Warwickshire Health and Wellbeing Board

Agenda

9 November 2016

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 9 November 2016 at 13:30.**

13.30 – 14.00 - Development session

This is the first of three development sessions supported by the Kings Fund, which will include feedback from the HWB Summit and approach to Board observation and development.

Formal agenda:-

1. (14.00 – 14.05) 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 Code of Conduct. These should be declared at the commencement of the meeting.

(3) Appointment of Vice Chair.

(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 7 September 2016 and Matters Arising.

Draft minutes of the previous meeting are attached for approval.

Items For Decision

2. (14.05 – 14.15) Health and Wellbeing Board Annual Review
Gereint Stoneman

3. (14.15 – 14.25) Warwickshire Suicide Prevention Strategy
Charlotte Gath

4. (14.25 – 14.35) Commissioning Intentions
Clinical Commissioning Groups

Items For Information

5. (14.35 – 14.45) Report from District and Borough Council Portfolio Group
Verbal update from District and Borough Portfolio Holders

6. (14.45 – 15.15) Better Together Programme Showcase
A presentation from Chris Lewington

(15.15 – 15:30) Break

7. (15.30 – 15.40) Annual Reports from the Children's and Adult Safeguarding Boards
Cornelia Heaney and Amrita Sharma

8. (15.40 – 15.50) Multi Agency Safeguarding Hub
John Dixon - verbal update

9. Any other Business (considered urgent by the Chair)
- Shaping Future Agenda Content

(16.00 – 16.45) Debrief Session

The formal Board meeting will be followed by a debriefing session led by the Kings Fund Facilitator.

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) (Vice Chair)

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: Philip Seccombe

Borough/District Councillors: Councillor Barry Longden (NBBC), Councillor Leigh Hunt (RBC), Councillor Moira-Ann Grainger (WDC), Councillor Margaret Bell (NWBC), Councillor Mike Brain (SDC)

General Enquiries: Please contact Paul Spencer on 01926 418615
E-mail: paulspencer@warwickshire.gov.uk
All public papers are available at www.warwickshire.gov.uk/cmis

Further Information, Future Meetings and Events:

- Health and Wellbeing Board Newsletter
  http://hwb.warwickshire.gov.uk/about-hwbb/newsletters/
- Healthwatch Newsletter
  http://www.healthwatchwarwickshire.co.uk/?page_id=237

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 7 September 2016

Present:-

Warwickshire County Councillors
Councillor Izzi Seccombe (Chair)
Councillor John Beaumont
Councillor Les Caborn
Councillor Jose Compton

Warwickshire County Council (WCC) Officers
Dr John Linnane (Director of Public Health)
Chris Lewington (Head of Strategic Commissioning, replacing John Dixon)

Clinical Commissioning Groups (CCG)
Dr Adrian Canale-Parola (Vice Chair)(Coventry and Rugby CCG)
Andrea Green (Warwickshire North CCG, replacing Deryth Stevens)
Dr David Spraggett (South Warwickshire CCG)

Healthwatch Warwickshire
Phil Robson

Police and Crime Commissioner
Chris Lewis (replacing Philip Seccombe)

Borough/District Councillors
Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Mike Brain (Stratford District Council)
Councillor Moira-Ann Grainger (Warwick District Council)
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. General

The Chair welcomed everyone to the meeting.

(1) Apologies for Absence

Stuart Annan (George Eliot Hospital)
John Dixon (Interim Strategic Director for People Group, WCC)
Russell Hardy (South Warwickshire NHS Foundation Trust)
Councillor Leigh Hunt (Rugby Borough Council)
Andy Meehan (University Hospitals Coventry & Warwickshire)
Philip Seccombe (Police and Crime Commissioner)
Dr Deryth Stevens (Warwickshire North CCG)
David Williams (NHS England)

(2) 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.

Councillor Barry Longden declared a non-pecuniary interest, as two family members were employees of the Rugby Hospital and West Midlands Ambulance Service.

Adrian Canale-Parola declared a non-pecuniary interest, as Vice Chair of the Coventry Health and Wellbeing Board.

(3) Appointment of Vice Chair

The Board was reminded that the position of Vice Chair was appointed from amongst the three clinical commissioning groups on an annual rotation. The nomination of the new Vice Chair would be agreed by the CCGs within the next month and be confirmed at the November Board Meeting.

(4) Minutes of the meeting held on 6 July 2016 and matters arising.

The Minutes were agreed as a true record.

2. Transforming Care - Learning Disabilities

The Chair introduced Becky Hale, WCC's Service Manager for All Age Disability, Ali Cole of Arden GEM and Ian Allsopp, a service user and Learning and Disability Partnership Board member. In addition to the circulated report, a presentation was provided, which included:

- A reminder of the background to transforming care (Winterbourne View)
- The work undertaken both nationally and in the sub-region of Warwickshire, Coventry and Solihull
- The Local Transformation Plan
- The revised model of care
- A video 'Craig's story' which showed an individual case and the positive impact of the new care arrangements after this person had spent 16 years in hospital care.
- Achievements and challenges to date
- The current focus

Several Board members acknowledged the excellent progress made. A question was submitted about the services for treatment of physical conditions, for those with learning disabilities. It was confirmed that such needs were met through wider commissioning programmes. The involvement of service users in shaping the transformation of this service area was commended and it was felt this should be publicised. Reference was then made to the work of the 0-5 Strategy Group and the benefits of identifying service needs and supporting people at an early age. Consideration was given to the report and the recommendations it contained. Clarity was sought regarding future funding arrangements, which would be the subject of further briefings to the Board.

Resolved

That the Warwickshire Health and Wellbeing Board:

1. Supports the Coventry, Warwickshire and Solihull Transforming Care Partnership (TCP) to continue to drive local transformation.

2. Endorses the local decision not to sign off the revised TCP plan until greater clarity exists on funding arrangements.

3. Receives future briefings on progress to include the management of financial implications and risks across the health and social care economy associated with delivery of the TCP agenda.

3. Sustainability and Transformation Plan (STP)

The Chair introduced Andy Hardy, the Coventry and Warwickshire STP lead. Mr Hardy spoke to a presentation which gave an update on the development and submission of the STP. The presentation covered the following areas:

- The main questions to be addressed (under the categories of health & wellbeing, care & quality and finance & efficiency)
- The timeline for production and submission of the STP
- Programme structure and work streams
- Objectives of the Design Authority, facilitated by the consultants PwC
- Update on work stream progress at 30 August 2016
- Next Steps
- Key Risks

Mr Hardy stated that the STP proposals would not require the closure of any hospitals or any acute bed reductions. However, there would be a need to deliver services in a different way, with some services being delivered in different locations. He updated on the financial shortfall identified through the STP process, that this was £400m, not £500m as reported previously. He then explained the work completed to date and confirmed that the financial gap currently stood at £51m. Whilst this was a significant sum, it had to be considered in the context and scale of service delivery costs of £1bn. Mr Hardy thanked the County Council and other partners for their assistance to date. He confirmed that the final submission deadline was 21 October and outlined the subsequent steps for evaluation of the STP. There had been national recognition of the good joint working in the Coventry and Warwickshire STP area and he contrasted this to some of the other STP 'footprints'. Pathology was referenced as a particular example of good practice. Mr Hardy confirmed that the PwC consultant support would soon end and there would be a need for partners to contribute to the project team, to drive forward STP delivery. Resource needs were also touched upon, with a focus on capital, which would be an area where joint work was needed.

Questions and observations were invited. The Concordat was stated as a good example of the progress made on joint working in Coventry and Warwickshire. The Board's next workshop was scheduled for 13 October and it was questioned whether the final STP proposals could be shared with the Board at that time. Questions were asked about the arrangements for engaging with the public. Healthwatch had been involved from the outset, through its membership of the Programme Board. Andrea Green was leading on the engagement theme of the STP. Joint work was taking place involving the three CCGs and two local authorities. The aim was for a 'big conversation' not just on the STP, but also the NHS five year forward view, rather than taking a piecemeal approach to consulting on individual changes. The Chair stated that involving local councillors was essential to this. Healthwatch intended to monitor the engagement arrangements against a number of key questions. The timing of the consultation and the impact for health professionals were also raised. Councillor Longden referred to a recent survey of NHS Finance Directors on financial viability. He felt the STP process was an austerity measure, making a comparison to previous acute service reviews and

the resultant public reaction. He considered the STP would be seen as reducing services, lead to longer waiting times and further travel distances for patients. Because of this he wouldn't support the STP. The Chair noted his views, but explained that the STP process had to be engaged with. Furthermore there had been positive outcomes from many previous service reviews.

Resolved

That the Warwickshire Health and Wellbeing Board notes the update on the Sustainability and Transformation Plan

4. Concordat and Health and Wellbeing Board Alignment

The Board had previously considered and given its approval in principle to the Health and Wellbeing Alliance Concordat. Minor amendments were required to the final wording of the Concordat in two areas. These concerned the robustness of the financial gap, which had been clarified by the STP Lead, Andy Hardy in the preceding item and with regard to the wording of principle four of the Concordat. The Board was reminded of the previous wording and that proposed as the final wording of principle four:

> 'We will take decisions that we know will impact on other parts of the system, only after we have talked to each other'.

The Vice Chair gave an overview of the reasoned debate at the Coventry Board about this wording and confirmed that it had approved the wording above without dissent.

In support of the Concordat and STP there was a commitment to seek greater alignment across the two HWB Boards. There was a practical challenge with dates of Board meetings for the coming six months being set and them not aligning. The two Boards would participate in two dedicated development sessions, the first focused on the STP. It was envisaged that both would shape the work programmes and direction of the Boards for 2017/18. There was also an opportunity to agree two further development sessions as part of the Committee meeting schedule for 2017/18 as these were currently being set.

A view was expressed that the majority of discussion about the STP and Concordat to date had focussed on Health aspects and was requested that the social care elements be considered at the next workshop. It was confirmed that this would be done.

Final acceptance of the Concordat, with the changes referred to above, was put to a vote. Councillor Longden voted against the proposal, stating he had no objection to working with Coventry, but the figures in the Concordat were the reason for his decision.

Resolved

1. That the Health & Wellbeing Board approves the proposed revisions to the Concordat and approves its formal publication in September 2016.

2. That this Health and Wellbeing Board approves the approach to greater alignment between the Warwickshire and Coventry Health and Wellbeing Boards, as set out above.

3. That the Health and Wellbeing Board agrees to a joint development session in Autumn 2016 which will focus on the Coventry and Warwickshire Sustainability and Transformation Plan.

2. Director of Public Health Annual Report

Dr John Linnane, Director of Public Health submitted his Annual Report to the Board. He gave a presentation, which highlighted the key messages:

- The statutory requirement to produce an annual report
- The 'good news' improvements in a number of key public health areas
- Warwickshire people were living longer, but not necessarily healthier lives
- The Public Health challenges
- Economic reasons for investment in Public Health
- Slides on the benefit of water fluoridation, data on teenage conceptions, the percentage of physically active adults, increases in diabetes and reductions in mothers smoking during pregnancy
- The impact of Public Health Advocacy.

The presentation and Annual Report included a number of recommendations for the Board to consider. Thanks were recorded to Dr Linnane and his staff for the work completed over the past year. The format of the Annual Report was praised by several Board members and it was considered an 'easy read'. The document would need to be publicised widely by all partners.

A question was submitted about the recommendations made on community capacity, with discussion about voluntary support for those with mental health conditions, the role of patient participation groups (PPGs) and looking system-wide at the at links between services. Healthwatch planned to establish a conference for PPGs. Another member commented on the difficulty for PPG members in understanding some of the information provided to them by a clinical commissioning group (CCG). This was contrasted to the federation approach adopted by another CCG and these points were acknowledged.

Resolved

That the Health and Wellbeing Board:

1. Notes and supports the Director of Public Health's Annual Report 2016.

2. Approves the recommendations contained in the report under the headings of:
    - Sustainability and Transformation Plan
    - Community Capacity
    - Place Based Working
    - Making Every Contact Count

4. Multi Agency Safeguarding Hub

Councillor Les Caborn reminded the Board of the concerns raised at the July meeting regarding the lack of health engagement in the Multi Agency Safeguarding Hub (MASH). These concerns had also been raised at the subsequent Adult and Children's Safeguarding Boards. John Coleman, the MASH manager gave a brief update on the success to date of the MASH. However, there was still no permanent health representation. Several officer meetings had taken place regarding a liaison officer / business support post and a consultant paediatrician had offered to work in the MASH when attending for other safeguarding work. It was pointed out that this would be funded by a CCG, but noted it was still not a permanent arrangement.

The MASH needed three health staff, comprising a liaison officer to gather information and two representatives for children and adults, who could bring their expertise and experience of the NHS and make judgements on the information on each case. It was confirmed that there had recently been a CQC inspection and for the elements relating to the MASH, having a health contribution was considered a requirement for the "good" service assessment received. Furthermore, the adults' MASH service had now been launched and the absence of a health specialist was having a negative impact.

Councillor Alan Webb, Chair of the Adult Social Care and Health Overview and Scrutiny Committee confirmed the intention for a joint scrutiny review with the corresponding scrutiny committee for Children and Young People of health involvement in the MASH, which would take place in November. Deputy Chief Constable Karen Manners expressed the Police's concerns in strong terms, considering the MASH not fit for purpose without the health contribution. The proposals for occasional attendance were insufficient. She drew a comparison to the information sharing arrangements introduced elsewhere in the Country and Warwickshire was considerably behind at present. Chris Lewis from the Office of the Police and Crime Commissioner added that the MASH proposals had been ongoing for two years, with health involvement throughout. Further points made were that this would make a good case study on the operation of the Board and communication issues, also that there seemed blockages in sharing both the health and social care information.

The Chair questioned the reasons why this had not been resolved. Andrea Green of Warwickshire North CCG committed to work with officers, to look at this issue. This matter would also be referred to the Executive Team for further consideration.

Resolved

That a further report be brought to the next Board meeting, to confirm progress on health engagement in the Multi Agency Safeguarding Hub.

6. Draft Health and Wellbeing Annual Report

The Board gave consideration to the first draft of its Annual Report 2015/16. Comments were invited on the draft document by mid-September, in order that the document could be finalised and submitted for formal approval at the November Board meeting. Feedback was provided on the need to consider the target audience for this document and a comparison was drawn to the earlier report from the Director of Public Health. The use of more case examples to show engagement

would be helpful. A number of other alterations were suggested and further feedback could be submitted after the meeting.

Resolved

That Board members submit their comments on the draft Health and Wellbeing Board Annual Report 2015/16.

7. District and Borough Council Health and Wellbeing Activity Update

Since the last Board, the meetings with district and borough council portfolio holders had been reintroduced. An audit had been completed of the activity of district and borough councils that contributed to the health and wellbeing aims and this comprised some 50 pages of information. Copies were available for the Board and would be circulated electronically after the meeting. Future documents would be briefer, giving an update on progress made. The district and borough councils were thanked for the considerable work completed.

Resolved

That the report is noted.

9. Report of the Executive Team

Chris Lewington, Head of Strategic Commissioning provided a verbal update on recent activity of the Executive Team, which included the following areas:

- The Communications Strategy for the Concordat
- A two-day workshop on 13 and 14 October, which would be facilitated by the Kings Fund, focussing on system development, a joint board dialogue and integration
- The MASH
- End of Life Care, looking at lessons learnt
- Taking the Joint Strategic Needs Assessment data to a more local perspective.
- Realigning dates of future Executive Team meetings, so they met between Board meetings

Resolved

That the report is noted.

10. Health and Wellbeing Board Sub-Committee

A report back was provided on a decision taken by the Health and Wellbeing Board Sub-Committee. At its meeting on 11 May 2016, the Board received a presentation on the arrangements for the Better Care Fund submission and delegated the final submission to a meeting of the Sub-Committee, which subsequently took place on 30 June.

Resolved

That the Board notes the decision taken by the Health and Wellbeing Sub-Committee at its meeting on 30 June 2016.

11. Any Other Business

Studley Health Centre

A verbal report was provided by Dr David Spraggett, who advised of the decision by the partners of the General Practice at Studley Health Centre, to terminate their General Medical Services contract. The South Warwickshire CCG had undertaken a consultation process and would meet the following week to determine the most appropriate way forward. Such closures were unusual. However, this may be an area for the Executive Team to monitor, having regard to changing population numbers and demographics, when considering GP provision. The report was noted.

West Midlands Combined Authority (WMCA)

The Chair provided a verbal update on the appointment of portfolio holders for the WMCA. The Leader of Dudley Council had been appointed as the Portfolio Holder for Health and Wellbeing.

Reablement

Councillor Jose Compton reported on the recent Care Quality Commission (CQC) inspection of Reablement Services. The North and the South Reablement teams both underwent CQC inspections in July 2016. Both teams were successful in achieving a 'Good' rating, which was to be welcomed and congratulated.

It was noted that the Board meeting would be followed by a development session.

The meeting rose at 3.45pm

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Chair

Item 2

Health & Wellbeing Board

9th November 2016

Health & Wellbeing Annual Report 2015-16

Recommendation(s)

1. The Health & Wellbeing Board approves the Health & Wellbeing Board Annual report for onward submission to Full Council in December 2016

1.0 Key Issues

1.1 The Health & Wellbeing Board is committed to producing an annual report which summarises its activity and achievements over the financial year.

1.2 This report presents the 2015-16 Annual report of the Board.

1.3 The Annual report is under production and a draft will be shared with Board members ahead of the meeting. The 'Place Based Activity' page is undergoing minor amendments; a final version will be tabled for approval.

2.0 Options and Proposal

2.1 Following consideration at the September meeting, the final report is presented to the Board for final approval.

2.2 This version incorporates feedback received during and following the meeting.

3.0 Timescales associated with the decision and next steps

3.1 Following approval the Annual report will be submitted to full Council in December 2016 and then published on the Health & Wellbeing Board website.

3.2 Partner organisations are asked to endorse and promote the reports within their respective organisations.

Background papers

None

	Name	Contact Information
Report Author	Gereint Stoneman	gereintstoneman@warwickshire.gov.uk Tel. 01926 742611
Head of Service	Chris Lewington	chrislewington@warwickshire.gov.uk Tel. 01926 745101
Strategic Director	John Dixon	johndixon@warwickshire.gov.uk Tel. 01926 412992
Portfolio Holder	Cll Jose Compton Cllr Les Caborn	cllrcompton@warwickshire.gov.uk cllrcaborn@warwickshire.gov.uk

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

Local Member(s): None
Other Members: Councillors Izzi Seccombe, Les Caborn, Alan Webb, Mike Perry and Kate Rolfe

WARWICKSHIRE HEALTH AND WELLBEING BOARD
ANNUAL REVIEW 2015/16

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Chair's Introduction and Foreword

It is my pleasure to present the Health & Wellbeing Board's Annual Review for 2015/16.

The report summarises the business we have covered and the progress we have made during the year.

The importance of maintaining our own Health & Wellbeing and that of our families and close friends is always at the forefront of our minds.

In support of this aim, the role of the Health & Wellbeing Board is to make sense of a complex landscape by bringing together the work of multiple agencies who commission, deliver and administer the Heath & Wellbeing services in Warwickshire. This covers, Hospital Trusts, GP led Clinical Commissioning Groups, The voluntary sector, Local Authorities, and Health Watch.

The Board seeks to set the agendas and influence the policies and strategies that promote working effectively together across the system, to build healthier communities and lifestyles for our residents.

Increasingly this is becoming the way we work and we now have some great examples of integrated service provision and teams becoming our new business as usual in Warwickshire.

This report provides an opportunity to celebrate these successes.

It also marks a tipping point for us and future years will see increased integration of services. The final sections of the report outline the future direction of travel.

This is truly a collective effort. Whilst we have drawn out casestudies this not intended to be an exclusive set. Great work is happening across the system and I'd encourage you to follow the signposting section to the more detailed work of our partner organisations.

Cllr Izzi Seccombe

Chair of Warwickshire Health and Wellbeing Board
Leader of Warwickshire County Council
September 2016

Our Priorities

Warwickshire Health & Wellbeing Strategy 2014-18

In November 2014, the Board agreed the new Health & Wellbeing Strategy for 2014-18. This was the culmination of 12 months' extensive engagement and consultation with the Board's member organisations and the wider partnership.

Through the Strategy, partners have agreed three over-arching priorities for the next five years. For each priority, partners have set out a number of areas of focus and planned outcomes.

The Priorities and areas of focus are:

1. Promoting Independence for All

- Ensuring the best start for children & young people
- Supporting vulnerable young people & their transition to adulthood
- Enabling people to manage their own health & wellbeing (through prevention, screening advice, information etc.)
- Empowering disabled people to have choice & control
- Enabling older people to stay independent & in their own homes for as long as possible
- Identifying and supporting other vulnerable groups

2. Community resilience

- Building the capacity of local communities to shape & deliver services
- Building social networks - reducing loneliness & isolation
- Improving educational attainment & access to learning across the whole community

3. Integration & working together

- Reducing admissions to acute services & residential care
- Simplifying access to services & the customer journey
- Data sharing and IT infrastructure
- Creating healthier environments (e.g. through housing, planning, licensing, alcohol & crime)

Better Together Programme

Fundamental to supporting all three of the priorities is the Warwickshire Better Together Programme.

Introduced nationally with the intention of reducing the number of older people being admitted into hospital unnecessarily and ensure they were able to return home as quickly as possible by integrating health and social care services.

Working to the Vision of providing 'The Right Care at the Right Time, in the Right Place – Every Time' 2015/16 saw the first full year of this programme in Warwickshire.

It is therefore a key feature of this Annual report and the related activity is presented with the common Better Together programme branding where needed.

Joint Strategic Needs Assessment (JSNA)

Understanding the needs of our Population

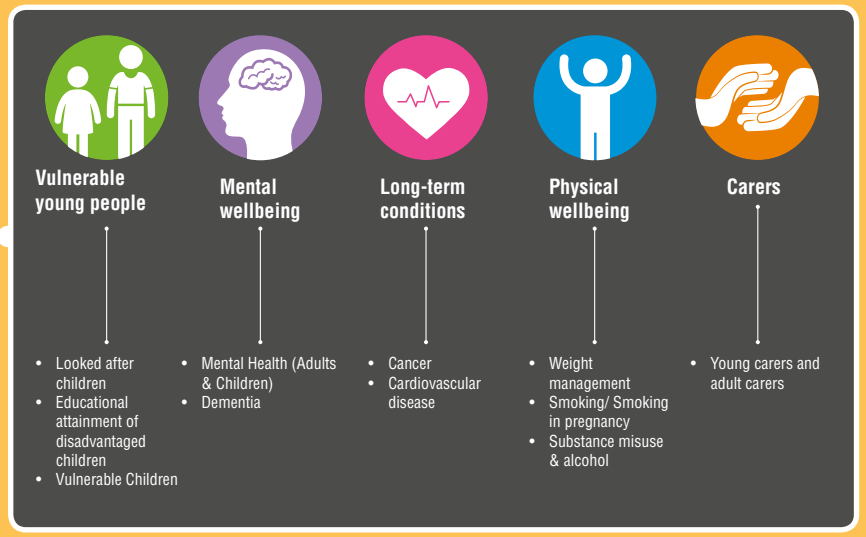
The Joint Strategic Needs Assessment (JSNA) provides the evidence based upon which the Health & Wellbeing Strategy is based.

It is designed to analyse the current and future health and wellbeing needs of the Warwickshire population to inform the commissioning of health, wellbeing and social care services.

The JSNA is made up of two key elements - The overall Annual statement, which is refreshed each year, plus a programme of needs assessments stretching over the next 3 years.

Annual Statement

The JSNA Annual Statement 2015/16 was the first annual statement in the three year cycle of the JSNA and refreshes and updates stakeholders on the priority topics agreed by the Health & Wellbeing Board in January 2015 that impact on the health and wellbeing of Warwickshire's people.



Completed Needs Assessments

As well as this overarching assessment, a number of theme-specific JSNAs have been completed and approved in 2015/16

- **Helping Vulnerable Children**

This needs assessment considers a number of risk factors, presenting a potential cohort of vulnerable children in Warwickshire.

- **Children Looked After**

This needs assessment is intended to provide insight to better understand Warwickshire's profile of children looked after. This work dovetails closely with the Prevention JSNA aimed at preventing and reducing the numbers of children coming into care which is due to be approved in July 2016.

- **Carers (including young carers)**

This needs assessment is intended to provide insight into the unpaid care provision across Warwickshire, recognising the important contribution this makes to the overall supply of care services as well as the extent and nature of local support services.

Ongoing needs assessment work

There are a number of needs assessments (both JSNA priority themes approved by the Health & Wellbeing Board as well as broader themes) that are worth highlighting that will continue to enable evidence-based decision making.

Nearing publication:

- Prevention (preventing & reducing children coming into care) Needs Assessment (JSNA priority theme)
- Needs analysis to inform CAMHS Redesign (JSNA priority theme)
- 0-5 Needs Assessment
- Lillington Needs Assessment
- Youth Justice Needs Assessment
- SEND Needs Assessment

Ongoing and upcoming work:

- Substance Misuse & Alcohol Needs Assessment (JSNA priority theme)
- Smoking Needs Assessment (JSNA priority theme)
- Dementia Needs Assessment (JSNA priority theme)
- CCG JSNA profiles
- Atherstone Needs Assessment
- Criminal Justice & Mental Health Needs Assessment.

For more information on the JSNA, please contact **jsna@warwickshire.gov.uk**

Delivering Our Priorities

1. Promoting Independence for All

- Ensuring the best start for children & young people
- Supporting vulnerable young people & their transition to adulthood
- Enabling people to manage their own health & wellbeing (through prevention, screening advice, information etc.)
- Empowering disabled people to have choice & control
- Enabling older people to stay independent & in their own homes for as long as possible
- Identifying and supporting other vulnerable groups

Better Together Achievements

- Dementia navigators in place across the county Living Well with Dementia.
- New access and self-care/management arrangements are being put into place utilising technology and new online self-assessments that enable people to navigate and secure help for themselves.
- Community development workers are allocated to local health and wellbeing hubs providing a direct link between patients being seen by their GPs and a range of community led activity.

Case Study: Smart Start

The JSNA's 0-5 needs assessment and Smart Start engagement activities have shown that access to early years services, mental health support and community based activities for families need to be improved and delivered differently.

Smart Start aims to develop and deliver a strategy for joint action to improve the wellbeing and development of our 0-5s, focusing on prevention and early help.

Organisations like the County Council, the NHS, early years education and nurseries, and the third sector have been working together to develop and deliver a 3 year programme called Smart Start. Into its second year, the Programme so far has:

- Undertaken extensive research and engagement activities involving parents/ carers of 0-5s, including the most hard to reach families and front line workers.
- Developed and published Warwickshire's 0-5s Strategic Needs Assessment.
- Developed and published the Smart Start Strategy which sets out what we will collectively do to make sure that all children in Warwickshire have the best possible start in life and that their parents and carers are well supported from the moment of conception through to the time when children reach school.
- Funded 11 projects contributing to the delivery of the Smart Start priorities and outcomes.
- Is planning the delivery of the Smart Start Strategy with all Partners, including co-production with communities, parents and carers.
- Developed a plan to integrate 0-5 universal and early help services.
- Is about to launch a scheme of small grants to offer practical support to 0-5 communities.

The Health & Wellbeing Board has fully endorsed the Smart Start Programme and Strategy, recognising it as a significant step forward to improve health and wellbeing of Warwickshire's families and giving future generations the best start in life.

Mapping of all projects and initiatives contributing to the delivery of the Smart Start Strategy is currently taking place with a view to further invest into the most impactful work and effectively address the gaps by developing and delivering innovative solutions.

For more information on the Smart Start Programme visit: **www.warwickshire.gov.uk/smartstart** or contact Programme lead: Helen King, Deputy Director of Public Health **helenking@warwickshire.gov.uk** or Programme Coordinator: Monika Rozanski, Public Health Officer - **monikarozanski@warwickshire.gov.uk**

Case Study: Child Sexual Exploitation

Bringing people together to discuss difficult and challenging issues is a key role of the Health Wellbeing Board.

Child Sexual Exploitation (CSE) is a complex type of sexual abuse affecting young people across Warwickshire, although the problem is often hidden.

In January 2016 a joint exploratory workshop was held between Public Health colleagues and the health subgroup of the CSE NWG to scope the key challenges for front-line services. The purpose of the joint work and conference described here were to help define the ways in which Public Health departments can support system-wide working to tackle CSE.

The outcome of the conference is now being used across the West Midlands to agree a joint work programme between Public Health and the CSE network. Likewise, in Warwickshire the output will inform a local work programme between Public Health and our local partners.

For more information please visit **warwickshirecse.co.uk**

Case Study: Quit4good campaign

Smoking is the leading cause of preventable death and disease in the UK. About half of all lifelong smokers will die prematurely, losing on average about 10 years of life.

The number of quitters accessing the smoking cessation service in Warwickshire has declined over the last 3 years by 40% however surveys show that more than two thirds of smokers say they want to give up smoking.

The Quit4good campaign launched on No Smoking Day 2015 promoted the fact that a smoker is 4 times more likely to quit with support from the NHS Stop Smoking Service. No Smoking day 2016 was another opportunity to promote the Quit4good campaign with the introduction on a new online service.

To support No Smoking Day 2016 Pharmacists across Warwickshire promoted the Quit4good campaign to encourage smokers to access the stop smoking service. Warwickshire Stop Smoking service also introduced a new online service which provides an alternative web based source of support for smokers who choose not to access the more traditional methods of support through their GP surgery or local pharmacy.

For more information visit **warwickshire.gov.uk/quit4good** or contact **or suewild@warwickshire.gov.uk**

Integrated Community Equipment and Support Service (ICESS)

The Integrated Community Equipment and Support Service (ICESS) provides equipment and services to enable people in Warwickshire to live more independently, prevent admission to and facilitate discharge from hospital. The range of equipment includes beds, mattresses, hoists, equipment to assist people with their personal care and to enable people to maximise their mobility. A monitored Telecare service is also available, providing personal alarms and a range of sensors that can for example detect epileptic fits.

During 2015/ 16 over 88,000 items of equipment were delivered to 18,530 customers across Warwickshire.

During the year the contract for the Telecare service commissioned by Warwickshire County Council was transferred to the ICESS contract. At the end of March 2016, 717 customers received this service. In addition over 7,300 customers benefit from a service provided by the District and Borough Councils.

A draft Assistive Technology Statement of Intent and action plan has been developed and a workshop with senior staff across health and social care took place to further develop the plan. The plan focusses on the promoting the use and benefits of Assistive Technology to the public, customers, carers, health and social care professionals and embedding the use of Assistive technology as part of customer's care packages. See www.athome.uk.com for more information and case studies about the use of Assistive Technology.

Feedback from users of the service included 'It enables someone to spend time on their own without staff having to supervise them all the time' and 'It's reassuring as someone knows I have fallen and responds'.

For more information please contact **kaywinterburn@warwickshire.gov.uk**

Director of Public Health Annual Report 2015

Children and Young People: Investing in the Future

Directors of Public Health have a statutory requirement to write an annual report, to inform local people about the health of their community, and provide information for decision makers in local health services and authorities on health gaps and priorities.

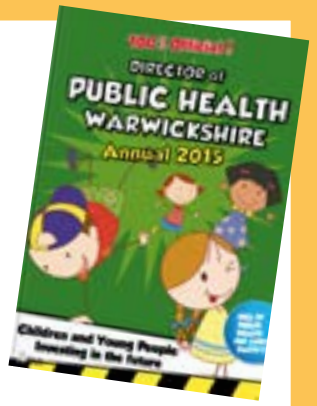
The theme of the 2015 report was children and young people, including a focus on early years, education, mental health, healthy weight, risky behaviours and vulnerable groups.

The report emphasised the importance of adopting of a 'life course' approach to addressing health inequalities within the population.

Key successes outlined in the 2015 report included:

- the rate of teenage pregnancy had declined;
- a reduction in the number of alcohol-specific hospital admissions for the under 18s; and
- a slight reduction in the number of obese year 6 school children.

However, at the time of publishing the report in 2015, there were still areas for improvement:



- 40% of children did not achieve a good level of development by the end of reception year;
- 13.1% of pregnant women were still smoking at the time of delivery;
- A & E attendances for 0-4 year olds were higher than the national average; and
- rates of self harm in young people aged 10-24 were rising.

The Warwickshire Health and Wellbeing Board endorsed the recommendations in the report, and it was awarded second place in the Association of Directors of Public Health Annual Report Competition, for its engaging content and 'wow' factor.

The report is available online:

http://publichealth.warwickshire.gov.uk/annual-report/

The Director of Public Health Annual Report 2016 will be published in September 2016.

Care Homes (with or without nursing) for Older People and Adults with high support needs

STOP PRESS

During 2015/16 Warwickshire County Council have been working jointly with South Warwickshire Clinical Commissioning Group (SWCCG) and Warwickshire North Clinical Commissioning Group (WNCCG) to review how care home (with and without nursing) services are commissioned across Warwickshire.

The development of a joint outcomes-based service specification for care homes (with and without nursing) for Older People and/or Adults with high support needs and complex health conditions and has been completed and a new contract for services finalised.

This will be relevant to existing and new care home provision (without nursing) across Warwickshire; and existing and new care home provision (with nursing) relevant for Funded Nursing Care (FNC) and Continuing HealthCare (CHC) within the boundary for SWCCG and WNCCG.

Coventry and Rugby Clinical Commissioning Group have developed a similar approach with Coventry City Council.

This joint approach will focus on improving quality standards for all customers and will support an affordable and sustainable care home market across Warwickshire.

For more information, please contact Sue Green, Commissioner, Accommodation with Support.
suegreen@warwickshire.gov.uk

Living Longer Living Well Guide

The Living Longer Living Well Guide was commissioned by Public Health in 2015, on behalf of Warwickshire County Council, and in partnership with the NHS and voluntary sector locally.

40,000 hard copies were printed and distributed to older people through Pharmacies, GP practices and Clinical Commission groups.

The guide gives clear information, advice and local service details to older Warwickshire residents to support their health and wellbeing, and to help people to remain active, healthy and independent for as long as possible.

Feedback from those who received them was excellent, and many more copies were requested. Although not formally evaluated, it was clear that the guide was considered useful and an electronic version for further distribution is to be considered next.

For more information please visit **www.warwickshire.gov.uk/livinglongerlivingwell**

Five Ways to Wellbeing in Warwickshire

Five Ways to Wellbeing (5WtW) in Warwickshire has drawn on national evidence to develop a programme that aims to encourage Warwickshire residents and the County Council workforce to talk about wellbeing and build the ways to wellbeing into their lives. It also aims to raise awareness of support and services to enhance mental health and wellbeing.

Building upon the success of the website launch the year before, in 2015, Warwickshire County Council commissioned the development of 5WtW eLearning. This was launched in January 2016 to WCC staff and particularly aims to increase the skills of front-line staff, who are obliged to promote wellbeing under the Care Act legislation and also in their work on Making Every Contact Count.

Around 250 WCC staff have completed the eLearning, and are beginning to use the 5WtW in their interactions with customers.

For more information please visit **publichealth.warwickshire.gov.uk/5ways**

Home Care Tender

STOP PRESS

On February 26th 2016, The County Council's Strategic Commissioning Unit began the tender process for a new Care at Home Contract that will reshape how services are delivered across Warwickshire. Warwickshire County Council currently delivers domiciliary care to over 2,400 customers, to ensure they are able to live independently in their own home for as long as possible.

Significant engagement with customers has led to the development of a new joint service specification for domiciliary care and supported living services along with Clinical Commissioning Group (CCG) partners that is person-centred with a focus on individual outcomes for the people using the services.

The new contract model went live on August 1st 2016 and will provide many benefits; including improved clarity around service definitions, improved relationships with providers, and care and support that is more consistent, high in quality and person-centred.

The new Care at Home contract has been developed with a focus on customer outcomes. Customers will be given the opportunity to receive care and support that is flexible and tailored to meet their individual needs. This also has the added benefits of giving care staff increased job satisfaction, a reduction in long term high volume traditional packages of care, and a reduction in unnecessary processes and protocols.

If you would like further information please contact Amanda Fawcett, Commissioner for Domiciliary Care, WCC on **amandafawcett@warwickshire.gov.uk**

2. Community resilience

- Building the capacity of local communities to shape & deliver services
- Building social networks - reducing loneliness & isolation
- Improving educational attainment & access to learning across the whole community

Better Together Achievements

- In North Warwickshire, Age UK, Warwickshire North CCG and George Eliot Hospital have supported a pilot of a care navigator role to work across primary care and the hospital to prevent repeat, non-elective admissions and support discharge of patients back into the community.
- Developed an online portal for care coordinators, navigators, social prescribing staff and primary care, which includes information on all provision available locally.
- WCC have commissioned Age UK to pilot a new service within hospitals to support timely discharge. Age UK workers will be located with hospital social care teams to provide information, advice and guidance to anyone needing additional support to get back home.

Dementia Friends

Raising awareness of dementia, creating dementia friendly communities and supporting people to live well with dementia are key aims of Warwickshire's Living Well with Dementia Strategy (2016-2019).

Dementia Friends aims to change the way people think, act and speak about dementia. The initiative is led nationally by the Alzheimer's Society and is based on the principle that people with dementia can live well with a greater understanding and a little help from other people.

Together Clinical Commissioning Groups, County council, District and Borough Councils, NHS Trusts, voluntary sector, private sector and the public set a target in January 2015 to create 10,000 Dementia Friends across Warwickshire during 2015.

Various communication strategies were used to encourage people to get involved. People either attended a face-to-face information session or signed up on-line and the ambitious target was achieved by September 2015.

A new target has now been set, to create 30,000 Dementia Friends by 2019.

For more information, please visit **warwickshire.gov.uk/dementia**

School Health & Wellbeing Service

During 2015, Warwickshire Public Health led the procurement of the "School Health & Wellbeing Service" (previously known as the School Nursing Service) based on a re-designed service specification. The new service commenced on the 1st November 2015 and colleagues from the new provider have been working with parents, children and young people, schools, GPs, local hospitals, health visitors and other partners as part of the service transformation.

The service is responsible for delivering a number of key activities, including:

- Annual height and weight measurements of Reception and Year 6 pupils as part of the National Childhood Measurement Programme
- Annual health needs assessments for Reception and Year 6 pupils
- Annual health reviews for 'Looked After Children' in partnership with the LAC Health team and Children's Social Care
- Contributing to education and individual healthcare plans for children and young people with long-term health conditions or complex medical needs
- Support for schools in developing annual school public health plans and reviewing health-related policies, including the delivery of PSHE in the curriculum.

Feedback from users of the service included 'it is immensely reassuring for me to know that his health care is monitored and constantly updated and that you ensure that the school is aware of any changes in treatment etc. It is very reassuring for me to know my child's health is looked after in this way and it means I can go to work and not worry when he is not in my care. I am really very grateful.'

For further information, please contact **katesahota@warwickshire.gov.uk or warwickshireSH&WBService@compass-uk.org**

Over 75's Project

The Over 75's project was commissioned by South Warwickshire CCG to deliver high quality care for South Warwickshire's ageing population to keep them happy, healthy and well at home and prevent unnecessary hospital admissions. It comprised of 3 pilots, of different size and scale, delivering local services targeted at improving the health and wellbeing and reducing social isolation.

The qualitative feedback from patients, carers, GP teams and those providing the services was very positive. This was reinforced by case studies and by an independent evaluation undertaken by Age UK for the SWGP pilot.

The project has provided the following learning:

- Universal screening was not required nor always appreciated by all Over 75's
- Case management of individual patients makes the difference
- Unmet/unknown need was identified – physical and social – people had been 'managing'
- The scheme would benefit some Under 75's too
- Main reasons for crisis – Falls, Urinary Tract Infections, medication, 'off feet' and anxiety/depression
- The co-ordinators/navigators had time to liaise/co-ordinate and this was recognised as the key component for the success of improved patient care
- Solutions are not just medical – they are holistic

All of this learning has now been mainstreamed in the Fit for Frailty Programme now in operation in all GP Practices across South Warwickshire. Feedback from patients included 'You arrived like a breath of fresh air, guided us through the system, always asking my father what he would like. Within 2 hours you had helped us come up with a plan of action and we are now seeing positive results, thank you!' and 'The walker has given him confidence and I am no longer helping him to walk about the house. Thank you so much you have really got things moving, your help is much appreciated'

For more information please contact **suephillips@southwarwickshireccg.nhs.uk**

Warwickshire North CCG Cardiovascular Disease (CVD) Programme Board

NHS Warwickshire North Clinical Commissioning Group (WNCCG) established the 2 year task and finish Cardiovascular Disease (CVD) Programme Board in May 2014. Since its inception the Board has been actively leading work to develop, target and improve services and care for Warwickshire North patients through a co-ordinated delivery programme from prevention to chronic management of CVD.

The board has developed a 30 point Cardiovascular Disease Work Programme. Many of these work streams require a partnership approach to effectively tackle the issue. This approach has allowed the board to make improvements in both outcomes for patients and reduced spending from the CCG and Partners.

The work of the board will continue to be reviewed through the CCGs Commissioning Finance and Performance Meetings, Warwickshire North Health and Wellbeing Partnership and reported bi-annually through the Executive Team.

#onething has been launched which is a social media health campaign designed to address high rates of early mortality from cardiovascular disease (CVD), particularly in women, across Warwickshire North by reducing risk factors of CVD. Please visit warwickshire.gov.uk/onething for more information.

When the Board convened the objective was to improve on the 2012 data of 152 premature deaths from CVD, our ambition was to reduce this by 22 deaths by 2017. Last year deaths had fallen to 122.

The CVD Programme Board has demonstrated that multi agency partnership approach to addressing long term issues has shown success.

Contact: **Rachel.robinson@warwickshire.gov.uk** (chair) or **Andrea.Green@warwickshirenorthccg.nhs.uk** (Chief Officer) for more information.

ConnectWELL Social Prescribing

ConnectWELL Social Prescribing has been operating in Rugby over the past 18 months. A person centered service that, in simple terms, engages with health professionals, primarily GP's and is the conduit for patients to access none medical services and activities that, alongside clinical interventions will contribute to their health and wellbeing. There are over 800 such activities in the Rugby Borough alone and ConnectWELL trained Navigators and Health Buddies help patients to find opportunities to suit them. Following a pilot year, referrals now number over 300.

ConnectWELL is the first project of this kind in Warwickshire. Funded by the CRCCG and the Esme Fairbairn Foundation, the scheme is delivered by Warwickshire Community and Voluntary Action (WCAVA). The project is engaged with all 12 GP Practices in Rugby and takes referrals from health practitioners including GPs, nurses and self-referrals.

Patients are provided with information about the services and in some cases are assigned a Health Buddy to accompany them.

ConnectWELL aims to assist people in addressing underlying societal causes or manage compounding factors of ill-health by unlocking and aligning the many resources and community assets that exist within communities.

One patient said, "Prior to my referral to ConnectWELL, I was seeing my GP once a month." She has now reduced the frequency to 2 months. "The major change is that in the past I have struggled physically and financially. Now that my financial difficulties have been reduced, I am better able to cope with my health problems".

