Warwickshire Health and Wellbeing Board

Agenda

| 20 January 2016 |

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 20 January 2016 at 13:30.**

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) 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.

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 23 September 2015 and Matters Arising.

Draft minutes of the meeting are attached for approval.

2.   (13.35 – 13.50)   Report of the Health and Wellbeing Executive Team

John Dixon

3.   (13.50 – 14.05)   Warwickshire Adult Safeguarding Board – Annual Report 2014-15

Mike Taylor

4.   (14.05 – 14.20)   Smart Start Strategy Programme

John Linnane

5.   (14.20 – 14.35)   Mental Health Crisis Care Concordat Update

Becky Hale and Anna Hargrave

6.   (14.35 – 14.50)   Health and Wellbeing Board Sub-Committee

Councillor Seccombe

7.   (14.50 – 15.00)   Update on Stroke Services

A verbal update will be provided

8.   (15.00 – 15.10)   Forward Plan

Councillor Seccombe

9.   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 Les Caborn, Councillor Jose Compton.

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

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

Provider Representatives
Andy Meehan (University Hospital Coventry & Warwickshire), Russell Hardy (South Warwickshire NHS Foundation Trust), Jagtar Singh (Coventry & Warwickshire Partnership Trust), Stuart Annan (George Eliot Hospital NHS Trust)

Healthwatch Warwickshire: Phil Robson

NHS England: David Williams.

Police and Crime Commissioner: Ron Ball

Borough/District Councillors: Councillor Neil Phillips (NBBC), Councillor Derek Poole (RBC), Councillor Moira-Ann Grainger (WDC), Councillor Margaret Bell (NWBC), Councillor Stephen Gray (SDC)

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All public papers are available at www.warwickshire.gov.uk/cmis

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 23 September 2015.

Present:-

<u>Chair</u>

Councillor Izzi Seccombe

<u>Warwickshire County Councillors</u>

Councillor Les Caborn
Councillor Jose Compton

<u>Warwickshire County Council Officers</u>
John Dixon (Interim Director for the People Group)
Dr John Linnane (Director of Public Health)

<u>Clinical Commissioning Groups (CCG)</u>

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

<u>Provider Representatives</u>

Andy Meehan (University Hospitals Coventry & Warwickshire)
Stuart Annan (George Eliot Hospital NHS Trust)

<u>Healthwatch Warwickshire</u>

Phil Robson (Chair)

<u>Police and Crime Commissioner</u>

Ron Ball

<u>Borough/District Councillors</u>

Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Neil Phillips (Nuneaton and Bedworth Borough Council)
Councillor Derek Poole (Rugby Borough Council)

1. (1) Apologies for Absence

Councillor John Beaumont (Warwickshire County Council)
Councillor Moira-Ann Grainger (Warwick District Council)
Councillor Stephen Gray (Stratford District Council)

Russell Hardy (South Warwickshire NHS Foundation Trust)
Jagtar Singh (Coventry & Warwickshire Partnership Trust)
David Williams (NHS England)

(2) Appointment of Board Members

The Board approved the appointment of the following new members and the Chair welcomed the new members present:

University Hospitals Coventry & Warwickshire	Andy Meehan – Chair
South Warwickshire NHS Foundation Trust	Russell Hardy – Chair
Coventry & Warwickshire Partnership Trust	Jagtar Singh – Chair
George Eliot Hospital NHS Trust	Stuart Annan – Chair
Police and Crime Commissioner	Ron Ball

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

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

(4) Minutes of the meeting held on 8 July 2015 and matters arising.

The Minutes were agreed as a true record.

Under Minute No. 8, Public Health Funding, it was confirmed that Councillor Caborn had written to the Government to lobby against the funding cuts for Public Health, but no response had been received to date. Further to Minute No. 9, Clinical Commissioning Group Quality Premiums, it was confirmed that final figures were still awaited, although indicative figures were provided for the South Warwickshire CCG.

2. Governance

(a) Appointment of Vice-Chair

It was agreed that Dr Adrian Canale-Parola be appointed Vice-Chair of the Warwickshire Health and Wellbeing Board.

(b) Decision Making between Board Meetings

Sarah Duxbury, Warwickshire County Council's Head of Law and Governance reminded members of the proposals approved at the 8 July Health and Wellbeing Board (HWBB) for revised governance arrangements. The HWBB would not meet as frequently, with more workshops and an Executive Team meeting between Board meetings to co-ordinate the business of the Board.

There might be occasions where a formal Board decision was required between scheduled meetings. The Executive Team could not make those decisions, as the HWBB was not permitted to delegate its functions to officers or individuals.   Therefore it was proposed to establish a sub-committee to take any necessary decisions where the timescale for the decision did not fall within the cycle of the scheduled Board meetings. The suggested membership and terms of reference for the sub-committee were set out within the report.

The Chair provided a context, confirming that there would be fewer Board meetings, more workshops and in exceptional circumstances the need for decisions to be taken between full Board meetings. She referred the Board to the structure diagram appended to the previous minutes.

Legal clarification was provided why the delegation could not be made to an individual or to the Executive Team, but had to be made to a Sub-Committee of the HWBB. There was discussion about the reporting arrangements and it was agreed that all Board members would be advised of meetings of the Sub-Committee and the proposed decisions. As a Sub Committee, all proposed decisions would be published five working days beforehand. It was further requested that where the matter related to a specific area of Warwickshire, that the Board representatives of the relevant district/borough council and CCG had the opportunity for prior input. This suggestion would be examined. Another suggestion was to prepare a flow chart for such decision making. The Chair and John Dixon, Interim Director for the WCC People Group confirmed that such decisions should only be required rarely. There would be a report back to the subsequent Board meeting of any decisions taken.

A question was asked about the Peer Review and associated action plan. An outline was given of the work undertaken since the Peer Review. It was noted that many of the actions had now been completed and further progress reports would be provided.

Resolved

That the Health and Wellbeing Board establishes a Sub-Committee, with immediate effect, in accordance with proposals set out at Appendix A to these Minutes.

3. Report of the Health and Wellbeing Executive Team

John Dixon gave a verbal report, confirming that the Board's purpose was to set the strategic direction for health and wellbeing in Warwickshire. Through the planned workshops, greater depth would be given to focus on key strategic areas.

The new Executive Team would meet on 5-6 occasions each year. He confirmed the composition of the Executive Team which brought together local government, CCGs and health providers and the voluntary sector at the executive level. The Executive had now met on three occasions. This would also have a strategic focus to support and inform the Board's work with detailed reports being considered at the operational group level. Mr Dixon referred to the financial constraints which meant that closer working and service integration were even more crucial. He emphasised the constructive dialogue to date. The agreed initial priorities were end of life and stroke care. A workshop on end of life care was scheduled for 19 October 2015.

John Linnane, Warwickshire's Director of Public Health confirmed details for the workshop and encouraged all Board members to attend. End of life care provided a good measure of how effective services were. He spoke about patient survey data which showed a preference for patients to die at home. In reality, the majority died in care. The variation of services and adopting good practice of others would be used to make progress in this area. The proposed vision would be brought back to the Board for consideration.

A briefing paper had been circulated to provide information ahead of the workshop. Discussions had recently taken place with Macmillan Cancer Support, who wanted to work with Warwickshire's organisations to look at palliative care pathways. With increasing cancer survival rates, another aspect was living with cancer and longer-term care for this chronic illness. Macmillan was willing to provide a financial investment as part of this joint work.

Phil Robson, Chair of Healthwatch advised that its Chief Executive, Chris Bain had not been invited to the initial meetings of the Executive. Whilst this had since been remedied, a briefing for Chris Bain would be appreciated. An apology was made for this oversight.

Andy Meehan, Chair of University Hospitals Coventry & Warwickshire, was supportive of the work with Macmillan, but stated the difference between end of life care and coping with cancer. There was a danger that the funding being offered may distract from the work on end of life care. John Linnane assured that the focus of the October workshop was on end of life care. The involvement of Macmillan provided the opportunity to learn more from this organisation. The Board also acknowledged that there were three excellent hospices within Warwickshire.

It was agreed that the Executive Team's minutes be circulated to members of the Health and Wellbeing Board for information.

Resolved

That the Health and Wellbeing Board notes the report of the Health and Wellbeing Executive Team.

4. Combined Authorities and Devolution Plans – Update

Dr John Linnane presented this item. Combined Authorities were voluntary arrangements, designed for groups of local authorities that wished to work more closely together to deliver improvements in economic development, regeneration and transport across a designated area.

Following the Greater Manchester Combined Authority deal, 38 bids had been submitted to Government for devolution and the report informed of the proposals being progressed, including a proposal for a West Midlands Combined Authority (WMCA).

In July 2015 the seven Metropolitan Authorities in the West Midlands proposed to set up a new governance structure and published a launch statement, with the endorsement of the chairs of the three Local Enterprise Partnerships. The launch statement was appended to the report and set out the early priorities that the WMCA would focus on.

Coventry City Council was a signatory to the launch statement and had agreed that joint consultation on setting up a combined authority for the West Midlands should take place in Coventry. Coventry City Council would make a final decision on becoming a member of the WMCA on 13 October.

WCC agreed on 3 September not to enter the WMCA as proposed. It would continue to support and pursue the Coventry-Warwickshire Combined Authority as its preferred devolution model. A member working group would be established consisting of the Leaders and one other Member of the Conservative, Labour and Liberal Democrat Groups (plus one member of the Green Group and one member of the Independent Group as observers) to task officers to engage with Government on the devolution issue and develop proposals for alternative devolution models for Warwickshire. These models to include a stand-alone Warwickshire model and alternatives with neighbouring non-metropolitan councils. Council had agreed that the work of the member group should be as open and transparent as practicable and should be underpinned by effective consultation. Its proposals and recommendations should be subjected to the widest possible consultation with the citizens of Warwickshire before any final decisions were taken by this Council.

The five district and borough councils in Warwickshire were considering their positions, with meetings taking place in September and October. Councillor Phillips confirmed that Nuneaton and Bedworth Borough Council had agreed to be a non-constituent member of the WMCA.

It was noted that a combined authority area could only cover the area of the local authorities that agreed to be constituent authorities. In two tier areas this prevented one tier of local government becoming a constituent member if the other tier was not.

Warwickshire's three CCGs and the County Council worked closely together to deliver a vision for health and social care. Locally, health and social care partners had actively sought opportunities to work as a single system, and continue to find ways of organising services in order to meet the needs of the user.

Regardless of the final decisions on governance structures and devolution, health and social care organisations supporting the Warwickshire population would need to continue to work together, to provide quality local services that met the needs of the population, within a challenging financial environment. This would need to take into account that communities would continue to use the logical pathways of movement for their daily lives including healthcare and would naturally involve patient flows between Warwickshire and Coventry.

It was questioned how the HWBB would be affected if several district or borough councils opted to join the WMCA, but felt that the Board would continue irrespective of individual council's decisions, as residents' health pathways within Coventry and Warwickshire were well established. No formal consultation had yet taken place with the CCGs, although informal discussions had taken place. Healthwatch would need to better understand the proposals in order to form an opinion on the best option from a residents' viewpoint. Ron Ball, Police and Crime Commissioner added that there had been little discussion about policing. He drew a comparison between the WMCA and that for Manchester, where there were long established relationships. Further aspects raised were the current improvement position for West Midlands Police and need for joint work on policing of mental health issues.

Paul Lankester, Chief Executive of Stratford District Council confirmed that councils had until12 October to determine whether or not they wanted to join the WMCA. From 20 October, the formal consultation process, led by Government, would be commenced. A further point was that combined authorities could only take on roles of the HWBB, if the Board agreed to this.

The Chair gave a summary of the points raised. It was noted that a provisional date was included in the forward plan for a workshop on 4 November to enable more detailed discussion of Combined Authorities.

Resolved

That as the devolution models for Warwickshire are further developed, at an appropriate stage, the Health and Wellbeing Board considers the potential implications for health and social care and the wider health and wellbeing landscape.

5. Health and Wellbeing Board Annual Report

Dr John Linnane introduced the Health & Wellbeing Board's second annual report, which provided an overview of the Board's activities for the period 2014/15. Alongside this report, partners had compiled a number of case studies demonstrating the integrated working taking place. These would be published shortly, together with a detailed work programme for the coming year. The annual report would also be submitted to the meeting of Warwickshire County Council on 8th December 2015.

A question was submitted about the redesign of sexual health services and relocation of the Warwick service to Stratford. Dr. Linnane advised that services would also be provided at Leamington. It was noted that Ron Ball had been omitted from the list of current HWBB members, which would be corrected.

Resolved

That the Health and Wellbeing Board approves its Annual Report for 2014/15.

6. Forward Plan

The Board gave consideration to its Forward Plan for the year ahead, which detailed the dates for agenda items and proposed workshops.

Phil Robson publicised the joint Healthwatch and Public Health workshops on promoting independence. He encouraged Board members to attend and offered to provide feedback to the HWBB.

It was agreed to hold a joint workshop with Coventry's HWBB in early 2016. The Chair paid tribute to Alison Gingell, the former Chair of Coventry's HWBB, who had resigned from her position due to ill health. It was agreed to send a letter from the Warwickshire HWBB to record thanks for her service.

It was noted that there was no reference in the Forward Plan to the agreed priority for Stroke Care Services. Dr Linnane confirmed that this topic had been considered by the County Council's Overview and Scrutiny Committee and would be the subject of a consultation exercise.

Thereafter, it would be brought to the Board. It was agreed that Stroke Care Services be included in the Forward Plan.

There was discussion about the completion of the Multi Agency Safeguarding Hub, which was not expected to be in place by the target date at the end of 2015. Work was ongoing between the Police and the County Council to progress this and a key issue was determining the appropriate accommodation. It was requested that regular updates be provided on progress via briefing notes.

Publicity was given to the annual flu vaccination campaign. Suggestions were made for publicity involving senior officials having their vaccinations and the importance of all front line health staff being inoculated was stressed.

Dr Linnane advised that new board member packs were being produced to give valuable information and links to further reading.

The Chair referred to the recent Public Health Annual Conference, held at Warwick University. She mentioned particularly the passionate speech by the Secretary of State for Health on his intentions to tackle childhood obesity. Adrian Canale-Parola added that an event on childhood obesity had taken place earlier in the day at Coventry. A key issue was healthy eating in schools. Parents were often restricted from including certain foods in packed lunches. However, the snack foods and drinks available from school vending machines were an issue. Whilst schools generated an income, the longer-term health impacts were more important. A lot of work had taken place with schools in Warwickshire and some progress had been made, but more was required. However, it was a matter for each school to determine.

Resolved

That the Board approves its updated Forward Plan.

7. Any Other Business

None.

The meeting rose at 3.10pm

………………………..Chair

Health and Wellbeing Sub-Committee

Membership

1. The membership of the sub-committee shall comprise two or more members of the Health and Wellbeing Board to sit as or when required.

2. Where possible the sub-committee will include representation from both health and social care.

3. The selection of members to form a sub-committee to deal with a particular matter or matters shall be made by the Chief Executive of Warwickshire County Council.

Terms of Reference

1. To exercise the functions of the Health and Wellbeing Board where a decision is required within a time frame which does not fall within the cycle of scheduled meetings of the Health and Wellbeing Board.

2. Details of the meetings of the Sub-Committee and proposed decisions shall be circulated members of the Health and Wellbeing Board.

3. The notice of proposed decisions. Any decisions made by the Sub-committee shall be reported to the next meeting of the Health and Wellbeing Board.

Warwickshire Health and Wellbeing Board

20 January 2016

Report of the Health & Wellbeing Executive Team

Recommendation

That the Board notes the report, and endorses the actions being taken forward by the Executive Team.

1. Introduction and Report

1.1 Earlier in 2015, as part of its Governance review, the Health & Wellbeing Board established a new Executive Team to drive forward the Health and Wellbeing Board's agenda and ensure a co-ordinated and cohesive approach to delivery.

1.2 This report summarises the meeting of the Executive Team on 16th November 2015, which was chaired by John Dixon, and attended by Chief Executives and Senior Officers from Coventry & Rugby CCG, South Warwickshire CCG, South Warwickshire Foundation Trust, George Eliot Hospital, Coventry and Warwickshire Partnership Trust, Rugby Borough Council, Healthwatch and Warwickshire CAVA.

1.3 Key points discussed and actions agreed were:

Devolution
The County Council is looking to work with partners to develop proposals for new localised models of services for Coventry and Warwickshire – and to identify service areas where closer joint working might yield clear benefits. For Health it was noted that there had been relatively few national proposals for devolution other than for Greater Manchester. But the belief from the NHS and the Councils locally was anyway that the best way forward was to take matters into our own hands ourselves, preferably on a Warwickshire and Coventry footprint.

Governance
The Health and Wellbeing Strategy is being mapped to relevant Programmes so it is clear which Programme Board is responsible for delivering each element of the strategy. The need to show commissioners' meetings in the new governance landscape was acknowledged.

The reshaping of the Health and Wellbeing Board and the new Executive Team seems to be working well. The approach of having less formal meetings and more informal and in depth workshops seems effective.

Support from the King's Fund/End Of Life Care
The King's Fund is providing the Executive Team with tailored support to develop new ways of working and the re-shaping of services across the system.

The initial focus of this work is around 'End Of Life' care services, and the King's Fund team are liaising with stakeholders to finalise a proposal to take this forwards.

MASH
Plans for the new Multi-Agency Safeguarding Hub (MASH) are well under way, a Manager is being recruited in January, and the transition of staff is being planned.

The Executive Team noted that the recruitment of Health staff into the MASH was of particular importance, and this is being progressed through discussions with Chief Nurses. It was also agreed to bring in the Housing perspective through the Heads of Housing across the County.

Warwickshire Cares – Better Together
A new 'Housing' workstream is being introduced within the Warwickshire Cares – Better Together Programme.

1.4 The next meeting of the Executive Team is on 21st January 2016.

Background Papers

The draft minutes of the 16th November meeting are available on request.

	Name	**Contact Information**
Report Author		
Head of Service		
Strategic Director	John Dixon	johndixon@warwickshire.gov.uk
Portfolio Holder		

Health and Wellbeing Board

20 January 2016

Warwickshire Safeguarding Adults Board – Annual Report 2014-15

1. Recommendations

1.1 The Committee is asked to note the Annual Report 2014-15 of the Safeguarding Adults Board (SAB)

1.2 The Committee acknowledges that there have been no Serious Case Reviews (Safeguarding Adult Reviews) commissioned during the period covered by this Report

1.3 The Committee endorses the multi-agency commitment to Making Safeguarding Personal which will be a key component of the Board's Strategic Plan and performance reporting for 2016 and beyond.

2. Context

2.1 Under the Care Act 2014, the Safeguarding Adults Board is required to publish an Annual Report detailing what it has done during the year to achieve its main objective and implement its strategic plan.

2.2 This Report covers the period 2014-15 which has to be viewed as transitional as it overlaps pre and post Care Act Guidance being issued by the Department of Health in October 2014 and the implementation of the Care Act on April 1st 2015.

3. Key Issues

3.1 As referenced above this was a period of major change in dealing with the implementation of the Care Act 2014. This far-reaching legislation confirmed the SAB as a statutory requirement, established by the local authority with the Chief of Police and the CCG's as defined members. Much work was done to redefine the Board membership and produce

an agreed constitution endorsed by all agencies. The Board also produced its first Strategic Plan 2015-2018 which is currently being reviewed.

3.1.1 The profile of the Sub-Committees of the Board was revised to reflect the Care Act changes and to ensure effective multi-agency delivery of the Board's objectives. The Report details the work of each of these groups and reflects high commitment and productivity from all those engaged. Of particular note is the completion and adoption by all 14 local authorities. of West Midlands Adult Safeguarding Policy and Procedures. The contribution by Warwickshire to the drafting and editing of these was substantial.

3.2 Activity and Performance Measurement. The Safeguarding Adults Return detailed in Appendix 4 shows only minor variation from figures in previous years with many changes being as a result of classification amendments to make the figures more safeguarding specific. These figures are still markedly activity rather than outcome focussed and a challenge for all SAB's is to discover more about the individual experiences of safeguarding and understand the benefits gained from our services. All this ties in with making Safeguarding Personal – supporting and empowering people at risk of harm and anti-social behaviour to resolve the circumstances which caused this and be in control of decisions in their lives.

3.3 Mental Capacity Act(MCA)/Deprivation of Liberty Safeguards(DoLS). The March 2014 Supreme Court Judgement (Cheshire West case) had a huge impact upon this service across the country. In Warwickshire there was an increase in active cases from 89 in 2013/14 to 713 in 2014/15. The SAB has monitored the response to this higher demand and endorsed the priority criteria being applied to generate a waiting list for assessment and for review. The government has now expedited the Law Commission review of the legislation and we have contributed to consultation on this.

3.4 Governance. A Governance Group has responsibility for the management of the SAB Budget, monitoring delivery of the Strategic Plan and the integration of the work of the Sub-Committees. The Board has operated within its allocated budget and operated effectively throughout the year.

4. Conclusion

4.1 The work of the multi-agency Safeguarding Adults Board is dependent upon the commitment of time and effort of the services engaged with it.

Its image and productivity relies on the enthusiasm of all involved to deliver consistent and high quality services to the most vulnerable and those at risk of abuse. The task of an Independent Chair in co-ordinating this is complex but made all the easier in Warwickshire by the constructive dialogue in meetings being followed through by those leading to deliver effective outcomes. This Annual Report reflects a great deal of investment by all agencies to ensure the safety and wellbeing of Warwickshire residents across service settings.

MJT/01/16

Annual Report 2014-15

Contents

Foreword by WSAB Chair

I have been struck throughout my first year as Independent Chair of your Safeguarding Adults Board by the commitment of members and all those who engage with our sub-committees to meet the challenges of understanding the risk of abuse and of providing an effective and timely response to those in need. There is an established culture of collaborative endeavour coupled with constructive challenge which results in a strong inter-agency approach to safeguarding. All this has provided the Warwickshire Safeguarding Adults Board with a sound base to analyse the changes required by the Care Act which was implemented on 1st April 2015 and to define the work needed to deliver these. One result has been a revision of membership of the Board and the production of a constitution defining our function and our structure. I took opportunity to write to all Members, both those going and those remaining, to thanks them for all their hard work and contribution to safeguarding adults in the County.

The SAB now has to produce a Strategic Plan outlining how we will meet our main objective of being to help and protect adults in our area by co-ordinating and ensuring the effectiveness of what each of our Members does. We have drafted a three year plan which gives us the basis for our work year on year and will be reviewed and published annually. In future our Annual Report will increasingly reflect our performance against this Strategic Plan.

This prime focus for our work means understanding how to support and empower people at risk of harm and anti-social behaviour to resolve the circumstances which caused this and be in control of decisions in their lives. This is reflected in the construct of Making Safeguarding Personal which is referenced in the Care Act and to which we are fully committed. The task for the Board is to ensure that policy and practice across all the member agencies delivers the required outcomes of Making Safeguarding Personal and that we can test performance and report on it. Part of this is the need for us to raise the understanding of abuse and risk with a view to making safeguarding everyone's business. The investment in communication through published material and our website will continue in support of this.

I have greatly valued the engagement and support of the members of the Board and of their agencies. It is essential that our work has senior management and political endorsement both for the considerable time and effort which staff apply and for the profile of adult safeguarding work. I wish to acknowledge the readiness of all concerned to work with us.

Mike Taylor, Independent Chair, Warwickshire Safeguarding Adults Board

Introduction

The Warwickshire Safeguarding Adults Board (WSAB) is a partnership arrangement that includes Warwickshire County Council, Warwickshire Police, the NHS services in Warwickshire, the District and Borough Councils and the local voluntary sector. Its objective is to help and protect adults with care and support needs in the County, who are experiencing, or at risk of abuse or neglect.

The Care Act Guidance 2014 describes care and support as "The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations."

Defining abuse or neglect is complex and rests on many factors. The term "abuse" can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act Guidance identifies the following types of abuse or neglect:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence;
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks;
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;

- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion;
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation;
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;
- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

The Care Act states "the SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services". It further states the three core duties of the SAB, which are set out in sections 43 and 44 and Schedule 2 (Care Act 2014) and Chapter 14 of the Statutory Guidance:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan;
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action;
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.

More specifically in relation to SAB Annual Reports:

The Care Act 2014 requires all Safeguarding Adults Boards (SABs) to publish an annual report and to specifically include:

- What it has achieved during the previous financial year;
- What it has achieved during that year to implement its strategy;
- What each member has done during that year to implement its strategy;

- The findings of any Safeguarding Adults Reviews (SAR's) completed during the year;
- Details of any SAR's ongoing at the end of that year;
- What it has done during that year to implement the findings of SAR's and the reasons for deciding not to implement the findings of any SAR.

The WSAB agreed an operating budget for 2014-15 with contributions from Warwickshire County Council, Police, Clinical Commissioning Groups (3), District and Borough Councils and Probation. This budget was sound and sufficient and is monitored and overseen by the Governance Group (appendix 2) and adjustments recommended as required.

There have not been any Safeguarding Adult Reviews (SAR's) during this report period and there are none currently in progress.

This report covers the period 2014-15 and is to be viewed as transitional in nature as it overlaps the period pre and post Care Act Guidance being issued in October 2014. It therefore will serve as a conduit between non statutory and statutory changes being implemented, leading to a fully Care Act compliant report in 2015-16.

NB: Since this Report was drafted, the Department of Health has removed the requirement for members of the SAB to have a Designated Adult Safeguarding Manager (DASM).   The tasks allocated to this role still need to be fulfilled and the Board will monitor this. References to the DASM in this Report need to be considered in this revised context.

