

Warwickshire Health and Wellbeing Board

Agenda

23 January 2017

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick on Monday 23 January 2017 at 13:30.**

13.30 – 14.00 - Development Session

This is the second of three development sessions supported by the Kings Fund, which will include improvements made based upon the first session and the joint development session with Coventry HWBB on 16 January 2017.

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 Board Member.

To confirm the appointment of the representative for Healthwatch Warwickshire.

(4) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 9 November 2016 and Matters Arising.

Draft minutes of the previous meeting are attached for approval.

Updates

2. (14.05 – 14.25) Updates to the Board (to be considered together)

a) Multi Agency Safeguarding Hub - Six Month Report

John Coleman

b) Report from District and Borough Council Portfolio Group

District and Borough Portfolio Holders

c) Health and Wellbeing Executive Team Report - December 2016

John Dixon

Substantive Item

3. (14.25 – 14.50) Coventry and Warwickshire Sustainability and Transformation Plan

John Dixon

Board Business Management

4. (14.50 – 15.05) Board Management (to be considered together)

a) Health and Wellbeing Board Management

Gereint Stoneman

b) Health and Wellbeing Board Sub-Committee Children and Adults Mental Health Service Transformation Plan Refresh

Isobel Seccombe

c) Forward Plan

Isobel Seccombe

5. Any Other Business (considered urgent by the Chair)

Attendance Data

(15.05 – 16.00) 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, Vice Chair), Adrian Canale-Parola (Coventry and Rugby)

Provider Representatives

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

Healthwatch Warwickshire: Robin Wensley

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)

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

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 9 November 2016

Present:-

Warwickshire County Councillors

Councillor Izzi Seccombe (Chair)

Councillor John Beaumont

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 Jill O'Hagan (Coventry and Rugby CCG, replacing Dr Adrian Canale-Parola)

Dr Deryth Stevens (Warwickshire North CCG)

Dr David Spraggett (South Warwickshire CCG)

Provider Representatives

Stuart Annan (George Eliot Hospital)

Jagtar Singh (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire

Phil Robson

NHS England

David Williams

Police and Crime Commissioner

Chris Lewis (Policy and Research Officer, 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 Leigh Hunt (Rugby Borough Council)

Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. General

The Chair welcomed everyone to the meeting, referring particularly to the attendance of Chris Lawrence-Pietroni of the Kings Fund, Sue Ibbotson of Public Health England and Claire Herbert of NHS Clinical Commissioners. It was noted that this meeting included the first of three development sessions supported by the Kings Fund, providing feedback from the Health and Wellbeing Summit and the approach to Board observation and development.

(1) Apologies for Absence

Councillor Les Caborn, WCC

Dr Adrian Canale-Parola, Coventry and Rugby CCG

John Dixon, Interim Strategic Director for People Group, WCC
Russell Hardy, South Warwickshire NHS Foundation Trust
Andy Meehan, University Hospitals Coventry & Warwickshire
Philip Seccombe, Police and Crime Commissioner

(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 Leigh Hunt declared non-pecuniary interest, as an officer of Warwickshire County Council.

Phil Robson declared a non-pecuniary interest, as a trustee of the Mary Ann Evans Hospice.

Councillor Barry Longden declared a non-pecuniary interest, as a Board member of the Stockingford Children's Centre.

(3) Appointment of Vice Chair

The Board was reminded that the position of Vice Chair was appointed from amongst the three Clinical Commissioning Group (CCG) representatives on an annual rotation. The nomination of the new Vice Chair had been agreed by the CCGs as Dr David Spraggett.

(4) Minutes of the meeting held on 7 September 2016 and matters arising.

The Minutes were agreed as a true record, subject to the correction of minute numbers.

2. Health and Wellbeing Board Annual Review

Gereint Stoneman, the Health and Wellbeing Board (HWBB) Delivery Manager introduced the 2015/16 Annual Report. The Board was advised of the updates made since its consideration at the September meeting including recent minor alterations to the place based activity page of the document. An amendment was requested to the signposting of organisations shown on page 21 of the document to separate Healthwatch Warwickshire from the provider trusts, which was duly agreed.

Resolved

That the Health and Wellbeing Board approves its Annual Report, subject to the amendments reported and that it be submitted to the County Council meeting in December 2016.

3. Warwickshire Suicide Prevention Strategy

Paula Mawson, the Public Health Improvement, Commissioning & Performance Lead introduced this item, giving a context on the number of deaths from suicide, particularly of young and middle aged males. A detailed audit had been undertaken, which demonstrated the potential for such deaths to have been prevented. An overview of the Warwickshire Suicide Prevention Strategy was provided, including

its seven key priority areas, the development of this Strategy and the underpinning guidance. There were targets within the Five Year Forward View for Mental Health to reduce suicide rates by 10% by 2020/21. However, the West Midlands Mental Health Commission was suggesting a “zero suicide” approach across the West Midlands. This had been pioneered successfully in Merseyside and the approach was recommended to the Board.

The Suicide Prevention Strategy Action Plan was considered, a key aspect being the formation of a multi-agency partnership, which the Board was asked to endorse. Further aspects discussed were the launch and dissemination of the Strategy and the plans for monitoring its implementation.

Several Board members spoke in support of this item and the recommendations made. There were concerns about the rising suicide statistics, with rates in Warwickshire being above the national average and the highest in the West Midlands area. It was felt the actual figures may be higher than those reported. A comparison was made between expenditure levels on suicide prevention and that for prevention of other common causes of death, such as road traffic incidents. This was an important area within the broader mental health and wellbeing work. There was praise for the work undertaken and it was considered that most, if not all suicides were preventable. All partners were asked to sign up to the aims of the Strategy, including raising greater public awareness. A link was made between physical illnesses and those in chronic pain, which in turn could cause a mental health illness.

Borough and District Councillors asked how this would be implemented in practical terms and what their organisations would be asked to contribute. There was a need for those organisations to both receive and feed in local information. An action plan was included within the Strategy, which outlined the priority outcomes, respective lead agencies and timescales. A further context was provided on the cost to agencies of each suicide case.

Resolved

That the Board:

- 1) Notes the contents of, and encourages the adoption of, the Warwickshire Suicide Prevention Strategy 2016-2020 by partner agencies;
- 2) Recommends to partner agencies that they approve adoption of a ‘zero suicide’ approach across Warwickshire; and
- 3) Recommends that partner agencies support the formation of a multi-agency Suicide Prevention Partnership to implement the Strategy.

4. Commissioning Intentions of Clinical Commissioning Groups

The Board received a presentation from Jenni Northcote, Director of Partnerships and Engagement on the Commissioning intentions of both Coventry and Rugby and Warwickshire North Clinical Commissioning Groups (CCGs). The presentation covered the following areas:

- CCG/NHS are facing a range of pressures

- The commissioning intentions are set within the context of significant financial challenge across health and social care which will require new models of care
- The 'Nine National Must Dos' for 2017/18 & 2018/19
- Sustainability and Transformation Plan (STP) Key Programmes of Work:
 - Preventative and Proactive Care
 - Planned Care
 - Urgent and Emergency Care

Anna Hargrave, Director of Strategy and Engagement at South Warwickshire CCG (SWCCG) spoke to a report on its commissioning intentions. These reflected year two of the 2016-2020 Strategic Plan (Translating our 2020 vision into reality) and year four of the five year Coventry and Warwickshire Clinical Commissioning Groups' Strategic Plan 2014-19 (Transformational Change: Transforming Lives). The commissioning intentions were aligned with the Health and Wellbeing Board Strategy and Joint Strategic Needs Assessment.

The report demonstrated how the CCG's key stakeholders, practices and the public had been able to contribute to the development of the commissioning intentions. Development of the commissioning intentions had been coordinated between the three CCGs across Coventry and Warwickshire, to ensure consistency with the Sustainability and Transformation Plan and in order to enable them to express the collective impact of their plans for providers. The SWCCG plans had been approved through its governance arrangements and published.

The report and presentation were welcomed, with reference being made to the positive direction of travel, patient responsibility and data sharing/information governance aspects. A request was made for more detail to be provided about the implementation of the End of Life strategies and the action plans to add detail to the headlines within the commissioning intentions. It was confirmed that this information would be provided through detailed business plans.

Councillor Barry Longden noted the reference in the documents to implementation of STP targets, but questioned this, as the STP was still to be published. Clarification was provided that the references were to the STP timelines. A two-year operating plan was being developed against the timelines. David Williams of NHS England (NHSE) gave an update on progress with the Coventry and Warwickshire STP, which had now been submitted and was being reviewed by NHSE. He emphasised the amount of work involved, confirming that there were no hidden plans or service changes proposed at this stage. The publication of the STP was a matter of weeks away. A public facing document was also being produced and the more detailed conversations at both the Board and health scrutiny committees could then take place. Jagtar Singh concurred that any such service change decisions would need to be taken in public and following a period of consultation.

Phil Robson of Healthwatch praised the consumer engagement on the commissioning intentions. He referred to outcome based commissioning, stating that service users were most interested in how the service was delivered. He also asked how the Care Quality Commission fed in to the commissioning intentions.

Resolved

That the Board endorses the Commissioning Intentions of the three Clinical Commissioning Groups.

5. District and Borough Council Portfolio Group

On behalf of the district and borough council portfolio holders, Gereint Stoneman gave a verbal update to the Board. At the recent meeting of the portfolio holders, the key area of focus was finalising the place based activity section of the Board's Annual Report. A written update from each authority would be circulated to the Board after the meeting. In future, these reports would be considered at the portfolio holders meeting and submitted to the subsequent Board.

Rachel Jackson of Nuneaton and Bedworth Borough Council advised that a task and finish group had been appointed to look at teenage conception, given the high conception rate in the Borough. Councillor Bell referred to the 'fitter futures' initiative. This had been based on County boundaries and problems had been experienced in North Warwickshire as some local GP surgeries were actually based in Coventry. Whilst the matter had been resolved she urged this be taken into consideration to avoid similar difficulties occurring in the future.

Resolved

That the Board notes the verbal update from the District and Borough Council Portfolio Group.

