Warwickshire Health and Wellbeing Board

Agenda

10 January 2018

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 10 January at 1.30pm**

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1. (13.30 – 13.40) 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; 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) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 6 September 2017 and Matters Arising.

Draft minutes of the previous meeting are attached for approval.

(4) Chair's Announcements

Discussion items

2. (13.40 – 13.50) Annual Reports – Children's and Adults Safeguarding Boards – *To note the annual reports of the Safeguarding Boards in line with MoU and good practice requirements.*

3. (13.50 – 14.10) Pharmaceutical Needs Assessment – Rachel Robinson – *An update on the development of the new Warwickshire Pharmaceutical needs assessment (part of HWB Delivery Plan - statutory duties).*

4. (14.10 – 14.30) Healthy Living Pharmacy – John Linnane – *A presentation to update on healthy living pharmacies.*

5. (14.30 – 14.50) JSNA – Next Steps – Spencer Payne – *A paper on the next steps in the delivery of the Place-based JSNA approach and requirements of HWBB Members (HWB – Delivery Plan – statutory duties).*

Updates to the Board

6. (14.50 – 15.10) Better Health, Better Care, Better Value Programme – Brenda Howard. *Regular update report of the progress of the BHBCBV programme. (HWB – Delivery Plan – regular reporting).*

7. (15.10 – 15.30) Warwickshire Better Together programme - Chris Lewington – *An update report on the progress of the Warwickshire Better Together Programme (HWB – Delivery Plan – regular reporting).*

8. (15.30 – 16.00) Feedback from Autumn Workshop Chris Lewington and John Linnane – *A summary of outputs and next steps from the HWB Board and Executive workshops held in Autumn 2017.*

Board management

9. (16.00 – 16.05) Forward Plan

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

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)
Warwickshire County Councillors: Councillor Les Caborn, Councillor John Holland, Councillor Jeff Morgan,

Warwickshire County Council Officers: Nigel Minns – Strategic Director, People Group, John Linnane – Director of Public Health

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

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

Healthwatch Warwickshire: Robin Wensley

NHS England: Adrian Stokes

Police and Crime Commissioner: Robert Tromans, Deputy PCC

Borough/District Councillors: Councillor Barry Longden (NBBC), Councillor Emma Crane (RBC), Councillor Andrew Thompson (WDC), Councillor Margaret Bell (NWBC), Councillor Tony Jefferson (SDC)

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

Further Information, Future Meetings and Events:

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

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 6 September 2017

Present:-

Warwickshire County Councillors
Councillor Izzi Seccombe OBE (Chair)
Councillor Les Caborn
Councillor John Holland
Councillor Jeff Morgan

Warwickshire County Council (WCC) Officers
John Linnane (Director of Public Health)

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

Provider Representatives
Mike Williams (Coventry & Warwickshire Partnership Trust)

Healthwatch Warwickshire
Robin Wensley

NHS England
David Williams

Police and Crime Commissioner
Robert Tromans

Borough/District Councillors
Councillor Margaret Bell (North Warwickshire Borough Council)
Councillor Tony Jefferson (Stratford District Council)
Councillor Andrew Thompson (Warwick District Council)
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)

1. General

(1) Apologies for Absence

John Dixon (Interim Strategic Director for People Group), Dr Deryth Stevens (Warwickshire North CCG), Stuart Annan (George Eliot Hospital), Andy Meehan (University Hospitals Coventry & Warwickshire), Russell Hardy (South Warwickshire Foundation Trust) and Councillor Emma Crane (Rugby Borough Council).

(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.

(3) Chair's Announcements

The Chair welcomed Robert Tromans, the Deputy Police and Crime Commissioner (PCC) to the Board, as the permanent representative for the PCC. She thanked David Spraggett for his support as Vice Chair of the Board, noting that Deryth Stevens would become Vice Chair for the next year as this position rotated between the clinical commissioning groups.,

(4) Minutes of the meeting held on 26 July 2017 and matters arising.

The Minutes were agreed as a true record, subject to clarification under Minute number 5, page 5 that the delays in achieving a referral for preventative treatment were due to delays at hospital, rather than due to GPs.