Constitution

A new WSAB Constitution was written and implemented during 2014-15 to be fully compliant with Care Act requirements being introduced in April 2015. This states: 'The Warwickshire Safeguarding Adults Board ['WSAB' or 'the Board'] is established by Warwickshire County Council ('the Council') under section 43 of the Care Act 2014 and the Care and Support Statutory Guidance (October 2014)' ['the Statutory Guidance'].

During 2014-15 WSAB conducted a review of membership and governance arrangements. The new WSAB membership (appendix 1) is now more reflective of the broader scope that adult safeguarding needs to embed and further develop, and alongside the WSAB Sub Committee restructure places the Board in a strong position moving forwards to make meaningful and evidenced progress against the evolving local and national adult safeguarding agenda. The new governance structure (appendix 2) reduces the original 7 sub committees to 5 and converts the Chairs Group to a Governance Group, with refreshed membership and terms of reference. The membership comprises of:

- WSAB Independent Chair;
- DASS or nominated senior manager;
- CCG representative;
- Police representative;
- WSAB Sub Committee Chairs;
- Others as deemed relevant by the SAB Chair to the business of the Governance Sub Committee.

The WSAB Sub Committees comprise:

- Safeguarding Adults Review (SAR);
- Performance, Monitoring and Evaluation;
- Workforce Development;
- Procedures and Guidelines;
- District and Borough Councils.

WSAB Strategic Plan 2015-18

The WSAB Strategic Plan 2015-18 sets the shared multi-agency tone and purpose for the coming three years. It is not a fixed document and will be reviewed and developed annually, but gives definition to what is important for adult safeguarding in Warwickshire and how the Safeguarding Adults Board will work, to ensure that everything is being done to prevent abuse and that a timely and proportionate response is made when it occurs. It is important to acknowledge that some of the priorities outlined will present some challenges and need to be viewed as 'work in progress.' This has particular relevance when meaningfully progressing issues of community engagement/involvement and setting multi-agency priorities in the context and reality of reduced budgets and inconsistent Government guidance in the field of adult safeguarding.

The Strategic Plan also identifies the required links with other strategic partnerships:

- CCG Board(s);
- Children's Safeguarding Board;
- Community Safety Partnership;
- Overview and Scrutiny Committee;
- Health and Wellbeing Board;
- Quality Surveillance Groups.

It is also of particular note that it has been identified within the governance arrangements for WSAB to have a reporting relationship with both the Warwickshire County Council Health and Wellbeing Board and Warwickshire Healthwatch.

The Strategic Plan includes a Business Plan for 2015-16 (appendix 3) that has been formulated to provide a clear focus to ensure the most effective use of resources. The Plan is a 'living' document and as such is expected to evolve over time to allow refinements and further developments to be made.

Activity and Performance Measurement

Safeguarding Adults Return (SAR) First Submission Summary

The Safeguarding Adults Return (SAR) replaced the Abuse of Vulnerable Adults (AVA) return and was first reported in 2014. The 2014/15 return (Appendix 4) is the second submission of this return and will be the first to be validated against last year. There are a number of minor changes from the previous year, which will be identified throughout this summary. This dataset combines Safeguarding referrals received by both Warwickshire County Council and Coventry & Warwickshire Partnership Trust, under the section 75 agreement.

Referrals Received

The first section of the return provides a demographic breakdown of the number of referrals received across four tables (SG1a-d). Overall 685 unique referrals were received, relating to 599 unique individuals. This is a reduction from the last year's figure of 697. Quarterly reporting has shown an ongoing slight reduction in the number of referrals received from the previous year, possibly as the alerts form has become fully embedded in the safeguarding process. Prior to the introduction of the alerts form 'marginal' cases may have been recorded as a referral for want of a more appropriate methodology. Although the alerts form was introduced in October 2012 it is possible that the impact was still being felt in 2013/14, and that the 2014/15 data is a more accurate baseline. In addition the CWPT have revised their definitions and reclassified some referrals as alerts, which will also have contributed to the slight reduction.

The greatest proportion of alleged victims was aged between 18-64 (243) with 85-94 year olds making up the second greatest at 148. 369 alleged victims were female with 230 males – consistent with the 60% female/40% male ratio reported throughout the year. Similarly the ethnic breakdown remains consistent with quarterly reporting as 495 victims were white, and assuming the majority of the 82 people for whom no ethnicity was recorded were also white, suggests that just under 4% referrals related to non-white people – closely reflecting Warwickshire's demographics and suggesting that non-white people are not disproportionately likely to be the victim of a safeguarding referral.

One of the more significant differences between the 2013/14 SAR and the current collection is the replacement of the 'current client group' classification with the 'primary support reason'. Previously the 'current client group' would reflect the person's 'main' need. However, it is possible that they received services for a different reason, unrelated to their 'main' need – for example, a person may have a learning disability but the services they receive relate to sensory support. The primary support reason reflects the main reason they receive services, which may be different from other significant needs they have. Overall the greatest proportion of referrals related to people with physical support needs (168 people) with support for memory and cognition (78 people), Learning disability support (73) and mental health support (77 – mainly from CWPT data) making up the other significant totals. In addition, it is possible that a primary support reason may not be recorded, either

because that data is not available of because the person does not receive a WCC-commissioned service. 161 people fell into this category.

To complement the introduction of the primary support reason, the 2014/15 SAR also collects information on the reported health conditions of the people to receive a referral. Only the fields relating to autism and Asperger's are mandatory for this collection but we have populated all available fields. There were 18 recorded instances of people with autism or Asperger's health conditions receiving a referral, and significant numbers with dementia (65) and learning disabilities (49) as well as 'other long term health conditions' (132). These fields are not mutually exclusive, as a person may have multiple health conditions recorded. However, a significant proportion (273 people) did not have any relevant health conditions recorded – either because they do not have any such conditions or because, as this is a new classification, the data has not yet been recorded.

Referrals Completed

Section SG3 relates to the number of referrals concluded in the period, regardless of when they started. All tables are broken down by the source of risk, which was previously known as the 'alleged perpetrator' in the AVA. The three sources of risk are social care staff, other people who are known to the individual and other people who are not known to the individual. In many cases a referral will have multiple sources of risk – in these cases, if the sources of risk all relate to the same area (i.e. a family member and a friend – both of which would be classified as 'other – known to individual') the referral would be counted once in that column. However, if the sources of risk spanned two categories (for instance a social worker and a family member) that referral would be counted twice. 382 referrals related to individuals known to the victim (mostly friends and family members), 181 to social care staff, and 33 to strangers or unknown people.

Table SG3a breaks down the number of referrals closed by the source of risk and the type of alleged abuse. Those breakdowns remain remarkably consistent with the previous year – since multiple entries are permitted on both the source and type of risk it is more helpful to look at the proportions than actual numbers. Financial and material abuse makes up the largest proportion of referrals (29.2% in 2014/15, down slightly from 32.6% last year) with physical abuse alleged in 26.1% referrals this year compared to 27.6% in 2013/14. There has been a slight increase in the prevalence of emotional and psychological abuse, up from 17.4% in 2013/14 to 22.3% this year.

Table SG3b provides a breakdown of the location of alleged abuse by source of risk. As with the previous table, the proportions remain remarkably consistent to the previous year with the majority (55.9% in 2014/15 and 54.9% in 2013/14) of allegations relating to abuse which occurred at least partly in the victim's own home. The other significant location remained care homes, which saw 24.6% allegations in 2014/15, increasing slightly from 22.9% last year.

Table SG3c shows the action taken at the conclusion of a referral. 35.5% referrals saw no further action taken under safeguarding in 2014/15, increasing from 27.5% in 2013/14. Of those referrals which did see action taken, there was a slight reduction in the proportion which saw the risk remain (often because the victim has chosen

that option) from 6.9% last year to 5.5% this year. The proportion of referrals where the risk was reduced decreased slightly from 42.5% to 38.3% year on year, with referrals where the risk was removed decreasing from 23.1% in 2013/14 to 20.7% in 2014/15.

Table SG3d shows the conclusion of referrals, identifying whether the allegation was substantiated or not. 28.8% referrals were fully substantiated (26% in 2013/14) with 14.7% partly substantiated (18.8% previously). 14.7% referrals were inconclusive (rising slightly from 13.1% last year) but a broadly similar proportion (34.9% in 2014/15, 39.5% last year) was not substantiated. There was a marked increase in the number of referrals where the individual concerned refused the process – 6.9% this year compared to 2.6% last, which equates to roughly double the number of referrals with this outcome recorded.

Mental Capacity

The SAR introduced a new table showing the number of referrals completed by the recorded mental capacity of the alleged victim. Of those referrals where the victim lacked mental capacity, the table records the number to receive support from an independent advocate, friend or family member.

The proportion of people who lacked mental capacity fell from 26.8% in 2013/14 to 22.7%. The proportion confirmed as having mental capacity remained static (50.3% last year, 50.4% in 2014/15). In 2014/15 a new option to report that mental capacity was 'not recorded' was added, which differs from 'not known'. In 2013/14 both of these options would have been recorded under 'don't know' with 22.9% referrals falling into this category last year, rising to 26.9% this year. Only 19 referrals did not have any mental capacity recorded, with the remainder or that 26.9% being specifically recorded as 'don't know' on Carefirst.

Serious Case Reviews

Table SG7 in Appendix 4 shows the number of serious case reviews, but none were recorded in 2014/15.

Sub Committee Annual Reports

Performance, Monitoring and Evaluation Sub-Committee

The work of the Performance, Monitoring and Evaluation Sub-Committee has as its primary focus, the development and implementation of assurances processes to ensure that the Board is effective in meetings its statutory responsibilities to safeguard vulnerable adults.

During 2014-15, the Performance, Monitoring and Evaluation Sub-Committee has made a number of key safeguarding achievements.

The sub-committee was responsible for managing the "section 11" audit process and its findings which sought assurance from member agencies that they were fulfilling their responsibilities to safeguard vulnerable adults. This provided a valuable opportunity for agencies to undertake a self-assessment and identify areas of good practice and areas for improvement and enabled the Board to have oversight of member agencies activities. These findings have also helped to develop the key strategic areas of the Board.

The sub-committee has also maintained responsibility for the development of the dataset for the Board, which has been revised to reflect changes to statutory reporting requirements. This has enabled the Board to provide a greater focus upon multi-agency practice.

The sub-committee has also provided effective scrutiny and challenge to specific areas of practice, through audit which has included MCA and DoLS.

The introduction of the Designated Adult Safeguarding Manager (DASM) in the Care Act 2014 led to the sub-committee to provide the Board with advice on the implementation of the role and an assurance of its implementation within the core statutory agencies.

During 2015-16, the new governance arrangements for WSAB have led to the responsibility for the oversight of the production of the Annual Report and the management of the budget for the Board being transferred to the Governance Group. This has provided the opportunity for the sub-committee to strengthen its functions in accordance with the requirements of the Care Act 2014. This will include:

- Revising the dataset to provide assurance in relation to the effectiveness of the safeguarding system during the customer journey and ensuring that the principles of Making Safeguarding Personal are incorporated;
- The development of an audit schedule to provide effective scrutiny on a range of practice areas;
- The development of a "risk register" for WSAB to ensure that the Board is meeting its responsibilities.

The Performance, Monitoring and Evaluation Sub-Committee action plan for 2015-16 is included as appendix 5.

Health Sub-Committee (Operational until December 2014)

One of the key safeguarding achievements from the Health Sub-Committee's 2014-15 work programme was in respect of MCA/DoLS. The sub-committee ensured appropriate provider adherence of the MCA/DoLS requirements by reviewing the NHS Standard Contract and ensuring all providers had policies and procedures in place. MCA/DoLS compliance is included in the Key Performance Indicators for providers and assurance is provided to the CCGs with regard to both Codes of Practice.

The most notable multi-agency success relating to the Health Sub-Committee was in respect of the Care Act; specifically, Health and Social Care working together to support the implementation of the Act, where the LA provided awareness regarding the implications for Health and both parties worked together to ensure the new structure of the WSAB was in place to meet the requirements of the Care Act.

Strategy, Information and Communications Sub-Committee

In 2014/15 the Strategy, Communication and Information Sub-Committee looked at a number of key areas of activity including the appropriateness of the WSAB web-site, the need for a prevention strategy, the delivery of a communication protocol and the working up of initial views on Adults in Need Conferences and a Safer Recruitment and Employment Policy for the Board.

Work on the Communications Protocol was completed prior to the dissolution of the Committee as part of the wider governance changes, the other activities will be carried forward by the Board or its sub-committees.

Safeguarding Adults Review Sub Committee

The work of the Safeguarding Adults Review Sub-Committee has as its primary focus, the management and oversight of Safeguarding Adult Reviews.
During 2014-15, the Safeguarding Adults Review Sub-Committee has made a number of key safeguarding achievements.

The implementation of the Care Act 2014 provided the opportunity to strengthen the focus of the sub-committee upon developing shared learning from safeguarding adults reviews, and other statutory and local reviews both locally and nationally, in order to improve local practice and service delivery.

This led to the revision of the Terms of Reference and membership, to ensure that the sub-committee is able to maximise the learning from SARs and other relevant reviews and is able to draw upon a range of resources and expertise across the safeguarding partnership.

During 2015-16 the sub-committee will be focusing on the following areas:
- To develop a mechanism to ensure that cases which would benefit from a local review are identified, in order to share learning and improve practice and outcomes for customers;

- To make recommendations to WSAB on any cases where the mandatory criteria for a SAR is understood to be met;
- To oversee and manage any SARs;
- To ensure that relevant learning from Domestic Homicide Reviews and Serious Case Reviews is shared with WSAB;
- To provide an interface with the Performance, Monitoring and Evaluation Sub-Committee where assurance activities are required following a formal review.

Policy, Procedures and Guidance Sub-Committee

The sub-committee was reconvened in June 2015. It has revised its terms of reference to focus on supporting customers and their carers to achieve their desired outcomes. Effective interagency policy, procedures and guidance on safeguarding consistent with principles of Making Safeguarding Personal will help to achieve this. The most significant achievement in relation to the sub committee's area of responsibility during 2014-15 was WCC's lead role to produce the West Midlands Safeguarding Adults Policy and Procedures (WMPP). The existing WMPP were subject to considerable revision to ensure Care Act compliance. The WSAB Governance Group was notified in March 2015 that externally commissioned work had failed to produce a satisfactory WMPP. Subsequent work was led by Edward Williams (Safeguarding Adults Short Term Team Operations manager) resulting in a Care Act compliant draft WMPP adopted by all West Midlands SABs by 1st April. The final version of the WMPP should be on the WSAB agenda in January 2016.
The 3 key elements in the 2015-16 work programme are:

- Embed the WMPP in practice across the partners in the WSAB through training, communication and performance management. There is a challenge for partners to provide evidence that they have implemented the WMPP in their organisations. There is a link with the training and performance sub committees;
- Collating evidence to assure the WSAB that the WMPP are used and achieve positive outcomes for people. There is a challenge to obtain the views of people regarding the outcomes they achieved. There is a link with the performance sub-committee;
- Establishing a consistent referral pathway and process from hospitals to the Safeguarding Adults Short Term Team. Pathways currently vary between hospitals and there is an opportunity for this to be consistent. The challenge will be to agree a single pathway between WCC and three different hospitals.

Sub-committee action plan for 2015-16 (appendix 6).

Workforce Development Sub Committee

A key achievement from the 2014-15 sub-committee work is the development of an Interagency Learning & Development Strategy which will be signed up to by all agencies. This strategy will form an appendix of the main WSAB strategy. The Sub-committee will then report into WSAB on a quarterly basis on the activity against the strategy, specifically in terms of single and multi-agency delivery and evaluation information about the quality of training delivery which will ensure WSAB can gain assurance that the workforce are being adequately trained across all partner

agencies. In 2014-15 we also revised the content of the Learning and Development Programmes to ensure compliance in line with the Care Act.

Key elements of the Work Programme for 2015-16 (appendix 7) focus on the development of an eLearning programme at an Awareness Level for all staff. This will be used as an induction programme for staff in partner agencies where relevant. Some Agencies have their own Safeguarding Adults induction programme already, but the content will be mirrored to ensure consistency where possible. Barriers to this are the delayed agreement of the Pan West Midlands procedures as the group are waiting for these to be finalised before fully developing the programme. We are currently at a stage of scoping existing materials for fit.

New Training on Self Neglect will be developed in line with the changes that have come into force as a result of the Care Act and increasing and maximising attendance on multi agency learning and development programmes is a key aim for 2015-16.

A further priority piece of work is outreach to third sector agencies in order to improve communication about learning and development offerings and encourage awareness and completion of recommended training. There is likely to be some barriers with regard to funding although the sub-committee will aim to mitigate against these by reviewing the charging policy and ensuring low cost access to training opportunities wherever possible.

The group will also review the Making Safeguarding Personal Toolkit and Materials to ensure the content of the training always promotes this ethos and the cultural shift required to mainstream MSP, looking at the Workforce as a whole and how to support them as they continue to progress, review and enhance their practice.

District and Borough Councils Sub-Committee

Introduction

The Districts Sub-Committee has been established since 2012 and meets around 6 times a year. The focus of the group's work has been to encourage a clear line of communication between District and Borough Councils and the Warwickshire Safeguarding Adults Board (WSAB) and develop and deliver an Action Plan that builds awareness of the Safeguarding Adults' agenda and embeds this at district level.

At 31st March 2015 the group was also represented at the Workforce Development and Governance Sub-Committees.

The strategic objective of the group is "to ensure the safeguarding adult agenda is fully embedded in district and borough councils across Warwickshire."
Topics covered in the sub-committee include the revised DoLS arrangements, SCIE best practice guidance for housing staff, evaluation of benefits of merger of adults and children's districts sub-groups and review of data relating to district/borough referrals.

In addition, members of the sub-committee have been working to deliver the Action Plan for the 2014/15 period. Of the 55 individual actions, 35 have been completed, 12 remain incomplete and 8 were unknown.

Incomplete actions that remain relevant have been carried forward to the new District Council Sub Committee: Action Plan 2015/16 (appendix 8) with the group focused on embedding the importance of adult safeguarding across districts and boroughs and ensuring achievement of the action plan.

Principal Achievements 2014/15

Throughout 2014/15 the group has worked towards achieving its objective with significant achievements including:

- Evaluation of all districts and boroughs safeguarding policies and the agreement to work towards a single approach across Warwickshire, including a single multi-authority policy document;
- Completion of the protocol clarifying liaison and advice arrangements for district and borough councils with Warwickshire County Council. The document provides a named person to raise potential case concerns and issues with, and, where the internal named person requires specialist advice, it details a single point of contact within the County Council Safeguarding Adults team;
- Engagement with the county council Care Act workshops and sign up by all districts and boroughs to the Safe Places initiative.

Principal Aspirations 2015/16

The District Council Sub Committee: Action Plan 2015/16, an evolution of the previous plan maintains the focus on the delivery of the strategic objective of the group. The aim is to complete the work on the cross authority policy, develop the training 'offer' and improve understanding of safeguarding adults at district and borough level.

Summary

The sub-committee aspires to ensure the adult safeguarding agenda is understood and embedded in district and borough councils. All forthcoming work will focus on achieving this and the adoption of the single cross authority policy will be a significant milestone in this aspiration.

WSAB Membership Annual Reports

Warwickshire County Council

In 2014, Warwickshire County Council (WCC) introduced the One Organisational Plan, which brings together the organisational planning for 2014-18 and aligns it to the budget over that period. Two of the core outcomes of the One Organisational Plan support the promotion of safeguarding:

- "Our communities and individuals are safe and protected from harm, and are able to remain independent for longer";

- "The health and well-being of all in Warwickshire is protected".

Underpinned by the core outcome of "resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned or in partnership".

The most significant achievement during 2014-15 was WCC's lead role to produce the West Midlands Safeguarding Adults Policy and Procedures (WMPP). The existing WMPP were subject to considerable revision to ensure Care Act compliance. The WSAB Governance Group was notified in March 2015 that externally commissioned work had failed to produce a satisfactory WMPP. Subsequent work was led by Edward Williams (Safeguarding Adults Short Term Team Operations manager) resulting in a Care Act compliant draft WMPP adopted by all West Midlands SABs by 1st April.

Other significant achievements include:

- Tackling Violence Against Women and Girls (2015-18): In 2014/15, Warwickshire partners agreed a new strategy to bring together existing work to tackle domestic abuse and sexual violence with a new, broader approach that addresses all forms of violence against women and girls including forced marriage, stalking, female genital mutilation, sexual exploitation, trafficking and crimes in the name of honour. The strategy aims to ensure a more integrated and effective partnership response across four key objectives: prevention, provision, protection and partnership. In 2015/16, the focus will be on prevention: challenging the attitudes and behaviours which foster violence and intervening early where possible to prevent. A key project already underway is the implementation of the IRIS service across Warwickshire (a domestic violence training, support and referral programme for primary care staff);
- Tackling Hate Crime: In 2014/15, WCC commissioned a needs assessment by Warwick University on the prevalence of hate crime in Warwickshire. It found that only half of all hate crimes were reported to the police. A multi-agency event was held in March 2015 to refresh the Hate Crime Action Plan for 2015/16;
- Effective delivery of Domestic Homicide Reviews: 7 Domestic Homicide Reviews (DHRs) have been coordinated on behalf of the four Warwickshire Community Safety Partnerships since the legislation came into effect in 2011.

2014/15 was a key year in that a shared funding agreement was secured with partners to fund the work and appoint a dedicated DHR Officer; a successful DHR learning event was held; Sue Ingram was appointed to work with the children's and adults safeguarding boards in respect of DHRs; and the first DHR was completed;

- Implementation of ECINS: ECINS is a system which enables information sharing and more effective case management across partner agencies. During 2014-15, the system was successfully piloted and implemented countywide to manage Anti-Social Behaviour (ASB) cases, Priority Families and information sharing for DHRs;
- Trading Standards: Partnership working with three national banking groups to provide "early alert" to financial abuse of vulnerable adults to alert WCC when unusually large cash withdrawals are made. Significant amounts of money have been saved as a result. For example, an elderly female was prevented from paying £32,000 for guttering work (valued by our expert at £2,750). Over 20 Truecall devices to screen nuisance and scam calls for vulnerable Warwickshire residents. For one resident this device is blocking up to 200 nuisance calls per month. The device also provides valuable information on who makes the calls, enabling action to be taken. Repeat victims of scam mail are being are being identified and visited to warn them of the dangers of responding to scams. One 92 year old lady had lost over £24,000 on Australian lotteries; we ensured that her bank card was cancelled and her post was monitored by the local PCSO. The No Rogue Trader Zone project is a partnership between Trading Standards, Warwickshire Police and key stakeholders within local communities who share intelligence to protect vulnerable and older residents from becoming victims of rogue traders and bogus callers. Feedback from recent zones in Whitnash and Binley Woods shows 89% of respondents feel that their No Rogue Trader Zones is a success.

All Adult Social Care and Support (SCS) safeguarding procedures and practice guidance were reviewed to ensure Care Act compliance. A staff briefing on Making Safeguarding Personal (MSP) was communicated across the People Group. WCC completed the Local Government Association (LGA) MSP impact survey. An LGA consultant was engaged to present on MSP to WSAB members in February 2015. A new SCS case file audit tool was implemented in May 2015 including a detailed safeguarding audit compliant with MSP.

Person-centred safeguarding practice has been at the heart of operational and service development, particularly over the last 5 years. The dedicated adult safeguarding team was established in 2010 has since seen a gradual expansion of role and function. A key operating principle of the team is "to work alongside service users & carers, including those people who direct their own support or who fund their own care, to promote empowerment and wellbeing, enable positive risk taking, and enable people to develop resilience and strategies to keep themselves safe and prevent risk of abuse or neglect." The team directly undertook 79% of all screening assessments of adult safeguarding concerns in 2014-15, and 68% of all adult safeguarding Enquiries in 2014-15. The remaining adult safeguarding work was undertaken by other social work teams with the adult safeguarding team providing case management oversight.

The MSP sector outcomes measure for safeguarding adults is:

- The number and percentage of people experiencing adult safeguarding enquiries who define the outcomes they want; and
- The number and percentage of people whose expressed outcomes are fully or partly met.

WCC Adult Social Care has piloted very similar outcome measures recording since 2010. Local outcomes pilot results based on 135 adults in 2014-15 are:

- It was possible to gain the desired outcomes of 111 (82%) of these adults at the start or later in the adult safeguarding process;
- Of these 111 adults, it was possible to review whether the adult had been supported to achieve these outcomes in 94 cases – 70% of the total;
- Of these 94 adults, 79 (84%) felt they had been supported to fully achieve the outcomes they expressed, and 15 (16%) partly achieved the outcomes they expressed. No-one felt their outcomes had not been achieved;
- Of these 94 adults, 61 (65%) felt safer than before the enquiry, 26 (28%) felt partly safer, and 7 (7%) of people did not feel any safer.

The Community Safety and Substance Misuse Team undertook a Care Act impact assessment to ensure that prevention and the principle of wellbeing underpins its activity and commissioned services. Over the coming months, commissioners will undertake work with services to ensure compliance with the Act as well as other safeguarding policies and procedures.

MSP will be embedded through safeguarding adults training, practice guidance including more communication to staff on MSP. This will build on progress to further embed outcome focussed and person centred adult safeguarding practice within all adult social care social work teams. WCC will mainstream personalised outcomes recording and reporting measures within new adult safeguarding recording frameworks in Mosaic database implementation - in preparation for mandatory reporting in 2015-16. WCC will benchmark performance and seek to develop PIs. WCC will continue to work with the SAB on the MSP agenda, and engage with partners to see how MSP approaches can be embedded in practice. This includes participation in developing a Multi-Agency Safeguarding Hub in a two stage approach with children being the initial focus.

The draft WMPP will be developed into a final version by autumn 2015 to coincide with the release of version 2 of the Care Act statutory guidance.