6. Better Together Programme Showcase

A presentation was made by Chris Lewington, WCC Head of Strategic Commissioning on the Better Together Programme. In total, this programme utilised some £37 million of funding with the primary aims of reducing non-elective admissions, reducing delays in transfer of care from hospital, increasing the effectiveness of reablement and rehabilitation, whilst reducing permanent admissions to residential care. There were four key strands to the programme, being community capacity, integrated care, care at home and accommodation with care. Chris Lewington explained the roles of the Communications Group, the Business Analysts' Network and the Information Sharing Advisory Group. The presentation included video clips to explain more about the areas of work being undertaken. It showed the key work areas for 2016/17 under each strand of the programme and the next steps, with the anticipated extension of the Better Care Fund for a further two-year period and the emerging STP. Chris Lewington congratulated the staff involved for their motivation and tenacity in driving forward this programme, also recognising the work of partners for their contributions.

It was requested that the presentation slides be circulated to the Board and further suggested that they be published on the County Council's website. Councillor Longden used the example of sheltered housing and asked how this programme would work in different areas of the County for people with differing needs. It was confirmed that this was a strategic oversight and the programme would respond to each individual's needs. Service delivery was an important aspect. There would be some difficult decisions, but also the opportunity to deliver services differently, allowing people to retain their independence.

Resolved

That the presentation is received by the Board.

7. Warwickshire Safeguarding Adults Board Annual Report 2015/16

Amrita Sharma, the Warwickshire Safeguarding Adults Board (WSAB) Business Manager introduced its Annual Report for 2015/16. This summarised activity and achievements against the Board's strategic priorities. The report explained how the work of WSAB aligned with the Health and Wellbeing Strategy. The refreshed Strategic Plan was also provided. Other areas highlighted were 'Making Safeguarding Personal' and engagement with local community groups, to consult on the content of the Annual Report and identify areas of improvement. A number of enhancements to future reporting and engagement had been noted.

A board member sought an explanation about the low number of safeguarding enquiries that resulted in an investigation. A context was provided on the broad range of issues that could be reported and whilst initially some may be considered as a safeguarding matter, the nature of the enquiry was subsequently clarified and addressed through other agencies.

Chris Lewis, representing the PCC referred to the Identification and Referral to Improve Safety (IRIS) initiative. He explained that through GP referrals, approximately 100 victims had been identified in Warwickshire to date. The involvement of Coventry GPs was sought to extend the IRIS initiative and there was support from the Board for this to be pursued.

In response to a question about safeguarding issues associated with increasing cases of dementia and Alzheimer's disease, it was confirmed that an area of concern was financial abuse.

Resolved

That the Board receives the Warwickshire Safeguarding Adults Board's refreshed Strategic Plan and its Annual Report for 2015/16.

8. Warwickshire Safeguarding Children Board Annual Report 2015/16

Cornelia Heaney, the Warwickshire Safeguarding Children Board (WSCB) Development Manager introduced this item. The independent Chair of WSCB produced an annual report which evaluated the effectiveness of partner agencies' work to safeguard children. The report included an analysis of the year's performance data. It reported on the impact of work undertaken under each of the WSCB's strategic priorities and made recommendations for further work to be carried out in 2016/17.

In reviewing the annual report, the Board considered that it was very detailed. For future reports it was requested that a format be used that was more in line with that of the WSAB. The restyled annual report should provide highlights, key data, changes and emerging themes. Further points were making use of more graphics and the collection and reporting of equalities data.

Karen Manners, Deputy Chief Constable for Warwickshire Police addressed the Board about the growth in reporting requirements. The issues faced in Warwickshire were the same as in other parts of the country, so there was a clear need to share information and to look to prevent issues, rather than create additional information gathering mechanisms. The concerns around information governance causing a barrier to sharing information were echoed by another board member.

Resolved

That the Board notes the Annual Report from the Warwickshire Safeguarding Children Board, but requests that future reports provide more clarity with highlights, key data, changes and emerging themes.

9. Multi Agency Safeguarding Hub

John Linnane provided a verbal update. Progress had been made in securing health representation in the Multi Agency Safeguarding Hub (MASH). The NHS was funding a coordinator post and a safeguarding nurse for children, with further consideration being given to an adult mental health service presence. It was hoped that this matter would soon be fully resolved and it would be discussed further at the Board's Executive Group. Councillor Alan Webb, Chair of the Adult Social Care and Health Overview and Scrutiny Committee questioned whether a coordinator post was at the correct level. Clarification was provided on how this arrangement would work. Karen Manners added that this was an interim arrangement, rather than a long term solution. The Board discussed the frequency of future reports on this matter, with the Chair suggesting that the new arrangements be given time to embed. Further periodic briefings would be provided.

Resolved

That the Board notes the update.

10. Any Other Business

The Chair paid tribute to Phil Robson, Chair of Healthwatch Warwickshire (HWW), as this would be his last Board meeting. As the founding Chair of HWW he had fulfilled his role with great skill and enthusiasm, being an integral part of the closer working arrangements between Healthwatch, the clinical commissioning groups and the County Council. He responded in kind, thanking the Chair and the Board. Phil Robson announced that he would be replaced by Professor Robin Wendsley. He also advised that a Public Health report on the operation of HWW would shortly be published and it contained a series of recommendations for Healthwatch, the Board and Warwickshire County Council, suggesting it would be a useful item for the Board's January agenda.

The Chair referred to the transition plan for Children and Adult Mental Health Services, which needed to be approved for submission to NHS England. The timing of this submission would require a meeting of the HWBB Sub-Committee to be arranged and a report back would be provided to the subsequent Board. She also advised of a report to the next Adult Social Care and Health Overview and Scrutiny Committee on the HWBB Outcome Framework. The Board's Annual Report would also be submitted to that meeting.

The meeting rose at 4.25pm

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Chair

Health & Wellbeing Board

23 January 2017

Multi-Agency Safeguarding Hub (MASH) Six Month Update

Recommendations

Recommendation 1:

That the board notes and comments on the progress made in relation to the implementation of the Multi-Agency Safeguarding Hub.

Recommendation 2:

That the board notes and comments upon the areas for development.

1 Introduction and Background

- 1.1 The MASH children's safeguarding pathway went live on 3rd May 2016, six months ago. The adult safeguarding pathway went live on 1st September 2016. The Health and Wellbeing Board received regular updates from the MASH during the project and launch phase. This report provides an update regarding the implementation of the child and adult safeguarding pathways and the performance of the MASH measured against the intended outcomes. The report also highlights areas for further development, as a result of the work of the MASH to further improve the journey for children and adults.
- 1.2 This report is based upon performance data for the first five months (May-September 2016) of operation for the children's safeguarding pathway and the first month of the adults safeguarding pathway. Some data such as timescales, details regarding contact (information and advice) is still being extracted.
- 1.3 Members of the board are asked to note that since 1st September 2016 the Multi-Agency Safeguarding Hub is now managed under the Initial Response Service. This was established by bringing together the MASH with the Child

Sexual Exploitation Team, Missing Children's Team and Emergency Duty Team under one Service Manager. This has allowed the Children & Families Business Unit to bring together its initial response safeguarding functions together. There are significant advantages, with closer links to the MASH for the investigation and response to Child Sexual Exploitation and Missing Children.

2. Performance based on our service aims and objectives

- 2.1 The MASH vision is to ensure that *"People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently"*. There are three specific aims of the MASH; to improve effectiveness, understanding and timeliness, through the initial response to safeguarding concerns. The MASH performance will be considered against these aims and objectives.

Effectiveness

- 2.2 Ensuring a co-ordinated approach, which allows early identification of threat, risk and harm, is one of the key objectives of the MASH. The MASH information sharing agreement has reduced barriers, allowing information to be shared where there are child protection or "child/adult welfare concerns" that have been identified. Every referral in the MASH is RAG rated. Since go live across children and adult pathways, 44% of all referrals have met the threshold as red or amber, which allows organisation to share information. This represents a significant change as before the MASH unless child or adult protection investigations were initiated at the point of referral, decisions were made by Social Workers alone, with only information known to Social Care and the referring agency. The triangulation of information across agencies allows a holistic view of the child or adult to be obtained at the point of referral. So need, threat, risk and harm can all be better understood. This is leading to different outcomes and decisions being made. This is due to information sharing and the multi-disciplinary approach taken to decision making. Police, Social Workers and Early Help Officers (as a minimum) are involved in deciding what should happen to a referral following triage. This has led to pooling the knowledge, skills and professional views. It has increased

professional challenge about what response may be required. This has allowed agencies to really collaborate and ensure needs/risks identified are addressed in a co-ordinated manner.

- 2.3 There are examples where the triangulation of information has led to unexpected outcomes, such as the identification of children out of education (12 not in any education and 7 home educated in the first three months) or not registered with any GP (another 12 in the first three months). The threshold for a safeguarding investigation was not met but ensuring information is shared so children get the right support and access to health and education has been a positive result. Without the new information sharing agreement or multi-agency approach, these children would not have been previously identified.
- 2.4 Reducing the number of referrals into safeguarding teams, which do not meet the threshold for a safeguarding service was also a key objective. This also included ensuring the right onward referral pathway, to the most appropriate agency. The MASH is interpreting for children, the Warwickshire Safeguarding Board Threshold Document. This was first produced in May 2014; it is a legal requirement for the Safeguarding Board to have an agreed threshold document. Having one rather than five referral points interpreting thresholds is leading to consistency in response. Prior to the MASH going live, the response received would have varied across the county, even where similar concerns were presented. Feedback from professionals both external agencies, Early Help and Children's Team colleagues indicates that thresholds are consistent and accurate. However, the information sharing has seen an increase in work to Children's Teams and increase in work to early help. This has led to increased pressures upon Children's Teams who have seen increased about of children receiving assessment. Capacity in these teams has been increased as a result. All agencies report increased pressure to complete early intervention; capacity for some organisation is an issue.
- 2.5 There is still work to complete to ensure all professionals have an agreed and shared understanding of the threshold document as the referral data shows

that still the vast majority of referrals (56%) receive to MASH receive a green RAG rating upon receipt. These are referrals which include specific requests for information (10%) from agencies like Family Court, CAFCASS, Probation Service or other local authorities to contribute to assessments or pre-sentence reports. The number of information requests received has been higher in proportion to the workload than expected. The remaining green RAG rated referrals (46%) usually require information, advice and signposting. This can be for a variety of issues, mainly around child contact disputes, parenting support, housing or debt support. In addition professionals identify early help concerns and make referrals to the MASH for reassurance that other agencies know what is happening and sometimes as professional or their organisation have no capacity to respond to the early help concerns. There are examples where organisations are aware of concerns, advice is given by the MASH that early help provision should be provided but this does not occur due to capacity and other issues, so the concerns often do then escalate. Reducing and managing demand for such issues is clearly an area for further development. Pre-MASH work was completed to understand such cases, which informed the new Early Help pathways recently adopted by Children & Families. It will clearly take time for these new processes to be implemented. However, it is clear the demand for the MASH to provide information regarding Universal Services and Early Help support does impact upon the management and response to child in need and child protection cases. The danger is managing this demand and ensuring that where children and adults that do meet the threshold for safeguarding intervention, get the response they require effectively.

