individual's unique NHS number and there was now an 80% data match across the systems. Extending the protocol to include other agencies, particularly the police and probation service was also suggested. Presently there were a number of individual data sharing agreements, but the aspiration was for a single agreement covering all partners. Assurances were provided on the security and confidentiality arrangements, with each partner having a senior officer responsible for governance. Regular updates were requested on the protocol.

Resolved

That the Warwickshire Health and Wellbeing Board:

1. Notes and endorses the approach and work undertaken.

2. Promotes the use of responsible data sharing to facilitate more detailed and robust needs assessment as part of core planning.

4. Warwickshire Priority Families Programme - Phase 2

Nick Gower-Johnson, Localities Manager for Warwickshire County Council spoke to this item. It was reported that Phase 1 of the Priority Families Programme was scheduled to achieve its target to 'turn around'

the lives of 805 families by the end of January 2015. An outline was given of Phase two of the Programme, for which Warwickshire was a pilot authority given its good performance to date. Phase 2 varied significantly from its predecessor. There were more flexible eligibility criteria and the headline criteria were reported. Phase 2 had an emphasis on earlier intervention, families with multiple problems and bringing about service transformation.

There was a requirement to produce an Outcomes Plan in line with a financial framework provided by the Department for Communities and Local Government (DCLG). The draft plan was appended to the report. It was currently the subject of consultation and its main purposes were set out in the report.

Engagement with the programme by health colleagues was a key priority of DCLG, which had issued further guidance to this end, the most significant being The Troubled Families Leadership Statement. The report highlighted the efforts made to engage with health commissioners and providers, noting that the overall progress had been slow under Phase 1 of the programme. It was hoped that this recent guidance, coupled with the more flexible criteria would lead to more synergy under Phase 2, in particular working with GP practices.

Current work priorities were for a strong finish to Phase 1, achieving the target of turning around the lives of 805 families and putting in place arrangements that would ensure a good start to Phase 2 of the programme.

Nick Gower-Johnson emphasised the partnership working and felt this initiative was an important strand of the Board's work, linking closely to the Joint Strategic Needs Assessment. Andrea Green of Warwickshire North CCG agreed that there was a step change in integrating the work of health and social care and a commitment to take this forward.

Issues for travellers' children were highlighted, there being concerns that some children were not receiving home tutoring. A further aspect raised was whether children were having the recommended immunisations.

The need for partnership working with district and borough councils on their local plans was stated. An explanation was given of how this programme linked to the overarching safeguarding work.

Resolved

That the Board:

1. Acknowledges the progress made in relation to Phase One of the Priority Families Programme and recognises particularly the strong partnership working arrangements.

2. Welcomes Phase 2 of the Programme and the draft Priority Families Outcomes Plan.

3. Notes the strong links between work with Priority Families and the Health and Wellbeing Strategy 2014-2018.

4. Encourages engagement with health commissioners, providers and other agencies represented on the Board in Phase 2 of the Programme.

5. Housing Related Support Services

The Board received a verbal update from Chris Lewington, who confirmed that the funding for Housing Related Support (HRS) services was being reduced from £8.6 to £4 million over a four year period. An extensive consultation process had taken place resulting in over 1500 responses. Given the volume of responses it had been agreed to delay reporting to the County Council's Cabinet to give sufficient time to produce a robust analysis and work collaboratively with heads of housing and probation. Four key principles had been agreed on which the final decisions will be formed:

- To prevent/reduce escalation of need and protect/enhance wellbeing.
- Support those who are FACS eligible, to support admission avoidance and delayed discharges and reduce the chance of a move to a care home.
- Support is targeted on the most vulnerable, ie those with multiple needs and at risk of losing/not gaining their independence.
- Does not duplicate services

An extraordinary Adult Social Care and Health OSC had been requested to consider the HRS proposals, prior to the report being submitted to Cabinet.

This update had been requested by Councillor Phillips who confirmed he was satisfied and would await the further report. Phil Robson of Healthwatch Warwickshire stressed the importance of showing a clear link between consumer feedback and the final decisions taken. This was noted. It was planned to produce a flowchart showing evidence of how final decisions had been aligned to the key principles. It was stated that reducing the funding for this support by 50% would be a challenge and would impact on some Warwickshire residents, so having a transparent process was important.

Resolved

That the Health and Wellbeing Board notes the update and that a further report is provided to a future Board meeting.

6. JSNA Review

Dr John Linnane, Warwickshire's Director of Public Health gave a presentation to the Board to accompany the circulated report. The Joint Strategic Needs Assessment (JSNA) looked at the current and future health and care needs, to guide the commissioning of health, wellbeing and social care services. It was a statutory requirement for the County Council to produce a JSNA. In Warwickshire the JSNA evidence base was provided through an annual Quality of Life report.

Dr Linnane explained that there was a three-year cyclical review process and he outlined the process completed for this review. The purpose of the review was to establish an evidence-based consensus of the key local priorities across health and social care. Every three years, the selection of priorities was reviewed, to ensure the JSNA focussed on the pertinent health issues. The revised JSNA from 2014/15 was appended to the report and Dr Linnane confirmed the revised priorities.

The Chair acknowledged the extensive consultation undertaken and the support of the Warwickshire Observatory in this review. Monica Fogarty, Strategic Director for Communities commented on the development of the JSNA, the integration of the Quality of Life report and the improved accessibility to data. There was a consensus that the Board should endorse the JSNA and partners should encourage its use for planning services. Adrian Canale-Parola observed that it should be used as a basis for commissioning.

Resolved

That the Health & Wellbeing Board:

1. Approves the Warwickshire JSNA Review.
2. Approves the Quality of Life in Warwickshire Report 2015 as a key part of the wider, contextual evidence base underpinning the JSNA.
3. Notes the key health and wellbeing issues outlined in the update and that they are considered alongside the monitoring of Warwickshire's new Health and Wellbeing Strategy.
4. Champions the delivery of the proposed work programme for the full JSNA 3-year review and agrees to receive an update in six months, to check on stakeholders' commissioning plans.

7. Health and Wellbeing Strategy – Updates from Districts and Boroughs

At the Board's meeting in November, the Warwickshire Health and Wellbeing Strategy was agreed. Updates had been requested from district and borough councils to advise how the priorities of the Strategy were being implemented locally.

A verbal report was provided by Councillor Gillian Roache on behalf of Stratford-on-Avon District Council. She confirmed the District's leisure provision and its work through a GP referral programme. Once completed, a formal written report would be supplied to the Board.

Councillor Neil Phillips presented a report on behalf of Nuneaton and Bedworth Borough Council, which gave an overview of the work delivered. He commented particularly on the nomination of health champions in each department, the training of 234 staff to 'make every contact count', installation of defibrillators and dementia friendly training. Reference was also made to the draft health and wellbeing strategy for the north of the County, developed with the County Council, North Warwickshire Borough Council and the Warwickshire North CCG.

Councillor Derek Pickard spoke to a circulated report for North Warwickshire Borough Council. He reminded of previous work on alcohol abuse, obesity and smoking. He emphasised the partnership working with CCGs and the voluntary sector. Councillor Pickard also referred to work on protecting vulnerable people and a dementia programme.

Councillor Michael Coker presented the report from Warwick District Council. He advised of a structural change at the Authority, which now had a lead officer for health and community protection. There was a corresponding scrutiny committee, which had the remit of checking the health impacts of decisions made by the Council.

The Chair thanked the representatives for their reports, noting that there was no report from Rugby Borough Council.

Resolved

That the Board notes the updates provided by district and borough councils.

8. Update from Clinical Commissioning Groups on the Better Care Fund

Chris Lewington gave a presentation to the Board entitled 'Warwickshire Cares – Better Together'. The Better Care Plan was summarised on a single slide, showing the vision for residents, for services, the aims, key

projects and those involved. A further slide linked the health and wellbeing priority themes to the better care outcomes and universal, thematic and targeted indicators.

Clinical Commissioning Group (CCG) representatives gave verbal updates. Andrea Green, Chief Officer and Deryth Stevens, GP reported on behalf Warwickshire North CCG. Integrated health and social care teams had been established at four locations, aligned to groups of GP practices. Deryth Stevens explained improvements in service delivery. Previously, an individual might have been admitted to hospital, for other than medical reasons, due to an absence of more appropriate care services. This was no longer the case. The aspiration was for a single point of contact and multi-disciplinary approach including social care and dementia support.

Anna Hargrave, Director of Strategy and Engagement for South Warwickshire CCG confirmed similar arrangements were being put in place for the South of the County. She also referred to care at home, explaining the way that services were currently provided. Service redesign was taking place, engaging with stakeholders to establish what was needed for a successful service going forward. This process was underway and the results would be shared with the Board.

Adrian Canale-Parola spoke on behalf of Coventry and Rugby CCG. The Better Care Fund had enabled a review of how services were delivered. An example was out-of-hours services and reducing hospital admission by default. Social prescribing enabled a GP to refer a patient directly to a counsellor. This was being trialled in three surgeries presently and if successful would be extended. The appraisal of this trial would take place in June/July. He referred to the large development of the Rugby radio mast site and the opportunities such developments presented to take a holistic approach in the provision of services for the new communities.

Councillor Beaumont asked about social prescribing in the North of Warwickshire. Andrea Green felt that the Better Care funding could be used to procure voluntary sector support. She added that by simply placing links on partners' websites it would help to join up services.

It was questioned whether any funding had been directed towards seven-day working, but was confirmed this would be part of the review of commissioning.

It was noted that the service reviews were ongoing and liaison would be needed to ensure surgeries and other partners were kept informed of developments. The importance of monitoring the direction of travel was stated. Throughout February, a media campaign would take place. It was suggested that updates be provided to the Board on a quarterly basis.

9. Winter Pressures

Chris Lewington gave a verbal update to the Board. There had been national and local media coverage of the extreme pressures being faced and tribute was paid to the health and social care staff delivering services. The strong partnership in Warwickshire had avoided a major incident, there being daily conference calls between partners. The Government had issued one-off funding to address some of the problems being experienced.

Andrea Green commented on the increase in ambulance transfers to George Eliot Hospital when compared to the same period last year. It was reiterated that some admissions to hospital had been made on other than medical grounds.

Glen Burley, Chief Executive of South Warwickshire Foundation Trust referred to the media coverage on emergency admissions. The actual issue was the high proportion of admissions of people aged over 70. These tended to be longer-term admissions due to frailty and the need for discharge support. The data for the previous year was positive and discharge to assess was working well. He didn't consider there was a crisis and partners had responded well.

The Chair confirmed that additional funding of £520,000 had been received from the Government and she also praised the excellent work across the County. Chris Lewington advised that the additional funding had to be spent by March 2015. Adrian Canale-Parola felt such one-off funding was unhelpful in that additional measures implemented could not be resourced in future years. The Chair felt it would be useful to receive a 'lessons learned' report, to see how to adapt for the future. Andrea Green suggested that chairs of the multiagency system resilience groups might be asked to provide such an update on winter pressures. A joint document on performance would be submitted to the Adult Social Care and Health OSC.

Resolved

That the Health & Wellbeing Board notes the report.

10. Any Other Business

The Chair welcomed Monika Rozanski, Senior Projects Manager in Public Health, who would return from maternity leave in March. The Chair publicised the annual rounders competition and invited partners to enter a team. Dr Linnane publicised the Health and Wellbeing Board's Newsletter and asked partners to circulate it.