Warwickshire Fire and Rescue Service (WFRS) are committed in supporting the safeguarding of both vulnerable adults and children and are in the process of or have delivered the following points within the Service during this year:

- WFRS have created a robust policy, supported WCC and WSCB, endorsed by senior officers, (CFO, DCFO, ACO) that details the Service's intention, policy and procedures in being committed in protecting the adults and young people in Warwickshire;

- WFRS have designated both a lead and deputy Safeguarding officers, both who will have received WSAB 'Newly Appointed Safeguarding Lead' training by the end of the year 2015, one course in June, one course in September;
- WFRS have started on a programme of educating all staff, starting with front line fire fighters, undergoing training from an external trainer with an approved WSCB course, we currently have 5 sessions left out of the 22 sessions that were programmed in;
- A further date of 10th September will start Phase 2, which is to educate all support staff within the service;
- WFRS have identified 3 key staff who will have the authority to arrange the DBS checks on current staff that under take further duties in engaging with both young people and adult's, BIKE team, ASBIT, SFU.

The emerging Care Act requirements are currently being looked at with a view to how best WFRS can support and best deliver services and help the most vulnerable in our communities, by the services we provide to the new partnerships that we can develop. Once the areas are identified, an action plan will be devised to assist in the delivery of these throughout the Service.

Over the next year WFRS will work with HR to ensure that both child protection and adult safeguarding responsibilities are identified and recorded in all job descriptions and are also spoken about and referred to in the induction of all new staff members into the service.

Further work will be carried out with WFRS Training Department to ensure safeguarding is one of the many key attributes of a fire fighter by creating a CBT (Computer Based Training) to further support the policy and procedure over the next year, to refresh fire fighters on their responsibilities.

Warwickshire NHS Clinical Commissioning Groups (CCGs)
(South Warwickshire NHS CCG, North Warwickshire NHS CCG, Coventry and Rugby NHS CCG)

During 2014/15 the three CCGs received funding from NHSE to support awareness raising/training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) requirements. A work plan was subsequently devised by the CCGs to take this agenda forward across Health providers. During 2014/15 training was delivered to GP practices across Warwickshire and guidance to support the MCA has been developed to aid practitioners within Health more generally. An audit tool has been developed to measure compliance with MCA/DoLS within the acute providers and a working group has been established to share best practice. Themed reviews are carried out by the CCGs to gain assurance that MCA/DoLS is being appropriately implemented.

The PREVENT agenda was also taken forward and each CCG has an identified PREVENT Lead who attends regional and local forums. All CCG staff have received PREVENT awareness training and this has been added to the statutory and mandatory training programme.

In preparation for implementing the Care Act the CCGs have identified a Designated Adult Safeguarding Manager (DASM) to ensure agencies work more closely together and share information. The CCGs ensure providers meet their responsibilities through commissioning arrangements. Compliance with the Care Act is now within the NHS Standard Contract and included in the Key Performance Indicators (KPIs).

Given the changes to the WSAB as a result of the Care Act, representation at the Board and at sub-committees has been reviewed, and CCG input is provided to the Governance Group, as well as a number of sub-committees: - Safeguarding Adult Review (Tracy Redgate is Vice Chair); Workforce Development; Performance, Monitoring and Evaluation; Policy and Procedures.

NHS England has revised their Serious Incident framework. This places a greater responsibility on commissioners to assure themselves that all incidents are appropriately reviewed and serious incidents are appropriately identified and reported for root cause analysis. The changes in definitions for safeguarding criteria may result in serious incidents being identified for investigation under the new NHS Serious Incident Framework. Work is required with the Local Authority to ensure multi-agency systems and processes appropriately support this.

The CCG Lead Nurse for safeguarding adults has been part of the Making Safeguarding Personal agenda and has attended workshops alongside LA colleagues. As commissioners of care, CCGs are already taking action to support Making Safeguarding Personal. Individuals assessed and cared for by Health are assessed holistically, and clinicians work with the individual and their carers to provide positive interventions. Individuals are involved in decision making and are supported by advocacy services, if appropriate. When decisions regarding care are being made MCA principles are applied and decisions are made in the best interest of the individual. Increasingly, individuals are being given the opportunity to be in control of their care and support via Personal Heath Budgets and assurance about safeguarding is a critical part of the process of determining the appropriateness of a PHB or nature of the care to be provided.

For 2015/16 the focus on this area will be strengthened with an increasing focus on Personal Health Budgets for a wider range of individuals. Themes reviews to providers will also increasingly consider the extent to which Making Safeguarding Personal is embedded in clinical practice.

Coventry and Warwickshire Partnership Trust

Coventry and Warwickshire Partnership NHS Trust was formed in 1996 with the merging of the Mental Health and Learning Disability aspects of Coventry, North Warwickshire and South Warwickshire PCT's. The portfolio of services was further expanded to include physical health community services in Coventry 2011.

Spanning a wide geographical area the Trust is an active participant of the Local Safeguarding Boards for both Children and Adults across Coventry, Warwickshire and Solihull and is engaged with relevant associated sub groups.

Over the last year the Trust has been an active member of the Coventry MASH and Domestic Violence Screening process. Our clinicians, clinical leadership team and the safeguarding team have all taken significant learning from our involvement in this recent national development placing us in an improved position to support the development of the Warwickshire MASH.

In response to the increased concerns locally and nationally the Trust has developed our Safeguarding training offer to include training on Child Sexual Exploitation. A further area of development has been to raise staff awareness of the Serious Case Reviews process and importantly how to take the learning from these reviews and apply them to practice.

The Trust continues to build skills in staff in performing their roles and has significantly improved its Child Protection Supervision process. The Trust has updated its policy and recently recruited additional staff to support an increase access to Child Protection Supervision. This will support both adult and children's practitioners alike as we embed the message associated with 'think family'.

During 2014/15 Coventry and Warwickshire Partnership NHS Trust aimed to maintain the current performance of safeguarding whilst further developing the safeguarding practices and activities within the Trust. The implementation of the new Care Act (2014) and embedding the West Midland Policy and Procedures for Safeguarding into all services remains a key priority.

South Warwickshire NHS Foundation Trust

South Warwickshire NHS Foundation Trust is a high performing integrated Trust. The Trust was originally established in November 1992 and integrated with the community in 2011. It incorporates hospitals in Warwick, Stratford-upon-Avon, Shipston-upon-Stour and Royal Leamington Spa, providing acute services for the geographical area of South Warwickshire, a population of approximately 270,000. Our community services operate out of a number of clinics, and provide services to a population of 550,000 stretching cross the whole of Warwickshire.

The financial year 2014-15 has seen the Trust complete a Gap Analysis by mapping CQC, WMQRS and WSAB standards, this piece of work identified several areas where the Trust needed to develop policies to meet the standards and develop further training for staff in Safeguarding Adults. All Policies that were identified as missing have been created and approved by the Trusts internal procedures. The Trust has seen a significant rise in DoLS applications (67%) in the past 12 months following the Cheshire West case. Changes following the case have given rise to extra education changes.

The Care Act (2014) has seen the Trust develop its safeguarding training to include making safeguarding personal, the aim of including this in the training was to develop staff to ensure that safeguarding arrangements are in place throughout the Trust. Everyone has the right to live their lives free from violence and abuse. The Trust as part of the Policy and Procedures sub group is developing a generic referral form with partner agencies in the hope of standardising the information that the Local Authority receives.

Warwickshire and West Mercia Community Rehabilitation Company

The past year has been one of considerable change for probation with the separation of the service into two from 1st June 2014 so creating the Warwickshire and West Mercia Community Rehabilitation Company (CRC), and the local Midlands division of the National Probation Service. Within the CRC the focus continues to be on recognising, responding, and reporting on adults at risk of abuse. Through the supervision of offenders we may encounter individuals who may be considered to be 'adults at risk'. Offender managers within the CRC, both through the assessment processes and through ongoing offender supervision, routinely check for any concerns in relation to the potential vulnerabilities of offenders under their supervision, or in relation to offenders as perpetrators. A revision of Safeguarding Adults policy and procedures has taken place in recognition of the need to establish consistency across the newly formed CRC.

With the introduction of the Care Act the CRC is not identified as being a core member of Safeguarding Adults Board but within Warwickshire the CRC will continue to be represented as a relevant body. The Care Act has also clarified the arrangements for social care assessments for those held in custody which is of particular relevance to the CRC as it has responsibility for the new Through the Gate services at HMP Hewell and HMP Featherstone. It is anticipated that the majority of offenders being released from custody back to Warwickshire will be released from these two institutions. The establishment of these arrangements should provide a good basis for the exchange of information and good practice in relation to the safeguarding of adults.
There have been limited developments to date with regard to Making Safeguarding Personal within the CRC but it is anticipated that increased understanding of this approach will be incorporated within the organisation in the coming year.

Warwickshire Police

Warwickshire Police is committed to reviewing and developing working practices across the organisation to ensure the principles and objectives of the Care Act are met. This has resulted in the publication of the Adult Safeguarding Action Plan led by a Detective Chief Inspector from the specialist Protective Services Department. The plan clearly details the activity to improve adult safeguarding across both Warwickshire and West Mercia Police areas. Work has already commenced on progressing the Action Plan for example by ensuring a more consistent approach to the management of adult safeguarding with the introduction of a universal referral form and electronic risk assessments. This has resulted in improving the consistency and identification of risk levels.

Warwickshire Police have conducted a review of training provided to future and current staff in relation to adult safeguarding. This has resulted in the implementation of the 13 Strands of Public Protection which is being incorporated into all 'new to post' courses from June 2015 onwards. The training has been devised by the College of Policing and incorporates a number of aspects of adult safeguarding. The training is included in Initial Police Training, Detective Training and Serious Crime Management. For current staff a 'Vulnerability and Professional Curiosity' training

package is being devised in conjunction with the University of Worcester. The training package will be launched in September 2015 and will be informed by the Care Act 2014. This investment in staff will ensure increased awareness and appropriate intervention in safeguarding matters by Warwickshire Police.

There are already a number of systems in place within Warwickshire Police which support 'Making Safeguarding Personal'. The Victim's Code is adhered to for all those who report crime, as such a vulnerable person reporting crime is entitled to updates as to the progress of the investigation, has explained to them the opportunity to provide a victim personal statement that describes the impact of the crime on them, and can report complaints or compliments to the police online, by phone or in person at the police station. Victims, relatives and carers also have access to information on-line which allows them to determine how they may wish to proceed with a safeguarding issue. The recently re-launched Warwickshire Police website provides information about agencies who can support victims of crime. There is also information covering 'On line' crime advice for adults, adult safety, domestic violence and abuse, and rape and sexual crimes. Information on protecting adults includes the Mental Health Crisis Care Concordat and Dementia Friends. This information empowers people to make informed decisions about how they wish to address a safeguarding issue either via the Police or other support agencies.

Age UK Warwickshire

Safeguarding Adults - The Care Act
Making Safeguarding Personal

The focus of Age UK Warwickshire's approach to Safeguarding Adults has always had the individual at the very centre of the process. This person-centred approach focuses on the premise that involvement and an improvement in their circumstances can be the ultimate aim, rather than just investigation and conclusion. We have established procedures which ensure that counselling and/or emotional support is offered and we continue to work with individuals, long after the formal process.

It is now essential that as in the guidelines "Making Safeguarding Personal" (Local Government Associations January 2015) we follow the prescribed outcomes in order to more effectively evidence the results of interventions/outcomes:

- Numbers of individuals and percentage referred to service who define the outcomes they want achieved; and
- The number and percentage of individuals where the outcomes are fully or partly met.

Training

Within Age UK Warwickshire's Safeguarding Adults mandatory training programme, (annually updated for front line staff), staff and volunteers are trained to recognise abused, neglected or exploited individuals whether actual or potential, and to fully understand their responsibility to report concerns immediately as defined in Age UK Warwickshire Safeguarding Adults policy and procedures.

Staff and volunteers are made aware of the importance of their own roles in securing positive outcomes for the individual, and of the consequences that may arise should they fail to act.

Competence in Age UK Warwickshire's training programme with evaluation and feedback ensures that all staff and volunteers understand exactly what safeguarding is, their individual roles in the safeguarding procedures, recognise when an adult is potentially in need of safeguarding and to understand the process of making an alert. Dignity and respect for the individual at what is an extremely difficult time is essential as well as a calm, knowledgeable and understanding approach.

Our Chief Executive takes ultimate responsibility of ensuring that Age UK Warwickshire is, at every level fully committed to safeguarding adults and that Age UK Warwickshire has in place appropriate systems and resources to support this work as part of an inter-agency agreement as laid down by Warwickshire County Council Safeguarding Adults policies.

University Hospitals Coventry and Warwickshire NHS Trust

The hospitals most significant step towards better safeguarding adults in hospital this year has been the initiation of the plan to introduce the Enhanced Care Team. This is a team of enhanced care workers who will work within the Safeguarding team to care for vulnerable patients with enhanced care needs. These will be the patients from groups who can experience difficulties and distress in hospital, patients with dementia, learning difficulties, communication problems and/or complex conditions.

These patients required enhanced care with an emphasis on knowing the person as an individual, learning about their preference and supporting them in their choices, while offering support and reassurance for as long as they require it. The enhanced care workers will also get to know the patients families/supporters to forge partnerships and better communication and better discharge planning.

The Care Act 2015 has had an impact on the organisation with the different requirements such as the identification of Designated Adult Safeguarding Managers (DASM's) and the need to ensure all documentation is Care Act compliant and scrutiny around this continues.

However, other requirements such as making the process a person-centred approach compliments the way health care as well as social care should be moving. Particularly around the treatment and care while in hospital being based on risk assessment not risk avoidance, which emphasises an individual's preferences, circumstances, and lifestyles and a move towards supporting people with risky choices. Also recognising the wellbeing of carers as well as patients and taking their needs into account.

Making Safeguarding Personal (MSP) within the hospital fits well with the ethos of person-centred care which is emphasised in every recent government document around treatment and care. It is an easy concept to talk about but not so easy to do. In the hospital setting it is about really getting to know the person from the outset by

talking and particularly listening to the person and their supporters. Taking time to carefully exchange information with the person to find the best outcome for them and if they are not able to make their own decision to be informed by their life story to understand what they would choose if they could. To support the person with risky options if preferred, but offer flexible safety nets.

This work will continue with the introduction of the previously mentioned Enhanced Care Team, who should be in post from October of this year. The team will be able to support the most vulnerable of patients and support them and their families through the difficult hospital journey. Each patient will have a blue pillow case, a getting to know me form, a personalised activity plan and an enhanced care worker who knows them and cares for them.

Appendix 1

8. Membership

8.1 Schedule 2 of the Care Act 2014 defines which agencies must be members of the Board. In addition, the Board may include such other persons as the Council considers appropriate having consulted its partners from the Police and the clinical commissioning groups.

8.2 The members of WSAB are:

- The Independent Chair;
- Warwickshire County Council;
- Warwickshire Police;
- The National Probation Service;
- The Warwickshire and West Mercia Community Rehabilitation Company;
- Warwickshire Fire and Rescue Service;
- Warwickshire District and Borough Councils;
- Warwickshire North, South Warwickshire and Coventry and Rugby Clinical Commissioning Groups (3) (Commissioning);
- The Care Quality Commission;
- NHS England (Commissioning);
- Coventry and Warwickshire NHS Partnership Trust (Provider);
- South Warwickshire NHS Foundation Trust (Provider);
- University Hospitals Coventry and Warwickshire NHS Trust (Provider);
- George Eliot Hospital NHS Trust (Provider);
- Age UK Warwickshire;
- West Midlands Ambulance Service;
- Healthwatch.

The Council will have 7 representatives – currently:

- Director of Adult Social Services;
- Head of Social Care and Support;
- Head of Safeguarding;
- Head of Strategic Commissioning'
- Head of Service for Localities and Community Safety;
- Director of Public Health;
- The Lead Cabinet Member for Social Care.

Each other member will have one representative.

Unless present as a member representative, the Chairs of the WSAB Sub-Committees will be members of the SAB.

The WSAB will be chaired by an Independent Chair and a designated Vice-Chair will be confirmed by the local authority Chief Executive on the recommendation of the Chair.

The WSAB Business Manager will attend all meetings to provide professional advice to the Board.

The Lead Nurse, Safeguarding Adults Warwickshire will receive agenda and papers and attend as required to provide professional advice to the Board.

The Legal Advisor to the Board will consider Agenda papers and attend as required to provide professional advice to the Board.

8.3 Each Board member must appoint a person to represent it on the Board. This should be a named person in a senior strategic lead position within the organisation to ensure consistency and continuity.

8.4 Representatives will need to be people with a strategic role in relation to safeguarding and promoting the welfare of adults within their organisation. They should be able to:

- Speak for their organisation with authority;
- Commit their organisation on policy and practice matters;
- Hold their organisation to account.

8.5 In the event that their representative is unable to attend meetings, Board members are required to nominate a suitable alternative representative who has the authority to commit their organisation to decisions.

8.6 At the discretion of the Chair of the Board, observers can attend Board meetings. Observers are interested individuals who have been invited to attend Board meetings. At the discretion of the Chair of the Board observers can address the meeting, but they are not members of the Board and cannot vote.

Appendix 2

WSAB Governance/Structure

Warwickshire Safeguarding Adults Board Structure (April 2015)

WSAB

Mike Taylor

Governance Group

Mike Taylor

| Performance, Monitoring & Evaluation (Jenny Butlin-Moran) | Policy, Procedures & Guidance (Mike Wood) | Workforce Development (Rachel Faulkner) | District and Borough Councils (Nick Cadd) | Safeguarding Adults Review (Marie Seaton) |
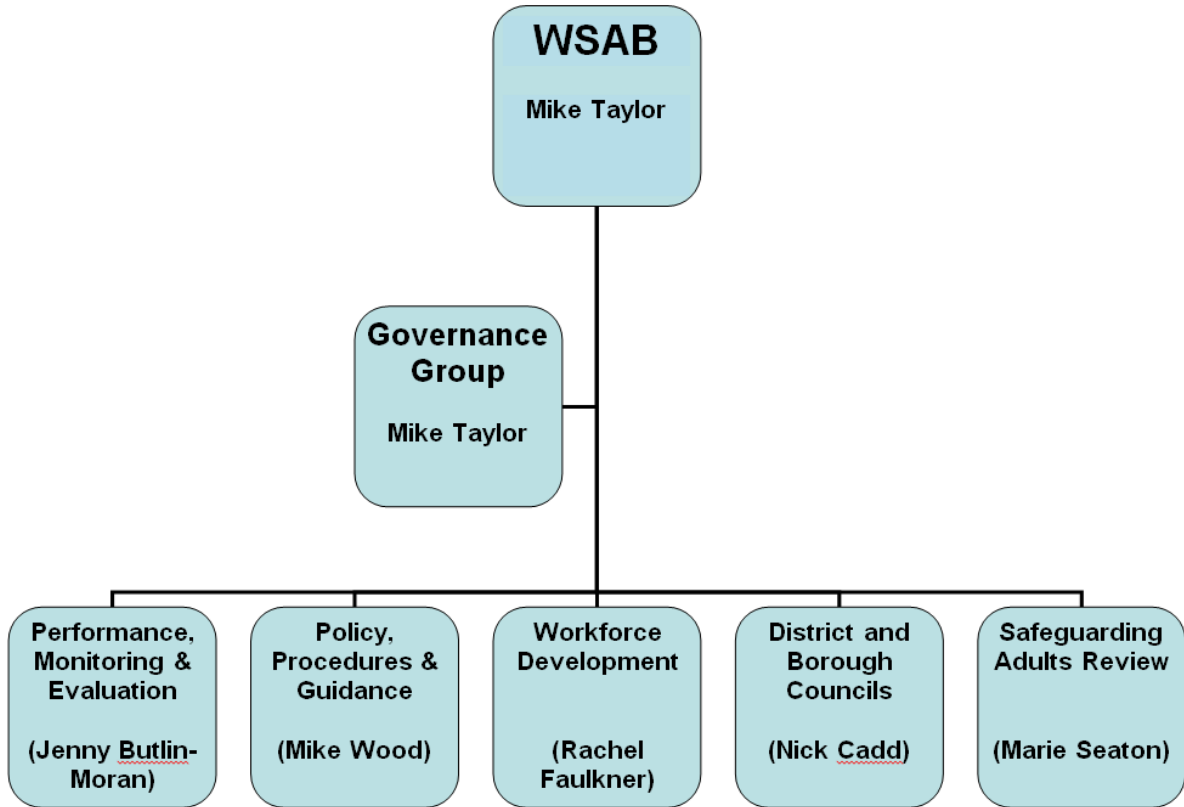
Appendix 3

WSAB Business Plan 2015-16

No	Priority	Action Owner	Timescales	Success Measure
1	Updated Adult Safeguarding Policies and Procedures are in place to enable staff in all agencies to work to an appropriate and consistent policy context	Policies, Procedures and Guidance Sub-Committee	April 2015	Policies and Procedures are approved and adopted by WSAB
2	Produce a Workforce Development Strategy and associated multi-agency training programmes	Workforce Development Sub-Committee	April – July 2015	Workforce Development Strategy and training and development programmes approved by WSAB and implemented
3	Produce a Communications Strategy	Governance Group	April – July 2015	Communications Strategy approved by WSAB
4	Review and update the WSAB website	Governance Group	2015	WSAB website is delivered and operational during 2015
5	Review the audit and performance programme	Performance, Monitoring and Evaluation Sub-Committee	April – July 2015	Refined audit and performance programme adopted by WSAB
6	Improve community involvement in reviewing the WSAB Strategic Plan for 2016 and beyond	Governance Group	2015-16	Evidenced engagement with the community informing future WSAB strategic plans

7	WSAB to oversee the implementation of the principles embedded in 'Making Safeguarding' Personal	Governance Group	2015-16	Partners submit action plans and progress reports to WSAB that reflect how agencies are embedding the principles of Making Safeguarding Personal within their organisation
8	Develop a WSAB Prevention Strategy	Governance Group	2015	People at risk are identified at an early stage and offered appropriate advice and support before a crisis develops
9	Further develop reporting systems to increase WSAB understanding of the statistical data collected	Performance, Monitoring and Evaluation Sub-Committee	2015	More refined and targeted statistical data reported at WSAB
10	Review national published Safeguarding Adult reviews (SAR's) and emerging case law and implications for practice, and advise WSAB	Safeguarding Adults Review Sub-Committee	2015-16	Lessons learned from SAR's shared at WSAB and used to inform developing practice and workforce development training programmes

Appendix 4

Safeguarding Adults Return (SAR) First Submission Summary

<u>Safeguarding Adults Return 2014/15</u>
<u>For the collection period 1st April 2014 to 31st March 2015</u>

<u>SG1: Demographics - Count of individuals at risk for referrals opened during the reporting period</u>

These tables count the number of individuals split out by each of the below categories
SG1a - By age
SG1b - By gender
SG1c - By ethnicity
SG1d - By primary support reason
SG1e - By reported health conditions

<u>Notes</u>
Individuals should only be included once in each of the tables SG1a, SG1b, SG1c, SG1d

Individuals can be included more than once in table SG1e
Only two categories in table SG1e are mandatory for 14-15. These are highlighted in yellow.

18-64	65-74		75-84		85-94		95+		Age Unknown

Table SG1a	Number of individuals by age					
Classification	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Age Unknown**
Already known to CASSR	128	48	75	112	13	0
Previously unknown to CASSR	115	26	36	36	3	7

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Table SG1b	Number of Individuals by gender		
Classification	**Male**	**Female**	**Gender Unknown**
Already known to CASSR	150	226	0
Previously unknown to CASSR	80	143	0

Table SG1c	Number of individuals by ethnicity					
Classification	**White**	**Mixed / Multiple**	**Asian / Asian British**	**Black / African / Caribbean / Black British**	**Other Ethnic Group**	**No Data**
Already known to CASSR	338	1	8	3	1	25
Previously unknown to CASSR	157	0	6	2	1	57

Table SG1d	Number of individuals by primary support reason						
Classification	**Physical Support**	**Sensory Support**	**Support with Memory & Cognition**	**Learning Disability Support**	**Mental Health Support**	**Social Support**	**No Support Reason**
Already known to CASSR	151	5	72	72	24	26	26
Previously unknown to CASSR	17	0	6	1	53	11	135

Already known   Not known

Table SG1e	Number of individuals by reported health conditions		
Classification	**Sub-Class**	**Already known to CASSR**	**Previously unknown to CASSR**
Long Term Health condition - Physical	Chronic Obstructive Pulmonary Disease	9	0
Long Term Health condition - Physical	Cancer	5	1
Long Term Health condition - Physical	Acquired Physical Injury	10	1
Long Term Health condition - Physical	HIV / AIDS	0	0
Long Term Health condition - Physical	Other	113	19
Long Term Health condition - Neurological	Stroke	13	2
Long Term Health condition - Neurological	Parkinson's	9	0
Long Term Health condition - Neurological	Motor Neurone Disease	0	0
Long Term Health condition - Neurological	Acquired Brain Injury	2	1
Long Term Health condition - Neurological	Other	18	4
Sensory Impairment	Visually impaired	8	1
Sensory Impairment	Hearing impaired	5	3
Sensory Impairment	Other	0	1
Learning, Developmental or Intellectual Disability	Learning Disability	45	4
Learning, Developmental or Intellectual Disability	Autism (excluding Asperger's Syndrome / High Functioning Autism)	12	1
Learning, Developmental or Intellectual Disability	Asperger's Syndrome/ High Functioning Autism	4	1
Learning, Developmental or Intellectual Disability	Other	3	1
Mental Health Condition	Dementia	54	11
Mental Health Condition	Other	18	8
No Relevant Long-Term Health Conditions	None	0	0

SG3: Case details - Count of referrals that concluded during the reporting period

These tables count the number of concluded referrals that involved each of the below categories

SG3a - By type of risk
SG3b - By location of risk
SG3c - By action and result
SG3d - By conclusion

Notes
More than one entry per concluded referral can be entered into these tables

Social   Known   Stranger

Table SG3a	Source of risk		
Type of risk	**Social Care Support**	**Other - Known to Individual**	**Other - Unknown to Individual**
Physical	52	135	7
Sexual	5	29	6
Psychological and Emotional	34	128	4
Financial and Material	44	154	19
Neglect and Omission	68	36	1
Discriminatory	3	2	1
Institutional	8	7	1

Table SG3b	Source of risk		
Location of risk	**Social Care Support**	**Other - Known to Individual**	**Other - Unknown to Individual**
Care Home	105	46	3
Hospital	1	15	7
Own Home	66	263	17
Community Service	6	14	1
Other	12	56	7

Table SG3c Action and Result	Source of risk		
	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
No Action Taken	69	133	10
Action taken and risk remains	1	30	2
Action taken and risk reduced	60	149	20
Action taken and risk removed	55	68	1

Table SG3d Conclusion	Source of risk		
	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Fully Substantiated	50	111	11
Partially Substantiated	26	60	2
Inconclusive	25	55	8
Not Substantiated	80	118	11
Investigation Ceased	4	36	1

SG6: Mental capacity - Count of referrals that concluded during the reporting period

This table counts the number of concluded referrals split out by age of the individual at risk and by their mental capacity

Notes
If your council opens separate referrals for each individual at risk, there should be one entry per concluded referral in this table.
If your council has referrals which relate to more than one individual at risk, there should be multiple entries per concluded referral in this table.