2. Director of Public Health Annual Report 2017

Dr John Linnane, Director of Public Health submitted his Annual Report to the Board. Copies of the document had been circulated. It included an overview of the health and wellbeing of the Warwickshire population and the theme of this year's report was vulnerability. Progress in the implementation of the 2016 recommendations and plans for publication of this Annual Report were also explained.

Dr Linnane gave a presentation to accompany the report, which highlighted the key messages:

- Progress on 2016 recommendations
- The Picture of Health and Wellbeing in Warwickshire
- Population and Life Expectancy
- The Challenges Facing Public Health
- Wider Factors Influencing Health and Wellbeing
- Vulnerability and the Impact on Health and Wellbeing (a short video clip)
- Recommendations from the Director of Public Health

Dr Linnane thanked his own staff and Mike Jackson, Communications Officer for the work undertaken in producing the annual report. He highlighted sections of the report, especially in the Warwickshire health profile, relating to hospital admissions involving deliberate injuries to children, cancer diagnosed at an early stage and one year survival from colorectal cancer. Several Board members praised the format of the report. A comment was made on health aspects linked to unemployment levels and actions to address levels of unemployment. It was agreed that the video clip provided as part of the presentation be shared with all Board members.

Resolved

That the Health and Wellbeing Board:

1. Notes and supports the Director of Public Health's Annual Report 2017.

2. Approves the recommendations contained in the report under the headings of:

- Sustainability & Transformation Plan (STP)
- Community Capacity
- Place based working

- Making Every Contact Count
- The Workplace

3. Health and Wellbeing Board Annual Report and Delivery Plan

The Health and Wellbeing (HWB) Board's Annual Review for 2016/17 was presented, together with the Delivery Plan for 2017/18. It celebrated the significant volume and breadth of achievements made to date, also looking to the future and providing a focus and reference point for the Board's activity in 2017/18.

The Annual Review included a summary of 101 examples of achievements sourced from across the HWB system, giving detail of each of these in a case study format. It demonstrated the breadth of effort in support of the outcomes set out in the HWB Strategy. The second part of the report looked forward at the Delivery and Development Plan for 2017/18 and covered the following key elements to support delivery of the Strategy:

- Joint Strategic Needs Assessment
- Roles and Remit of the Board
- Partnership Principles
- Common Model of Working
- Delivery and Development Programme for 2017/18

The Chair praised the format of the document. Adrian Canale-Parola pointed out a minor typographical error and he felt that elements referring to clinical commissioning groups could be made a little clearer for the final published version. He agreed this was a useful and comprehensive document. The Chair added that the final document would be presented to the County Council and taken through the governance structures of all partners.

Resolved

That the Health and Wellbeing Board endorses the Annual Review 2016/17 and the Delivery and Development Plan for 2017/18.

4. Health and Wellbeing Performance Measures

The Health and Wellbeing (HWB) Board received an update on performance from Gereint Stoneman, HWB Delivery Manager. It had been agreed that this would be the last year of the current strategy and a refreshed strategy would be developed by March 2018. The report provided an indication of the impact of the current strategy on the health and wellbeing of Warwickshire residents. It complemented both the Annual Review and the 2017/18 Delivery Plan. The report also detailed the development of a refreshed outcome framework, learning lessons from the existing approach.

The HWB Strategy was shaped around three headline priorities of Promoting Independence, Community Resilience and Integration & Working Together. These priorities were supported by 18 outcomes and 61 sub-outcomes. It was recognised that there might be additional measures held within HWB partner organisations, that some measures were only available annually and that there were a number of outcomes for which no measures were easily attributed. In these cases, a key alternative measure of progress or activity was the case studies contained within the HWB Annual Review.

It was noted that the appendix to the report had been circulated late and therefore members of the Board were invited to take the appendix away and submit any further comments electronically. Any such comments would be collated and circulated to all Board members. On the data section of the appendix, Councillor Barry Longden asked for further information to be provided on the size of the sample used for the high levels of self-reported wellbeing satisfaction.