The meeting rose at 15.45

……..Chair

Item 2

Health & Wellbeing Board

Wednesday 25 March 2015

Health & Wellbeing Peer Challenge – January 2015

Recommendations

The written report has recently been received from the Peer Challenge Team and these are their recommendations :-

(1) Return to first principles and take steps to ensure there is:
- A clear definition of the purpose of the HWB and its added value
- More focus on developing a culture of "we" and "us"
- Moving towards acceptance that all partners are equal and should take ownership
- Agreement and understanding of each organisation's role in the delivery of outcomes
- Determine who holds the ring on activity and performance

(2) Review membership of the Board.
- A health partner should be considered in the role of Deputy Chair (or should this be Co-Chair?)
- Who sits around the table and why e.g., providers, 3rd sector
- Roles and responsibilities of individual Board members

(3) Develop clear and distinct support for the Chair

(4) Clarify and potentially simplify the complex structure beneath the Board and its interrelations with WCC's Health and Scrutiny Committee

(5) Focus on the development of a joint implementation plan for use by all partners across Warwickshire

(6) Work collectively to enable:
a. Clarity around pooled budgets, resources and risks
b. Clear performance management processes to develop

(7) Review your approach to digital media, including up to date information on the webpages

(8) Consider whether the Health and Wellbeing Board needs its own identity and how its success is communicated to the wider community

1.0 Background

1.1 The Warwickshire Health & Wellbeing Board was subject to a peer challenge on 20 – 23 January 2015 as part of the Local Government Association's Health & Wellbeing System Improvement Programme. During this period they spoke with more than 110 people, including a range of stakeholders.

1.2 The LGA prescribed framework for their challenge was five headline questions:

1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
2. Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
5. Are there effective arrangements for underpinning accountability to the public?

1.3. We also asked them to comment on:

- **Leadership**: the Board's capability and capacity to lead the health and wellbeing system in Warwickshire, and the extent to which that leadership is being driven collectively by all partners.
- **Governance**: whether the current make-up of the Board, consisting of voting members and active observers, provides the right balance between effective decision making and appropriate stakeholder engagement.
- **Strategy and Planning**: is the Board using its strategic position to influence a Warwickshire-wide health and wellbeing "offer", which draws together the provision of all partners, and is there a robust and integrated approach to planning, both in terms of the Board's own agenda and the distribution of funding.
- **Relationships**: given the complexity of having three Clinical Commissioning Groups, one of which also spans Coventry and therefore reports to two separate Health and Wellbeing Boards, how well are we managing relationships and how could we operate better collectively as a single body.
- **Operation**: as with any partnership body, there is a danger that we all just go back to our day jobs and focus on organisational priorities, rather than the collective strategy.

2.0 Headline Messages

2.1 The following is their summary of their findings :

The work of the HWB is visibly led by the Chair, who is well respected and works hard to nurture relationships across the health economy in Warwickshire. The long term aspiration of the Board is clearly articulated in the revised Health and Well Being Strategy. There is significant appetite from partners for the system to improve and for the HWB to be at the heart of that improvement, managing performance, co-ordinating effort and unleashing creativity and innovation. At local level there is real and tangible energy to make a difference, as reflected in the range of projects underway led by partners.

Your self-assessment showed a good level of self-awareness and identified a number of issues where you would like to make progress, including an ambition to create more impact through the working of the Board. Currently that "added value" is hard to see because not enough "new" activity is taking place under the guise of the strategy.

The Health and Wellbeing Strategy has been agreed but how it will be implemented is less clear, and the absence of an action plan for delivery means that partners and stakeholders largely are uninformed about what will happen next to bring about change for residents and service users across the county. There is limited evidence of significant activity and delivery between meetings: sharing responsibility for delivery will mean that coordinated purposeful activity can begin to take place.

Warwickshire's health economy is viewed as complex due to your inherited factors and geography, including 3 Clinical Commissioning Groups (CCGs), your proximity to Coventry, a lack of co-terminous boundaries with NHS providers who have a wide geographical catchment, a lack of coterminosity for one of the CCGs, and a large diversity of need across your local population. These factors are beyond your gift to control, which means that the role of the Board, how it is comprised and how it works together is of particular significance in bringing about long term improvement.
As in other areas across the country the HWB has evolved from its shadow status into a fully responsible body, and all HWBs are regarded on a statutory basis as a committee of upper tier councils. This means that by its inherent design there is a risk of over-dominance from local authority partners, unless the Board decides to be brave and take radical steps to enable other stakeholders to play a stronger and equal role.

As in other areas across the country the HWB has evolved from its shadow status into a fully responsible body, and all HWBs are regarded on a statutory basis as a committee of upper tier councils. This means that by its inherent design there is a risk of over-dominance from local authority partners, unless the Board decides to be brave and take radical steps to enable other stakeholders to play a stronger and equal role.

There are a wide range of views about the purpose and scope of the Board, suggesting that the overall purpose of the HWB is not yet widely undersood. Your self-assessment reflects the mixed views that we heard about the purpose of the Board and the Board's governance:

- Is it a committee of the County Council?
- Is it a partnership board?
- Is it responsible for health and social care integration?
- Is it responsible for commissioning services?
- "It's more of a health and county things"
- "It has lots of responsibilities but little authority"
- A lack of clarity about its role in scrutinising performance of partners and providers and how this relates to the County Council's scrutiny arrangements, as well as to Healthwatch.
- Some providers would like to be more involved and work with the Board to deliver
- Some providers have intelligence and best practice that they would like to share but don't feel they are able to

In Warwickshire there is inconsistent input into the Board's business from all key members of the health economy, to the extent that the strategy is at risk of not being delivered. There are mixed views about what the purpose of the Board is and who should have a seat at the table means that it is currently difficult to identify the overarching authority of the Board. In our view the current arrangements need revisiting to ensure that health partners can play a greater strategic and leadership role on an equal footing, and help the HWB move from high level discussions into shaping action on the ground. Changing the Board's membership however strays into local politics and tensions, but it needs to be addressed if the Board is to make progress.

The Chair is playing a tremendous role in engaging partners and developing relationships, but there is an over-reliance on the Chair to manage and lead engagement. Having a Deputy Chair from a health partner body would complement her work and help further enhance strategic relationships. The work of the Board also needs to have more input from officers, either from Warwickshire CC or its partners, to provide structured support for the Board's business. This should include resources for better agenda management, Board development, a forward plan of business for the Board, and performance management.

It is clear that there is appetite for change and everyone wants the Board and its impact to improve, as one of the partners told us:

"The Health and Wellbeing Board is on the right journey, it is much better than it was, but it could be great."

Background Papers

1. LGA Letter to Cllr Izzi Seccombe dated March 2015.

	Name	**Contact Information**
Report Author	John Dixon	01926 412665
Head of Service		
Strategic Director	John Dixon	01926 412665
Portfolio Holder	Cllr Bob Stevens	01926 814031

Item 3

Health & Wellbeing Board

Wednesday 25 March 2015

0-5 year Strategy Group

Recommendations

(1) The Health & Wellbeing Board is recommended to consider and approve the establishment of a Strategy Group for 0-5 with the Terms of Reference set out at Appendix 1 and within the governance structure at Appendix 2.

(2) The Board is invited to comment on the initial work programme set out below in paragraph 3.

1.0 Background

1.1 The County Council agreed on 5 February 2015 to set up a cross party and multi-agency Strategy Group for 0-5s services, which would report to the Health & Wellbeing Board. Additional funding for this important area of provision was agreed : £800K for the financial year 2015/16 and £1.5M for each of the following two financial years.

2.0 Terms of Reference

2.1 Terms of Reference for the Strategy Group have now been drafted for consideration by the Health & Wellbeing Board. They are attached (Appendix 1). It is proposed to have a 3:3:3 membership comprising County Council elected Members, Clinical Commissioning Group representation and sector representatives from early years, primary schools and health providers.

2.2 The Group will be chaired by Councillor Roodhouse, and supported by Officers from the County Council. The lead officer would be Helen King, Deputy Director of Public Health, who also Chairs the 0-5 sub-group of the Joint Commissioning Board. It will be seen from the governance diagram (Appendix 2) that it is proposed that the existing Joint Commissioning Board reports in future to the Strategy Group as the delivery arm for 0-5 year Strategy.

2.3 The role of the Group would be to set the strategic direction for both commissioning and delivery of services for 0-5 years across the county, supporting the range of partners to do so. It would determine priorities for the additional budget provided by the Council, but in doing so would also seek to align existing County Council spend with that of other strategic partners.

2.4 The Strategic Group would report to the Health & Wellbeing Board, and the cycles of meetings would accordingly be linked.

3.0. Work Programme

3.1. It will be important that the Strategy Group demonstrates an early delivery of outcomes. The Terms of Reference include Objectives and Performance Outcomes, derived from the current Health & Wellbeing Strategy.

3.2. In order to make early progress and at the same time to do so with the maximum engagement of stakeholders, including families, it is proposed to co-construct a 'timeline' and 'Child's Journey' map. The purpose of this is to document both 'as is' and 'to be' arrangements and processes and then to secure views on priorities for action and investment.

3.3. it is proposed that the work on this 'Child's Journey' map is started by a workshop on 3 June, to include the Strategy Group, partners and families.

3.4. Following further engagement and consultation across the communities of Warwickshire, action and priorities for investment would be determined by the autumn of this year.

	Name	**Contact Information**
Report Author	John Dixon	01926 412665
Head of Service		
Strategic Director	John Dixon	01926 412665
Portfolio Holder	Cllr Bob Stevens	01926 814031

Terms of Reference **Appendix 1**

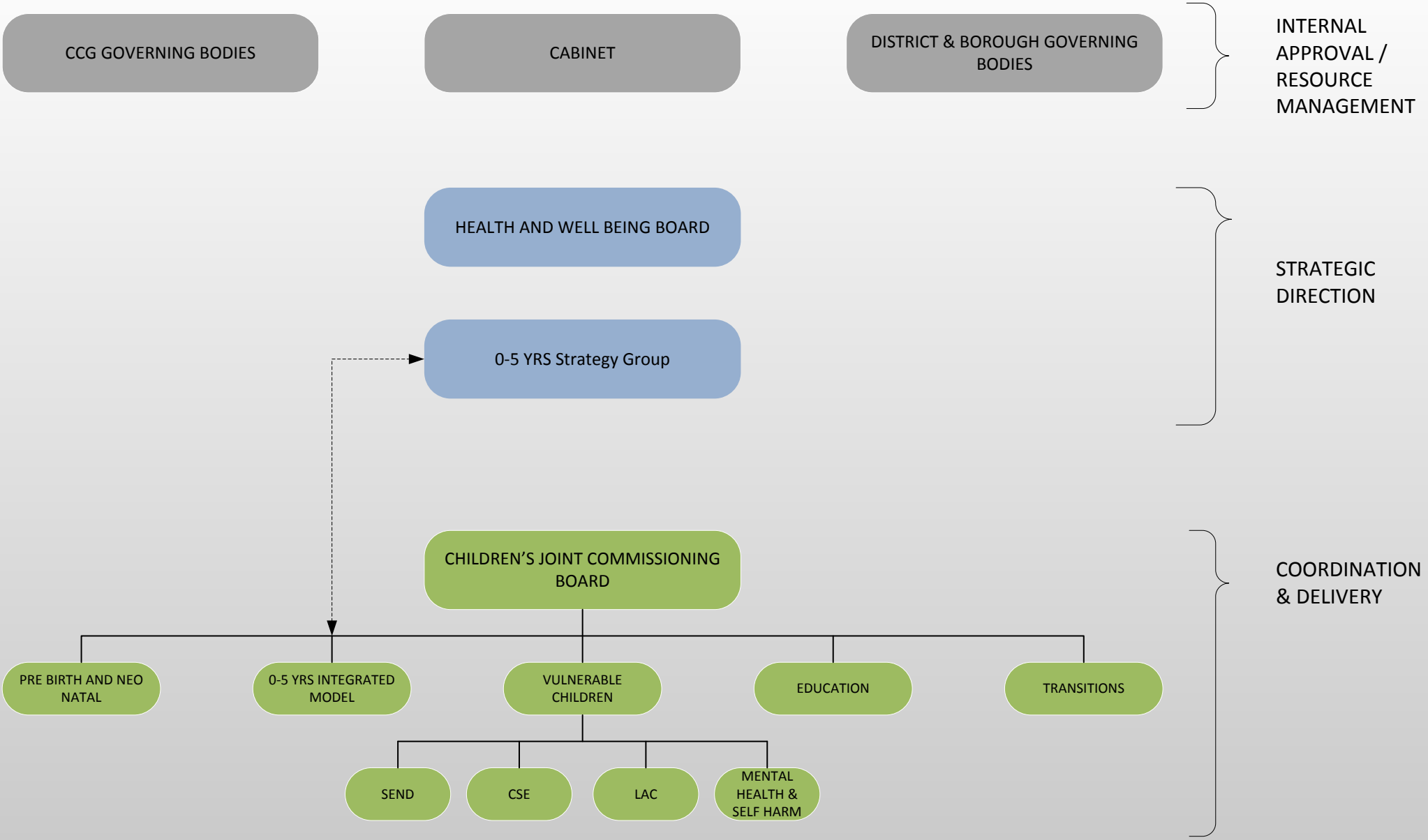
Name of Body	**0-5 years Strategy Group**
Strategy Group Members	The Strategy Group will comprise of 3 Warwickshire County Council elected members, one from each political group i.e. Cllr Stevens Cllr Roodhouse Cllr [Labour Group member] **AND** representatives of the following organisations 3 x Clinical Commissioning Group representatives [or 1 CCG representative selected as the lead for the health economy] 1 x early years/nursery provider representative 1 x primary Headteacher's representative 1 x health provider representative The Group will be chaired by Councillor Roodhouse NB. Representation on the Group will be at Board/elected member level or the appropriate equivalent. Members of the Group should be senior enough to be able to exercise a significant level of influence.
Role of the Strategy Group	• To set the strategic direction for the commissioning and delivery of services by Partners for the benefit of children aged 0-5 years to ensure they have the best start in life. • To consider how Partners investment in services for children aged 0-5 years might be used to best effect to support the strategy. • To consider how the Warwickshire County Council funding of £800,000 for the financial year 2015/16 and the funding of £1,500,000 in each of the following financial years 2016/17 and 2017/18 and/or any potential match funding can best be used to facilitate the delivery of that strategy. NB. The Children's Joint Commissioning Board shall remain responsible for operational delivery.