Table SG6	Number of concluded referrals					
Was the individual lacking capacity?	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Age Unknown**
Yes	31	15	33	48	7	0
No	134	47	52	55	9	1
Don't know	68	14	23	27	7	1
Not recorded	9	5	4	1	0	0
Of the concluded referrals recorded as yes in row 1, in how many of these cases was support provided?	29	13	31	43	7	0

SG7: Serious case reviews

These tables show details of serious case reviews (SCRs) and indicate whether any individuals died as a result of the abuse that had been investigated

SG7a - Count of serious case reviews

SG7b - Count of individuals at risk involved in serious case reviews

Table SG7a	Number of SCRs
Type	
Where one or more individual died	0
Other	0

Table SG7b	Number of individuals involved in serious case reviews by age					
Type	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Age Unknown**
Who died	0	0	0	0	0	0
Other	0	0	0	0	0	0

Appendix 5

WSAB Performance Monitoring and Evaluation Workplan –July 2015

Objectives	Measurable Objectives	Action Plan	Person Responsible	Completion Date
Key Task 1: Develop a dataset for WSAB which provides a measure of the activity and effectiveness of the safeguarding arrangements	Development of an agreed dataset	• Dataset to be formulated and to be presented to Board for approval • Dataset to be reported to each meeting of WSAB • Dataset to be included in Annual Report	Chair and members of Sub-Committee	New draft outline of Safeguarding Adults dataset to be presented to WSAB in July 2015
Key Task 2: Undertake multi-agency audit activity on areas identified by WSAB	Outcomes from audits undertaken	• To formulate a schedule of audits to be presented at Sub-Committee meetings • To share the key issues with WSAB as appropriate	Chair and members of Sub-Committee	Schedule to be devised in July 2015 Updates to be provided in update at WSAB meetings
Key task 3 Produce a risk assessment framework for SAB		• Risk assessment framework identified • Risk assessment framework agreed by WSAB • Risk assessment framework applied and updated	Chair and members of Sub-Committee	To be presented to WSAB in July 2015

Appendix 6

WSAB Policy, Procedures and Guidance Sub-Committee

ID	Priority	Milestones	Date	Lead	Status	Success Measure
1.0	WSAB Strategic Plan Priority: Updated Adult Safeguarding Policies and Procedures are in place to enable staff in all agencies to work to an appropriate and consistent policy context	Policies and Procedures are approved and adopted by WSAB	April 2015	Sub-Committee	Completed	Policies and Procedures are approved and adopted by WSAB
1.1	Review implications of refreshed Care Act Guidance	Changes in guidance and their implications for the WMPP are identified	November 2015	Sub-Committee		Work to update the WMPP can start
1.2	Final Version West Midlands Adult Safeguarding Policies and Procedures (WMPP) are in place to enable staff in all agencies to work to an appropriate and consistent policy context	Final Version WMPP are approved and adopted by WSAB	January 2016	Sub-Committee		Final Version WMPP are approved and adopted by WSAB
1.3	Embed WMPP in: Policies, procedures and practice guidance	Checklist Agreed	September 2015	Mike J Wood		WSAB agrees that partners have evidence that the

ID	Priority	Milestones	Date	Lead	Status	Success Measure
	Training Communications Practice	Checklist completed by partners	December 2015	Mike J Wood		WMPP is embedded in their organisations
		Evidence received from Workforce Development Sub Committee regarding embedding WMPP in training	December 2015	Rachel Faulkner (Training Sub-Committee)		Safeguarding Adults training takes full account of WMPP
1.4	Assurance that WMPP are used and achieving positive outcomes	Evidence that WMPP are used and achieving positive outcomes in practice received from Performance, Monitoring and Evaluation Sub-Committee	December 2015	Jenny Butlin-Moran		Evidence approved by WSAB
2.0	Alerter's Guide	Final version completed	30 July 2015	Edward Williams		Alerter's Guide is approved and adopted by WSAB
3.0	WSAB Escalation process	Updated version agreed	November 2015	Stephen James		Escalation process is approved and adopted by WSAB

ID	Priority	Milestones	Date	Lead	Status	Success Measure
4.0	Referral pathway and process from hospitals	Draft pathway and process completed	September 2015	Edward Williams		Pathway and process is approved and adopted by WSAB
		Final pathway and process agreed	December 2015	Edward Williams		

Appendix 7

Warwickshire Safeguarding Adults Board Workforce Development Sub Committee Action Plan 2015-16

Development of an Interagency Learning & Development Strategy	• Write Strategy • Circulate to Partners • Gain ratification from WSAB • Monitor Agency Sign up and Activity in line with Strategy • Report to Board as required	• Draft strategy completed • Final review by subgroups with feedback received by 1st week in September, final draft to Governance Group on 24th September • Published version to go out in w/b 5th October with a view to getting the agency commitment signed off • The Strategy would then be revised on a frequency aligned to the Board's Strategy a 3 year profile with an 'update' on an annual basis	RF/LG	October 2015		Amber
Interagency Learning & Development Plan	• Scope Learning needs across partner agencies to develop a L&D plan for delivery for 2015-16	• Google form sent out to partner agencies, limited response received	LG	Middle of March	Mar 2015	Green

		• L&D plan developed at Sub Group Meeting				
	• Commission required Learning & Development Interventions and manage and monitor allocated budget	• Levels 1-3 commissioned • Some delay on commissioning eLearning - Awaiting PAN WM procedures • Currently scoping existing eLearning offerings • New programme on Self Neglect to be scoped	LG	December 2015		Amber
	• Agree Charging Policy for events to non-contributory partners	• Agree charges for non-contributory agencies	RF/LG	October 2015		
Engage with Third Sector Agencies to offer learning and development opportunities	• Analyse 3rd sector agencies whom do not routinely access Safeguarding Learning & Development due to the potential levels of risk in this area	• 08.10.14 List drafted of third sector agencies • Further work required to expand list of agencies and contacts - MN and RF to meet • Flyer to be drafted and sent to agencies	RF/MN	February 2016		Amber

Evaluation and Quality Assurance of Learning & Development Plan	• Ensure Learning & Development Interventions are Quality Assured • Ensure Learning & Development Interventions are well evaluated - Conduct Level Three Evaluation • Maximise attendance at multi agency events	• Quality Assurance - attend multi-agency training to observe - inbuilt into WCC QA procedure, continuous improvement and development in line with changes to policy and strategy • Level One Evaluations reviewed and acted upon where necessary on an ongoing basis • Level Three Evaluation to be conducted	LG	February 2016		Amber
Making Safeguarding Personal	• Review learning and development to ensure that MSP is intrinsic and supports the cultural change needed to embed MSP • Review the workforce requirements of MSP and how the subgroup can support required organisational and change	• Work to be scoped at next meeting, October 2015	RF/LG	March 2016		

Thematic Approach (to monitor emerging themes)	• Sub Group Members to timetable regular thematic and service updates to bring to the group any key areas of activity/research findings/actions within their Agency in order for the Group to agree whether there is any interagency Learning and Development Implications	• Ongoing	All	April 2016		Amber
Attendance of Adults WFD Sub Group	• Attendance at the sub group to be maximised and monitored to ensure all Partner Agencies are represented	• Monitoring form devised • Annual Submission to Steve James for feedback to WSAB	TJ	October 2015		Amber
Reporting to WSAB	• Activity Data - Completions of Single and Multi-Agency Training and Evaluation Information to be reported to WSAB quarterly	• Work to be scoped at next meeting, October 2015	LG	October 2015		

Appendix 8

District Council Sub-Committee: Action Plan 2015/16

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
Key Task 1: Launch of Multi Agency Protocol For Joint Risk Assessing and Sharing Information About Vulnerable Tenants and Applicants	• Protocol launch date • Delivery of training to all relevant teams • Number of cases referred under the Protocol	• Joint training delivered by housing and adult teams supported by WACB • Protocol implemented operationally • Training on Mental Capacity Act for frontline teams	District Subgroup Chair of Safeguarding Adults Board and DC & BC Board District Subgroup and Adult Services District Subgroup and Adult Services (do we need to specify a tier of management?)	Completion of training – End of December 2015 Protocol go-live date - End of March 2016 Compete training by end December 2015
Key Task 2: Ensure each DC/BC has a	• Statements Care Act compliant • Practices are flexible and readily updated in	• Review all District Safeguarding Adults Policies to ensure compliance with Care Act • Consider value of single DC/BC	District Subgroup	Completion of review by June 2015

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
policy statement relating to adult safeguarding	response to new legislation • Consistent approach across County	Safeguarding Policy Statement • Rewrite Policy Statements as appropriate		Evaluate by June 2015 Rewrite and approve by August 2015
Key Task 4: Maintain fit for purpose training plans within each DC/BC	• Training Plans in place in each district council	• Introduce recruitment checklists to identify which posts will require training when new staff appointed using competencies framework	District Subgroup leads	Complete by end April 2015
Key Task 5: Update and maintain robust safeguarding information on each DC/BC website	• Agreed minimum standard of information to be held • Annual reassessment of standard • Annual audit of website information	• Complete audit of existing website information • Ensure website contains information on policy statement (see Key Task 2)	District Subgroup	Annual to be completed by end of April 2016 All to be adopted/published - end December 2016
Key Task 7: Create	• Hold meetings in each DC & BC with Registered Providers introducing them	• Achieve greater understanding of local strategic and operational approach to partner Registered	District Subgroup	June 2015

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
effective links with local Registered Providers	to local arrangements	Providers		
Key Task 8: Reduce inappropriate referrals to Safeguarding Adults Team	• Increase the proportion of referrals where an safeguarding full assessment is carried out	• Evaluate success of previously developed consistent pathway/process across Warwickshire DC and BCs	District Subgroup Edward Williams	October 2015
Key Task 9: Inform senior officers and members of Safeguarding Adults	• Greater recognition of the importance of Safeguarding Adults amongst senior officers and members	• Circulate WSAB Annual Report to senior DC and BC officers and members	District Subgroup	December 2014
Key Task 10: Develop front line staff understanding of importance of	• More trained staff at DC and BC level	• Roll out Safer Places initiate to principle DC and BC customer access areas • Provide appropriate training/refresher training to all relevant DC and BC staff • Provide appropriate	District Subgroup Hardip Johal WCC	March 2015 March 2015 March 2016 December 2015

Objective	Measurable Outcomes	Action Required	Responsibility	Target Completion Date
Safeguarding Adults		training/refresher training to all relevant Housing Association staff • Ensure that Safeguarding Adults is a component of all DC and BC induction plans		
Key Task 11: Provide refuge to those experiencing abuse	• Safe Places established in each DC/BC customer fronting areas	• Roll out Safer Places initiate to principle Dc and BC customer access areas	District Subgroup Hardip Johal WCC	March 2016
Key Task 12: Contribute to the development and activity contained within the Prevention Strategy	• Improved levels of prevention in respect of Adult Safeguarding	• Contribute to the development of the Countywide Prevention Strategy • Where appropriate align actions of DC Sub-group with relevant Prevention Strategy workstreams	District Subgroup WSAB Prevention workstream participants	December 2016 March 2016

Item 4

Smart Start Strategy Programme
Report to the Warwickshire Health and Wellbeing Board
20 January 2016

Recommendations

The Health and Wellbeing Board are asked to consider the work and progress of the 0-5 Strategy Group and contribute views on the Programme's plans.

1. Background

Whilst the majority of our children are healthy and develop well, not all of them achieve a good level of development at the age of 5: about 33% are not 'school ready'. We need to change this because we know that help in the early years is an investment that pays back for a lifetime.

Warwickshire County Council set up a cross party and multi-agency Strategy Group for 0-5s' services, which will report to the Warwickshire Health and Wellbeing Board.

The 0-5 Strategy Group brings together representatives from health, early years' education, social care and the third sector and oversees a 3 year programme of innovative work to develop and deliver the strategy to improve the wellbeing and development of our 0-5s through:

 a) redesign and improving our existing services to ensure that they are going to be effective and sustainable. These services are not just health and social care, but include other services like arts, culture, sport and leisure, housing, etc. and involve close work with the community and voluntary sector as well as the private sector;

 b) engaging our communities to come up with innovative solutions to address the gaps in provision for 0-5s in Warwickshire. It's not just about us providing services, but empowering our communities to do this for themselves; and

 c) working towards integrating pathways and services for children to ensure better access and value for money.

2. Our outcomes

The Smart Start Strategy Programme presents an opportunity to develop and/ or apply innovative solutions to address the challenges and gaps in the provision of services for 0-5s and their families and improve "school readiness" of Warwickshire's 5 year olds. The Programme seeks to take a "whole system" partnership approach in doing so.

We are aiming to have:

- More children achieve at least the expected level in all areas of learning
- More children kept safe from harm
- More children and families accessing good quality services
- More children and families achieve good outcomes regardless of demographic/ location
- More parents/carers equipped to give their children the best start in life
- More parents/carers achieve economic wellbeing
- More parents/carers experience good health and wellbeing
- More children experience good health and wellbeing

3. The Programme

Our 3 year programme of work consists of four key elements:

1 – Development of our strategy and priorities
2 – Development and selection of projects to deliver our priorities and the strategy
3 – Delivery of the projects
4 – Evaluation of the programme and its legacy.

The delivery of the programme will be split into 3 phases:

PHASE 1 (2015-16)
- Programme/ strategy development
- foundation projects, incl. needs assessment, engagement and asset mapping
- redesign/ integration projects bids (family/ parent support, parenting programmes, workforce training/ strategy, quality improvement of early years provision, joint commissioning)
- options appraisal for the community projects scheme(s)

PHASE 2 (2016- 17)
- Community projects scheme(s) – Project selection/ testing/ early implementation
- Project bids tbc
- Evaluation and learning

PHASE 3 (2017- 18)
- Community projects scheme(s) – project delivery
- Project bids tbc
- Evaluation and learning.

Throughout the delivery of the programme and the development of the 0-5 Strategy, the 0-5 Strategy Group pays due regard to equalities. This is being achieved through ensuring that views are sought from parents and carers from all backgrounds and with any protected characteristics as part of the Foundation Project, the results of which will underpin the future direction of our work. Equality Impact Assessments are being carried out for each phase of the Programme.

4. Progress to date (December 2015)

Action	Completion date
Programme launched/ Early engagement with parents and partners	June 2015
Programme organisation agreed	June 2015
Programme Values and Operating Principles agreed	July 2015
0-5 years Strategy Formative workshop	August 2015
Programme outcomes and KPIs agreed	August 2015
Approach to programme delivery and stakeholder engagement agreed (phase 1 focus/ business case model)	August 2015
Draft business case guidance and criteria developed	September 2015
Year 1 Engagement and Co-production plan developed	September 2015
Programme branding (Smart Start) developed	November 2015
Tender for the foundation project part 1 (parent/ carer engagement and asset mapping) completed. Contract awarded to a consortium led by WCAVA. Project to commence in Dec 2015.	December 2015
Foundation project engagement with front line staff underway	December 2015 – February 2016
Tender for the foundation project part 2 (ethnographic research) underway. Delivery to commence in Jan 2016.	December 2015
Options appraisal for the community projects scheme under way.	December 2015 – February 2016

0-5 Strategy Integration Workshop to agree key integration priorities and actions	9 December 2015
Interim 0-5s Needs Assessment undertaken and published	October – December 2015
Smart Start webpages launched	January 2016

5. Phase 1 Priorities

Based on the findings from early engagement with commissioners, service providers and parents of 0-5 year olds as well as the 0-5s Interim Needs Assessment (see Appendix I), the 0-5 years Strategy Group have agreed the following priorities for the programme of work in 2015-17:

1. Improve access to maternal mental health and emotional support

2. Increase access and appropriate take up of parenting support programmes

3. Improve access to services and supports for expectant parents, parents, carers and children aged 0-5 years through integration and Making Every Contact Count (MECC)

4. Increase access to communication and learning activities, including speech and language development

5. Develop practitioners who are competent, increasing the capacity to deliver services and supports to families

6. Increase availability of quality childcare.

The principles underpinning the delivery of these priorities are:

A) Focus on outcomes
B) Innovation
C) Collaboration
D) Quality
E) Sustainability
F) Building community capacity
G) Good use of resources

The priorities form the criteria for bids to be submitted in January 2016 and will be reviewed by 31 March 2016, taking into account evidence and data gathered as a result of the delivery of the Foundation Project.

6. Next Steps

- Commencement of the phase 1 bidding process

  Schedule

Date	Activity
4 Jan 2016	Bidding process launches
14 Jan 2016	Bidders workshop (information on criteria and the process)
29 Jan 2016	Deadline for submission of bids
1 – 15 Feb 2016	Evaluation
16 – 26 Feb 2016	Consultation with legal, finance, Children's Joint Commissioning Board and 3 elected members
29 Feb 2016	Decision communicated/ published
Mar 2016	Allocation and transfer of funds/ project mobilisation
Apr 2016	Delivery of projects commences

- Delivery of the foundation projects
  (Dec 2015 – Jun 2016)

- Community projects scheme options appraisal
  (Dec 2015 – Feb 2016)

- 0-5 needs assessment revision and update
  (Mar – Apr 2016)

- Development of 0-5 Strategy
  (Apr 2016)

- Reports to Children's Overview & Scrutiny Committee, Health & Wellbeing Board and the Cabinet
  (Jan – May 2016)

- Community projects scheme
  (May – Jul 2016 – to be confirmed)

- Phase 2 bidding process
  (Jul – Sep 2016 – to be confirmed)

7. Conclusion

The 0-5 years Strategy Programme presents an opportunity to develop and/ or apply innovative solutions to address the challenges and gaps in the provision of services for 0-5s and their families and improve "school readiness" of Warwickshire's 5 year olds. The Programme seeks to take a "whole system" partnership approach in doing so.

The Health and Wellbeing Board are asked to consider the work and progress of the 0-5 Strategy Group and contribute views on the Programme's plans.

Background Papers

1. Appendix I – 0-5 Interim Needs Assessment – December 2015

	Name	Contact Information
Report Author(s)	Monika Rozanski Helen King	monikarozanski@warwickshire.gov.uk helenking@warwickshire.gov.uk
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Portfolio Holder	Cllr Les Caborn Cllr Colin Hayfield	lescaborn@warwickshire.gov.uk colinhayfield@warwickshire.gov.uk

Interim 0-5s Needs Assessment

Improving school readiness
Creating a better start for Warwickshire

Contents

The purpose of this report is to:

- describe the importance of school readiness
- describe the economic case for investing in school readiness
- provide a descriptive analysis of school readiness in Warwickshire
- summarise the evidence of what works to improve school readiness in order to facilitate improvements in service planning and delivery

What is school readiness?

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally.

The good level of development (GLD) is used to assess school readiness.

Children are defined as having reached a GLD at the end of the Early Years Foundation Stage if they achieved at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

Area of Learning	Early learning goal	Percentage achieving a GLD, 2015	
		Warwickshire	England
Communication & language	Listening & attention	85%	86%
	Understanding	84%	85%
	Speaking	83%	84%
Physical development	Moving & handling	89%	90%
	Health & self-care	90%	91%
Personal, social & emotional development	Self-confidence & self-awareness	87%	89%
	Managing feelings & behaviour	87%	87%
	Making relationships	88%	89%
Literacy	Reading	78%	76%
	Writing	72%	71%
Mathematics	Numbers	78%	77%
	Shape, space & measures	81%	81%
Understanding the world	People & communities	84%	85%
	The world	84%	85%
	Technology	90%	92%
Expressive arts, designing & making	Exploring & using media & materials	86%	88%
	Being imaginative	85%	87%

School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life.

School readiness at age five has a strong impact on future educational attainment and life chances.

Children who don't achieve a good level of development aged 5 years struggle with:
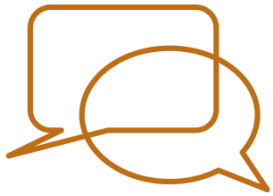
Social skills

Reading
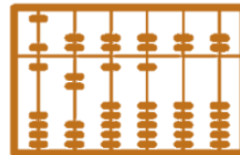
Maths

Physical skills

which impacts on outcomes in childhood and later life:
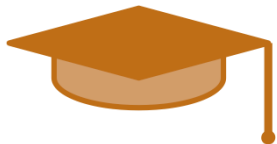
Educational outcomes

Crime

Health

Death

Index of Multiple Deprivation 2015

- Top 10% most deprived LSOAs nationally
- Top 10-20% most deprived LSOAs nationally
- Top 20-30% most deprived LSOAs nationally
- Top 30-40% most deprived LSOAs nationally
- Top 40-50% most deprived LSOAs nationally
- 50% least deprived LSOAs nationally
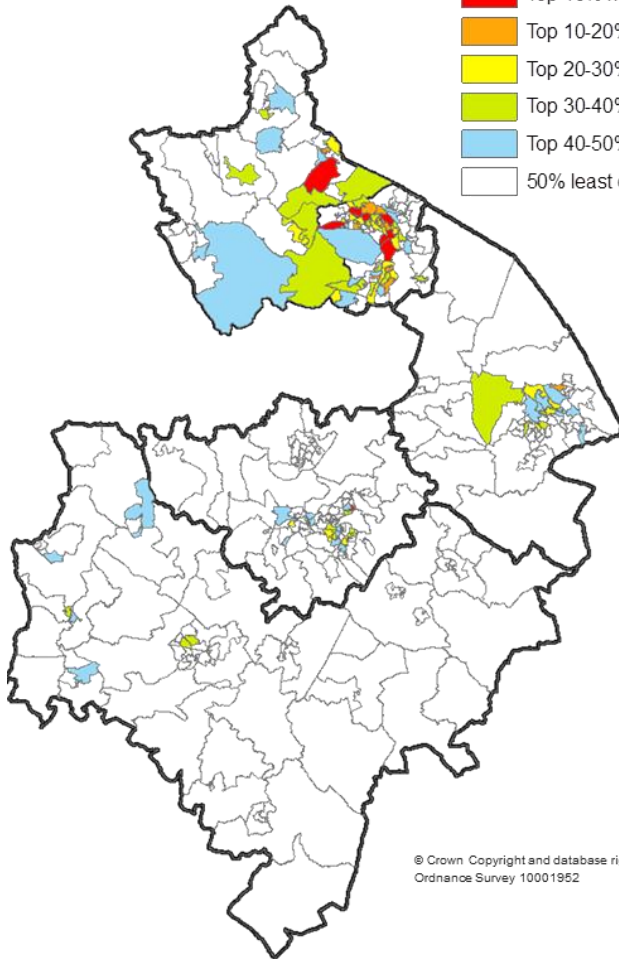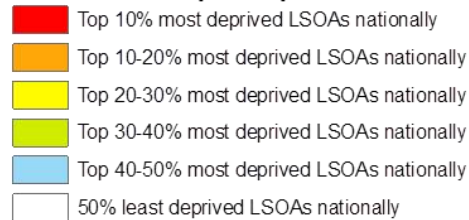
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Ordnance Survey 10001952

- Warwickshire is comprised of 339 Lower Super Output Areas (LSOAs), of which 18 (5.3%) fall into the 20% most deprived in England and eight LSOAs (2.4%) fall into the **top 10% most deprived** nationally on the overall Index of Multiple Deprivation 2015.

- Six of these eight are located with Nuneaton & Bedworth Borough, one within Warwick District and the other within North Warwickshire Borough.

0-5s in Warwickshire

There were an estimated **37,917 children aged between 0-5** living in Warwickshire in 2014

5,966 0-year olds, 6,306 1-year olds, 6,443 2-year olds, 6,467 3-year olds, 6,290 4-year olds, 6,445 5-year olds.