- 2.6 Ensuring the right onward journey for referrals is also an area for development. It has become apparent that some long running practices have not ensured that the best outcome is achieved. For example, the police could be called to an incident where an adult states they are depressed, this is tagged by attending Police Officers and comes through the police staff in the MASH who have sent this referral to mental health services but the adult does not meet the criteria for such a specialist service and so the adult does not get the response they need. The agencies being co-located and working together

has identified that it would be better if advice about primary care mental health services was provided and the incident was shared with the GP. Another example is that domestic abuse incidents are only routinely sent to GP's if there is a child under five years old in the household. The MASH is working to identify and improve these pathways. In particular, communicating domestic abuse and other incidents to other agencies particularly schools and General Practitioners. Head teachers and GP's both reported during the pre-MASH multi-agency workshops a desire to receive details of such incidents. The MASH information sharing agreement will allow high and medium domestic abuse incidents to be shared with agencies. It will also allow sharing of standard incidents if there is a clear early help reason for this being shared but on the basis of seeking consent from the individual first. The implementation of the MASH is leading to identification of gaps in referral pathways such as those described above. Work is being undertaken by the MASH to further consider how incidents or concerns may be shared with the right agencies so they can ensure the right service is initiated. These may not be safeguarding issues but often early intervention cases where there can be repeated issues as the right response and service was not provided on the first occasion.

- 2.7 The final objective in regards to effectiveness reflected the “all age” MASH model Warwickshire have implemented. We wish to ensure a ‘person centred’ and ‘think family’ approach to managing individual need and improving the user experience of those receiving safeguarding services. Since the adult safeguarding pathway went live there have been one or two case examples in the first month where adult and child safeguarding concerns have been co-ordinated in tandem. This has ensured that often complex and multiple safeguarding concerns within a family are fully and jointly understood and addressed. In addition, feedback from members of the public who have contacted the MASH has been positive, in regards to the response and advice they have received, particularly when they contact the MASH in a crisis. Some examples of service user feedback are below.

"I contacted the MASH as an anxious parent. The MASH staff were really helpful. Great Customer Service!"

Parent A

"Thank you for being wonderful & reassuring. I was not sure what to expect but you were wonderful in calming me down and gave me great advice and information."

Parent B

"Thank you for taking me seriously. My child is the victim of domestic abuse from her boyfriend and at last someone is listening"

Parent C

Understanding

- 2.8 The MASH was set the objective of creating an environment, which encouraged feedback and shared learning across agencies to improve service provision. The agencies within the MASH are getting on well; there is a real sense of team within the MASH. Professionals are clear about their individual roles and still maintain effective professional challenge with one another. Regular MASH Stakeholder Group and Children's Teams Partnership Meetings take place to encourage feedback and learning across partner agencies and with Early help and Children's Teams. Through multi-agency workshop's pre MASH we have encouraged professionals in agencies, who send referrals; to contact the MASH if they are not happy with the MASH outcome or decision. In the last five months there have been only a small amount of escalations by referrers where referrers disagree with the outcome of the MASH decision making. However, we continue to encourage referrers to contact the MASH Management Team to discuss any concerns. In addition, the team have recently started a series of MASH Challenge Event in each district for professionals to give feedback about the MASH and to discuss with the MASH outcomes on specific cases. This is helping to start a conversation between the MASH and other professionals to improve the joint understanding regarding the Warwickshire Children Safeguarding Board Threshold Document. Feedback received is enabling the MASH to review processes and further evolve and improve. One of the key areas identified has been the lack of feedback on some cases, where referrers are not sure of the outcome from the referral sent. This has been a long running issue between Children's Social Care and referrers. There have been improvements to ensure referrers and those agencies who provide information

through triage receive confirmation of the outcome of their referral. However, we need to ensure this occurs in 100% of all referrals. The implementation of the new Children's Social Care Mosaic system will aid this.

- 2.9 Providing a consultation service to professionals seeking safeguarding advice about thresholds, referrals, early help assessments and domestic abuse situations was also a key objective. Consultation Services are provided to professionals but this process has changed since May 2016 as professionals now have to name the children they are consulting about so that information can be recorded and triangulated. There has been a reduction in the amount of Social Work Consultations but there has been a significant increase in the number of professionals obtaining advice from Early Help. There are strong links in the MASH between the Early Help Officers and Social Workers who now are co-located and support one another to ensure appropriate advice and support is provided. Overall, consultation with social workers may need to be further advertised but professionals are accessing early help provision appropriately. Furthermore, the MASH is providing referrals training through the Children's Safeguarding Board. This training has been very popular with over 150 people requesting a place. The training, previous workshops and Challenge Events may also be contributing to increased awareness of thresholds.
- 2.10 The centralisation of safeguarding referrals through one place has enabled consistency and reduced duplication of service provision. For example, triangulating information across Children's Social Care and Early Help enables MASH staff to understand what early help provision if any has been provided. However, there are some examples where early help provision has been provided and advice from MASH has been to repeat this. This has been a key frustration raised by some professionals. This is appropriate in some cases, particularly if the advice is to try a slightly different approach but this could be further improved. MASH professionals will benefit from being given time to "dive deeper" into referrals, so they fully understand and take on board early intervention that has been undertaken and the impact this has or has not had to initiating change and why. This will further reduce duplication in effort

and service provision. As well as support our vision to ensure the right service is provided at the right time.

- 2.11 Further analysis regarding gaps in services and feedback this information is currently being undertaken as we approach the six month point and this will be provided to agencies to improve service provision and allocation of resources.

Timeliness.

- 2.12 Speeding up the time it takes to make safeguarding decisions and ensuring users of safeguarding services are quickly directed to the right service appropriate to need is a key aim for the MASH. The data around timeliness is still being extracted. However, red RAG rated referrals, which need to be completed within two hours, are leaving the MASH in this timeframe. These are cases where the referral upon receipt or upon information being shared, indicates immediate risk of harm. Child Protection procedures are initiated, triage is completed and a MASH Meeting, which acts as a Strategy Meeting takes place.
- 2.13 The timescales for amber and green RAG rated referrals remain a concern. The MASH has been carrying a backlog of around 100 amber and 175 green referrals. Feedback from some professionals has been that it took too long for referrals to be processed. There are two main reasons for this. The first is information sharing, sometimes there can be delays in receiving information from some agencies upon amber referrals, which has delayed the decision making process. However, we are trying to improve this by making sure decisions based on the information that is known within 24 hours. The second issue is capacity of the MASH and capacity of organisations to undertake early help provision. The majority of MASH resources are used to answer calls and emails, rather than triage of referrals. This has led to proposals below to change some processes and structures in the MASH. Furthermore, the number of staff processing green RAG rated referrals is also a pressure as this is the vast majority of the work received. However, green RAG rated referrals do not meet the threshold for a safeguarding service but require the

MASH to provide advice, information and signposting so that children receive early intervention support so concerns do not escalate. Children's Social Care have increased the number of Social Care Worker by two over August 2016, which has helped improve timescales for green referrals.

- 2.14 Volume of domestic abuse incidents and being able to ensure the secondary risk analysis is provided by the MASH is completed in live time remains a real struggle. All Domestic Abuse incidents receive a DASH Questionnaire which indicates the risk to the victim, which is usually the adult. High and Medium risk incidents are processed by the MASH police staff and then the wider MASH team in expected timescales. However, there are occasions when there have been 15-20 medium incidents outstanding and there are regularly 400-500 standard incidents outstanding, some can be up to four weeks old. This has been a long running issue and was occurring pre MASH. As a multi-agency group the MASH are working to improve this situation through joint screening meetings. The police have also provided additional resources and planning to complete a review of this area of work.

Summary – MASH Performance

- 2.15 Comparing the performance of the MASH to the intended outcomes shows that through the co-location of agencies, working together to share information, challenging one another is leading to a more consistent and integrated response. A holistic view of the child or adult is leading to different and better decision making. However, there remains work to be completed to ensure all referral pathways are interlinked, improve timescales and ensure MASH practitioner deep dive into referrals to ensure concerns and any previous early intervention is fully understood.

Multi-Agency Engagement

- 2.16 The most pressing agency engagement issue, continues to be the health contribution to the MASH. Discussion and collaboration with the CCG's has continued. The lack of health representatives in the MASH has been subject to previous discussion at the Health & Wellbeing Board, Warwickshire Safeguarding Children Board and Warwickshire Safeguarding Adult Board.

An updated report setting out the required health contribution to the MASH has been agreed by the MASH Strategic Board and shared with the CCG's by John Dixon, Strategic Director. The CCG's have put forward funding for a business support liaison officer and at the last steering group agreed in principle that a rota for children's safeguarding nurses to cover the MASH would be put in place. Confirmation of these arrangements and an updated briefing will be circulated by the CCG lead for the MASH prior to the board meeting.