Timing and place of meetings	Bi-monthly meetings in between Health and Wellbeing Board meetings. Meetings should move around the county.
Reporting	The Strategy Group is directly accountable to the Health and Wellbeing Board and will report at least quarterly to the Health and Wellbeing Board on progress and any proposals. Proposals for the deployment of the resources may from time to time require Partners to seek further approvals from their own governing bodies.
Partners Principles of Engagement	The partners agree to commit to the following set of principles: 1. We will jointly undertake all planning and strategic decision making to ensure a whole systems response to the needs of children aged 0 – 5 year to ensure that they are fully prepared and ready for school. 2. We will work in partnership to remove barriers and duplication, and to make the best use of the available resources, and to build on strengths and social capital. 3. We will encourage working together in partnership with children, families and local communities, at all stages to enable them to shape services in meeting needs and effectively deliver the required outcomes. 4. We will ensure that decisions are based on a robust joint strategic needs assessment and evidence base. Where this does not exist we will commission this. 5. We will prioritise our efforts and resources at strategic, operational and family levels, to reduce inequalities and to ensure that resources are allocated in proportion to the needs of children and their families. 6. Explore the interdependencies and strive to utilise all resources wisely. 7. We will ensure that all commissioning processes, including tendering and procurement, are transparent and in line with good practice and legal requirements. 8. We will rigorously monitor, evaluate and review what we do, to ensure positive impact upon outcomes and value for money is achieved and to continue to learn about what does and does not work. 9. We will take tough decisions to stop doing things, or to do things differently if we are not improving outcomes, whilst driving and achieving value for money.

Objectives	• The health and wellbeing of all in Warwickshire is protected. • Providing a strong start in life, within a family environment, to enable babies and children to develop healthily and flourish in their learning and education • Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills; • Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient; • Build the resilience and well-being of young children across the social gradient. • Resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned, or in partnership.
Performance Outcomes	• The prevalence of obese children in reception year • The prevalence of underweight children in reception year • Tooth decay in children aged 5 • Population vaccination coverage – MMR for two doses (5 years old) • No. of deaths in 1st year of life per 1,000 children • Hospital admissions for accidental and deliberate injuries in children (aged 0-4) • The percentage of children achieving a good level of development at the end of reception • % of Children's Centres judged to be good or outstanding by Ofsted • Child Development at 2-2.5 years • Proportion of 3 and 4 year olds accessing free childcare places • No. of 2 year old children benefitting from funded early education
Relevant Portfolio Holder(s)	Cllr Stevens – Health Cllr Hayfield – Education and Learning

Background	The County Council decided on 5 February 2015 to establish a 0 – 5 Strategy for Children and a corresponding 'Wellbeing Board' i.e. We want to give each and every child the best start in life. We have already pledged that every child should have the opportunity to attend a good or outstanding school. We recognise that the foundation years are the building block for Warwickshire's future and we are committed to working with partners to develop a much needed "0 – 5 Strategy for Children", focusing on the health and wellbeing of children. To this end we wish to establish a "Children's Wellbeing Board" with the senior leadership, reach and influence to achieve a coherent, multiagency direction and delivery. £800,000 was allocated in 2015/16 and £1,500,000 in each of 2016/17 and 2017/18. It is intended that this will be taken forward with partners who will be encouraged to pool funds and share resources to match the Council's investment.
Key Supporting Officers	Helen King (Deputy Director of Public Health) -To undertake the lead role in co-ordinating the work of the Strategy Group, including reporting on delivery against outcomes, and to provide technical advice in relation to children's wellbeing. Paul Spencer- Democratic Services Officer, Law & Governance – To provide a member support role.
How will partners be involved?	The extent of any additional partner engagement will be a matter for the Strategy Group to determine
How will the public be involved?	The extent of any public engagement required will be a matter for the Strategy Group to determine

.


CCG GOVERNING BODIES
CABINET
DISTRICT & BOROUGH GOVERNING BODIES
INTERNAL APPROVAL / RESOURCE MANAGEMENT
HEALTH AND WELL BEING BOARD
0-5 YRS Strategy Group
STRATEGIC DIRECTION
CHILDREN'S JOINT COMMISSIONING BOARD
PRE BIRTH AND NEO NATAL
0-5 YRS INTEGRATED MODEL
VULNERABLE CHILDREN
EDUCATION
TRANSITIONS
SEND
CSE
LAC
MENTAL HEALTH & SELF HARM
COORDINATION & DELIVERY

NHS England – West Midlands

Briefing for Warwickshire Health and Wellbeing Board

Purpose

The Purpose of this paper is to update the Health and Well Being Board on the changes in Primary Care Commissioning in the NHS and specific detail on the progress regarding Albert Street Medical Centre in Rugby.

The Health and Well Bring Board are asked to note the contents of this report.

Background

Primary Care Commissioning

Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

Delegated responsibility is one of three models offered to CCGs along with joint commissioning with NHS England and greater involvement in commissioning.

64 CCGs across the country have been approved to take on greater 'delegated' commissioning responsibility for GP services with the possibility that others may follow.

In Warwickshire, South Warwickshire CCG will take on greater 'delegated' commissioning responsibility. Warwickshire North CCG will develop joint commissioning with NHS England and Coventry & Rugby CCG will develop greater involvement in primary care commissioning.

NHS England is currently working with the CCGs to develop transition plans for each CCG. Some functions will remain with NHS England, these include ; CAS alerts, the management of Violent & Aggressive Patients, Clinical Waste Contracts, Occupational Health services, Interpretation & Translation (except where existing CCG arrangements exist) & Out of Area Registration. NHS England will provide the assurance for delegated Primary Care and the commissioning of primary care services not included in delegated commissioning currently. (Pharmacy, Dentistry & Optometry)

Albert Street Medical Practice, Rugby

The Purpose of this paper is to update the Board on progress regarding arrangements for patients currently registered with Albert Street Medical Practice when this contract ends on 17 April 2015.

Our role at NHS England, as commissioners of primary health care is to make sure that patients currently registered with the GP practice are aware of what is happening and have the information they need to make decisions about the future arrangements for their care.

Rugby population is currently served by twelve practices and a small number of branches. The population of Rugby has grown significantly and further expansion is forecast due to extensive housing developments. General practice has been keeping up with demand although we acknowledge that practices are under some pressure to do so. All practices currently have open lists.

Additional capacity in the town centre has been created by the completion of the Rugby Health and Wellbeing Centre in 2014 which houses two practices.

Drs Kavuri, Kotnani and Dabas hold a PMS Agreement for the provision of services at Albert Street Medical Practice and its branch at Brownsover. The Partnership had been troubled for some years and although NHS England does not become involved in partnership disputes need to act if there is any risk to the patients identified. Assurances had been sought and received as to the resolution of these issues. The matters, however, escalated in the autumn of 2014 and following legal advice and in order to safeguard the interest of patients, a termination notice was served. This comes to effect on 17 April 2015.

Caretaker Arrangements

A caretaker arrangement enables continuity of care for the patients to be maintained whilst a more permanent solution is found. Here this is linked to the new development of Brownsover. This arrangement is only used infrequently as the short timescale to ensure continuity of service means patient consultation was not possible.

A temporary contract for the provision of medical care was secured following a competitive tendering process. Two local practices (Beech Tree Medical Practice and Market Quarters Practice) been awarded this contract to work together and hold a ‘caretaker’ APMS contract for the next year with the option to extend until the new development is completed.

All patients will continue to receive the range of services currently provided and these will be provided by the same practice staff but may involve different medical staff. This service will include home visits where deemed clinically appropriate. Patients do not need to do anything their registration will be transferred automatically to this temporary arrangement. However, they are also able to choose, as they can at any time to register with another practice if they live within the catchment for that practice.

The caretaker practices are working closely with pharmacies in the area to ensure provision of medicines is not affected by the transition.

Work has commenced on securing a more permanent solution which will be subject to patient consultation in the usual way. It is likely this will commence in the next financial year and will enable us to secure a contract to coincide with the completion of the new building.

Premises

The caretaker service, to be known as Rugby Town Practice, will be delivered at 2A Lower Hillmorton Road, Rugby CV21 3SU. This was previously a GP surgery and meets requirements for the temporary relocation of the practice. It is a short distance away from the current building

at Albert Street. Following feedback from patients, we are reviewing the position with regards to provision in Brownsover during this temporary and will seek to deliver some consultations locally.

There will also be some transport for those who have difficulty using public transport, this will be reviewed when the temporary arrangement for clinics to be held in Brownsover are confirmed.

NHS England is keen to progress the plans for a new build in Brownsover. We are working with the Local Authority and other partners to progress the plans and complete the building as soon as practicable. It is anticipated that the build will be completed in the summer 2016.

Patient Meetings

As part of the transition and once the caretaker arrangements have been finalised, all patients were sent a letter detailing the arrangements. Five drop in sessions were organised to update patients on the arrangements and to answer any questions. These have been well attended and supported by local councillors and the MP.

We are keen to work closely with patients and the caretaker practice is setting up a Patient Participation Group (PPG). They are very experienced in running of PPGs and have already recruited some members as a result of the public meetings

Conclusion

It is acknowledged that this is a difficult time for the 6,500 patients of the Albert Street Medical Practice and particularly the 3,500 who would attend the Brownsover branch surgery. The communication has been poor and NHS England has apologised for this and will learn lessons for the future.

The temporary arrangements have now been reviewed in the light of the patients concerns and the caretaker practice is working on making sure patients receive a high quality service. The opportunity to create a state of the art medical and community facility in Brownsover represents a tangible benefit to this community and the local area.

Warwickshire Health & Wellbeing Board

25th March 2015

Warwickshire Pharmaceutical Needs Assessment (PNA) 2015

Recommendations

That the Warwickshire Health and Wellbeing Board (HWB):

1. **Consider and approve the Warwickshire PNA for publication by the 1st April 2015**

2. **Champion and encourage local discussions between commissioners and the Local Pharmaceutical Committee (LPC) on how to support the wider delivery of the HWB priorities by; enhancing the use of current pharmaceutical services and the development of additional pharmacy services in the future.**

3. **Support and liaise with the Local Pharmaceutical Committee (LPC) to continue working with contractors to consider the findings of this PNA and the views of the public and patient respondents discussed in this report that relate directly to pharmacy contractors.**

4. **Support and liaise with the LPC to explore options for improving communications between commissioners and the pharmacy contractor network to facilitate better engagement in the future.**

1.0 Background

1.1 The Pharmaceutical Needs Assessment (PNA) is an assessment of the pharmaceutical services that are currently provided in Warwickshire including dispensing of prescriptions by community pharmacies, dispensing GPs and other providers, as well as other services available from community pharmacies.