Resolved

The Health and Wellbeing (HWB) Board is asked to consider the performance against the outcomes within HWB Strategy 2014-18.

5. Warwickshire Children's Safeguarding Board Memorandum of Understanding

Beate Wagner, Head of Children and Families reported that the Warwickshire Children's Safeguarding Board (WSCB) had developed a Memorandum of Understanding (MoU) to set out the relationship it had with various other bodies with a safeguarding role. This included the relationship between the WSCB and the Health and Wellbeing Board (HWBB), which was the strategic body for children's safeguarding. The relevant extracts from the MoU were appended to the report and this item sought to formalise the relationship between the two bodies.

The HWBB had been asked to endorse the MoU. The Chair noted that MoU's were a co-produced document and therefore, Board members may wish to consider and review the MoU within their own organisations and then respond with any comments. It was suggested that a time period of three weeks be given for completion of the process. Councillor Longden was not in support of this way forward and felt that the MoU should be considered by the County and/or district/borough councils' overview and scrutiny committees. However, there was a timing issue with this. It was agreed by other Board members that the document could be endorsed in principle and that any comments received be considered by a Sub-Committee of the Board, comprising the Chair and Vice Chair.

Resolved

1. That in principle, the Health and Wellbeing Board endorses the Warwickshire Safeguarding Children's Memorandum of Understanding in so far as it relates to the Health and Wellbeing Board and its activities.

2. That if any comments or alterations are proposed, these be considered by a Sub-Committee comprising the Chair and Vice Chair of the Health and Wellbeing Board, before finalising the Memorandum of Understanding.

6. Draft Commissioning Intentions 2018/19

The Board received a series of reports and presentations on the commissioning intentions of clinical commissioning groups (CCGs) and the County Council.

a) Warwickshire North and Coventry & Rugby Clinical Commissioning Groups (CCG)

Matt Gilks, Director of Commissioning spoke to a circulated report and gave a presentation, with contributions from Andrea Green, Chief Operating Officer, on the commissioning intentions of Warwickshire North and Coventry & Rugby CCGs. The presentation covered the following areas:

- The journey so far
- Aligning with the local health economy
- Health inequalities
- What are commissioning intentions?
- Challenges and pressures
- National drivers – 2017/18 & 2018/19
- Commissioning intentions 2018/19
- System Integration
- How we have engaged with our local population
- Workstream summary
- How we align to Health and Wellbeing priorities
- We will continue to engage with our local population

Andrea Green spoke about the CCGs' work on system integration, to gain assurance about the sustainability of acute services, plans to progress clinical networking and working with NHS South Warwickshire CCG, to develop a collaborative commissioning approach.

Robin Wensley of Healthwatch Warwickshire asked how prescriptive CCGs were with service providers regarding their engagement and communication with the public when service reviews were planned. Matt Gilks advised that they were moving to an open dialogue approach. Mr Wensley welcomed coproduction, but it was important to ensure the right people were involved. Andrea Green assured that this was considered through targeting engagement with the appropriate people and groups.

Councillor Tony Jefferson sought more detail about the system integration slide, the safe provision of services and local services in the north of Warwickshire. Andrea Green supplied additional information, confirming that some aspects hadn't progressed as well as expected to date. Councillor Margaret Bell spoke about service integration and the physical access difficulties for residents in some rural areas, with primary care being a particular challenge. Related to this, Councillor Longden spoke of the difficulties in making contact with some GPs by telephone. A contrary view was expressed by David Williams of NHS England, who quoted from patient satisfaction data. Councillor Longden added that the commissioning intentions used a lot of NHS terminology and some of this terminology seemed to change frequently. Matt Gilks acknowledged this point and producing a version of the commissioning intentions for the public would be helpful. It was suggested these areas could be discussed further at the Health and Wellbeing Group for the north of Warwickshire.