In 2014/15, **4,239 children (67%)** in Warwickshire achieved a **good level of development** at the end of reception

The boroughs of **Nuneaton and Bedworth** and **Rugby** have the **largest proportions** of 0-5 year olds in the county, with 7.6% and 7.7% of their total population respectively. This is the same proportion as the England average (7.6%)

There is a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%.
43.7% of mothers are still breastfeeding at 6 to 8 weeks

80% of 0-5 year olds are registered with a **Children's Centre**

8.1% of children aged 4-5 years and **15.7% of children aged 10-11 years** are classified as **obese**

School Readiness in Warwickshire

	Percentage achieving a good level of development (GLD)	
	2014	**2015**
North Warwickshire	59	64
Nuneaton & Bedworth	56	63
Rugby	59	69
Stratford-on-Avon	66	71
Warwick	61	69
Warwickshire	**60**	**67**

School Readiness in Warwickshire

	Percentage achieving a good level of development (GLD), 2015, by ethnicity					
	White	**Mixed**	**Asian**	**Black**	**Chinese**	**All Pupils**
Warwickshire	68	73	65	56	69	67
West Midlands Region	66	65	63	62	61	64
England	67	68	64	65	67	66

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).

School Readiness in Warwickshire

	Percentage achieving a good level of development (GLD), 2015		
	Boys	Girls	Percentage Point Gap
Warwickshire	60	75	15
West Midlands Region	57	72	15
England	59	74	15

School Readiness in Warwickshire

	Percentage achieving a good level of development (GLD), 2015		
	Pupils known to be eligible for Free School Meals	All other pupils	Percentage Point Gap
Warwickshire	49	69	20
West Midlands Region	51	67	16
England	51	69	18

School Readiness in Warwickshire

	Percentage achieving a good level of development (GLD), 2015		
	Pupils whose first language is English	**Pupils whose first language is other than English**	**Percentage Point Gap**
Warwickshire	69	59	10
West Midlands Region	67	56	11
England	68	60	8

School Readiness in Warwickshire

	Percentage achieving a good level of development (GLD), 2015		
	Pupils with no identified SEN	SEN Support	Percentage Point Gap
Warwickshire	72	19	53
West Midlands Region	70	21	49
England	71	24	47

School Readiness across the West Midlands Region

Staffordshire, Solihull, Shropshire, Warwickshire, Telford and Wrekin, Worcestershire, Herefordshire, Coventry, Stoke-on-Trent, Birmingham, Wolverhampton, Walsall, Dudley, Sandwell, West Midlands Region, England

West Midlands Local Authorities

% achieving a Good Level of Development
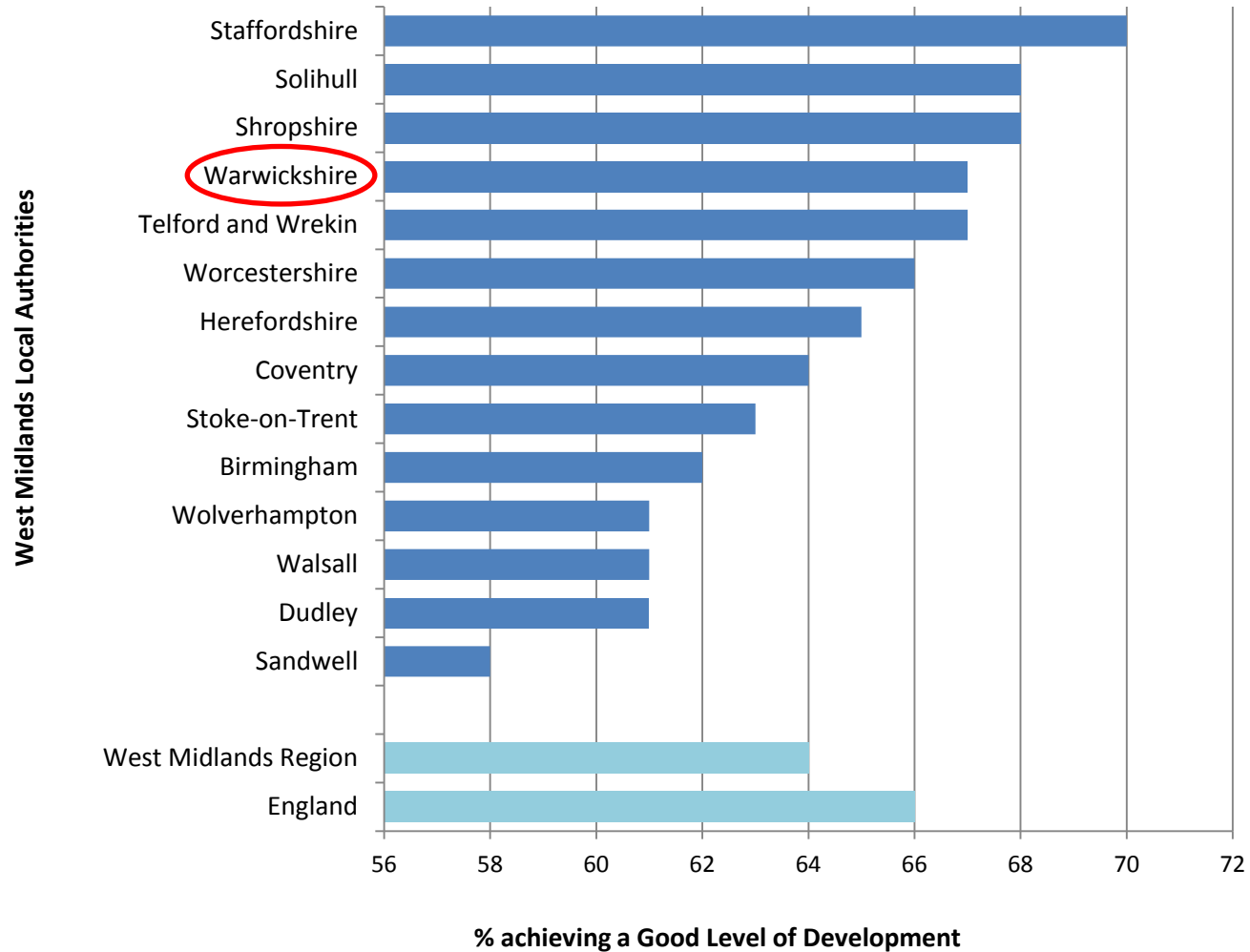
School Readiness by Similarly Deprived Local Authorities

Department for Education (2015) *Early years foundation stage profile attainment by pupil characteristics, England 2015.*

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).
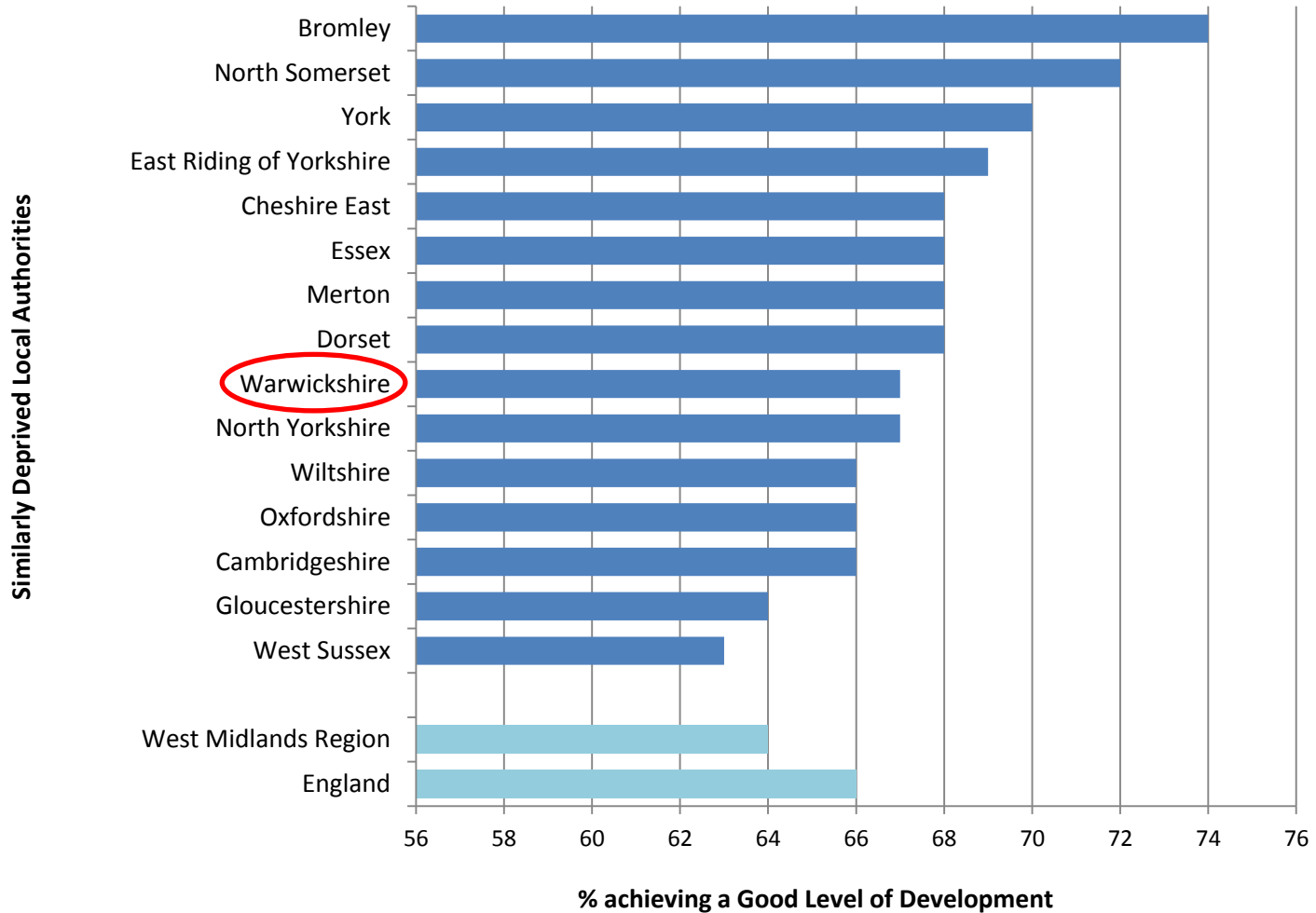
Good Level of Development (GLD)
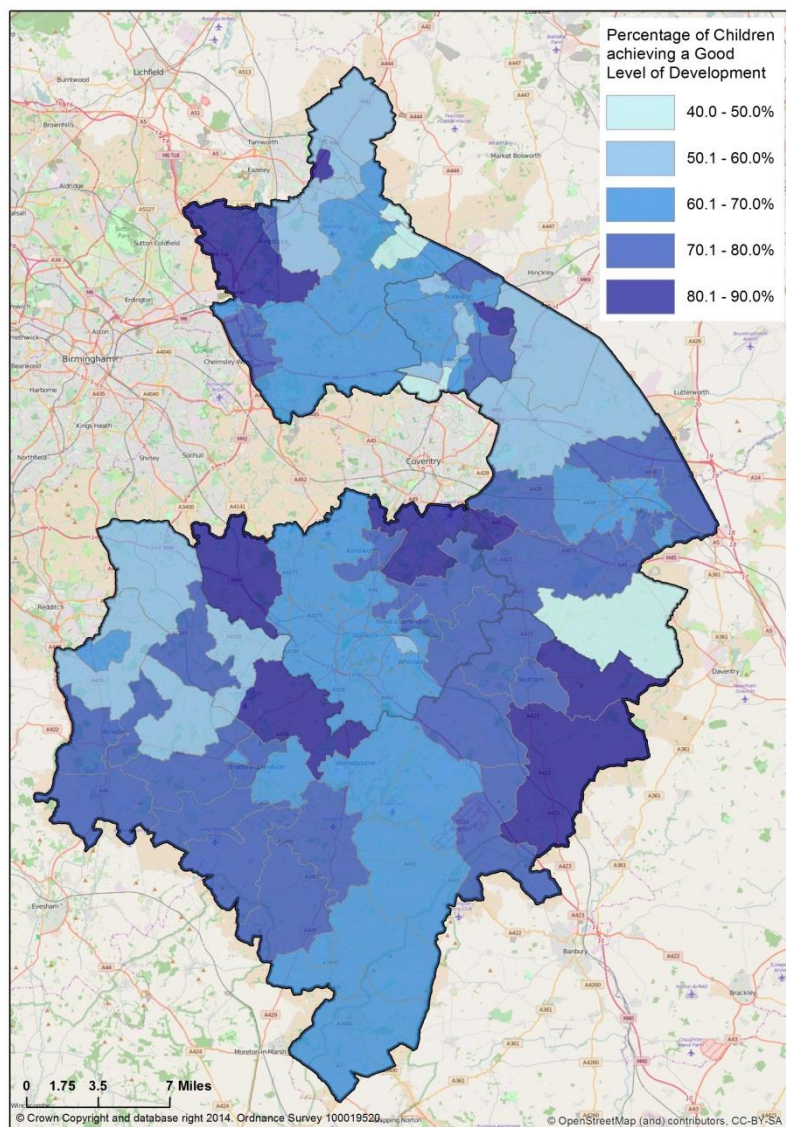
Top 10 Wards	% achieving GLD	Total Numbers in Ward Appearing on EYFSP Return
Stockton & Napton (Stratford-on-Avon)	89%	27
Curdworth (North Warwickshire)	88%	25
Fenny Compton (Stratford-on-Avon)	86%	14
Ryton-on-Dunsmore (Rugby)	86%	21
Stoneleigh (Warwick)	86%	14
Snitterfield (Stratford-on-Avon)	83%	18
Abbey (Warwick)	83%	86
Whitestone (Nuneaton & Bedworth)	82%	45
Lapworth (Warwick)	81%	26
Polesworth West (North Warwickshire)	81%	36

Bottom 10 Wards	% achieving GLD	Total Numbers in Ward Appearing on EYFSP Return
Wolvey (Rugby District)	56%	27
Bede (Nuneaton & Bedworth)	55%	83
Polesworth East (North Warwickshire)	55%	38
Newton Regis & Warton (North Warwickshire)	55%	22
Sambourne (Stratford-on-Avon)	53%	19
Claverdon (Stratford-on-Avon)	52%	23
Exhall (Nuneaton & Bedworth)	50%	88
Atherstone South & Mancetter (North Warwickshire)	46%	39
Atherstone North (North Warwickshire)	44%	25
Leam Valley (Rugby)	43%	14

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).

Good Level of Development (GLD): Numeracy

Percentage of Children achieving a Good Level of Numeracy
- 45.0 - 55.0%
- 55.1 - 65.0%
- 65.1 - 75.0%
- 75.1 - 85.0%
- 85.1 - 95.0%
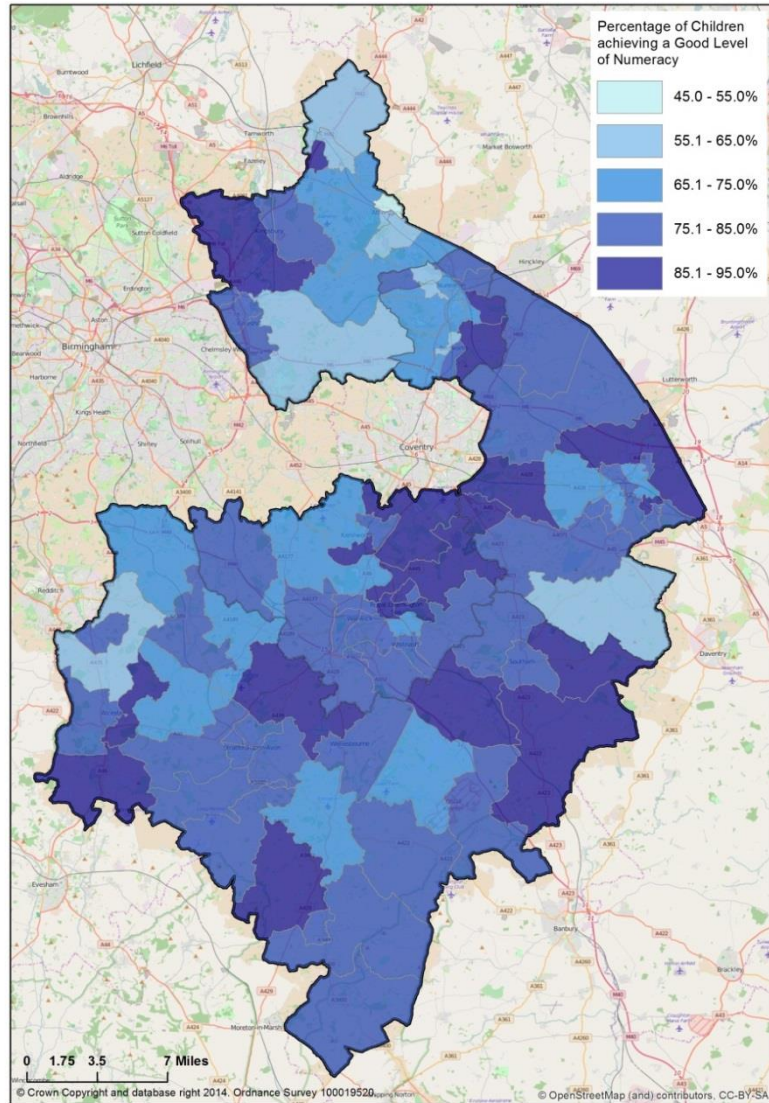
Good Level of Development (GLD): Writing

Percentage of Children achieving a Good Level of Writing
- 45.0 - 55.0%
- 55.1 - 65.0%
- 65.1 - 75.0%
- 75.1 - 85.0%
- 85.1 - 95.0%

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).
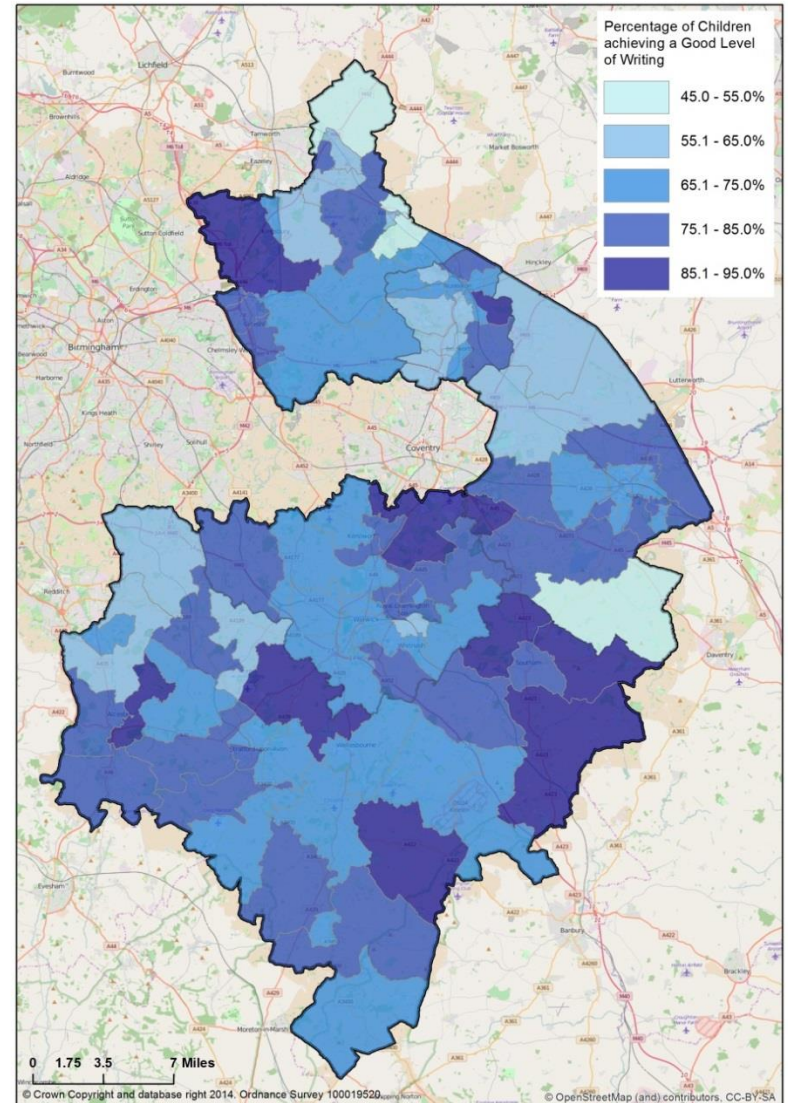
Good Level of Development (GLD): Reading
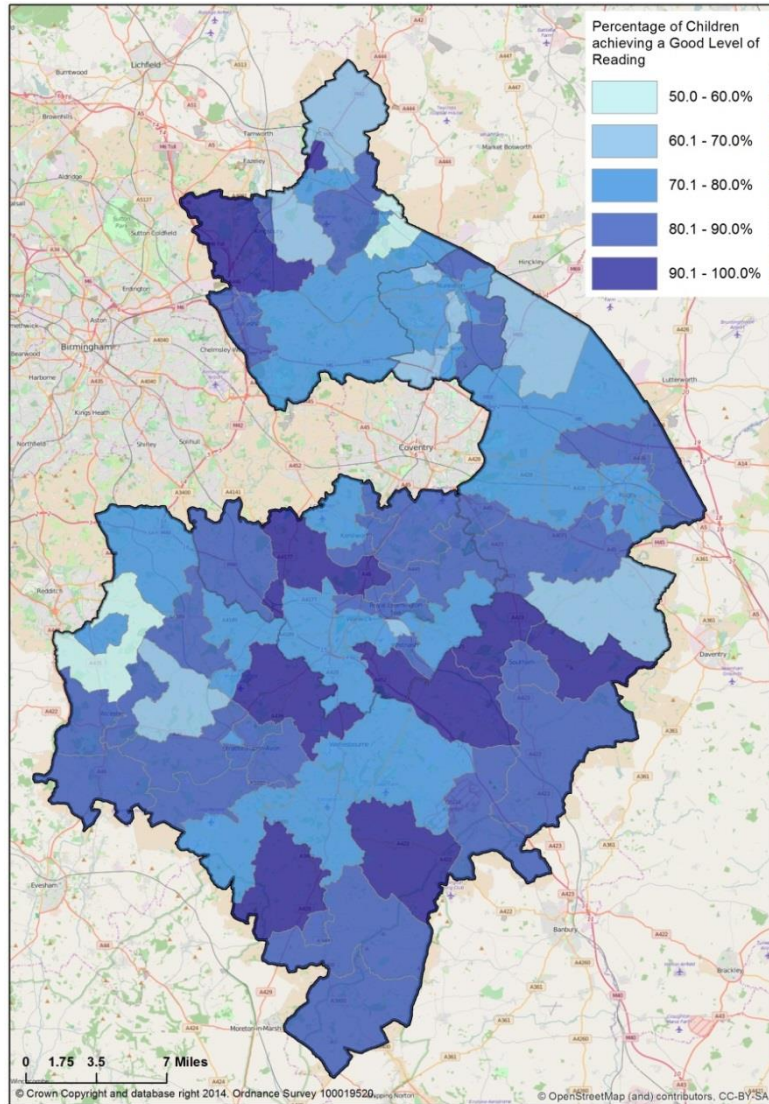
Good Level of Development (GLD): Imagination