1.2 The Health and Social Care Act 2012 transferred responsibility for the development and updating of the PNA from Primary Care Trusts to HWBs. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (The 2013 Regulations) state that HWBs must produce their first PNA by no later than 1st April 2015.

1.3 The draft Warwickshire PNA 2015 was available for consultation from 17th November 2014 until 15th January 2015. Responses have been considered and appropriate revisions made to the draft to produce the final version which the board is asked to consider and approve.

2.0 Purpose

2.1 It is important to ensure that there are an appropriate number of pharmacies throughout the County, in the right places, offering a suitable range of services.

2.2 The PNA is an essential tool used by the NHS England when deciding if new pharmacies are needed when dealing with applications for entry onto the pharmaceutical list and also (in certain rural locations) whether GPs should be allowed to dispense. The PNA also guides partners on decisions on the commissioning of future services so that these are of good quality, are easily accessible, meet local health and pharmaceutical needs and provide good use of NHS financial resources.

3.0 Methodology

3.1 Part A of the PNA contains a summary of current provision detailing the pharmaceutical services that are provided by community pharmacies and other providers, together with the times and locations where these services are available.

3.2 Part B considers the locally identified health needs as prioritised by the HWB. Key documents such as the Joint Strategic Needs Assessment have been referenced to ensure that any developments of services support the priorities in the Health and Wellbeing (HWBS) Strategy.

3.3 Part C presents a comparison of provision and need, using sections A and B, to identify potential gaps in services. This will provide a steer for future commissioning and support decisions on applications for new providers of pharmaceutical services.

3.4 A county wide survey of public and service user's views has also been completed.

4.0 Findings

4.1 The views of the public and patients revealed a generally high level of satisfaction:

- 94% of respondents are very or fairly satisfied with opening hours
- Over 93% find it easy or fairly easy to access pharmaceutical services
- Almost half of respondents need to travel less than one mile to reach a pharmacy or dispensing GP
- Over 80% of respondents travel for less than 15 minutes to reach a pharmacy.

4.2 The PNA has concluded that the level of access to, range of, level of choice and delivery of pharmaceutical services currently commissioned, generally meets the needs of the population.

4.3 The PNA found however, that many contributors expressed a difficulty in accessing information around pharmacy services including the range and when and where they are available. There is also lack of clarity around the role of the community pharmacist. People are therefore failing to get full benefit from the range of services currently available.

4.4 65% of the population accesses a pharmacy or dispensing GP every month. There are many opportunities for community pharmacies to take on a wider role to meet some of the County's key health and wellbeing challenges and make every contact count. Also supporting new legal duties under the Care Act 2014 from 1st April 2015, for Local Authorities to provide information and advice relating to care and support services, including health.

5.0 Background Papers

5.1 Appendix I – Warwickshire Health and Wellbeing Board's Pharmaceutical Needs Assessment – Consultation Responses

5.2 Appendix II – full Report available at http://hwb.warwickshire.gov.uk/2011-2/pharmaceutical-needs-assessment/

	Name	**Contact Information**
Report Authors	Laurence Tressler Lead Pharmacist NHS Arden Commissioning Support Rachel Robinson	Laurence.Tressler@ardencsu.nhs.uk Rachel.Robinson@warwickshire.gov.uk
Heads of Service	Dr John Linnane	johnlinnane@warwickshire.gov.uk
Strategic Directors	Monica Fogarty	monicafogarty@warwickshire.gov.uk
Portfolio Holder	Cllr Bob Stevens	bobstevens@warwickshire.gov.uk

Health and Wellbeing Board 25th March 2015
Appendix

Q1. Do you think the information contained within the draft PNA adequately reflects the current pharmaceutical services provision Warwickshire?		
Responders' Comments	**Discussion (page numbers refer to draft document)**	**Actions (page numbers refer to draft document)**
Our opening times are incorrect our store opens 9am-7.30pm Monday to Friday, Saturday we open 9am-6pm and Sunday we open 10.30am-4.30pm the current information states we open 9am-7pm please can this be changed.	Details noted and clarification/confirmation sought from NHS England	Amendments made in line with advice from NHS England. The pharmacy changed their hours w/c 4/1/15 to the hours they stated i.e. 9am – 7.30pm M-F, weekends unchanged.
By testing a sample of the data the LPC has identified numerous inaccuracies in both service design, service delivery and opening hours. We believe the errors are introduced by the data collection process where human error could corrupt the accuracy at numerous stages, completion of survey monkey by inexperienced staff, transfer of data from survey monkey to the database by CSU staff, asking questions where answers are difficult to quantify. The LPC has advised individual contractors to notify CSU of the inaccuracies in their data however it is likely that not all errors will be identified and corrected. Consequently, in order for the PNA to be fit for purpose, the HWB should check whether a supplementary statement is required for the relevant area before the PNA is used to assess contract applications.	Throughout the process, the poor engagement of some contractors in supplying accurate data has been noted. The assessment utilised data available, having taken steps to triangulate wherever possible. Inaccuracies have been notified by contractors during the consultation and amendments made where necessary, but none have been significant to change the overall findings of the PNA. The HWB will undertake the preparation of Supplementary Statements as per Regulation following publication of the PNA, of which NHS England should be mindful when they are considering Market Entry applications.	Amendments made to data where necessary.
Whilst assessing the provision of pharmaceutical services the PNA looks at bank holiday coverage and concludes cover is adequate. Could the PNA consider how this situation changes when boxing day falls on a Saturday. In the past most contractors have been forced to open core hours on the Saturday and been allowed to close on the following Monday. This opening pattern goes against demand for services which are typically lower on the 26th and higher on the 28th.	This specific issue is outside the remit of the PNA. Suggest LPC approaches PSNC and discusses with NHS England	No actions within the PNA

Q2. Do you know of any relevant information that we have not included which could affect the statements (or conclusions) in the document?		
Responders' Comments	**Discussion (page numbers refer to draft document)**	**Actions (page numbers refer to draft document)**
Given the huge growth in housing expected over the strategic period how are pharmaceutical requirements included in the planning system and will adequate provision be provided before completion of the individual housing estate development. How will S106/CIL monies be accessed to ensure that happens?	Planning issues have been considered within the PNA for the next 3 years. A new PNA is required to be produced at least every three years. The working group therefore decided that there was no merit in trying to predict future need beyond three years as at that time, a better informed updated assessment would be prepared. If any large housing developments are completed within the next three years or if any other localised residential areas develop a need for pharmaceutical services the demand will prompt a potential Market Entry application which will be processed by the NHS England Area Team. As a potential Market Entry / contract performance issue, this should be picked up by the NHS England Area Team	No actions required within the PNA
Insert right opening times	Details noted and clarification/confirmation sought from NHS England	Amendments made to hours
Contractors in North Warwickshire received notice that the minor ailments service was decommissioned when the PCT was dissolved on 1/4/13 and at present we have no service specification for the service. The LPC recognises that some contractors are still being paid to provide minor ailments however we don't believe the design of this service delivers the patient outcomes that today's NHS should. We hope that the existence of this service does not impede the development of an updated and improved county wide service.	NHSE confirmed that MA service is still commissioned in WNCCG. Suggest LPC contact NHSE to discuss specific issues regarding this service. Regarding the LPC suggestion that this should be adopted as a County wide service suggest LPC prepare statement with explanation and evidence of need to be considered at next meeting.	No actions within the PNA
There is currently no palliative care support and this has been distressing to both pharmacists and patient's relatives when trying to obtain medicines to support end of life care.	No specific evidence has been presented as part of the PNA process. Suggest LPC discuss with CCGs and NHSE	No actions within the PNA
The Needle exchange service description does not highlight the benefit of removing dirty needles from community refuse services.	Noted, and amendment to be made (p.22)	Amendments made where necessary.

Responders' Comments	Discussion (page numbers refer to draft document)	Actions (page numbers refer to draft document)
The summary on page 26 implies a community pharmacy is present in every shopping centre. Please reword or remove the implication since shopping centre is not defined.	Noted, and amendment to be made (p.26)	Amendments made where necessary.
On page 35 the PNA describes the equality act and how pharmacies meet their legal obligations. We believe this is a matter where pharmacists will use their professional judgement on a case-by-case basis. By including a list of potential actions the PNA may be seen as prescriptive. For example if a contractor uses their judgement and refuses a monitored dosage system there should be no implication that a pharmaceutical need exists. Perhaps this section should be included with less detail and simply state that "pharmacies comply with their obligations under the equality act by making a wide range of reasonable adjustments to suit the needs of the patient"	This recognises the fact that many community pharmacists provide above that required in their contract e.g. MDS services to care homes. Extra statement suggested by LPC could be included	No further action required
On page 38 the MUR data appears to be contradictory when nearly 100% of contractors state they deliver but the table above implies only 48 contractors are delivering them.	The figures are based on contractors' responses, where only around 50 contractors replied to this question. Mention is made in draft on p.12	No actions required
Page 66 uses the acronym SOA twice before defining it as Super Output Area in the 4th paragraph.	The definition is included with the first mention on p.60 and also in the list of abbreviations	No actions required
The PNA should not include information on stock availability. The problems with the medicine supply chain affect all contractors equally and are outside the scope of the PNA.	This is included in response to public feedback that they cannot access their medicines. Further clarification statement welcomed from the LPC	No actions required
Pharmacy Hours for Galley Common Contract FHG34 Core hours Mon - Fri 9am- 1pm and 2pm – 6pm Supplementary hours Mon – Fri 1-2pm and Saturday 9am-1pm	Details noted and clarification/confirmation sought from NHS England	Amendments made as necessary
The draft PNA does not appear to take account of services provided to residents of Warwickshire by pharmacy contractors across the borders in other HWB areas; anecdotal information from Staffordshire contractors near the Warwickshire border suggests that there is considerable cross-border dispensing of prescriptions. See also Q5 – other comments.	The PNA acknowledges that pharmaceutical services will be accessed beyond the county boundaries, and this is reflected in the mapping	No actions required

Q3. Do you think there are any gaps in the provision of pharmaceutical services that Warwickshire HWBB has not identified?		
Responders' Comments	**Discussion (page numbers refer to draft document)**	**Actions (page numbers refer to draft document)**
Patients should be able to use their nearest pharmacy or prescribing practice and not have to travel to the approved provider	Patients are free to choose where to access pharmaceutical services	No actions required
However some comments from the public imply there are gaps especially around lunchtime closures (Kenilworth) . Please verify that these are accurate before including the quotes.	P.117 states: A small number of respondents to the public engagement process expressed a need for a 24/7 service in Warwick and poor access to a service during the lunch hour in Kenilworth and on Saturday afternoons. These views have been considered but it has been concluded that overall the current spread of contractor opening hours is adequate and does not present a barrier to access in this locality. It is not possible to verify an opinion only a fact.	No actions required
Q4. Do you agree with the assessment of potential future needs for pharmaceutical services?		
Responders' Comments	**Discussion (page numbers refer to draft document)**	**Actions (page numbers refer to draft document)**
There were no PNA focus groups in Stratford District. Why Not? That leaves your conclusions as potentially inadequate. The pharmacies should accept the return of all used/not required appliances for subsequent re-cycling. Why are minor ailment services only available in North Warwickshire	Within the limited prescribed timescales, focus groups were offered and held as widely as possible Unused products cannot be recycled A need for a Minor Ailments Service has not previously been identified in other areas of Warwickshire. This PNA has also not identified a gap and/or need	No actions required
Conclusions repeatedly refer to increased roll out of the Healthy Living Pharmacy program as a vehicle to improve access to services. The comment is misleading since the HLP program works within the current commissioned service framework therefore a HLP pharmacy cannot offer more than any other contractor instead it offers the same but at a consistent standard.	From the HWB perspective service roll out will be preferable where there is evidence to support commissioning and where a consistent standard of delivery is guaranteed. External guidance to HWBs advises accordingly. Further clarification statement welcomed from the LPC.	Wording added "The HLP model, whilst providing an evidence base, is not a definitive measure or only pathway for improved quality"