Resolved

That the Health and Wellbeing Board:

1. Notes the process undertaken to develop the Warwickshire North CCG and Coventry and Rugby CCG refreshed commissioning intentions for 2018-19;

2. Endorses the draft commissioning intentions.

c) South Warwickshire CCG

Anna Hargrave, Director of Strategy and Engagement presented the commissioning intentions of South Warwickshire CCG. In addition to the circulated report, she gave a presentation covering the following areas:

- Context
- Development Process
- Focus Areas for 2018-19
- Out of Hospital Cornerstone
- Personalisation Cornerstone
- Specialist Provision Cornerstone
- Delivering Today Cornerstone

Robert Tromans, Deputy PCC asked about the consultation processes employed for the commissioning intentions, which had resulted in some 2,500 responses. Anna Hargrave gave examples of the extensive endeavours, including the use of social media, linking with the consultation groups of provider trusts and seeking responses from the CCG's own staff, as part of a workforce survey. Robin Wensley asked about the willingness of people to travel to receive health services. There were differing views between younger and older people about acceptable travel distances and regarding alternate methods of contact such as telephone consultations.

Resolved

That the Health and Wellbeing Board:

1. Notes the process undertaken to develop the NHS South Warwickshire CCG draft commissioning intentions for 2018-19.

2. Notes that the commissioning intentions document is subject to an on-going period of engagement and the document is therefore presented to the Board in draft version at the current time.;

3. Endorses the draft document.

d) County Council Commissioning Intentions

Dr John Linanne presented the Public Health commissioning intentions. The key areas covered in the presentation were:

- Currently halfway through the ongoing County Council/Department of Health savings plan
- Year 1 of the One Organisational Plan 2020
- Sustainability and Transformation Plan – Prevention and Proactive Work stream
- Out of Hospital place based developments/alignments
- Final year of the ring fenced funding grant
- Single Prevention Framework (across Coventry and Warwickshire)
    - Enhanced training offer to raise awareness/signpost/referral/tools
- Re-tender of Commissioned Services (to deliver savings)
    - Drugs and Alcohol
    - Advocacy services
    - Health Visiting and FNP Services (0-5 years)
    - Healthwatch

    - Falls Prevention
- Programme over next 2 years – shifting from intervention to prevention
- Services - Evidence Based/Core Responsibilities/Targeted

Councillor Les Caborn, referring to these commissioning intentions and those of the CCGs noted the common theme of funding constraints and service demands which were the critical elements faced by all partners.

Chris Lewington, WCC Head of Strategic Commissioning presented the commissioning intentions of Adult Social Care, which covered the following areas:

- The National Context
- One Organisational Plan
- Commissioning Principles
- Children's Commissioning Intentions (Draft)
- Commissioning Intentions for All Age Disabilities
- Commissioning Intentions for Older People

Arising from the presentation, it was questioned how residents would be encouraged to take personal responsibility for their health and how it would work in practice. This would involve close joint working at the local level between partners and staff training to identify potential issues and signpost people to relevant services in their area.

Chris Lewington referred to the lack of availability of changing places in some district and borough areas of Warwickshire, for example for those needing assistance or who were vulernable people. Board member support was sought to identify suitable premises where these could be located. Other Board members spoke about the increasing demands being placed on voluntary sector organisations, the difficulty in getting developer contributions for social housing, the high rental costs for tenants of some social housing schemes and the need for joint working with local authorities to facilitate such developments.

Resolved

That the Health and Wellbeing Board notes the commissioning intentions of Public Health and Adult Social Care.

7. Better Care Planning Submission 2017/19

Chris Lewington introduced this item, explaining the background to the Better Care Fund (BCF), as the primary planning tool for health and social care and the only mandatory policy to facilitate integration. The BCF programme spanned both local government and the NHS and sought to join-up health and care services.

In March 2017 a draft policy framework for the BCF was issued, at the same time as significant additional funding being made available to councils, in order to protect adult social care. This funding (worth £8.3m to Warwickshire in 2017/18) was in addition to the previously announced Improved Better Care Fund (iBCF). The report referred to the BCF policy framework and the requirements and funding conditions it contained. In addition, there were specific areas of focus within the policy framework and performance would be measured against national performance metrics. Updated guidance and additional submission requirements relating to delayed transfers of care had been issued due to the increased national focus on this area. The report outlined

the requirements and process undertaken in preparing for the submission of the next BCF application, to meet the challenging timescales involved.