For more information please contact Alison Orr, Training Manager & Rugby Locality Manager, Warwickshire Community and Voluntary Action **aorr@wcava.org.uk**

Changing Places and Sensory Areas

During 2015/16 WCC funded four projects to deliver Changing Places and Sensory Areas that improve the accessibility of local communities for people with a disability:

- Age UK - The project proposal included:
  - o The refurbishment and redesign of the access area to the female W.C in the Atherstone Centres main community room which will be dementia friendly.
  - o Creation of a dementia friendly outdoor sensory garden offering a community resource to people / groups / professionals who are affected by dementia and or other disabilities and aims to promote a volunteer led gardening programme.
- Individual Support Solutions (ISS) - ISS installed a Sensory Area to their existing Head Office, Day Opportunity and Community Hub Services Building in Nuneaton. This includes a self-contained room where people can access positive sensory experiences that provide fun, aid communication and offer learning opportunities.
- New Directions Rugby - New Direction have created a therapeutic space to promote sensory modulation and assist with the learning and practice of stress management and anxiety reducing skills. The equipment used will meet a wide range of needs such as autism, sensory needs, anxiety, learning disabilities and dementia.
- Heart of England Mencap - Provision of a specific sensory facility that proactively provides the opportunity to have the stimulation and experiences that are difficult to achieve through every-day experiences.

For more information please contact **beckyhale@warwickshire.gov.uk**

3. Integration & working together

- Reducing admissions to acute services & residential care
- Simplifying access to services & the customer journey
- Data sharing and IT infrastructure
- Creating healthier environments (e.g. through housing, planning, licensing, alcohol & crime).

Better Together Achievements

- Phase one of integrating our Intermediate Care Services will see Warwickshire County Council and South Warwickshire Foundation Trust (SWFT) co-locate the Community Emergency Response and Reablement teams.
- In north Warwickshire, community matrons have supported clusters of GPs (Interdisciplinary Hubs) to identify the frail and vulnerable population. Multi-disciplinary teams then provide proactive support to those identified.
- A County wide model is in place that uses community based beds to support the discharge of patients with complex needs.

End of Life Care

End of Life Care (EoLC) is the care experienced by people who have an incurable illness and are approaching death. Good EoLC enables people to experience as much comfort as possible until they die, and to make choices about their care. It has a significant impact on the wellbeing of patients and importantly on the wellbeing of surviving family and friends.

Good EoLC is challenging because it needs to be delivered by all front-line services requiring collaborative multidisciplinary working between generalist and specialist teams, whether the person is at home, in hospital or elsewhere.

It is a system-wide challenge that requires integrated thinking and working. Through the Executive the HWB team have brought together a system wide view of the complex needs. Commissioners now have a comprehensive picture of EoLC provision across the county and have agreed the key developments required to secure improvements.

An action plan has been developed and will be progressed during 2016/17.

For more information please contact **bernilee@warwickshire.gov.uk**

Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis to make sure that people get the help they need when they are having a mental health crisis.

To respond to the concordat a multi-agency Steering Group for Coventry and Warwickshire was established at the beginning of 2015, with membership from the across the Health & Wellbeing Board. The group agreed the five priorities to deliver the concordat's five areas of focus as:

- Prevention and intervention
- Implementing the street triage service
- Enhancing place of safety (PoS)
- Reviewing the Crisis Resolution and Home Treatment service (CRHT)
- User experience and engagement

This has directly led to introduction of Street triage provision; Suicide audit and prevention strategy; increase in acute service provision; and additional training for GPs and school nursing teams.

For more information please visit **www.crisiscareconcordat.org.uk/areas/warwickshire/#action-plans-content**

Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) for Warwickshire was approved by the Health and Wellbeing Board in March 2015. It is an assessment of the pharmaceutical services that are currently provided in Warwickshire including dispensing of prescriptions by community pharmacies, dispensing GPs and other providers, as well as other services available from community pharmacies.

The PNA is an essential tool used by the NHS England when deciding if new pharmacies are needed when dealing with applications for entry onto the pharmaceutical list and also (in certain rural locations) whether GPs should be allowed to dispense.

Following consideration by the Board, an action plan has been developed and work is underway with the Local Pharmaceutical Committee (LPC) and local pharmacies on specific initiatives such as systems resilience, urgent care and supporting public health initiatives.

For more information please visit **http://hwb.warwickshire.gov.uk/reviews_annual_updates/pharmaceutical-needs-assessment/**

Warm and Well

The Warm and Well in Warwickshire Partnership was established in 2010, bringing together partners and stakeholders to support fuel poverty reduction, and to act as a referral network into sources of fuel poverty advice. The focus of the partnership remains in reducing illness and mortality associated with living in cold, damp homes, given the direct link between fuel poverty and excess winter deaths

The 'Boilers on Prescription' pilot has been further scoped and developed after successful completion and agreement of Information Governance protocols across all the partners involved. Participants will be eligible if they live with a defined set of long term health conditions and are on a low income/in receipt of benefits. Following a free home energy assessment we will seek the informed consent from participants to access data about their health 12 months prior and 12 months post the physical interventions delivered i.e. new boiler/ cavity wall insulation. We will be assessing A&E /Emergency admissions and GP attendances and prescribed medications and dosages in order to compare any changes/reductions. We hope to use the pilot outcomes to develop sustainable co-commissioned services that continue to address and reduce fuel poverty and health impacts in Warwickshire.

There is a growing body of evidence nationally that shows positive health outcomes can be achieved when cold and damp homes are improved, and this can reduce demands on GP and hospital services.

For more information please contact **nadiainglis@warwickshire.gov.uk**

Planning Healthy Weight Environments

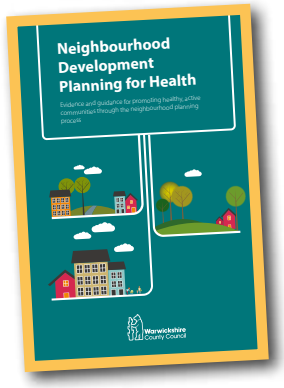
Good planning can have a positive impact on the health and wellbeing of local communities, promoting independence and building resilience within them. In particular the planning system can be used to encourage healthy behaviour changes by promoting active travel and physical activity, encouraging the provision and access to local green spaces and also restricting overconcentration of unhealthy food uses

In July 2016 Warwickshire hosted a Planning Healthy Weight Environments workshop in conjunction with the Town and County Planning Association (TCPA).

The workshop provided a dedicated forum for planners and public health teams, and local partners to explore the best ways of creating healthier environments through planning policy and new development proposals.

To access the 'Building the Foundations: Tackling obesity through planning and development' full report please click here.

For further information planning for health please contact Warwickshire County Council's Senior Health Planner Eva Neale **evaneale@warwickshire.gov.uk**

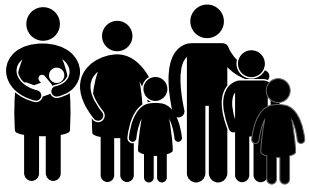


Priority Families Programme

At June 2016 there were 1,066 families attached to the Priority Families Programme and 60 families had been 'turned around', achieving positive outcomes including improved attendance at school, reducing offending behaviour and anti-social behaviour and had made progress to work.

At the heart of the programme is the 'key worker' model that seeks an intensive approach underpinned by a plan that seeks to transform families through developing independence and resilience. Underpinning delivery is an evidence based approach that not only satisfies national requirements, but allows us to track and monitor families locally to ensure that we are delivering outcomes and achieving value for money.

The next steps for the programme will see lessons learnt applied from Year One of Phase Two and also



use the opportunity to harness the opportunities afforded by the creation of a new business unit 'Children and Families', which will allow for a genuine seamless pathway for children and families and also embed the programme within a transformed Early Help Service.

Work is also underway to work closely with the 0-5 Strategy, Child Poverty Strategy and seek a more local approach that recognises that the issues that our children and families face cannot be wholly divorced from the challenges that their communities face as a whole. Only then and through working with our partners will we seek the significant and sustained change in the lives of children and families in Warwickshire.

For more information please visit
http://www.warwickshire.gov.uk/priorityfamilies

CAMHS Transition Funds

Clinical Commissioning Groups across England have been awarded CAMHS Transformation Funds from NHSE following the publication of Future in Mind (DH 2015), a report setting out the recommendations for child and adolescent mental health services made by the Children and Young People's Mental Health Taskforce.

Across Coventry and Warwickshire these funds total £1.7m per year for five years. A Transformation Plan was developed by the three local CCGs which sets out seven priorities for this funding.

1. Community eating disorder service: to increase the scope of interventions available locally and reduce the need for in-patient stays for young people with eating disorders.
2. Specialist CAMHS waiting times: by investing in additional capacity to deliver interventions for those waiting for specialist CAMHS support.
3. ASD diagnostic waiting times: by investing in additional capacity to undertake autism assessments.
4. Acute liaison service: continuing to invest in a team providing assessment support to young people presenting at acute hospitals in Coventry and Warwickshire.
5. Vulnerable young people: focussing on those who are Children Looked After
6. Working with schools: to develop early intervention support
7. IT: to identify ways that technology can support child and young people's mental health support.

This funding comes at a time when the CAMHS provision across Warwickshire is being recommissioned following a comprehensive co-production process in 2015/16. The new child and young people's mental health service will be procured from September 2016 and will be transitioned in throughout 2017. The new service will focus on prevention, early intervention, and providing systemic support alongside the family and other professionals in education, social care, health or the voluntary sector.

For more information please visit
http://www.camhscovwarks.nhs.uk/Home or contact andrewsjurseth@warwickshire.gov.uk

Information Governance

One of the aims of the Better Together Programme is for health and social care to work much better together and integrate working practices where it makes sense. One of the key things we'll have to do to make this happen is to share information about the people we all provide care to.

Effective information sharing will help deliver the services that people expect from the health and care system, for example:

- Being able to access information about people's allergies or medications when they attend A&E
- A joint approach to assessment and planning so that people only have to tell their story once
- The ability to provide better care to those people who may be vulnerable or at risk

A working group, established under the Warwickshire Cares: Better Together programme, has been working on an Information Sharing Strategy designed to formalise a collaborative, constructive approach to the resolution of data exchange issues.

This strategy has now been approved by all partners and a Coventry and Warwickshire Information Sharing Advisory Group held its first meeting in June 2016. This group will be the first port of call for anyone undertaking a project or establishing a new way of working, they will be able to provide advice and guidance to share information safely, securely and efficiently.

For more information please visit **http://warwickshirecares.warwickshire.gov.uk/july-2016-Better-Together-Progress-to-date/working-together/article-2-information-governance**

MASH

STOP PRESS

The Warwickshire Multi-Agency Safeguarding Hub (MASH) provides an integrated front door service for safeguarding referrals. The MASH is a secure environment where information is shared across agencies as appropriate in order for safeguarding concerns to be assessed by the agencies all working together. In addition joint risk analysis and decision making is completed which allows for a co-ordinated response being provided to vulnerable children and adults within Warwickshire.

Following a multi-agency implementation project the MASH is now live. Child Safeguarding referrals went live on 3rd May 2016 and Adult Safeguarding referrals go live on 1st September 2016. Children's Social Care, Warwickshire Police, National Probation Service, Access to Education, Early Help and Independent Domestic Abuse Advocate (IDVA) have come together as one team, supported by Single Points of Contact across many other agencies and organisations.

Through the sharing and triangulation of information across agencies the MASH has been able to identify areas of risk and ensure children at risk of harm are protected and supported appropriately. The co-location of agencies in one place provides efficiencies in time and resources. The barriers to information sharing have been removed and agencies work together taking joint responsibility for decisions made regarding safeguarding concerns.

In addition there has been improved information, advice and signposting for citizens and professionals. Work has been successful in the establishment of robust early help pathways to and from the MASH to ensure children who do not require statutory intervention receive the support and advice they require.

Further information contact **Johncoleman@warwickshire.gov.uk**

MASH
Warwickshire Multi Agency Safeguarding Hub

People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently.

Improving Health through the commissioning of Physical Activity and Weight Management on Referral services

The Physical Activity on Referral, The Weight Management on Referral and Family Weight Management on Referral services were commissioned during 2015 and officially launched at a stakeholder event held in October 2015.

From 1st July 2015 to 31st March 2016, 1173 referrals were made to the services by GP's, other health and social care professionals, hospital departments, Warwickshire Wellbeing Hubs and pharmacists. All of the people referred have demonstrated health improvements over a 12 week period as follows: increased physical activity levels; increased consumption of fruit and vegetables; improved mental wellbeing; achieved a healthier weight; reduced feelings of loneliness and isolation.

Feedback from service users includes:

- "I have lost a lot of weight - 3 stone in 15 weeks"
- "I am no longer short of breath and I do feel bit more confident in myself"
- "Before I joined I was severely hypertensive, but since I have started with weight management my Blood Pressure has come down dramatically - I am now nearly back within a normal range!"
- "I've felt amazing, my energy levels have soared. My fitness levels have increased. I used to struggle walking and going up and down the stairs now it's so much easier."
- "My frame of mind is better as well as my food intake"

Service redesign is in progress with stakeholders and will be integrated with Fitter Futures Warwickshire.

For more information please contact **franpoole@warwickshire.gov.uk**

Coventry and Warwickshire Regulators' Joint Partnership Event – Friday 13th November 2015

The annual event provides an opportunity to reflect on progress made over the last 12 months across joint initiatives, to share best practice and also to learn about the roles of the different departments and how they contribute to improving the health of the population.

In November 2015, a joint workshop between Warwickshire and Coventry was held to examine the initiatives Regulatory Services and Public Health are making progress with together.

The main focuses of the day included Environmental Health Mapping, Child Sexual Exploitation (CSE) and Cybercrime. The aim of the day was to explore how these topics incorporated with attendee work programs and how we can integrate our responsibilities.

Around 100 representatives from Public Health, Planning, Licensing, Environmental Health, Transport, Trading Standards, Community Safety, Warwickshire Police and Housing attended and were involved on the day.

Throughout the day, colleagues were given an opportunity to work together to share methods of best practice, signpost to each other's areas of expertise and learn about topics which may be new to them.

Follow this link for a video summary of the day: **www.youtube.com/watch?v=wCBOn7MCM9s**

The event will return in October 2016 to review progress from last year's event and to bring new subjects of focus to the table.

Organisers for this year's event will be Nadia Inglis and Rachel Hawthorne – **nadiainglis@warwickshire.gov.uk** and **rachelhawthorne@warwickshire.gov.uk.**

Warwickshire North Health and Wellbeing Partnership

Warwickshire North Health and Wellbeing Partnership was formally established in 2012 to ensure local delivery of the Countywide Health and Wellbeing Strategy.

The group meets bi-monthly and comprises elected members and officers from Nuneaton and Bedworth and North Warwickshire Borough Council's, NHS Warwickshire North Clinical Commissioning Group and Warwickshire County Council.

Using the JSNA to identify and prioritise the needs of the North Warwickshire population, in 2012 the partnership agreed it's local Strategy and vision for 2012-15. This was then updated and refreshed in 2015 following a review of the JSNA priorities.

The strategy outlines not only the needs and vision for Warwickshire North population but translates this into local, practical action delivered in partnership within priority communities. The Partnership is supported by a governance structure to deliver the work programme and outcome measures to monitor progress.

Over the past 12 months the group has undertaken a targeted programme of work which has included delivery of:

- The #onething pilot to raise awareness of CVD amongst the population
- Work collaboratively on event planning, asset mapping and social prescribing to maximise resource and reduce duplication
- Support the delivery locally of dementia friends and Making Every Contact Count training
- The launch of the dementia friendly community pilot which has begun in Atherstone has been rolled out across NWBC. Resources are being sought to extend the programme across Nuneaton and Bedworth, building on the work begun in Bulkington

The group are currently updating the strategy through a series of workshops designed to refocus on the partnership's role in relation to health and wellbeing, the value added by joining up on issues where there is a local need, and the local and national context.

For more information please contact Rachel Robinson, Consultant in Public Health, Population and Place - **rachelrobinson@warwickshire.gov.uk**

Place Based Activity

To be supplemented with District/Borough additions following September Health and Welbeing Board

North Warwickshire started work on becoming a dementia friendly community

North Warwickshire Health and Welbeing Board

Alcohol Awareness campaign launched in North Warwickshire schools

Atherstone Needs Assessment

Delivered 'olympiage' events within Sheltered Housing complexes

Coordinated a range of activities around alcohol awareness with employees, communities and schools

In collaboration with Warwick Hospital, funding from Public Health was secured to establish 'Measured Miles' in Warwick District to encourage moderate activity for staff, patients and public

Commissioned nine 'Healthier Communities Projects including those for dementia, alcohol, physical activity and healthy eating

Private Sector Housing Strategy for 2015-17 introduced in Rugby. The priorities are to improve the quality of the private sector and improve access for households to live in private-sector properties.

Warwick Health and Wellbeing Board Overview Scrutiny Sub-Committee established

Regeneration Strategy endorsed by Rugby Borough Council in January 2016. The strategy is based on the themes of wellbeing, employment, education and financial Inclusion and is targeted toward our more deprived neighbourhoods.

Commissioned by Public Health Warwickshire to deliver Change Makers to families in Warwickshire from June 2015 to 2017

Lillington Needs Assessment

Alcester Health and Wellbeing Board established

What's next for Health & Wellbeing in Warwickshire

The importance of delivering effective integration across Health & Wellbeing systems is growing as we respond to fundamental shift in demand, funding and delivery models.

Over the next year it is anticipated that that as demand continues to grow and resources become even more stretched, the role that the Health & Wellbeing Board play will become even more critical.

It will also see us agree the Sustainability Transformation Plans (STPs) for Coventry & Warwickshire, further integrating our Health service.

We have anticipated this and in April 2016, the Board and executive came together for a two day Integration Summit. One of the key products of this was the Coventry & Warwickshire Alliance Concordat.

This lays the foundation for the way we will work together and marks a step chance in the level of integration and innovation that we will pursue.

Coventry & Warwickshire Alliance Concordat

- We will be bold, brave and challenging in the service of the people of Coventry and Warwickshire.
- We will align, share and pool resources, budgets and accountabilities where it improves outcomes for the public.
- We will focus on benefits to the public as a whole rather than organisational interests.
- We will take decisions that we know will impact on other parts of the system, only after we have talked to each other.
- We will streamline system governance The to enable decisions to be taken at scale and pace.
- We will design a system that is easy for everyone to understand and use

Approved in principle by Coventry and Warwickshire Health and Welbeing Boards in Summer 2016

Signposting

The Heath & Wellbeing Strategy reaches across the Health & Wellbeing system and draws upon the work and effort of multiple organisations, agencies and individuals. It both informs and is influenced by the work of these organisations. As such this report provides only a highlight of the true level of activity within the system. It is therefore really important that this report signposts readers to the greater detail and effort that is delivered through the wider network of partner organisations. This section is therefore designed to signpost readers to further information:

The Board

The Board's membership July 2016

Cllr Izzi Seccombe (Chair)	Warwickshire County Council
Cllr John Beaumont	Warwickshire County Council
Cllr Jose Compton	Warwickshire County Council
Cllr Les Caborn	Warwickshire County Council
Cllr Margaret Bell	North Warwickshire Borough Council
Cllr Barry Longden	Nuneaton & Bedworth Borough Council
Cllr Leigh Hunt	Rugby Borough Council
Cllr Stephen Gray	Stratford District Council
Cllr Moira-Ann Grainger	Warwick District Council
Dr Deryth Stevens	Warwickshire North CCG
Dr David Spraggett	South Warwickshire CCG
Dr Adrian Canale-Parola	Coventry & Rugby CCG
David Williams	NHS England
Phillip Robson	HealthWatch Warwickshire
Jagtar Singh	Coventry & Warwickshire Partnership Trust
Stuart Annan	George Eliot Hospital NHS Trust
Russell Hardy	South Warwickshire Foundation Trust
Andy Meehan	University Hospitals Coventry & Warwickshire
John Dixon	Warwickshire County Council
Dr John Linnane	Warwickshire County Council
Phillip Seccombe *(or rep)*	Police & Crime Commissioner

Thanks also to former board members:

Cllr Neil Phillips,

Cllr Derek Poole

Ron Ball

Further Information

For further information about the Health & Wellbeing Board, see:

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

Including…

Newsletters

Meeting papers

Information resources

Warwickshire's JSNA (Joint Strategic Needs Asessement)

Healthwatch Warwickshire

If you would like this information in a different format, please contact Marketing and Communications on 01926 413727.

Item 3

Health and Wellbeing Board

09 November 2016

Warwickshire Suicide Prevention Strategy 2016-20

Recommendation(s)

That the Health and Wellbeing Board:

1. Notes the contents of, and encourages the adoption of the Warwickshire Suicide Prevention Strategy 2016-20 by partner agencies.

2. Recommends to partner agencies that they approve adoption of a 'zero suicide' approach across Warwickshire.

3. Recommends that partner agencies support the formation of a multi-agency Suicide Prevention Partnership to implement the Strategy.

1.0 Key Issues

1.1 In Warwickshire, 105 people died by suicide in 2013 and 2014. This compares to 51 people who were killed in road accidents in Warwickshire during the same time period.

1.2 In 2014, suicide (including injury / poisoning of undetermined intent) was the leading cause of death for young and middle aged males, in three age groups: 5-19, 20-34 and 35-49 in England and Wales.

1.3 A detailed audit of the Coroners' records for each of the deaths by suicide in Warwickshire during 2013 and 2014 was undertaken, led by Dr Charlotte Gath, Consultant in Public Health. This audit demonstrated that there was potential for each of these deaths to have been prevented.

1.4 Of the 105 people who died, around 1/3rd were in contact with secondary mental health services, a further 1/3rd had a mental health diagnosis (usually depression) in primary care, and a further 1/3rd had no identified mental health issues.

2.0 Proposal

2.1 The Warwickshire Suicide Prevention Strategy outlines 7 key priority areas for implementation:

Priority 1	Reducing the risk of suicide in key high risk groups
Priority 2	Tailor approaches to improve mental health in specific groups
Priority 3	Reduce access to the means of suicide
Priority 4	Reducing the impact of suicide
Priority 5	Supporting the media in delivery sensitive approaches to suicide and suicidal behaviour.
Priority 6	Improving data and evidence
Priority 7	Working together

2.2 The development of the Warwickshire Strategy and action plan is based upon the National Suicide Prevention Alliance's key areas for action, and is aligned to the UK Governments published "Preventing suicide in England: A cross government outcomes strategy to save lives (2012), and Public Health England's "Guidance for developing a local suicide prevention action plan" (2014). The priorities in the Warwickshire strategy reflect the need to focus interventions to prevent suicide in:

- Secondary care – through collaborative working with Coventry and Warwickshire Partnership Trust;
- Primary Care – through working with Clinical Commissioning Groups;
- and, through a multi-agency community based approach involving the voluntary sector and people whose lives have been affected by suicide.

2.3 The Five Year Forward View for Mental Health (Mental Health Taskforce) Report of February 2016 set a target to reduce suicide by 10% by 2020/21. This would mean at least 5 fewer deaths in Warwickshire, per year, by 2020.

2.4 However, the West Midlands Mental Health Commission is currently considering adopting a "zero suicide" approach across the West Midlands, as pioneered successfully in Merseyside. This would mean adopting the ambition to reduce suicides as far as possible towards zero, by not accepting the principle that many suicides are inevitable, or unavoidable. It is this approach which is recommended to the Health and Wellbeing Board for approval, and the Warwickshire Suicide Prevention Strategy outlines an action plan to work towards this.

2.5 Key to the implementation of the Suicide Prevention Strategy Action Plan is the formation of a multi-agency partnership, and the Health and Wellbeing Board is further requested to endorse the formation of this.

3.0 Timescales and next steps

3.1 As a first step, by the end of 2016, a countywide suicide prevention event will be held to launch the strategy and start the process of developing the multi-agency partnership. Part of this process will include dissemination of the strategy to partners, asking for their agreement and support through their respective governing bodies. This will include Warwickshire County Council's Cabinet and Clinical Commissioning Group Governing Bodies for example.

3.2 Progress against the action plan will be monitored after one year of beginning implementation, and at that time an update report will be produced for the Health and Wellbeing Board.

Background papers

1. Warwickshire Suicide Prevention Strategy 2016-20,
Written by Dr Charlotte Gath, Consultant in Public Health

	Name	**Contact Information**
Report Author	Paula Mawson	paulamawson@warwickshire.gov.uk Tel: 01926 413713
Head of Service	Dr John Linnane	johnlinnane@warwickshire.gov.uk
Strategic Director	Monica Fogarty	monicafogarty@warwickshire.gov.uk
Portfolio Holder	Cllr Les Caborn	lescaborn@warwickshire.gov.uk

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

Councillor Les Caborn, Portfolio Holder for Health.

Appendix

Warwickshire Suicide Prevention Strategy

2016-20

Warwickshire County Council

Working for Warwickshire

Contents

Foreword

I am pleased to introduce this Suicide Prevention Strategy for Warwickshire which outlines our plans and priorities to reduce deaths by suicide across the county.

We know that around 50 people die every year by suicide in the county, but when these figures are compared with deaths from other causes among different age groups, it is a tragic fact that suicide kills more young men of working age than road accidents and illness combined.

We know that there are ways that these deaths can be prevented, working with mental health services, primary care and clinical commissioning groups, and more broadly in community based approaches, and this strategy identifies seven priorities to enable us to do this. It also reflects the "zero suicide approach" whereby every death by suicide is considered potentially preventable and we will work towards prevention with this aspiration in mind.

Please join with us at Warwickshire County Council in embracing this strategy and the zero suicides approach as we aim to reduce the terrible impact that deaths by suicide have in our community.

Cllr Les Caborn,
Portfolio Holder for Health

Our challenge

105 people died by suicide, confirmed by Coroner's conclusions, in Warwickshire in 2013 and 2014.

51 people were killed in road accidents in Warwickshire in the same time period.

Suicide and injury/poisoning of undetermined intent was the leading cause of death for males in three age groups (5-19, 20-34, and 35-49 years) – above road accidents – in England and Wales in 2014.

Each of these deaths could potentially have been prevented.

Introduction

In 2012 the UK Government published *"Preventing suicide in England: A cross-government outcomes strategy to save lives"*.

The six key areas for action identified in the national strategy were:

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

This was followed in September 2014 by Public Health England's "*Guidance for developing a local suicide prevention action plan"* targeted specifically at public health staff in local authorities. In Warwickshire we had already identified suicide prevention as a public mental health priority locally in the Warwickshire Public Mental Health and Wellbeing Strategy 2014-16.

In January 2015 the All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention reviewed progress in developing local suicide prevention plans and found implementation to be patchy across the country. At the time of data gathering for the APPG report, Warwickshire had a suicide prevention strategy (which needed updating) but no annual suicide audit or multi-agency suicide prevention group. However we had at that time allocated funding towards suicide prevention training for GPs across the county, as one of the evidence-based interventions prioritised in our local Public Mental Health strategy.

The APPG in 2015 recommended that:

- All three of the main elements (audit, action plan and multi-agency group) should be in place in every local authority area

This document constitutes the main findings of a local suicide audit of Coroner's records in 2015 (together with a separate more detailed audit analysis) and the action plan arising from it. The key recommendation and next step from this work is the establishment locally of a multi-agency suicide prevention group, with our partners across Coventry and Warwickshire.

It should be noted that this work forms one strand of the implementation of the Warwickshire Public Mental Health and Wellbeing Strategy 2014-16.

The three tiers of the strategy are:

- **Level 1 Universal interventions:** to build resilience and promote wellbeing at all ages for residents of Warwickshire
- **Level 2 Targeted:** targeted prevention of mental ill health and early intervention for people at risk of mental health problems
- **Level 3 Vulnerable population groups:** early intervention and physical health improvement for people with mental health problems

All of the work undertaken as part of the Public Mental Health strategy to improve the wellbeing and resilience of individuals and communities supports the aim of suicide prevention, but by producing a separate suicide prevention strategy, the intention is to undertake a more specific and detailed review of suicide in Warwickshire, and to use this to plan a multi-agency response to it. A partnership based approach spanning communities, primary and secondary care, and the voluntary sector, gives us our best chance of making a real difference in reducing deaths by suicide locally, against a background of increasing suicide rates nationally.

Background facts and figures

The national picture

The most recent figures for suicides in the United Kingdom – 2014 Registrations – were published by the Office for National Statistics on 4th February 2016. The figures are given by sex, age, area of usual residence of the deceased, and suicide method. For the first time in 2016, the definition of suicide has been extended to include deaths from intentional self-harm in 10-14 year old children in addition to people aged 15 and over.

There were

4,882

suicides among people aged 10 and over registered in England in 2014, 155 more than 2013 (a 3% increase).

Of the total number of suicides registered in 2014, more than 3/4 (76%) were male

(3,701 male suicides and 1,181 female suicides in 2014).

The suicide rate in England increased from 10.1 deaths per 100,000 population in 2013 to 10.3 deaths per 100,000 in 2014.

The increase was driven by a rise in female suicides; in contrast, male suicide rates have remained stable. This is not a significant increase, although it is the highest suicide rate seen since 2004 when the rate was also 10.3 deaths per 100,000.

The highest suicide rate in England was in the North East at 13.2 deaths per 100,000 population; London had the lowest at 7.8 per 100,000.

The most common suicide method in the UK in 2014 was hanging, which accounted for 55% of male suicides and 42% of female suicides.

At a recent NSPA conference, Professor Louis Appleby (Chair of the National Suicide Prevention Strategy Advisory Group and Director of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness) made a number of important points relating to these most recent figures from 2014:

Suicide figures are published as three year aggregates, 2012-14 being the most recent. There has been a steady increase in suicides since 2007 when there was a 150 year low in the UK. The increase of 4% since 2007 represents an additional 400 deaths/year on top of the 2007 rate.

Groups who are at higher risk can be identified from the data.

Gender – the male suicide rate in the UK decreased in 2014 from 17.8 to 16.8 deaths per 100,000 population while the female suicide rate increased from 4.8 to 5.2 deaths per 100,000 population, but at 16.8 the male suicide rate is more than three times higher than the female.

Age – in the UK there are around 160 suicides per year in people under 20 years of age, but 600 per year in people under 25 years ie between the ages of 15 and 25 suicide risk increases rapidly.

There is a peak for suicides among men in their 40s and early 50s, and a second smaller peak in older men over 80 years. Female suicides also show two peaks with an increase under 30 years and a second peak in older women aged 50-75 years.

Men aged 45 to 59 had the highest suicide rate in 2014 for the second year in a row with a rate of 23.9 deaths per 100,000 population - it is middle-aged men that are at greatest risk from suicide.

Self-harm – self-harm rates among males are increasing, but rates among females are still higher than for males overall. For younger women in particular rates of self-harm are increasing while for older females the rate is falling.

There is a 50 fold increase in suicide rates within a year of an episode of self-harm, such that 1 in 50 patients who have self-harmed – predominantly young – die within a year.

People in contact with mental health services – around a third of people who die by suicide are in current or recent contact with mental health services, and the latest figures show an increased risk for people under Crisis Resolution Home Treatment teams, but a fall in suicides for people in inpatient care. Three times as many people die while under CRHT than under in-patient care. Of these 37% died within a week of contact with CRHT contact, and 43% of these were living alone at the time of their death.

People in prison or custody – there were 89 deaths by suicide in the UK in 2015, a recent rise following a sustained fall since 2004.

The local picture in Warwickshire

The suicide figures in Warwickshire broadly mirror those in England. The comparisons below taken from the PHE Fingertips database compare Warwickshire county rates with England 2012-14 aggregate data (NB these are figures which vary slightly from the 2014 only figures quoted previously).

And comparing rates across the West Midlands, Warwickshire does not stand out. Table 1, also taken from PHE Fingertips Database, shows that on each of the suicide rate indicators below, Warwickshire is considered "similar" – yellow colour blocks – when benchmarked to the West Midlands and England figures. Indeed Stoke on Trent is the only area in the West Midlands with suicide rates which are significantly higher than the regional or England figures.

Figure 1 Suicide age - standardised rate: per 100,000 (3 year average) (Persons) - Warwickshire

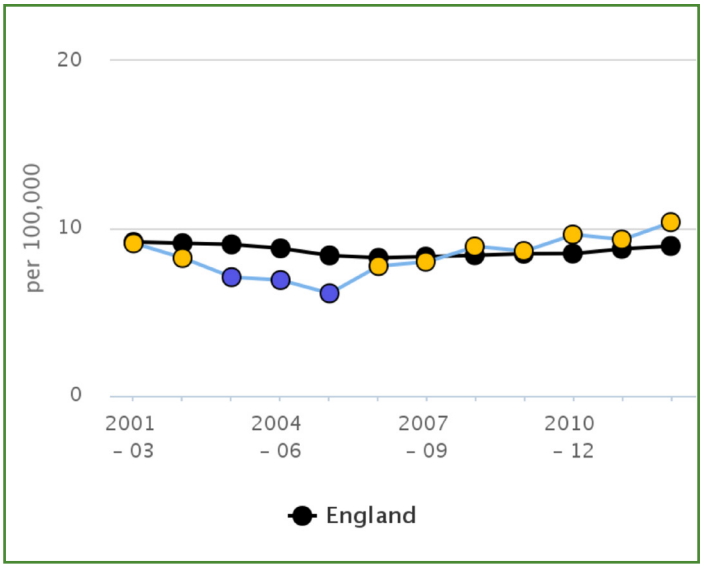


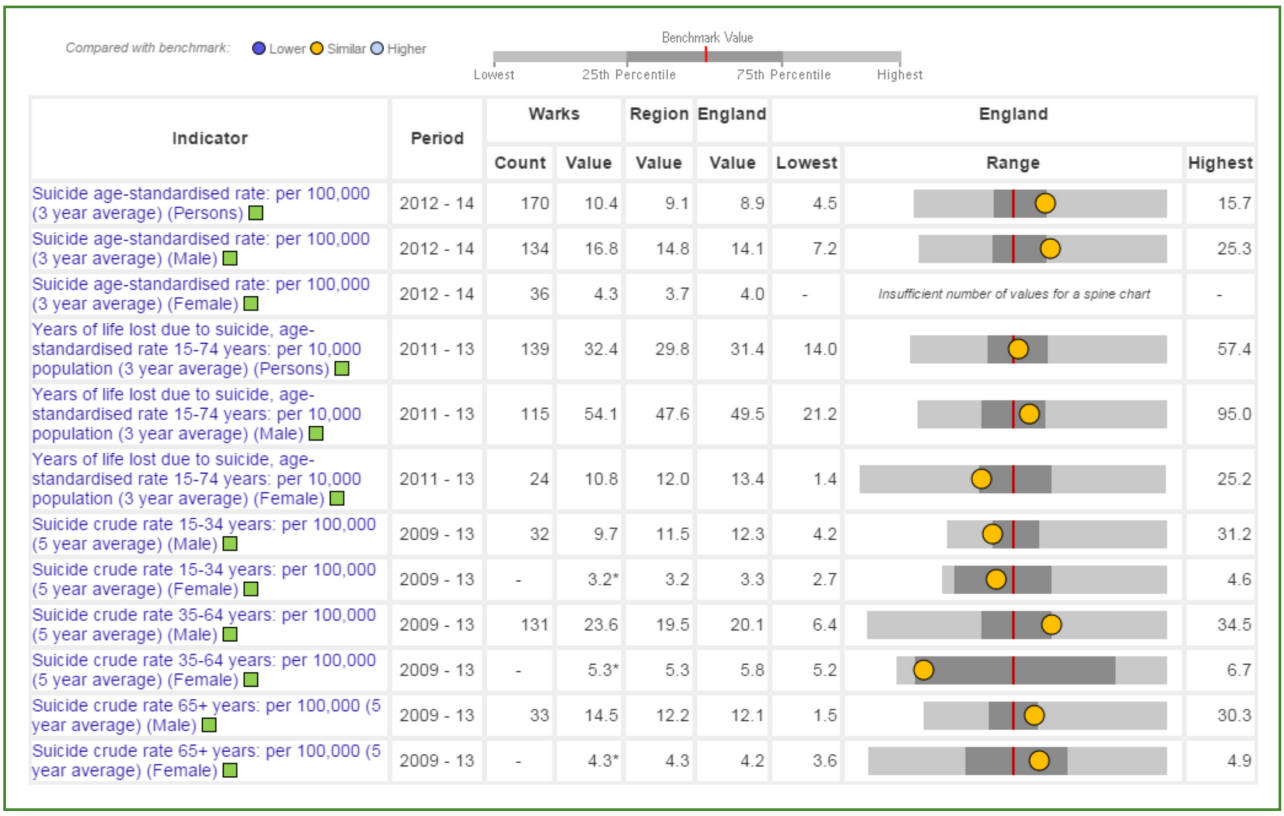
Table 1 Benchmarking comparison for suicide rates between Warwickshire, West Midlands and England

Compared with benchmark: Lower | Similar | Higher | Not compared

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Suicide age-standardised rate: per 100,000 (3 year average) (Persons)	2012 - 14	8.9	9.1	9.2	9.0	6.8	8.6	7.7	9.7	7.4	9.1	12.1	10.4	8.6	10.4	8.8	9.5
Suicide age-standardised rate: per 100,000 (3 year average) (Male)	2012 - 14	14.1	14.8	14.6	15.0	12.5	12.0	13.3	15.0	10.6	14.4	19.6	15.9	13.9	16.8	15.9	16.2
Suicide age-standardised rate: per 100,000 (3 year average) (Female)	2012 - 14	4.0	3.7	4.2	*	*	*	*	*	*	3.8	*	*	*	4.3	*	3.3
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2011 - 13	31.4	29.8	22.6	34.3	21.5	34.8	27.7	35.5	14.5	31.2	46.9	38.9	24.4	32.4	31.6	34.7
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2011 - 13	49.5	47.6	35.6	54.9	39.4	52.3	42.9	57.7	21.9	46.9	73.5	59.2	41.0	54.1	52.0	56.7
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2011 - 13	13.4	12.0	9.8	13.2	3.8	17.1	13.1	11.6	7.5	15.2	19.7	18.6	8.0	10.8	11.0	12.9
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Male)	2009 - 13	12.3	11.5	8.6	11.2	9.6	17.7	10.9	15.9	5.2	10.9	17.3	15.4	11.1	9.7	14.4	15.6
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Female)	2009 - 13	3.3	3.2	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*	3.2*
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2009 - 13	20.1	19.5	16.1	25.9	15.6	18.8	20.4	22.0	6.4	21.1	26.3	22.8	15.8	23.6	15.0	20.5
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Female)	2009 - 13	5.8	5.3	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*	5.3*
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2009 - 13	12.1	12.2	10.1	15.5	10.6	11.1	9.7	17.9	10.2	11.6	14.8	12.5	10.8	14.5	13.2	10.7
Suicide crude rate 65+ years: per 100,000 (5 year average) (Female)	2009 - 13	4.2	4.3	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*	4.3*

Or the comparison can be made using schematic representation of the benchmarked figures, as below, in Table 2. Again the yellow colour of the dots shows that Warwickshire does not lie significantly outside the comparison figures for England as a whole.

Table 2. *Table showing schematic benchmarking comparison for suicide rates between Warwickshire, West Midlands and England*



Indicator	Period	Warks		Region	England	England		
		Count	Value	Value	Value	Lowest	Range	Highest
Suicide age-standardised rate: per 100,000 (3 year average) (Persons)	2012 - 14	170	10.4	9.1	8.9	4.5		15.7
Suicide age-standardised rate: per 100,000 (3 year average) (Male)	2012 - 14	134	16.8	14.8	14.1	7.2		25.3
Suicide age-standardised rate: per 100,000 (3 year average) (Female)	2012 - 14	36	4.3	3.7	4.0	-	*Insufficient number of values for a spine chart*	-
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2011 - 13	139	32.4	29.8	31.4	14.0		57.4
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Male)	2011 - 13	115	54.1	47.6	49.5	21.2		95.0
Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Female)	2011 - 13	24	10.8	12.0	13.4	1.4		25.2
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Male)	2009 - 13	32	9.7	11.5	12.3	4.2		31.2
Suicide crude rate 15-34 years: per 100,000 (5 year average) (Female)	2009 - 13	-	3.2*	3.2	3.3	2.7		4.6
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Male)	2009 - 13	131	23.6	19.5	20.1	6.4		34.5
Suicide crude rate 35-64 years: per 100,000 (5 year average) (Female)	2009 - 13	-	5.3*	5.3	5.8	5.2		6.7
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2009 - 13	33	14.5	12.2	12.1	1.5		30.3
Suicide crude rate 65+ years: per 100,000 (5 year average) (Female)	2009 - 13	-	4.3*	4.3	4.2	3.6		4.9

The Table 3 below shows the changes over time with Warwickshire's actual suicide numbers and DSR (directly standardised rate) in three year aggregates having increased gradually since 2005, now lying above those for the West Midlands and England as a whole.

Table 3. Numbers of suicides and DSR for Warwickshire, West Midlands and England from 2001-2014 (3 year periods)

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2001 - 03	●	137	9.1	7.6	10.8	9.4	9.2
2002 - 04	●	125	8.2	6.8	9.8	8.9	9.1
2003 - 05	●	108	7.1	5.8	8.6	8.6	9.0
2004 - 06	●	105	6.9	5.6	8.4	8.2	8.8
2005 - 07	●	94	6.1	4.9	7.5	7.6	8.4
2006 - 08	●	120	7.7	6.4	9.3	7.8	8.2
2007 - 09	●	127	8.0	6.7	9.5	8.0	8.3
2008 - 10	●	143	8.9	7.5	10.5	8.5	8.4
2009 - 11	●	140	8.6	7.3	10.2	8.2	8.5
2010 - 12	●	156	9.6	8.2	11.3	8.2	8.5
2011 - 13	●	151	9.3	7.9	10.9	8.3	8.8
2012 - 14	●	170	10.4	8.9	12.1	9.1	8.9

Source: Public Health England (based on ONS source data)

However there is variation within Warwickshire which gives more cause for concern.

Table 4 below shows age-standardised suicide rates, again with rolling three year aggregates, for deaths by suicide registered from 2008-16 by borough or district within Warwickshire, taken from the most recent Office of National Statistics data.

Table 4. Age-standardised suicide rates, rolling three year aggregates, deaths registered 2008-2014

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
England	**9.4**	**9.5**	**9.5**	**9.8**	**10.0**
Warwickshire	8.9	8.6	9.6	9.3	10.4
North Warwickshire Borough	6.5*	7.7*	8.8*	7.9*	8.5*
Nuneaton & Bedworth Borough	9.9	10.2	10.2	10.3	11.0
Rugby Borough	7.7	8.3	8.8	8.1	7.7
Stratford-on-Avon District	10.2	8.8	9.3	8.1	10.9
Warwick District	12.1	11.3	14.8	15.2	16.6

Significantly better than England average
Not significantly different to England average
Significantly worse than England average

This table shows a significant increase in suicide rates in Warwick district compared with the England average, since 2011, and this is borne out by the findings of the Warwickshire Coroners' Office records suicide audit we carried out, the key findings of which are given in the next section.

Key findings from the Warwickshire Suicide Audit 2015

105 deaths were recorded as conclusions of death by suicide by the Warwickshire Coroner in 2013 and 2014.

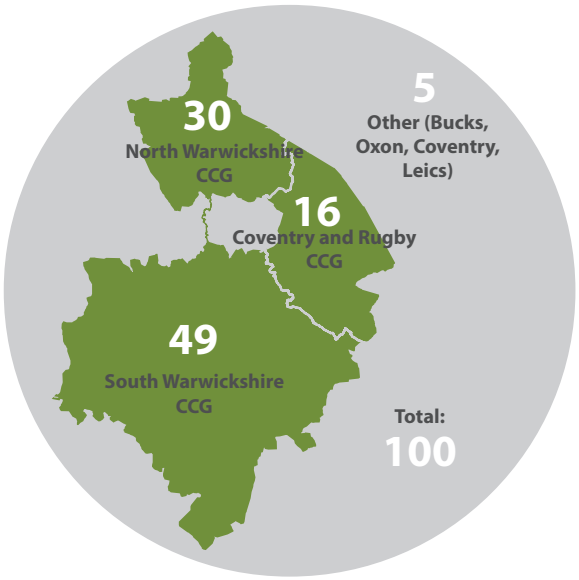
The Coroners' records for these 105 deaths were sought from the County Records office, in September 2015, to enable a detailed suicide audit to be carried out by a consultant in public health.