Q5. Do you have any further comments?		
Responders' Comments	**Discussion (page numbers refer to draft document)**	**Actions (page numbers refer to draft document)**
There is no strategic planning for delivering primary care services across South Warwickshire. The growth in housing will push demand way beyond the current capacity of GPs. Where are the plans to integrate GPs and pharmacies into a co-ordinated service e.g. where the pharmacy can act as a triage prior to giving access to the GP.	As a potential Market Entry / contract performance issue, this should be picked up by the NHS England Area Team	No actions required
Please amend our opening times, with thanks	Details noted and clarification/confirmation sought from NHS England	Amendments made in line with advice from NHS England
The Worcestershire PNA consultation also found people are expressing difficulties accessing information about services, the range of services and when or where they are available.	The PNA references the need to encourage contractors to regularly update information on the NHS Choices website	LPC will encourage contractors to regularly update the NHS Choices website. No actions required within the PNA
Not received the document	Email notification included link to the document and appendices, no request made for hard copy	No actions required
Appendix 7C - Smoking Cessation Service Providers - The Co-operative Pharmacy, 21 High St, Stratford Upon Avon has not been included but the branch does offer this service	Details noted	The list was reviewed (pharmacy is listed as Dennis Marks/Co-op) List updated to read Co-operative Pharmacy (Dennis Marks) & commissioner notified
Appendix 7D - Supervised consumption Providers - The Co-operative Pharmacy, 14 High St, Bedworth is listed as offering this service but this is incorrect Please confirm that the appendices will be updated with the correct information prior to the final PNA being published	Details noted and clarification/confirmation sought from service commissioner	Pharmacy removed from the list and the commissioner notified

Responders' Comments	Discussion (page numbers refer to draft document)	Actions (page numbers refer to draft document)
On p122 the PNA conclusion aims to direct the activities of the LPC. We would point out that the LPC is recognised by the Area Team and the PNA is not a tool for this purpose. Furthermore the conclusions are very descriptive over the opportunities for community pharmacy. We would prefer that these opportunities were determined by the readers of the document rather than the authors, the PNA should be an objective summary of provision vs need which contractors and commissioners can use to discuss future strategy.	Noted. Suggest amendment of wording on P.121 to read: Opportunities for community pharmacy: The LPC **is encouraged to** work with contractors to consider the findings of this PNA and the views of the public and patient respondents discussed in this report that relate directly to pharmacy contractors. The LPC **is also encouraged to** explore options for improving communications with the pharmacy contractor network to facilitate better engagement in the future. .	Amended as proposed
Pharmacy Hours for Galley Common Contract FHG34 Core hours Mon - Fri 9am- 1pm and 2pm – 6pm Supplementary hours Mon – Fri 1-2pm and Saturday 9am-1pm	Details noted and clarification/confirmation sought from NHS England	Amended as necessary
page 40 - SSLPC would question the reason for inclusion of transport/access question for dispensing practices where a similar assessment has not been documented for community pharmacies; a relevant assessment of access equivalent to that for community pharmacies would appear to be more appropriate.	Access to pharmaceutical services provided by community pharmacies has been covered thoroughly within the PNA	No actions required
page 41/42 – SSLPC's understanding of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 description of Pharmaceutical Services provided by dispensing practices refers simply to the provision of dispensing of medicines, and does not include the additional services listed; in fact, many of those listed form part of General Medical Services, Local Enhanced services (LES), Directed Enhanced Services (DES) or other commissioned services. The conclusion of SSLPC is that this section should be deleted from this PNA as it the contents are not relevant to the publication of the PNA under current legislation.	The PNA Working Group acknowledged the Regulatory requirements of the PNA but agreed to include reference to other services, as appropriate, in order to provide a more useful commissioning tool, whilst noting the restrictions of services to be considered when making the assessment.	No actions required

Responders' Comments	Discussion (page numbers refer to draft document)	Actions (page numbers refer to draft document)
Page 71 – Reference is made to the increase in teenage pregnancy rates in North Warwickshire; SSLPC notes the relatively low number of pharmacies in this locality, and its proximity to Tamworth in Staffordshire. It may be possible that teenagers seeking Emergency Hormonal Contraception at Staffordshire pharmacies are not able to access the service free of charge as they are not Staffordshire residents, and are then unable to access a service within the Warwickshire boundaries. It may be that commissioners on both sides of HWB/commissioner borders need to consider how cross-border provision of services might help meet the needs of those attempting to access such a service.	The PNA acknowledges that pharmaceutical services will be accessed beyond the county boundaries, and this is reflected in the mapping	No actions required
Opening Times for store have since been changed to the following: Mon-Fri 8.30am -6pm Sat 9-1pm Change made since 5/1/2015	Details noted and updated	Amended as necessary
It is not stated that we are commissioned for needle exchange and supervised consumption. We do provide these services. Please could you amend the draft pna to reflect this	Details noted and clarification/confirmation sought from service commissioner	Amendments made in line with advice from service commissioner
our supplementary hours are also incorrect. We no longer open at 08.45, we open at 09.00am	Noted. Original times were as per contractor response, but opening hours have now changed	Amendments made
It was noted that some pharmacies were missing from the mapping	Locality maps to be updated	Locality maps updated
Mellors pharmacy is not listed as supervised consumption (provider) which we do	Details noted and clarification/confirmation sought from service commissioner	Amended as necessary following information received from commissioner
Mellors pharmacy is not listed as Ella one PGD accredited	Details noted and clarification/confirmation sought from service commissioner	Amended as necessary following information received from commissioner
I have just noticed a few errors on the PNA for Bilton pharmacy. I did attend the ELLA- ONE training meeting on the 9th October & we do provide ELLA-ONE (part of the EHC) Could you please correct this error	Details noted and clarification/confirmation sought from service commissioner	Amended as necessary

Responders' Comments	Discussion (page numbers refer to draft document)	Actions (page numbers refer to draft document)
I have just checked the details of our PNA and found a couple of errors. We currently provide the needle exchange service and it is not listed as we do.	Details noted and clarification/confirmation sought from service commissioner	Amended as necessary
Our opening hours are completely wrong also. The correct opening hours are : Monday 8am to 6.30pm Tuesday 8.30am to 6.30pm Wednesday 8.15am to 6.30pm Thursday 8.30am to 6.30pm Friday 8.30 to 6.30pm Saturday 9am to 5pm I would be grateful if you would update our records on the PNA.	Details noted and clarification/confirmation sought from NHS England	Amended as necessary

Item 6

Warwickshire Health and Wellbeing Board

25 March 2015

Warwickshire's response to the Mental Health Crisis Care Concordat

Summary:

This paper and associated attachments provide Health and Wellbeing Board with information about the Mental Health Crisis Care Concordat; the associated requirements for Health and Wellbeing Board member organisations; and, the progress that has been made to date.

Recommendations:

Health and Wellbeing Board support the draft multi-agency action plan ahead of 31st March 2015 which is the date by which we are required to upload our plan onto the Department of Health Website.

Health and Well-being Board support and endorse future activity in respect of the Crisis Care Action Plan for Warwickshire and the implementation of the plan.

Background:

The Crisis Care Concordat was published in February 2014 and is underpinned by 'Closing the Gap: priorities for essential change in Mental Health' which outlines a programme to deliver essential services for people who experience Mental Health Crisis and come into contact with emergency and acute services.

The concordat has been developed in partnership with the Department of Health and mental health charity MIND customers and carers who use mental health services. The Concordat aims to ensure people in mental health crisis receive the appropriate response from services regardless of access routes. The concordat is also concerned with recovery, early intervention and prevention in line with the principles of the Care Act 2014.

The Crisis Care Concordat is a joint statement between over 20 senior representatives across key national organisations responsible for the delivery of crisis care in mental health. Each organisation endorsing a plan to agree what should happen when people experience mental health crisis.

At a national level there has been significant work undertaken to progress the Crisis Care Concordat:

- Public Health England (PHE) and the Local Government Association (LGA) are developing resources to support Safeguarding Boards. These resources will

ensure that Safeguarding Boards have an appropriate focus on understanding the specific needs of people experiencing mental health crisis. Boards have been asked to complete a survey so that a comprehensive understanding of the baseline position and development needs are established.

- The Association of Directors for Adult Social Services in England (ADASS) and the LGA are sharing good practice guidance on the development of Joint Strategic Need's Assessments (JSNA) to ensure the needs of people experiencing mental health crisis are reflected and ensuring local commissioning plans from all agencies deliver appropriate services.

- The Care Quality Commission (CQC) have consulted with people using mental health services and are using intelligence gathered to establish monitoring and regulatory processes. The processes will be informed by customer experience and data collection review and analysis with the purpose of ensuring local agencies work together.

Developing and Progressing the Local Response:

At a local level, we published a Local Crisis Concordat Declaration in November 2014 confirming our commitment to work together in order to deliver a co-ordinated response to the delivery of an improved response to people in a mental health crisis. All key agencies across the county were signatories to this declaration of support including the County Council, the Police, the three Clinical Commissioning Groups and local health provider organisations.

During January 2015 we have undertaken a review of our current provision and the best practice that is set out in the Crisis Care Concordat and have subsequently developed a position statement and action plan (see attachments). The Department of Health has stated that this is very much an iterative process with recognition that at this stage we will not have detailed plans but they do expect us to publish our local plans on their website by 31st March 2015 to demonstrate our commitment and progress to date. We are therefore seeking support for this initial plan from the Health and Wellbeing Board.

Currently, the action plan is still very high level and will require the ongoing commitment of partners to engage in more detailed dialogue over the forthcoming months to develop an appropriate level of detail. In summary, there are 4 areas where we need to make improvements:

A. Access to support before crisis point.
B. Urgent and emergency access to crisis care.
C. Quality of treatment and care when in crisis.
D. Recovery and staying well / prevention.

As Coventry and Warwickshire Partnership Trust and the West Midlands Ambulance Service operate across Coventry and Warwickshire many of the issues are common between the two areas. We have therefore agreed to work sub-regionally with colleagues from Coventry City Council. Warwickshire is also part of the West Mercia Partnership, as our Police partners are part of this network.

Report Author:
Paper prepared by Anna Hargrave on behalf of the Mental Health Commissioners Group.

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
	Access to support before crisis point			`	
A1	Early intervention – protecting people whose circumstances make them vulnerable	Single point of access to a multi-disciplinary MH team	The CWPT implemented a single point of access into their services across all of Warwickshire in May 2014.	• No gap but the new pathway was only implemented in full across Warwickshire from May 2014 so will need to keep it under review to ensure delivering expected outcomes. • Lack of awareness of single point of access from other agencies	• On going monitoring and review of the Single Point of Entry and re-designed MH referral and assessment pathway. • Improve access and awareness of single point of access to emergency services
		A joined up response from services with strong links between agencies.	• MH social workers are integrated into the IPU's within Warwickshire • 7 wellbeing hubs jointly commissioned by council and public health • Safe Places scheme available in Warwickshire • Public Mental Health Strategy in place. .	• Not as strong links between statutory, non statutory sector and primary care. • Gap between diagnosis and support services within Dementia IPU • No mental health street triage	• Scope possibilities for developing street triage service in Warwickshire • Increase awareness of safe places • Reviewing scope of safe places • Review of well being hubs • Clarify role of each agency in the delivery of MH services and ensure that they are properly linked into the MH pathway and aware of pathways and how to access services • Strengthen the role of the GP in the delivery of MH care within Warwickshire
		Crisis Support	• Warwickshire has a Crisis Resolution and Home Treatment Service and an Early Intervention Team to provide support to people in their own homes. • Reenablement services available people with mental health needs coming out of hospital. • Home Care providers delivering a more rehabilitative approach.	• Limited number of specialist MH home care providers on the framework.	• Review capacity of the crisis resolution and home treatment team. • To jointly commission a framework of supported living providers for MH and Dementia.