Chris Lewington responded to a question raised under the previous item regarding delayed transfers of care, referring to the relevant section of the appended planning submission. The Chair commented that the alignment of budgets was a significant step forward and she thanked all the agencies involved. Clarification was provided that the alignment of funding did not mean that the County Council would hold all the resources. Other comments were the case the document made for additional funding to be provided for health and social care services and the excellent work with district and borough councils on housing aspects.

Resolved

That the Health and Wellbeing Board:

1. Approves the Better Care Fund Plan for 2017/19, known locally as the Better Together Programme, including the plan for resources made available through the additional social care monies (iBCF), Disabled Facilities Grant (DFG) and Clinical Commissioning Group contributions.

2. Notes the governance timeline and the regional quality assurance process for the plan for 2017/19.

3. Recommends Warwickshire County Council entering into a new Section 75 Partnership Agreement with Coventry and Rugby Clinical Commissioning Group, South Warwickshire Clinical Commissioning Group and Warwickshire North Clinical Commissioning Group for the delivery of the Better Care Fund Plan once completed. This will include the alignment of Out of Hospital service provision and funding across all partners as a step towards closer integration and risk sharing.

8. Health and Wellbeing Board (HWBB) Delivery Plan / Executive Team Report

Gereint Stoneman presented this item. Following production of the current HWBB Annual Review and Delivery Plan, the Executive's focus for 2017/18 was now on delivery of the Plan. It had been produced in a way to provide the Board with a single page reference for the agreed activity at each Board meeting. The report gave a summary of progress against the Delivery Plan, together with wider issues and items covered at the HWB Executive Team meeting in August 2017.

Resolved

That the Board notes the key messages from the Health and Wellbeing (HWB) Executive Team from August 2017, including the progress of the HWB Delivery Plan 2017/18.

9. Better Health, Better Care, Better Value (STP programme) Update

Brenda Howard gave a verbal update to the Board on the work currently being undertaken. The areas covered included system leadership, to enable the body to hold people to account, to share best practice and to align work with national practices and strategies. She referred to the establishment of an informal reference group involving the HWBB chairs and district/borough portfolio holders. The quarter two NHS England

review would take place the following week. Further areas were the establishment of a delivery group, planned development work and the progression of the various work streams.

Councillor Longden reiterated that he still felt uninformed on the STP's progress. The Chair suggested it would be useful to arrange a seminar later in the autumn, to provide an update to a broader audience. Brenda Howard felt the reference group would help to keep people informed and that there was representation on the various work streams. Andrea Green added that there were efforts to improve communication through local meetings, but also there was a need to have place based information that was meaningful to residents. Councillor Longden said he was being pressed for updates and the lack of information caused friction. Brenda Howard noted the points made.

Resolved

That the Better Health, Better Care, Better Value (STP programme) update is noted.

10. Pharmaceutical Needs Assessment

Dr John Linnane spoke to a circulated briefing. The Pharmaceutical Needs Assessment (PNA) provided an assessment of the pharmaceutical services currently provided in Warwickshire, as well as other services available from community pharmacies.

Responsibility for the development and updating of the PNA now rested with the Board. The briefing set out the process completed to date. To maximise the resources available and to align with local planning footprints, Warwickshire and Coventry were working together to produce their 2018 PNAs. The Midlands and Lancashire Commissioning Support Unit had been commissioned to deliver the project on behalf of the two authorities. The Board would receive an update and the draft PNA report at its January 2018 meeting. Approval and sign off of the final report was due by 31st March, which fell between the scheduled Board meetings. Accordingly, consent was sought to delegate the final PNA sign-off to a Sub-Committee, in order to meet the statutory deadline.