- 2.17 The risks of not having health represented in the MASH are significant. There have been Serious Case Reviews nationally and locally, which have identified the lack of information sharing across agencies as a cause of abuse not being detected and opportunities to take action being missed. A significant factor is the identification and provision of a Mental Health Services Practitioner. The involvement and provision of staff within the adults safeguarding pathway is particularly vital to the success of the adult safeguarding pathway. Discussions with adult mental health services are also ongoing. The benefits of the all age MASH model will not be realised without the provision of Mental Health staff in the MASH.

3. Development Priorities

- 3.1 The MASH is constantly evolving and adapting. The MASH, as stated above is going back out to agencies to seek feedback and undertake further discussions around thresholds and referral process. A joint understanding and application across all agencies regarding the Warwickshire Safeguarding Children's Board Threshold Document is vital to the success of the MASH. As set out above the number of referrals which upon receipt meet the threshold for universal intervention or early help at level one or two is significant. In order to manage this agreement has been given to implement a "First Response" pod within the MASH to manage the high volume of telephone calls and emails. This will involve Early Help Officers within the MASH and further links will be made with the Family Information Service. An additional two Social Care Worker will also be seconded to the MASH to support this. This change will enable a more timely response to green RAG rated referrals.

This will also free up Social Workers to “deep dive” and process through initial screening and triage, which will also improve the timeliness of amber RAG rated referrals.

- 3.2 As a result of feedback from professionals and members of the public; in September 2016 the MASH set four main areas to improve over the three months from September – December 2016. These actions will further improve communication between referrers and timescales. The actions set are as follows:
- A. Manage volume and improve timescales.
 - B. Improve the pathway for “Green” RAG rated referrals. Particularly requests for information and Early Help/Universal Service information and advice
 - C. Improve triage to quicken information sharing and multi-agency decision making.
 - D. Provide feedback to referrers and SPOC’s for 100% of referrals.
- 3.3 In addition feedback from professionals has led to a review of the Multi-Agency Referral Form (MARF). An audit is being completed regarding the quality of the referral forms, which will be feedback to the Procedures Sub-Committee for the Warwickshire Safeguarding Children Board. In 2017 we are also working to develop and implement an online portal for referrals.
- 3.4 The timescales for police staff to complete a secondary risk analysis of domestic abuse and other child or adult incidents will also be completed. Review of the business processes completed by the police and wider MASH over the next six months will aid further collaboration and ensure a lean approach is taken. Ultimately the MASH wishes to respond to police incidents in near live time, so that within 24 hours of an incident occurring that the multi-agency process is completed. Included within this work will be reviewing and implementing all referral pathways to ensure sharing information with GP’s and School’s regarding police incidents, as appropriate.

- 3.5 The MASH allows for a central multi-agency oversight of safeguarding concerns regarding the prevent agenda, children and young people missing from home, school and care, child sexual exploitation, trafficking and hate crime. The MASH is building strong links with these areas to ensure information is shared, risks are understood from different agency perspectives and an integrated plan of intervention is provided. An integrated risk assessment matrix for these areas is also being developed, which will aid the identification of safeguarding concerns and ensure community safety issues are addressed.
- 3.6 Finally, a Service Plan setting out development and priority areas for 2017-2020 is currently being developed. A copy of this document will be provided to the Board upon completion.

4. Summary, Next Steps & Recommendations

- 4.1 Overall, the implementation of the MASH is a success. The implementation has been relatively smooth and the intended outcomes are being realised. Areas for further development have been established, in particular ensuring the full participation and representation of all agencies which would be vital in ensuring that all the intended benefits are realised.
- 4.2 Areas for further development are to be expected as co-located agencies and professionals are able to identify issues to make further efficiencies and improvements. In particular, the MASH needs to improve timescales and ensure robust communication across all referrers and other agencies regarding the outcome of referrals. Furthermore, children & adults will be better supported if improved referral pathways are in place to ensure the right agencies receive information about incidents of concern or referrals so they can provide the right support, the first time.
- 4.3 Key to the success of the MASH will be to manage the volume of referrals, which upon receipt meet the threshold for universal or early help rather than safeguarding, as this demand does place the MASH under significant pressure. This means all agencies need to understand the Threshold

Document and it is vital that there is capacity across agencies in Warwickshire to provide Early Help. Otherwise, this will increase re-referrals and risks will escalate, so statutory intervention will be required.

Recommendations:

1. That the board notes and comments on the progress made in relation to the implementation of the Multi-Agency Safeguarding Hub.
2. That the board notes and comments upon the areas for development.

Background Papers:

- MASH Performance Data Report May – September 2016. Warwickshire
- Safeguarding Children's Board – Threshold Document May 2014.
- MASH Standard Operating Procedures April 2016

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Local Member(s): None

Other members: Cllr Izzi Seccombe, Cllr Les Caborn, Cllr Jose Compton, Cllr Alan Webb, Cllr Mike Perry, Cllr John Holland, Cllr Kate Rolfe

MASH Performance Data: May – September 2016



The following data and commentary has been extracted through PAM (the MASH Referral Tracking System), Liberty Telephone Agent Programme and Carefirst. This report shows data for five months since the children's pathway has been operational and first once of the adult safeguarding pathway being operational.

Please note that Contacts A1 represent cases that left the MASH after initial screening. Referrals B1 represent cases that left the MASH after triage where all the agencies have shared information. (and MASH Meeting where needed).

MASH Initial Screening – Children's Pathway

1.1 Combined contact been received by the MASH

May – September 2016 the combined number of contacts that have been made with the MASH either by the telephone or email with a referral or seeking advice:¹

Contact Method	No of Contacts	% of the total volume
Telephone	10,456	51%
Email	9946	49%
Total	20,402	NA

1.2 Breakdown of telephone calls the MASH has received.

In the first five months telephone options selected by the caller were as follows:-²

<u>Liberty Options Analysis of presented calls May – September 2016</u>	Callers option choice	Callers option choice by percentage of total calls
Early Help Support	2373	23%
Make a child Referral	1979	18.6%
Social Care Consultation	1665	15.9%
Other (Option note chosen)	4379	42%
Hotline (MASH & Children's Teams)	60	0.5%

¹ Table produced using the combined data from Liberty Telephony Agent and Lotus Notes between 3rd May 2016 – 30th September 2016.

² This data has been taken from Liberty Telephony Agent from the 3rd May 2016 – 30th September 2016.

This data has been used to readjust the telephone line options, to encourage callers to make a selection rather than holding and being put through to Business Support. In September there was a 95% increase in callers choosing an option, rather than holding and waiting for business support as a result.

Further analysis of the telephone data shows that a significant increase in callers selecting Early Help. Prior to the MASH Early Help duty lines (which the MASH replaced) received on average 100 calls a month. On average, five times more calls for Early Help are being received. We have two Early Help Officers in the MASH. They both receive Early Help calls at any one time but the volume of calls means they are unable to answer all Early Help calls. Since go live Early Help have answered 56% of the calls they receive. When the call is not answered by Early Help Officer, the call transfers to Business Support or Social Workers.

The average waiting time for a call to be answered is 1 minute 21 seconds.

1.3 Details of where referrals have been made by agency.

The following information has been taken from Carefirst on B1 Referrals completions. This represents the referrals that have gone to Triage between May and September 2016. Currently, agencies making referrals that are dealt with at initial screening and recorded as a contact A1 does not detail agency who contacted MASH.³

The largest referring agency remains the police, followed by schools and members of the public.

Contact by	% of total referrals (B1s)
Police	27.3%
Schools	15%
Members of the public	10.9%
Education Services	7.2%
Social Care	6.0%
Ambulance Service	5.7%
LA Services Other Dept	5.5%
Self-Referrals	5.3%
Other Children agencies	4.3%
Legal Services	4.2%
Housing	2.7%
Health Visitor	2.0%
GP	1.5%
A&E	1.3%
Other Health	0.7%
Unknown	0.3%
School Nurse	0.1%
Total	100%

³ Data taken from Carefirst Report produced by BCI September 2016

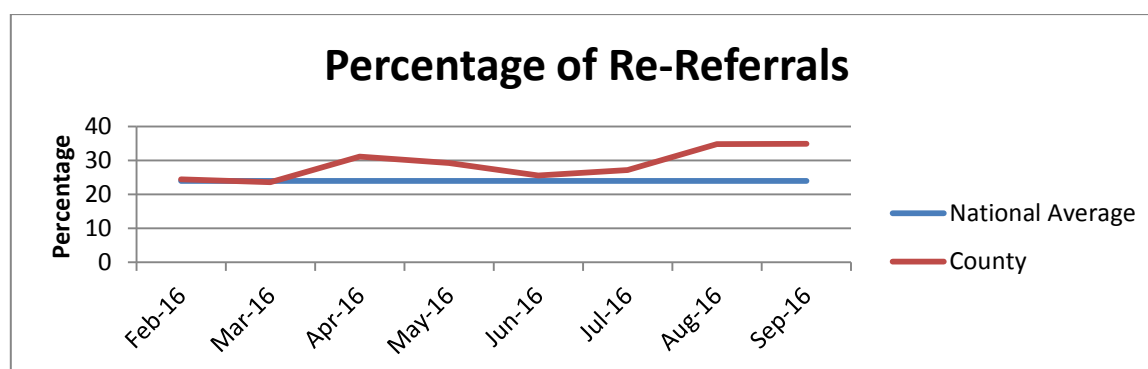
1.4 Combined contact and referral records completed by the MASH

The following data represents the number of A1 Contact (Information & Advice at initial screening) or B1 Referrals records (triaged) completed by the MASH and other Children's Teams in May – September 2016.⁴ This shows 44% of all contacts/referrals received by MASH meet the threshold to go through triage process. Children's Teams have still received and processed some referrals and contacts but this is reducing as the new referral pathways embed.

	May 2016	June 2016	July 2016	August 2016	September 2016	Total since go live
MASH Contacts	1013	833	882	1292	1213	5233
MASH Referrals	959	900	749	769	832	4209
Children's Team Contacts	198	77	59	35	32	401
Children's Team Referrals	51	30	23	38	23	165

1.5 Re-referrals

The following data shows the re-referral rate for the six month period from February 2016 to September 2016. The national average of 24% (in 2014-2015).⁵ This data is taken from B1 Referral records only.