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		Respite	• Ad-hoc use of spare capacity within residential service vacancies. • Use of the home care framework.	No commissioned respite services for people with mental health needs.	• Pilot dementia respite through the new Shared Lives pilot scheme. • Explore what respite support may be required to prevent in-patient admission.
		Peer support	• Public Mental Health Strategy being implemented. • 7 wellbeing hubs. • Age UK Community Support and Befriending Service. • Range of organisations offering community support via the Warwickshire Directory. • Well-being Portal and Dementia Portal. • Making Space. • Access to Dementia Cafes delivered by the Voluntary Sector across Warwickshire	• How these services link to the formal MH pathway. • Active marketing of directory and portals. • People knowing what is available locally and how to access it.	• Development of the autism portal. • Review of well-being hubs and community befriending services. • New Sparks fund designed to grow numbers of people supported through local community activities.
		Access to liaison and diversion services for people with MH problems who have been arrested for a criminal offence	• Liaison and diversion scheme in place. • Probation staff, police officers and Offender managers link in with the MH trust, to ensure any individual who is being managed receives the appropriate support from the relevant agency.	Liaison and Diversion scheme offers limited hours of coverage	• Explore options to develop wider coverage of Liaison and Diversion Service to extend coverage across the criminal justice pathway from voluntary attendance at interview to court
	Urgent and emergency access to crisis care				
B1	People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery	The Concordat signatories believe responses to people in crisis should be the most community-based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual.	Warwickshire has: • Single Point of Entry into secondary care services. • Arden MH Acute Team operating within all local acute hospitals • Crisis Resolution and Home Treatment Team • Emergency Duty Team for social care, including children and young people. • In patient MH beds. • Place of safety – for adults and children at Caludon Centre.	• High level of demand for Crises Resolution and Home Treatment Team. • No Street Triage available	• Review of the Crises Resolution and Home Treatment Team. • Explore options for a model of Street Triage • Enable

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
B2	Equal access	The Concordat supports the guidance produced by Mind on commissioning crisis care services for BME communities. It recommends that commissioners: • Consult and engage with BME groups early on when commissioning services – this may include the voluntary agencies that represent and support service users from BME communities • Make sure staff are delivering person-centred care that takes cultural differences and needs into account • Commission a range of care options that meet a diverse range of needs • Empower people from BME groups by providing appropriate information, access to advocacy services, and ensure that they are engaged in and have control over their care and treatment.	• All contracts and specifications require providers to ensure that their services reflect cultural differences to support and encourage access into their services. • The development of the web-portal and information and advice services running out of local neighbourhood hubs including libraries, will support the engagement of local communities and support the signposting of people to services and support that can address any issues they have in a timely manner. • Access to MH advocacy services • Access to interpreters • Commissioned support for providers through WREP	• Evidence base on supporting BME and LGBT communities with dementia and other MH needs and their carers is very limited nationally and locally.	• Identify gaps in research and data at a local and national level to better inform us on the MH needs of our diverse community within Warwickshire • Refresh JSNA and ensure this is captured • Equal access to all disabilities for services and information • Ensure all planned reviews of Mental Health support services including assessment of accommodation and support for BME
B3	Access and new models of working for children and young people.	• Children and young people with mental health problems should have access to mental health crisis care. • Patients under 18 who are admitted to hospital for mental health treatment should be in an environment suitable for their age. • Staff working with young people aged 16 – 18 in transition should have appropriate skills experience and resources; and should take account of the views of	• Warwickshire has emergency assessment and support during working hours. • Health Based Place of Safety accessible to those under 18	Out of hours emergency support.	• Develop emergency support out of hours (in progress). • Continue CAMHS re-design programme.

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		parents and other people close to the young person. • Robust partnership working between primary care for children & specialist CAMHS. • Partners such as schools and youth services should be involved in developing crisis strategies. • Children and young people should be kept informed about their care and treatment.			
B4	All staff should have the right skills and training to respond to mental health crises appropriately.	• Staff whose role requires increased mental health awareness should improve their response to people in mental health distress through training and clear line management advice and support. • Because individuals experiencing a mental health crisis often present with co-existing drug and alcohol problems, it is important that all staff are sufficiently aware of local mental health and substance misuse services and know how to engage these services appropriately. • Local shared training policies and approaches should describe and identify who needs to do what and how local systems fit together. Local agencies should all understand each other's roles in responding to mental health crises. • Each statutory agency should review its training arrangements on a regional basis and agree priority areas for joint training modules between NHS, social care and criminal justice	Police: Multi-Agency training was delivered to a range of officers in May 2014. Warwickshire has a Mental Health lead and Divisional SPOC's who are knowledgeable in current practices and policies. A mandatory Ncalt package is also in place. Training on mental health is included in student officers and PSCO training WMAS: partnership agency training taking place. Concerns raised with University Paramedic curriculum as now limited MH training in degree course. This is being taken up by the Association of Ambulance Chief Executives who are insisting that minimum standards for MH awareness are taught. Acute staff have received training to respond to crises from AMHAT. The Voluntary sector does have access to courses via WCC Learning and Development team. Training tends to be around MH Awareness	Police: Not all officers have received specialist training in mental health awareness, legislation, roles and responsibilities and alternative pathways Refresher training in acute hospitals. Bespoke training to support crises response for third sector organisations.	Each organisation to review training programme and agree where joint training should take place. Training should include mental health awareness, policies and legislation, access to services and pathways. • Review workforce development strategy to respond to gaps identified.

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		organisations. Although it is desirable that representatives of different agencies be trained together, it is not essential. It is more important that the training ensures that staff, from all agencies, receive consistent messages about locally agreed roles and responsibilities.			
B5	People in crisis should expect an appropriate response and support when they need it.	• People in crisis referred to a MH secondary care service should be assessed face to face within 4 hours in a community location that suits them. • Service users and GPs access to a 24 hour helpline staffed by MH and social care professionals • Crisis resolution and home treatment services available 7 days a week.	• Single point of entry into secondary care services – people who have urgent needs are seen same day. • 7 day a week service for AMHAT but not 24/7. • Crises Resolution and Home Treatment Team – same day • Timely response from AMHP's • Mental Health Matters helpline 24/7.	• Out of hours crisis service for CAMHS being developed. • Street Triage.	• Improving marketing of Mental Health Matters. • Explore options for a model of Street Triage.
B6	People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the Police must be supported by health services, including MH services, ambulance services and emergency departments.	• NHS commissioners are required by the MH Act to commission health based places of safety. • Place of safety should be commissioned at a level that allows for 24/7 availability and that meets the needs of the local population. • Police officers should not have to consider using police custody as an alternative just because there is a lack of local MH provision, or unavailability at certain times of the day or night. • Police officers responding to people in MH crisis should expect a response from health and social care services within locally agreed timescales so that individuals receive the	• Place of Safety available for adults and children and young people. • Local POS protocol developed and agreed with police, UCHW and WMAS. • Further local Multi agency Policies developed and agreed for S135, AWOL/Missing Persons and Criminal Justice • Multi-Agency Group exists to review local policy and monitor and resolve any difficulties in inter-agency collaboration	• Street Triage • Capacity of PoS at peak times • capacity of PoS to deal with individuals who are intoxicated and incapacitated but do not present an unmanageable risk to other patients or staff	• Explore options for a model of Street Triage. • Review effectiveness of Place of Safety for children and young people as part of the CAMHS re-design. • Increase access to support for police when considering detention under S136 • Increase awareness of alternative pathways to S136 for accessing urgent mental health care • Scope POS capacity to determine how often there is insufficient capacity to meet S136

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		care that they need at the earliest opportunity			requirements and identify contingency arrangement • Development of an urgent care centre. • Review 136/PoS policy to include: – police custody will only be used as Place of Safety in exceptional circumstances e.g. unmanageably high risk to other patients, staff – police custody should not be used for children and young people – If police custody used as PoS then this should be for shortest time possible (maximum 24 hrs) and assessment under the Mental Health Act should be prioritised – prevent exclusion from PoS based solely on level of intoxication – Use of tests to determine level of intoxication as sole basis of restricting acceptance to PoS will be ceased

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
B7	When people in crisis appear (to health or social care professionals or to the police) to need urgent assessment, the process should be prompt, efficiently organised and carried out with respect.	• Commissioners and providers should ensure that people who are in distress owing to their MH condition, and who are in need of formal assessment under the MH Act, receive a prompt response from S12 approved Doctors and AMHPs so that arrangements for their care, support and treatment are put in place in a timely way. • Timescales should reflect best practice set out in the RCoP guidance on commissioning services for S136 which states that AMHP's and S12 doctors should attend within 3 hours in al cases where there are no clinical grounds to delay assessment. • In the case of children and young people, the assessment should be made by a child and adolescent MH services consultant, or an AMHP with knowledge of this age group. • There should be no circumstances under which MH professionals will not carry out assessments because beds are unavailable • When deciding upon any course of action, all professional staff should act in accordance with the MH Act's principle of least restriction and to ensure that services impose the least restriction on the person's liberty. Police forces should consider using unmarked cars to travel to a property to enforce a warrant under S135 of the Act.	• AMHP response times are very good in Warwickshire. • Average for concluding Place of Safety assessment is under 4 hours. • Dementia in-reach service for nursing and care homes	• Lack of Street Triage	• Explore options for a model of Street Triage. • ADD Coventry action re app for S12

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
B8	People in crisis should expect that statutory services share essential 'need to know' information about their needs	All agencies including police or ambulance staff, have a duty to share essential 'need to know' information for the good of the patient, so that the professionals or service dealing with a crisis know what is needed for managing a crisis and any associated risks to the distressed person or others	• Health and Social Care have full access to clinical records. • MH Social workers have full access to EPEX and input all their daily case reporting onto EPEX. • AMHAT based in Acute Hospitals have access to EPEX.	• Police access to EPEX. • Ambulance staff do not have access to records.	• Review the current information sharing protocols in place.
B9	People in crisis who need to be supported in a health based place of safety will not be excluded	Irrespective of other factors (ie intoxication, previous history of violence, personality disorder) individuals suffering a MH crisis and urgently needing to be detained while waiting for a MH assessment should expect to be supported in a health based place of safety.	• Local S136 policy • Access to a commissioned POS	• Sufficient capacity within acute inpatient assessment services to ensure smooth and timely flow of S136 people out of place of safety into inpatient provision where appropriate • People in crisis can be excluded due to intoxication	• Capacity to be reviewed as part of ongoing service re-design. • Review 136 policy in light of new Code of Practice as B6 • Prevent use of tests of intoxication to determine whether someone can be accepted within POS • Review how often Health provided POS is full and alternative POS arrangements have to be sought.
B10	People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with MH services to ensure that they get the right on-going support.	• People experiencing MH crisis, who are exhibiting suicidal behaviour or who are self harming, are treated safely, appropriately and with respect by emergency department staff • Clinical staff identify MH problems in people presenting with a physical health problem and refer them to a GP or specialist help where necessary. • Clinical staff are equipped to identify and intervene with people who are at risk of suicide, through on-going training in accordance with the relevant NICE guidelines, statutory and	• AMHAT operates across Warwickshire acute hospitalsoffering support over 7 days. • AMHP's operate 24/7 and will respond within the agreed target.. • Extension to AMHAT to offer support for young people.	• AMHAT is not 24/7.	• Considerations of future model as part of the CAMHS re-design.