Five of the records were unavailable from County Records leaving exactly 100 records for reading and analysis.

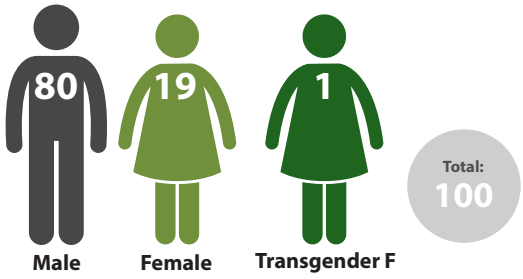
It should be noted that in the same time frame 2013-14, 22 narrative conclusions (open verdicts) were recorded, and for a further 24 deaths the conclusion was that the death was alcohol or drug related. It is possible that some of these deaths may also have been suicides, but the Coroner was not able to firmly conclude this in those cases.

Demographics of the 100 Warwickshire deaths by suicide 2013-14:

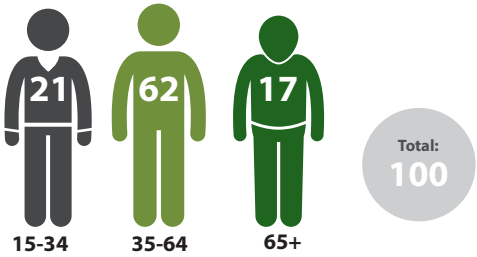
Usual place of residence by CCG (clinical commissioning group)



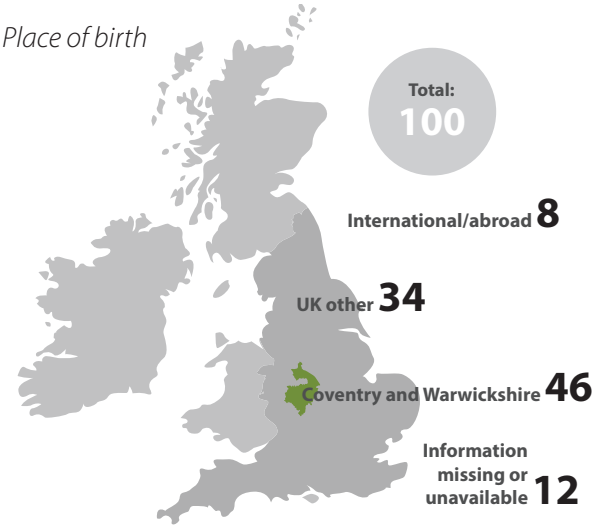
Gender



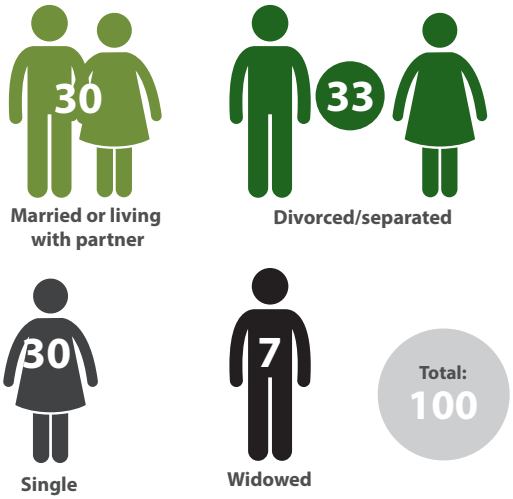
Age



Place of birth



Living circumstances



Employment

4
Not known/other

Total: 100

Suicide method

55 Hanging	13 Overdose	9 Asphyxiation	7 Railway
3 Drowning	3 Lacerations	3 Gunshot	2 Jump from height
2 Carbon monoxide poisoning	2 Road traffic accident	1 Self-immolation	

Total: 100

Location of death

69 Home

19 Public place/ outside

6 Railway

2 Hotel

4 Not known/other

Total: 100

Note found

40 Yes

45 No

15 Not recorded

Total: 100

Health factors: alcohol use

8 Abstinent

4 Social or occasional

18 Harmful

11 Dependent

59 Not recorded

Total: 100

Health factors: physical illness or pain

Yes 53

5 Mild

18 Moderate

22 Severe

No physical illness recorded 47

Severe chronic pain noted 26

Total: 100

Health factors: drug use

9 Social or occasional

12 Dependent

79 Not recorded

Total: 100

Analysis of the audit figures

Based on population size alone, a roughly equal number of deaths by suicide would be expected in North and South Warwickshire (approximate population size 200,000) and half the number in Rugby (approximate population size 100,000) but the number in South Warwickshire is the same as for Warwickshire North and Rugby put together. Whilst this has not been tested for statistical significance, this mirrors the higher rates for Warwick district from ONS data 2010-14 given in Table 4.

The gender breakdown of 80 males and 19 females is similar to national figures for 2014 (76% male, 24% female). The breakdown by age group does not use the same categories as national figures, but it is clear that in Warwickshire the highest numbers were in the age group 35-64 reflecting the two age groups with the highest suicide rates for males (45-59 and 30-44 years) in national figures.

For place of birth, the largest category was of people born in Coventry and Warwickshire but they were a minority of the whole group when the figures for UK other, international or unavailable are added together.

There was a roughly even spread between married or living with partner, divorced or separated, and single, and a smaller number (7 of 100) were identified as widowed.

Over half were employed at the time of their death, with the remainder unemployed or retired.

The most common method of suicide (hanging) reflects national figures, and the majority of deaths (69 of 100) occurred in people's own homes. 19 deaths wre outside or in a public place, and 7 were deaths on the railway by collision with a train. Although there are major rail lines running through the county these numbers do not put Warwickshire into Network Rail's hotspot areas, although Tile Hill in Coventry does feature in national hotspot figures for deaths on the railway.

Around half of the people who died left a note to relatives or friends confirming their intentions.

Risk factors for death by suicide include severe physical illness and chronic severe pain, and of the 100, 22 had severe physical health problems (determined by diagnoses and regular medication use from GP records) and 26 were described as having suffered with severe chronic pain. Nationally around a quarter of patients who die by suicide have a major physical illness – a similar proportion.

Around a quarter of the people who died were identified as drinking harmful amounts of alcohol or being alcohol dependent by their GP, and 12 people had substance misuse problems and consumption described as harmful.

This data is analysed in much more detail including further analysis of risk factors, contact with mental health services, scope for prevention and some individual case histories in the full Warwickshire suicide audit report. However because of potentially identifiable data circulation of this report is restricted.

Further analysis by Clinical Comissioning Group (CCG):

(excludes 5 out of area – people whose usual residence was outside Warwickshire)

Table 5. Age and gender of suicide cases by CCG and total for the 3 CCGs

	15-34 yrs	35-64 yrs	65+ yrs
Warwicshire North CCG			
Male	3	18	6
Female	-	3	-
All	**3**	**21**	**6**
Rugby (CRCCG)			
Male	5	9	-
Female	-	2	-
All	**5**	**11**	-
South Warwickshire CCG			
Male	10	16	10
Female/TG	1	**10**	2
All	**11**	26	**12**
Total			
Male	18	43	16
Female	1	15	2
All	**19**	**58**	**18**

It appears that for 2013 SWCCG had more young people 15-34 years who died, and more older people over 65 than expected, and a higher proportion of women in the 35-64 age group than expected compared with national figures. This merits some further analysis and investigation but early indications suggest that this pattern may not have been sustained the following year.

By February 2016, there were 47 Warwickshire mortalities recorded as suicides (ICD-10 codes X60-X84, Y10-Y34 and U50.9) in the Primary Care Mortality Database for 2015. By district/borough these can be broken down as:

North Warwickshire.....4

Nuneaton & Bedworth.....14

Rugby.....9

Stratford.....11

Warwick.....9

These are deaths which have been recorded but are not necessarily those for which a Coroner's conclusion has been reached – so the 2015 figures may still rise slightly – but this pattern of 18 suicides in the North, 9 in Rugby, and 20 in South Warwickshire is closer to the expected distribution between the CCGs. The confirmed 2015 suicide figures will not be available for another year and further analysis at that time will show whether there is still a wider age distribution (ie more under 35 and more over 65 years) for suicides in the south of the county.

Setting priorities

The National Suicide Prevention Alliance (NSPA) Strategic Framework 2016-19 identifies seven priorities for its new national strategy. These are:

1. **Reducing stigma**
2. **Encouraging help-seeking**
3. **Providing the appropriate support**
4. **Reducing access to means**
5. **Reducing the impact of suicide**
6. **Improving data and evidence**
7. **Working together**

We intend to combine these NSPA themes with the six key areas in the national government strategy to produce a set of Warwickshire priorities for suicide prevention, as follows:

Priority 1: Reducing the risk of suicide in key high risk groups

The population group with the highest suicide rate in England and Warwickshire is middle aged men. Sometimes this is seen as a reluctance to ask for help but other factors may be higher rates of risk factors such as alcohol misuse, economic pressures – unemployment/redundancy and debt - and the increased use of hanging as a method, which is particularly dangerous.

We need to reduce stigma around suicidal thinking and seeking help, encourage help seeking, and ensure that services are responsive and offer appropriate support. We will use evidence such as that produced in the Men's Health Forum document "How to make mental health services work for men" and others to ensure services meet the needs of those most at risk.

This will include continuing to offer suicide awareness training to frontline staff, extending countywide coverage of targeted suicide prevention training for GPs, based on clinical suicide risk analysis, and working through the Mental Health Crisis Care Concordat and local Mental Health Commissioners' Group to improve crisis care. There are three times as many suicides under Crisis Resolution/Home Treatment teams than in-patients in England, and we will work with CCGs and Coventry & Warwickshire Partnership Trust to tackle this issue locally.

Making the link between physical health problems or chronic pain and suicide risk is also important. The Confidential Inquiry findings 2015 suggest good physical health care for mental health patients may help to reduce suicide risk.

There are other groups who are known to be at increased risk of suicide (apart from young and middle aged men, mental health service users and people with a history of self-harm) who are vulnerable and for whom a particular focus may be needed in suicide prevention. These groups would include: people in contact with the criminal justice system, some occupational groups – doctors, vets, farmers and agricultural workers, veterans, women in the post-natal period and LGBT (lesbian, gay, bisexual and transgender) people.

Priority 2 : Tailor approaches to improve mental health in specific groups

We know that there are above average rates of self-harm among young people in South Warwickshire and that people who self-harm are at increased risk of suicide in the following year.

We will commission emotional resilience and wellbeing services to support children and young people, and we are currently also undertaking an in depth qualitative survey around young people and self-harm in Warwickshire.

Priority 3: Reduce access to the means of suicide

The most common type of drug taken in fatal overdose by people with mental illness who are in contact with services is opiates, and in nearly 50% of these are prescribed opiates.

Raising awareness and reducing access to prescribed opiates will be one step to reduce these.

We will also work with Network Rail to support suicide prevention on the railways in Warwickshire.

Priority 4: Reducing the impact of suicide

The services to support families and friends who are bereaved by suicide in Warwickshire are limited currently, *and...*

...we will aim to involve survivors, families and the bereaved, in developing more effective and timely emotional and practical support. We will disseminate the new version of PHE and NSPA's Help is at Hand booklet offering support after someone may have died by suicide.

Reducing the impact of suicide also includes considering the effects of suicide clusters and contagion – this may possibly be a factor in the rising suicide rates in Warwick district and needs further investigation.

Priority 5: Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour

At a recent NSPA media workshop, the national media lead for the Samaritans explained that there is "systematic review evidence that media depiction of suicide deaths or suicide attempts may lead to increases of suicidal behaviour". This phenomenon was first described as the "Werther" effect (whereby the publication of Goethe's "Sorrows of Young Werther" in Germany was followed by an increase of suicides by shooting). The Samaritans have produced media guidelines for the reporting of suicide *and...*

...we will use our communications networks to disseminate these to media contacts in Warwickshire.

Priority 6: Improving data and evidence

This needs to include monitoring data, trends and hotspots as recommended in PHE's guidance.

We will continue to follow national publications - including the forthcoming PHE publications on bereavement support and developing plans to encourage people to seek help – and will also seek further information locally.

This will include our planned qualitative study on self-harm and young people, and more in depth investigation into the higher than average suicide rates in the south of the county.

Priority 7: Working together

Working with families – the Confidential Inquiry 2015 findings "make clear that working more closely with families could improve suicide prevention". For example in only 22% of the suicides reviewed in the inquiry had services contacted the family when the patient missed a final appointment before their death. The report states that services should consult with families and make it easier for families to pass on concerns about suicide risk.

Working together –

We, public health, will establish a multi-agency suicide prevention group for Warwickshire...

...to include input from: the three Warwickshire CCGs, Coventry & Warwickshire Partnership Trust, Warwickshire County Council's People Group mental health commissioners, Network Rail, Warwickshire Police, Warwickshire Coroner's Office, NSPA and Samaritans, other voluntary sector colleagues such as the Farming Community Network, as well as service users or suicide survivors from Warwickshire's Wellbeing Hubs, Co-Production service, and families affected by suicide.

As a first step...

...we, public health, will hold a countywide suicide prevention event...

...to launch the strategy and multi-agency prevention group – similar to the national NSPA conference but on a Warwickshire scale – to begin this work in partnership with the commitment that such an important programme requires.

We will also collaborate with public health and mental health commissioning colleagues in the West Midlands to share best practice in developing and implementing this suicide prevention strategy, and will work closely with Coventry colleagues to ensure the suicide prevention approach is shared where appropriate eg when working with our NHS partners in CCGs and Coventry & Warwickshire Partnership Trust.

Overall outcomes:

The Five Year Forward View for Mental Health (Mental Health Taskforce Report) of February 2016 sets a target to:

reduce suicide by 10 per cent by 2020/21.

This target is NHS-focussed and is based on improving the 7 day crisis response service across the NHS.

Working to improve crisis response in Warwickshire is a key element of this strategy and if the target were reached this would mean:

at least five fewer deaths per year by 2020.

However the majority of people who take their own lives are not in contact with specialist mental health providers at the time of their death. The Centre for Mental Health published a report in September 2015 "Aiming for *zero suicides*" which described a programme aimed at engaging and energising community support to reduce deaths by suicide among this group. This forms the other main strand of the strategy, as according to the Centre for Mental Health, "with a clear and shared vision and a challenging ambition (zero suicides) and given the capacity, local groups can develop and deliver creative and effective local approaches to suicide reduction".

Next steps:

We will circulate this Warwickshire Suicide Prevention Strategy among partners and interested parties, including voluntary sector and service user colleagues, seeking their input into further development of the strategy, and we will ask Warwickshire's Health and Wellbeing Board to both endorse the strategy and support the contained Action Plan.

Progress against the Action Plan below will be monitored after one year of beginning implementation ie early in 2017 and at that time an update report will be produced for the Health and Wellbeing Board.

Action Plan

Priority action	What	Lead	Timescale	Outcome
1. Reducing the risk of suicide in key high risk groups	• Reduce stigma around mental distress and suicide • Encourage help-seeking • Ensure services are responsive and offer appropriate support to those groups at high risk • Work with CCG and Mental Health commissioning colleagues to improve crisis response • Continued rollout of suicide awareness training for frontline staff and clinical suicide prevention for GPs	Public Health Coventry & Warwickshire Mental Health Commissioners Group, Mental Health Crisis Care Concordat working group, CCGs Wellbeing Hubs Multi-agency Warwickshire Suicide Prevention Group (to be set up) Co-production with individuals and families affected by suicide	Demonstrate initial reduction or at least slowing of rate of increase by January 2018 (ie reduction in suicides in 2016)	Reduce deaths from suicide to a target of at least 5 per year less countywide by 2020 (from 50+ per year to 45 or less)
2. Tailor approaches to improve mental health in specific groups	• Collect evidence around interventions to prevent self-harm among children and young people • Commission emotional resilience and wellbeing services to support children and young people	Public Health	By December 2016	Reduce rates of hospital admissions for self-harm among young people, particularly in South Warwickshire
3. Reduce access to the means of suicide	• Raise awareness of overdose by prescribed opiates among GPs, hospital prescribers etc • Work with Network Rail to implement their suicide prevention plan for the railways in Warwickshire	Public Health, CCGs	December 2016	
4. Reducing the impact of suicide	• Develop more effective and timely emotional and practical support for those affected by suicide • Wide dissemination of PHE's Help is at Hand booklet • Investigate the effects of suicide clusters or contagion locally	Public Health, Samaritans, Co-production groups	December 2016	

5. Supporting the media in delivering sensitive approaches to suicide and suicidal behaviour	• Work through communications networks to disseminate Samaritans' media guidelines to media contacts in Warwickshire	WCC and Public Health communications teams	July 2016	
6. Improving data and evidence	• Accelerate countywide surveillance of suicide data to include monitoring of trends and hotspots • Produce qualitative study of self-harm among young people and ensure recommendations are implemented	Public Health Information team	Ongoing September 2016	
7. Working together	• Working with families – ensuring better communication between mental health and crisis services and families • Hold a multi-agency Warwickshire Suicide Prevention event to launch the Strategy and a multi-agency suicide prevention group • Ensure engagement with the strategy at senior partnership level through Warwickshire's Health and Wellbeing Board	Mental Health Commissioning Group Public Health Public Health	June/July 2016 April/May 2016	

Key Supporting Documents and References

1. Preventing Suicide in England: A cross-government outcomes strategy to save lives: HMG/DH September 2012
2. Guidance for developing a local suicide prevention plan: Public Health England September 2014
3. Inquiry into Local Suicide Prevention Plans in England: the All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention: HMG January 2015
4. NSPA Strategic Framework 2016-19: DH January 2016
5. Suicides in the UK, 2014 registrations. Office for National Statistics, February 2016
6. National Confidential Inquiry Into Suicide and Homicide by People with Mental Illness: Annual Report England, Northern Ireland, Scotland and Wales. University of Manchester, Healthcare Quality Improvement Partnership, July 2015
7. Media Guidelines for Reporting Suicide: Samaritans September 2013
8. he Five Year Forward View for Mental Health: Report from the independent Mental Health Taskforce to NHS England, February 2016
9. Aiming for 'zero suicides': an evaluation of a whole system approach to suicide prevention in the East of England. Lawrence Moulin, Centre for Mental Health, September 2015
10. Warwickshire Public Mental Health and Wellbeing Strategy 2014-16: Public Health Warwickshire May 2014
11. How to make Mental Health services work for Men: Men's Health Forum, Leeds Beckett University 2014

This Strategy document has been written by Dr Charlotte Gath, Consultant in Public Health, on behalf of the Public Mental Health and Wellbeing Team, Warwickshire County Council.

With grateful thanks to: Paul Kingswell, Paula Mawson, Claire Taylor, Terry Rigby (for his substantial contribution to an earlier draft) and Mr Sean McGovern, Warwickshire Coroner

Samaritans Helpline local numbers:	
Stratford Samaritans	**01789 298866**
Coventry & District Samaritans	**02476 678 678**

NHS
Warwickshire North
Clinical Commissioning Group

NHS
Coventry and Rugby
Clinical Commissioning Group

Agenda Item 4a

Commissioning Intentions 2017/18

CCG/NHS facing a range of pressures:

- An ageing society
- Rise of long term conditions & complex care
- Lifestyle risks factors in the young
- Increasing expectation (including 7 day services)
- Diverse populations – urban and rural communities
- Medical & technological advances
- Constrained public resources
- Increased housing developments and population growth.

NHS
Warwickshire North
Clinical Commissioning Group

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Coventry and Rugby
Clinical Commissioning Group

Commissioning Intentions 2017/18

Our commissioning intentions are set within the context of significant financial challenge across health and social care which will require new models of care characterised by:

- Putting patients needs and system sustainability before organisations needs
- Commissioning of services that support people to live independently, stay well and recover quickly
- Commissioning services that encourage and support patients to be active participants in their own care.
- Commissioning at the scale where this delivers improved outcomes and achieves best use of resources
- Commissioning in local community settings where it is safe, sustainable and achieves improved outcomes and patient experience
- Holistic care co-ordinated around the patient, delivered by interdisciplinary teams working around groups of GP practices

NHS
Warwickshire North
Clinical Commissioning Group

NHS
Coventry and Rugby
Clinical Commissioning Group

Nine National Must Dos – 2017/18 & 18/19

1. Implement STP milestones
2. Finance – in year balance as a minimum
3. Primary Care - implement the GP 5yr Forward View
4. Urgent & Emergency Care
5. RTT & Elective Care (incl. maternity services review)
6. Cancer – implement the taskforce report
7. Mental Health - implement the MH 5yr Forward View for all ages
8. Learning Disabilities – deliver Transforming Care Partnership plans
9. Improving Quality

STP Key Programmes of Work :

NHS
Coventry and Rugby
Clinical Commissioning Group

NHS
Warwickshire North
Clinical Commissioning Group

Preventative and Proactive Care

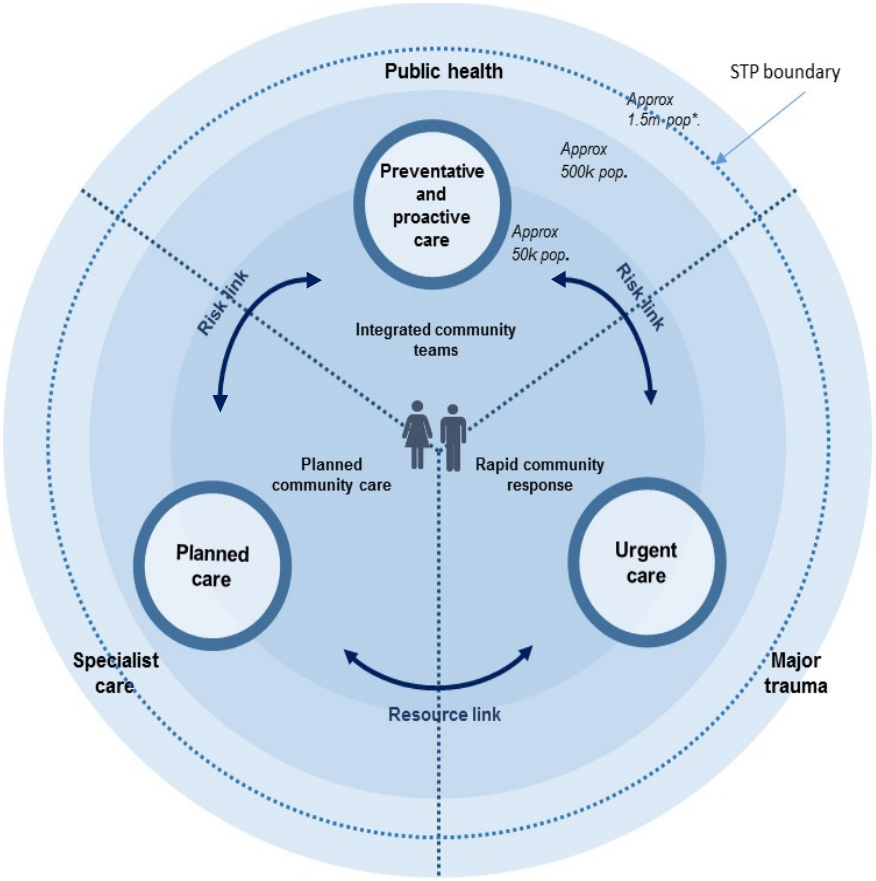
- Primary Care at the Core
- Integrated Health & Social Care Teams serving communities of c50k
- Focus on keeping people well & reducing reliance on statutory services

Planned Care

- Earlier intervention where appropriate
- More services in the community where benefits of this can be demonstrated
- Inpatient services delivered at scale to secure quality & achieve economies

Urgent and Emergency Care

- Simple access, without duplication
- Integrated rapid response
- Reduced reliance over time as integrated teams proactively manage those at risk



NHS
Warwickshire North
Clinical Commissioning Group

NHS
Coventry and Rugby
Clinical Commissioning Group

Coventry & Rugby CCG & Warwickshire North CCG:

Closer Working Commissioning Intentions

2017/18 & 2018/19

Preventative and Proactive Care :

- ✓ Consult our member practices on moving to full delegation to commission General Medical Service
- ✓ Work with practices to optimise prescribing and reduce prescribing waste (POD)
- ✓ Explore initiatives to improve the quality of referrals to reduce inappropriate and unwarranted referrals to secondary care.
- ✓ Address unwarranted variation in primary care quality
- ✓ Work with our practices to develop sustainable workforce, accessing support that becomes available under the Five Year Forward View for primary care.
- ✓ Explore opportunities to improve primary care estate in order to support delivery of out of hospital services and interdisciplinary working
- ✓ Develop interdisciplinary teams deployed to work across groups of practices across Coventry, Rugby and Warwickshire North to support proactive case management of frail, vulnerable and complex adults, and patients who are frequent users of health and social care services

NHS Warwickshire North Clinical Commissioning Group

NHS Coventry and Rugby Clinical Commissioning Group

Coventry & Rugby CCG & Warwickshire North CCG:
Closer Working Commissioning Intentions
2017/18 & 2018/19

Planned Care :

- ✓ Seek to ensure elective care pathways are equitable, of consistent quality, reflect best clinical practice, and are efficient – with no unnecessary duplication, handovers, or follow ups.
- ✓ Secure maximum compliance with clinical policies both at the point of referral, and thereafter by providers
- ✓ Review the commissioning model for specialist palliative care
- ✓ Commission services that secure prompt access to diagnostics and specialist care and that are compliant with national quality standards

Urgent Care:

- ✓ Commission an integrated out of hospital Urgent Care pathway appropriate to the needs of local population for Coventry, Rugby and Warwickshire North; that is consistent with standards from the West Midlands Urgent and Emergency Care Network.

NHS
Warwickshire North
Clinical Commissioning Group

NHS
Coventry and Rugby
Clinical Commissioning Group

Warwickshire Wide Collaborative Commissioning Intentions 2017/18 & 2018/19

Preventative and Proactive Care :

- ✓ Review our social prescribing model to ensure this is meeting the needs of our communities and demonstrates invest to save impact.
- ✓ Continue to work with partners to build health- aware communities and enhance resilience to reduce avoidable hospital attendances and admission
- ✓ Use effective communications and awareness campaigns to ensure people access the service/s appropriate to their need first time
- ✓ Work with our Local Authority partners to progress the implementation of a jointly agreed Carers Strategy Work to improve health and wellbeing outcomes of carers
- ✓ Work with Public Health and General Practice to maximise uptake of universal screening/immunisation programmes.
- ✓ Continue to work with our Local Authority partners to implement the strategies to improve the wellbeing and development of children aged 0-5 years.

NHS
Warwickshire North
Clinical Commissioning Group

NHS
Coventry and Rugby
Clinical Commissioning Group

Warwickshire Wide Collaborative Commissioning Intentions 2017/18 & 2018/19

Preventative and Proactive Care :

- ✓ In partnership with our Local Authorities, continue to develop the early help offer, supporting children young people and families to become more resilient through a holistic and solutions focussed approach.
- ✓ We will support the Warwickshire County Council and Public Health Smart Start Strategy
- ✓ Work with all commissioning partners to achieve the agreed CAMHS Transformation priorities - reduced waiting times, early interventions in schools, community eating disorder service
- ✓ Embed the Suicide Prevention Strategy and reduce suicide rates by 10% against the 2016/17 baseline

NHS
Warwickshire North
Clinical Commissioning Group

NHS
Coventry and Rugby
Clinical Commissioning Group

Warwickshire Wide Collaborative Commissioning Intentions 2017/18 & 2018/19

Planned Care:

- ✓ Working with our local authority partners, implement a revised approach to the commissioning of residential and nursing home placements, focused on meeting the individual needs of people through a 'care prescription' model
- ✓ Support delivery of the Health and Wellbeing End of Life action plan.
- ✓ Continue to work with our Local Authority partners to achieve national requirements related to Special Educational Needs and or Disability (SEND).
- ✓ Working collaboratively with other Commissioners, develop a local response to the national maternity review – Better Births.

NHS
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Clinical Commissioning Group

NHS
Coventry and Rugby
Clinical Commissioning Group

Warwickshire Wide Collaborative Commissioning Intentions 2017/18 & 2018/19

Planned Care:

- ✓ Implement an All Age Neurological developmental pathway
- ✓ Deliver the agreed LD Transforming Care Partnership plans
- ✓ Reduce LD commissioned inpatient bed capacity
- ✓ Support implementation of digital road map to maximise use of information technology to drive efficiency, improved access and to appropriately share information where this has positive benefits for patients and supports continuity of best quality care
- ✓ Support the delivery of living well with dementia strategy
- ✓ Support delivery of the Health and Wellbeing End of Life Strategy
- ✓ Deliver a year on year improvement in early identification and diagnosis of cancer, timely treatment, improved patient experience and improved outcomes in one year cancer survival rates and quality of life post cancer treatment.

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Warwickshire Wide Collaborative Commissioning Intentions 2017/18 7 18/19

Urgent Care:

- ✓ Further develop admission avoidance pathways and ensure these are maximised through the new NHS 111, and Out of Hours service
- ✓ Following consultation work with partners commission a single Integrated Stroke Pathway for Coventry and Warwickshire that secures consistent specialist care (and rehabilitation)
- ✓ Review Mental Health Crisis response and self-harm i.e. provision of services that support crisis care in line with Mental Health Crisis Concordat

Item 4b

Health and Wellbeing Board

09 November 2016

South Warwickshire Commissioning Intentions

Recommendation(s)

1. Note the process undertaken to develop the Commissioning Intentions

2. Endorse the South Warwickshire CCG Commissioning Intentions as the Health and Wellbeing Board.

1.0 Key Issues

- This year's commissioning intentions reflect year 2 of NHS South Warwickshire Clinical Commissioning Group's ("the CCG") 2016-2020 Strategic Plan (*Translating our 2020 vision into reality*) and year 4 of the 5 year Coventry and Warwickshire Clinical Commissioning Groups' Strategic Plan 2014-19 (*Transformational Change: Transforming Lives*).

- The commissioning intentions are aligned with the Health and Wellbeing Board Strategy and JSNA (illustrated on p9-10).

- Member Practices were able to contribute to the development of the commissioning intentions on 2 occasions. Initially via an interactive session which formed part of the Members' Council July meeting. All practices were subsequently offered the opportunity to comment on a draft version of the attached document which was circulated electronically at the end of August.

- The public has also had opportunity to contribute. A draft version of the attached document was published to the CCG website for comment and feedback between 6th-16th September 2016. The Public and Patient Participation Group ("PPPG") and Health Champions were also engaged. The 2 "Have Your Say Day" sessions held on 6 September 2016 included a presentation on the commissioning intentions and highlighted the opportunity to provide feedback to the CCG.

- Our key stakeholder partners (Warwickshire County Council ("WCC"), South Warwickshire NHS Foundation Trust ("SWFT") and Coventry and Warwickshire Partnership Trust ("CWPT")) were engaged via a series of meetings held in August 2016.

- The process of developing the commissioning intentions has been coordinated between the 3 CCGs across Coventry and Warwickshire to ensure consistency with the Sustainability and Transformation Plan and in order to enable us to express the collective impact of our plans for providers.

- The Executive Team considered the draft commissioning intentions on 7th September 2016 and recommended them to the Members' Council for approval in their meeting on 14th September 2016.

- Approval was obtained from Members Council on 14th September 2016 and the approval was endorsed by the Governing Body on the 21st September 2016.

- The commissioning intentions were published on the 30th September 2016.

2.0 Options and Proposal

Not Applicable

3.0 Timescales associated with the decision and next steps

Since the approval of the commissioning intentions by the CCG the NHS Planning Guidance has been published which sets out the business rules in which the NHS has to operate. The CCG is therefore undertaking more detailed work, bringing together its commissioning intentions and the planning guidance to develop its Operating Plan for 2017-2019.

Background papers

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NHS

South Warwickshire Clinical Commissioning Group

Commissioning Intentions 2017-2018

Translating our 2020 vision into reality

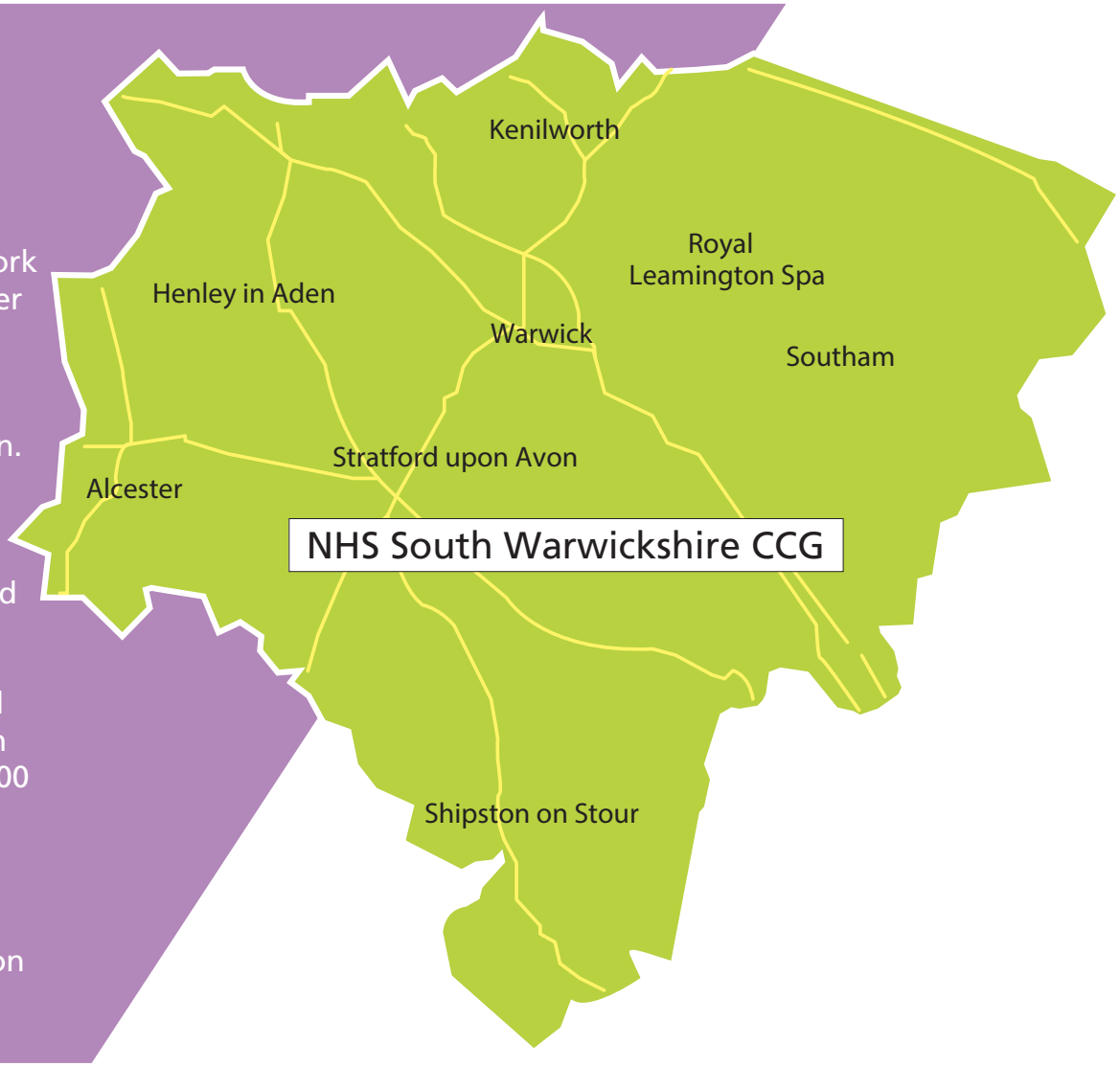
better healthcare for everyone

Introduction

2017 - 2018 sees NHS South Warwickshire Clinical Commissioning Group (the CCG) move into year two of its five year strategy Translating our 2020 vision into reality: 2016 - 2020 Strategic Plan.

Much has been achieved over the last 12 months but the CCG recognises that much more work is required to deliver the desired transformational change as laid out in our strategic plan.

NHS South Warwickshire CCG was established in April 2013 and is today made up of 36 GP practices and covers a population of just under 278,000 people across a geographical area that includes the Warwick and Stratford-upon-Avon districts.



The CCG ambition of "better healthcare for everyone" is best described in our Strategic Plan under the four key cornerstones:

Cornerstone 1 - Out of Hospital

Out of hospital services are seen as the lynch pin of the health and social care system. Part of our strategic direction is to develop integrated, seamless services to ensure patient care can be provided in the most appropriate setting, as close to home as possible and to avoid inappropriate hospital admission.

Our stakeholders tell us that, all too often, services are not joined up and that navigating the system is difficult. They also tell us there is duplication and that they have to tell their stories to professionals many times over.

Therefore in order to ensure that there is the capacity and capability to deal with growing demand, we will commission our out of hospital services in a way that supports integration.

Cornerstone 2 - Personalisation

Delivering person-centred care is central to what and how we commission over the next five years.

The CCG recognises that there are some groups of individuals that would benefit from a focused, accelerated approach, so that they have the opportunity to utilise Personal Health Budgets or Integrated Personal Commissioning Budgets (which bring health and social care budgets together).

The CCG also recognises both the strategic and operational opportunities that increased personalisation brings, and in order to seize upon this opportunity we will need to transform the nature of our commissioning arrangements. Our ambition is for the CCG to move to jointly commissioned arrangements with Warwickshire County Council in relation to services for children and for adults with a learning disability and/or a long term mental health condition.

Cornerstone 3 - Specialist Provision

Driving the capacity and capability of the Out of Hospital system will ensure that south Warwickshire's most expensive and limited resource is used as efficiently as possible, so as to care for our increasing population with existing capacity.

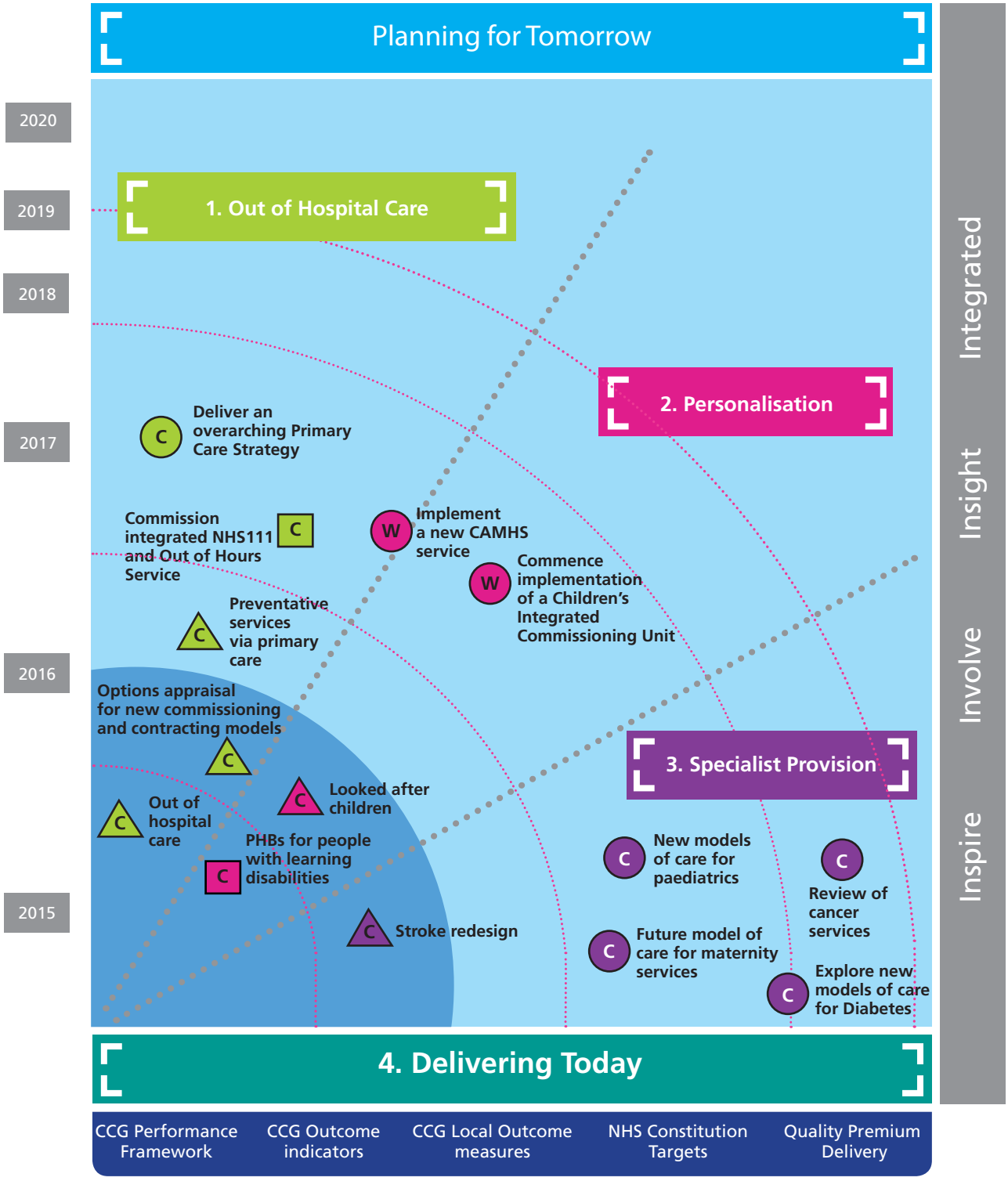
Within our Specialist Provision programme, we want to assure ourselves and our population that the services that are available locally are able to deliver the best outcomes in the most cost effective ways.

Cornerstone 4 - Delivering Today

As a CCG we will continue to make sure that the standards and processes are in place to ensure the timely access to care that patients rightly expect and are entitled to receive. This is set out in the NHS Constitution and Outcomes Framework.

We seek to deliver continuous improvement in quality and patient outcomes and to drive and embed improvements in safe and compassionate care for all patients, but particularly for the most vulnerable groups within our society.

Strategic Plan



C = Clinical Commissioning Group led initiative

W = Warwickshire County Council led initiative

- ongoing

- completed

www.southwarwickshireccg.nhs.uk

Context

The CCG of course does not work in isolation and national, regional and local policy and demands have influenced our latest commissioning intentions.

a) Locally we continue to face the challenge of increasing demand and financial constraint. We are lucky to live and work in a high performing local health economy with both primary (GPs) and secondary (hospital) care recognised nationally for delivery. We know from our colleagues at Warwickshire County Council Public Health via the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Board priorities that we face the following challenges:-

b) Regionally across Coventry and Warwickshire, there is a consistent and shared vision[1] with the other two local CCGs (Coventry and Rugby CCG and Warwickshire North CCG) for person centred care. This vision has been in place since 2014 and the CCG strategic plan and cornerstones very much align to this vision.

Our shared vision across Coventry & Warwickshire

1. Patients in control.
Patients manage their own care, where possible, whilst maintaining their independence.

4. Community services are centred around GP practices, meeting the **physical, mental and social needs of people** when they need more support to manage their own care.

2. Communities and individuals take responsibility for their health and wellbeing, with the support of voluntary organisations where required.

5. Fewer services at hospitals as more care is provided closer to home, efficiency in hospitals is improved and there is better self-care in the community.

3. GP practices will lead on coordinating care for an individual, coordinating primary and community services.

6. Services that are clinically unsustainable are provided through a local network of providers.

7. Patients experience a seamless transition between services due to improved communication, better use of technology and better care planning.