	April	May	June	July	August	September
MASH	N/A	283/959 = 29.5%	218/900 = 24.2%	193/749 = 25.8%	250/769 = 32.5%	283/832 = 34.9%
County	155/498 = 31.1%	296/1012 = 29.2%	238/931 = 25.6%	210/772 = 27.2%	281/807 = 34.8%	298/855 = 34.9%

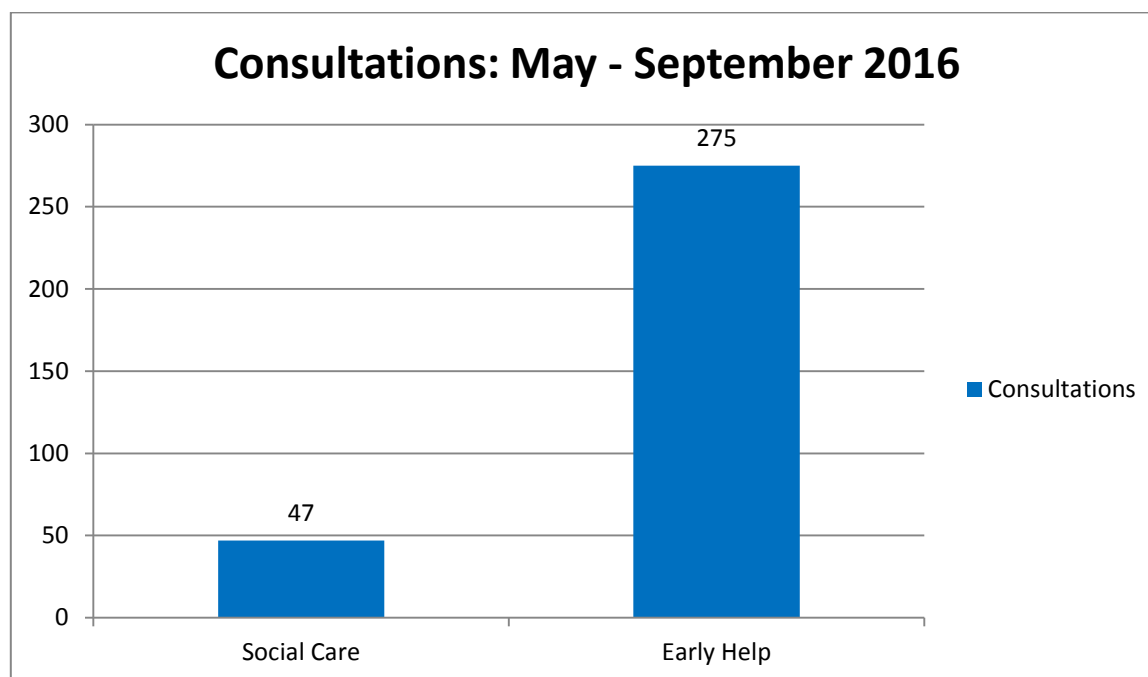
⁴ Data taken from the BCI report Feb – September 2016.

⁵ Data taken from the BCI Contact and referral report September 2016

There has been an increase in re-referrals. This is due to more cases going through triage and being loaded as a referral record. Over the next month an audit is being completed to understand this further.

1.6 MASH Consultations – Early Help and Social Care.

Data produced from PAM outcomes of resolved cases⁶ demonstrates the number of Early Help and Social Care Consultations. These represent professionals contacting the MASH for a consultation on a safeguarding issue they are dealing with.



Prior to the MASH the number of Social Care Consultations was not recorded. However it would be anticipated that more consultations with Social Care would have occurred. There has been a change in consultations as professionals have to name the child. This indicates we need to encourage more professionals to use this service.

MASH Triage- Children's Pathway

2.1 Incidents and Crimes relating to children.

Warwickshire Police have been able to produce a report which evidences the impact the MASH has had on the number of incidents and crimes relating to children. This relates to incidents and crimes recorded by the Police Staff (based in the MASH) after receiving reports from Children's Social Care primarily within the MASH. Figures compare the three months prior to the MASH going live.⁷

⁶ Data taken from the CSV reports based on the PAM Outcome reports September 2016

⁷ Figures presented by the HAU. Data is between 1st February 2016 and the 22nd August 2016.

Type	Number Pre MASH (Children's Teams to HAU February – April 2016)	Number Post MASH (Reported in MASH May- July 2016)	Percentage Increase/Decrease since 03.05.2016
Incidents	93	120	Increase by 29%
Crimes	25	59	Increase by 136%
Total	118	179	Increase by 51%

2.2 Domestic Abuse Incidents across Warwickshire

Warwickshire Police have provided information regarding the number of Domestic Abuse Incidents across Warwickshire.

Type	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016
Incidents	336	366	365	397	419	359
Recorded crimes	400	399	399	437	453	402
Total	736	765	764	834	872	761

The table below has been taken from Carefirst data which shows the number of domestic abuse referrals which have been triaged based on the completion of B1 Referrals.⁸

Type	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Total across May –July 2016
Contacts, (Screened out or adult only)	473	509	616	TBC	TBC	1570
Referrals (Triage/MASH Meeting)	292	255	218	TBC	TBC	765
Percentage of total DA incidents that went through triage	38%	33%	26%	TBC	TBC	32%

The number of domestic abuse incidents now receiving a multi-agency triage is significant. However, the timescales for domestic abuse incidents to be put through secondary risk assessment by police staff and brought into the MASH remains a concern.

⁸ Data taken from the reports sent by the People Group Business Analysis distribution on the 16th August 2016.

MASH Referral Outcomes - Children's Pathway

The following data details the outcome of B1 Referrals which have been through the triage process. Work is ongoing to evaluate outcome of Contact A1 records.

3.1 Referral Outcomes

The following data represents the outcomes of the MASH Referrals following Triage. This data has been taken from the PAM data based on the PAM Outcome Options.⁹ This shows that the vast majority of contacts and referrals lead to information, advice and signposting. These represent situations which do not meet the threshold for safeguarding concern but early help and advice is required.

Outcome at resolution	Percentage based on overall MASH Volume over period.
Statutory Single Assessment - Child Protection	2%
Statutory Single Assessment - Child in Need	17%
Statutory Single Assessment - SEND Child in Need (Children with Disabilities)	2%
Position of Trust investigation	1%
Early Help – CAF	9%
Early Help – Referring agency to provide additional support.	5%
Early Help - Other organisations support to be sought.	5%
Early Help – Family Information Service	3%
Information Requests completed	10%
Information, Advice & Signposting (regarding contact issues, parenting support, housing, debts/benefits and miscellaneous)	24%
Information, Advice & Signposting (Domestic Abuse)	22%

3.2 Referrals leading to a Single Assessment

This data indicates the number of referrals which led to a Single Assessment.

	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016
MASH Referrals	-	432/959 =45%	250/900 =38.9%	243/748 =32.5%	291/769 =37.8%	219/832 =26.3%
County Total	200/498 =40.2%	457/1012 =45.2%	362/931 =38.9%	249/771 =32.3%	300/807= 37.2%	228/855= 26.7%
% Increase or decrease in assessments	N/A	128.5% Increase since pre MASH	81% Increase since pre MASH	24.5% Increase since pre MASH	50% Increase since pre MASH	14% Increase since pre MASH

⁹ Data taken from the CSV PAM outcome report as "Selected outcome" September 2016

The above table illustrates there has been a significant increase in the number of referrals which have led to a Single Assessment. The increase in Single Assessments was significant since the MASH went live, but this is reducing. Triangulation of information is generally leading to different outcomes for children.

MASH Timescales - Children's Pathway

This data indicates the number of referrals (B1 referral records) which were moved onto a single assessment within 24 hours of the referral being received. The full data regarding timescales is not yet available until the performance dashboard goes live. Generally red rag rated referrals are dealt with in two hours but there are delays with amber and green referrals. The data below does not therefore yet represent the whole picture.

	Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016
MASH Referrals	-	338/432 =78.2%	230/350 =65.7%	178/243 =73.3%	209/291 =71.8%	173/219 =79.0%
County Total	169/200 =84.5%	362/457 =79.2%	239/362 =66%	180/249 =72.3%	215/300= 71.7%	179/228= 78.5%

MASH Adult Safeguarding Pathway

The Adult Safeguarding Pathway only went live on 01.09.2016. The full adult pathway has not been able to go live as health services are not yet present in the MASH. Currently the police and Adult Social Care Safeguarding Team are working together.

In the first four weeks 168 cases were referred by police. Over half of these cases (93 of these cases- 55%) resulted in no referral to WCC Adult Social Care as they did not meet the safeguarding threshold (93 of these cases- 55%). These cases would have previously been likely to generate referrals to Adult Social Care Safeguarding Team. This has led to a significant reduction in referral numbers being sent to the Adult Social Care Teams.

In the first four weeks from the police referrals screened, 14 new referrals for care and support needs were received and nine new referrals resulted in adult safeguarding assessments.

The advantages of working more closely with other agencies such as police is evidence within this short time but this could be further improved if mental health services were present in the MASH.

Completed October 2016

Health and Wellbeing Board

23 January 2017

District and Borough Update

Recommendation(s)

1. The Board notes the update from District and Borough Councils on their health and wellbeing activity since the last Board.

1.0 Key Issues

- 1.1 There is a wealth of health and wellbeing activity across the County which contributes to the priorities set out in the HWB Strategy. The purpose of this update is to ensure that the Board has sight of the valuable contribution that Districts and Boroughs make to improving Health and Wellbeing in Warwickshire.
- 1.2 The update covers the period since the last Health and Wellbeing Board on 9th November 2016. It has been provided by District and Borough officers and signed off at the HWB Portfolio Holders meeting on 11th January.

2.0 Options and Proposal

- 2.1 The Board notes the update from District and Boroughs.

3.0 Timescales associated with the decision and next steps

- 3.1 An update will be brought to each HWBB.