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		legal requirements under MH legislation and communicate with other services so that people who are at risk are always actively followed up. • Emergency department staff should treat people who have self harmed in line with NICE guidance and work towards NICE Quality Standard for Self Harm. • Commissioners work with hospital providers to ensure that ED, police and ambulance services agree appropriate protocols and arrangements about the security responsibilities of the hospital and the safe operation of restraint procedures on NHS premises. ED's should have facilities to allow for rapid tranquilisation of people in MH crisis, if necessary, and clear protocols to safeguard the patient. This should be in accordance with NICE Guideline 25 Violence.			
B11	People in crisis who access the NHS via 999 system can expect their need to be met appropriately	• The provision of 24/7advice from MH professionals, either to or within the clinical support infrastructure in each 999 ambulance control room. This would assist with the initial assessment of MH patients and help ensure a timely and appropriate response. • Enhanced levels of training for ambulance staff on the management of MH patients. • Ambulance Trusts to work flexibly across boundaries by exercising judgements in individual cases to ensure that	• Crises resolution and Home Treatment available 24/7 for advice and support as required. • National Ambulance Leads Group(supported by AACE Association of Ambulance Chief Executives) have a national policy mandating the emergency response for all s136 patients. • MH nurses now being utilised in WMAS ambulance emergency operations centre.	• Street Triage • Training to ambulance staff to complement and extend that already received	• Explore options for a model of Street Triage. • Explore options for delivering training to ambulance staff and police

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
		an individual's safety and treatment is not compromised.			
B12	People in crisis who need routine transport between NHS facilities or from the community to an NHS facility, will be conveyed in a safe, appropriate and timely way.	Commissioners will need to make sure that the transfer arrangements put in place by MH Trusts and acute trusts provide appropriate timely transport . e.g. police vehicles should not be used to transfer patients units within a hospital	• Where secure and escorted patient transfer is required to a different hospital, services such as ERS are commissioned. This is currently on a spot basis. • West Midlands Ambulance Service Conveyance Policy • Transfers to the POS service is in operation located at the Caludon will be via ambulance in line with agreed conveyance policy.	• Timely transport response. • Street Triage.	• Explore options for a model of Street Triage. • Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk
B13	People in crisis who are detained under S136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way.	• Where a police officer or an AMHP requests NHS transport for a person in MH crisis under their S135 and 136 powers for conveyance to a health based place of safety or an Emergency Department, the vehicle should arrive within the agreed response time. • Police vehicles should not be used unless in exceptional circumstances, such as cases of extreme urgency, or where there is a risk of violence. Caged vehicles should not be used.	• Police will request ambulance to convey those who require transfer who they have detained under S136 • Conveyance policy agreed in support of S136 policy with WMAS	• Timely transport response.	• Multi-Agency group will monitor and review difficulties with conveyance and liaise between agencies to resolve • Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk
	Quality of treatment and care when in crisis				
C1	People in crisis should expect local MH services to meet their needs appropriately at all times	Responses to MH crises should be on a par with responses to physical health crises. This means that health and social care services should be equipped to deal safely and responsively with emergencies that occur at all times of day and night, every day of the year. The dignity of any person in MH crisis should be respected and taken into account.	• AMHAT operates 7 days a week. • Crises Resolution and Home Treatment operates 24/7. • Social services provide access to an Emergency Duty Team out of hours. • AMHP's are available 24/7.	• Sufficient capacity within the CRHT • More appropriate environment within A&E/AMU for people with MH problems requiring physical health interventions. • Access to a MH urgent care centre where no on-going need for physical health intervention/treatment.	• Review capacity of the crisis resolution and home treatment team.

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
C2	People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting.	• CQC already monitors and inspects services that provide a response to people experiencing a MH crisis including acute and MH hospitals, community based MH services, GP's and primary medical services etc. ***How these services respond to people experiencing a MH crisis will form part of the regulatory judgement that leads to a rating.*** • Service providers have a responsibility for monitoring the quality of their responses to people in crisis.	• CQC monitoring and inspection processes. • Internal Trust monitoring and review of service quality. • Monthly Clinical Quality Review Group meetings between NHS providers and commissioners. • People in care homes have their services regularly inspected by Quality Monitoring Officers.		• To agree ways of obtaining service user feedback on nature of services provide to those in mental health crisis including those presenting to criminal justice system
C3	When restraint has to be used in health and care services it is appropriate	• Staff properly trained in the restraint of patients • Adequate staffing levels • Clear restraint protocol including when police may be called to manage patient behaviour within a health or care setting. • Staff should be alert to the risk of any respiratory or cardiac distress and continue to monitor the patient's physical and psychological well-being.	• All staff have MAPA training • Policies and procedures in place covering the use of restraint and seclusion. • Review of staffing levels on all inpatient wards in line with Francis Report recommendations. • Increased resources invested to support work around DOL's following Supreme Court Ruling.	• Reviewing advocacy capacity to support DOL's cases. • Monitoring of restraint practice in community settings for people with dual diagnosis. •	• Respond to the outcomes of the DOLS sufficiency review. • To consider approach to planning, monitoring and reviewing restraint practice in community settings. • To amend policy to ensure that ambulance is used to provide physical assessment after incident of restraint by police in community where mental health is a factor
C4	Quality and treatment and care for children and young people in crisis.	• Standards for involving and informing children and young people • Access to an advocate • Principle of treatment at home, or close to home			Incorporate into the CAMHS Re-design.
	Recovery and staying well/preventing future crises				

Item 6 Appendix - Mental Health Concordat – Warwickshire Position Statement: February 2015

	Concordat Outcome	What is recommended	Currently Available in Warwickshire	Current Gap in Warwickshire	Proposed Action
A1	Early intervention	• Care planning is a key element of prevention and recovery. Following a crisis NICE recommends that people using MH services who may be at risk are offered a crisis plan. • Transitions between secondary and primary care must be appropriately addressed. • Clear criteria for entry and discharge from acute care. • Fast track access back to specialist care for people who may need it in the future • Clear protocols for how people not eligible for the Care Programme Approach can access specialist health and social care when they need it. • Focus on the integration of care with comprehensive pathway of services organised around the patient. • Services must be able to meet the needs of individuals with co-existing MH and substance misuse problems. This needs to be an integrated approach across the range of health, social care and criminal justice agencies.	• Care plan for all customers which include agreed crisis plan. • Transitions protocol for CAMHs to AMHs in place. • Single point of entry in place. • Fast-track is built into the care programme approach and IPU. • Recent review of transition for mental health service by O&S and recommendations incorporated into the CAMHS re-design. •	• Refer to A1	• Implement the recommendations from the transition task and finish group. •

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

	Concordat Outcomes	Recommended actions	Proposed local actions	Led By	Timescales	Status
	Access to support before crisis point					
A1	Early intervention – protecting people whose circumstances make them vulnerable	Single point of access to a multi-disciplinary MH team	• Ongoing monitoring and review of the Single Point of Entry and re-designed MH referral and assessment pathway.	CCGs		
			• Improve access and awareness of single point of access to emergency services	All agencies	Ongoing	
		A joined up response from services with strong links between agencies.	• Scope possibilities for developing street triage service in Warwickshire	CCG	December 15	
			• Increase awareness of safe places	All agencies		
			• Reviewing scope of safe places	Warwickshire County Council (WCC)		
			• Review of wellbeing hubs	WCC/ Public Health		
			• Clarify role of each agency in the delivery of MH services and ensure that they are properly linked into the MH pathway and aware of pathways and how to access services	All agencies		
			• Strengthen the role of the GP in the delivery of MH care within Warwickshire	CCGs		
			• Review capacity of the crisis resolution and home treatment team.	CCGs		
			• To jointly commission a framework of supported living providers for MH and Dementia.	CCGs/WCC		
		Respite	• Pilot dementia respite through the new Shared Lives pilot scheme.	WCC		

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

			• Explore what respite/ alternative support may be required to prevent in-patient admission.	All agencies		
		Peer support	• Development of the autism portal.	WCC		
			• Review of well-being hubs and community befriending services.	WCC/Public Health		
			• New Sparks fund designed to grow numbers of people supported through local community activities.	WCC		
		Access to liaison and diversion services for people with MH problems who have been arrested for a criminal offence	• Explore options to develop wider coverage of Liaison and Diversion Service to extend coverage across the criminal justice pathway from voluntary attendance at interview to court	CCG		
	Urgent and emergency access to crisis care					
B1	People in crisis are vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery	The Concordat signatories believe responses to people in crisis should be the most community-based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual.	• Review of the Crises Resolution and Home Treatment Team and their capacity	CCGs		
			• Explore options for a model of Street Triage	All agencies		
B2	Equal access	The Concordat supports the guidance produced by Mind on commissioning crisis care services for BME communities. It recommends that commissioners: • Consult and engage with BME groups early on when commissioning services –	• Identify gaps in research and data at a local and national level to better inform us on the MH needs of our diverse community within Warwickshire	CCGs & WCC		

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		this may include the voluntary agencies that represent and support service users from BME communities • Make sure staff are delivering person-centered care that takes cultural differences and needs into account • Commission a range of care options that meet a diverse range of needs • Empower people from BME groups by providing appropriate information, access to advocacy services, and ensure that they are engaged in and have control over their care and treatment.	• Refresh JSNA and ensure this is captured	WCC		
			• Ensure all planned reviews of Mental Health support services including assessment of accommodation and support for BME	CCGs & WCC		
			• Identify the specific needs of people with dementia and their carers arising from aspects of diversity, such as ethnicity, gender, religion and preferences about the delivery of personal care.	CCGs & WCC		
			• Develop an approach to better meet the language needs of existing and future users and carers of MH services. • Potential for a register of staff and the languages that they speak	CCGs & WCC		
			• Section 12 doctor app which is being developed will have profile of doctor which includes languages that they speak.	CCGs & WCC		
B3	Access and new models of working for children and young people.	• Children and young people with mental health problems should have access to mental health crisis care.	• Develop emergency support out of hours through extension of AMHAT • Continue CAMHS re-design programme	CCGs & WCC		
		• Staff working with young people aged 16 – 18 in transition should have appropriate skills experience and resources; and should take account of the views of parents and other people close to the young person.				

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		• Robust partnership working between primary care for children & specialist CAMHS.				
		• Partners such as schools and youth services should be involved in developing crisis strategies. • Children and young people should be kept informed about their care and treatment.				
B4	All staff should have the right skills and training to respond to mental health crises appropriately.	• Staff whose role requires increased mental health awareness should improve their response to people in mental health distress through training and clear line management advice and support.	• Each organisation to review training programme and agree where joint training should take place. Training should include mental health awareness, policies and legislation, access to services and pathways. • Review workforce development strategy to respond to gaps identified. CAMHS Redesign	All agencies		
		• Patients under 18 who are admitted to hospital for mental health treatment should be in an environment suitable for their age.				
		• Because individuals experiencing a mental health crisis often present with co-existing drug and alcohol problems, it is important that all staff are sufficiently aware of local mental health and substance misuse services and know how to engage these services appropriately.				
		• Local shared training policies and approaches should describe and identify who needs to do what and how local systems fit together. Local agencies should all understand each other's roles in responding to mental health crises				

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		• Each statutory agency should review its training arrangements on a regional basis and agree priority areas for joint training modules between NHS, social care and criminal justice organisations. Although it is desirable that representatives of different agencies be trained together, it is not essential. It is more important that the training ensures that staff, from all agencies, receive consistent messages about locally agreed roles and responsibilities				
B5	People in crisis should expect an appropriate response and support when they need it.	• People in crisis referred to a MH secondary care service should be assessed face to face within 4 hours in a community location that suits them.	• Improving marketing of Mental Health Matters.	All agencies		
		• Service users and GPs access to a 24 hour helpline staffed by MH and social care professionals	• Explore options for a model of Street Triage.	CCGs		
		• Crisis resolution and home treatment services available 7 days a week.	• Review capacity of the crisis resolution and home treatment team	CCGs		
			• Review need for crisis service to support CAMHS and people with LD (learn from Birmingham pilot)	CCG/WCC		
B6	People in crisis in the community where police officers are the first point of contact should expect them to provide appropriate help. But the Police must be supported by health services, including MH services, ambulance	• NHS commissioners are required by the MH Act to commission health based places of safety.	• Explore options for a model of Street Triage.	CCGs		
		• Place of safety should be commissioned at a level that allows for 24/7 availability and that meets the needs of the local population	• Review effectiveness of Place of Safety (PoS) for children and young people as part of the CAMHS re-design.	CCGs/WCC		
		• Police officers should not have to	• Increase access to support for police when	CWPT		