Transformational change: Transforming Lives[1]

Coventry & Warwickshire Clinical Commissioning Groups Strategic Plan 2014-2019

c) Nationally, NHS planning guidance, **Delivering the Forward View: NHS planning guidance 2016/17 - 2020/21**[2], has also reinforced a regional approach and our shared vision is central to the Coventry and Warwickshire Sustainability and Transformation Plans (STP).

The Coventry and Warwickshire STP aims to achieve a sustainable, person centric system where people are enabled to stay well, empowered to self-care and receive the right treatment in the right setting when they need it.

The STP footprints are not statutory bodies, but collective discussion forums which aim to bring together leaders from NHS providers, NHS Clinical Commissioning Groups (CCGs), Local Authorities, and other health and care services, to support the delivery of improved health and care based on the needs of local populations. They do not replace existing local bodies, or change local accountabilities or strategic plans already consulted on, but instead will strengthen local relationships enabling care to be improved across the 'footprint' through the implementation of the STP starting in Autumn 2016.

By working collaboratively across the STP we will bring together our thinking, planning, resources and capabilities. We will act as an integrated system that is jointly accountable for the health, quality and spend in our care system. This will result in a prioritisation of plans from all the key organisations in Coventry and Warwickshire in order for us to deliver the locally (or previously) consulted strategies (or strategic plans) and requirements of the Five Year Forward View and three other new key **national** publications.

These are :

- **Five Year Forward View for Mental Health**[3]
- **General Practice Forward View**[4]
- **Better Births**[5]

To deliver the Five Year Forward View we need to be able to achieve the 'Triple Aim.'

The triple aim means focusing on:

To deliver these aims we need our future care model to be unrestricted by services and organisations.

As commissioners and providers we will respond to the needs of our community by creating a new model of care which is simpler, and much more patient-focused, with services designed around three key areas: planned care, preventative care and urgent care.

The commissioning intentions for 2017/18 not only progresses our current local strategy, but puts in place the building blocks for a simplified system in Coventry and Warwickshire. This means we will not only be addressing the triple aim for our local population but we will be contributing to the sustainability and transformation of the Coventry and Warwickshire system.

We want the providers with whom we purchase services to support us to:

Reduce the health and wellbeing gap through:

- A renewed focus and commitment to radically upgrade primary and secondary prevention services;
- The provision of support to individuals to enable them to care for their own health and well-being;
- Promoting independence and encouraging individuals to take decisions which empower people to care for themselves;
- Align, share and pool our resources to improve outcomes for our communities;
- Streamline service delivery, simplifying pathways to ensure people are supported to get to the right service;
- Invest in the workforce so that they can be more autonomous, more flexible and be released from organisational boundaries to focus on well-designed, personalised high quality care.

Reduce the care and quality gap by:

- Working with us to reshape primary care to ensure its stability and enable it to work effectively in a more integrated system;
- Developing proactive, responsive and integrated community services;
- Operating at scale, across organisations and acting as one system that maximises the people, buildings and financial resources across our whole footprint;
- Bridging the current inequality gap by providing consistent, high quality access across the community.

Address the finance and efficiency gap by:

Sustainable finance

- ✓ Utilising existing resources more effectively through a shared approach, integrating contracts and developing further levers that require the system to pull together as one;
- ✓ Investing in technology, organisational development and cultural change to ensure more people are cared for in their own home, to proactively plan care for people rather than reacting to unplanned crises;
- ✓ Using a wider skill mix to release our most expensive resource, clinical time, to deliver better care in the community with teams with a range of skills co-ordinating care in a place-based approach.

So how does this all fit together?

The table below best summarises how all of the local, regional and national initiatives come together and provide the framework in which the CCG operates.

CCG Strategic Plan - Cornerstones	Joint Strategic Needs Assessment	Health and Wellbeing Board	Delivering the Forward View - NHS Planning Guidance			FYFV Mental Health	General Practice Forward View
							
Out of Hospital							
Prevention	x	x	x			x	x
Primary Care at Scale		x		x	x	x	x
Out of Hospital Service		x		x	x	x	x
Personalisation							
Personal/Integrated Health Budgets		x	x	x	x	x	
Mental Health	x	x	x	x	x		
- CAMHS Redesign	x			x	x	x	
- Crisis Concordat			x	x	x	x	
- Increased activity delivered from Primary Care			x	x	x	x	x
Learning Disabilities	x	x	x				
- Transforming Care			x	x	x		
- Collaborative Commissioning		x	x	x	x		

CCG Strategic Plan - Cornerstones	Joint Strategic Needs Assessment	Health and Wellbeing Board	Delivering the Forward View - NHS Planning Guidance			FYFV Mental Health	General Practice Forward View
							
Specialist Provision							
- Stroke	x		**x**			x	
- Musculoskeletal				**x**	**x**		
- Cancer	x		**x**	**x**	**x**	x	
Delivering Today							
- Financial sustainability					**x**		
- Quality and safety		x		**x**		x	x
- Warwickshire Cares Better Together/STP		x	**x**	**x**	**x**		x
- Collaborative Childrens Commissioning with WCC, Warwickshire North CCG and Coventry & Rugby CCG	x	x	**x**	**x**	**x**	x	
- Improved information governance to allow the sharing of appropriate information to improve patient care		x	**x**	**x**	**x**	x	x

Next Steps

The following pages reflect our commissioning intentions.

These are based on the following:-

1. A review of local, regional and national priorities and plans;
2. An understanding of the needs of local population;
3. And finally on the ambitions of the CCG to transform the health and care economy to ensure it is fit for the future.

Initial discussions have been held with CCG staff, GP member practices, patients via the Public and Patient Participation Group (3PG) and local key stakeholders have helped shape this view.

We request that you review these intentions and provide feedback via the form at the back of this document. This can be submitted electronically or via the post. Your views are important to us and we look forward to receiving them.

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[1] Transformational Change; Transforming Lives 2014-19 http://www.southwarwickshireccg.nhs.uk/About-Us/Publications-and-Policies
[2] https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf
[3] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[4] https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf
[5] https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Out of Hospital

Out of hospital services are seen as the lynch pin of the health and social care system. Part of our strategic direction is to develop integrated, seamless services to ensure patient care can be provided in the most appropriate setting, as close to home as possible and to avoid inappropriate hospital admission.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Make prevention the job of everyone	Implement a new approach to delivering preventative services via primary care (GP practices) using performance data, new payment and contract forms.	GP practices participating in the Fit for Frailty programme (implemented in 2016-17) deliver Module 1 (Prevention and Early Intervention), including maximising uptake of universal screening/ immunisation programmes. Monitor the performance of GP practices participating in the Fit for Frailty programme against identified Key Performance Indicators. Evaluate social prescribing model pilot programmes in partnership with Public Health. Explore greater use of navigators/ digital technology to support patients to navigate the health and care system.	Increase in people being referred to lifestyle services from primary care. Increase in people self-referring to lifestyle services. Increased uptake of universal screening/immunisation programmes in south Warwickshire. An evaluation report on social prescribing, including recommendations.
Commission person centred outcomes for our most complex group of people	Implement an integrated out of hospital solution for the top 15% of the population	Work collaboratively with NHS Coventry and Rugby CCG, NHS Warwickshire North CCG and service providers who are members of the Sustainability and Transformation Plan group to develop a potential service model. Providers to respond and be operationally ready for systems changes that may occur as part of this process by quarter 2 2017/18. Implement actions from the End Of Life Improvement Plan.	An approved outcomes framework for out of hospital services. A new contract in place for out of hospital services. An implementation plan for delivery of the End of Life Improvement Plan.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Make sure that primary care maintains its status as the lynchpin of care delivery in south Warwickshire.	Develop and implement a new contract offer for primary care (General Practice).	Engage with CCG GP Member Practices to develop an outcomes based model to better address the needs of our population. Engage with our population to understand what they want and expect from primary care both now and in the future.	A new outcomes based contract model developed for implementation in 2018/19. An independent report that enables us to understand the key requirements of primary care from the perspective of our Member Practices and population.
	Seek to improve uptake of "enhanced" service offers (locally commissioned services and national Enhanced Services) by Member Practices.	Engage with our Member Practices to understand barriers to uptake. Develop an action plan based on the outcomes of this engagement.	A action plan which identifies barriers and actions that we will take to overcome these.
	Appraise the viability of commissioning a primary care led dementia diagnosis and management service.	Monitor pilot project (due to commence November 2016 and conclude November 2017). Complete evaluation of the pilot project. The Coventry and Warwickshire Partnership Trust (CWPT) Memory Assessment Service will be required to provide support and advice to GP practices participating in the pilot.	An evaluation report identifying the outcomes of the pilot project, including the impact on diagnosis rates. A business case, including recommendations for future commissioning. Any variations required to the contract with CWPT are identified and implemented.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
	Deliver a Primary Care Estates Strategy which is aligned with the CCG's 2016-2020 strategy and the vision of NHS England's General Practice Forward View.	Develop the outline Primary Care Estates Strategy to include a full financial appraisal. Continue to engage with Member Practices in locality groups to develop plans for locality footprints within south Warwickshire. To support planning, work with Public Health to create an asset map for each locality footprint. Continue to engage with Warwick and Stratford-on-Avon District Councils in relation to the introduction of the Community Infrastructure Levy. Collaborative working with NHS England (West Midlands) to support the progress of schemes prioritised for funding through the Estates and Technology Transformation Fund (ETTF).	Complete Primary Care Estates Strategy, including asset map for each locality and full financial appraisal. ETTF schemes progress through due diligence stage. Contributions a re passed from the District Council to the CCG (via the Community Infrastructure Levy) to support projects identified in the Primary Care Estates Strategy.
	Deliver an overarching Primary Care Strategy for south Warwickshire building on the work undertaken in 2016/17 to develop an outline Primary Care Estates Strategy.	Undertake a co-production process with the aim of understanding what our population wants and expects from primary care both now and in the future. Engage with Member Practices to ensure that they are able to shape the strategy. Develop a primary care workforce plan.	An engagement report capturing feedback from our Member Practices and population. Complete Primary Care Strategy, including workforce plan.
	Work with Member Practices to respond to the opportunities presented by the General Practice Forward View work programmes.	Collaborative working with CCG GP Member Practices , the Local Medical Committee and South Warwickshire GP Federation. Development of business cases/bid documents.	Bids/business cases are submitted to NHS England.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
	Monitor and evaluate the primary care mental health service pilot project.	Monitor pilot project (due to commence September 2016 and conclude September 2017). Complete evaluation of the pilot project.	An evaluation report identifying the outcomes of the pilot project. A business case, including recommendations for future commissioning.
Join up parts of the urgent care system that need to respond to our population 24/7	Roll out Electronic Palliative Care Co-ordination Systems across all Member Practices to support timely information sharing between primary care and Out of Hours (OOH) and NHS 111	Develop and implement roll out plan, including education and training for practices.	System launched across all practices. Monitoring of uptake and usage on-going.
	Contribute to the implementation of the West Midlands Urgent and Emergency Care Network.	Develop a local action plan aligned to the vision of the West Midlands Urgent and Emergency Care Network and which addresses the need to effectively join up Providers. As part of the development of this plan, identify gaps in terms of being able to offer an urgent response to our population.	Local action plan agreed. Monitoring of delivery against the action plan is on-going.
	Deliver actions identified in the Mental Health Crisis Concordat action plan.	On-going monitoring of progress against plan.	Actions identified for 2017/18 are delivered.

Personalisation

The CCG recognises that there are some groups of individuals that would benefit from a focused, accelerated approach, so that they have the opportunity to utilise Personal Health Budgets or Integrated Personal Commissioning Budgets (which bring health and social care budgets together). The CCG also recognises both the strategic and operational opportunities.

that increased personalisation brings, and in order to seize upon this opportunity we will need to transform the nature of our commissioning arrangements.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Make sure we have the systems and processes to provide Personal Health Budgets (PHBs)	Ensure that people included in the CCG offer for a PHB who want to achieve a personalised approach with a PHB are able to do so.	On-going audit and monitoring of implemented PHBs. Work with Providers to respond to the requirements of the national roll out of PHBs.	Raised visibility of PHBs via regular internal reporting.
Give our population the best start in life by using our collective resources most effectively	Implement a new Child and Adolescent Mental Health Service (CAMHS).	Work with Providers to support the delivery of a new CAMHS service specification and outcomes. Providers to respond and be operationally ready for systems changes that may occur as part of this process by quarter 2/3 2017-18. Put in place joint commissioning arrangements.	New CAMHS service in place. Warwickshire County Council to become the Lead Commissioner on our behalf.
	Ensure robust arrangements are in place to understand the needs of and deliver high quality services to Looked After Children (LAC).	Providers will need to provide us with assurance that Looked After Children receive well co-ordinated care that meets their needs. On-going monitoring of relevant Providers.	Regular reporting through the CCG's governance structures.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
	Commence implementation of the new Children's Integrated Commissioning Unit, which will bring together teams from across the Local Authority and 3 CCGS (South Warwickshire, Warwickshire North and Coventry and Rugby).	Develop the governance and commissioning infrastructure required for the new Children's Integrated Commissioning Unit (CICU). CICU to develop a plan to integrate 0 to 25 services to address transition within universal services and drive personalisation. Providers will need to provide us with assurance that they have reviewed transition pathways in light of NICE guidance published in February 2016. Good transition should include a named worker managing expectations and providing advice on accessing adult health services.	Secure aligned budgets between commissioners through a formal process (i.e. Section 75 agreement). Governance structure is agreed and in place. Integration plan in place.
	Develop a new eating disorder service for children and young people.	Review current service provision. Commission a new service model which is compliant with the published guidance "Access and Waiting Time Standard for Children and Young People with an Eating Disorder".	New service in place.
	Appraise options for the development of an All Age Neuro Developmental pathway to support the diagnosis of people with autism and attention deficit hyperactivity disorder (ADHD).	Undertake options appraisal on potential service delivery models.	Options appraisal completed and recommendations identified
Change our commissioning arrangements for mental health and learning disability services to allow a personalised approach	Work with Warwickshire County Council to review the options for a joint commissioning approach to learning disability.	Undertake options appraisal on joint commissioning models.	Options appraisal completed and recommendations identified

We will	2017-18	Requirements	Deliverables; what can you expect to see?
	Develop an action that identifies commissioning priorities arising from the Joint Health and Social Care Learning Disability Self-Assessment Framework.	Work with CCG GP Member Practices and Providers to implement the Coventry and Warwickshire wide action plan.	Actions identified for 2017/18 are delivered. Increased numbers of people with learning disabilities identified and included on the General Practice learning disabilities 'health check' registers. Increased % of people with learning disabilities have an annual health check from their GP practice and receive an associated care plan.
	Continue transforming care for people with learning disabilities - implement phase 2 of "Transforming Care for People with Learning Disabilities".	Repatriation of patients who are currently placed in other areas and/or in NHS England commissioned inpatient beds, back to south Warwickshire.	A reduction in the number of people placed in other areas away from south Warwickshire and commissioned inpatient beds.
	Work with relevant partner organisations to implement the requirements of the Five Year Forward View for Mental Health for 2017/18.	Develop action plan. On-going monitoring of progress against plan.	Actions identified for 2017/18 are delivered.
	Support Warwickshire County Council with the implementation of "Shared Lives" (to support adults with additional needs including a learning disability or mental health issues).	Work with Warwickshire County Council to develop the business case for "Shared Lives".	A business case, including recommendations for future commissioning.
Work to transform the environment to empower patients	Support an options appraisal to establish a Centre of Excellence for Veterans Support in Warwickshire.	Work with partners to develop an options appraisal.	Options appraisal completed and recommendations identified.

Specialist Provision

Driving the capacity and capability of the Out of Hospital system will ensure that south Warwickshire's most expensive and limited resource is used as efficiently as possible, so as to care for our increasing population within existing capacity.

Within our Specialist Provision programme, we want to assure ourselves and our population that the services that are available locally are able to deliver the best outcomes in the most cost effective ways.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Ensure that our population knows what choices are available to them and that they have the information available to make those choices	Ensure that our population has access to up to date information to enable them to make choices about their own care and treatment. Ensure choice is considered for new models of care for all client groups.	GPs and other referrers have access to relevant information to help and support patients to make choices. Increase utilisation of NHS e-Referral Service (e-RS). Implement actions identified through the NHS England "Securing meaningful choice for patients: CCG planning and improvement guide" self-assessment tool. Co-produce information to support choice with the CCG's Public and Patient Participation Group (PPPG). Work with GPs/referrers who are low users of e-RS to understand barriers and develop action plans to increase utilisation. Undertake an engagement exercise with patients on an identified care pathway to test whether patients fully understood the choices available to them before entering that pathway and whether their expectations as to how treatment will benefit them are well-informed.	% increase in utilisation of NHS e-Referral service. Action plans in place for GPs/ referrers who are low users of e-RS. Systems and processes in place which promote and measure awareness of choice. Co-produced information available to our population. On-going monitoring of Providers. Engagement exercise completed.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Encourage our providers to develop new partnerships and ways of working in order for them to adapt to the changing landscape, within the context of the Sustainability and Transformation Plan	As part of the Sustainability and Transformation Planning process, support and contribute to the development of a new Coventry and Warwickshire model for Paediatric and Maternity services.	Review the National Maternity Review's "Better Births: Improving outcomes of maternity services in England" and work with local partners to identify gaps and implement a range of actions in response. Develop an options appraisal.	Options appraisal for future commissioning arrangements completed. Options identified enable us to meet the requirements of Better Births and incorporates standards for paediatric and neo-natal care.
	Explore new models of care for Diabetes.	Engage with key stakeholders and the public. Establish a Clinical Network for diabetes in south Warwickshire Develop an outcomes framework for diabetes. Develop an options appraisal on service delivery models.	Options appraisal for future commissioning arrangements completed.
Specify the outcomes we want for key elective specialities to support providers deliver the right level of care and best outcomes	As part of the Sustainability and Transformation Planning process, be part of a Coventry and Warwickshire wide approach to the review of Musculoskeletal (MSK) services.	Engage with key stakeholders and the public. Develop an action plan that delivers improvements in the short, medium and long term.	Action plan developed, with regular reporting in place.
	Develop a work programme to address the findings of "Right Care" and other benchmarking (e.g. Commissioning for Value).	Key areas for consideration will include cancer and gynaecology. Engage with key stakeholders and the public.	Work programme in place and being tracked.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Centralise services where there is evidence that will provide better clinical outcomes for our population	Commission improved Coventry and Warwickshire wide stroke services to meet the national stroke service specifications.	Engage with key stakeholders and the public. Progress through NHS England assurance process and obtain approval to proceed. Providers will need to be able to respond and deliver the agreed service specification.	New service in place May 2018.

Delivering Today

As a CCG we will continue to make sure that the standards and processes are in place to ensure the timely access to care that patients rightly expect and are entitled to receive. This is set out in the NHS Constitution and Outcomes Framework.

We seek to deliver continuous improvement in quality and patient outcomes and to drive and embed improvements in safe and compassionate care for all patients, but particularly for the most vulnerable groups within our society.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Continue to seek the views of, listen to and drive our relationship with patients, partners and communities	Continue to increase the number of CCG Health Champions. Develop and implement a clear communication plan for Health Champions. Continue to increase the co-design of communication channels. Review and recommend new ways to capture and utilise feedback.	Work with partners and providers to increase the quality, quantity and appropriateness of public and patient engagement. Produce and implement action plans across identified areas. Develop relationships with our key local business/industry partners. Introduce a new feedback system.	Continue to increase the Health Champions database, with appropriate representation to reflect the population. Co-design 10% of all published information for patients and the public. New feedback system is in place. Database in place identifying key business/industry partners.
Continue to develop the people, processes and reporting that we have in place to oversee the quality of the services delivered to the population of south Warwickshire and drive continuous improvement in terms of patient safety, clinical effectiveness and patient experience	Manage the delivery of local and national performance and quality targets across all contracts.	Regular reporting which captures the outcomes of ongoing monitoring.	Regular reporting to the CCG's Performance Committee and the Governing Body.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Continue to develop the people, processes and reporting that we have in place to oversee the quality of the services delivered to the population of south Warwickshire and drive continuous improvement in terms of patient safety, clinical effectiveness and patient experience	Monitor the Homecare and Supported Living Framework with Warwickshire County Council	Regular reporting established, including feedback from service users and GPs.	Regular reporting to the CCG's Performance Committee, Clinical Quality and Governance Committee and the Governing Body.
	Monitor the Care Home Framework with Warwickshire County Council.		
	Monitor and deliver the shared quality model for nursing and residential homes with Warwickshire County Council.		
	Monitor and evaluate the new Integrated NHS111 and Out of Hours (OOH) service.	Ongoing monitoring. Regular reporting established.	Regular reporting.
	GPs to undertake e-learning on autism.	Promote e-learning module and provide supporting information to our GP practices.	Reported training completion. GP feedback on the training.
	Support the development of a Coventry and Warwickshire wide Accident and Emergency Board.	Wind up existing System Resilience Group. Coventry and Warwickshire wide A&E Board established, with all relevant governance processes in place.	Implementation of the national Accident and Emergency Improvement Plan.

We will	2017-18	Requirements	Deliverables; what can you expect to see?
Provide the financial stability and contractual flexibility to deliver the CCG strategy	Continue to deliver financial balance to allow sustainable transformational change.	Work with partners and Providers to identify opportunities to deliver effective and efficient change to the healthcare system and improve health outcomes for the population of south Warwickshire.	Financial balance. Strategic deliverables achieved.
Embrace the technology changes required to improve our efficiency and patient experience	Take forward priorities identified in the Local Digital Roadmap (Information Technology strategy) in collaboration with partners and Providers.	Implement the Universal Capabilities Delivery Plan, which will track progress in 10 key areas identified by NHS England.	Actions identified for 2017/18 are delivered.

Glossary

Term	Abbreviation	Definition
Annual Business Plan Delivery Group	ABP	Written document that describes in detail how a business is going to achieve its goals.
Arden and Greater East Midlands Commissioning Support Unit	AGCSU	Arden and Greater East Midlands Commissioning Support Unit provide the required support to the CCG to assist them to deliver the Annual Plan.
Attention Deficit and Hyperactivity Disorder	ADHD	ADHD is a developmental disorder. The behavioural problems associated with ADHD can also cause problems such as difficulties with relationships and social interactions.
Adult Mental Health Acute Team	AMHAT	AMHAT offers a psychiatric and risk assessment service in acute healthcare settings, like the Accident and Emergency (A&E) department or wards of local hospitals.
Any Qualified Provider	AQP	Under AQP, any provider assessed as meeting rigorous quality requirements who can deliver services to NHS prices, under the NHS Standard Contract is able to deliver the service. Providers have no volume guarantees and patients will decide which providers to be referred to on the basis of quality. It is seen as a means of securing innovative services in line with patient preferences.
Business Case	B Case	A Business Case is the reasoning for initiating a project or task. Often presented in a well-structured written document.
Brought Forward	B/F	When a meeting or event is moved to an earlier date or time.
Business Continuity Plan	BCP	This is a plan to continue operations if a place of business is affected by different levels of disaster.
Child and Adolescent Mental Health Services	CAMHS	These are specialist NHS services. They offer assessment and treatment to children and young people with emotional, behavioural or mental health difficulties.
Clinical Commissioning Group	CCG	CCGs were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013.
Chief Finance Officer	CFO	The senior manager responsible for overseeing the financial activities of an entire organisation.
Contractual Quality Reporting System	CQRS	This is a systematic approach that provides assurance to the CCG in terms of the quality of services commissioned.
Commissioning for Quality and Innovation	CQUIN	Payment framework that enables commissioners to reward excellence, by linking a proportion of a healthcare providers' income to the achievement of local quality improvement goals.
NHS Coventry and Rugby Clinical Commissioning Group	CRCCG	Responsible for planning, organising and buying NHS-funded healthcare for around 450,000 people in the Coventry and Rugby areas.
Customer Relationship Management	CRM	The CRM manager is the key contact who manages the contract between the CCG and Arden and GEM CSU

Commissioning Support Units	CSU	Introduced to take on important functions in the new NHS structure. They support clinical commissioning groups by providing business intelligence, health and clinical procurement services, as well as communications and back-office administrative functions, including contract management and engagement.
End of Life	EOL	Support for people who are in the last months or years of their life.
Emergency Preparedness Resilience and Response	EPRR	The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. This programme of work is referred to in the health community as EPRR.
Executive Team	Exec	A team of individuals at the highest level of organisational management who have the day-to-day responsibilities of managing an organisation. This group is made up of GPs and CCG officers.
Funded Nursing Care	FNC	Introduced in October 2001, is the funding provided by the NHS to care homes providing nursing, to support the provision of nursing care by a registered nurse for those assessed as eligible.
Financial Recovery Board	FRB	A CCG Committee with the responsibility to deliver financial balance.
Governing Body	G Body	A group of people who formulate the policy and direct the affairs of the CCG. This group consists of Lay Members, representatives from local partner organisations, GPs and CCG Officers. Meetings and papers are open to the public.
General Medical Services i.e. GP contract	GMS	The term used to describe the range of healthcare that is provided by GPs as part of the NHS.
Health and Safety	H&S	Regulations and procedures intended to prevent accident or injury in workplaces or public environments.
Health and Overview Scrutiny Committee	HOSC	Sitting within WCC Overview and Scrutiny is part of the process of checks and balances that ensures the Council is delivering on its promises. This also includes how health services are delivering in Warwickshire.
Health and Wellbeing Board	HWB	Statutory bodies introduced in England under the Health and Social Care Act 2012. According to the Act, each upper-tier local authority in England is required to form a health and wellbeing board as a committee of that authority.
Improving Access to Psychological Therapies	IAPT	An NHS programme rolling out services across England offering interventions approved by the National Institute of Health and Clinical Excellence (NICE) for treating people with depression and anxiety disorders.
Information Governance	IG	The set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information.
Invitation to Tender	ITT	This is part of the procurement process and is a procedure for generating competing offers from different bidders looking to obtain an award of business activity in works, supply, or service contracts.
Joint Strategic Needs Assessment	JSNA	Defined as 'a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce inequalities'.

Key Performance Indicators	KPI	These are a type of performance measurement. KPIs evaluate the success of an organisation or of a particular activity in which it engages.
Looked After Children	LAC	The term covers children that are being looked after by the local authority. They might have been placed in care voluntarily by parents struggling to cope. Or, children's services may have intervened because a child was at significant risk of harm.
Learning Disability	LD	A condition giving rise to learning difficulties, especially when not associated with physical disability.
Local Enhanced Services	LES	This is a local level contract that allows the CCG to commission services from primary care in response to local needs and priorities.
Members Council	M Council	This is a monthly meeting where all GP practices in south Warwickshire meet to discuss commissioning activity.
Make Every Contact Count	MECC	Encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence our health.
Mental Health	MH	A person's condition with regard to their psychological and emotional wellbeing.
Non-elective admissions	NEL	Another term for unplanned admissions to hospital.
NHS England	NHSE	NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.
The National Institute for Health and Care Excellence	NICE	NICE was set up in 1999 as the National Institute for Clinical Excellence, a special health authority, to reduce variation in the availability and quality of NHS treatments and care.
GP Out of Hours	OOH	The NHS pledges to provide services at a time that's convenient for patients. Outside normal surgery hours they can still phone their GP practice, but will usually be directed to an out-of-hours service. The out-of-hours period is from 6.30pm to 8.00am on weekdays and all day at weekends and on bank holidays.
Payment by results	PbR	PbR is the payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.
Personal Health Budgets	PHBs	A personal health budget is a set amount of money to spend on the support and services that will meet your assessed health and wellbeing needs, as agreed between you (or if you do not have the capacity to make decisions yourself, a representative acting on your behalf, for example someone to whom you have given a power of attorney) and your local NHS team. It can be provided in a number of ways – including direct payments – to suit each person.
Practice-level Patient Participation Groups	PPGs	Patient Participation Groups are set up to develop a positive and constructive relationship between patients, the Practice and the community it serves.

Public and Patient Participation Group	PPPG or 3PG	South Warwickshire Public and Patient Participation Group (PPPG) has been set up to include a member of each existing practice-level Patient Reference Group. This group brings together the views of the groups they are representing in one place so that the CCG will get a feel for patient opinion throughout south Warwickshire.
Pre-Qualification Questionnaire	PQQ	This is part of the procurement process and is a procedure for assessing a potential provider's financial and legal status before they go to respond to an ITT.
Practice-level Patient Reference Groups	PRGs	This is a virtual PPG.
Quality, Innovation, Productivity and Prevention	QIPP	This is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS.
Quality Outcomes Framework	QOF	The QOF is the annual reward and incentive programme detailing GP practice achievement results. It rewards practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services.
Referral to Treatment	RTT	A term for a standard for delivery of care in the NHS that no patient should wait longer than 18 weeks from referral to the start of his or her first definitive treatment (for non-malignant conditions).
Senior Management Team	SMT	The senior team of officers within the CCG.
System Resilience Group	SRG	A cross organisational senior leaders group, responsible for ensuring the urgent care system works effectively.
Sustainability and Transformation Plan	STP	NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and care system will work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision. The STP for this area covers Coventry and Warwickshire.
South Warwickshire NHS Foundation Trust	SWFT	South Warwickshire NHS Foundation Trust (SWFT) provides the hospital services to the population of south Warwickshire from four hospitals. They also deliver out-of-hospital community services to the whole of Warwickshire serving a population of more than half a million from various clinics.
Warwickshire Cares - Better Together	WCBT	Warwickshire version of the Better Care Fund. The scheme joins up health and social care services across Warwickshire. Better Together is the local name for the national Better Care Fund which outlines how the county will share health and county council budgets to transform services for older people to offer the right care, in the right place at the right time.
Warwickshire County Council	WCC	Warwickshire County Council provides a range of council services to the population of Warwickshire. It is the largest employer in Warwickshire, employing some 18,000 people with a total spend of over £670m.

better healthcare for everyone

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NHS
South Warwickshire
Clinical Commissioning Group

Item 7a

Health & Wellbeing Board

9th November 2016

Warwickshire Safeguarding Adults Annual Report 2015-2016

Recommendations

1. The Health & Well Being Board are invited to comment on the Warwickshire Safeguarding Adults Board's refreshed Strategic Plan (Appendix.1) and its Annual Report for 2015-2016 (Appendix.2).

2. The Health & Well Being Board are requested to note the engagement of Warwickshire Race Equality Partnership to raise safeguarding awareness amongst seldom-heard/hard to reach communities.

1.0 Key Issues

1.1 The Warwickshire Safeguarding Adults Board is required to produce an annual report which summarises its activity and achievements over the financial year against its strategic priorities.

1.2 The Board is required to engage with and consult the local community on the development of the Annual Report and Strategic Plan to inform future priority areas of work.

1.3 This report presents the refreshed Strategic Plan and the 2015-2016 Annual Report of the Warwickshire Safeguarding Adults Board.

2.0 Options and Proposal

2.1 Warwickshire Safeguarding Adults Board was placed on a statutory footing with effect from 1 April 2015 under the Care Act 2014 with the overarching objective of making sure that local safeguarding arrangements and partners act to help and protect adults in its area who have care and support needs; and who may be at risk of, or experiencing abuse and/or neglect.

2.2 The work of Warwickshire Safeguarding Adult's Board aligns directly with the some of the outcomes and sub-outcomes set out within the Health & Well Being Strategy for 2014-2018. The Board's refreshed strategic priorities support the delivery of the following areas in particular:

- Supporting those young people who are most vulnerable and ensure their transition into adulthood is positive
- Providing additional support to other vulnerable groups of people
- Working in partnership with our communities to build capacity and support them to increase their resilience, enabling them to better care for themselves within the community
- Empowering individuals and communities to take control and responsibility for their own and the community's health and wellbeing
- Ensuring infrastructure, public services and resources are effective, accessible and tailored to those communities that need it the most
- Facilitating communities to expand social capital and neighbourliness, building and increase in resilience
- Improving data sharing, IT infrastructure and health and social care governance
- Improving partnerships across the wider social determinants of health

2.3 The Annual Report provides an overview of the Board's priorities and reflects on performance against these during the course of 2015-2016. This year's report has been re-designed to improve the reader experience and include real-life case studies presenting evidence of the impact of safeguarding work undertaken across Warwickshire.

2.4 Key areas of work during 2015-2016 have centred on

- Ensuring the Board's Safeguarding Policy and Procedures are reflective of the requirements of the Care Act 2014, enabling staff within all partner agencies to work to an appropriate and consistent policy context.
- Providing opportunities for multi-agency learning and improvement through the annual training programme.
- Improving community involvement in reviewing the Board's Strategic Plan
- Overseeing the implementation of the principles of 'Making Safeguarding Personal'.

2.5 Making Safeguarding Personal presents a shift in culture and practice ensuring the individual at the centre of a safeguarding concern is engaged from the outset, throughout the safeguarding process to identify their desired outcomes.

2.6 To this extent, the Board has continued to seek assurance from partners on the engagement of individuals experiencing abuse or neglect. Of the 87 adults in 2015-2016 who were subjected to a safeguarding referral and support, 94% were able to express their desired outcomes and 77% expressed they had been fully supported to achieve their desired outcomes.

2.7 The refreshed Strategic Plan presents a set of priorities which drives the work of the Board moving forward, ensuring the work continues to be relevant to the strategic safeguarding challenges and opportunities facing Warwickshire.

2.8 This year, the development of the Annual Report has enabled the Board to engage with local community groups to consult on the content of the report and identify areas of improvement. A number of enhancements to future reporting and engagement have been noted and will now help to inform future work priorities for the Board.

3.0 Timescales associated with the decision and next steps

3.1 The refreshed Strategic Plan was published in July 2016 and the Annual Report is due to be published early November 2016.

Background papers

N/a

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

Local Member(s):
Other members:

Appendix 1

Strategic Plan 2015 - 2018

Refresh 2016

Warwickshire Safeguarding Adults Board

Contents

1. Introduction

The Warwickshire Safeguarding Adults Board (WSAB) Strategic Plan has been in place since 2015. It is a three year plan outlining the Board's strategic approach to safeguarding adults at risk of abuse and neglect across Warwickshire. It detailed our priority areas of work and is reviewed on an annual basis.

The production of a Strategic Plan is a statutory requirement (Care Act 2014). This strategy is also key to supporting our work with Warwickshire people and with partners to ensure that adults at risk are:

- Able to live independently and supported to manage risk;
- Able to protect themselves from abuse and neglect;
- Treated with dignity and respect;
- Properly supported by agencies when they need protection.

We have worked to promote an understanding that "safeguarding is everybody's business". The Strategic Plan sets out our shared vision and actions that will keep adults at risk safe and protected from abuse and neglect.

Leadership by the Local Authority and its partners is fundamental. It is important to be clear about the place of our Safeguarding Adults Board in supporting delivery of the wider safeguarding agenda. This strategy provides an overview of local safeguarding arrangements under the overarching umbrella of the Warwickshire Safeguarding Adults Board.

2. Refresh of the Strategic Plan

The WSAB has completed its first year as a statutory body following the implementation of the Care Act in April 2015. As a result, the Strategic Plan has now been refreshed. The refreshed Plan reviews progress in delivering the Board's vision, and sets out the work plan priorities for 2016/17. It explains how we intend to deliver these priorities during 2016/17 and beyond through clear and measurable objectives and targets. By refreshing the Plan we are ensuring that it is up tao date and continues to be relevant to the strategic safeguarding challenges and opportunities facing Warwickshire.

Thus far we have made good progress in meeting our commitments set out in the Strategic Plan 2015-2018. The Board remains ambitious for Warwickshire and continues to maintain strong partnership ties. Moving forward, the Board is keen to develop more opportunities for collaborative working across the Adults and Children's Safeguarding Boards, be that through joint training, development of our websites and protocols governing the management of Serious Case Reviews/Safeguarding Adults Reviews (SCRs/SARs), as well as any other areas to achieve a 'Whole Family' approach to safeguarding.

The Board budget has been aligned with the refreshed Strategic Plan. The budgetary context for all Boards is one of continuing pressure on finances; and the need to seek out efficiencies in the way we collectively deliver safeguarding and make best use of available resources, which enable us to continue to effectively deliver our vision.

Throughout the period covered by this plan, we will maintain transparent analysis and reporting of our performance in delivering on the commitments we have made. By doing this we will show consistent leadership in focusing on our priorities; increase our accountability; and serve to ensure adults at risk of abuse and neglect, and carers' experience of safeguarding is personalised.

3. What is Safeguarding

The Care Act Statutory Guidance published in October 2014 under Section 14.7 describes adult safeguarding as

"protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time, making sure that the adult's wellbeing is promoted including where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances".

4. Statutory Objective

The Care Act 2014 sets out that the overarching objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

have needs for care and support (whether or not the local authority is meeting any of those needs) and;

are experiencing, or at risk of, abuse or neglect; and

as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. Aims of Adult Safeguarding

The Care Act identifies the aims of adult safeguarding as:

- **stop abuse or neglect wherever possible;**
- **prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;**
- **safeguard adults in a way that supports them in making choices and having control about how they want to live;**
- **promote an approach that concentrates on improving life for the adults concerned;**
- **raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;**
- **provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;**
- **address what has caused the abuse or neglect.**

6. Safeguarding Principles

The Board's aim is to achieve its objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion is underpinned by the following six principles:

Principle	What does this mean	How it impacts on individuals
Empowerment	Personalisation with the presumption of person-led decisions and informed consent.	*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
Prevention	It is better to take action before harm occurs.	*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
Proportionality	Proportionate and least intrusive response appropriate to the risk presented.	*"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."*
Protection	Support and representation for those in greatest need.	*"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."*
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."*
Accountability	Accountability and transparency in delivering safeguarding.	*"I understand the role everyone involved in my life."*

7. Strategic Framework

The purpose of this Strategic Plan is to set out how WSAB will assure itself that adults at risk of abuse and neglect, and carers are safeguarded across Warwickshire in accordance with the Care Act 2014. The refreshed Plan illustrates how the Board's vision is translated into strategic objectives and priorities. The illustration below shows the clear and measurable objectives which will direct the actions we take and inform the work of the Warwickshire partnership:

Vision	Strategic Objectives	Priority areas of work for 2016-2017
The work of the Board is based on the vision that people in Warwickshire have the right to live a life free from harm, where communities: • have a culture that does not tolerate abuse • work together to prevent abuse • know what to do when abuse happens Our values are based on understanding and promoting peoples' right to make informed decisions and the importance of maintaining dignity and respect for all.	• To gain assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults at risk • To listen to people who have been subject to abuse or neglect, and to seek assurance that people are able to be supported in the way that they want, are empowered to make decisions, and can achieve the best outcomes • To promote safeguarding adults among the general public, by raising awareness and promoting well-being with the aim of preventing abuse and neglect. • To be assured of the safety and wellbeing of anyone who has been subject to abuse or neglect, and that appropriate action has been taken against those responsible • To identify, and monitor the implementation of changes, which prevent similar abuse or neglect happening to other people. • To use the learning from Safeguarding Adults Reviews (SARs) – local and national – to inform the improvement and development of our services to people at risk of abuse and neglect.	• Making Safeguarding Personal • Safe Services • Listening and Engaging • Workforce Training • Transitions • Informing

8. Delivering our Priorities

The 2015-2018 Strategic Plan was a starting point for much of the Board's work and priorities were identified to respond to the implementation of the Care Act 2014. The Board has completed the majority of the work set out within the original Plan. Areas requiring further development now form part of the priority areas of work within the refreshed Strategic Plan moving forward.

The following table provides a detailed breakdown of the priority areas of work agreed as part of the refreshed Strategic Plan, which we aim to achieve for 2016/17.