Background papers

None

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Local Member(s): None

Other members: Cllr Izzi Seccombe, Cllr Les Caborn, Cllr Jose Compton, Cllr Alan Webb, Cllr Mike Perry, Cllr John Holland, Cllr Kate Rolfe

HWBB 23rd January District and Borough Update

Promoting Independence for all

North Warwickshire Borough Council

The Working Party have produced a Focus which will be used to develop the 2017-2020 corporate Health Improvement Action Plan. This includes priorities on making our Community Hubs more proactive for health.

Warwick District Council

Health & Wellbeing Lead (H&WB Lead officer) meeting with Councillor Edgington – Ideas for progressing his 'Dementia Friendly Warwick' agenda.

Rugby Borough Council

We have started recruiting volunteers for the Eastern European link-worker project. Basically, Polish speaking volunteers will help their peers to access services and support in the borough. The added benefit if the scheme is that the volunteers / mentors will strengthen their CV's.

We are in the process of appointing the first 2 successful candidates.

Nuneaton and Bedworth Borough Council

- Using new powers to enforce the provision of smoke and carbon monoxide alarms in private rented housing, the Private Sector Housing Team continues to protect residents
- Provision of MECC and Dementia awareness training has been provided to front line employees and a continuing commitment to provide e- learning opportunities has been made. In addition to this, the concept of MECC is being embedded into relevant Job Descriptions
- Aiming to improve/ enhance the health and wellbeing of NBBC employees by recruiting Employee Support Officers who are able to offer support to employees for stress management, mental health and wellbeing and implementing a work place programme of activities providing opportunities for NBBC employees.

Community Resilience

North Warwickshire Borough Council

A Strategic Leisure Review is currently being conducted, which includes consultation with a range of stakeholders including sports clubs. This consultation will be used to shape any recommendations for services and provision moving forwards.

Warwick District Council

Training Sessions 'Walking for Health' Walk Leader – 16 volunteers attending. This is certainly good progress towards dealing with a conspicuous absence of Walks for Health in Warwick District.

Rugby Borough Council

The Rugby Community Safety Partnership has developed an action plan (which was subsequently approved by the Home Office) as an output from a recent domestic homicide review. As part of this, we are now working with the Benn Partnership, who has been commissioned to do some research to identify barriers to people from ethnic backgrounds (particularly Jamaican) in reporting issues of domestic violence. The research will be based heavily on primary research amongst BME's and will be completed at the end of March 2017.

Nuneaton and Bedworth Borough Council

- Implemented a Taxi Marshal Scheme within Nuneaton Town Centre to reduce alcohol relate crime and disorder
- Commissioned nine 'Healthier Communities Projects' which include funding for the following organisations:
 - a) Embody Dance:
 - b) Exhall Boxing Academy
 - c) Healthy Living Network
 - d) Abbey Family
 - e) DAC
 - f) Newdigate Allotments
 - g) Harriers Community Association
 - h) Orchestra of the Swan
 - i) Escape Arts
- Launched the Healthier Communities Grant scheme for 2017, combining £30,000 of funding from Public Health and NBBC. This deadline for this scheme is the 6th February 2017
- Worked collaboratively to address the issues surrounding the high teenage conception rates experienced in the Borough. As part of this, NBBC has worked closely with Public Health and WCC's RSE team to develop an action plan which has been supported by a Health Working Party, made up of Elected Members from the Borough.
- Working to implement mandatory safeguarding training for Hackney Carriage and Private Hire Drivers licensed by NBBC

- Installed defibrillators on key community buildings including Nuneaton and Bedworth Town Hall, Civic Hall, Bulkington Library and Oakwood Court
- Commissioned 'Loudmouth' to deliver a program within schools in Nuneaton and Bedworth, focusing on sexting, Child Sexual Exploitation and Alcohol related harm
- Introduced a series of enhancements to Bailey Park, in the Bede area of Bedworth. This includes the installation of an additional Outdoor Gym
- Commissioned the provision of guided activity sessions on the Outdoor Gyms
- Community Exercise programme now in place across the Borough working out of community settings, to support increase physical activity by residents.
- Trialled the 'Bupa Boost' app is for employees. This has been championed by members of the Corporate Health Champions Group and will be evaluated prior to roll out across the organisation
- On-going work and liaison with representatives from community organisations via the Sports Development Team to develop a sustainable project based not only around cricket but a range of physical activity activities.
- Walking for Life sessions continue

Integration and Working Together

North Warwickshire Borough Council

Public Health has produced a comprehensive Needs Assessment for Atherstone and Mancetter. An additional meeting has been arranged to add "soft" data about the areas to the report, but this was a very helpful and informative document.

Warwick District Council

Meeting County Dementia Action Alliance at Rugby, Councillor Edgington in attendance. This is the coordination and mutual support body for progressing 'Dementia Friendliness' in Warwickshire. For example, Warwickshire Police introduced The Herbert Protocol. It is a national scheme being introduced by the Police and other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. A similar support agency, the County Food for Health meeting was hosted – items on the agenda were-

- Cooking with different ethnic groups or cook and eat
- Community gardens
- A partnership approach to working with schools
- Improving access to affordable food

- Healthy eating in the workplace
- A summary of Trading Standards activity

Warwickshire Smokefree Alliance – there is a move to topic/project based reporting eg a County initiative involving H&CP staff to investigate exposure of children to tobacco smoke in cars. Previously, signatories were being asked to report on an excessive list of issues, not necessarily within their remit.

Wellbeing Charter South Warwickshire Foundation Health Trust – audit completed by H&WB lead officer, award pending.

Meeting with Public Health – future of shadow Board South to mirror the one in the North of the County and Health Scrutiny.

Meeting Human Resources – development of a schedule of internal health awareness sessions for staff as required by the Wellbeing Charter.

On 2nd February the inaugural meeting of the WDC Officers Health & Wellbeing Steering Group will be held. This group draws representatives from all Council Departments in order to reinforce the corporate nature of our approach. Colleagues will bring forward relevant information from their areas to feed efficient and consistent updates for all stakeholders needing to know.

Rugby Borough Council

We are planning to have new contracts with the voluntary and community sector in place for the beginning of April 2017. There are two contracts – *advice services* and *community infrastructure support*. Both contracts are currently out to tender.

Nuneaton and Bedworth Borough Council

- Working with statutory agencies to conduct Domestic Homicide Reviews and monitor the action plans associated with them
- Continue to work to deliver a project to provide external wall insulation to private households, helping reduce fuel poverty; keep people warm, save money and reduce carbon emissions
- Working in partnership with Public Health to implement a 'Healthier Communities Grant Scheme' for 2016/17
- Currently developing a Sports, Recreation and Community Facilities Strategy
- Delivered a range of physical activities in the Borough's public open spaces.
- Worked with partners to coordinate a range of activities during National Alcohol Awareness Week in November 2016

- Working with partners to develop the countywide 'Clear Assessment' for alcohol related harm

- Continuing commitment to work in partnership with the British Heart Foundation to reduce the incidents of CVD and other related diseases. This has been in place since 2011. As part of this, the British Heart Foundation 'Run For your Heart event' 2016 took place on Sunday 17th April 2016. The event was developed in partnership with the British Heart Foundation and the Nuneaton Harriers Athletics Club. Support was provided from Everyone Active, Kids Run Free, Nuneaton Sea Cadets and Health Partners who undertook Health checks. A total of 176 people took part in the event and raised approximately £6,000. A fifth 5K Fun Run has been organised for April 2017 and an 10K run for September 2017

- Supported Nuneaton Harriers Community Association and the Old Collycroft Residents Association with applying for funding from the People's Health Lottery

- Maintained the Passport to Performance Scheme, which is a scheme to award talented athletes across Nuneaton and Bedworth with free use of NBBC owned leisure facilities, was launched in partnership with Everyone Active in 2014.

Items of interest / issues for the Board

Rugby Borough Council

We are about to invest in a programme of external wall insulation in Long Lawford – an area with high-levels of fuel poverty and high numbers of solid wall properties (which are hard to heat). The project starts on site imminently and will benefit from RBC funding and £60,000 Eco funding via E.ON. Work to the 39 properties in scheduled for a 31 March 2017 completion.

Health and Wellbeing Board

23 January 2017

Health and Wellbeing Executive Team Report

Recommendation(s)

1. The Board notes the key messages and decisions from the Health and Wellbeing (HWB) Executive Team on 9th December 2016.

1.0 Key Issues

- 1.1 The HWB Executive Team complements the Health and Wellbeing Board. This report ensures that there is a formal link between the Health and Wellbeing Board and the HWB Executive Team.
- 1.2 The HWB Executive Team take responsibility for actions arising from the HWBB and Executive Team.

2.0 Options and Proposal

- 2.1 To note the report from the HWB Executive Team.
- 2.2 At the meeting on the 9th December the following items were discussed:
 - Coventry & Warwickshire STP submission
 - HWB Joint session - 16th Jan
 - LGA Peer review for Coventry & Warwickshire
 - HWB development plan
 - Refreshed Approach to the JSNA
 - Coventry and Warwickshire Information Sharing Advisory Group
 - Agenda and forward plan
 - Research requests
- 2.3 In considering the above, the HWB Executive made the following key decisions:
 - Agreed to pilot the LGA Peer Review in February/March 2017 with Coventry HWBB. This will focus on making the concordat real in terms of the relationship between the two Boards and the STP.

- Agreed that the focus of the 16th January Coventry and Warwickshire HWBB session will be:
 - The STP, particularly the Proactive and Preventative workstream.
 - The relationship between the HWBBs and the STP.
 - The role of Coventry and Warwick Universities (including insight on where things are working well already).
 - The Health and Care System across Coventry and Warwickshire.
 - Engagement on the Maternity and Paediatrics STP workstream.
- Agreed not to refresh the HWB Strategy to the previously proposed timescale of March 2017 but to strengthen the support needed to deliver the strategy.
- Agreed to nominate leads from each organisation to act as the main contact for a task force to progress the above, starting with mapping current activity and groups within in the HWB system to report back to the Executive Team in February.
- Agreed to a refreshed approach to the JSNA and to widen the membership of the JSNA Strategic Group to include representation from CCGs, District and Boroughs and WCAVA.
- Acknowledging the progress made to date by the Information Sharing Advisory Group, the Team proposed that further recommendations and detail on issues and proposals to move forward should be taken to the STP Programme Board and HWBB.
- Agreed not to take part in the Bristol University Research Project due to lack of capacity.