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

	services and emergency departments.	consider using police custody as an alternative just because there is a lack of local MH provision, or unavailability at certain times of the day or night.	considering detention under S136			
		• Police officers responding to people in MH crisis should expect a response from health and social care services within locally agreed timescales so that individuals receive the care that they need at the earliest opportunity	• Increase awareness of alternative pathways to S136 for accessing urgent mental health care •	All agencies		
			• Explore development of a Mental Health urgent care centre.	CCGs/ WCC		
			• Scope POS capacity to determine how often there is insufficient capacity to meet S136 requirements and identify contingency arrangement	CCGs/CWPT		
			• Review 136/PoS policy to include: – police custody will only be used as Place of Safety in exceptional circumstances e.g. unmanageably high risk to other patients, staff – police custody should not be used for children and young people – If police custody used as PoS then this should be for shortest time possible (maximum 24 hrs) and assessment under the Mental Health Act should be prioritised – prevent exclusion from PoS based solely on level of intoxication	All agencies		
B7	When people in crisis appear (to health or social care professionals or to the police) to need urgent	• Commissioners and providers should ensure that people who are in distress owing to their MH condition, and who are in need of formal assessment under the	• Explore options for a model of Street Triage.	CCGs		

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

	assessment, the process should be prompt, efficiently organised and carried out with respect.	MH Act, receive a prompt response from S12 approved Doctors and AMHPs so that arrangements for their care, support and treatment are put in place in a timely way.	• Scoping out the potential for a S12 Doctor Application for SMART Phones to ensure most appropriate and available Dr to undertake assessment. App developed by local consultant psychiatrist • Scope Development of a CAMHS and LD out of hours crisis response service as part of redesign			
		• Timescales should reflect best practice set out in the Royal College of Psychiatrists guidance on commissioning services for S136 which states that AMHP's and S12 doctors should attend within 3 hours in al cases where there are no clinical grounds to delay assessment. • In the case of children and young people, the assessment should be made by a child and adolescent MH services consultant, or an AMHP with knowledge of this age group. • There should be no circumstances under which MH professionals will not carry out assessments because beds are unavailable				

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		• When deciding upon any course of action, all professional staff should act in accordance with the MH Act's principle of least restriction and to ensure that services impose the least restriction on the person's liberty. Police forces should consider using unmarked cars to travel to a property to enforce a warrant under S135 of the Act.				
B8	People in crisis should expect that statutory services share essential 'need to know' information about their needs	• All agencies including police or ambulance staff, have a duty to share essential 'need to know' information for the good of the patient, so that the professionals or service dealing with a crisis know what is needed for managing a crisis and any associated risks to the distressed person or others	• Review the current information sharing protocols in place.	All agencies		
			• Improve information sharing between agencies using agreed risk assessments particularly for those who regularly contact emergency services	All agencies		
B9	People in crisis who need to be supported in a health based place of safety will not be excluded		• Capacity to be reviewed as part of ongoing service review of CRHT.	CCGs		
			• Review specification for Place of Safety	CCGs		
			• Review how often Health provided POS is full and alternative POS arrangements have to be sought.	CCGs		
B10	People in crisis who present in Emergency Departments should expect a safe place for their immediate care and effective liaison with MH services to ensure that they get the right on-going support.	• People experiencing MH crisis, who are exhibiting suicidal behaviour or who are self-harming, are treated safely, appropriately and with respect by emergency department staff	• Consideration of future model as part of the CAMHS re-design. •	CCGs/WCC/CCC		
			• Check that Emergency Duty staff are aware of the NICE Quality Standard and Guidance for Self Harm.	CCGs/UHCW/ George Eliot/ South Warks FT		
		• Clinical staff identify MH problems in people presenting with a physical health problem and refer them to a GP or specialist help where necessary.				
		• Clinical staff are equipped to identify and				

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		intervene with people who are at risk of suicide, through on-going training in accordance with the relevant NICE guidelines, statutory and legal requirements under MH legislation and communicate with other services so that people who are at risk are always actively followed up.				
		• Emergency department staff should treat people who have self-harmed in line with NICE guidance and work towards NICE Quality Standard for Self Harm.				
		• Commissioners work with hospital providers to ensure that ED, police and ambulance services agree appropriate protocols and arrangements about the security responsibilities of the hospital and the safe operation of restraint procedures on NHS premises. ED's should have facilities to allow for rapid tranquilisation of people in MH crisis, if necessary, and clear protocols to safeguard the patient. This should be in accordance with NICE Guideline 25 Violence.				
B11	People in crisis who access the NHS via 999 system can expect their need to be met appropriately	• The provision of 24/7advice from MH professionals, either to or within the clinical support infrastructure in each 999 ambulance control room. This would assist with the initial assessment of MH patients and help ensure a timely and appropriate response.	• Explore options for a model of Street Triage.	CCGs		
		• Enhanced levels of training for ambulance staff on the management of MH patients.	• Explore options for delivering training to ambulance staff and police	All agencies		
		• Ambulance Trusts to work flexibly across boundaries by exercising judgements in				

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		individual cases to ensure that an individual's safety and treatment is not compromised.				
B12	People in crisis who need routine transport between NHS facilities or from the community to an NHS facility, will be conveyed in a safe, appropriate and timely way.	Commissioners will need to make sure that the transfer arrangements put in place by MH Trusts and acute trusts provide appropriate timely transport . e.g. police vehicles should not be used to transfer patients units within a hospital	• Explore options for a model of Street Triage. •	CCGs		
			• Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk	All agencies		
			• Consider whether addition of paramedic in unmarked ambulance vehicle may achieve wider system savings to assist with conveyance of those needing multi agency support	All agencies		
B13	People in crisis who are detained under S136 powers can expect that they will be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way.	• Where a police officer or an AMHP requests NHS transport for a person in MH crisis under their S135 and 136 powers for conveyance to a health based place of safety or an Emergency Department, the vehicle should arrive within the agreed response time	• Multi-Agency group will monitor and review difficulties with conveyance and liaise between agencies to resolve	All agencies		
		• Police vehicles should not be used unless in exceptional circumstances, such as cases of extreme urgency, or where there is a risk of violence. Caged vehicles should not be used.	• Reduce use of police vehicles if police expedite conveyance without ambulance e.g. in urgent situation to manage risk	All agencies		
	Quality of treatment and care when in crisis					
C1	People in crisis should expect local MH services to meet their needs appropriately at all times	Responses to MH crises should be on a par with responses to physical health crises. This means that health and social care services should be equipped to deal safely and responsively with emergencies that occur at all times of day and night, every day of the year. The dignity of any person in MH crisis	• Review capacity of the crisis resolution and home treatment team. •	CCGs/CWPT		
			• Monitor AMHAT service and required specialisms across each site. •	CCGs		
			• Ensure ambulances convey patients to the most appropriate service to get the support that they	CCGs		

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		should be respected and taken into account.	require			
C2	People in crisis should expect that the services and quality of care they receive are subject to systematic review, regulation and reporting.	• CQC already monitors and inspects services that provide a response to people experiencing a MH crisis including acute and MH hospitals, community based MH services, GP's and primary medical services etc. ***How these services respond to people experiencing a MH crisis will form part of the regulatory judgement that leads to a rating.***	To agree ways of obtaining service user feedback on nature of services provided to those in mental health crisis including those presenting to criminal justice system	All agencies		
		• Service providers have a responsibility for monitoring the quality of their responses to people in crisis.				
C3	When restraint has to be used in health and care services it is appropriate	• Staff properly trained in the restraint of patients	• Respond to the outcomes of the DOLS sufficiency review.	All agencies		
		• Adequate staffing levels	• To continue to review the numbers of times restraint is required and to look at whether there are particular patterns requiring further investigation ie particular ward etc.	All agencies		
		• Clear restraint protocol including when police may be called to manage patient behaviour within a health or care setting. •	• To review whether there has been a reduction in restraint following increased staffing and fewer bed numbers on acute MH wards.	All agencies		
		• Staff should be alert to the risk of any respiratory or cardiac distress and continue to monitor the patient's physical and psychological well-being.	• To consider approach to planning, monitoring and reviewing restraint practice in community settings	All agencies		
			• To amend policy to ensure that ambulance is used to provide physical assessment after incident of restraint by police in community where mental health is a factor	All agencies		
			• To look at opportunities for other providers to access the same training as Warwickshire staff to *ensure* a consistent approach to restraint across Warwickshire	All agencies		

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

C4	Quality and treatment and care for children and young people in crisis.	• Standards for involving and informing children and young people	Include WMQRS standards as requirement in specification of new service from April 2015.	CCGs/WCC		
		• Access to an advocate				
		• Principle of treatment at home, or close to home				
	Recovery and staying well/preventing future crises					
A1	Early intervention	• Care planning is a key element of prevention and recovery. Following a crisis NICE recommends that people using MH services who may be at risk are offered a crisis plan.	• Implement the recommendations from the transition task and finish group.	All agencies		
		• Transitions between secondary and primary care must be appropriately addressed	• Ensure the Care Act requirements incorporate recovery and well-being	WCC		
		• Clear criteria for entry and discharge from acute care.	• Develop pathways in partnership with primary care.	CCGs/CWPT/ WCC		
		• Fast track access back to specialist care for people who may need it in the future •	• Mapping providers and services onto the MH pathway, promoting a more integrated approach to the support of people with MH and co-morbid needs to ensure a more holistic and tailored approach to individuals.	All agencies		
		• Clear protocols for how people not eligible for the Care Programme Approach can access specialist health and social care when they need it. •				
		• Focus on the integration of care with comprehensive pathway of services organised around the patient.				

Item 6 Appendix Mental Health Concordat – Warwickshire Action Plan

		• Services must be able to meet the needs of individuals with co-existing MH and substance misuse problems. This needs to be an integrated approach across the range of health, social care and criminal justice agencies.				

Abbreviations Key	
MH	Mental Health
CRHT	Crisis Resolution Home Treatment
PoS	Place of Safety
DOLS	Deprivation of Liberty & Safeguarding
AMHP	Approved Mental Health Practitioners

Item 7

Health and Wellbeing Board

25 March 2015

Health and Wellbeing Board Forward Plan

Recommendation(s)

1. That the Board considers and agrees its initial Forward Plan including the items to be submitted to the next meeting.

1.0 Key Issues

1.1 This report proposes the establishment of a formal Forward Plan for the Health and Wellbeing Board for the year ahead. An update will be presented to each meeting for the Board to review.

2.0 Options and Proposal

2.1 To develop a longer term strategic focus to the work of the Board, it is proposed to establish a Forward Plan for the year ahead. The Forward Plan will be included on the agenda for future meetings for review and update. This will identify the dates for essential agenda items, proposed workshop topics and assist a thematic approach to future agenda setting.

2.2 Attached for discussion at Appendix 'A' is the draft Forward Plan.

Background Papers

None

	Name	**Contact Information**
Report Author	Paul Spencer	paulspencer@warwickshire.gov.uk Tel: 01926 418615
Head of Service	Sarah Duxbury	
Strategic Director	David Carter	
Portfolio Holder	Councillor Seccombe	

Warwickshire Health and Wellbeing Board Forward Plan

Reports to HWBB

Report Title	Date of Board Meeting	Lead Organisation / Officer	Comments
Governance Proposals	20 May 2015	WCC - Monica Fogarty	
Annual Report	20 May 2015	WCC - Public Health / People Group / Democratic Services	
Multi Agency Safeguarding Hub	8 July 2015	WCC – Sue Ross John Dixon	Safeguarding theme proposed for the July HWB Board
ECINS (IT solution for sharing sensitive data)	8 July 2015	WCC - Paul Hooper / Tessa Fry Smith.	
Violence Against Women Strategy	8 July 2015	WCC - Helen King	
Winter Pressures	23 September 2015	SWCCG -Anna Hargrave / WCC - Jenny Wood	

Future Board Meeting Dates:

4th November 2015
20th January 2016

Workshops

Theme / Subject	Date of Meeting / Event	Report Author / Lead Officer / Organisation	Comments
Workshop on the impact of population growth on local infrastructure and primary care	June 2015 (Date to be confirmed)	WCC and NHS England	
Date reserved - Theme / Subject to be confirmed	July 2015		There is a HWB Board meeting on 8 July
Care Act Workshop	October 2015 (Date to be confirmed)	WCC - Jenny Wood	
End of Life Care Workshop	Early December 2015 (Date to be confirmed)	WCC - Helen King	