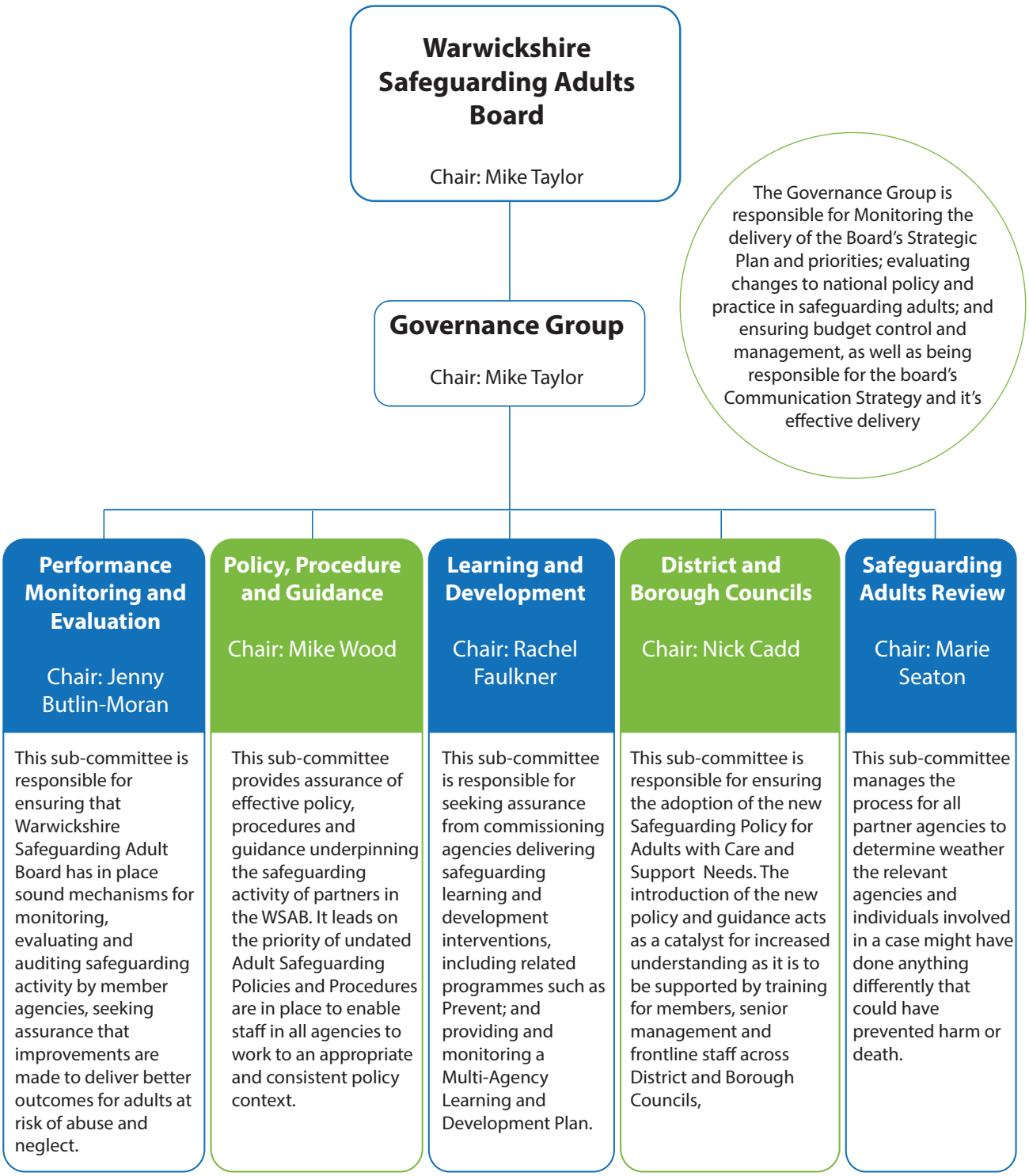
PRIORITY	Why is this a priority	What we will do	How we will achieve this	Who will lead this work
Making Safeguarding Personal (MSP)	It is important to engage with people at an early stage to establish the outcomes they want throughout the safeguarding process and at the conclusion of the safeguarding intervention. An outcomes approach to safeguarding will: • Enable and empower individuals to express what they want to happen • Enable all agencies to support people to make the difference they want in their lives as well as, increase their safety and well-being • Make the process of safeguarding responsive to individual needs.	The Board will ensure that MSP is consistently understood by all agencies and applied in their safeguarding work.	The Board will devise performance monitoring mechanisms which inform on outcomes and quality; as well as, volume of activity	**Policy, Procedure and Governance Sub-committee** **Performance Monitoring and Evaluation Sub-committee** **Training and Development Sub-committee**
Safe Services	The Board has a duty to ensure that all services meet their responsibilities in providing a response to any referral suggesting abuse or neglect in a safe and constructive manner. This includes: • accessible communication of concerns • recruitment practices; and challenging supervision • shared learning.	The Board will ensure there are proper procedures in place to address any shortcomings in policy and practice and a readiness to share learning from SARs and 'near misses'.	The Board sub-committees will lead on audit and communicating the experience and learning from SARs.	**Policy, Procedure and Governance Sub-committee** **Safeguarding Adults Review Sub-committee** **Training and Development Sub-committee**

PRIORITY	Why is this a priority	What we will do	How we will achieve this	Who will lead this work
Listening and Engaging	It is essential that all those coming into contact with actual or suspected abuse and neglect are able to understand and identify the expression of the concerns being raised in their context. Newly defined categories of abuse such as Modern Slavery and Self-Neglect pose a significant challenge in consistent understanding across agencies and delivering the multi-agency assessment and service response.	The Board will ensure there is a clear understanding of the language and context of all types of abuse alongside, a sound and intelligible application of policy and procedures.	The Board's Policy and procedure materials will continue to be developed to reflect this and multi-agency workforce training will be built into the forward programme to ensure there is clear recognition and understanding of the different categories of abuse.	**Policy,Procedure and Governance Sub-committee** **Training and Development Sub-committee**
Workforce Training	Our services can only be as good as the capacity of those entrusted to deliver them. People have a right to expect an informed and consistent response to any concern which is raised in the context of abuse and neglect.	The Board will seek assurance that agency induction and training programmes contain sound safeguarding elements and that multi-agency training is delivered to a high standard and is well attended by all partner organisations.	The Board will disseminate material which is relevant to improving policy development and practice which has been sourced from regional and national networks. The Board will deliver multi-agency training and maintain oversight of individual agency training activity.	**Chair and Business Manager** **Training and Development Sub-Committee**

PRIORITY	Why is this a priority	What we will do	How we will achieve this	Who will lead this work
Transitions	Change occurs at many points in all our lives; some is natural i.e. progression into adulthood; and some enforced i.e. refugees driven to seek asylum in another country. The Board needs to highlight the increased vulnerability of individuals and their families/ carers at such times and ensure that risk is fully assessed and measures taken to mitigate this. There are clear opportunities and advantages for collaborative working with the WSCB.	The Board will identify times of transition in respect of specific groupings e.g. young people leaving care or vulnerable adults being moved into alternative accommodation and promote the need for safeguarding to form part of the assessment and delivery of care plans related to their needs. The Board will test out potential for working together with the WSCB in all elements of work programmes and respond to issues raised.	The Board will need to ensure effective liaison with the Safeguarding Children Board in this context. The Board will explore opportunities in website and material development and training which could help improve the efficiency and effectiveness of the two Safeguarding Boards.	**Governance Group** **District and Borough Councils Sub-committee** **Governance Group** **Training and Development Sub-committee**

PRIORITY	Why is this a priority	What we will do	How we will achieve this	Who will lead this work
Informing	Making safeguarding everyone's business means the Board has to raise the profile of abusive behaviour in our communities and ensure that everyone is confident that they can raise a concern and have it properly understood and responded to.	The Board will produce materials which are readily understood and which resonate with individual circumstances and life experiences, using all means of communication with the public and across agencies. It will review current information available to the public and develop an awareness raising strategy and communications campaign. The potential for links with WSCB needs to be realised in this context.	The Board has already commissioned the re-development of the Safeguarding website and will apply its communication protocol to give sound response to media and other enquiries. It will also produce informative materials and join others such as the Police, Trading Standards and the Fire Service on preventive campaigns with a safeguarding component.	***Governance Group*** ***All Sub-committees***

9. Governance Structure



10. Board Membership

The WSAB membership comprises representation from the following partner agencies **in addition to the Lead Cabinet Member for Health and Social Care:**

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

The Board is chaired by an Independent Chair appointed by the local authority and the Director of Adult Social Services (DASS) is the Vice Chair.

The WSAB Business Manager attends all meetings to provide professional advice to the Board. The Legal Advisor to the Board - designated by Warwickshire County Council considers agenda papers and attends as required to provide professional advice to the Board.

The Board holds a non-recurrent budget to apply to initiating any SARs or for the Chair to secure independent professional advice, when required.

11. Performance Management and Review

Each sub-committee will develop work plans to correspond with the refreshed priority areas of work; defining specific activities, timelines, ownership and success measures. They are responsible for monitoring and reviewing performance of their work plans and identifying and reviewing risks.

The Governance Group will be responsible for reviewing performance against the refreshed Strategic Plan and ensuring that performance is evidence based; outcomes focused and places the adults at risk of abuse and neglect, and carers at the centre of everything we do as a Safeguarding Board. Each sub-committee will provide regular performance updates, which will inform the development of the Annual Report.

Warwickshire Safeguarding Adults Board

ANNUAL REPORT

2015 - 2016

CONTENTS

FOREWORD BY INDEPENDENT CHAIR

I am pleased to publish this Annual Report for the Warwickshire Safeguarding Adults Board. Our challenge has been to understand the changes brought in through the Care Act 2014 and ensure that all concerned with safeguarding adults work together effectively to meet their responsibilities in this complex area. Of vital importance to us is being certain that anyone with a concern about a person with care and support needs knows where they can raise this and that it will be listened to carefully and responded to sensitively.

We have been working hard to ensure a safe and effective service for all adults in Warwickshire; services which will inspire confidence and be delivered consistently. Good progress has been made and our commitment to our future published plan of work will build upon this.

I have a strong Board and there is capacity to challenge and support each other. We benefit greatly from the commitment of the Sub-Committee Chairs and Members, who invest time and effort to deliver our work programme. We would not be in this strong position without the excellent support of our Board Manager in keeping us to task and facilitating our wide range of tasks whilst ensuring effective governance.

Mike Taylor
Independent Chair
WARWICKSHIRE SAFEGUARDING ADULTS BOARD

1. WHAT IS THE PURPOSE OF THE ANNUAL REPORT?

Welcome to the 2015-2016 Warwickshire Adult Safeguarding Board (WSAB) Annual Report. The publication of an annual report is a statutory requirement on the part of the Safeguarding Adults Board as per the Care Act 2014. It serves to inform you of the work of the Safeguarding Adults Board throughout the year, it's transition into a statutory Board through the implementation of the Care Act 2014, its key areas of focus and priorities for safeguarding adults at risk of abuse and/or neglect.

The report aims to raise awareness of the work being undertaken across Warwickshire to safeguard adults who have care and support needs and who are experiencing, or at risk of, abuse or neglect. The case studies present real life experiences of individuals who have been supported through a safeguarding episode.

The data provides an insight into the levels of safeguarding referrals received, the types of abuse being experienced by local people and the outcomes of those safeguarding interventions.

2. WHO REPRESENTS THE WARWICKSHIRE SAFEGUARDING ADULT'S BOARD?

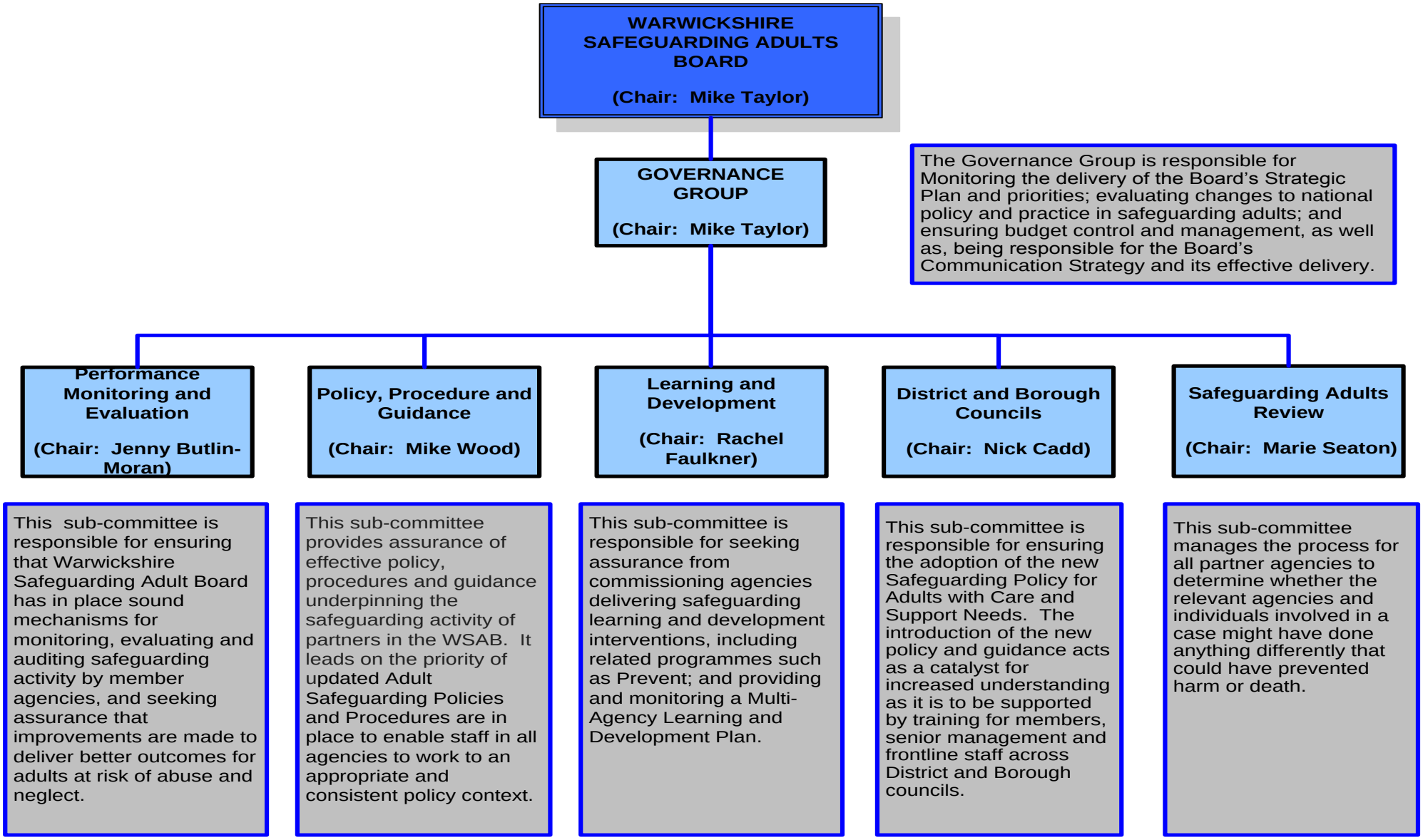
The WSAB membership comprises representation from the following partner agencies **in addition to the Lead Cabinet Member for Health and Social Care.** Each representative is responsible for disseminating information between the WSAB and their agency and for identifying any necessary actions.

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

The Board is chaired by an Independent Chair appointed by the local authority and the Director of Adult Social Services (DASS) is the Vice Chair.

The WSAB Business Manager attends all meetings to provide professional advice to the Board. The Legal Advisor to the Board - designated by Warwickshire County Council considers agenda papers and attends as required to provide professional advice to the Board.

3. HOW IS THE BOARD STRUCTURED?



4. WHAT IS THE BOARD'S STATUTORY OBJECTIVE?

The Care Act 2014 sets out that the overarching objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who:

have needs for care and support *(whether or not the local authority is meeting any of those needs)* and;

are experiencing, or at risk of, abuse or neglect; and

as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. WHAT IS THE AIM OF ADULT SAFEGUARDING?

The Care Act identifies the aims of adult safeguarding as:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- address what has caused the abuse or neglect.

6. WHAT ARE SAFEGUARDING PRINCIPLES?

The Board's aim is to achieve its objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion is underpinned by the following six principles:

Principle	What does this mean	How it impacts on individuals
Empowerment	Personalisation with the presumption of person-led decisions and informed consent.	*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
Prevention	It is better to take action before harm occurs.	*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
Proportionality	Proportionate and least intrusive response appropriate to the risk presented.	*"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."*
Protection	Support and representation for those in greatest need.	*"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."*
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."*
Accountability	Accountability and transparency in delivering safeguarding.	*"I understand the role everyone involved in my life."*

7. WHAT IS THE BOARD'S VISION?

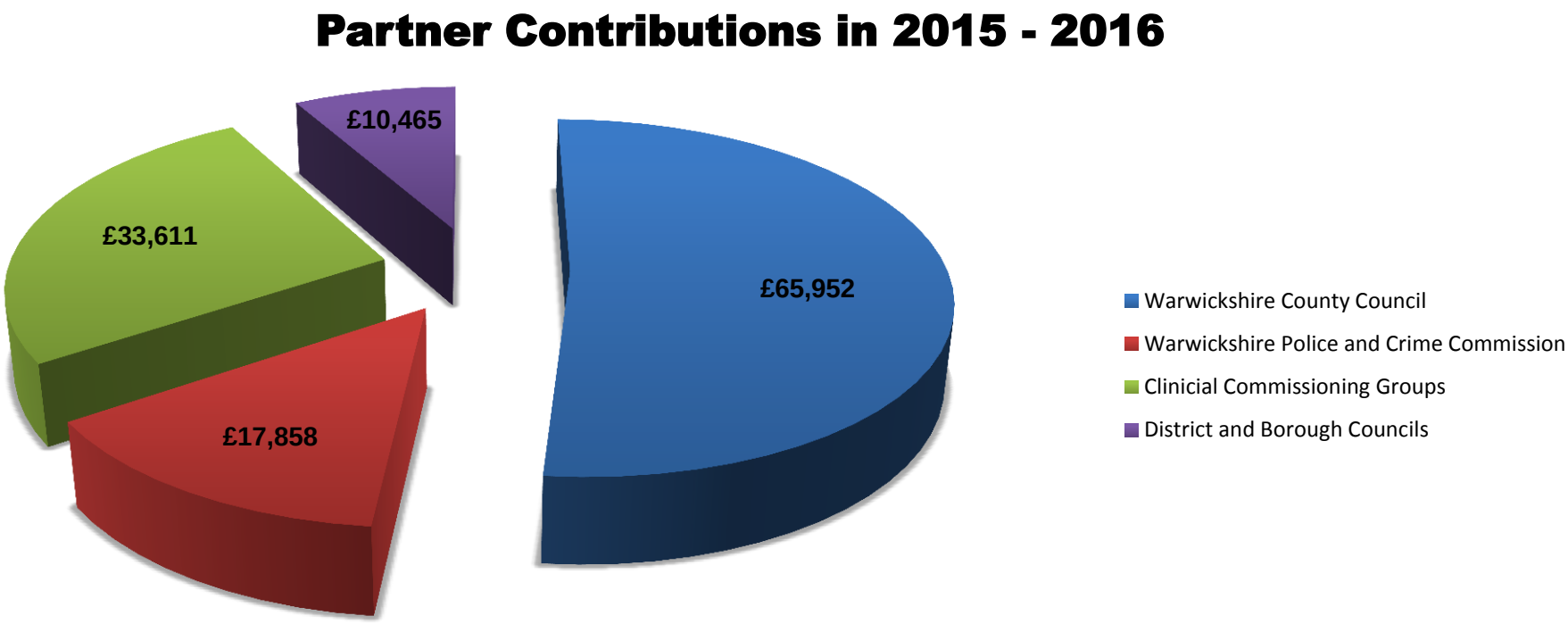
The WSAB Strategic Plan sets out how it will assure itself that adults at risk of abuse and neglect, and carers are safeguarded across Warwickshire in accordance with the Care Act 2014. The illustration below articulates the Board's vision to safeguard its communities and shows the clear and measurable objectives which will direct the Board's actions and inform the work of the Warwickshire partnership.

Vision	Strategic Objective
The work of the Board is based on the vision that people in Warwickshire have the right to live a life free from harm, where communities: • **have a culture that does not tolerate abuse** • **work together to prevent abuse** • **know what to do when abuse happens** **Our values are based on understanding and promoting peoples' right to make informed decisions and the importance of maintaining dignity and respect for all.**	• To gain assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults at risk • To listen to people who have been subject to abuse or neglect, and to seek assurance that people are able to be supported in the way that they want, are empowered to make decisions, and can achieve the best outcomes • To promote safeguarding adults among the general public, by raising awareness and promoting well-being with the aim of preventing abuse and neglect • To be assured of the safety and wellbeing of anyone who has been subject to abuse or neglect, and that appropriate action has been taken against those responsible • To identify, and monitor the implementation of changes, which prevent similar abuse or neglect happening to other people • To use the learning from Safeguarding Adults Reviews (SARs) – local and national – to inform the improvement and development of our services to people at risk of abuse and neglect

8. HOW IS THE BOARD FUNDED?

The WSAB agreed an operating budget for 2015-2016 of **£127,886** which included contributions from Warwickshire County Council, Police, Clinical Commissioning Groups (3), District and Borough Councils. This budget was sound and sufficient and is monitored and overseen by the Governance Group.

The Board holds a non-recurrent budget to apply to initiating any SARs or for the Chair to secure independent professional advice, when required.



9. WHAT DID THE BOARD ACHIEVE IN 2015 -2016?

The 2015-2018 Strategic Plan was a starting point for much of the Board's work and priorities were identified to respond to the implementation of the Care Act 2014. The Board has completed the majority of the work set out within the original Plan as detailed below. Areas requiring further development now form part of the priority areas of work within the refreshed Strategic Plan moving forward.

What we said we would do in 2015-2016	What we did……
Ensure updated Adult Safeguarding Policies and Procedures are in place to enable staff in all agencies to work to an appropriate and consistent policy context	The West Midlands Adult Safeguarding Policies and Procedures (WMPP) were updated to reflect the requirements of the Care Act 2014; this enables staff in all agencies to work to an appropriate and consistent policy context. The Board established an escalation process and oversaw the development of a common referral pathway and process from hospitals to the Safeguarding Adults Short Term Team; .this is pending implementation.
Produce a Workforce Development Strategy and associated multi-agency training programmes	The Learning and Development sub-committee worked with partner agencies to develop a multi-agency training programme, offering staff from across the partnership, providers and community and voluntary organisations the opportunity to access safeguarding training via e-learning modules and attend face-to-face training to help them improve their understanding and application of safeguarding processes.
Produce a Communications Strategy	A Communications Protocol is now in place which serves to provide a consistent approach to the management of media enquiries and key messages relating to safeguarding cases.

Review and update the WSAB website	Work is on-going to develop an independent website for the Board to provide safeguarding advice, guidance and information for professionals dealing with safeguarding incidences; the general public; service users and carers.
Improve community involvement in reviewing the WSAB Strategic Plan for 2016 and beyond	Age UK Warwickshire and Healthwatch Warwickshire were engaged to support the development and consultation of the Board's Strategic Plan for 2016-2017. Work continues to further expand community engagement opportunities through existing Community and Voluntary organisations operating across Warwickshire.
Oversee the implementation of the principles embedded in 'Making Safeguarding' Personal	Board partners have provided assurance on the management and approach to 'Making Safeguarding Personal' within their respective organisations.
Develop reporting systems to increase WSAB understanding of the statistical data collected	Safeguarding data is now routinely collected and evaluated to identify key areas of practice requiring further improvement and development across the partnership. It also supports the identification of gaps in knowledge and practice and informs the Board's multi-agency training programme.
Review national published Safeguarding Adult reviews (SAR's) and emerging case law and implications for practice, and advise WSAB	The Board's SAR's sub-committee has Identified learning from SARs, Domestic Homicide Reviews and Serious Case Reviews in other local authority areas and at regional and national levels across the WSAB, which has helped inform changes in local safeguarding practices.

Safeguarding Adults Reviews (SARs)

A SAR is a process for all partner agencies to determine what the relevant agencies and individuals involved in a case might have done differently that could have prevented harm or death of an individual. The aim is to identify the lessons that can be learned from particularly complex or serious safeguarding adults cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.

In the past 12 months, the Board's SAR's sub-committee considered two cases where it was decided that the criteria for a SAR was not met. However, learning was identified and shared in both cases.

The criteria were not met because agencies had repeatedly tried to support the adult and, whilst there were examples of where practice could be improved, there were no actions or omissions causing or implicated in the death or concerns about how agencies had worked together.

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded.

Making Safeguarding Personal has remained a key priority for the WSAB and has been endorsed within the refreshed West Midlands Policy and Procedures for Safeguarding and informs local operating procedures.

The Board continued to seek assurance from partners on the engagement of individuals experiencing abuse or neglect, their families and/or their carers to establish their desired outcomes from the safeguarding process; identify risks and manage expectations.

Throughout 2015-2016 the adult safeguarding team in Social Care and Support continued to pilot the outcomes recording model. The following results are based on 87 adults in 2015-16 who were subjected to a safeguarding referral and support:

- It was possible to gain the desired outcomes of 82 (94%) of these adults at the start or later in the adult safeguarding process.
- Of these 82 adults, it was possible to review whether the adult had been supported to achieve these outcomes in 67 cases – 77% of the total.

- Of these 67 adults, 51 (76%) felt they had been supported to fully achieve the outcomes they expressed, and 14 (21%) partly achieved the outcomes they expressed. Two adults felt their outcomes had not been achieved, although one of these adults was supported to negotiate different outcomes through the process than those they originally wanted. None of the adults were unhappy with the outcomes they did achieve.
- Of these 67 adults, 49 (73%) felt safer than before the enquiry, 16 (24%) felt partly safer, and 2 (3%) of people did not feel any safer.

Multi-Agency Training

The 2015-2016 multi-agency training programme offered opportunities for face-to-face training sessions, as well as, e-learning courses. The programme delivered 37 face-to-face sessions which comprised of the following courses and was accessed by 608 staff from across the Warwickshire Safeguarding Adults Board partnership as illustrated below; this is on top of training undertaken at individual agency level:

Training Course	Number of Agency Staff who accessed the training courses
Exploring Self Neglect	**49**
An introduction to the Mental Capacity Act	**70**
An introduction to the Deprivation of Liberty Safeguards	**61**
Safeguarding Adults Level 1: Recognising and Responding to Adult Abuse and Neglect	**207**
Safeguarding Adults Level 2: Working within the Multi-Agency Safeguarding Adults Procedures	**185**
Safeguarding Adults Level 3: Managing the Multi-Agency Safeguarding Adults Procedures	**36**

10. WHAT ARE THE BOARD'S PRIORITIES FOR 2016-2017?

The following table provides a detailed breakdown of the priority areas of work agreed as part of the refreshed Strategic Plan for 2016-2017. Each of the Board's sub-committees has developed a corresponding work plan which aims to deliver against the following priorities:

PRIORITY	What we will do
Making Safeguarding Personal (MSP)	The Board will ensure that MSP is consistently understood by all agencies and applied in their safeguarding work.
Safe Services	The Board will ensure there are proper procedures in place to address any shortcomings in policy and practice and a readiness to share learning from Safeguarding Adults Reviews (SAR's) and 'near misses'.
Listening and Engaging	The Board will ensure there is a clear understanding of the language and context of all types of abuse alongside, a sound and intelligible application of policy and procedures.
Workforce Training	The Board will seek assurance that agency induction and training programmes contain sound safeguarding elements and that multi-agency training is delivered to a high standard and is well attended by all partner organisations.
Transitions	The Board will identify times of transition in respect of specific groupings e.g. young people leaving care or vulnerable adults being moved into alternative accommodation and promote the need for safeguarding to form part of the assessment and delivery of care plans related to these needs. The Board will test out potential for working together with the WSCB in all elements of work programmes and respond to issues raised.

Informing	The Board will produce materials which are readily understood and which resonate with individual circumstances and life experiences, using all means of communication with the public and across agencies. It will review current information available to the public and develop an awareness raising strategy and communications campaign. The potential for links with WSCB needs to be realised in this context.

APPENDIX. 1

Partner Organisation Reports

Warwickshire Police and West Mercia Police
Annual Report Statement for 2015 - 2016

Overview of 2015-2016

Warwickshire Police has a vision of 'protecting people from harm', which focuses our activity on the delivery of the Adult Safeguarding Board priorities as set out in the strategic plan. We actively work to make a difference with adult safeguarding in our communities.

Governance Arrangements

Warwickshire Police were inspected by the HMIC in December 2015. The findings highlighted that Warwickshire Police generally provided a good service in identifying vulnerable victims and responded appropriately with its partners, and the public could be confident that many victims felt supported. There were areas identified for improvement, and it was recommended that we should improve our response to vulnerable victims by reviewing the behaviour of staff towards vulnerability and evaluating the effectiveness of its training. It also recommended that we should improve our support to Victims of Crime, specifically in relation to the use of special measures.

We are addressing the HMIC recommendations to address the issues identified and have promoted a more consistent approach in relation to the understanding and managing the adult safeguarding process. All new to role staff have an input on safeguarding. Service delivery is also developed through engagement in Serious Case Review processes. A dedicated Detective Inspector for Strategic Safeguarding is responsible for thematic reviews of SCR learning to ensure service delivery takes into account the lessons to be learnt & ensure action plans are seen through to conclusion.

Key Achievements

We have ensured that officers' adult safeguarding awareness has been developed, and encouraged engagement with police training departments and other agencies. Outside agencies, for example Women's Aid, have been involved in delivering training to all staff in respect of Domestic violence issues.

We directly engage with both service providers and our adults with care and support needs in the community. Training has helped to improve general understanding around the concept of safeguarding being every ones responsibility. By adopting a victim focused approach and working in unison with partner agencies, there have been positive outcomes for our adults with care and support needs.

The Warwickshire Police Harm Assessment Units across the alliance have now been used to staff the Warwickshire Multi Agency Safe guarding Hub (MASH). The HAU is concerned with our response to Safeguarding Adults and Children. They provide a single point of contact for statutory safeguarding activity, referrals both into and out of the force and deal with requests for information from partners that relate to immediate safeguarding activity within the MASH. They will enable improved oversight of the quality and flow of information between agencies, resulting in the ability to safeguard the vulnerable and provide the right response as quickly and efficiently as possible.

Key Challenges

We have introduced a new investigative model within Warwickshire Police which blends within it existing members of specialist Protecting Vulnerable People (PVP) teams and the local CID departments, thereby retaining those specialist staff but spreading them out across the larger teams to share that expertise and experience. There is an expectation that more detectives will be exposed to protecting the vulnerable thus making protecting vulnerable people everyone's business and in line with the forces vision to be great at protecting the vulnerable. There has been an increase in officers in this area of investigation to complement this change. The teams will identify appropriately trained staff to deal with Vulnerable Adults and require outstanding actions to be passed to those remaining on duty to complete. One of the expected outcomes is that this will appropriately expedite investigations. All Operational staff will have continual access to safeguarding processes, information and supervision.

Future Plans for 2016-2017

The force has defined its vision for the future of policing, and highlights that 'Protecting people from harm' is at the core of everything we do. The overriding ambition over the next five years is to become 'great' at protecting the most vulnerable from harm. Over the next two years we will be increasing vulnerability related training courses to ensure that officers have the knowledge and training to complement their new priorities. Additional courses will take place from June 2016, which includes two new courses – Serious Sexual Assault Investigative Development Programme (SSAIDP) and Professional Curiosity. The issue of vulnerability is threaded throughout the content of other courses currently delivered. Whilst the new investigation model has commenced, there remains a Strategic PVP team to ensure an overview of policy, procedure, communication and leadership.

South Warwickshire Clinical Commissioning Group
Annual Report Statement for 2015 - 2016

Overview of 2015-2016

During 2015/16 South Warwickshire CCG, in response to a domestic homicide review, supported safeguarding level 3 and Identification & Referral to Improve Safety (IRIS) Domestic abuse training for all GP practices.

The IRIS training for the South commenced May 2015 following the appointment of an Advocate Educator in March 2015. Training was held within each GP practice for all staff. All 36 GP practices across south Warwickshire have received training. The feedback from the training was very positive and referrals from GPs to the Independent Domestic Violence Advisors have increased as a result.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) training was delivered to GP practices across south Warwickshire, resulting in a greater awareness of the legislation. During 2016/17 the CCG will continue to carry out themed reviews within its commissioned services to gain assurance that MCA/DoLS is being appropriately implemented.

The CCG has representation at the Board, the Governance Group and sub-committees.

The Lead Nurse for Safeguarding Adults for South Warwickshire CCG continues to work closely with the WCC safeguard Team and inputs into the work plans of the sub-committees.

The Lead Nurse is an active member of the adult MASH implementation group.

Face to face briefing events on PREVENT, MCA and Safeguarding are delivered to staff and Governing Body members. Information is sent out via the newsletter informing GPs and staff of relevant changes and updates for example the Adult MASH.

Key Achievements

- GP safeguard and Domestic Abuse training delivered across South Warwickshire to all 36 practices
- Delivery of MCA/DoLS training.
- Implementation of the Care Act and compliance with the Care Act now embedded within the NHS Standard Contract and included in the Key performance Indicators (KPIs)
- Transforming care programme, vulnerable adults being moved from Learning Disability Hospitals to a more suitable environment within the community.
- Incorporation of safeguarding element into assurance processes regarding provision of Personal Health budgets.

Future Plans for 2016-2017

- CCGs supporting Making Safeguarding Personal with increasing focus on Personal Health Budgets for a wider range of individuals
- Shared learning from Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHR's)
- Further develop assurance processes for provider safeguarding responsibilities.
- Training assurance will continue to be monitored by the CCG from its commissioned services. Training programmes will continue to be delivered to a high standard.
- Safeguarding assurance of those moved to alternative accommodation under the Transforming Care agenda.
- The CCG website will be kept up to date accordingly to ensure information to staff and members of the public is available.
- The CCG will continue to work alongside its partner organisations to raise awareness and attend events to support the safeguarding agenda.

Governance Arrangements

Overseen by a CCG Safeguarding Group, which reports into Clinical Quality and Governance Committee, South Warwickshire CCG has updated its safeguarding policy and procedures in line with implementation of the Care Act and in conjunction with the West Midlands Safeguarding Adults Policy and Procedures.

The Lead Nurse for Safeguarding Adults has oversight of the safeguarding cases that are referred to the WCC safeguard team where they are health funded. The lead nurse supports the investigation of these cases supporting Making Safeguarding personal, ensuring the individual is involved in the decision making and supported by advocacy services where appropriate.

As commissioners of care CCGs carry out themed reviews/inspections of its commissioned services. Safeguarding, MCA/DoLS and Making Safeguarding Personal are all areas that are reviewed. An MCA audit of the acute hospital provider will be taking place during 2016.

The CCG keeps central and personal records of its workforce training. Statutory and Mandatory training is monitored via the online system.

Warwickshire North Clinical Commissioning Group
Annual Report Statement for 2015 - 2016

Overview of 2015-2016

Following agreement at the Protected Learning Time (PLT) safeguarding session the IRIS project went live in Warwickshire North in September 2015 having successfully recruited an advocate educator.
Level 3 training events will continue to be provided at PLT (PLT) sessions on request.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) training was delivered to GP practices across Warwickshire North, resulting in a greater awareness of the legislation. During 2016/17 the CCG will continue to carry out themed reviews within its commissioned services to gain assurance that MCA/DoLS is being appropriately implemented.

The CCG has representation at the Board, the Governance Group and sub-committees. The Lead Nurse for Safeguarding Adults for Warwickshire North CCG continues to work closely with the WCC safeguard Team and inputs into the work plans of the sub-committees. The Lead Nurse is an active member of the adult MASH implementation group.

Key Achievements

- GP safeguard and Domestic Abuse training delivered across Warwickshire North
- Delivery of MCA/DoLS training.
- Implementation of the Care Act and compliance with the Care Act now embedded within the NHS Standard Contract and included in the Key performance Indicators (KPIs)
- Transforming care programme, vulnerable adults being moved from Learning Disability Hospitals to a more suitable environment within the community.
- Incorporation of safeguarding element into assurance processes regarding provision of Personal Health budgets.

Future Plans for 2016-2017

- CCGs supporting Making Safeguarding Personal with increasing focus on Personal Health Budgets for a wider range of individuals
- Shared learning from Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHR's)
- Further develop assurance processes for provider safeguarding responsibilities.
- Training assurance will continue to be monitored by the CCG from its commissioned services. Training programmes will continue to be delivered to a high standard.
- Safeguarding assurance of those moved to alternative accommodation under the Transforming Care agenda.
- The CCG website will be kept up to date accordingly to ensure information to staff and members of the public is available.

The CCG will continue to work alongside its partner organisations to raise awareness and attend events to support the safeguarding agenda.

Governance Arrangements

Overseen by a CCG Safeguarding Group, which reports into Clinical Quality and Governance Committee, Warwickshire North CCG has updated its safeguarding policy and procedures in line with implementation of the Care Act and in conjunction with the West Midlands Safeguarding Adults Policy and Procedures.

The Lead Nurse for Safeguarding Adults has oversight of the safeguarding cases that are referred to the WCC safeguard team where they are health funded. The lead nurse supports the investigation of these cases supporting Making Safeguarding personal, ensuring the individual is involved in the decision making and supported by advocacy services where appropriate.

As commissioners of care CCGs carry out themed reviews/inspections of its commissioned services. Safeguarding, MCA/DoLS and Making Safeguarding Personal are all areas that are reviewed. An MCA audit of the acute hospital provider will be taking place during 2016.

The CCG keeps central and personal records of its workforce training. Statutory and Mandatory training is monitored via the online system.

Coventry and Rugby Clinical Commissioning Group
Annual Report Statement for 2015 - 2016

Overview of 2015-2016

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguard (DoLS) was delivered to GP practices across Coventry & Rugby. This has resulted in a greater awareness of the legislation. The CCG will continue through 2015/16 to carry out themed reviews within its commissioned services to gain assurance that MCA/DoLS is being appropriately implemented.

The CCG has representation at the Board and sub-committees.

The Lead Nurse for Safeguarding Adults for Warwickshire from the CCG continues to work closely with the WCC safeguard Team and inputs into the work plans of the sub-committees.

The Lead Nurse is an active member of the adult MASH implementation group.

Key Achievements

- Delivery of MCA/DoLS training to GP practices.
- Implementation of the Care Act and compliance with the Care Act now embedded within the NHS Standard Contract and included in the Key performance Indicators (KPIs)
- Transforming care programme, vulnerable adults being moved from Learning Disability Hospitals to a more suitable environment within the community.

Future Plans for 2016-2017

- CCGs supporting Making Safeguarding Personal with increasing focus on Personal Health Budgets for a wider range of individuals
- Shared learning from Safeguarding Adults Reviews (SAR's) and Domestic Homicide Reviews (DHR's)
- Policies and procedures will clearly outline the context of all types of abuse and assurance from commissioned services regarding the application of such policies to continue.
- Training assurance will continue to be monitored by the CCG from its commissioned services. Training programmes will continue to be delivered to a high standard.
- The transitional programme will continue in respect of specific vulnerable adults being moved to alternative accommodation.
- The CCG website will be kept up to date accordingly to ensure information to staff and members of the public is available. The CCG will continue to work alongside its partner organisations to raise awareness and attend events to support the safeguarding agenda.

Governance Arrangements

Coventry & Rugby CCG has updated their safeguarding policy and procedures in line with implementation of the Care Act and in conjunction with the West Midlands Safeguarding Adults Policy and Procedures.

The Lead Nurse for Safeguarding Adults has oversight of the safeguarding cases that are referred to the WCC safeguard team whereby they are health funded. The lead nurse supports the investigation of these cases supporting Making Safeguarding personal, ensuring the individual is involved in the decision making and supported by advocacy services where appropriate.

As commissioners of care CCGs carry out themed reviews/inspections of its commissioned services. Safeguarding, MCA/DoLS and Making Safeguarding Personal are all areas that are reviewed. An MCA audit of the acute hospital provider will be taking place during 2016.

The CCG keeps central and personal records of its workforce training. Statutory and Mandatory training is monitored via the online system.

Face to face briefing events on PREVENT, MCA and Safeguarding are delivered to staff and Governing Body members. Information is sent out via the newsletter informing GP's and staff of relevant changes and updates for example the Adult MASH.

Warwickshire County Council
Annual Report Statement for 2015 - 2016

Overview of 2015-2016

Warwickshire County Council's Future Directions paper aims to uphold the core purpose of the Council "to make Warwickshire the best it can be" through evidence of best practice and a culture of continuous improvement.

People Group

The key focus for Social Care and Support in the People Group in 2015-16 was to introduce and embed the operational Care Act duties from date of implementation on 1st April 2015; the adult safeguarding duty of enquiry under section 42 of the Care Act, and the advocacy duties under section 68 of the Care Act. WCC has supported the adoption of the revised regional West Midlands Adult Safeguarding Policy and Procedures, and particularly the strong focus on personalised adult safeguarding practice that these procedures reinforce. A key operating principle of the adult safeguarding team with Social Care and Support is "to work alongside service users and 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."

Warwickshire Fire and Rescue Service

During 2015 Warwickshire Fire and Rescue Service (WFRS) started a training programme for all operational (including Chief Fire Officer and Deputy Chief Fire Officer) and support staff, in line with the Child Protection and Safeguarding Policy which sets out the Service's strategy, procedures and responsibility. WCC policy, to receive Child Protection and Safeguarding training. 27 courses took place with a total of 242 members of staff receiving the 3 hour training session.

Communities Group

Localities and Partnerships Team

The Localities and Partnerships Team (LPT) has a contract with Warwickshire CAVA and provided training sessions for Voluntary and Community Groups around safeguarding issues. Approximately 30 groups attended on outcome better awareness. Specialist advice given to groups on a one to one basis.

Armed Forces Community Covenant

- Partnership working across the sub region (Coventry, Solihull and Warwickshire) to provide support and signposting for vulnerable ex forces personnel.
- Referring to national and local charities e.g. the Veterans Contact Point in Nuneaton.
- Projects such as the Ex-Armed Forces project from CWPT, which works to ensure that Ex- Service personnel receive the right mental health support at the right time - (received Highly Commended Recognition awards in the National Positive Practice Mental Health Awards 2015)

Priority Families Programme

The Priority Families Programme commenced Phase 2 of the Department for Communities and Local Government (DCLG) Troubled Families Programme in April 2015. This is a 5 year programme and Warwickshire will be required to work with 2680 families who meet at least 2 of the following 6 criteria. In 2015-16, Warwickshire attached 914 families and claimed payment by results for 60 families who had made significant and sustained progress:

- Crime, Anti-Social Behaviour
- Educational Attendance
- Worklessness
- Domestic Abuse
- Children who need help (Social Care)
- Health

Governance Arrangements

All Groups in the Council are subject to WCC governance arrangements. Phil Evans and Dr Gordana Djuric attend WSAB.

Warwickshire Fire and Rescue Service (WFRS) have a Senior Lead Officer and 2 Safeguarding and Child Protection Officers. A policy has been produced and is available to all staff via the Document library (this is to be reviewed and updated to reflect the new senior lead due to a WFRS restructure). Process map, posters, relevant Chief Fire Officers Association guidance booklets on safeguarding have been sent to stations and asked to be displayed to assist in making staff aware. Articles within the internal staff on line magazine also help raise staff awareness.

Key Achievements

WCC has supported the adoption of the revised regional West Midlands Adult Safeguarding Policy and Procedures, and particularly the strong focus on personalised adult safeguarding practice that these procedures reinforce.

Armed Forces Community Covenant, an ex-Armed Forces project from Coventry and Warwickshire Partnership Trust, which works to ensure that Ex- Service personnel receive the right mental health support at the right time has received Highly Commended Recognition awards in the National Positive Practice Mental Health Awards, 2015.

No Rogue Trader Zones - there are currently 7 No Rogue Trader Zones across Warwickshire. The residents of the Binley Woods No Rogue Trader Zone were surveyed 1yr after its introduction. Of the 42% of residents who responded:
●71% felt the stickers displayed on lampposts are keeping rogue traders away from their roads.
●76% feel more confident about sending unwelcome callers away from their doors now that they are in a No Rogue Trader Zone.
●78% feel that they and their homes are safer in a No Rogue Trader Zone.
●89% feel that the No Rogue Trader Zone in their area has been a success and should continue.

Rapid Response to Doorstep Crime - over £26,000 was saved for Warwickshire residents as a result of rapid intervention. This figure does not include cases where the potential loss cannot be quantified (e.g. see case study below):
●A lengthy investigation came to a satisfactory conclusion before the Courts. The directors and sales reps of a rogue double glazing /roofing company were found guilty of misleading and acting aggressively towards its customers. The 6 defendants were sentenced to 30mths imprisonment (x2), 12mths imprisonment suspended for 2yrs (x3), 9mths imprisonment suspended for 2yrs (x1). The Judge sent a strong warning to other double glazing companies using aggressive and misleading practices in vulnerable consumers' homes in order to sign them up to expensive home improvement contracts.

Truecall
●26 telephone call blocking units installed in the homes of vulnerable adults.
●Since the beginning of the project 15,489 nuisance calls have been blocked. This is 15,489 times that a vulnerable resident would have had to get up to answer an unwanted telephone call - potentially from a scammer. 43% of all calls received were nuisance calls. These are now silently intercepted by Truecall.

Awareness raising with key organisations/people in a position to spot potential financial abuse:
●Awareness raising sessions were carried out at branches of NatWest and Barclays. A number of referrals have been made as a direct result – stopping vulnerable adults handing over large sums of cash to scammers (see case study section).
●Training was carried out for 75 staff at the Rugby sorting office. Shortly afterwards a member of staff identified a scam victim in Rugby. Trading Standards and the Police intervened very successfully, collecting a large volume of scam mail from the lady and safeguarding her against further financial abuse of this nature.

Hate Crime - the Warwickshire Hate Crime Action Plan has been developed and activities carried out around raising awareness. During Hate Crime Awareness Week four events were organised by the Community Safety Team (two each on 13th and 14th October 2015). They featured Sylvia Lancaster (mother of Sophie Lancaster) and involved a wide range of staff in particular local police.

General crime prevention campaigns - crime prevention activities have been targeted at vulnerable groups such as the elderly or those living in remote locations including canals. Reassuring activities include the establishment of protected villages and allotments where property marking and other measures have been carried out.

Prevent - on 12th May 2015, the Community Safety team organised a 'Prevent' conference involving variety of stakeholders and this was used to create the County's Prevent Action plan (reported to WSAB). Following discussions with the Home Office, plans were put in place to appoint a Prevent Officer whose role is to help partners implement the action plan.

Channel Panel - during 2015/16, several cases were discussed at the Channel Panel and actions taken to reduce the risk/likelihood of vulnerable individuals being drawn into violent extremism.

Cybercrime - in 2015, a survey was undertaken by the observatory supported by the Office of the Police and Crime Commissioner and the Community Safety team. This discovered that many residents were vulnerable to online exploitation/abuse. Steps were taken to appoint cybercrime advisors to address these issues.

Domestic Homicide Reviews (DHRs) - during 2015-16, the team worked on 8 Warwickshire DHRs and 2 out of county DHRs. The multi-agency review panels include the safeguarding leads and WSAB members from partner agencies providing reassurance to panels and report authors that any adult safeguarding issues are appropriately identified and addressed. Two of these reviews are cases that had Safeguarding Adults Reviews been a requirement at the time of the death, the cases would have been considered for joint DHRs/SARs.