3.0 Timescales associated with the decision and next steps

- 3.1 The next HWB Executive Team will be held on 15th February 2017 and will focus on developing a collective view of transformation across the HWB system.

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	Cllr 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: Cllr Izzi Seccombe, Cllr Les Caborn, Cllr Jose Compton, Cllr Alan Webb, Cllr Mike Perry, Cllr John Holland, Cllr Kate Rolfe

**Health and Wellbeing Board
23 January 2017**

**Coventry and Warwickshire Sustainability
and Transformation Plan**

Recommendation(s)

1. The Health and Wellbeing Board note the Coventry & Warwickshire Sustainability and Transformation Plan (STP) and inform future engagement of the HWB Board in the STP development.

1.0 Key Issues

- 1.1 Key elements of the role of Health and Wellbeing Board (HWB) Board as agreed in the 2015 Governance review include:
 - *To provide strategic direction and develop shared outcomes for improving health and well-being in Warwickshire by bringing together relevant partners whose functions have an impact on health and well-being*
 - *To create collective ownership and accountability among partners for the delivery of shared health and well-being outcomes to Warwickshire residents*
 - *To promote positive health and well-being among the Warwickshire public and encourage integration between social care and health*
- 1.2 This role is further cemented within the vision of the Alliance Concordat agreed by Coventry and Warwickshire HWB Boards in October 2016:

We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything that we do. We will share responsibility to transform our services whilst making circa £400m savings and efficiencies across Coventry and Warwickshire over the next five years
- 1.3 The vision for the Coventry & Warwickshire STP is:

“To work together to deliver high quality care which supports our communities to live well, stay independent and enjoy life”

- 1.4 As such the STP is a critically important piece of work which the HWB Board needs to both understand and influence. The STP is submitted to the Board for consideration of its content as well as a wider consideration of the relationship between the STP and the HWB system, which the Board represents.

2.0 Options and Proposal

- 2.1 STPs are a new national requirement, based upon integration and joint working across the Health and Wellbeing system.
- 2.2 The HWB Board has received briefings on the development of the STP, but has been unable to see the detail until the plan was released publically on 6th December 2016.
- 2.3 The STP has now been considered by a number of governing bodies, ahead of coming to the HWB Board. Warwick District Council and Warwickshire Police have confirmed that they have not formally considered the submission.
- 2.4 Where information of these meetings has been provided by the HWB Executive Team members this is summarised in the table below and the associated resolutions (available at time of writing) summarised in Appendix 1:

Date	Organisation	Board
19 th October 2016	UHCW	UHCW Trust Board
19 th October 2016	SWCCG	Governing Body
20 th October 2016	GEH	GEH Trust Board
29 th November 2016	CWPT	CWPT Trust Board
7 th December 2016	Coventry City Council	Health Overview & Scrutiny Committee
8 th December 2016	Warwickshire County Council	Cabinet
13 th December 2016	Warwickshire County Council	Council
3 rd January 2017	Coventry City Council	Cabinet
10 th January 2017	North Warwickshire District Council	Considered under the Councils urgent business

		procedure (resolution attached in appendix 1)
11 th January 2017	Stratford District Council	Health OSC meeting
11 th January 2017	Nuneaton & Bedworth Borough council	Extraordinary Council meeting
30 th January 2017	Warwickshire CAVA	CAVA Board
24 th January 2017 - Council	Coventry city Council	Full Council
2 nd February 2017	Nuneaton & Bedworth Borough Council	Overview and Scrutiny meeting
6 th -7 th February 2017	Rugby Borough Council	To be considered by Cabinet on 6 th February and special Council on 7 th February
14 th March 2017	Healthwatch	Healthwatch Board

NB. Warwick District Council and Warwickshire Police have confirmed that they have not formally considered the submission.

On 16th January 2016 the Health & Wellbeing Boards for Coventry and Warwickshire held a further joint workshop. This focused on the STP and the specific messages for the HWB Board and system as well as understanding the next steps for the development of the STP.

- 2.5 This paper seeks to present the STP document to the HWB Board and to stimulate a discussion on how the HWB Board should relate, engage and influence the STP moving forward.
- 2.6 Following consideration of the STP and understanding the development of the Health & Wellbeing Strategy within Warwickshire, key points for the Health & Wellbeing Board may wish to consider include:
- Governance, roles and accountability
 - Communication, narrative and engagement
 - Finances and budgets
 - Delivery infrastructure
 - Alignment of activity with existing work and business as usual

3.0 Timescales associated with the decision and next steps

- 3.1 The HWBB is asked to consider how it wishes to engage with the STP process moving forward

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	Cllr 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: Cllr Izzi Seccombe, Cllr Les Caborn, Cllr Jose Compton, Cllr Alan Webb, Cllr Mike Perry, Cllr John Holland, Cllr Kate Rolfe

Appendix 1 – Summary of resolutions

UHCW Trust Board - 19th October 2016

Approved direction of travel

SWCCG Governing Body - 19th October 2016

The Governing Body noted that the plan presented on the 19th October 2016 was based on a set of principles using national and local assumptions and that this was an iterative process. The Governing Body approved the proposed direction of travel outlined in the STP document for submission on 21st October 2016 to NHS England.

GEH Trust Board - 20th October 2016

Members **noted** that the plan was based on a set of principles using national and local assumptions to support delivery and that this was an iterative process outlining a proposed direction of travel for the Coventry and Warwickshire footprint.

The Board considered and **accepted** the Coventry and Warwickshire STP plan for submission on 21st October 16 and supported the ongoing work of the STP.

CWPT Trust Board - 29th November 2016

The Board of Coventry and Warwickshire Partnership NHS Trust considered and endorsed, at its meeting on 29 November 2016, the version of the Coventry and Warwickshire Sustainability and Transformation Plan (STP) that had been submitted to and approved by NHS England and that was subsequently made public in December 2016. The board approved it as the basis for public dialogue and consultation.

Coventry Health and Social Care Scrutiny Board - 7th December 2016

RESOLVED that the current position and progress of the Coventry and Warwickshire Sustainability and Transformation Plan be noted.

Warwickshire County Council Cabinet - 8th December 2016

Resolved

That Cabinet:

1. Agrees that it is not in a position to approve the Coventry and Warwickshire Sustainability and Transformation Plan (STP) which was published this week.
2. Notes that the County Council will discuss the STP further next week.

3. Expect that the County Council has the fullest involvement in the development of the proposals contained in the emerging STP.

Warwickshire County Council - 13th December 2016

1. That the Council believes that the approach used to develop the Coventry & Warwickshire Sustainability and Transformation Plan (STP) has been opaque and veiled in secrecy. Given how critical this Plan is to the future provision of Health and Social Care Services and the future of our local hospitals in Warwickshire, the Council urgently requests that more time is allowed for full and proper public consultation and seeks assurances that all plans for the future of the NHS are developed openly and with full involvement of the users of the service.
2. That, consequently, the Council
 - (i) Agrees that it will not consider signing up to the Coventry and Warwickshire Sustainability and Transformation Plan published on 6th December until:
 - a) There has been full public engagement
 - b) It has been co-produced along with the Health and Wellbeing Boards of both Warwickshire CC and Coventry CC
 - c) It is rewritten in language which is accessible to the public
 - (ii) Expects that the STP in its next stage moves to a transformational level and that an independent chair is appointed to ensure the necessary challenge.
 - (iii) Expects that the original intent of the STP around the integration of the health and social care systems is progressed in a way which recognises the crucial role played by social care."
 - (iv) Expects that the STP workstreams will recognise local and easy access to services by the whole population of Warwickshire and Coventry as a fundamental principle.
 - (v) Establishes a cross party scrutiny group to consider the STP

Coventry City Council Cabinet - 3rd January 2017

Recommendation:

Cabinet is requested to:

1. Ensure Councillor scrutiny and involvement in the developing work streams within the Sustainability and Transformation Plan through the Health and Social Care Scrutiny Board (5), Coventry Health and Well Board, relevant Cabinet Member briefings and reports to Cabinet and Council as required.

2. Agree that all members of Coventry Health & Well-being Board have access to all STP documentation to ensure it can continue its role in facilitating partnership working by providing a strategic link for the Sustainability and Transformation Plan, with a particular emphasis on the Proactive & Preventative work stream, and the crucial role of social care in the overall sustainability of the Health and Social Care economy.
3. Note the approach to wider engagement being undertaken by the NHS as outlined at appendix 2, and to ensure the City Council takes an active role within the engagement process.
4. Recommend that Council:
 - a) Note the City Council position in relation Coventry and Warwickshire Sustainability and Transformation Plan as described in the letter from the Leader of City Council (Appendix 4), submitted in October to NHS England
 - b) Agree that the City Council continues to take a key role in the continued partnership working approach to the development of the work streams within the Sustainability and Transformation Plan, with a particular emphasis on the Proactive and Preventative work stream and the crucial role of social care in the overall sustainability of the Health and Social Care economy, with such involvement to be led by the Executive Director, People, and this involvement to be signalled publicly through the continued use of the City Council logo on Sustainability and Transformation Plan documentation.
 - c) Consider the contents of paragraph 2.4.1 of Health Overview Scrutiny Committees (Scrutiny Board 5) who considered the Sustainability and Transformation Plan submission and the proposed approach to engagement at its meeting on the 7 December 2017

The above Recommendations were approved, subject to the first word of recommendation 4c being amended to read 'Endorse'.