Percentage of Children achieving a Good Level of Reading

- 50.0 - 60.0%
- 60.1 - 70.0%
- 70.1 - 80.0%
- 80.1 - 90.0%
- 90.1 - 100.0%

Percentage of Children achieving a Good Level of Imagination

- 60.0 - 68.0%
- 68.1 - 76.0%
- 76.1 - 84.0%
- 84.1 - 92.0%
- 92.1 - 100.0%

0   1.75   3.5   7 Miles
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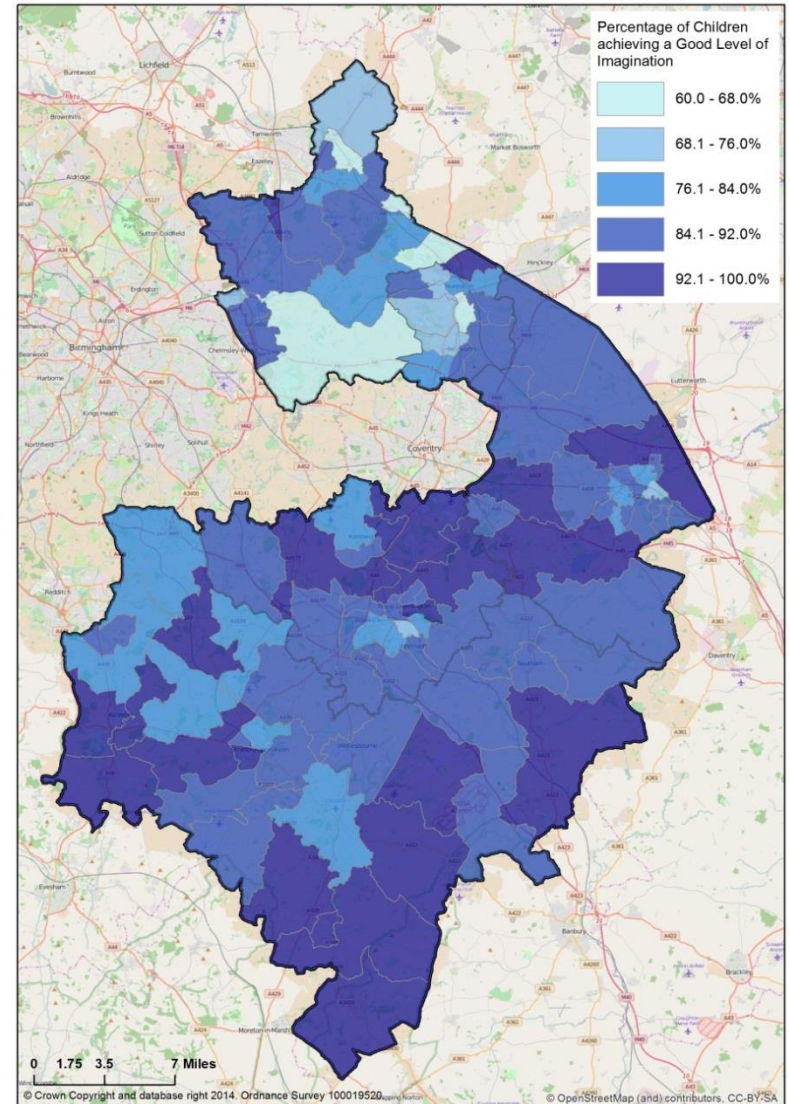
Good Level of Development (GLD): Use of Media & Materials
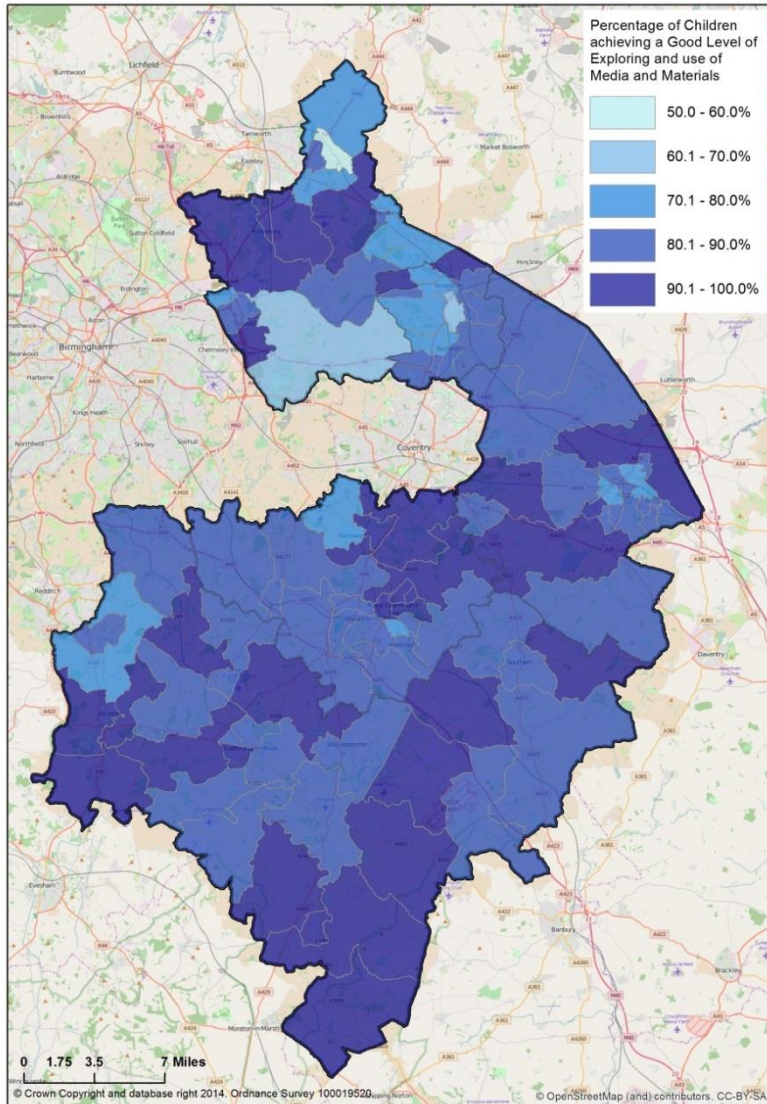
Percentage of Children achieving a Good Level of Exploring and use of Media and Materials

- 50.0 - 60.0%
- 60.1 - 70.0%
- 70.1 - 80.0%
- 80.1 - 90.0%
- 90.1 - 100.0%

Good Level of Development (GLD): Understanding of Technology

Percentage of Children achieving a Good Level of Understanding of Technology

- 60.0 - 68.0%
- 68.1 - 76.0%
- 76.1 - 84.0%
- 84.1 - 92.0%
- 92.1 - 100.0%

19
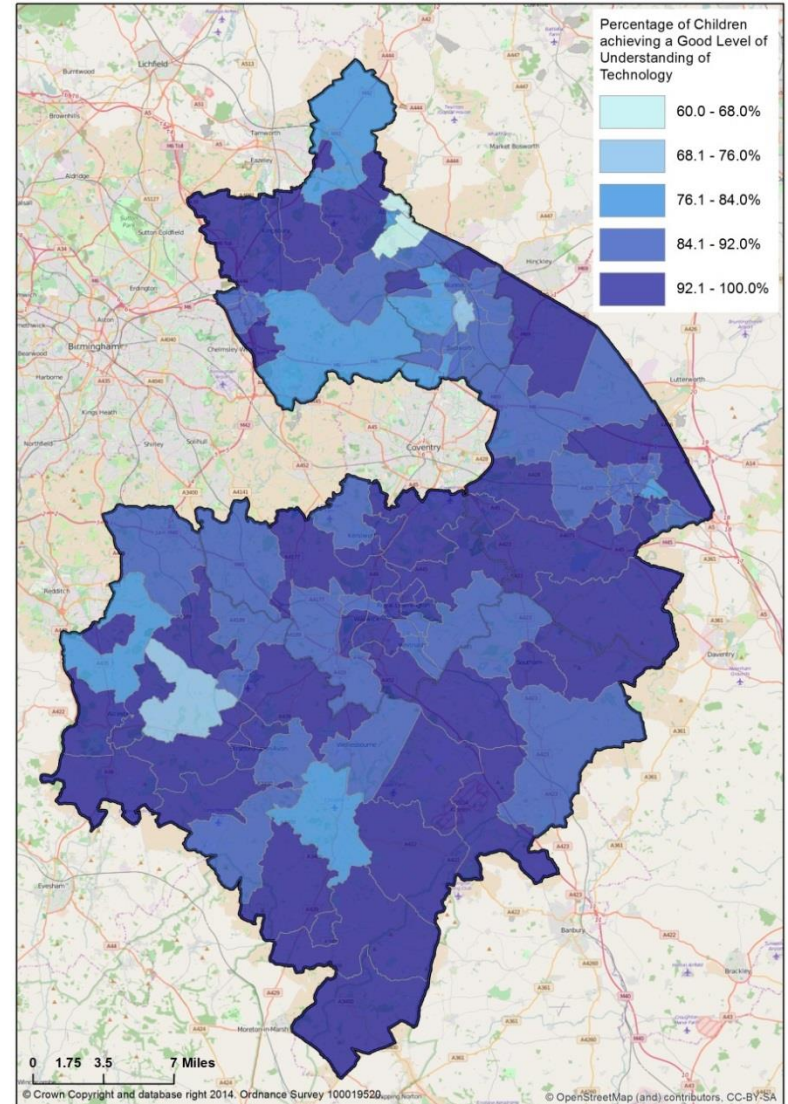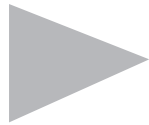
Good Level of Development (GLD): Understanding of the World
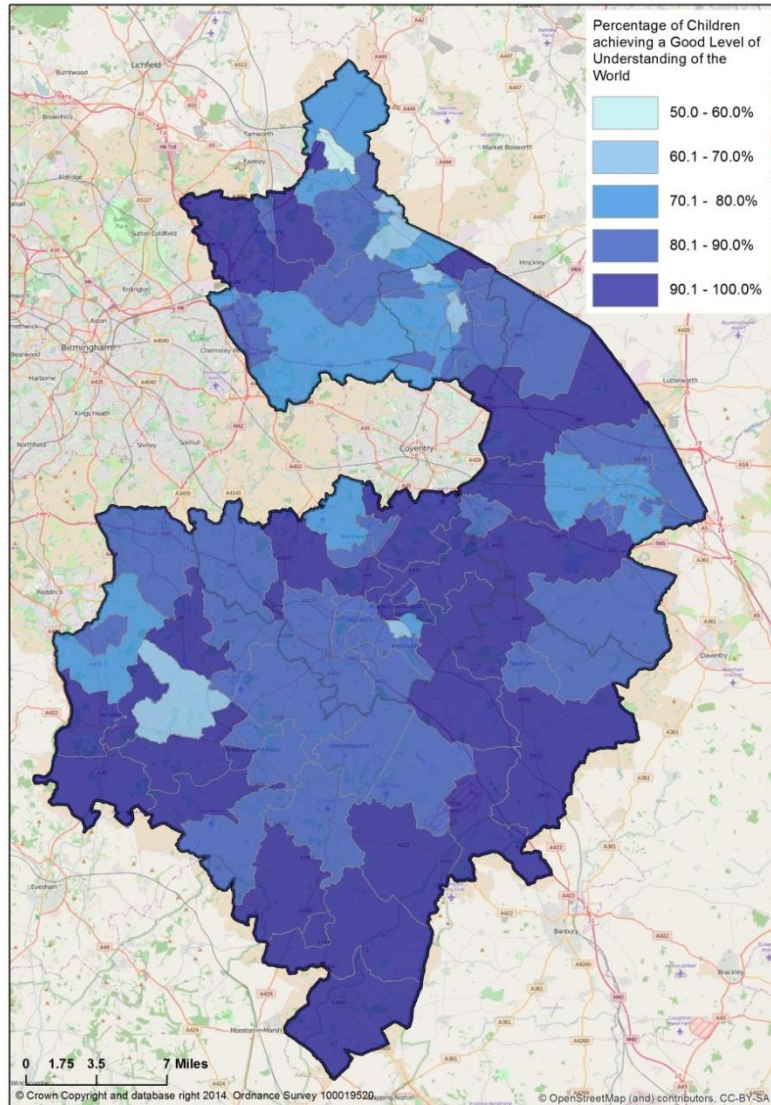
Good Level of Development (GLD): Understanding of People & Communities

Percentage of Children achieving a Good Level of Shape, Space and Measures Understanding

- 50.0 - 60.0%
- 60.1 - 70.0%
- 70.1 - 80.0%
- 80.1 - 90.0%
- 90.1 - 100.0%

Percentage of Children achieving a Good Level of Relationship Building

- 65.0 - 72.0%
- 72.1 - 79.0%
- 79.1 - 86.0%
- 86.1 - 93.0%
- 93.1 - 100.0%

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Department for Education (2015) *Early years foundation stage profile attainment by pupil characteristics, England 2015.*
Business & Commissioning Intelligence, Strategic Commissioning, People Group

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).

Good Level of Development (GLD): Managing Feelings & Behaviour

Percentage of Children achieving a Good Level of Managing Feelings and Behaviour
- 60.0 - 68.0%
- 68.1 - 76.0%
- 76.1 - 84.0%
- 84.1 - 92.0%
- 92.0 - 100.0%

0 1.75 3.5   7 Miles

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Good Level of Development (GLD): Self-Confidence

Percentage of Children achieving a Good Level of Self-Confidence
- 65.0 - 72.0%
- 72.1 - 79.0%
- 79.1 - 86.0%
- 86.1 - 93.0%
- 93.1 - 100.0%

0 1.75 3.5   7 Miles

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N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).

Good Level of Development (GLD): Health & Self-Care

Percentage of Children achieving a Good Level of Health and Self-Care
- 68.0 - 72.0%
- 72.1 - 79.0%
- 79.1 - 86.0%
- 86.1 - 93.0%
- 93.1 - 100.0%
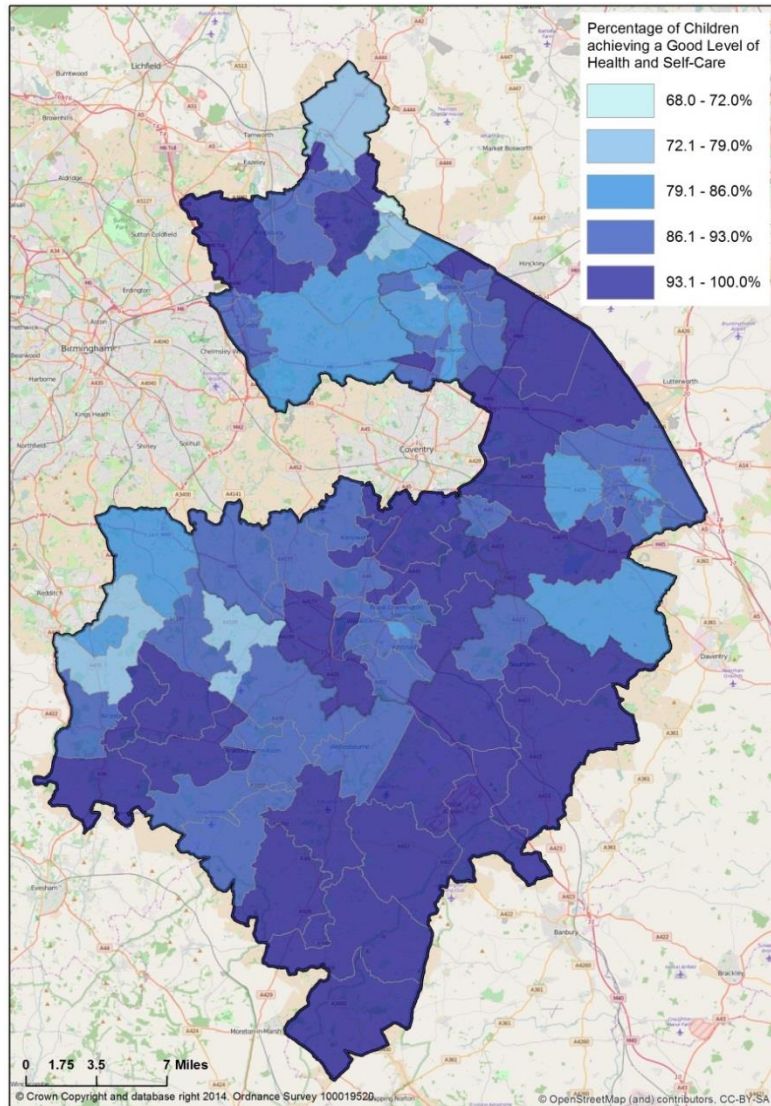
Good Level of Development (GLD): Moving & Handling

Percentage of Children achieving a Good Level of Moving and Handling
- 72.0 - 76.0%
- 76.1 - 82.0%
- 82.1 - 88.0%
- 88.1 - 94.0%
- 94.1 - 100.0%

23

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).
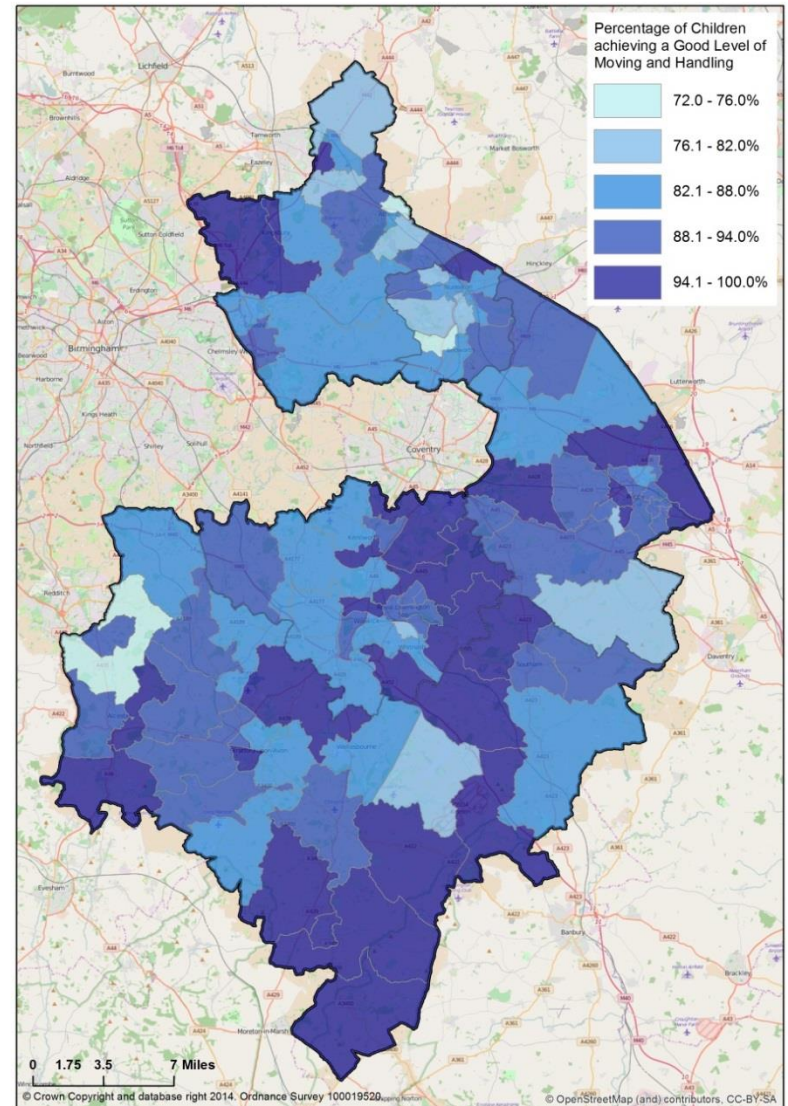
Good Level of Development (GLD): Speech Development

Percentage of Children achieving a Good Level of Speech Development

- 60.0 - 68.0%
- 68.1 - 76.0%
- 76.1 - 84.0%
- 84.1 - 92.0%
- 92.1 - 100.0%

Good Level of Development (GLD): Understanding

Percentage of Children achieving a Good Level of Understanding

- 60.0 - 68.0%
- 68.1 - 76.0%
- 76.1 - 84.0%
- 84.1 - 92.0%
- 92.1 - 100.0%

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Department for Education (2015) *Early years foundation stage profile attainment by pupil characteristics, England 2015.*
Business & Commissioning Intelligence, Strategic Commissioning, People Group

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).

**Good Level of Development (GLD):
Listening & Attention**

Percentage of Children achieving a Good Level of Listening and Attention

- 50.0 - 60.0%
- 60.1 - 70.0%
- 70.1 - 80.0%
- 80.1 - 90.0%
- 90.1 - 100.0%

25

N.B. School readiness data is for all Warwickshire stated funded schools and academies/free schools as well as some private providers (if they have a child funded by Warwickshire).

Recognise numbers and quantities in the everyday environment

Participate in music activities such as singing

Have good oral health

Are able to take turns, sit, listen and play

Are able to communicate their needs and have a good vocabulary

Are able to socialise with peers and form friendships

Are independent in eating

Develop motor control and balance for a range of physical activities

Are independent in getting dressed and going to the toilet

Have received all childhood immunisations

Are well nourished and within normal weight for height

Milestones of normal child development aged about four years (based on the work of Mary Sheridan, From Birth to Five Years)

Why invest in school readiness?

Failing to invest sufficiently in quality early care and education short changes taxpayers because the return on investment is greater than many other economic development options

Every **£1** invested in quality early care and education **saves** taxpayers up to **£13** in future costs

For every **£1** spent on early years education, **£7** has to be spent to have the same impact in adolescence

The benefits associated with the introduction of the literacy hour in the UK outstrip the costs by a ratio of between **27:1** and **70:1**

Targeted parenting programmes to prevent conduct disorders pay back **£8** over six years for every **£1** invested with savings to the NHS, education and criminal justice system

Centre for Research in Early Childhood (2013) *The impact of early education as a strategy in countering socioeconomic disadvantage*
DCSF (2008) *The impact of parental involvement on children's education*
Public Health England (2013) *The health and wellbeing of children and young people in London*

Why invest in school readiness?

Early years interventions have been shown to have a higher rate of return per investment than later interventions. The costs of delivery per child are outweighed by the benefits to the individual, taxpayers and others through improved educational outcomes, reduced healthcare costs, reduced crime and increased taxes paid due to increased earnings as adults.

Nationally recognised programmes

Curiosity Corner	**Cost** £78	**Benefit** £5,466	**Benefit to cost ratio** 70.08	36 week programme designed to improve pupils' oral language and literacy, as well as their cognitive, mathematical, social, personal, creative and physical development
Family Nurse Partnership	**Cost** £7,562	**Benefit** £14,694	**Benefit to cost ratio** 1.94	Designed to serve low-income, at-risk pregnant women bearing their first child to promote the child's development & provide support & instructive parenting skills.
Early childhood education	**Cost** £6,141	**Benefit** £11,525	**Benefit to cost ratio** 1.88	Provided via the National Curriculum
Perry preschool programme	**Cost** £13,393	**Benefit** £21,598	**Benefit to cost ratio** 1.61	Programme based on highly influential breakthrough study proving the essential impact of early intervention in shaping the lives of young minds.

Why invest in school readiness?

Warwickshire-based programmes

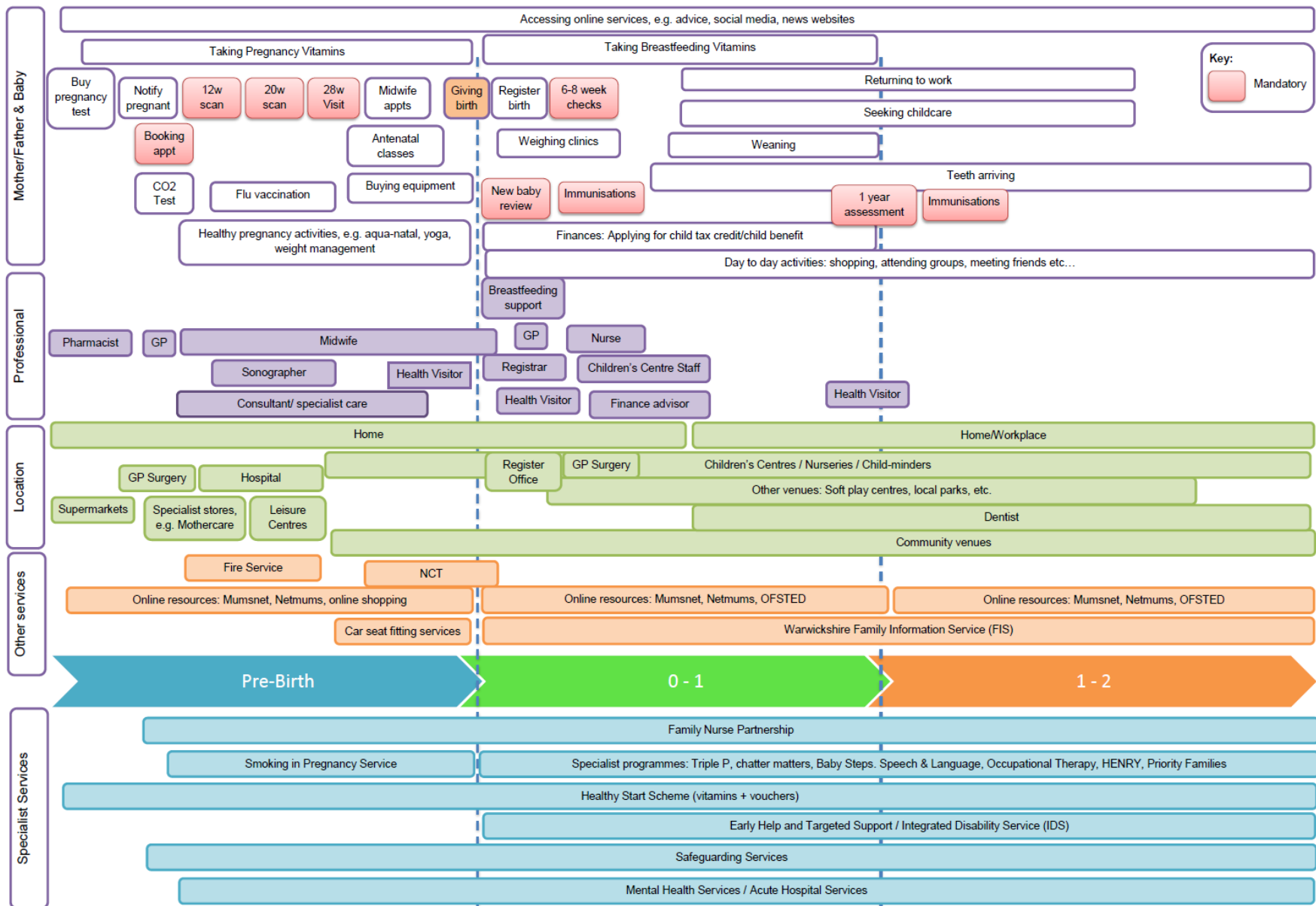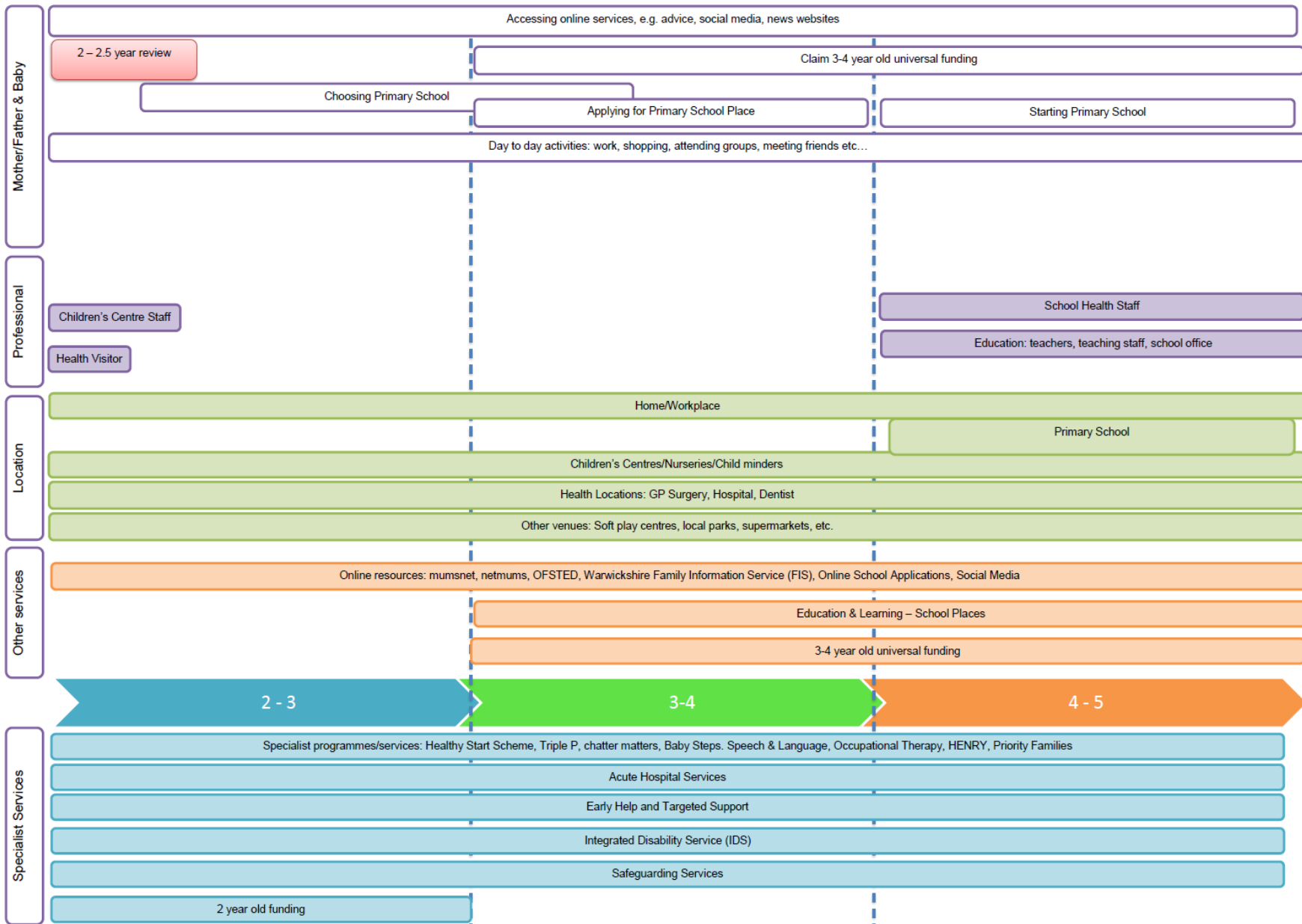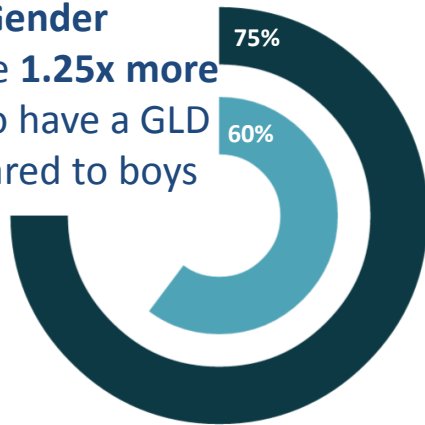| Programme	Cost	Benefit	Benefit to cost ratio	Description
Triple P Programme	**Cost** £118	**Benefit** £596	**Benefit to cost ratio** 5.05	Aims to increase the skills & confidence of parents in order to prevent the development of serious behavioural & emotional problems in their children.
Family Nurse Partnership	**Cost** £7,562	**Benefit** £14,694	**Benefit to cost ratio** 1.94	Designed to serve low-income, at-risk pregnant women bearing their first child to promote the child's development & provide support & instructive parenting skills.
Baby Steps	**Cost** £TBC	**Benefit** £TBC	**Benefit to cost ratio** TBC	An NSPCC ante-natal programme helping vulnerable parents cope with the pressures of having a baby.
Henry Programme	**Cost** £TBC	**Benefit** £TBC	**Benefit to cost ratio** £TBC	Programme delivering responsive packages of support to tackle childhood obesity
Time to Talk	**Cost** £TBC	**Benefit** £TBC	**Benefit to cost ratio** TBC	Warwickshire's strategic approach for Children's Centres & targeted Early Years and Childcare settings. Aims to improve outcomes in language and communication for children.