Identification and Referral to Increase Safety (IRIS) - WCC has funded and commissioned the nationally accredited IRIS programme from Stonham (who provide our DA support service). IRIS is a domestic abuse training, support and referral programme aimed at GPs. The programme also provides specialist support workers linked to GP surgeries. During 2015-16, 72% of referrals from GPs to IRIS were over 41 years, compared to 31% in the main DA service, 26% of IRIS referrals identified as having a disability and 62% mental health difficulties. The training for GPs from IRIS is not only impacting on domestic abuse referrals, one GP stated that in the 5 years before IRIS he made 1 safeguarding referral, in 3 months since receiving the IRIS training he had made 3 safeguarding referrals.

Key Challenges

People Group

Responding to and managing a growing overall volume of adult safeguarding referrals, but within this, a growing proportion of inappropriate referrals routed into adult safeguarding pathway. Service redesign to accommodate and gain best value from a local adult MASH model.

WFRS

The key challenge was to arrange and organise the training taking into consideration all the different shift patterns in WFRS and the day to day work of responding to emergencies and training to ensure safeguarding competences are kept up to date. Collaboration between operations and the training department identified times that crews would be available.

Trading Standards

Staff redundancies have directly affected ability to deliver and further develop the Truecall project. A solution to this has yet to be identified.

Public Health

The key challenge has been monitoring awareness related to Adult Safeguarding and ensuring that all commissioned services are compliant with all the safeguarding and other requirements.

Future Plans for 2016-2017

The focus for Social Care and Support in the People Group in 2016-17 is:

- To continue to embed Care Act compliant and person-centred adult safeguarding practice.
- To introduce the Making Safeguarding Personal sector outcome measures into all adult safeguarding case recording through implementation of the MOSAIC recording system.
- To continue to contribute to the ongoing development of the regional adult safeguarding policy and procedures, and associated guidance.
- To develop and implement the adult MASH.

Community Safety Team

- Safeguarding measures will be specifically included in tenders for the re-commissioning of Domestic Violence and Abuse services and feature in the planning for future commissioning of Drug and Alcohol Treatment Services.
- The 'Safe Places' scheme principally for People with Learning Disabilities but with plans to expand to other groups has been taken on by the team.
- Prevent - the Prevent Officer is in post and will be charged with assisting the county prevent implementation plan.
- Cybercrime - Cybercrime Advisors are in post and will carry out activities targeted at the most vulnerable.
- Reducing Reoffending - a reducing re-offending event incorporating the nine action strands (April 2016) will help to develop a refreshed reducing reoffending action plan to help partners understand how they can contribute to the agenda and how the actions of each agency can impact on others. The overall aim is to increase the support to individuals with a consequential reduction in harm to them and society.
- Domestic abuse workstream in MASH will be developed and supported.

  Consideration will be given to the use of new legislative powers to protect vulnerable adults (e.g. injunctions under the Anti-social behaviour, Crime and Policing Act 2014).

APPENDIX. 2

Service User Case Studies

CASE STUDY: Physical Abuse within a Care Home

In September 2015 a staff member from a care home in south Warwickshire contacted the Care Quality Commission (CQC) and made an anonymous referral, reporting that she had witnessed another member of staff assault one of the residents. This was reported to Social Services Safeguarding Adults, who in turn made a referral to the police. An investigation was instigated and it was established that the incident had occurred 3 - 4 yrs previously and the resident who had been assaulted had since died (not as a result of any injury).

A Safeguarding meeting was held involving Safeguarding Adults, Contract Monitoring, Police and the owner of the care home. Initially the owner of the home believed the allegations to be malicious, but did consent for safeguarding measures to be put in place. It was agreed that the Police would lead the investigation supported by Social Services Safeguarding Adults. The CQC completed an independent visit to the care home.

As a result of the police investigation it was established that the deputy manager had been abusing and bullying a number of vulnerable elderly residents at the home for some time. She was charged with offences of common assault and ill-treating a person without capacity. She subsequently appeared before Warwick Crown Court where she received a suspended sentence.

CASE STUDY: Financial Abuse in Dementia Care Home

In October 2015 a social worker and an independent advocate reported concerns that an elderly resident of a care home was being financially abused - funds had been taken from his account and his PIN number changed. Early indications were that a staff member from the care home was responsible. The care home specialised in dealing with residents that suffered from dementia. Social Services made further safeguarding enquiries at the care home and discovered that money had also gone missing from other residents.

The investigation required the Police, Social Services Adult Safeguarding, Independent Advocates, the Office of Public Guardian and medical professionals to work together, in the interests of the vulnerable residents of the care home. It was established that over a four year period the manager of the care home had stolen more that £47,000 from vulnerable residents, and had used this money to fund an extravagant lifestyle. She was recently jailed for a term of three years imprisonment.

CASE STUDY: Financial Abuse by Rogue Builders

A member of staff at a bank, trained in spotting potential financial abuse of vulnerable adults, became concerned about a pattern of withdrawals from an elderly man's account.

The police were called. The customer had already paid £120,000 for work around his home and garden. Every day the workman turned up he had demanded another £2,500 in cash - the customer did not feel able to stop it. The police officer did not know how to assess the true value of the work, but she had been made aware of the work of Trading Standards through various awareness raising events. Trading Standards brought in the expertise to value the work done - at less than £16,000! A full investigation is underway with a view to prosecuting the perpetrator for fraud.

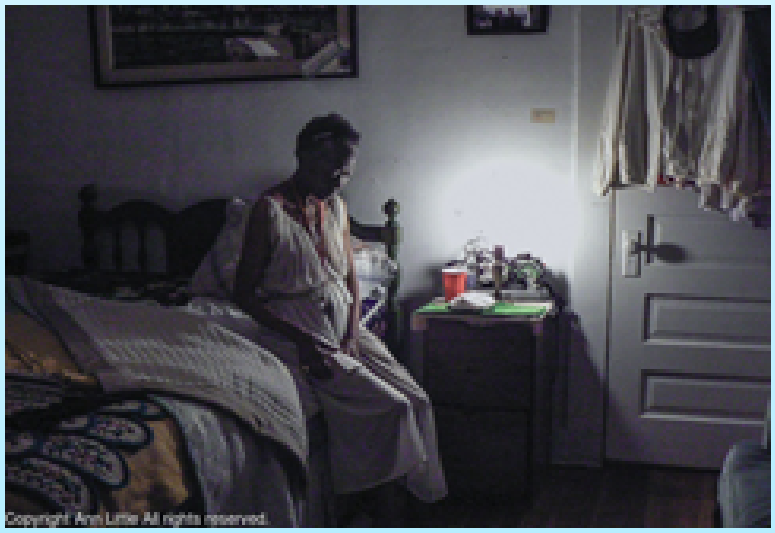
CASE STUDY: Postal and Phone Scams

A family member came to Trading Standards for help when she discovered her elderly mother in law was being targeted by scammers, both over the phone and through the post. Thousands of pounds had gone missing from her mother in law's account, believed to have been paid out to scammers. Her mother in law was suffering from dementia. Trading Standards intervened, sorting through the 27 dustbin liners full of scam mail. Where possible, approach was made to stop unnecessary subscriptions to overpriced health products etc. A Truecall was installed to stop scammers operating by telephone. Working closely with the lady's daughter in law it was possible to safeguard this very vulnerable lady from further financial abuse by scammers.

CASE STUDY: Abuse within the home

Brenda is a 74 year old woman who lives alone in a privately owned property. She has a diagnosis of Alzheimer's and at the time of referral was receiving informal support for her care and support needs from a husband and wife (Mr and Mrs G) who she had met a few years previously in the local pub. Brenda has no children and her nephew, while holding Lasting Power of Attorney (LPA) for finances as well as health and welfare, at the time of the referral believed she retained the capacity to manage her day to day finances. A referral was received from an extended family member concerned Brenda was being financially exploited by the couple.

While the private arrangements appeared to be working well, with Brenda being settled and happy with arrangements, it became apparent through enquiries that she may have lacked the mental capacity to protect and manage any aspect of her financial affairs. This was confirmed by a formal Mental Capacity assessment undertaken jointly by social worker and GP. However, due to Brenda having a degree of awareness of her circumstances, a balance was struck regarding what and how information was appropriately shared with her.



After visiting Brenda as well as Mrs G, due to suspicions being aroused, Warwickshire Police were contacted to complete a background check on the couple. The results confirmed strong reason to suspect the potential for significant financial abuse was occurring. On examination of Brenda's financial affairs there was reason to believe this had been happening for some time. The social worker worked with the nephew (as LPA) and the local bank manager to immediately secure Brenda's finances.

In the knowledge that support from the couple needed to end, sensitive consideration was required to minimise any potential distress to Brenda who was not only very happy with the support and companionship provided, but also unable to comprehend the risks they posed. Close contact was maintained between the Police, LPA, GP and the new support agency identified, in preparation for the arrest of the couple. Focus was maintained throughout the process on the potential impact on Brenda, not knowing how she would react to such a significant change in her circumstances and routine.
With effective information sharing and coordination between all concerned regarding the details of Brenda's needs and preferences, the transition was managed almost seamlessly, and Brenda fortunately adapted very well. The couple were arrested and after a lengthy Police investigation, Mr G was charged and sentenced to two years in prison for fraud.

Brenda continues to receive support from the same registered homecare agency and is described by her LPA as being very settled. Her finances are now fully managed by her LPA and her funds are described as steadily rising again.

APPENDIX. 3

Safeguarding Activity Data 2015-2016

DID YOU KNOW in 2015-2016.....

QUICK FACTS

2743

Safeguarding concerns reported into Adult Social Care where it was suspected an individual subjected to a form of abuse or neglect

118

Safeguarding concerns related to Self-Neglect

380

Safeguarding concerns went on to be investigated further as enquiries

112

Safeguarding enquiries related to people with physical support needs

224

Safeguarding enquiries listed the source of risk as an individual ***known*** to the victim

14

Safeguarding cases involved strangers who were ***unknown*** to the victim

51

Safeguarding allegations involved alleged abuse by social care staff

TYPE and PLACE OF ABUSE

124

Safeguarding enquiries related to allegations of financial and material abuses

73

Related to physical abuse and

81

safeguarding enquiries related to allegations of psychological or emotional abuse

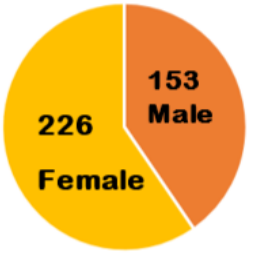
202

Safeguarding allegations were alleged to have occurred in the victims own home.

42

occurring in care homes

GENDER, RACE and AGE



More women were victims of alleged abuse than men

The majority of safeguarding enquiries related to White British people

163

Safeguarding enquiries related to people aged 18-64 years

12

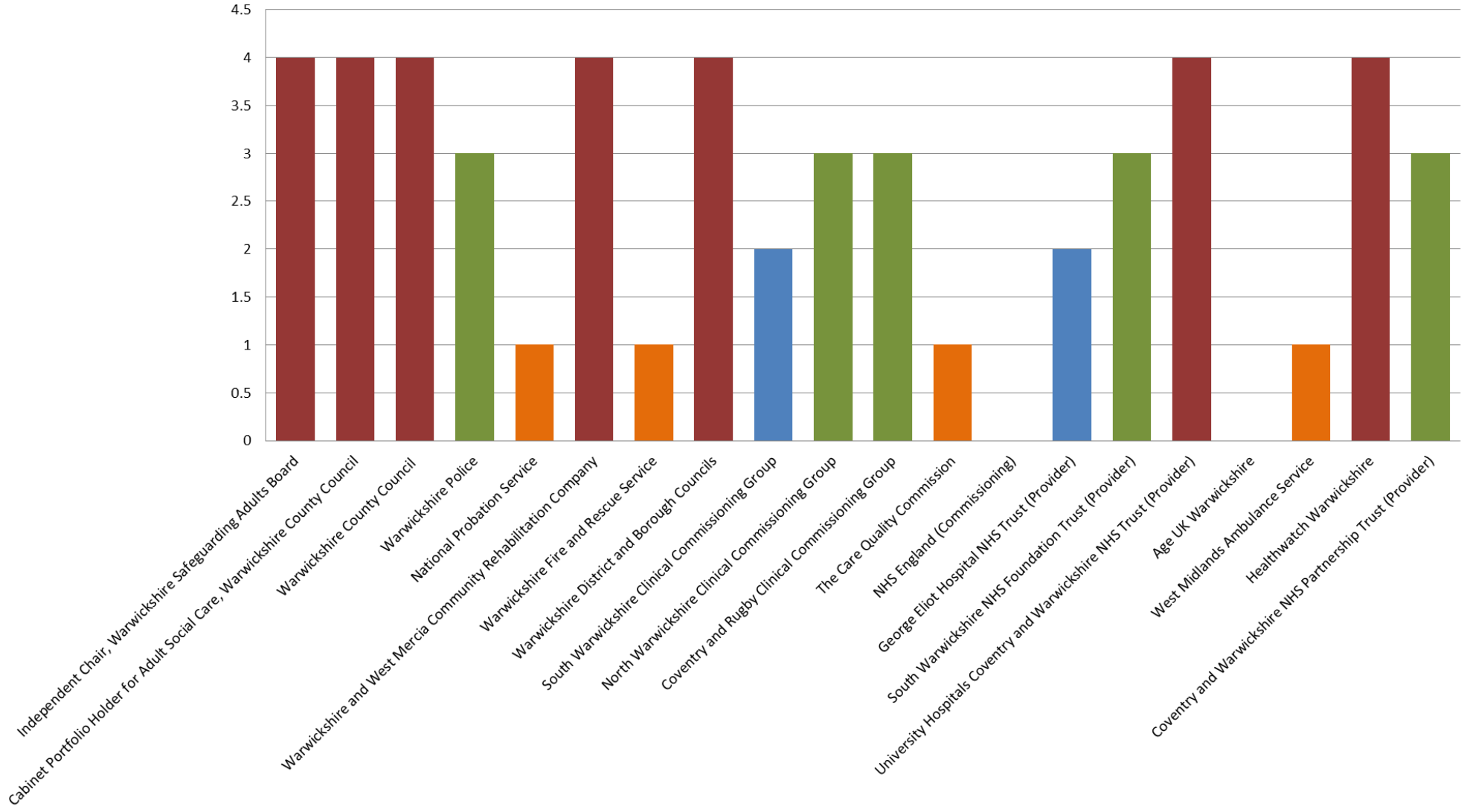
Related to people aged 95+ years

APPENDIX. 4

Board Members Attendance Record

Partner Agency attendance at Board meetings throughout 2015 - 2016

(Out of a total of 4 meetings)



If you have any queries relating to this report or require additional information regarding the Warwickshire Safeguarding Adults Board (WSAB) please contact the following:

WSAB Business Manager via WSAB@warwickshire.gov.uk

Item 7b

Warwickshire Health and Wellbeing Board
9 November 2016

Warwickshire Safeguarding Children Board Annual Report

Summary:

The independent chair of WSCB produces an annual report each year which evaluates the effectiveness of partner agencies' work to safeguard children.

The report includes an analysis of the year's performance data, and reports on the impact of work done under each of the WSCB's strategic priorities. It makes recommendations for further work to be carried out in 2016-17.

Recommendation:

That te HWBB notes the conclusions and recommendations of the WSCB Annual Report, and considers the implications of these for its own priorities and objectives.

1. Purpose of the report.

1.1 Working Together (2015) requires that the independent Chair of each LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area, and provide the report to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Well-being Board.

1.2 The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

1.3 LSCBs should conduct regular assessments on the effectiveness of Board partners' responses to child sexual exploitation and include in the report information on the outcome of these assessments. This should include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual abuse. The report should also include appropriate data on children missing from care, and how the LSCB is addressing the issue.

1.4 WSCB has four strategic priorities, one of which is CSE. The others are the board's own governance, neglect and diversity and equality. The progress, and impact of work carried out under these priorities is addressed in the report.

1.5 Additionally WSCB has core statutory business which is set out in Working Together. As well as production of the Annual Report these are:

- Develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.
- Monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.
- Communicate to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raise their awareness of how this can best be done and encourage them to do so.
- Undertake reviews of serious cases, sharing learning across the organisations and supporting organisational change where appropriate to promote the welfare of children through improved safeguarding practices.
- Participate in the planning of services for children in the area of the authority.
- A review of each death of a child normally resident in the LSCB's area is undertaken by a CDOP

The report also addresses these activities.

2. Conclusions.

2.1 The overall evaluation and conclusion can be found on pages 71-73 of the report.

2.2 Work to tackle area of CSE is going well. There is an improvement in understanding of the issues among staff in Warwickshire, and the increase in referrals and plans for children with CSE related needs is seen as a strength. The County Council's response to missing children is improving.

2.3 Interpretation of thresholds for services is still problematic, with variation across the County that cannot be explained by demographic variation. This means we cannot be sure that children across Warwickshire have equal access to safeguarding services based on need.

2.4 Agencies are still not consistently recording information about the diversity of their service users, which suggests this issues does not have the profile it should within agencies. We are therefore not able to understand the apparent under representation of black, minority ethnic and non-English speaking children in our performance data.

Enquiries: Cornelia Heaney, WSCB Development Manager
corneliaheaney@warwickshire.gov.uk

ANNUAL REPORT
2015-2016

CONTENTS

FORWARD - INDEPENDENT CHAIR.

I am pleased to introduce the Warwickshire Safeguarding Children Board annual report for 2015-2016. The WSCB is required to publish an annual report on the effectiveness of safeguarding in our area including an assessment of local safeguarding arrangements, achievements made and the challenges that remain.

This report sets out the progress and achievements made over the last year.

Our mission remains unchanged and that is:

- To ensure that sound arrangements to protect children are in place in Warwickshire;
- To promote the welfare of children in Warwickshire
- To achieve these objectives by promoting interagency cooperation and collaboration

During this last year we have implemented the new governance arrangements that we had started work on in the previous reporting period. I believe this has strengthened the way partners work together. An important part of the changes was to ensure our sub-groups, who do the detailed work, were being chaired by the right people and had the correct membership. We are still making some changes as things settle down however; I think it is important that we are flexible and ready to change what we are doing as in order to keep children and young people safe. We need a culture that is open to challenge and new ideas.

The Partnership also agreed a different funding arrangement to ensure that we could properly undertake review activity, including Serious Case Reviews. This did mean finding more money in these very difficult times. This was relatively easy to agree

and therefore sends a clear message that the partnership is strongly committed to ensuring we are able to learn lessons to improve our safeguarding system.

It would be naive to suggest that cuts do not have consequences and so the work of the WSCB in offering independent challenge, coordination and scrutiny has never been more important.

The Board agreed a limited number of headline priorities for the last year but they are all big subjects to tackle.

We want to ensure appropriate services were provided to all of our communities and had noticed some disparity in the data we collect regarding services given to children with disability and children and families from black and minority ethnic communities. Data collection is still not consistent in this area and you will find more detail in the body of the report.

Protecting children from being sexually exploited remains a priority, you will read about some excellent work that has been undertaken to train large numbers of people within our community to better understand sexual exploitation and also what to look out for and how to think a little differently about some situations.

We have also prioritised improving the multi- agency response to neglect. Too often it is taking too long for neglect to be recognised. As well as the direct harm this causes it also leaves children at risk of other harm including sexual exploitation.

The report has a lot of rich and detailed data in it, the Board has a responsibility to monitor and evaluate the effectiveness of what is done by the Local Authority and Board partners individually and collectively to safeguard and promote the welfare of children. The data helps us understand where improvements can be made and informs the discussions as what needs to be done to make those improvements.

I would like to conclude by thanking the front line practitioners for their dedicated work in safeguarding children, the members of the WSCB and the business team for all their work during the last year.

David Peplow

Independent Chair

LOCAL BACKGROUND AND CONTEXT.

2.1 Warwickshire is a two tier County Council in the West Midlands composed of five District / Borough Councils. The demography of the county varies markedly from District to District, with the south of the county in general being more affluent than the north, which features significant deprivation in parts. The total 0-17 population of Warwickshire is 111,872, with the breakdown by age group and District / Borough shown in the table 1, below. The January 2014 school census found that 14.8% of school age children (reception to year 11) were from a black or minority ethnic background.

Table 1: Breakdown of Age group and District / Borough.

Age	Warwickshire	North Warks	Nun & Bed	Rugby	Stratford	Warwick
0-4 years	31,364	3,285	7,925	6,269	5,965	7,920
5-9 years	29,180	3,209	7,019	5,648	6,176	7,128
10-14 years	31,267	3,730	7,412	6,149	6,849	7,127
15-17 years						
Total (0-17)	**111,872**	**12,407**	**27,249**	**23,317**	**23,207**	**26,692**

2.2 Socio-economic picture.

Deprivation covers a broad range of issues and refers to unmet need caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation use various indicators across seven distinct domains of deprivation, which can be combined to calculate an overall relative measure of deprivation - The Index of Multiple Deprivation 2010 (IMD 2010) - although it should be noted that much of the data used to construct the indices relate to the year 2008.

The Indices of Deprivation 2010 show that Nuneaton & Bedworth Borough has the highest levels of deprivation in Warwickshire with a ranking of 108 out of 326 Local Authority Districts in England, according to the rank of average score measure of deprivation (where a rank of 1 indicates the most deprived authority). This means Nuneaton & Bedworth falls within the top third most deprived Local Authority Districts in England. There are nine Lower Super Output Areas (LSOAs) in Warwickshire ranked within the top 10% most deprived SOAs nationally on the overall Index of Multiple Deprivation 2010. These are all located within Nuneaton & Bedworth Borough. Stratford on Avon District is the least deprived District in the County, ranked 278th out of 326 Local Authority Districts. In between, North Warwickshire is ranked 182nd, Rugby 219th and Warwick District 257th.

The table below (table 2) contains additional socio economic contextual indicators highlighting the disparity between the North and the South of the County in terms of unemployment, worklessness and economic hardship, impacting on family cohesion,

educational outcomes, health and general wellbeing. Like any District level measure, local variations and concentrations of deprivation will be masked across all five Districts and Boroughs. For example, eleven wards in Warwickshire had at least 1 in 5 children estimated to be living in poverty (20%) – including five wards in Nuneaton and Bedworth, and specific areas of Atherstone in North Warwickshire, Rugby Borough, and Leamington Spa in Warwick District.

Table 2: Socio economic indicators in Warwickshire

District	Jobseekers Allowance (May 2015) % working age population	All DWP working age benefit claimants (Nov 2014) % working age population	Estimated % of Children under 16 in "Poverty"* (August 2012)	Free School Meal Eligibility (Jan15) % pupils attending maintained school in Warwickshire eligible for FSM	CP per 10,000 at 31 March 2014
North Warks	0.8%	9.40%	13.90%	9.4%	52 per 10,000
Nun. & Bed.	1.30%	13.00%	19.00%	13.1%	82 per 10,000
Rugby	0.70%	8.00%	12.40%	8.1%	31 per 10,000
Stratford on Avon	0.20%	6.70%	8.50%	5.4%	27 per 10,000
Warwick	0.50%	6.80%	10.20%	6.8%	40 per 10,000
Warwickshire	0.70%	8.70%	12.90%	8.5%	47 per 10,000
England					TBC

Source: NOMIS, School Census, CRSP

**Child Poverty data compiled by the Centre for Research in Social Policy (CRSP), using Tax Credit data ^National FSM figure as at January 2013*

2.3 Strategic Partnership Working

Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to analyse the current and future health and wellbeing needs of the local population to inform the commissioning of health, wellbeing and social care services. The first year of the current JSNA work programme agreed by the Health & Wellbeing Board has now been completed.

As well as the JSNA Annual Statement 2015/16, which was published in late 2015, a number of JSNAs have been completed and approved over recent months. The first year of the work programme has a children's focus of particular relevance to safeguarding children. These included needs assessments on:

- Helping Vulnerable Children
- Children Looked After
- Carers (including young carers)
- Needs assessment relating to children currently underway include:
- Prevention (preventing & reducing children coming into care)
- Needs Assessment (JSNA priority theme)
- Needs analysis to inform CAMHS Redesign (JSNA priority theme)
- 0-5 Needs Assessment
- Youth Justice Needs Assessment
- SEND Needs Assessment

Published Needs Assessments can be found on the JSNA webpages.

Safer Warwickshire Partnership Board

The Safer Warwickshire Partnership Board is a multi-agency body whose aim is to reduce crime and disorder and promote safety in Warwickshire. Tackling violence against women and girls is a key priority for the Board, addressed through the Violence Against Women and Girls Strategy and Violence Against Women and Girls (VAWG) Board. Strong links between this board and WSCB are maintained as the independent WSCB chair is a member of the VAWG board. Further information can be found at www.safeinwarwickshire.com.

3. STATUTORY AND LEGISLATIVE CONTEXT FOR LSCBS.

Local Safeguarding Children Boards (LSCBs) were established by the Children Act 2004 which places the responsibility on Local Authorities to co-ordinate an LSCB in their area.

The roles of the Board are to co-ordinate local multi-agency safeguarding arrangements, and evaluate the effectiveness of these arrangements. To do this the Board has several functions it must perform, including:

- producing local inter-agency safeguarding policies and procedures,
- reviewing the deaths of all children in its area to identify learning which may prevent future child deaths (Child Death Overview Panel),
- conducting Serious Case Reviews into the deaths of any children where child abuse or neglect are known or suspected, or cases where children are seriously harmed by abuse or neglect and poor multi-agency working may have been a factor,
- evaluating the effectiveness of children's safeguarding in the area,
- and publishing an annual report on the effectiveness of child safeguarding arrangements in the area.

Safeguarding Boards must include senior members of staff from Local Authority children's and adult's services, District / Borough Councils, Police, Health Service, Education, Youth Justice, and Probation, and they should be chaired by someone suitably experienced in safeguarding children who is independent of the partner agencies.

4. GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS.

4.1 Warwickshire Safeguarding Children's Board has an independent chair, David Peplow, who has chaired the board since June 2014. In addition to the Chair, the Board directly employs three permanent members of staff, the Development Manager, Learning and Improvement Officer, and an Administrator; these posts are hosted by the County Council and funded by the contributions made by member organisations as set out below. During 2015-16 the board has also had an additional part-time admin post to meet the increased case review activity.

The Child Death Overview functions are managed and supported by a team of two staff, the CDOP Manager and CDOP Officer. This arrangement is made in co-operation with Solihull and Coventry, with the CDOP team working on behalf of all three CDOP panels. The posts are funded jointly by Warwickshire County Council, Coventry City Council and Solihull MBC, in addition to the funding provided by the local authorities directly to the respective Safeguarding Children Boards.

4.2 Recorded Attendance at WSCB meetings May 2015 – Jan 2016.

Agency	Board Member (s)	April 2015	July 2015	Oct 2015	Jan 2016
Independent Chair	David Peplow	✓	✓	✓	✓
WCC	John DIxon (Interim Strategic Director)	✓	A	A	✓
	Sue Ross (Interim Head of Service, Safeguarding)	DNA	A	N/A	N/A
	Councillor Bob Stevens (Portfolio Holder for Children)	✓	N/A	N/A	N/A
	Jenny Wood (Head of Service, Social Care and Support)	DNA	A	N/A	N/A
	Helen King (Deputy Director, Public Health)	D	✓	✓	✓
	Hugh Disley (Head of Service, Early Intervention)	✓	✓	DNA	N/A
	Jenny Butlin-Moran (Service Manager, Child Protection)	✓	✓	✓	N/A
	Calvin Smith (Service Manager, Rugby)	✓	✓	N/A	N/A
	Brenda Vincent (Service Manager, North)	A	A	✓	N/A
	Sue Ingram (Domestic Abuse Services Manager)	✓	✓	✓	D
	Adrian Over (Education Safeguarding Manager, representing schools and colleges)	✓	A	✓	✓
	Cornelia Heaney: Adviser (WSCB Development Manager)	✓	✓	✓	✓
	Victoria Gould -Adviser (Legal Services)	✓	✓	✓	✓
	Rachael Boswell (Learning and Improvement Officer, WSCB)	✓	✓	✓	✓
West Mercia Police	Superintendent Stephen Eccleston (PVP)	A	A	✓	✓

Warwickshire Police	Superintendent Debbie Tedds	✓	✓	N/A	N/A
Warwickshire Police	David Gardner (Policing Area Commander for South Warwickshire)	N/A	N/A	✓	A
Warwickshire Youth Justice Service	Lesley Tregear (Warwickshire Youth Justice Service)	DNA	N/A	✓	N/A
Warwickshire Youth Justice Service	Tony Begley (Warwickshire Youth Justice Service)	N/A	✓	✓	✓
Warwickshire Probation Trust	Andy Wade (Ass Chief Probation Officer)	✓	✓	✓	✓
Warwickshire and West Mercia CRC	Donald McGovern Head of Service	✓	✓	✓	✓
Rugby Borough Council	Steven Shanahan (Head of Housing and Property)	✓	D	N/A	N/A
Rugby Borough Council	Kevin Brookes (On Track Co-ordinator)	N/A	N/A	✓	✓
Rugby Borough Council	Minakshee Patel (Corporate Equality and Diversity Advisor)	N/A	N/A	✓	✓
North Warwickshire District Council	Simon Powell (Ass. Director Community Development)	✓	D	✓	✓
Stratford-upon-Avon District Council	Martin Cowan (Housing Advice Manager)	DNA	A	A	✓
Nuneaton and Bedford Borough Council	Craig Dicken (Communities Officer – Equalities and Cohesion)	✓	✓	✓	✓
Warwick District Council	Bill Hunt (Deputy Chief Executive)	✓	✓	✓	D
South Warwickshire CCG	Alison Walshe (Director of Quality and Performance)	D	✓	✓	✓
Coventry and Warwickshire Partnership Trust	Jamie Soden (Deputy Director of Nursing)	✓	N/A	✓	N/A

Coventry and Warwickshire Partnership Trust	Jane Hill (Operational Deputy Director of Nursing)	N/A	A	D	D
NHS England	Helen Hipkiss Ass. Director Patient Experience.	DNA	A	DNA	DNA
South Warwickshire Foundation Trust	Helen Lancaster (Director of Nursing)	D	✓	✓	✓
Designated Nurse for Child Protection	Jackie Channell Adviser	A	✓	A	A
Designated Doctor, Child Protection	Dr Peter Sidebotham Adviser	✓	A	✓	✓
Warwickshire North CCG and Coventry and Rugby CCG	Jacqueline Barnes (Chief Nursing Officer)	✓	A	D	D
Warwickshire North CCG	Rebecca Bartholomew (Executive Nurse, Director of Quality, Safety and Personalised Care)	N/A	N/A	✓	✓
CAFCASS	Neville Hall (Assistant Director)	A	DNA	A	DNA
Coventry, Warwickshire, Solihull Partnership	Linda Gilleard (Chief Executive)	✓	N/A	N/A	N/A
Lay Member	Keith Drinkwater	✓	✓	✓	✓
Lay Member	Katrina Symonds	DNA	✓	A	✓
Voluntary Sector (nominated by WCVYS)	Mike Haywood	✓	N/A	N/A	N/A
	Councillor Les Caborn	N/A	A	DNA	✓
WCC	Anita Gurry (Service Manager)	N/A	N/A	N/A	✓
WCC	Sarah Harris (Principal Social Worker & SEND Children's Social Care Services)	N/A	N/A	✓	A

WCVYS	Vic Jones (Chief Officer Warwickshire Children and Voluntary Youth Services)	N/A	✓	✓	A
WCC	Nigel Minns Head of Education and Learning	N/A	N/A	✓	✓
Education	Louise Mohacsi (Headteacher St Nicolas CE Primary)	N/A	N/A	✓	A
George Eliot Hospital	Dilly Wilkinson (Deputy Director of Nursing)	✓	D	N/A	N/A
George Eliot Hospital	Michelle Norton (Director of Nursing)	N/A	N/A	✓	✓
WCC	Beate Wagner (Head of Service)	N/A	N/A	✓	A
	Councillor Chris Williams	A	A	✓	A

Key: ✓- Attended, D – Deputy, A – Apologies, DNA – Did not attend
n/a – not a board member for this meeting
In addition to the main board, WSCB has several sub-committees which carry out much of the work undertaken by WSCB.

WSCB sub-committees.

Business Group – David Peplow

Child Death Review Panel - Cornelia Heaney

Schools, Learning and Education - Louise Mohacsi

Systems Procedures and Guidelines – Beate Wagner

Performance, Monitoring and Evaluation - Nigel Minns

Special Cases - Peter Sidebotham

Training -Craig Dicken

Child Sexual Exploitation - Anita Gurry

During 2015-16 a revised constitution was agreed, which included a review of membership; the first meeting under the new constitution was in October 2015. The review also made changes to the sub-committee structure, reducing the number overall but strengthening the role of what had been the Chairs' subcommittee, reconfiguring this as a Business group, taking on the strategy development function.

All the sub-committees are now chaired by board members (full members and advisers) which has ended the practice of people sitting on the board only because they chaired a subcommittee. Further changes have been made or are planned under the Governance strategic priority, and are addressed in that section of this report.

4.3 WSCB Budget 2015-16

Core Budget

Income

WCC	WCC Base Budget	-£32,979	
	Direct Schools grant	-£18,500	
	Budget for Central Establishment Charges (CEC)	-£25,696	
	Learning & Development	-£40,000	-£117,175
Health (CCG's)		-32,952	
Police		-17,508	
CRC and NPS		-8,294	
CAFCASS		-550	
District and Borough Councils		-10,260	-£69,564
Training fees		-3,540	-£3,540
Transfer from Core budget to Review Budget		£10,000	£10,000
Additional WCC contribution for 'Something's not right' 2016-17		-£18,000	-£18,000
Total Core Budget Income			**-£198,279**

Expenditure

Business Team Costs			
Salaries & associated costs for permanent staff x 3		£147,452	
Office costs: desk charges, IT, phones, stationery		£3,510	£150,963
Training Delivery			
	AlterEgo (Chelsea's Choice)	£11,560	
	Venues (including £500 incurred but not billed)	£1,570	
	Hospitality (including £650 incurred but not billed)	£797	
	Subscriptions - NWG	£773	

and BASPCAN		
Geese Theatre	£3,000	£17,700
Communication		
Printing	£1,406	£1,406
Audit and Review		
Independent Audits (paid in 14/15 but not reported)	-£989	-£989
CEC's	£25,225	£25,225
Total Core Budget Expenditure		**£194,305**
Net Core Budget		**-£3,974**

Review Budget

Income		
Contributions from Partners	-£16,800	
WCC Contribution	-£14,000	
Transfer from Core budget	-£10,000	**-£40,800**
Expenditure		
Consultants Costs 2015-16 (billed)	£25,884	
Salary & other costs for temp/fixed term admin	£16,348	
Catering & room hire	£155	
Voicebox charges	£30	
CEC's	£471	
Estimate of unbilled lead reviewer for 2015-16	£8,750	**£51,638**
Net Review Budget		**£10,838**

Summary

Expenditure paid in 2014/15 but not included in final report	
Independent Audits	£989

Expenditure incurred in 2015/16 but paid in 2016/17	
Venues	£500
Hospitality	£650
Estimate of Lead Reviewer for 2015/16	£8,750
2015/16 Outturn Summary	
15/16 Expenditure	£236,042
15/16 Partner Funding	-£86,364
15/16 WCC Contributions	-£149,175
15/16 Other funding	-£3,540
15/16 Outturn	**-£3,037**
Reserves	
Partner Reserves cfwd from previous years	-£108,236
2015/16 underspend	-£1,903
Total Reserves cfwded into 2016/17	-£110,139

In 2015-16, WSCB partner agencies made their contributions in two parts, one to the core budget, and a second additional payment into a new fund covering the costs of running serious and local case reviews.

Some further contributions were made by partners to fund specific additional projects. WSCB offered the CSE drama 'Chelsea's Choice' to all state funded secondary schools in Warwickshire, to be shown to year 8 pupils, and all but two took up the offer. The costs of this were met in full by additional contributions made by the Youth Justice Service and the Education Safeguarding Service. The Warwickshire Police and Crime Commissioner funded the 'Something's not Right' CSE communications campaign which was co-ordinated under the auspices of the WSCb CSE subcommittee.

The Review budget is spent almost entirely on the costs of external reviewers and an additional temporary admin post in the Business 2 Team. This post has provided extra capacity to the time consuming task of administering reviews, and some opportunity to backfill a limited number of functions carried out by either the Development Manager or the Learning and Improvement Officer. This in turn has enabled the Development Manager to take on the role of co-reviewer for an SCR currently underway, and a local case review starting in May 2016. During 2015-16 it

is estimated that this has saved roughly £7,500, with further savings to be made in 2016-17.

The total balance of the core budget account includes a reserve accrued some years ago, which is currently £100,000. A little under half of this is going to be transferred to the core budget for 2016-17, and the rest will be retained as contingency.

It was intended that a review of WSCB resourcing would be conducted before the start of this financial year, but after the Department of Education announced the review of LSCBs to be undertaken by Alan Wood it seemed sensible to hold the Warwickshire review until after this reported. The intention was that it would look at both the resource needed to enable WSCB to carry out its work, and also the proportions in which these costs would be shared by partners.

At present the only guidance currently available to LSCBs to assist this debate is that in Working Together[1] which states *all LSCB member organisations have an obligation to provide LSCBs with reliable resource (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.* (p.71) The recommendations made in the Wood report (which was published shortly after the end of the financial year) are not likely to come to fruition quickly, so WSCB will complete the review of its own financial arrangements with a view to implementing the changes at the start of 2017-18.

Separately to this piece of work, the National Probation Service (NPS) has made a decision affecting all their area teams about a standardised contribution to LSCBs across the country, and the Warwickshire NPS Board member has notified us about the contribution calculated for Warwickshire. The Warwickshire Independent Chair intends to make representations about this to NPS challenging both the method of calculation and also the removal of local discretion, which in principle appears to withdraw NPS financial support for case reviews.

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[1] Dept for Education (2015) *Working Together to Safeguard Children*

5. PROGRESS AGAINST STRATEGIC OBJECTIVES.

WSCB agreed four new priorities for the 2015-18 business plan. These were derived from the findings of a self assessment of the board's effectiveness. The priorities are:

- **WSCB has structures resources and governance arrangements that enable it to carry out its functions effect**
- **Understand the disparity evidenced in the WSCB's performance data between the services at all levels of the Safeguarding continuum given to children and families in different areas of the county, children with disabilities, and children from Black and minority ethnic families**
- **Improve outcomes for Children who are being neglected by identifying neglect earlier and intervening effectively.**
- **Reduce the number of young people harmed by sexual exploitation (CSE).**

5.1 Strategic Priority One: WSCB has structures resources and governance arrangements that enable it to carry out its functions effectively.

The context in which LSCB operate has moved on considerably since WSCB was established, we need to ensure that WSCB has structures fit for current purpose, and that all organisations and services which should be involved in safeguarding children are engaged in WSCB's work.

In July 2015 WSCB agreed a new constitution which updated membership to reflect changes to local agency arrangements, streamlined the subcommittee structure, and brought the strategy development function into what had been the Chairs subcommittee, replacing it instead with a Business Group. The standing membership of this includes the chairs of other sub-committees, the board's business support team, lay members and legal adviser.

WSCB has greatly strengthened the arrangements made to ensure schools can receive information and feedback comments to WSCB. The Schools and Learning sub is now chaired by a serving head teacher, supported by the Education safeguarding manager. A range of school and education provider types are represented on the sub-committee, and the minutes are sent to school consortia chairs who in turn disseminate to their consortium members. To strengthen this arrangement it was further decided that the WCC improvement officers attached to each consortium would ensure that the minutes were discussed at meetings. An example of an issue fed back to WSCB under these arrangements was a question about whether in-year admissions processes adequately address safeguarding issues as schools have fed back that receiving schools don't always get an adequate history. This is now being looked at by the schools admission team.

The WSCB Development Manager now has a regular meeting with the JSNA programme manager to share information about the respective work plans and identify areas of common interest. This facilitated significant contribution from WSCB

to the JSNA Vulnerable Children needs assessment[2], including ensuring it addressed privately fostered children, identifying safeguarding needs of young carers as well as caring support needs, and children in families where parents are in receipt of mental health, substance misuse and domestic abuse services. A finding from the needs assessment that the number of young people being hospitalised for self harm contributed to the decision to include CAMHS performance measures in the WSCB data set from April 2016.

The independent chair has introduced a periodic 'lay members' question' to WSCB meetings to facilitate scrutiny of concerns arising from their community perspective, rather than a service provider one. This year their questions included one about how the needs of children in traveller families are met, and separately, how traveller families' views are heard and influence service delivery.

The independent chair and WCC chief executive have challenged the effective withdrawal of NHS England (NHSE) from some safeguarding children boards, including Warwickshire's, where they assess boards to be functioning well. NHSE have not attended Warwickshire's board meetings since July 2014, and it has not always been clear who the NHSE contact for WSCB is, resulting in difficulty in undertaking some case reviews, and obtaining information about the progress of a review action plan. In the annual report last year it was noted that NHSE had been asked to undertake a review in a GP surgery, but at the end of March 2016 WSCB had still not been able to secure progress with this.

The independent chair has also challenged the choice of police representation on the board which is not a senior as described in Working Together. Additionally, because of the management arrangements in the alliance between Warwickshire and West Mercia police, the single police representative, the superintendent in Protecting Vulnerable People (PVP), was not responsible for territorial policing in Warwickshire. This has been partially remedied by agreeing to have two police board members, one from PVP, and a Warwickshire superintendent.

Actions for 2016-17

Complete the review of WSCB subcommittee structure by reviewing the terms of reference and membership of the sub-committees;

Sign off remaining appendices to the governance suite: membership agreement, confidentiality statement, Memorandum of Understanding between WSCB and the Health and Wellbeing Board, MAPA board and Safer Warwickshire Board;

Decide new arrangements for the financial contribution board partners make to the board;

Undertake review of the the function and make up of the WSCB business team.

[2] https://apps.warwickshire.gov.uk/api/documents/WCCC-644-293

5.2 Strategic Priority Two: Understand the disparity evidenced in the WSCB's performance data between the services at all levels of the Safeguarding continuum given to children and families in different areas of the county, children with disabilities, and children from Black and minority ethnic families

Statutory Board Partners have a duty under the Equality Act to "advance equality of opportunity to people who share a relevant protected characteristic and people who do not share it". Preliminary analysis suggests the variation is not explained solely by socio-economic factors, and that interventions may be required to ensure all children in Warwickshire are safeguarded equally.

Diversity and Equality

The first requirement for a clear understanding of the diversity of our service users is for information about characteristics such as gender, ethnicity, first language and disability to be recorded. Collection of diversity data is not consistently good, which means that the picture remains unclear. Failure of agencies to gather this information may also indicate it is not have a high priority for staff.

Examples of missing information include an increase in referrals with language 'not recorded' from 6.4% at the end of March 2015 to 15.6% at the end of March 2016 and a small increase in the number of children with a CAF whose ethnicity is not recorded. It is noted however that the number of children with a child protection plan whose first language is not recorded is at 2.8%, only fractionally higher than last year, at 2.2%, showing that when case are being actively worked by a social worker missing information is largely being gathered. 'First language' is recorded in the WSCB dataset to include consideration of families of Eastern European origin whose ethnicity would be recorded as 'white european' but who might still experience disadvantage and difficulty accessing services as part of a new community.