North Warwickshire Borough Council - Statement approved under the Council's Urgent Business Procedure – 10th January 2017

Response to Coventry & Warwickshire Sustainability & Transformation Plan (STP)

North Warwickshire Borough Council has serious concerns about the analysis and lack of clarity within the proposals for service change within the Coventry and Warwickshire STP. In particular:-

- There appears to be significant bias towards changes which involve rationalising services around the George Eliot Hospital (GEH) and University Hospitals Coventry and Warwickshire (UHCW) whilst leaving other providers such as South Warwickshire Foundation Trust (SWFT) relatively untouched by service reconfiguration.
- To take such an unbalanced approach to address the financial gap which exists across the whole footprint by focussing on the GEH will not only widen health inequalities, but aggravate even further the disparity in resources and services available for health and social care between the North and South of the sub-region.
- It is regrettable that public health and mental health do not have their own work-streams as part of the SP and believe this to be a mistake.
- No resources appear to have been put aside for investment in community services.
- There appears to be an assumption that demand can be reduced without any evidence or plan as to how this might be achieved in any area.
- Nothing appears to be included in the STP to better understand the gap in social care funding and how it might be addressed.
- Any assumption that primary care provision can be built on without substantial investment seems to be fundamentally flawed.
- There is no reference to the impact on the cost of access, a factor which is crucial in rural areas.
- There is a need to take account of historical inequalities between the North and South, both in terms of service provision and health indicators/outcomes.
- The action plans appear to take no account of the time required for public engagement.

The Council has also seen the resolution of Warwickshire County Council, included as an Appendix to this response, and endorses the statement contained in paragraph 1 and the course of action set out in paragraph 2.

Councillor Margaret Bell
Portfolio Holder
(Health & Wellbeing)

Councillor Jacky Chambers
Shadow Portfolio Holder
(Health & Wellbeing)

Jerry Hutchinson
Chief Executive

Nuneaton and Bedworth Borough Council - 11th January 2017

Council RESOLVED that:

1. That this Council does not support or endorse the cuts to health services proposed by Coventry and Warwickshire STP due to:
 - a) The potential loss of health related services in Nuneaton and Bedworth
 - b) The uncertainty of the overall consultation process
 - c) The lack of clarity and detail around all the services identified in the STP and the lack of clarity of expected outcomes.
2. That this Council opposes all proposals that diminish services to the residents of Nuneaton and Bedworth, especially those relating to Accident and Emergency, Maternity, Paediatrics, Cancer and Stroke; and any proposals that will have consequential effects on other services, for example the downgrading of Accident and Emergency departments, leading to the closure of the Intensive Care Unit.
3. That this Council opposes any intent to reduce any health related services in Nuneaton and Bedworth outside of hospital services. For example Public Health, General Practitioners or Health Centres.
4. That this Council emphasise that the Government has a duty of care to the residents of Nuneaton and Bedworth, and the country as a whole, to provide a free, at the point of contact, National Health Service (NHS) that meets the needs of all people; recognising that as a country we already spend less GDP on health provision than most other European countries. The Council therefore reinforce that the Government has a duty to consult the nation, using any method they deem appropriate, on the costs of maintaining the NHS before making additional, damaging cuts to current services.
5. The Council writes to all three local Members of Parliament and the Secretary of State for Health setting out the concerns of the Council in regard to this matter.
6. That, notwithstanding the Council's position on the above recommendations, it be noted that the Council will participate in all discussions and negotiations regarding the Sustainable Transformation Plan in order to maintain the Council's position on the STP and any public meetings that may take place on separate elements of the STP.

Health and Wellbeing Board

23 January 2017

Health and Wellbeing Board Management

Recommendation(s)

1. The Board members support the ongoing iterative improvement of the support and management of the HWB Board.

1.0 Key Issues

- 1.1 Recommendations from the King's Fund at the first of three Boards observed by the King's Fund included:
 - Volume of business could be reduced to encourage 'real work' together with interdependent tasks / decisions
 - Strategic priorities could be used as a touchstone for agenda planning and briefing contributors to help stay focused on 'real work' and to help identify actions collectively and individually
 - Presenters and reports to make links to other parts of the system, such as the STP, explicit
 - Board members should be clear what their part should be in taking forward actions within their respective organisations
 - Opportunity to increase time dedicated to learn from others and building informal networks
 - Development sessions at the end of the Board provide opportunities to reflect and make sense of learning from practice
 - Time to reflect on 'what are we learning about systems leadership' could be built in as part of regular committee process

2.0 Options and Proposal

- 2.1 Reflecting feedback from the 1st Board development session, the following improvements have been immediately made:

Agenda management

- The Boards time will be focused on key strategic issues and fulfilling statutory duties
- Greater time will be allowed for items and key live issues
- Items for information will be shared through the HWB newsletter and this will be refreshed in early 2017 to accommodate this
- Update reports will be grouped together on the agenda and issues raised by exception

- Time will be set aside at the start and end of each Board meeting for development/reflection outside the items

Reports

- Where reports are submitted to the board these will be succinct and clearly set out the purpose and requirements of the Board
- Reports will demonstrate the connection to the HWB Properties and/or the Concordat principles

Forward Plan

- The forward plan is currently managed largely through ad hoc requests from officers within the HWB system
- As part of the development of the Board we are in the process of improving the shared ownership of the forward plan across organisations to avoid a County Council focussed HWB Agenda
- The forward plan will be shared at every Health and Wellbeing Board and HWB Executive Team and Board members are encouraged to make additions
- Items for the HWB Newsletter will be requested at every Board and HWB Executive Team in order to learn from within and outside our own networks
- The Board agrees to take ownership of the forward plan and identify decision points which require input from the Board in 2017/18

- 2.2 More complex work relating to roles and governance, will be progressed through the wider HWB development plan through the HWB Executive Team.

3.0 Timescales associated with the decision and next steps

- 3.1 Development of the HWB Board is considered to be an iterative process.
- 3.2 Improvements will be adopted in 'real time' following the next two Boards observed by the King's Fund and further improvements made as required.

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	Cllr 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: Cllr Izzi Seccombe, Cllr Les Caborn, Cllr Jose Compton, Cllr Alan Webb, Cllr Mike Perry, Cllr John Holland, Cllr Kate Rolfe

Health and Wellbeing Board

23 January 2017

Health and Wellbeing Board Sub-Committee

Recommendation(s)

1. That the Board notes the decisions taken by the Health and Wellbeing Sub-Committee at its meeting on 21 December 2016.

1.0 Key Issues

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

2.0 Options and Proposal

- 2.1 At its meeting on 23 September 2015, the HWBB agreed proposals for a Sub-Committee to meet where a decision is required within a time frame which does not fall within the cycle of scheduled meetings of the Health and Wellbeing Board.
- 2.2 At its meeting on 9 November 2016, The HWBB was advised that the transition plan for Children and Adult Mental Health Services needed to be approved for submission to NHS England. The timing of this submission would require a meeting of the HWB Sub-Committee. The Sub-Committee met on 21 December 2016. A copy of the report and supporting papers were circulated to all members of the HWBB and the resultant Minutes are attached.

Background Papers

None

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

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

Local Member(s): None

Other members: None

Appendix

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board Sub-Committee held on 21 December 2016.

Present:-

Members:

County Councillor Izzi Seccombe

John Dixon, Interim Director for the People Group

Officer:

Paul Spencer, Senior Democratic Services Officer

1. (1) Appointment of Chair for the meeting

It was agreed that Councillor Izzi Seccombe be appointed Chair for the meeting.

(2) Apologies

None

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

None

It was reported that in October 2015, NHS England (NHSE) awarded CAMHS Transformation Funding to Clinical Commissioning Groups (CCGs). For the three local CCGs in Coventry and Warwickshire this funding equated to £1.7m per year, for five years.

The approval process for NHSE to release the CAMHS transformation funding included the submission of a Local Transformation Plan. This Plan required sign off by each local CCG and the Coventry and Warwickshire Health and Wellbeing Boards (HWBBs).

In October 2016, NHSE required the submission of a refreshed Local Transformation Plan to release funding for future years of the programme. As with the original plan, NHSE required that this refreshed plan is signed off by the CCGs and the HWBBs for Coventry and Warwickshire.

The refreshed CAMHS Local Transformation Plan had been submitted to NHSE and it had been approved on the understanding that the required signatures would be obtained in due course.

The Sub-Committee was requested to sign the refreshed CAMHS Local Transformation Plan in order for future funding to be released to the three

local CCGs. A verbal update was provided on progress with the tender process for the revised CAMHS service.

Resolved

That the refreshed CAMHS Local Transformation Plan is approved and signed by representatives of the Warwickshire Health and Wellbeing Board.

3. Any Other Business

None.

The meeting rose at 11.50am

.....Chair

Health and Wellbeing Board

23 January 2017

Health and Wellbeing Board Forward Plan

Recommendation(s)

1. That the Board members note the Forward Plan and identify items for future meetings which address Board and organisational requirements.

1.0 Key Issues

- 1.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board. Such updates will be presented to each meeting for the Board to review.

2.0 Options and Proposal

- 2.1 To develop a longer term strategic focus to the work of the Board, it has been agreed to submit a Forward Plan to each meeting for review and update. This will identify the dates for proposed agenda items. Board members are invited to discuss these and suggest additional items for the Forward Plan.

Background Papers

None

	Name	Contact Information
Report Author	Graham Palmer	grahampalmer@warwickshire.gov.uk
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	Cllr 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: None

HWBB Forward Plan

Board	Date	Item	Presenter
HWB Executive Team	15.02.17	Health Protection Strategy	Nadia Inglis
		Transformation Plans	Chris Lewington
		Smart Start	Monika Rosanski
HWBB	22.03.17	District and Borough Update	Les Caborn
		Pharmacy Applications	Rachel Robinson
		WCC Children's Services Transformation Plan	Bill Basra
		WCC Adult's Services Transformation Plan	Chris Lewington
		Strategic Commissioning Peer Review	Chris Lewington
		JSNA	Jenny Bevan
HWB Executive Team	13.04.17		
HWB Executive Team	01.06.17 (TBC)		
HWBB	14.06.17	District and Borough Update	Les Caborn
HWB Executive Team	11.07.17 (TBC)		
HWBB	26.07.17	District and Borough Update	Les Caborn
HWB Executive Team	10.08.17 (TBC)		
HWBB	06.09.17	District and Borough Update	Les Caborn
HWB Executive Team	03.10.17		
HWBB	08.11.17	District and Borough Update	Les Caborn
HWB Executive Team	06.12.17		
HWBB	10.01.18	District and Borough Update	Les Caborn