0-5 Services Journey

Accessing online services, e.g. advice, social media, news websites

Mother/Father & Baby

Taking Pregnancy Vitamins | Taking Breastfeeding Vitamins

Returning to work
Seeking childcare

Buy pregnancy test | Notify pregnant | 12w scan | 20w scan | 28w Visit | Midwife appts | Giving birth | Register birth | 6-8 week checks

Booking appt | Antenatal classes | Weighing clinics | Weaning

CO2 Test | Flu vaccination | Buying equipment | New baby review | Immunisations | Teeth arriving | 1 year assessment | Immunisations

Healthy pregnancy activities, e.g. aqua-natal, yoga, weight management | Finances: Applying for child tax credit/child benefit

Day to day activities: shopping, attending groups, meeting friends etc…

Key:
Mandatory

Professional

Breastfeeding support

Pharmacist | GP | Midwife | GP | Nurse

Sonographer | Health Visitor | Registrar | Children's Centre Staff

Consultant/ specialist care | Health Visitor | Finance advisor | Health Visitor

Location

Home | Home/Workplace

GP Surgery | Hospital | Register Office | GP Surgery | Children's Centres / Nurseries / Child-minders

Other venues: Soft play centres, local parks, etc.

Supermarkets | Specialist stores, e.g. Mothercare | Leisure Centres | Dentist

Community venues

Other services

Fire Service | NCT

Online resources: Mumsnet, Netmums, online shopping | Online resources: Mumsnet, Netmums, OFSTED | Online resources: Mumsnet, Netmums, OFSTED

Car seat fitting services | Warwickshire Family Information Service (FIS)

Pre-Birth | **0 - 1** | **1 - 2**

Specialist Services

Family Nurse Partnership

Smoking in Pregnancy Service | Specialist programmes: Triple P, chatter matters, Baby Steps. Speech & Language, Occupational Therapy, HENRY, Priority Families

Healthy Start Scheme (vitamins + vouchers)

Early Help and Targeted Support / Integrated Disability Service (IDS)

Safeguarding Services

Mental Health Services / Acute Hospital Services

0-5 Services Journey

Warwickshire Inequalities in School Readiness (2014/15)

Gender
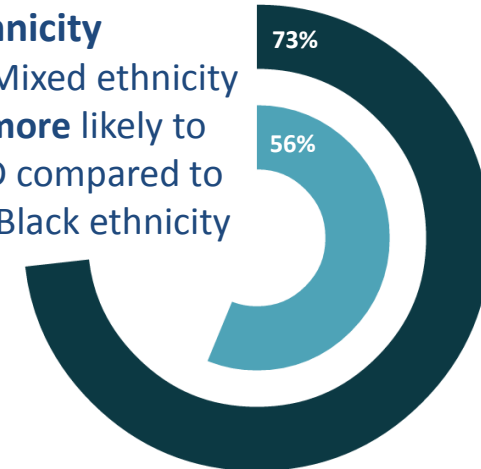Girls are **1.25x more** likely to have a GLD compared to boys

75%
60%

Free school meals
Pupils who are not eligible for FSM are **1.4x more likely** to have a GLD compared to those who are eligible for FSM

69%
49%

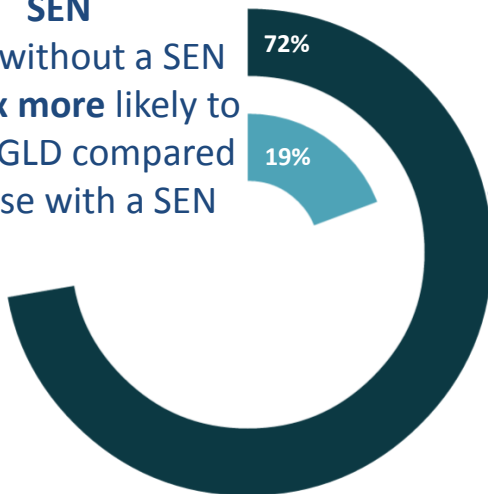## Ethnicity
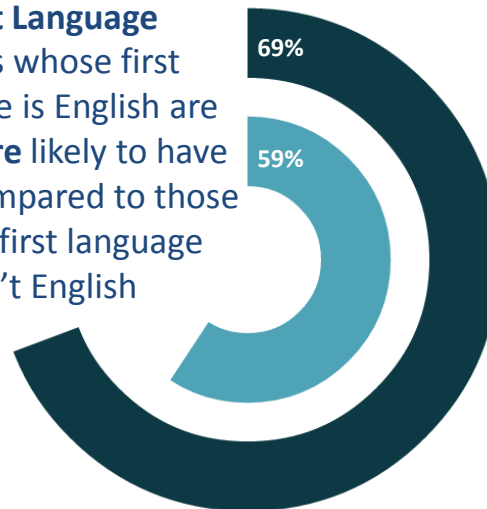Pupils of a Mixed ethnicity are **1.3x more** likely to have a GLD compared to pupils of a Black ethnicity

73%
56%

SEN
Pupils without a SEN are **3.8x more** likely to have a GLD compared to those with a SEN

72%
19%

First Language
Pupils whose first language is English are **1.2x more** likely to have a GLD compared to those whose first language isn't English

69%
59%

Deprivation
Pupils from the least deprived households are **1.4x more** likely to have a GLD compared to the most deprived
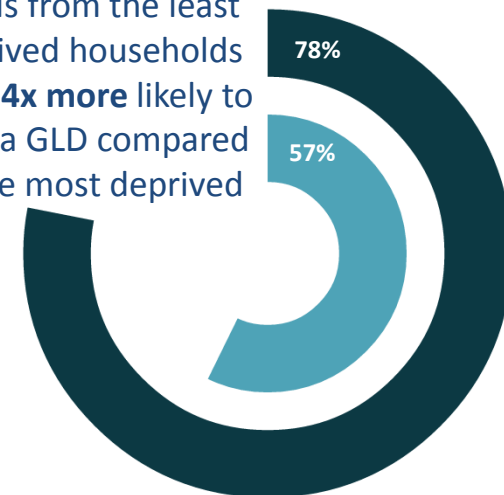
78%
57%

Ready families + Ready children + Ready communities + Ready services
= Children ready for school success

Latest Data Included

Ready children

School readiness: % Children achieving a good level of development at the end of reception (2014/15)

66.3%   67.2%

Child mortality rate, per 100,000 population (1-17 years) (2011-13)

11.9   10.1

Emotional wellbeing of LAC, score (2013/14)

13.9   13.1

% of children recorded as SEND who are "school ready" (2013-15)

21.0%   16.7%

Infant Mortality, per 1,000 live births (under 1 year) (2011-13)

4.0   3.5

Hospital Admissions for mental health conditions, rate per 100,000 (aged 0-17) (2013/14)

87.2%   88.4%

Not Sufficient Data to Compare   Better than England average   Similar to England average   Worse than England average

33   England   Warwickshire

Ready families + Ready children + Ready communities + Ready services
= Children ready for school success

Latest Data Included

Ready children

MMR Vaccination for one dose (2 years) (2013/14)

92.7% 96.9%

Dtap/IPV/Hib Vaccination (2 years) (2013/14)

96.1% 98.5%

Children in care (under 18 years), per 10,000 children (2014)

59.8 61.6

Low birth weight of all babies (2013)

7.4% 7.6%

Children aged 4-5 years classified as obese or overweight, % (2013/14)

22.5% 20.6%

The prevalence of underweight children in reception year, % (2013/14)

0.95% 0.74%

Better than England average Similar to England average Worse than England average

34 England Warwickshire
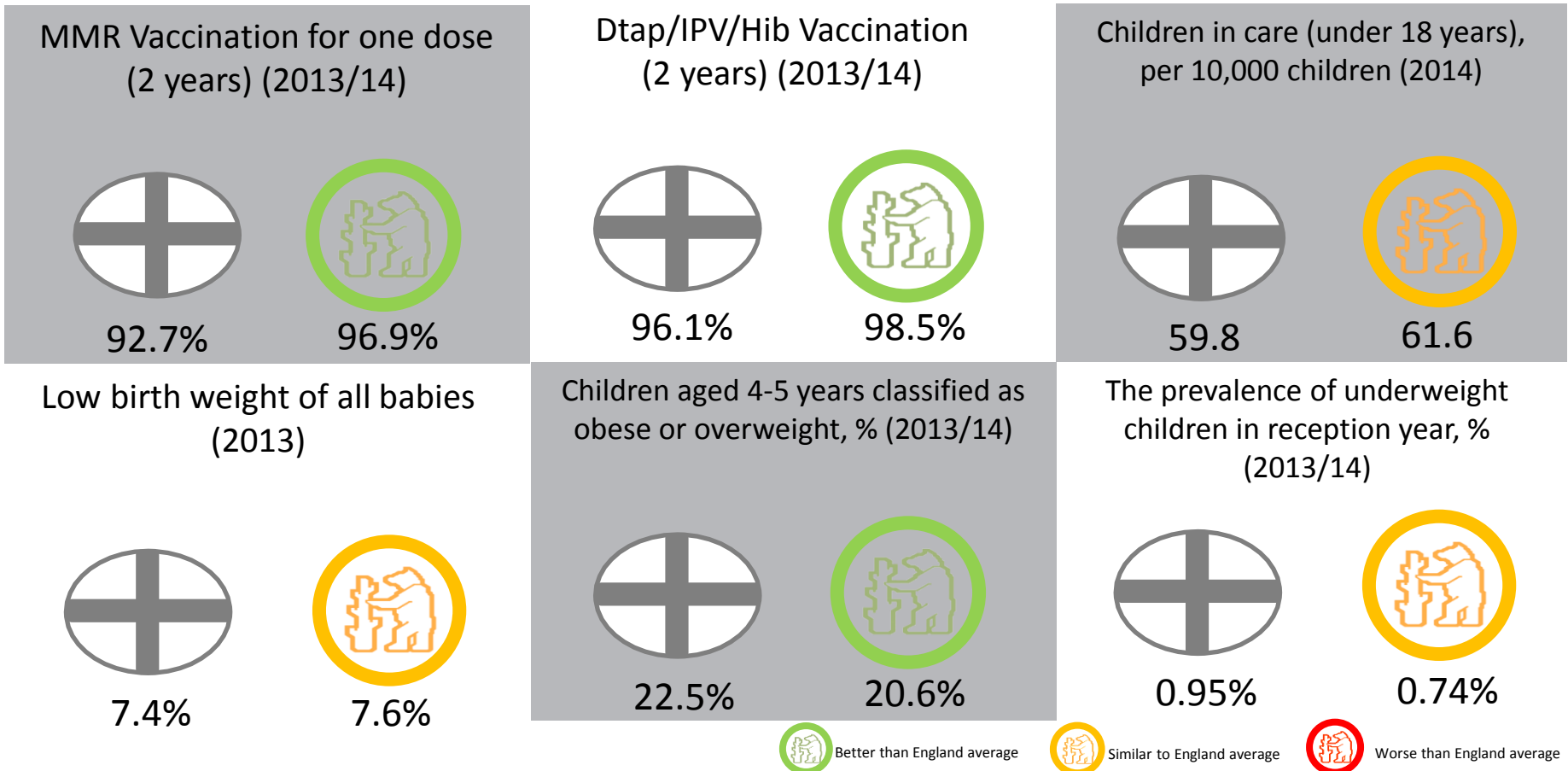
Ready families + Ready children + Ready communities + Ready services
= Children ready for school success

Latest Data Included

Ready children

Smoking status at time of delivery (2014/15)	Breastfeeding initiation (2014/15)	Breastfeeding prevalence at 6-8 weeks after birth (2014/15)
11.4% 11.5%*	74.3% 72.1%	43.8% 46.9%

Children with one or more decayed, missing or filled teeth (5 years) (2011/12)	Children in Poverty (under 16 years) (2012)	Children who are the subject of a Child Protection Plan, per 10,000 children (2014/15)
27.9% 20.0%	19.2% 13.2%	42.9 47.7

*Unpublished figure, due to data quality issues

Higher than England average   Better than England average   Similar to England average   Worse than England average

35   England   Warwickshire

Ready families + Ready children + Ready communities + Ready services
= Children ready for school success

Latest Data Included

Ready children

Children killed or seriously injured in road traffic accidents, per 100,000 population (0-15 years) (2011-13)	A&E attendances, rate per 1,000 population (0-4 years) (2013/14)	Hospital admissions caused by injuries in children (0-14 years), crude rate per 10,000 (2013/14)
19.1 18.9	525.6 531.8	112.2 125.3
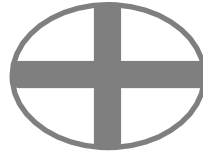
Better than England average   Similar to England average   Worse than England average

Ready families + Ready children + Ready communities + Ready services
= Children ready for school success

Latest Data Included

Ready families & communities

Flu Vaccinations in Pregnant Women (2014/15)

44.1%   47.4%

Under 18 conceptions per 1,000 females ages 15-17 years (2013)
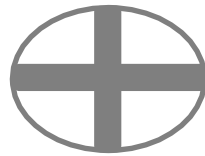
24.3   23.4

Family homelessness (2013/14)

1.7%   1.7%

Children in Workless Households (2014)
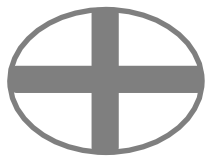
13.2%   6.8%*

Teenage Mothers, % (2013/14)

1.1%   1.1%

Estimates marked * have a coefficient of variation >20 and are not considered reliable for practical purposes (ONS)

Better than England average   Similar to England average   Worse than England average

37   England   Warwickshire

Ready families + Ready children + Ready communities + Ready services
= Children ready for school success

Interim figures –
Awaiting Validation

Latest Data Included

Ready families & communities

Number of families benefiting from the Family Nurse Partnership (FNP) programme (31st Aug 2015)

141

Achievement against fidelity goals for FNP - Recruitment

50.4%   54.7%

Achievement against fidelity goals for FNP – Pregnancy (80% of expected visits)

58.0%   63.0%

Achievement against fidelity goals for FNP – Infancy (65% of expected visits)

59.0%   66.8%

Achievement against fidelity goals for FNP – Toddlerhood (60% of expected visits)

60.0%   49.8%

Not Comparable   Better than England average   Similar to England average   Worse than England average

38   England   Warwickshire

Ready families + Ready children + Ready communities + Ready services
= Children ready for school success

Ready Schools / Services

Latest Data Included

Children and young people's experience of inpatient services (2014)
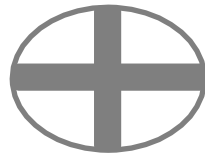
8.3/10*   8.4/10**

Proportion of 3 or 4 year olds accessing free childcare places (2011-15)

96%   101%***

% of children's centres to be judged to be good or outstanding by Ofsted (2015)

66%   79%

No. of 2 year old children benefiting from funded early education (2015)

58%   68%

*Estimated score, due to no overall score provided at an England level.
**Average of two out of three Trusts. George Eliot Hospital NHS Trust results not available.
***For 3 and 4-year-olds, the eligible population used to calculate take-up rates is the ONS resident population estimate, which does not take into account children being schooled outside of their home Local Authority.

Better than England average   Similar to England average   Worse than England average

England   Warwickshire

Domestic Violence

Children exposed to domestic abuse suffer significant harm from the effects of witnessing such violence. The longer children are exposed to violence or domestic abuse, the more severe the effects on them are.

Research indicates that children in violent homes are:

7x — 7 times more likely to commit suicide

50% — 50% more likely to abuse alcohol or drugs

76% — Likely to commit 76% of crimes as young juveniles

MARAC

A Multi-Agency Risk Assessment Conference (MARAC) is a multi-agency meeting which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to.

In 2013/14, 538 cases were discussed at MARACs in Warwickshire, 87% of which were referred by the Police.

710

710 children were identified as living in MARAC case households.

Looked After Children in Warwickshire

Looked After Children (LAC)

690

There were 690 LAC in Warwickshire at 31st March 2015.

Slight decrease from 689 children on 31st March 2013

An increase of 18% compared to 31st March 2010.

62

The rate (per 10,000 children under 18 years) of LAC in Warwickshire has increased, from 52 per 10,000 at 31st March 2010 to 62 per 10,000 at 31st March 2014.

Higher than the England average, 60 per 10,000 children

Lower than the West Midlands rate, 73 per 10,000 children

24% 0-5s

The age profile of looked after children in Warwickshire at 31st March 2014 is similar to that of the England average and the West Midlands. Just under a quarter (24%) of LAC in Warwickshire were aged 0 to 5 years.

7.6%

Of pupils who were of compulsory school age and above, 7.6% had a first language which was known or believed not to be English, which equates to be just over 2,500 pupils in Warwickshire.
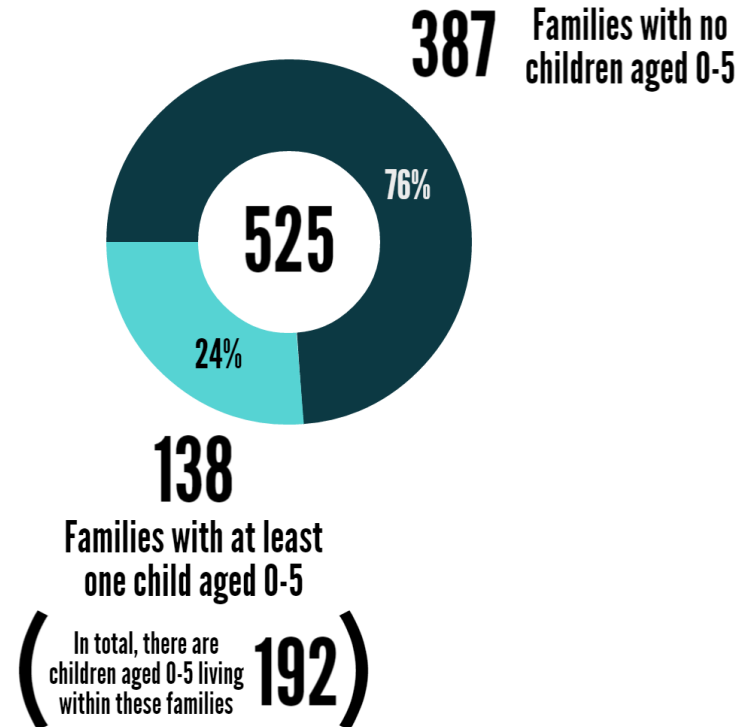
Lower than the West Midlands figure, 19.9% and the England figure, 18.1%

41

Priority Families - Overview:

- Phase 2 of the Priority Families Programme runs from 1st April 2015 for up to 5 years. WCC agreed to be a pilot authority and became a 'First Wave Early Starter' for Phase 2 in September 2014.

- Since the start of Phase 2, 525 families have been identified as meeting the eligibility criteria for the programme.

- To assist with work that the 0–5 Strategy Group are under taking, information has been analysed for the 138 families with at least one 0-5 year old child living with them.

387 Families with no children aged 0-5

76%

525

24%

138 Families with at least one child aged 0-5

(In total, there are children aged 0-5 living within these families **192**)

(For the purposes of this analysis, a child is identified as 0-5 if their birthday falls on or after July 11th 2009).

Priority Families - Key Findings:

- Within Camp Hill, over 50% of all current Phase 2 families identified as eligible for the Programme contain at least one 0-5 year old.
- Across Warwickshire, where the registration status is known, 80% of 0-5 year olds are registered with a Children's Centre.
- Registration at Children's Centres is highest in the Nuneaton & Bedworth district (87%) - excluding Camp Hill (85%) and Wem Brook (67%).
- 71% of the families where benefit status is known include a household member on an out of work benefit.
- Nearly 40% of families with 0-5 year old children where benefit status is known have a family member claiming Carers Allowance.

Priority Families - Key Findings:

- 32% (44) of these families have some form of Crime / ASB recorded within the household.
- 48% (66) of these families have at least one school age child with attendance / behavioural issues at school.
- 68% (94) of these families have been identified as having at least one child that 'needs help.' This can range from a professional identifying that a child needs early intervention, through to the more serious levels of a child with a Child Protection Plan in place
- 80% (111) of these families have been identified as at risk of financial exclusion. This includes factors such as out of work benefits being claimed, a person not in education, employment or training in the household, or the family having financial difficulties, rent arrears, and risk of eviction.
- 42% (58) of these families are or have experienced domestic violence / abuse issues.

Priority Families - Key Findings:

Breakdown of Priority Families with at least one 0-5 Year old

	Families with 0-5 year old	All Families	%
Camp Hill	15	29	52
Nuneaton & Bedworth	38	142	27
Rugby	25	91	27
Wem Brook	5	19	27
North Warwickshire	14	57	25
Warwick	26	115	23
Stratford-on-Avon	15	72	21
Total	138	525	26

- As at July 10th 2015, 525 families have been identified as eligible for Phase 2 of the Priority Families Programme. Of these, 138 families have at least one child aged 0-5 years old – that equates to just over a quarter of all priority families.

Priority Families – Free School Meals:

All Warwickshire Phase 2 children were included in the analysis in March which looked at analysing Free School Meal data alongside family data to identify families that were claiming a worklessness benefit but had children that were not registered as eligible for claiming Free School Meals.

Of the total families included in the analysis:

- 369 were confirmed as claiming a worklessness benefit (at Jan 15).
- The 369 families were home to 870 children and young people.
- 42% (363) of children living in these priority families were registered as eligible for Free School Meals.
- 19% (168) of children living in these priority families were living in families which were confirmed as claiming a worklessness benefit but were not registered as eligible for Free School Meals*.

* Includes only those children who turned 4 before 31/8/14 and are in Reception now, up to those who were born after 1/9/99

Priority Families – Free School Meals:

- 44 of the 168 (26%) families have children aged 0 to 5 years living within them. This is the number of families which have an adult confirmed as claiming a worklessness benefit but where children were not registered as eligible for Free School Meals.