The collection of diversity information needs to improve to enable WSCB to have a full picture of activity taking place across the County, and the corresponding gaps, and also as a proxy measure of the awareness of staff of the importance of understanding the identities of their service users. WSCB has taken opportunities to encourage other partnership boards to consider how diversity and equality data is informing performance management and service delivery, for example in the JSNA Vulnerable Children needs assessment and the Joint Commissioning Board safeguarding data set.

The opening of the MASH in May 2016 provides an opportunity to improve the consistency of referral taking quality by having a smaller group of people doing this work. However this will only result in improved data quality if referrers have information about, for example ethnicity or first language, to provide. Performance data has previously suggested that the threshold for social work assessment is being interpreted differently around the County, and the data for 2015-16 suggests this continues to be the case, although perhaps in slightly different ways. The MASH, as a single referral decision making point, also provides an opportunity to address this issue.

WSCB has taken opportunities to probe the extent to which providers of mental health and substance misuse services are establishing whether service users have children, and whether the parents' needs have implications for the children. One local case review in particular identified this as an area for improvement. The requirement in Working Together 2015 for providers of services to adults to *ask whether there are children in the family and consider whether the children need help or protection from harm* is not transparent in providers' contracts. The County Council has undertaken to look at this in their own contracts.

FGM

WSCB is collaborating with Coventry LSCB and the Violence Against Women and Girls board (VAWG) to develop multi-agency risk assessment tool for all frontline staff to use. The profile and understanding of FGM has been raised by this partnership activity, evidenced by more debate and discussion about the recognition and response, and more requests from various sources for prevalence data. The revised WSCB dataset for 2016-17 will include a measure of activity carried out under the new FGM legal provisions which came into force in 2015.

The Warwickshire and West Mercia Alliance have developed an FGM action plan, and this was shared with WSCB in January 2016. This includes appointing trained specialist officers in every crime area, support from Single Points of Contact (SPOCs) to guide officers on the street; Harm Assessment Unit staff have had training, and markers have been introduced to flag FGM cases in the database. The action plan recognises the importance of strategy meetings to plan a multi-agency response, and there is an emphasis on prevention and education rather than prioritising a criminal response.

The Schools and Learning subcommittee wrote out to schools in the summer term, highlighting the risk of girls being taken abroad for FGM in the summer holiday, and reminding staff what to look out for.

Actions for 2016-17

All agencies to improve recording of diversity characteristics, including ethnicity, first language, disability; and where relevant, sexual orientation.

WSCB to work with the 'Smart Start' strategy (to redesign services for children aged 0-5) to look at ways to improve access and take up of universal and targeted services for black, minority ethnic and non-English speaking households

Monitor the effectiveness of support services for children with disabilities to ensure safeguarding needs are being identified.

5.3 Strategic Priority Three: Improve outcomes for Children who are being neglected by identifying neglect earlier and intervening effectively.

Our case reviews have found that agencies in Warwickshire are replicating what has been found nationally in responding to neglect: Children are too frequently left in neglectful situations for long periods of time, and commonly concern crystallises around incidents of physical or sexual abuse rather than the neglect itself.
Neglected Children are at increased risk of other sources of harms such as sexual exploitation and mental ill-health, and are more likely to develop behaviours which cause problems for others such as offending and anti-social behaviour

In previous years, WSCB had led work to identify the tools being used by partners to work with neglect, and a gap that was identified was assessment tools for social workers to use in more complex or higher risk cases. This was reinforced by the serious case review published in October 2015 which found that although practitioners had spent a lot of time trying to support the family, their needs and the level of risk for the children were not really understood, so the help was not targeted on the right things. The WCC the principal social worker has drawn up a Neglect Strategy for the Children and Families Business Unit, and is now leading work to identify preferred, evidence based tools for social work assessment of neglect to complement the ones being used by health visitors and early intervention family support workers, so that a complete WSCB 'toolkit' can be put together.

The 'Smart Start' Strategy, led by WCC, began in the summer of 2015. The objective of this strategy is to improve school readiness of children in Warwickshire. There are lots of overlaps between this strategy and the WSCB neglect priority, and WSCB is seeking to influence the strategy as it develops to ensure that the links are maximised.

During Smart Start's first year a substantial needs assessment has been undertaken which identified a number of opportunities for preventing neglect, or tackling it early, including increasing availability and uptake of antenatal classes and postnatal groups, better support of maternal mental health and, more availability of family support; as well looking at how to provide services differently to make them geographically accessible for low income families in rural areas.

The level of CAF initiation for under fives remains very low. This does not mean that early help is not being offered, for example, at a Children's Centre, but it may mean that help is not based on a multi-agency assessment, it may not be clear to the parents what professionals are concerned about, and the help may not be drawing in all the agencies that could help. There are two CAF officers in the MASH, and the intention is that when referrals are made which do not meet the threshold for social work assessment but may benefit from co-ordinated early help, these CAF officers will speak to the referrer about how this could be managed. It is hoped that this will increase the initiation of CAFs by the 0-5 workforce.

During the year the JSNA undertook a Vulnerable Children needs assessment, and WSCB was able to provide input to this to ensure all relevant children were considered. This will be used to inform commissioning of services to children of all ages.

The Performance, Monitoring and Evaluation subcommittee took a report evaluating the County Council's oversight of services to children missing education, which are particularly vulnerable group as much of our safeguarding infrastructure relies on schools as the first line response. Several significant improvements to this service were noted,which should increase the prominence given to safeguarding considerations for these children.

'Think Family' is an important strand in the approach to spotting neglect, and other safeguarding concerns, early. The Community Rehabilitation company, reported a good example of this philosophy in their focus on the importance of home visiting to service users under supervision. This informs risk assessment of the service user and also provides opportunities to observe their behaviour in relation to children in the household, and to assess the experiences of children in the household. This is supported by increased management oversight and supervision for safeguarding cases.

Actions for 2016-17

Complete and publish Neglect toolkit

Revise Neglect training to include significant learning from SCRs currently underway

Undertake audit to follow up cases referred to MASH where early help is recommended

Continue to engage with the Smart Start strategy to maximise its contribution to tackling neglect

Refresh 'Think Family protocol'

Strategic Priority Four: Reduce the number of young people harmed by sexual exploitation (CSE).

Warwickshire Safeguarding Children Board agreed its first CSE strategy in May 2013. Good progress has been made against many of its objectives, but not all are sufficiently well embedded for this area of work to be regarded as "business as usual".

Significant progress has been made during the year to increase knowledge and awareness across the partnership of CSE, and to improve responses to it.

WSCB has continued to provide inter-agency training for professionals directly involved with managing CSE cases, as well as awareness raising training, in partnership with the Barnardos staff seconded to the CSE multi-agency team.

A wide range of activities have taken place to communicate information to children, parents and the wider community. The 'Something's not right' campaign was launched in March 2015, funded by a grant from the Police and Crime Commissioner (PCC).

Two workshops addressing peer abuse were offered to schools by Education Safeguarding and Public Health and 34 out of 44 schools attended. This was followed up by a letter to schools to ask what they had done as a result of the input.

A 'Sexting' conference for young people was held in Feb 2016, run by WCC Community Safety and funded by PCC. Very positive feedback was received from the young people participating,who found it thought provoking.

Funding was provided by the Youth Justice Service and Education Safeguarding for WSCB to offer a drama about CSE 'Chelsea's Choice', performed by Alter Ego, to all the state funded secondary schools in Warwickshire, and this was taken up by all but three. Separate follow up was made by the schools which declined the offer by the Education Safeguarding Manager to explore the reasons and what provision was being made for the young people instead.

Careful preparation and briefing for schools included requesting that PSHE staff watched the performance with the young people, curriculum materials were offered to use in class afterwards, CSE hub/ WSCB business team staff were present at all the performances to talk to young people if required and young people were provided with a 'goody bag' which included wristbands printed with the National 'say something' telephone number. During the programme a number of young people disclosed that they were being sexually exploited, and were offered services for this. It has also stimulated a lot of discussion and interest in the issue, and we are confident that awareness of what CSE is and the availability of services to assist has been considerable raised by this exercise.

Missing and providing CSE intelligence to the police.

Profile of local problem

The CSE hub has been able to bring together information held by police, WCC and Barnardos to develop a much more accurate profile of both the children and young people at risk, and the locations where exploitation is happening, and also the methods used for targeting and grooming young people. 20 of the 55 highest risk young people are looked after, and high priority is given to service provision to these young people. Only 5 are boys. This is likely to be because boys at risk are not being identified, and so WSCB is commissioning training for professionals from AlterEgo specifically about sexual exploitation of boys, to be delivered in summer 2015. Clear links have been identified between children reported 'missing' and sexual exploitation, reinforcing the value of proactive work with missing children once they return home. A number of young people becoming pregnant or receiving treatment for STIs have also been identified to be victims of CSE, and the CSE hub is working with Public Health to develop information sharing arrangements for these young people.

Effort to disrupt known activity are becoming more sophisticated. An example of good The Barnardos project worker and the WSCB learning and Improvement Officer have also developed a programme which they have delivered in special schools across Warwickshire. This is composed of training for staff and subsequent group workshops for the young people. The Youth Justice service have developed and piloted a training session for parents. This well received material is available for partner agencies to use and will be developed this year to be delivered to a wider number of schools as part of a transition programme for parents with children in year 6.
The CSE sub-committee has overseen a review of the tools used to screen and assess CSE in Warwickshire, and a review of the service pathway. This has included centralising MASE meetings to improve their quality and consistency, and introducing a professionals risk assessment panel so that the processes of analysing intelligence to identify other possible victims and information that might facilitate a criminal response is done separately from meetings involving parents and young people.

WCC Children and Families have recruited a network of 16 CSE champions, who have had additional training to enable them to provide practice support to their colleagues. This has resulted in an increase in awareness and interest in CSE. The CSE champions have been able to support staff to act on feedback from young people about their experience of service provision, and provide them with better preparation for MASE meetings.

The multidisciplinary CSE hub was joined by children's social workers in March 2015. The team has adopted the Barnardos model for working with young people involved in CSE – Assess, Attention, Assertive outreach and Advocacy. Training and awareness raising activity has resulted in a considerable increase in the numbers of

children identified to be at medium or high risk, and both police and social care have committed additional staff during the year.

The WSCB annual report last year and the year before highlighted the poor rate of return home interview completion for children reported missing. The Performance, Monitoring and Evaluation subcommittee took a report from Children's Social Care at the start of the year and understood from this that missing practitioner capacity was a insufficient for the amount of work, so priority was being given to providing a service to cases that appeared high risk, eg missing 3 times in 90 days. Additional resources have now been provided to this service. WSCB has looked at this data in every meeting this year and is pleased to note that there has been a marked improvement throughout the year.

A peer review of CSE arrangement in the Warwickshire and West Mercia police alliance praised the Warwickshire training arrangements; the reach of training now including third sector via WCVYS, taxi drivers, small number of hotels thought to be sites of CSE, and town centre CCTV operators.

There has been an increased recognition of the role that District and Boroughs have to play in preventing and detecting CSE. Nuneaton and Bedworth Borough Council undertook an audit of the their functions against the recommendations of the Casey report[3], and is producing a plan of improvement action to be taken as a result. This has already resulted in providing CSE training to wider group of people than previously, including Elected Members and taxi drivers.

Training for taxi drivers has also been offered in Warwick District and North Warwickshire Borough Council, and some targeted training has been provided to hoteliers. These Councils are looking at making CSE training mandatory for taxi drivers in the future.

Warwick District CCTV operators were given awareness raising CSE training, which had an immediate impact, enabling the town centre operators to recognise unusual or concerning activity involving young people that they would not have acted on previously. Action taken as a result included identifying a young person reported partnership working in this respect involved response to the targeting of children at a particular school. Police pursued offenders and gathered intelligence, while Barnados and social care staff provided training to school staff, as well as provided services directly to young people identified to be at risk. Underlying factors causing this school to be a risk were identified and can be used to plan future work. Warwickshire agencies have increased co-operation with Coventry and other neighbours has resulting in disruption of internal trafficking.

[3] Louise Casey CB (Feb 2015) *Report of inspection of Rotherham Metropolitan Council* https://www.gov.uk/government/publications/report-of-inspection-of-rotherham-metropolitan-borough-council

Actions for 2016-17:

Audit of WSCB CSE arrangement in the light of learning the the Bristol Brooke SCR[4];
Complete review of the CSE procedure;
Continue to develop the role of licensing in CSE prevention and disruption;
Audit the management of a sample of high risk cases;
Introduce new CSE performance dataset.

[4] Bristol LSCB (March 2016) *The Brooke Serious Case review into Child Sexual Exploitation* https://www.bristol.gov.uk/documents/20182/34760/Serious+Case+Review+Operation+Brooke+Overview+Report/3c2008c4-2728-4958-a8ed-8505826551a3

6. CORE STATUTORY FUNCTIONS

6.1. Develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.

WSCB initiated a project to redesign the inter-agency procedures, acknowledging that the current material is difficult to navigate, mixing as it does procedure and guidance. Initially the plan was to commission procedures from a national provider, however in October 2015, WSCB was invited to join a regional project bringing together LSCBs in the West Midlands and West Mercia police areas to share common inter-agency procedures. The particular location of Warwickshire, sharing health organisations with Coventry and police with West Mercia made this seem worth exploring. The initial phase of the project was funded by Department of Education Innovation funding, and was completed at the end of March 2016, this created core child protection procedures. The LSCBs will now need to agree how to take the work to completion creating companion regional guidance.

As a result of participating in this project, some local work was suspended as it was expected that the regional work would address the gaps, but a number of guidance and procedures have been reviewed during the year to reflect revised statutory guidance or learning from reviews and audits. These include new guidance for responding to bruises on non-mobile babies, Images of Children, Missing from home and care, 'dual status' plans (children with CP plans who become looked after) and Safer recruitment and employment.

The development of a supervision policy is one of the tasks included in the regional project. Locally WSCB began the process by scoping what supervision arrangements were already in place. The most challenging gap is large number of staff with safeguarding responsibilities in schools. Although some schools have contracted supervision for designated leads from external consultants, this is unusual.

Actions for 2016-17:

Continue engagement with the regional procedures project as options for continuing are decided;
Review existing material to extract guidance for continued local use.

6.2. Monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve.

WSCB collects multi-agency performance data which contributes to the understanding of how effective our safeguarding system at each level of the safeguarding continuum, from early help to child protection. Additionally, the Performance, Monitoring and Evaluation subcommittee considers audits and single agency performance reports which provide qualitative data, complementing the dataset and enabling us to test specific areas of practice and service delivery.

The dataset for 2015-16 has been revised to include the number of 16 and 17 year olds placed in Bed and Breakfast accommodation, and CAMHS waiting times, as well as some additional measures of CSE related service delivery.

Compliance with statutory safeguarding requirements.

Following a comprehensive audit of board partners' compliance with their duties under s.11 of the 2004 Children Act in the last reporting year, the progress of individual agency action plans has been reported to the Performance, Monitoring and Evaluation sub-committee.

A general deficit noted in this audit was provision and take up of safeguarding training, particularly awareness raising training for staff whose safeguarding responsibilities are to notice and refer on safeguarding concerns, rather than to deal with them theirselves. Several agencies report ongoing work to ensure that staff are accessing safeguarding training appropriate to their roles including the Community Rehabilitation Company, Nuneaton and Bedworth Borough Council and North Warwickshire Borough Council. North Warwickshire Borough Council have developed a number of ways of being flexible about how this training is provided to ensure that it can be accessed by staff such as refuse collection and Housing Maintenance.

However some agencies that identified this as an action have not yet completed the work – the chair of the Performance and Monitoring sub-committee has written to those agencies to express concern at the slow rate of improvement activity.

A new audit tool has been developed that will be sent to all schools to complete in the summer term for them to report to WSCB and also their governors, evidencing their compliance with s.175/157 of the Education Act 2002.

6.2.1. Early Help

WSCB receives data about the the number of CAFs (common assessment framework) initiated and open as a measure of the provision of co-ordinated multi-agency early help. Not all early help needs to be provided under the auspices of a CAF, but more complex early help needs where more than one agency needs to offer services benefit from the structure CAF provides for assessment, planning and review, and the oversight where useful of an experienced CAF officer.

The dataset also includes information from WCC Early intervention and targeted support services.

Fig 1.1 Number of CAFS initiated over the last 3 years broken down by area

	2012/13		2013/14		2014/15		2015/16 2015/16	
District	Number of CAFS initiated	Number of CAFS initiated per 10,000 of the 0-17 child population	Number of CAFS initiated	Number of CAFS initiated per 10,000 of the 0-17 child population	Number of CAFS initiated	Number of CAFS initiated per 10,000 of the 0-17 child population	Number of CAFS initiated	Number of CAFS initiated per 10,000 of the 0-17 child population
North Warks	99	79	130	104	111	88.6	128	103
Nun. & Bed.	192	70	294	108	268	98.1	267	98
Rugby	165	75	225	102	205	92.7	176	80
Stratford on Avon	88	38	146	62	181	77.4	154	66
Warwick	109	41	154	58	139	52.3	187	70
Warwickshire	**653**	**58**	**949**	**85**	**904**	**80.8**	**963**	**86**

Across the county there has been an increase in CAF initiation after a dip in numbers last year, however there is considerable variation from district to district, with a decrease in Rugby and Stratford.

There is an established link between poverty and child maltreatment[5], so we compare the rate of safeguarding activity against deprivation data for each area to see if this explains variation across the county, (1.2, below) or if there are other influences at play. It can been seen that rates of deprivation alone do not explain the variation in CAF initiation. There was a large increase in CAF initiation in Stratford last year as a result of significant training input provided to school in the district. The numbers have fallen back a little this year, but they are now broadly in line with what would be expected by the demographics of the area.

Fig. 1.2 CAFS by area mapped against poverty indicator

District	Jobseekers Allowance (May 2016) % working age population	All DWP working age benefit claimants (Nov 15) % working age population	Estimated % of Children under 16 in "Poverty"* (as at 31/08/2013)	Free School Meal Eligibility (Jan 16) % of pupils attending maintained schools/academies eligible for a Free School Meal on census day (FSM)	Ratio of CAF initiation per 10,000 to percentage of children in 'poverty
North Warks	0.80%	9.40%	13.90%	9.4%	7.45
Nun. & Bed.	1.30%	13.00%	19.00%	13.1%	5.16
Rugby	0.70%	8.00%	12.40%	8.1%	6.45
Stratford on Avon	0.20%	6.70%	8.50%	5.4%	7.77
Warwick	0.50%	6.80%	10.20%	6.8%	6.86
Warwickshire	0.70%	8.70%	12.90%	8.5%	6.67

**Child Poverty data compiled by the Centre for Research in Social Policy (CRSP), using Tax Credit data*

[5] eg NSPCC 2008 Inform Research Briefing *Poverty and child maltreatment*; http://www.changeforchildren.co.uk/uploads/NSPCC_Poverty_Paper.pdf

Breakdown of CAFS by Initiating agency and Lead Professional

Schools continue to initiate the majority of CAFs. Comparing the the data for which agencies initiate CAFs with agency provision of the lead professional suggest that in the main the CAF initiator becomes the lead professional.

There is a continued reduction in the percentage of CAFs done by the early years sector - health visiting and midwifery, and Children's Centres. Last year there was a 40% cut in the funding to Children's Centres, and the number of family support workers was cut as a result. This has reduced their capacity to lead CAFs. At present few CAFs are being initiated in the independent nursery sector, and the comprehensive audit of statutory safeguarding responsibilities carried out last year found that although staff in these settings are accessing child protection training many do not have staff trained to undertake CAFs.

Primary schools initiated 44% of CAFs, considerably more than secondary schools, so it is likely that in some cases, primary schools were responding to difficulties that existed before the child came to school. It has been highlighted in previous reports that this means that it is likely that opportunities to provide co-ordinated early help to pre-school children are being missed. WSCB will seek to ensure that the Smart Start 0-5 strategy addresses this deficit.

Fig. 1.3 Breakdown of CAFS by Initiating agency

Agency	As a % of all CAFS initiated during 2012/13	As a % of all CAFS initiated during 2013/14	As a % of all CAFS initiated during 2014/15	As a % of all CAFS initiated during 2015/16
Education - Primary	33.10%	36.50%	43.25%	44.01%
Education - Secondary	24.00%	25.80%	28.43%	30.79%
Education - School Health	1.70%	3.20%	1.00%	0.43%
Social Care	13.80%	13.10%	9.62%	9.69%
Children's Centre	6.90%	7.10%	5.62%%	2.27%
Health Visitor/Midwife	3.10%	3.10%	2.10%	1.55%
Health Other	0.90%	0.40%	0.55%	0.73%
EIS (Early Intervention Service)	3.50%	1.90%	2.32%	1.91%
Youth Justice Service	2.30%	1.20%	0.22%	0.1%
Parent Support Advisor	1.80%	0.90%	0.77%	0.43%
Other Organisations (10 or less CAFS initiated)	8.90%	6.80%	5.84%	8.11%
Total	100%	100%	100%	100%

Fig. 1.4 CAF Lead Professionals				
Agency	**As a % of all CAFS initiated during 2012/13**	**As a % of all CAFS initiated during 2013/14**	**As a % of all CAFS initiated during 2014/15**	**As a % of all CAFS initiated during 2015/16**
Education - Primary	35.91%	41.03%	44.58%	46.97%
Education - Secondary	27.74%	29.23%	31.31%	28.47%
Education - School Health	2.52%	2.67%	1.77%	0.45%
Social Care	0.74%	0.82%	0.77%	2.15%
Children's Centre	6.82%	8.82%	5.31%	2.85%
Health Visitor/Midwife	4.15%	3.38%	2.77%	1.62%
Health Other	0.59%	0.31%	0.33%	0.35%
EIS (Early Intervention Service)	3.86%	1.95%	1.88%	0.40%
Youth Justice Service	0.45%	0.10%	0.00%	0.35%
Parent Support Advisor	1.48%	0.72%	0.22%	0.20%
Other Organisations (10 or less CAFS initiated)	15.73%	10.97%	11.06%	16.44%
Total	100.00%	100.00%	100.00%	100.00%

Breakdown of CAFS by Ethnicity

The percentage of children described as 'black or minority ethnic' in receipt of a CAF service was 8.67%, a small increase on the 8% last year. This is still significantly below the percentage of black and minority ethnic children in the school age population, which is 14.8%. The percentage of children whose ethnicity is not recorded has increased a little, which is disappointing, and suggests that practitioners are not discussing identity and culture with families. Even if none of the unrecorded ethnicities were white, the proportion of black children receiving co-ordinated early help would still be less than might be expected. Comparing these figures with the proportion of black and minority ethnic children who have child

protection plan (13.1%) highlights concern that children from these communities are missing out on timely interventions.

Black and minority ethnic children may be under-represented in CAF services either because their parents are less likely to access universal services that would be able to identify safeguarding needs, such as nurseries and children's centres, or it may that some professionals, are cautious about discussing their concerns with black families. While ethnicity data is not being gathered consistently by agencies it is hard to assess the relevance of these possibilities.

Fig. 1.5 Breakdown of CAFS by Ethnicity

Ethnicity of Children who had a CAF initiated during the year	2012/13	2013/14	2014/15	2015/16
White British/Irish/Other	262	869	810	868
BME	12	77	87	84
Not Recorded/Refused	379	3	7	11
Total	**653**	**949**	**904**	**963**

CAF Family Support Work - 2014/2015

156 families received a service from a CAF Family Support Worker in 2015-16, which represented an increase on the previous year. The number of referrals received by the team has increased by about 23 percent. The work continues to be complex and with the 'top five' issues addressed including behaviour (62 percent), parenting issues (53 percent), mental health of the child (43 percent), family breakdown (32 percent) and mental health of the adult (30 percent), there is considerable overlap.

As a measure of complexity, the CAF team have historically 'rag' rated CAFs: in 2013-14, 42 percent of cases referred to the CAF Family Support Workers were rated 'red', which increased to 50 percent in 2014-15 and 54 percent in 2015-16. The proportion of fathers engaging in the process has increased and the team received good feedback, including a positive 5/5 feedback rating from 100 percent of adults and children in response to 'the help you got from the Family Support Worker'.

Fig. 1.6 Engagement of birth father and step fathers.

Engagement of Fathers	2013/14		2014/15		2015/16	
	Total	**% Total**	**Total**	**% Total**	**Total**	**% Total**
Father figure involved	162	80%	104	74%	114	73%
Father engaged with FSW process	105	65%	70	50%	73	68%
Father involved but didn't engage	57	35%	32	23%	41	32%

It is positive that active enquiry is made about the existence of fathers and stepfathers, resulting in one or both being identified in nearly three quarters of families. About two thirds of these fathers engaged with the family support worker, meaning about a third didn't.

Outcomes of family support worker intervention are improved compared with last year.

1.7 Outcomes of CAF family support work

Outcomes	2013/14		2014/15		2015/16	
	Total	% Total	Total	% Total	Total	% Total
Improved Behaviour in school	92	61%	89	63%	98	73%
Improved School Attendance	38	25%	36	26%	44	39%
Improved Health/ Wellbeing	64	43%	82	58%	83	71%
Improved Parenting	104	69%	85	40%	102	74%
Reduced Conflict in the home	68	45%	77	55%	86	66%
Improved Family Relationships	83	55%	86	61%	97	71%

Fig. 1.8 Adult evaluations

Evaluations	2013/14	2014/15	2015/16
Adult Evaluations	Total %	Total %	Total %
Submitted feedback	29	56	58
Highly rated the help they got from the FSW	98	77	100
Think they have been helped?	98	78	97
Help has made a difference to them and their family?	95	77	95

Feedback was given by 21 children. Not all children would be expected to give feedback, for example they might be too young. The feedback provided by this small group of children was overwhelmingly positive, reporting that the intervention helped the family and made a difference.

Family Group Conferencing

Family Group Conferencing is an intervention offered by the County Council to families at a range of points on the safeguarding spectrum, from early help to edge of care. The aim is to support families to find their own solutions to problems which could result in a child coming into care, or being at risk of harm. 72 families received this service in 2015-16 which is an increase of a third over the previous year. The number of referrals received in 2015-16 was 86, which nearly doubled from the 44 received in 2014-15. The top three referral reasons included managing behavioural issues; addressing harmful conflict in the home; and preventing a child from becoming or remaining a looked after child. For cases referred for management of behavioural issues, 68 percent also had harmful conflict in the home; 49 percent had school attendance issues; and 41 percent a child at risk of becoming or remaining a Child Looked After.

The service has continued to give a high priority to engaging with fathers, both birth fathers and stepfathers. One or both of these were involved in two thirds of the families they worked with, and where a father figure was identified, almost 90% of them were engaged in the intervention.

Fig 1.9 Engagement of Fathers in FGC process.

Engagement of Fathers	2013-14		2014/15		2015/16	
	Total	**% Total**	**Total**	**% Total**	**Total**	**% Total**
Birth father involved	67	55%	36	67%	61	50%
Father figure involved (inc. birth father)	78	64%	74	87%	70	67%
Father engaged with FGC process	**75**	**96%**	**43**	**92%**	**62**	**89%**
Father involved but didn't engage	**3**	4%	4	8%	8	11%

Fig. 1.10 Outcomes of Family Group Conferences

Outcomes	2013/14		2014/15		2015/16	
	Total	**% Total**	**Total**	**% Total**	**Total**	**% Total**
No. at risk of care	26	-	10		23	
Care Avoided	23	88%	10	100%	21	91%
Improved Safeguarding Arrangements	18	55%	26	48%	28	44%
Reduced Conflict in Home	12	36%	12	22%	21	33%
Improved Health & Wellbeing	16	48%	13	24%	23	36%
Improved Family Relationships	24	73%	23	43%	33	52%

Fig. 1.11 Evaluations of Family Group Conferencing

CYP Evaluations	Total	% Total	Total	% Total	Total	% Total
No. Submitted feedback (from attendees)	19	86%	28	-	51	-
Had an advocate	17	89%	19	68%	45	90%
Felt advocate helped a lot	17	100%	14	50%	45	94%
Felt listened to	17	89%	12	43%	50	98%
Said what they wanted	15	79%	9	32%	50	98%
FGC helped to make changes	14	74%	9	32%	45	88%
Adult Evaluations	Total	% Total	Total	% Total	Total	% Total
No. Submitted feedback (from attendees)	179	66%	164	-	227	-
Process helped	168	94%	129	96%	172	86%
Enabled family to communicate better	144	80%	124	92%	149	81%
Felt opinion mattered	173	97%	153	93%	175	91%
Felt important to decisions made	169	94%	153	93%	207	97%
Enabled all issues of concern to be resolved	*83	52%	96	58%	97	49%
Enabled some issues of concern to be resolved	*65	40%	96	58%	90	46%

More children and young people provided feedback on their service this year. Encouragingly, they reported a high level of satisfaction with their participation in the process, and with the outcomes. Parents were slightly less satisfied, but overall still positive.

Triple P

Triple P parenting programmes are provided by the WCC Parenting Development Team to families where this has been identified as a suitable service by other professionals. This is one of the evidence based interventions being offered to reduce the number of children coming into care and needing a child protection plan.

The evaluations completed show that parents value the intervention and find it useful.

Fig. 1.12 Parental Satisfaction Rates for 1:1 Triple P Programmes

	2013/14		2014/15		2015/16	
Parental Satisfaction Rates for 1:1 Programmes	Number	%	Number	%	Number	%
Number Evaluations Submitted	137	85%	105	78 %	57	-
Programme met child's needs?	124	91%	87	74 %	47	89%
Programme met parents' needs?	129	94%	85	81 %	48	91%
Able to deal with child's behaviour?	130	95%	90	86 %	49	92%
Parents were satisfied with programme?	121	88%	80	78 %	27	96%
Parents would come back to Triple P?	119	87%	80	79 %	45	94%
Child's behaviour improved?	110	80%	77	76 %	44	92%
Satisfied with child's progress?	116	85%	77	76 %	44	92%

Missing Children.

Children and young people go missing for a variety of reasons, and this behaviour can be a symptom of a variety of problems either within the family or in the community. For this reason children reported missing to the police are required to be offered a 'return home' interview by an independent person to try and understand the reasons for the missing episode and enable suitable services to be offered.

506 children were reported missing in Warwickshire during 2015-16, of whom 159 were reported missing more than once. The total number of 'missing' episodes reported to the police was 893, so it can be seen that some children have gone missing on many occasions.

This is a big increase since last year. This may reflect the continued understanding of professionals and parents that going missing is often linked to CSE. It may also be partly explained by a change in the way the police defined 'missing' during the course of the year, in response to findings of a HMIC inspection; the definition of absent was removed in relation to Children in March 2016.

WSCB has been concerned about the low percentage of children receiving a return home interview, which has been below 20% because of insufficient capacity with one missing children's practitioner. It is therefore very pleasing to see that more resource and revised processes have resulted in a steady increase in the percentage receiving a service each quarter in 2015-16, despite more children being eligible for the service. The average over the year was 50%, but quarter by quarter the increase was from 30% in quarter 1 to 70% in quarter 4.

Fig. 1.13 Children reported 'missing' to the police.

	2012/13	2013/14	2014/15	2015/16
Number of police reports of missing children (number of missing episodes)	603	533	682	893
Number of children reported missing to police one or more times	262	265	307	506
Number of children reported missing 2 or more times	82	84	108	159
Number of missing children receiving 'return home' interview from missing children's practitioner	51	42	77	250
Percentage of all missing children receiving service from missing children's practitioner	19%	16%	25%	50%

6.2.2. Referral for social work assessment

The data this year shows a markedly different pattern in the relationship between contacts and referrals, with a big increase in the former and only a small increase in the latter. 63.9% of all referrals are accepted by Children's social care, and result in a social work assessment. During 2015-16, Rugby piloted Warwickshire's single assessment process, and all teams adopted this from December, which means that a direct comparison between numbers of the different levels of assessment can not easily be made between 2015/16 and previous years.

The number of cases remaining open for 2 months has reduced. This measure is intended to indicate the number of assessments resulting in provision of at least some social work intervention, because prior to the adoption of single assessment, assessments not resulting in a service should have been assessed and closed within 2 months, however case reviews undertaken by WSCB found that it was not uncommon for there to be administrative delay in closing cases when the assessment concluded that further work was not required. It is possible therefore that the reduction over the last two years in cases remaining open for two months is at least partly due to better data quality. In 2015/16, about two thirds of cases assessed by social care remained open for more than two months, which is taken to mean that the children were found be 'in need'.

Fig. 2.1 Contacts, referrals and assessment to Children's Social Care

	2012/13	2013/14	2014/15*	2015/16
Number of contacts received during the year	10,059	10,847	14,846	18,929
Number of referrals received during the year	6524	8154	5890	5975
Number of referrals moved on to assessment during the year	3525/6524= 54%	4546/8154= 55.8%	3091/5890= 52.5%	3818/5975= 63.9%
Number of Core Assessments started during the year	847	822	736	562
Number of Single Assessments started during the year	Rugby Children's Team piloted the new single assessment form on Carefirst from March 2015 before being rolled out across the rest of the county from 1 December 2015. Therefore from 1 December 2015, both initial/core assessments will cease to be used by teams.			1820
Number of new child in need cases opened during the year that stayed open for 2 months or more	1982	3212	2463	1997

The rate of referrals varies from district to district, but as with levels of CAF initiation, rates have changed considerably over the last year, with referral rates much higher in Rugby and much lower in Stratford. This is looked at further below.

Fig. 2.2 Referrals to Children's social care by District.

District	Number of referrals during 2012/13 per 10,000 of the 0-17 child population	Number of referrals during 2013/14 per 10,000 of the 0-17 child population	Number of referrals during 2014/15 per 10,000 of the 0-17 child population	Number of referrals during 2015/16 per 10,000 of the 0-17 child population
North Warks	494 per 10,000	533 per 10,000	339 per 10,000	356 per 10,000
Nun. & Bed.	650 per 10,000	956 per 10,000	463 per 10,000	445 per 10,000
Rugby	514 per 10,000	596 per 10,000	585 per 10,000	651 per 10,000
Stratford on Avon	731 per 10,000	822 per 10,000	659 per 10,000	511 per 10,000
Warwick	389 per 10,000	540 per 10,000	395 per 10,000	381 per 10,000
Warwickshire	*583 per 10,000	*731 per 10,000	*526 per 10,000	*532 per 10,000
*The Warwickshire rate per 10,000 includes referrals received by countywide teams and IDS.				

Relationship between children 'in need' and children receiving co-ordinated early help via a CAF.

In 2015/16, 2,157 referrals were refused by children's social care, but only 904 CAFs were initiated. Similar proportions of referrals made and accepted, and CAFs initiated have been noted in the WSCB annual report before. To try and understand how well thresholds for services are understood, and whether referrers are offering early help when their referrals are not accepted, the Performance, Monitoring and Evaluation subcommittee commissioned two audits in 2015/16.

These found that while some referrers who dealt frequently with children's social care were familiar with the WSCB Threshold document, and consulted it when they considered referring, others did not know of it. Some callers were ringing for advice, rather than to make a referral, and several of these reported that they valued the provision of this support from duty teams, although availability of this service was not

consistent around the county. Some referrers whose referral was not accepted reported being advised to seek consent for a CAF, but not all had been invited to consider this, and at the time of the audit no early help had been offered. Significantly, some professionals considered that they had made a referral, although they understood that social care were not going to take any action, but in fact their phone call was recorded by social care as a 'contact'. This highlights the confusion about the terminology of 'contacts' and 'referrals', and may point to a reason why the relative numbers vary so much from year to year.

As alluded to in other parts of this report, the opening of a MASH in May 2016 provides an opportunity to address the inconsistency from district to district found in this audit, including provision of advice by a social worker to professionals offering early help, and consistency in following up referral conversations with advice about what might be tried as an alternative to social work intervention.

Agencies whose staff refer less often need to ensure that the WSCB Threshold document is promoted in their organisations, and consulted by staff and safeguarding leads when they are considering the level of intervention required.

An example of good practice in this regard is Nuneaton and Bedworth Borough Council, which reviewed their interpretation of the threshold locally by looking whether action was taken as a result of their referrals, identifying training and support needs in the process.

Ethnicity, first language and disability of children referred to Children's Social Care.

As with children receiving CAF services, the number of children referred where ethnicity and first language are not recorded has increased significantly during the year. The number of children recorded as black or minority ethnic is still less than their prevalence in the school age population, but it may be the case that some of the referrals where ethnicity is unrecorded are referrals for black children.

The number of children recorded as speaking English as an additional language is a little higher than last year.

Fig. 2.3 Referrals by ethnicity, first language and disability

	2012/13	2013/14	2014/15	2015/16	
Ethnicity	%	%	%	%	Warwickshire school age population
White British/Irish/Other	78.8%	82.8%	79.0%	74.0%	85.2%
BME	8.3%	9.0%	11.4%	11.5%	14.8%
Not Recorded	11.8%	7.3%	7.4%	13.4%	

Unborn	1.1%	0.9%	2.2%	1.1%	
Total referrals	100%	100%	100%	100%	

	2012/13	2013/14	2014/15	2015/16
Language Preferred	%	%	%	%
English	85.0%	86.4%	89.4%	79.9%
Non English Speaking	2.1%	2.2%	2.3%	3.4%
Not Recorded	11.8%	10.5%	6.4%	15.6%
Unborn	1.1%	0.9%	1.9%	1.1%
Total referrals	100%	100%	100%	100%

	2012/13	2013/14	2014/15	2015/16
Disability	%	%	%	%
Referrals received	3.60%	3.00%	4.50%	2.90%

The number of children referred to social care recorded as having a disability has fallen. This may be explained by an organisational change which took place at the start of the year, meaning that when safeguarding concerns arose in respect of children who were already receiving social work services because of a disability, the IDS (Integrated disability service) social work team assessed and planned for the safeguarding needs themselves rather than these being referred to a locality duty team.

Source of referrals.

The pattern of referrals by agency has not changed significantly. The highest number come from the police, who refer many cases of domestic abuse where there are children in the household. Over three years, there has been a small increase in referrals by 'others' suggesting a steady increase in participation in safeguarding from third sector organisations.

Fig 2.4 Source of referral

Source of Referral	2013/14		2014/15		2015/16	
	Number of Referrals during 2013/14	As % of all Referrals received during 2013/14	Number of Referrals during 2014/15	As % of all Referrals received during 2014/15	Number of Referrals during 2015/16	As % of all Referrals received during 2015/16
Individual - Family member/ relative/carer	500	6.1%	502	8.5%	398	6.7%
Individual - Acquaintance (including neighbours and child minders)	44	0.5%	17	0.3%	16	0.3%
Individual - Self	120	1.5%	98	1.7%	79	1.3%
Individual - Other (including strangers, MPs)	46	0.6%	35	0.6%	41	0.7%
Schools	1322	16.2%	1084	18.4%	1042	17.4%
Education Services	89	1.1%	80	1.4%	146	2.4%
Health services - GP	98	1.2%	110	1.9%	84	1.4%
Health services – Health Visitor	198	2.4%	157	2.7%	139	2.3%
Health services – School Nurse	25	0.3%	14	0.2%	22	0.4%
Health services – Other primary health services	388	4.8%	363	6.2%	396	6.6%

Health services – A&E (Emergency Department)	167	2.0%	145	2.5%	152	2.5%
Health services – Other (e.g. hospice)	68	0.8%	58	1.0%	74	1.2%
Housing (LA housing or housing association)	151	1.9%	105	1.8%	96	1.6%
LA services – Social care e.g. adults social care	303	3.7%	259	4.4%	276	4.6%
LA services – Other internal (department other than social care in LA e.g. youth offending (excluding housing))	489	6.0%	307	5.2%	330	5.5%
LA services – External e.g. from another LAs adult social care	239	2.9%	276	4.7%	242	4.1%
Police	2371	29.1%	1347	22.9%	1171	19.6%
Other legal agency – Including courts, probation, immigration, CAFCASS, prison	236	2.9%	188	3.2%	202	3.4%
Other – Including children's centres, independent agency providers, voluntary organisations	500	6.1%	454	7.7%	463	7.7%
Anonymous	471	5.8%	281	4.8%	257	4.3%
Unknown	329	4.0%	10	0.2%	349	5.8%
Total	8154	100.0%	5890	100.0%	5975	100.0%

6.2.3. Child in Need

In June 2015 the Performance Monitoring and Evaluation subcommittee took a report on overview findings from file audits of social care cases which found increased recording of child's voice and increased completion of chronologies (a previous recommendation from a single agency review). There was increased identification of children's cultural needs, increased recording of religion but reduced recording of ethnicity. Overall, these are positive findings.

Fig. 3.1 Number of children who are receiving child in need services

	31-Mar-14	31-Mar-15	31-Mar-16
Number of Looked After Children	690	690	764
Number of Children subject to Child Protection Plans	528	536	472
Children with an open Child in Need Category (excluding LAC & CP)	2610	2607	1927

Private Fostering Activity

The number of private fostering arrangements being supervised by the County Council remains in the same sort of numbers as in previous years.

As well as counting the number of referrals and open cases, WSCB takes data on enquiries about possible private fostering situations made to the private fostering lead. The growing number of these, and the increasing range of professionals seeking advice provides reassurance that the awareness raising activity being carried out is continuing to have an impact.

Fig. 3.2 Private Fostering Activity

	2013/14	2014/15	2015/16
The number of notifications of new private fostering arrangements received during the year	24	16	23
Number of new arrangements that began during the year	20	14	22
Number of private fostering arrangements that ended during the year	11	16	24
Number of children in private fostering arrangements as at year end (31 March)	**13**	**12**	**10**

Source of Private Fostering Enquiry	2013/14	2014/15	2015/16
Birth Parent	1		
CAF officer	4	2	1
Children team	13	14	17
Education	14	10	2
Family Group Conference Service	2		
Health Services		3	1
Health Visitor	1	2	1
IRO	2	1	
Language school	2	1	1
Member of the public	1		
Other		4	5
Other Local Authority		2	7
Outreach Development Worker Family Information Service	1		1
Prison Service	1		

Private foster carer	1	2	
Targeted Support - Youth Worker			2

CSE response from police and Children's social care.

The CSE data set is still evolving so can not yet be compared from year to year, however it is clear from this data, and other sources, that an increasing number of CSE concerns are being referred and receiving statutory interventions from both police and Children's social care.

Fig. 3.3 Number of children with a MASE plan.

	2013/14	2014/15	2015/16
Number of children with a MASE plan at the end of the year	*Data collection has changed this year from the number of MASE meetings held to the number of children who have a MASE meeting and plan*		26
Number/Percentage of children open to MASE Team at end of quarter who are looked after			12/26=46.2%

Fig. 3.4 Police response to CSE

	2013/14	2014/15	2015/16
CSE related crime investigations (where an offence is made out)	*Police were unable to extract this data from their database prior to 2015/16.*		172
CSE related crime incidents (not constituting a criminal offence but follow up enquiries/safeguarding, etc. required.			107

This shows the impact of a great deal of training and awareness raising activity across the County resulting in better recognition of CSE, and clearer pathways for service delivery.

In 2016-17 WSCB will undertake some case file audits to look at the quality of these interventions.

Numbers of children missing from care.

The number of 'missing' episodes for looked after children recorded in 2015-16 is considerably higher than in 2014-15. This is because recording of the information has improved, as the information was previously held between two police databases but is now held more consistently on the one which generates the report. The database only records children missing from placements in Warwickshire, so data for missing episodes for children placed out of county has to be collected manually.