District / Borough	Number of Priority Families with an adult confirmed as claiming a worklessness benefit but where children were not registered as eligible for Free School Meals	Proportion of Priority Families with an adult confirmed as claiming a worklessness benefit but where children were not registered as eligible for Free School Meals (%)
Nuneaton & Bedworth	17	39%
Stratford-on-Avon	9	20%
Warwick	7	16%
North Warwickshire	6	14%
Rugby	5	11%
TOTAL	44	100%

- Good maternal mental health
- Integrated health & social care services
- Learning activities, including speaking to your baby and reading with your child
- Enhancing physical activity
- Parenting support programmes
- High-quality early education

- Understand attachment
- Understand the importance of speech and language development
- Support effective parenting
- Develop practitioners and managers who are skilled and competent
- Coordinated early years programme

Maternal mental health and school readiness

One of the **strongest predictors of wellbeing** in early years is the mental health and wellbeing of the mother or caregiver
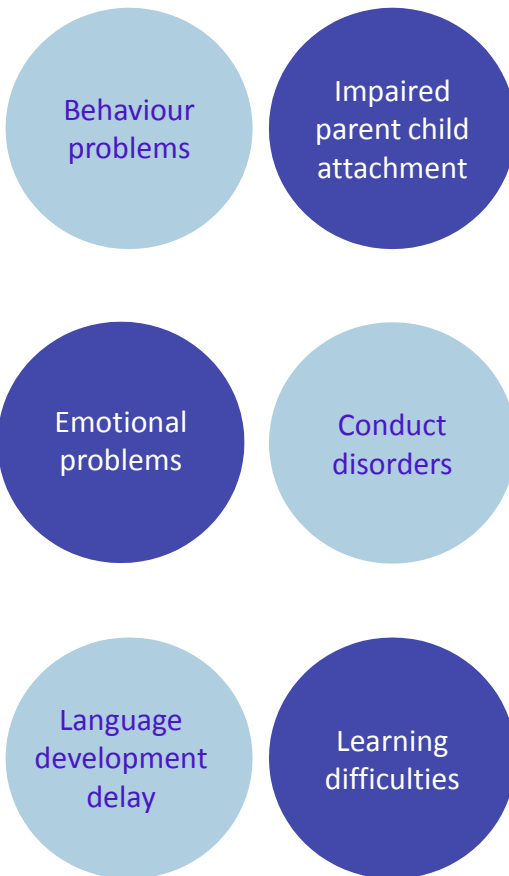
Perinatal mental illnesses affect at least 10% of women

As there were 6,100 births* in Warwickshire in 2014, this implies that around 610 women in Warwickshire could be suffering from a perinatal mental illness, and its effects may be long-lasting

5x

Children of mothers with mental ill-health are **five times** more likely to have mental health problems themselves

Impact of maternal depression on school readiness

Behaviour problems

Impaired parent child attachment

Emotional problems

Conduct disorders

Language development delay

Learning difficulties

Actions to reduce maternal depression include

Development of a shared vision or plan

Effective screening & referral to services

Family strengthening and support

Increased public awareness

What's currently being done in Warwickshire?

Development of a shared vision or plan:
New service model commissioned with an agreed service specification and Warwickshire wide pathway for universal to specialist services in place.

Increased public awareness:
New service model formally launched 1.11.15.
Media and communications strategy to raise awareness. Presentation slots to inform GPs at PLT sessions and Members Council.

Maternal mental health services (For high-level needs only).

Awareness and low level support available through statutory/currently commissioned public services.
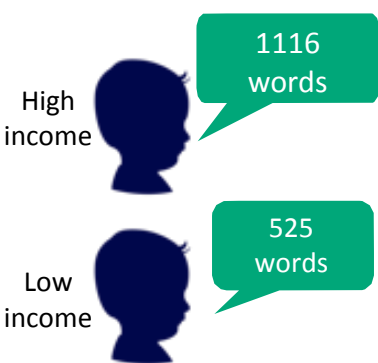
Learning activities and school readiness

A child's communication environment is a **more dominant predictor** of early language than their social background

High income 1116 words

Low income 525 words

By the **age of 3** children from low income families have:

- heard on average **30 million fewer words** than children in high income families
- **half the vocabulary** of children in high income families

Language proficiency is a **key predictor** of school success

61%
of low income children have no books at home

1 in 4
children leave primary school without reading well

this rises to

2 in 5
poorer children leave primary school without reading well

£23 billion
If all children were reading well by age 11, GDP in England in 2020 could be an extra £23 billion

Actions to improve a child's communication include

1. Research
Social marketing to identify current practices & potential cultural barriers

2. Develop
Development of a strategic plan, including development and dissemination of resources

3. Implement
Dissemination of information to reach the community using existing structures

4. Evaluate
This should include short-term process measures and agreed long-term outcome measures

What's currently being done in Warwickshire?

Time to Talk programme collect and analyse data from across schools and settings in Warwickshire. 2015 report shows children achieving their full potential language potential had risen from 27% to 51%. IDS support to children with SaLT in PVI and mainstream early years 0-4 provisions, research status to be confirmed

Review of speech and Language (SaLT) provision completed 2015 including forward plan. Pressures on 0-5 provision acknowledged in report and raised with Smart Start Strategy group. To be considered by strategy group as part of Smart Start Strategy

Ongoing support and development for Speech & Language Champions – including termly cluster meetings and tailored Continuing Professional Development; Annual conference/celebration; Peer support; Speech and Language Therapist visits and liaison; Support with Language Enrichment; Partnership working with Speech and Language Therapist; Resources provided (posters, leaflets, 'chatter matters'™ week). SEND provision

Time to Talk. Other programmes to be confirmed.

Betty Hart and Todd Risley Meaningful differences in the every day experiences of young American children (Baltimore MD: Paul; H.Brookes, 1995)
Leffel K, Suskin D *Seminars in Speech and Language* 2013;34:4 Parent-directed approaches to enrich the early language environments of children living in poverty Hammer C (2012) NCT *Research overview: Parent-child communication is important from birth*
Save the Children (2014) *Read on get on: How reading can help children escape poverty*
OECD (2012) *Lets read them a story! The parent factor in education*
State Government of Victoria (2014) *Parenting support strategy*

Physical activity for young children is an important component of early brain development and learning

Movement skills such as eye skills and manipulative skills help children access curricular activities with **enjoyment and success**.
Communication skills **depend** on well developed physical skills

1 in 10 children

aged 2–4 meet the CMO guidelines of being physically active daily for **at least 180 minutes (3 hours)**, spread throughout the day

Benefits of physical activity include:

Helps develop coordination and movement skills

Promotes healthy weight

Strengthens developing muscles and bones

Helps children develop social skills

Actions to promote physical activity in early years include

Plan and develop

Develop initiatives which target adults who interact with children in the early years

Work with parents and carers

Provide information on the importance of physical activity and what counts as physical activity

Work with early years settings

Integrate physical activity into the daily routine when planning activities

What's currently being done in Warwickshire?

Health Visitors in Warwickshire have been trained to deliver the HENRY approach which is a behaviour change approach promoting healthy lifestyles to families with 0-5 year olds with the aim of reducing the risk of obesity in childhood and later life.

Change Makers, a 9 week health behaviour change programme, is delivered across Warwickshire to families with 4-12 year olds where a child has been identified as overweight/obese

Parenting has a **bigger influence** on a child's life chances in the early years than education, wealth or class

Effective, warm, authoritative **parenting** gives children confidence, stimulates brain development and the capacity to learn

2 in 5 children

miss out on 'good' parenting

Supporting parents with parenting programmes has a **positive impact** on both parents' and children's wellbeing and mental health and is an **important** part of prevention and early intervention

Impact of parenting support programmes on school readiness

Benefits of the **Family Nurse Partnership** include **better**:

- language development
- vocabulary and mental processing
- emotional development
- attention and behaviour

Benefits of **early family training/parenting support** include **improved**:

- numeracy skills
- vocabulary
- letter identification
- emergent writing skills
- parent-child interaction

Actions to improve parenting support programmes include

Understand parents' needs and how to engage them

Intervene early to maximise impact and reduce longer-term costs

Increase the **accessibility** of programmes

Ensure **better integration** and **co-ordination** of parenting support services

Improve the **quality** and build the **evidence base** for support services

What's currently being done in Warwickshire?

Triple P evidenced based parenting programme for families across the age ranges 0-12 and 12 to teen, offered through Family support Workers

Family Nurse Partnership, voluntary home visiting programme for young mothers 19 and under, and their partners: FNP aims to improve pregnancy outcomes by supporting mothers-to-be to make informed choices about healthy pregnancy behaviours, as well as improving the future life course of young mothers, by supporting them to make changes to their lives and providing them and their babies with a better future.

Baby Steps: a perinatal educational programme for parents in the run up to the birth of their baby and afterwards. Designed to help prepare people for becoming parents, not just for the birth itself.

Parenting Development Team: promote, coordinate and fund training in the delivery of evidence based parenting programmes across Warwickshire

Solihull Approach training for Health Visitors, Children's Centres

Department of Education, Department of Health (2011) *Families in the foundation years evidence pack*
Department of Education and Skills (2004) *What works in parenting support? A review of the international evidence*
Health Equity vidence Review 1 (2014) *Good quality parenting programmes and the home to school transition*

High-quality early education and school readiness

By the **age of five** the brain forms as many as

700

neural connections per second

High-quality early years education **significantly improves** child health and educational outcomes, particularly for disadvantaged children

2.5x

The average **economic benefit** of early education programmes for low income 3 and 4 year-olds is nearly **2.5 times** the investment

20-50%

If all low income children received high-quality early education the gap in achievement could be closed by as much as **20-50%**

Impact of high-quality early education

Improved school readiness

Improved future academic attainment

Improved future productivity

Higher levels of employment

Less involvement in crime

Actions to improve high-quality early education include

Systems Development
- Continued and increasing investment
- Integrated services
- Workforce training

Structural Development
- Favourable staff to child ratios
- encouragement of parents to
- support and engage more actively focus on cognitive and non-cognitive aspects of learning
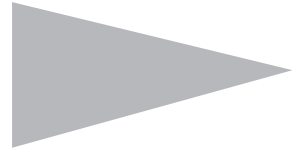
Process Development
- Adoption of more responsive and nurturing staff: child relationships
- Work towards an equal balance of child and adult initiated activity

What's currently being done in Warwickshire?

Statutory functions provided for settings requiring support to improve, Wider advisory support and training available via a traded service. Sector awaiting information from DfE regarding funding and future investment. Integrated delivery in this sector has reduced however, integration between EYFS settings, Schools and IDS strengthened. Workforce training available via early years advisory team traded service. LA looking at future systems for quality improvement.

Child staff ratios are a statutory requirement. Area for further consideration linked to training and development.

As above

Centre for Research in Early Childhood (2014) *Early years literature review,* Centre for Research in Early Childhood (2013) *The impact of early education as a strategy in countering socio-economic disadvantage*
http://developingchild.harvard.edu/resources/multimedia/interactive_features/five-numbers/
Aos S, Lieb R et al Benefits and costs of early prevention and early intervention programmes for youth. lympia , Washington State Institute for Public Policy 2004
Department for Education (2007) *Effective pre-school and primary education 3-11 project (EPPE 3-11): Influences on children's development and progress in Key Stage 2: Social / behavioural outcomes in Year 5*
Gorey M *School Psychology Quarterly* 2001;16(1):9-30 Early childhood education: A meta-analytic affirmation of the short and long-term benefits of educational opportunity

A number of themes emerged as a result of a visioning exercise around stopping and re-designing existing and starting new services or initiatives:

1. Agencies working together to deliver integrated services
2. Better communication between partners and with the public
3. Availability of consistent sustainable support from conception
4. Equal access to a range of Family Support, including childcare and mental health
5. Building on existing good practice to deliver outreach models
6. Engagement and co-production with parents to build community capacity.

Useful resources

School readiness

https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015

Early Years Profile - Warwickshire

http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=52&geoTypeId=

Children & Young People's Benchmarking Tool

http://fingertips.phe.org.uk/profile/cyphof

Child Health Profiles

http://www.chimat.org.uk/profiles

Warwickshire Joint Strategic Needs Assessment (JSNA)

http://hwb.warwickshire.gov.uk/

Image credits

- Children's centre from *Warwickshire Local Authority's offer for 0-5 Year Olds & Their Families* by WCC Business & Commissioning Intelligence Service
- Infographics produced using www.piktochart.com
- Piggy-bank by Maico Amorim from the Noun Project
- Team by Stephen Borengasser from the Noun Project
- School by Chris Cole from the Noun Project
- Children by Gilad Fried from the Noun Project
- "Role of early years staff primary care and health visitors to enable school readiness" - WCC Business & Commissioning Intelligence Service (2015) *Warwickshire Local Authority's offer for 0-5 Year Olds & Their Families*
- Reading by Oleg Frolov from the Noun Project
- Report by João Marcelo Ribeiro from the Noun Project
- Scale by Alex Sheyn from the Noun Project
- Campaign by PJ Souders from the Noun Project
- Child by Jens Tarning from the Noun Project
- Child by George Patterson from the Noun Project
- Money by Jamie Wilson from the Noun Project
- Student by Gerald Wildmoser from the Noun Project

Credits

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Priority Families Team,
Joint Strategic Needs Assessment (JSNA) Team.

Warwickshire Health and Wellbeing Board

20/01/16

Mental Health Crisis Care Concordat Update

Summary:

This paper provides an update on Coventry and Warwickshire's Mental Health Crisis Care Concordat (MHCCC) action plan and next steps.

The five priorities for the concordat action plan are:
- Enhancing Places of Safety;
- Implementing Street Triage;
- Reviewing the Crisis Resolution and Home Treatment Service (CRHT);
- Prevention and early intervention;
- User experience and engagement.

Recommendation:

That Health and Wellbeing Board note the content of this report.

Background:

1.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The concordat focuses on four main areas:
- Access to support before crisis point – help 24 hours a day.
- Urgent and emergency access to crisis care – treated with the same urgency as physical health emergency.
- Quality of treatment and care when in crisis – treated with dignity and respect.
- Recovery and staying well – appropriate referrals to prevent future crises.

1.2 To respond to the concordat a multi-agency task and finish group for Coventry and Warwickshire was established at the beginning of 2015, with membership from the three CCGs, Coventry City Council (CCC), Warwickshire County Council (WCC), Coventry and Warwickshire Partnership Trust (CWPT), South Warwickshire Foundation Trust (SWFT), University Hospital Coventry and Warwickshire (UHCW), George Eliot Hospital (GEH), Police and Public Health. Following a gap analysis of the standards set out in the national

framework and current service provision the group agreed the five priorities to deliver the concordat's five areas of focus as:

- Enhancing Place of Safety
- Implementing the Street Triage Service
- Reviewing the Crisis Resolution and Home Treatment Service (CRHT)
- Prevention and early intervention
- User experience and engagement

1.3   The task and finish group, Chaired by Coventry and Rugby CCG, oversees progress against the concordat.

1.4   An initial action plan was created and uploaded in March 2015, in line with national expectations. This was signed by all constituent members of the group. The plan outlines a comprehensive programme of work which forms the basis of collaboration over the coming years with refreshes demonstrating progress published on a regular basis. There is not a specified end date as the work is developing in line with emerging need and priorities.

1.5   On the 3rd August 2015, Rt Hon Alistair Burt MP, Minister for Community and Social Care, asked local concordat groups to update their action plans by the end of October 2015 to be published on the national Crisis Care Concordat website, hosted by MIND, a national mental health charity. This was coordinated and achieved locally.

1.6   Outcomes for the five local priorities are being monitored through a dashboard report that has been created by CWPT, with support from partners, containing activity, equality and outcomes data relating to Place of Safety, Street Triage, and the CRHT service.

Update on Local Priorities and Plans:

2.1   Place of Safety (POS)

2.2   The Section 136/POS policy has been in place for three years. To ensure it remained fit for purpose and provided safety for children it was reviewed and revised to ensure:
- Police custody will not be used for children and young people and only for adults in exceptional circumstances where individuals are high risk to other patients and staff.
- Where police custody is used as POS this will be for a maximum of 24 hours with an assessment under the Mental Health Act prioritised.
- POSs will accept patients who are intoxicated and children and young people under 18's with specific protocols to safeguard them.
- Standard operating procedure created and implemented for the police when using restraint on patients with mental health issues.
- Ambulance staff will provide a physical assessment following an incident of restraint by police in community.

3. Street Triage

3.1 The Street Triage Service was piloted in Coventry and will roll out across West Mercia and Warwickshire with a full service implemented by March 2016. The 12 month pilot is being funded by all organisations including West Mercia and Warwickshire Police and all 3 local CCGs. Street Triage is a means of helping people experiencing a mental health crisis to get the help they need expeditiously. The scheme involves trained mental health professionals working in conjunction with police officers, as a first-line response - either directly on the street or through a dedicated phone line usually located within the Police Control Room. The model that will be piloted across Warwickshire is the Mental Health Triage Operational Model.

3.2 Projected Savings have been estimated on the basis of evidence from other Street Triage services; a reduction of 25%-40% of detentions under S136 at a cost of £1,740 per S136 detention (POS staff, ambulance, police, ambulance, doctors) and a reduction in one case per day in conveyance and admission to A and E (£640).

	Population	25% reduction in s136	40% reduction in s136	Reduction in use of A and E	Total savings (25% plus A&E)	Total savings (40% plus A&E)
Warwickshire	547,974	£61,770	£98,832	£233,600	£295,370	£332,432

4. Crisis Resolution and Home Treatment Service (CRHT)

4.1 A single point of access to the CRHT service has been in place since April 2015 and is monitored through the contract between CWPT and CRCCG who hold the contract on behalf of the 3 local CCGs. CCGs have committed to undertaking a review of the CRHT during 2016/17 in order to test if it meets local requirements and provides the appropriate level of support for patients. This review will build on a Serious Incident Review progressed in 2015.

4.2 The Serious Incident Review was commenced in July 2015 following 38 serious incidents involving unexpected deaths during the previous year. The terms of reference for the review were:

To critically review those cases where unexpected death / serious incident has occurred and:
1. The patient has had recent contact with Crisis Resolution and Home Treatment Services (CRHT) and has been subsequently referred to services awaiting review at the time of death.
2. The patient has had recent contact with CHRT services and has been subsequently discharged with no planned follow up.
3. The patient has been referred to Secondary Care Mental Health Services and accepted for services (Integrated Practice Unit) but who have subsequently died whilst waiting for service / interventions (including any patient open to Improving Access to Psychological Therapy Services).

4.3 The outcome of the review was reported to CCGs through the Clinical Quality Review Group as part of the contracting monitoring process. The key themes highlighted were:
- Communication and joint working
- Assessment, Planning and Intervention.
- Integrated Strategic Approach

It was recommended that as part of the process of receiving this review a short term operational task and finish group is established, with additional specialist input as required, to develop a focussed working plan with prioritised actions to address the three consolidated review themes.

4.5 The extended Arden Mental Health Acute Team (AMHAT, providing mental health liaison at the acute hospitals) service has been expanded until March 2016 and a proposal has been received to increase the service by 22.5 hours over winter following receipt of additional resources to the Systems Resilience Boards across Coventry and Warwickshire.

4.6 Joint protocols between A&E, CWPT, Police and West Midlands Ambulance Service (WMAS) have been created and implemented which are supported through the conveyance, offenders and 135/6 policies as well as the operational policy for the AMHAT service. To support this, the multi-agency group will monitor and review difficulties with conveyance and liaise between agencies to resolve through the multi-agency MDT meetings.

5. **Children & Young People**

5.1 Supporting and treating children and young people in a crisis is a key part of the CAMHS redesign programme and there has been market testing undertaken by Warwickshire County Council, on behalf of all partners, of a new model of care to agree commissioning intentions for CAMHS. These have fed into the CCG's local transformation plans for CAMHS which were submitted to NHS England on the 17th October 2015 with positive feedback received on the 26th October 2015.

6. **Prevention and Early Intervention**

6.1 The Joint Mental Health Commissioners Group is reviewing capacity and links for crisis accommodation as an alternative to hospital admission.

6.2 To raise awareness of suicide, Public Health has created a customised suicide training package for GPs which is currently being rolled out across Warwickshire.

6.3 The following mental health prevention and early intervention services are currently being re-tendered – Mental Health Helpline, Well-being Hubs, Mental Health Community Links Service, Mental Health Employment Support Service.

7.   Patient experience and needs assessment

7.1   Making Space, a mental health user group, is commissioned to ensure user feedback informs commissioning intentions through the Mental Health Patient Public Involvement sub group.   Healthwatch will assist with gaining user feedback for both primary and secondary care.

7.2   Within Warwickshire, Mental Health is one of the 11 Priority Themes in the current JSNA Work Programme (2015-2018), as approved by the Health & Wellbeing Board.

Background Papers:

Report to Health and Wellbeing Board, 25th March 2015, W*arwickshire's response to the Mental Health Crisis Care Concordat*

Report Author: Paper prepared by Arden and Gem CSU on behalf of the Coventry and Warwickshire Crisis care Concordat Task and Finish Group.

Health and Wellbeing Board

20 January 2016

Health and Wellbeing Board Sub-Committee

Recommendation(s)

1. That the Board notes the decisions taken by the Health and Wellbeing Sub-Committee at its meeting on 22 October 2015.

1.0   Key Issues

1.1   This item provides a report back to the Health and Wellbeing Board on decisions taken by the Sub-Committee since the last Board meeting.

2.0   Options and Proposal

2.1   At its meeting on 23 September 2015, the Health and Wellbeing Board agreed proposals for a Sub-Committee to meet where a decision is required within a time frame which does not fall within the cycle of scheduled meetings of the Health and Wellbeing Board.

2.2   The Sub-Committee met on 22 October to consider a submission to NHS England for funding to be allocated to Clinical Commissioning Groups (CCGs) in Coventry and Warwickshire, for the redesign and transformation of services for children and young people's mental health and emotional wellbeing. A copy of the Minutes of the Sub-Committee is provided at Appendix 'A'.

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	

The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: None

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board Sub-Committee held on 22 October 2015.

Present:-

County Councillor Les Caborn
Ron Ball, Police and Crime Commissioner

1. (1) Appointment of Chair for the meeting

It was agreed that Councillor Les Caborn be appointed Chair for the meeting.

(2) Apologies

None

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

None

2. CAMHS Transformation Plan

Andrew Sjurseth, Warwickshire County Council's CAMHS Commissioner presented a joint report "Transforming Children and Young People's Mental Health and Emotional Wellbeing". The document formed the basis of a submission to NHS England (NHSE) for funding of £1.7 million per annum for five years. This would be allocated to Clinical Commissioning Groups (CCGs) in Coventry and Warwickshire, to fund the redesign and transformation of services for children and young people's mental health and emotional wellbeing. As part of the process, the report required approval by both the Coventry and Warwickshire Health and Wellbeing Boards and had necessitated the calling of this Sub-Committee, to meet submission deadlines.

Mr Sjurseth explained the priorities for use of the funding in the first year and it was acknowledged that this would be reviewed with NHSE for subsequent years. These included a priority on implementation of a community-based eating disorder service, which was a mandatory condition of the funding.

The Sub-Committee questioned when the funding would be received and how it would be allocated across the three CCGs. Some of the funding had already been provided with the balance of the first year's allocation due to be received before the end of 2015. Mr Sjurseth referred to a

table showing the respective allocations to each CCG, for each of the first year priorities. It was requested that this final version of the submission including the financial allocations be circulated to the Sub-Committee.

The monitoring arrangements were questioned, together with how this initiative would be publicised. Mr Sjurseth would be reporting to the Adult Social Care and Health Overview and Scrutiny Committee in December. This Sub-Committee's decision would be reported back to the January Health and Wellbeing Board meeting, providing the opportunity for an update. At the operational level, the CAMHS Board reported to the Joint Commissioning Board. It was agreed to consider publication arrangements for this good news story both within the County Council and externally. A further point was the availability of staff to deliver this programme of work.

Resolved

1. That the Health and Wellbeing Board Sub-Committee, approves the submission to NHS England as circulated.

2. That consideration is given to how this initiative is publicised, both within the County Council and more widely.

7. Any Other Business

None.

The meeting rose at 11.00am

………………………..Chair

Health and Wellbeing Board

20 January 2016

Health and Wellbeing Board Forward Plan

Recommendation(s)

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

1.0 Key Issues

1.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board. Such updates 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 has been agreed to submit a Forward Plan to each meeting for review and update. This will identify the dates for proposed agenda items and workshop topics.

2.2 The revised governance arrangements were approved by the Board at its meeting on 8 July 2015. In future there will be three Board meetings each year enabling more themed workshops between Board meetings. The Forward Plan is attached at Appendix 'A' for discussion.

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	

The report was circulated to the following members prior to publication:

Local Member(s): None
Other members: None

Warwickshire Health and Wellbeing Board Forward Plan

Reports to HWBB

Report Title	Date of Board Meeting	Lead Organisation / Officer	Comments
Warwickshire Safeguarding Adults Board Annual Report	20 January 2016	Mike Taylor	
Smart Start Strategy Programme	20 January 2016	WCC – Monika Rozanski	
Mental Health Crisis Concordat	20 January 2016	WCC – Becky Hale	
Verbal Update on Stroke Services	20 January 2016		
Better Together	TBC	WCC – Chris Lewington	

HWB Executive Team Dates

2016: 21 January, 17 March, 12 May, 07 July, 01 September, 03 November
2017: 02 February, 23 March

Workshops

Theme / Subject	Date of Meeting / Event	Report Author / Lead Officer / Organisation	Comments
Better Care Workshop	17 February 2016	WCC – Chris Lewington	
Joint Workshop with Coventry City Council's HWBB	February / March 2016	TBC	
Health and Wellbeing Strategy and Performance	23 March 2016		Date previously allocated for HWBB Meeting
Date reserved - theme / subject to be confirmed	June 2016		(Date to be confirmed)