This data is more accurate than has been reported previously but the data collection methods mean it may still be under-reporting

Fig. 3.5 Number of Warwickshire LAC (looked after children) missing, identifying repeat episodes

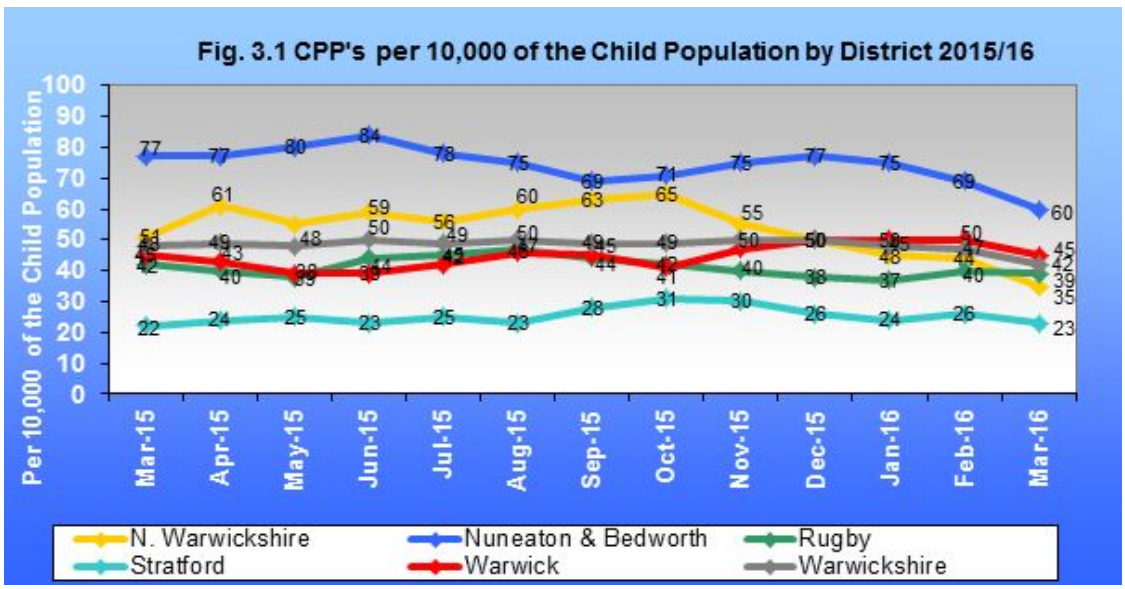
	2013/14	2014/15	2015/16
Number of CLA missing	17 children	27 children	60 children
Number of Episodes of LAC missing	25 episodes	73 episodes	204 episodes
Number of Children who had repeat missing episodes in the year	5 children	13 children	28 children

Source: Carefirst

3.6 Number of Warwickshire LAC in out of area residential placements at year end

The number of children who are placed out of county in a residential setting has risen slightly throughout the year with **37 at the end of March 2016** compared to **28 at 31st March 2015.** This equates to a total of 5% of the total LAC population which is lower than the national proportion of children placed in a residential setting, which was 12% on 31st March 2015.

6.2.4. Child Protection



The county rate per 10,000 has decreased from 48 at 31 March 2015 to 42 at 31 March 2016. The increase is seen in the north of the County, particularly in Nuneaton and Bedworth where there has been a significant reduction in the rate of plans from 77 per 10,000 to 60 per 10,000. There has been a small increase in Stratford, and Warwick remains the same.

Following an audit of CP plans lasting 3 months (see below) the Review Unit have been checking more carefully with social workers requesting an initial conference that they have had a careful look at the history and considered whether a child protection plan is the only way to manage the case. As a result of this, some conference request have been reconsidered.

As seen in the CAF and referral data, there is not a linear relationship between CP activity and relative deprivation. The table below shows these figures compared with the estimated rates of child poverty used at 1. and 2. for CAFs and referrals respectively.

Fig. 4.2 CP plan rates compared with deprivation indicators

District	Number of CP plans on 31st March per 10 000 children	Estimate of children living in poverty*	Ratio of CP plans to children in poverty
North Warks	35	13.9%	2.52
Nun & Bed	60	19.5%	3.08
Rugby	39	12.8%	3.04
Stratford	23	9.1%	2.53
Warwick	45	10.3%	4.37

Demographics of children with child protection plans.

The higher proportion of males than females subject of a CP Plan mirrors the national picture.

As in previous years, children are progressively less likely to have a CP plan as they get older.

Fig 4.3 CP Demographics.

	31-Mar-14		31-Mar-15		31-Mar-16	
	Number	%	Number	%	Number	%
Total CP Plans at 31 March	**528**	**100%**	**536**	**100%**	**472**	**100%**
Gender						
Male	272	51.5%	270	50.4%	234	49.6%
Female	246	46.6%	254	47.4%	226	47.9%
Unborn	10	1.9%	12	2.2%	12	2.5%
Age						
Unborn	10	1.9%	12	2.2%	12	2.5%
Under 1	55	10.4%	54	10.1%	43	9.1%
1 to 4	148	28.0%	162	30.2%	138	29.2%
5 to 9	156	29.5%	152	28.4%	142	30.1%
10 to 15	139	26.3%	137	25.6%	122	25.8%
16 - 17	20	3.8%	19	3.5%	15	3.2%
Ethnicity						
White British/Irish/Other	473	89.6%	463	86.4%	392	83%
BME	43	8.1%	49	9.1%	64	13.6%
Not Recorded	2	0.4%	12	2.2%	4	0.8%
Unborn	10	1.9%	12	2.2%	12	2.5%

Language Preferred						
English	473	89.6%	482	89.9%	438	92.8%
Non English Speaking	9	1.7%	4	0.7%	9	1.9%
Not Recorded	36	6.8%	38	7.1%	13	2.8%
Unborn	10	1.9%	12	2.2%	12	2.5%
Disability	11	2.1%	3	0.5%	4	0.8%

Source: Carefirst

13.6% of children who are subject of a CP Plan in Warwickshire at 31 March 2016 were from a black or minority ethnic background, which is an increase on the previous year and brings the number in line with their proportion of the school age population. As discussed in section 1, above, this draws further attention to the under-representation of these children in CAF data.

The percentage of children with a CP plan described as 'disabled' was 0.8%, which is a small increase on the proportion last year, but still quite a bit lower than the prevalence of disabled children in the population (about 6%).

The IDS social work team is now providing safeguarding interventions to the children they work with when this is required, rather than passing this work to the area team. The team has undergone training for this new responsibility, and awareness and understanding of abuse, and particularly neglect, has increased significantly. The Operations Manager audited all cases in which there were concerns about neglect or poor home conditions to establish whether suitable plans were in place. A training audit is being undertaken to establish what further child protection related training is needed for members of the team to match that undertaken in the mainstream social work teams.

As a result of this activity, Children's social care believe that concerns about neglectful care are much more likely to be recognised by IDS than in the recent past. Unlike the mainstream teams which only offer social work to address safeguarding concerns, IDS are offering support to manage the child's disability as well. Possibly for this reason, there are some riskier cases which the team is managing with a child in need plan rather than a CP plan, because they are confident they have the cooperation of parents.

Reasons for CP plans.

Warwickshire continues to have a higher proportion of children subject of CP Plans on 'multiple' categories compared to the England/West Midlands average. Of our statistical neighbours, we have the second highest number of children subject of multiple categories both by initial/latest category of abuse (lower than Leicestershire).

The comparison below of the categories of plans of Warwickshire's statistical neighbours shows where 'multiple' is not used, or is little used, neglect and emotional abuse make up a majority of plans

Fig. 4.4 Number of children who were the subject of a CP Plan at 31 March 2015, by initial and latest category of abuse

Local authority	Number of children who became the subject of a child protection plan during the year ending 31 March 2015	Initial category of abuse					Latest category of abuse				
		Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple*	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Multiple*
Warwickshire	597	190	37	10	151	209	178	30	9	164	216
Percentage	100.0%	31.8%	6.2%	1.7%	25.3%	35.0%	29.8%	5.0%	1.5%	27.5%	36.2%
England	62,210	26,870	6,240	2,870	20,980	5,240	26,520	5,590	2,760	22,330	5,010
(Percentage)	100.0%	43.2%	10.0%	4.6%	33.7%	8.4%	42.6%	9.0%	4.4%	35.9%	8.1%
West Midlands	7,280	2,860	650	290	3,170	320	2,810	610	290	3,260	310
(Percentage)	100.0%	39.3%	8.9%	4.0%	43.5%	4.4%	38.6%	8.4%	4.0%	44.8%	4.3%

Statistical Neighbours											
Central Bedfordshire	213	69.0%	x	4.2%	22.1%	x	69.5%	x	x	20.7%	4.7%
Cheshire East	394	48.2%	14.7%	9.4%	27.7%	0.0%	46.4%	15.2%	9.6%	28.7%	0.0%
Cheshire West and Chester	329	35.3%	4.3%	6.4%	54.1%	0.0%	33.1%	3.6%	6.4%	56.8%	0.0%
Essex	635	52.9%	3.5%	2.8%	13.4%	27.4%	50.2%	2.8%	2.8%	17.8%	26.3%
Hampshire	1,838	56.7%	15.2%	5.5%	22.5%	0.0%	57.5%	12.5%	5.2%	24.8%	0.0%
Leicestershire	600	18.0%	8.0%	3.2%	16.8%	54.0%	19.3%	8.2%	3.0%	20.0%	49.5%
North Somerset	160	33.8%	23.8%	x	40.0%	x	38.8%	21.9%	x	37.5%	x
Staffordshire	675	54.2%	4.9%	x	36.9%	x	54.2%	4.9%	x	36.9%	x
Warrington	302	62.3%	25.5%	6.3%	6.0%	0.0%	62.6%	23.5%	6.3%	7.6%	0.0%
Worcestershire	493	40.2%	6.9%	4.9%	38.9%	9.1%	42.4%	6.7%	4.5%	37.5%	8.9%

Source: Characteristics of Children in Need in England 2014-15 (Published by Department for Education based on Children in Need Census returns for 2014/15)* The multiple category is for when more than one category of abuse is relevant to the child's current protection plan. It is not for children who have been the subject of more than one child protection plan during the year. x Any number between 1 and 5 inclusive has been suppressed and replaced by x.

Child Protection plan performance indicators:

Repeat CP plans and Long CP plans

There was an improvement during the year in performance in relation to repeat plans, with fewer children having a second or subsequent CP plan. Repeat plans within two years have fallen to the level of two years ago, repeat CP plans at any time are still a little higher than two years ago. Repeat plans may indicate that the original problems were not fully addressed, although a longer the interval before a subsequent plan may indicate a different reason for the plan.

Third plans are monitored by the Performance panel, which reports to the Performance and Monitoring subcommittee, and the cases are audited when there is doubt about the effectiveness of the CP plan. This year it has been reported that more third plans are being complemented by entering pre-proceedings, offering reassurance that enduring patterns of inadequate parenting are being tackled.

The percentage of plans lasting more than two years has steadily reduced over the last two years, which is positive, suggesting that either plans are being more effective or that decisive action is being taken to bring children into care when they can not be kept safe at home, and meaning that fewer children are exposed to significant harm for long periods of time. Last year's figure of 6.7% was very high compared with statistical neighbours and the England average (see table 3.6), although much improved this year it remains high in comparison to these figures.

4.5 Long, short and repeat Child Protection plans compared over time

Child Protection Indicators	2012/13	2013/14	2014/15	2015/16
Long Plans: The percentage of children who ceased to be the subject of a child protection plan during the year/quarter, who had been the subject of a child protection plan, continuously for two years or more.	8.0%	9.4%	6.5%	4.9%
Short Plans: The percentage of children who ceased to be the subject of a child protection plan during the year/quarter, who had been the subject of a child protection plan for 3 months or less	19.0%	17.3%	13.9%	13.5%
Repeat Plans (regardless of length of time between current plan starting and previous plan ending): Of all children who had a child protection plan initiated, the proportion who became the subject of a child protection plan for a second or subsequent time.	13.3%	16.8%	19.8%	18.1%
Repeat Plans (within 2 years of previous plan ending): Of all children who had a child protection plan initiated, the proportion who became the subject of a child protection plan for a second or subsequent time within 2 years of their previous plan ending.	5.4%	6.4%	9.9%	6.4%

Fig. 4.6 Long plans compared with statistical neighbours

	Number of Child Protection Plans closed after 2 years or more during 2014-15	Number of children who ceased to be the subject of a plan throughout 2014-15	Percentage of Plans closed after 2 years or more during 2013-14	Percentage of Plans closed after 2 years or more during 2015-16
Warwickshire	38	589	6.5	4.9%
England	2250	60400	3.7	Not yet available
West Midlands	290	7040	4.1	
Statistical Neighbours				
Central Bedfordshire	16	241	6.6	
Cheshire East	0	285	0	
Cheshire West and Chester	12	255	4.7	
Essex	25	594	4.2	
Hampshire	43	1586	2.7	
Leicestershire	12	646	1.9	
North Somerset	0	149	0	
Staffordshire	21	741	2.8	
Warrington	x	243	x	
Worcestershire	20	505	4	

Source: Characteristics of Children in Need in England 2014-15 (Published by Department for Education based on Children in Need Census returns for 2014/15)
x Any number between 1 and 5 inclusive has been suppressed and replaced by x. There may be some secondary suppression to preserve confidentiality.

The length of a CP plan is influenced by a range of factors, but the effectiveness of multi-agency assessment, planning and intervention is clearly critical. WSCB offers a multi-agency training course for professionals who contribute to core groups, and feedback from staff who attend is positive, with many saying they wished they had been able to do it before joining a core group. However the number of people who have attended the course in the last three years can only be a very small percentage of the relevant staff meaning that many people contributing to core groups may be untrained for the role.

Short plans (CP plans ended at the first review conference)

The table below shows the number of plans closed after 3 months as a percentage of all plans closed in the year. In recent years there was some concern about the level of this figure, but it has reduced over the last two years, and Warwickshire has a low rate of children who have their plan closed after being open for only 3 months when compared to the West midlands and England out-turn data for 2014/15. In comparison to our statistical neighbours we are middle of the table compared to the lowest (13.4%) and the highest (26.3%).

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Fig. 4.7 Short plans compared with statistical neighbours

	No of Child Protection Plans closed in 3 months or less during 2014-15	No of children cease to be the subject of a plan throughout 2014/15	Percentage of plans closed 3 months of less during 2014/15	Percentage of Plans closed in 3 months or less during 2015-16
Warwickshire	93	589	15.8	13.5%
England	12240	60400	20.3	Not yet available
West Midlands	1420	7040	20.1	
Statistical Neighbours				
Central Bedfordshire	49	241	20.3	
Cheshire East	55	285	19.3	
Cheshire West & Chester	58	255	22.7	
Essex	120	594	20.2	
Hampshire	392	1586	24.7	
Leicestershire	170	646	26.3	
North Somerset	36	149	24.2	
Staffordshire	121	741	16.3	
Warrington	43	243	17.7	
Worcestershire	67	505	13.3	

Source: Characteristics of Children in Need in England 2014-15 (Published by Department for Education based on Children in Need Census returns for 2014/15)

Although there are some legitimate circumstances in which a CP plan could be appropriately started but then ended within 3 months (for example if the child comes into care and is not expected to return home in the short term) ending a plan after 3 months may call into question assessment or decision making at the initial conference. In order to try and understand the reasons for short plans a sample were audited in 2015-16.

The audit found that in 13 (65%) out of 20 cases, the cases could not have been managed by a child in need plan, i.e. initiating a child protection plan appeared appropriate.

The main characteristics of this group of 13 cases were that:

They were less likely to have been known previously and have had previous CP plans;

Parental engagement was lower before the initial CP conference. It seemed likely that real change was made by the parents in the interval between initial and review conference.

In 7 (35%) out of 20 cases, the auditor view was that the case could have been managed by Child in Need (CIN) Plan.

The main characteristics of this group of 13 cases were that:

They were more likely to have been known previously and have had previous CP plans;

They were more likely to have been made subject of CPP plan because of high perceived risks rather than actual harm having occurred;

More likely to be on CP plan for Neglect or Emotional abuse.

As a result of the audit, the template used for strategy meetings has been revised and the Team Managers who chair them have additional training to ensure the known history of a case is carefully considered before deciding whether or not a conference is required, and to ensure that where concerns are about chronic problems a full assessment is completed before considering a CP conference so that decisions can be made based on what is known about actual harm rather than suspected harm.

6.2.5. MARAC

MARAC is a multi-agency conference to share information and plan for the safety of high risk domestic abuse victims.

Fig. 5.1 National Indicator: Cases discussed at MARAC

	2013/14		2014/15		20115/16	
	Number	%	Number	%	Number	%
Total number of cases discussed at MARAC	538	N/A	585	N/A	630	N/A
Number that were repeat cases (within last 12 months)	85	14.95%	114	19.49%	114	18.09%
Total number of children* in MARAC case households	710	N/A	839	N/A	851	N/A

Fig. 5.2 National Indicator: Cases discussed by referring agency

	2013/14		2014/15		2015/16	
Referring Agency	Number	%	Number	%	Number	%
Police	468	87.24%	480	82.05%	517.33	82.12%
IDVA	16	3.18%	5	0.85%	1	0.16%
Children's Social Care	1	0.16%	3	0.51%	3	0.48%
PCT	0	0.00%	0	0.00%	0	0.00%
Secondary Care/ Acute trust	0	0.00%	2	0.34%	3.5	0.56%
Education	0	0.00%	1	0.17%	1	0.16%
Housing	0	0.00%	3	0.51%	2	0.32%
Mental Health	1	0.16%	1	0.17%	4	0.63%
Probation	18	3.36%	25	4.27%	22	3.49%
Voluntary Sector	12	2.10%	48	8.21%	55.84	8.86%
Substance Abuse	0	0.00%	1	0.17%	1	0.16%
Adult Social Care	0	0.00%	1	0.17%	0	0.00%

Other	22	3.80%	15	2.56%	19.33	3.07%
Total MARAC cases	538	100%	585	100%	630	100%

Fig. 5.3. Number of 16 and 17 year olds referred to MARAC

	2013/14	2014/15	2015/16
Number of 16 and 17 year olds referred to MARAC	Not reported in annual report	8	6
Number harming others aged 17 or below	Not reported in annual report	8	4

In June 2015 the Performance, Monitoring and Evaluation subcommittee took a report examining the performance of MARAC in relation to safeguarding children. MARA reported an increase in the number of cases where children are identified to be in the household which appears to be because of better researching, resulting in, for example identifying grandchildren or stepchildren with 'homes' elsewhere. The numbers of cases in the north and south of the County are very different raising a question about whether there is inequity about access to MARAC and associated services. The available needs assessments relating to domestic violence and abuse(DVA) in Warwickshire draw several conclusions as to why professionals are less able to identify DVA in the south of the county from how different socio-economic groups seek to "manage" DVA through to professionals own attitudes to different communities. The concern in terms of safeguarding children is that we could conclude that if we are not effective at identifying adult victims of DVA in the south of the county then we are also not identifying their children who may also be at risk of harm.

Data available since 2011 (recent data is shown in fig. 4-1), does however show that the MARAC is becoming more effective at identifying children who may be at risk of harm from the cases discussed. Between 2013-14 and 2014-15 the number of cases where there were children identified increased by 9.8%, yet the number of children in those households increased by 18.17%. The evidence is not that there were necessarily families with larger numbers of children living there, but that agencies are becoming more proficient at identifying those children who may spend time in the home or in the care of the adults concerned (e.g. grandchildren, step children) who may also find themselves at risk of harm and in need of support or protection.

6.2.6 SARC

Fig. 6.4 Children seen at the SARC

	2013/14	2014/15	2015/16
Age	Number	Number	Number
Under 13	41	63	79
13-15	54	52	69
16-17	36	34	38
Gender	Number	Number	Number
Female	110	133	144
Male	21	16	49
Vulnerability Factors	Number	Number	Number
Looked after children	13	6	20
Care leaver	2	0	4
Mental health needs	9	5	12
Language needs	4	2	3
Self-injury	3	12	10
More than one factor	3	3	9

There is general upward trend in the number of children receiving a service from the Sexual Abuse Referral Centre (SARC), but the most striking changes are in the number of children under 13, and of boys being seen.

Actions for 2016-17

Closely monitor remaining actions from s.11 plans to ensure this work is completed.
Agree joint protocol with MARAC for 16 and 17 year olds in abusive relationships.
Set up a multi-agency audit group.

6.3. Communicate to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raise their awareness of how this can best be done and encourage them to do so

This year WSCB Business have continued to raise the profile of safeguarding being everyone's responsibility through newsletters, bite size communications, website updates, training and well as an open conference to all professionals from all sectors in Warwickshire.

The newsletter has gained some momentum this year and has been produced on a quarterly basis. The newsletter has been designed so that it can provide a useful summary of key information into smaller more memorable pieces of information to be shared and discussed amongst teams. There have been some challenges with its distribution and communication due to the volume of organisations that offer support to children and families across Warwickshire however communication networks are improving. The profile of the WSCB and awareness of its core business, strategic priorities and where everything fits in the wider business plan will continue to be raised through more open events and training opportunities. The current agenda and high profile of CSE in the media has assisted with organisations wanting to access both multi-agency and single agency training.

From January 2015 individual agencies had responsibility to deliver their own universal child protection awareness training as identified in the 2015-18 training strategy. This has been a significant shift for some organisations who have historically relied upon the WSCB as being part of their core training programme. The decision to return responsibility to agencies was partially born out of a decline in available resources and an increase of competing priorities, however the shift in responsibility has encouraged and supported communicating the message that safeguarding is everybody's responsibility.

Through training delivery WSCB continues to communicate local learning, updating materials and resources with the most recent findings from our local and serious case reviews. Face to face feedback from delegates this year has highlighted the value in having key messages weaved into training supported by information where practices have been altered or developed to take into account recommendations.

The Training sub-committee decided to follow the same format as the previous year and offer an annual conference which was open to multi-agency professionals of differing levels within their organisations. The theme of this years conference was 'Professional Curiosity and Respectful Uncertainty', we chose these two concepts for our conference this year because they are themes that keep cropping up in our case reviews, and it is clear that from our activity that professionals often find it difficult to be curious and uncertain about what is going on in family life, or feel that it is wrong to 'disbelieve' what parents and carers tell them.

Geese theatre were used to support with the delivery of the conference this year. Their unique approach of using face masks to deliver key messages through drama was a distinguishable feature and emphasised the messages the WSCB wanted to relay to professional around 'lifting the mask' and 'scratching below the surface' to find out what is really going on for the child / children in a family.

The feedback from the conference was very positive with many practitioners commenting on the value of communication in their practice and not assuming that the person you are talking to has all the information available to them.

To support the messages delivered through keynote speakers we developed a number of other hard communications. A 'take away' menu was produced which summarised some of our learning into bite size chunks for practitioners to take away with them.[6] WSCB business team have received direct and indirect feedback on the impact these bite size chunks have had for professionals. Some organisations have used them to review elements of practice whilst others have used them as a starting point for discussions within team meetings. What is really pleasing to hear through networking events and training sessions is that professionals are talking about our communications and what it has meant for them.

In addition to the take away menu a number of other hard communications have been developed by the WSCB business team to support the conference and the ongoing communication of the WSCB learning activity. We produced a leaflet containing information to support some of the key messages being shared by DfE, a document containing a précis of key learning from some of our most recent case reviews and material to further support the 'Something's not right' campaign to raise awareness of CSE.

The interagency training programme has this year been developed to enable further communication of the learning we have gained. The most notable developments have been through the introduction of a new programme, 'Learning from SCR's: a safeguarding update', which has been piloted with CAF and early intervention services. The programme is targeted at staff requiring specialist level training (professionals with lead responsibility for giving safeguarding advice in their organisation). It is planned for this programme to become part of the core offer in the Autumn with partnership colleagues supporting the delivery.

The Effective Referrals training has also been significantly updated to not only include learning but also to reflect the new MASH referral process. This training specifically continues to highlight to multi-agencies who both receive and make referrals the importance of a quality referral and what this looks like. The training also details how learning on the cumulative impact of domestic abuse on children as

[6] apps.warwickshire.gov.uk/api/documents/WCCC-850-598

victims has informed and helped to shape the way in which information from referrals and notifications is captured and assessed within the MASH.

This year we have initiated a process of gaining feedback from practitioners a short period after their training to assess the impact of their training on practice. WSCB have, through training and communications with partner agencies been able to identify where learning has supported practice and service delivery improvements. However implementing the impact of training evaluation tool will provide another means to capture this information.

Actions for 2016-17

Embed post training evaluations to enable us to understand whether training is having an impact on practice.
Implement quality assurance programme for single agency safeguarding training arrangements
Complete and publish Communications Strategy

6.4. Undertake reviews of serious cases, sharing learning across the organisations and supporting organisational change where appropriate to promote the welfare of children through improved safeguarding practices.

Serious Case Reviews (SCR).

During 2015-16 WSCB initiated a serious case review, expected to be completed in the autumn of 2016. We were able to resume work on another serious case review which was begun in 2014 but suspended while police enquiries were underway. This is now expected to be completed in the summer of 2016.

A serious case review 'John' [7] begun in 2014 was published in October 2015. Learning from this included: that professionals did not really understand what might happen if a family was threatened with eviction, and that assessment either at a CAF or child in need level should be undertaken to understand what issues may need to be addressed beyond the practical issues of where the family will live; the need for professionals to be professionally curious and respectfully uncertain, so that they look below surface information to understand what is really going on for a family; lack of local clarity about how social workers will undertake their 'lead professional' responsibilities while undertaking an assessment; insufficiently robust information sharing arrangements when several agencies are involved with a child mean that they don't all have the full picture.

WSCB took part in two SCRs and a Child Practice Review (an equivalent review held under Welsh Assembly guidance) conducted by other LSCBs. At the current time none of these are published.

Actions taken in Warwickshire as a result of the learning and findings of the first of these reviews include emphasising routine enquiry about domestic abuse in antenatal care, and discharge planning for vulnerable babies to hand over care from hospital to community staff and strengthening the service offered to families who are home educating their children and the links between this team and Children's social care.

LA2 SCR was commissioned at the start of the year following multi-agency concerns regarding the neglect of three children who had lived in Warwickshire, the review was held by another LSCB as the family had moved during the period under review. The review identified developmental needs for practitioners to be able to assess the impact, immediate and cumulative, on children when their parents have mental health problems. It is not necessary for the parents to have a diagnosis for children's professionals to observe their behaviours and consider the implications of them for children living in the family home. It also raised the importance of practitioners considering the impact lack of engagement and disguised compliance will have on children where parents are reluctant to engage in services.

[7] Report and WSCB response can be found at:
http://www.warwickshire.gov.uk/wscb-seriouscasereview

The learning from the SCR fed into the development of the MASH MARF (Multi Agency Referral Form) and referral processes, identifying and supporting practitioners with an early help response as opposed to a child protection response where appropriate. Midwifery services across Warwickshire have been updated to provide all women who present late in pregnancy with a thorough assessment at their first appointment. The WSCB are also re-invigorating their work around the Neglect strategy with the WCC Principal Social Worker to support practitioners in working with the recognised definition of neglect alongside local threshold criteria, which will assist in decision making pre and post referral.

Local Case reviews

Review of the arrangements to safeguarding children in a Warwickshire Children's Home

This multi-agency review looked at how agencies in Warwickshire work with each other and partners from placing authorities to protect children who are placed in children's homes in the County from sexual exploitation. This comprehensive review identified many aspects of how notifications are received and recorded when these placements are made, the relationships between statutory agencies and the children's homes, which are all independently run; and the response made to children who go missing from the homes. The review also provided an opportunity for the local authority to consider how these same issues impact on Warwickshire looked after children placed out of area. A working group was convened to work through the recommendations.

Early Years Strategic Review

WSCB jointly commissioned a strategic review with three other LSCBs in the region to examine safeguarding of children in early years settings.[8] The review identified weaknesses in the regulatory and inspections frameworks for early years settings which make it hard for local safeguarding agencies to have sufficient influence over practice in these providers.

The commissioning independent chairs wrote to the Department for Education and received an acknowledgement of the significance of the findings, and they were invited to go to the Department to discuss them.

Youth Justice Critical Incident Reviews

WSCB received two critical incident review reports from Warwickshire Youth Justice Service. The Youth Justice is required to undertake a review in particular circumstances, and these are reported to bodies including the LSCB. In warwickshire these are considered at the Special Cases subcommittee to identify if there is learning that the board should include in its improvement activity, and to consider whether WSCB wishes to commission any additional review of the case.

[8] The Early Years report can be found here: https://apps.warwickshire.gov.uk/api/documents/WCCC-850-562

Two critical incident reviews were reported to WSCB during 2015-16. No further reviews were considered necessary, but Special Cases sought updates on the action plan from one of the reviews, in which a young person made a suicide attempt. The young person had been receiving multi-agency intervention over a period of time. The review has prompted a deeper consideration for practitioners within organisations around issues of identification, assessment and subsequent response to a child where parental violence and / or domestic abuse are present. The review also lent itself to reinforce learning around 'silo working' and the impact the lack of a co-ordinated response can result in a mismanagement of need.

Following a review last year which found that few agencies other than the police were referring to MARAC, a briefing was provided to children's social care to encourage referrals into MARAC, and the MARAC co-ordinator has been included in interagency training provided by Community Safety. However referrals from other agencies remain disappointing.

A primary school in the County was asked to conduct a review of safeguarding arrangements in the school with support from a WCC safeguarding service manager following the conviction or a member of support staff for offences breaching his position of trust. The review highlighted the importance for school leaders to think about how to supervise staff who have access to little used parts of school premises and are in school outside main school hours, and also how to supervise staff responsible for IT if no-one else in the school has sufficient expertise to understand what they are doing. A briefing note was sent out from WSCB to all schools highlighting these issues, and the learning was tabled for discussion at the schools and learning sub-committee. Feedback from the headteachers at this meeting was that these issues were not ones they had previously thought about and that therefore it had been a valuable piece of work.

Single agency reviews were requested from Mental Health providers who gave services to a man who risked his children's lives and caused them lasting psychological harm following the breakdown of his marriage. These reviews found that neither agency was compliant with the requirement in Working Together (2015) to enquire whether their service user had children, is so might need help or protection from harm.

One provider found that staff had not asked him if he had children, and therefore had not been able to consider whether he might be a risk to them. This agency has taken action to remind staff of their responsibility to enquire about whether adults they are treating have children in their care.

The other team providing mental health services were aware that he was a parent, and used this information in their consideration of the risk he posed to himself, but again did not consider whether he was a risk to his children. The services are addressing these findings internally, and the refresh of the 'Think Family' protocol will reinforce the learning from these reviews more generally.

6.5. Participate in the planning of services for children in the area of the authority.

During 2015-16 more formal links between WSCB and the JSNA were developed and the WSCB Development Manager and JSNA Programme manager now have a regular meeting to identify areas of common interest in the respective work plans. This enabled WSCB to provide comment on the Vulnerable Children needs assessment , including ensuring all the vulnerable groups of children identified in Working Together were included, children at risk of radicalisation and the needs for young carers arising out of parenting capacity as well as the appropriateness of their caring needs. This latter point was identified as a possible area of weakness for service delivery in Warwickshire, and will be picked in the Performance and Monitoring subcommittee work plan in 2016-17

The WSCB Schools and Learning subcommittee has been engaged in the partnership work being done to prepare for the recommission CAMHS in Warwickshire.

There is overlap in the objectives of the Violence Against Women and Girls board and WSCB, and to support good collaboration in respect of these, the WSCB independent chair sits on the Violence and Women's Board. An example of work being done jointly between these two boards is the development of tools to support to recognise and respond to FGM.

During 2015-16 work to establish a MASH in Warwickshire made good progress and the schedule is for the MASH to open for Children's safeguarding at the start of May 2016 and for safeguarding adults in the autumn of 2016. WSCB has kept oversight of the plans, taking reports at each meeting.

6.6. A review of each death of a child normally resident in the LSCB's area is undertaken by a CDOP

The purpose of Child Death Overview Panel (CDOP) is to review all child deaths to identify any modifiable factors in the circumstances of each death with a view to addressing these. A separate CDOP report is published which details the work undertaken by all three panels in our sub-regional arrangements with Solihull and Coventry. This will be published in the autumn.

Despite the fact that risk factors for sudden infant death (SIDS) are well known, each of our panels in the subregion reviews a small number of SIDs deaths each year. CDOP has led awareness raising campaigns in the recent past to promote messages about safe sleeping but we have continued to review deaths where despite there being evidence that safe sleeping advice was given to parents, it was not followed in its entirety. The CDOP panel manager learned about a 'safe sleeping' assessment tool used in other parts of the country which the midwife uses to structure a discussion with parents at an early visit post birth about where the baby is sleeping and to remind the parents about other considerations such as the temperature of the room and smoking in the household. If concerns are identified these can be discussed further, and if necessary handed over to other professionals such as the health visitor or a family support worker for continued input after midwifery ends. It was agreed last year that midwives would adopt a version of this risk assessment in the sub-region and it was hoped that it could be included in the child's health record, known as the red book, that parents keep.

During 2015-16 the CDOP manager continued to drive this project resulting in an agreed form of the assessment now being included in the West Midlands edition of the red book. We are delighted with this result because it endorses the discussion of safe sleeping arrangements as both necessary and routine, and we are hopeful it will reduce the number of SIDs deaths with modifiable factors reviewed at CDOP in the future.

The Performance, Monitoring and Evaluation subcommittee will request an audit of the use of the safe sleeping risk assessment from the health trusts providing midwifery services in the sub-region in the autumn of 2016.

7. Summary and Conclusions.

The gaps in data about the diversity of children in safeguarding processes mean we do not fully understand if progress has been made to ensure equality of access to safeguarding for all children.

Good progress is being made to embed sound practice in relation to CSE. The numbers of children receiving services is increasing and there is good evidence that professionals in universal services have a much greater understanding of how to recognise CSE and what to do about it. Significant progress was also made in extending communication activity to children and their parents and carers.

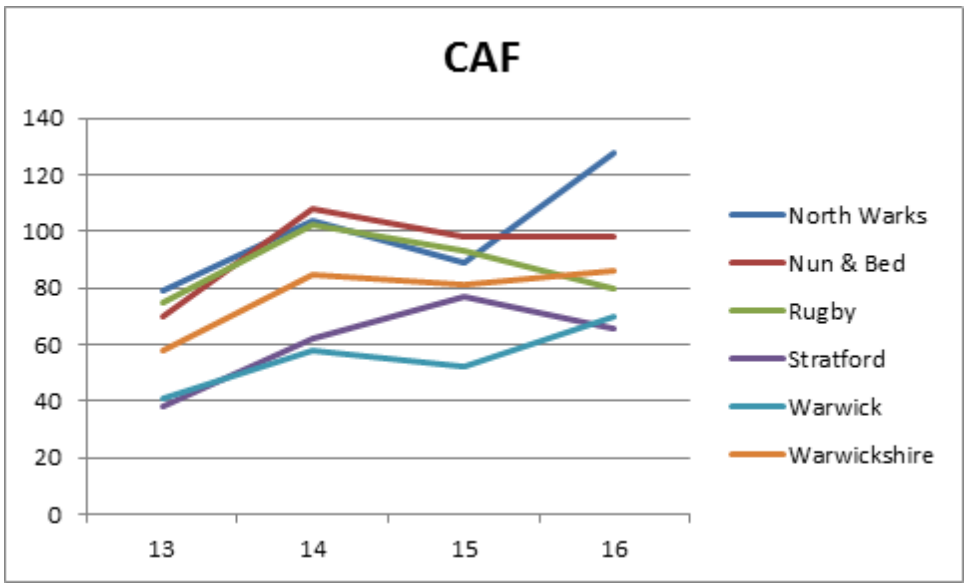
Reasonable progress is being made in relation to the Neglect priority, via the developing structures for early help. These include the phase two Priority Families work, the capacity of the vulnerable children needs assessment to shape services and the 'Smart Start' strategy. However WSCB case review activity suggests that some children are still suffering neglectful care for longer than they should because of difficulty recognising when help is not being effective, and higher level services are required. The objective of compiling and publishing a 'toolkit' which brings together the assessment and intervention tools used by professionals in different roles is not complete. The tools used by health visiting, Family Nurse partnership and WCC family support workers are clear, but tools for higher risk cases that need social work assessment and intervention have not been selected.

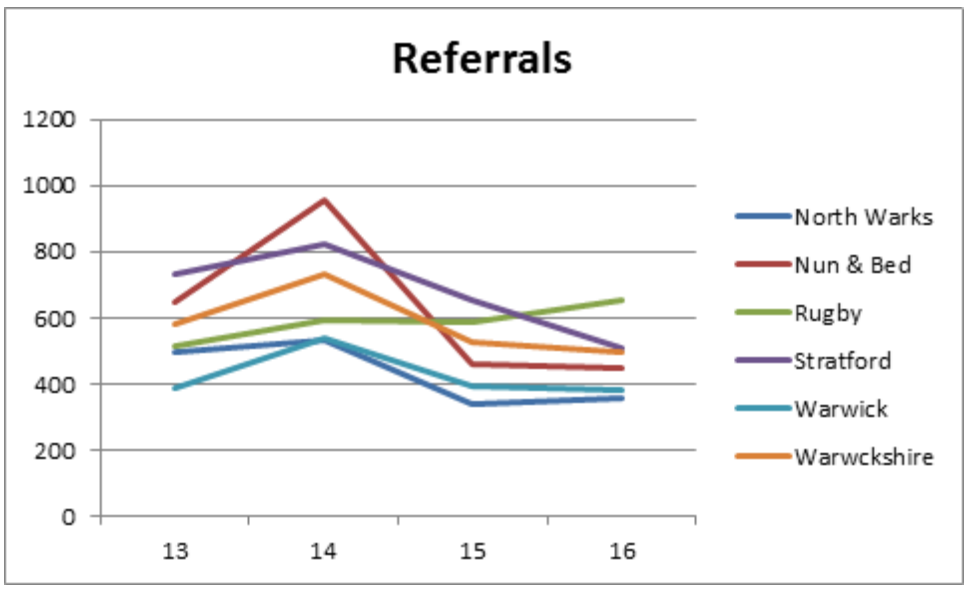
In a successful safeguarding system, all children have an equal chance of having their needs recognised, and effective early help results in a reduction over time in the number of children needing child protection plans. Where they are used, child protection plans are not prolonged, resulting in sustained improvement or decisive care proceedings.

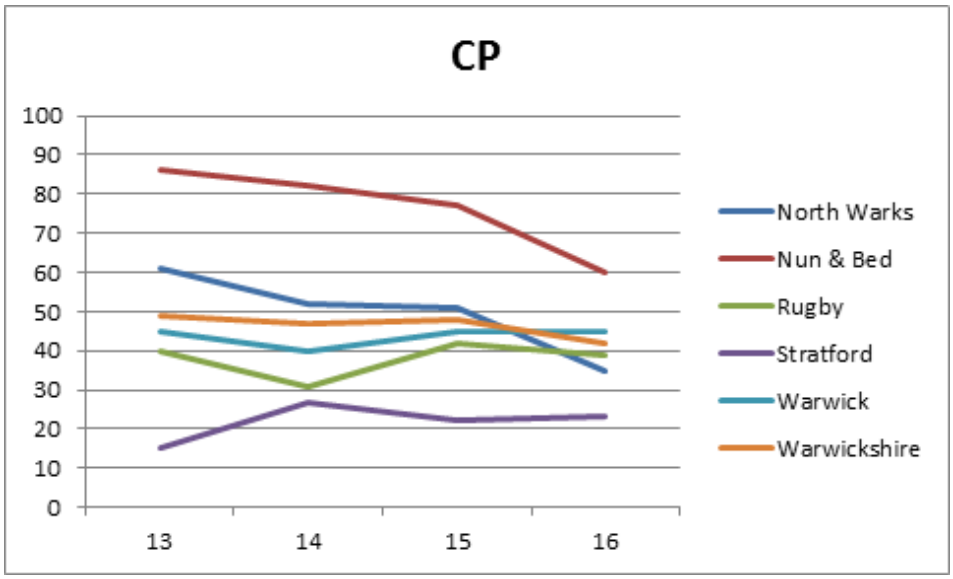
During 2015-16 there has been encouraging progress in relation to the length of plans, with fewer being over 2 years, and fewer repeated plans for individual children. This suggests improving effectiveness of child protection plans. It is much harder to read the progress in relation to children coming into the child protection system.

The graphs below summarise the changes over four years in the proportion of children in each district with a CAF, subject of a referral to children's social care, and with child protection plans. All things being equal the lines for each district would be same, however we know that safeguarding needs are greater in areas with higher levels of deprivation and poverty. If this was the only variable, the lines would follow each other in parallel, with Nuneaton and Bedworth having the highest levels and Stratford the lowest. However it can be seen the the lines are not the same shape, variously diverging and converging. This means that influences other than the demography of the different areas are influencing safeguarding activity. This is most likely to be differences in professional practice.

The relevant practice issues underpinning some of the inconsistency are understood, for example the increase in CAF activity in 2015 in Stratford probably resulted from significant CAF training input for schools in this area.







The bigger decrease in CP plans in Nuneaton and Bedworth since 2014 probably corresponds to work done by children's social care in this district following a local case review in 2013 to ensure that more children received child in need services to prevent their circumstances deteriorating further. This may also explain the levelling off in CAF numbers in Nuneaton and Bedworth over the same time period. However there are changes in levels of activity which we do not have explanations for, such as the steep decline in both CAFs and referrals in Stratford during 2015-16 while CP plans remained level; and a steep fall in CAFs in Rugby. This suggests that further work needs to be done to embed understandings of thresholds for services, and cross check how these are being interpreted from area to area.

8. Appendix: Actions for 2016-17

- **Complete the review of WSCB subcommittee structure by reviewing the terms of refe**
- **rence and membership of the sub-committees;**
- **Sign off remaining appendices to the governance suite: membership agreement, confidentiality statement, Memorandum of Understanding between WSCB and the Health and Wellbeing Board, MAPA board and Safer Warwickshire Board;**
- **Decide new arrangements for the financial contribution board partners make to the board;**
- **Undertake review of the the function and make up of the WSCB business team.**
- **All agencies to improve recording of diversity characteristics, including ethnicity, first language, disability; and where relevant, sexual orientation.**
- **WSCB to work with the 'Smart Start' strategy (to redesign services for children aged 0-5) to look at ways to improve access and take up of universal and targeted services for black, minority ethnic and non-English speaking households**
- **Monitor the effectiveness of support services for children with disabilities to ensure safeguarding needs are being identified.**
- **Complete and publish Neglect toolkit**
- **Revise Neglect training to include significant learning from SCRs currently underway**
- **Undertake audit to follow up cases referred to MASH where early help is recommended**
- **Continue to engage with the Smart Start strategy to maximise its contribution to tackling neglect**
- **Refresh 'Think Family protocol'**
- **Audit of WSCB CSE arrangement in the light of learning the the Bristol Brooke SCR[9];**
- **Complete review of the CSE procedure;**
- **Continue to develop the role of licensing in CSE prevention and disruption;**
- **Audit the management of a sample of high risk cases;**
- **Introduce new CSE performance dataset.**
- **Continue engagement with the regional procedures project as options for continuing are decided.**
- **Review existing interagency procedures material to extract guidance for continued local use.**
- **Embed post training evaluations to enable us to understand whether training is having an impact on practice.**

[9] Bristol LSCB (March 2016) *The Brooke Serious Case review into Child Sexual Exploitation* https://www.bristol.gov.uk/documents/20182/34760/Serious+Case+Review+Operation+Brooke+Overview+Report/3c2008c4-2728-4958-a8ed-8505826551a3

- **Implement quality assurance programme for single agency safeguarding training arrangements**
- **Complete and publish Communications Strategy**
- **Request a single agency performance report from the young carers service**
- **Audit of use of ‘safe sleeping’ assessments.**

Warwickshire Safeguarding Children Board
September 2016

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