Resolved

That the Health and Wellbeing Board:

1. Notes the update and progress on the Pharmaceutical Needs Assessment.

2. Authorises its Sub-Committee to sign-off the final report.

11. Joint Strategic Needs Assessment (JSNA) Profiling Tool

A demonstration was provided of the JSNA profiling tool by Spencer Payne, Business and Commissioning Intelligence Service Manager. This tool enabled users to access a range of information in both a data and map based format. It had the ability to compare data for an individual area to the County as a whole. The system could also generate reports which could be exported. The profiling tool would be shared via a briefing to all members of the Board. Councillor Holland welcomed the ability to look at very specific localities, as data for a larger areas could mask pockets of deprivation. Spencer Payne was thanked for the demonstration.

12. Forward Plan

Gereint Stoneman displayed the Board's forward plan, which showed planned activity for the coming months. This included joint workshops for the Board and Executive to focus on integration and Delivery Plan elements and then a session on the new HWB Strategy; also a provisional joint workshop with Coventry, with the anticipated focus being Accountable Care Systems. Other planned activity comprised:

- Piloting of the LGA Upscaling Prevention Offer
- Possible pilot of the LGA Integrated finance module
- Agreeing dates for 2018/19 HWBB meetings and associated Exec meetings

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

The Chair announced that this would be the last meeting for David Williams of NHS England. Mr Williams confirmed he was taking up a position with Northants Healthcare Trust in November and the Board extended its thanks to him. The Chair also reported that John Dixon, the Interim Director for the People Group would also be leaving the County Council, his permanent replacement being Nigel Minns. The Board recorded its thanks to John Dixon. Councillor Jeff Morgan referred to the current County Council consultation on the remodelling of 0-5 Services and he urged Board members to respond to the consultation.

The meeting rose at 4.05pm

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Chair

Item 2

SAFEGUARDING IS EVERYONE'S RESPONSIBILITY

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Warwickshire Safeguarding Adults Board

Annual Report

2016 - 2017

Warwickshire Safeguarding Adults Board

KEY SAFEGUARDING FACTS FOR 2016 - 2017

Warwickshire Safeguarding Adults Board

Warwickshire had a total population of 437,214 people aged 18+ years. 114,497 of these were aged 65+ years.

Quick facts

- **2765** Safeguarding concerns reported into Adult Social Care where it was suspected an individual subjected to a form of abuse or neglect.
- **102** Safeguarding enquiries related to people with physical support needs.
- **10** Safeguarding cases involved strangers who were unknown to the victim.
- **35** Safeguarding concerns related to neglect.
- **269** Safeguarding concerns went on to be investigated further as enquiries.
- **190** Safeguarding enquiries listed the source of risk as an individual known to the victim.
- **25** Safeguarding allegations involved alleged abuse by social care staff.

Type and place of abuse

- **96** Safeguarding enquiries related to allegations of financial and material abuse.
- **49** Safeguarding enquiries related to allegations of psychological or emotional abuse.
- **53** Related to physical abuse.
- **144** Safeguarding allegations were alleged to have occurred in the victims home.
- **28** Occuring in care homes.

Gender, race and age

- **203** / **103** More women were victims of alleged abuse than men.
- **249** WHITE BRITISH / **7** ASIAN or ASIAN BRITISH — The majority of safeguarding enquiries related to White British people.
- **135** Safegaurding enquiries related to people aged 18-64 years old.
- **44** Safegaurding enquiries related to people aged 85+ years old.

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Foreword by the Independent Chair

As demonstrated in this Annual Report, the Warwickshire Safeguarding Adults Board continues to provide a robust means of ensuring that residents receive a consistent and sound response to any safeguarding concerns they may have. The Board also encourages challenge around innovation and performance; giving all concerned and opportunity to learn from the experience of others and discover what works effectively in the complex business of safeguarding adults.

A key theme underpinning all we do is Making Safeguarding Personal – listening and responding to the needs of individuals and their carers and providing a service which is both readily understood and agreed by those receiving it. Giving information so that people can access safeguarding services with a sound expectation of what will happen is a key facet of the Board's function. We have developed a range of promotional materials for public and professional use and invested in a new website which will confirm our independent status and give confidence to anyone looking for help or advice. An extension of this is obtaining feedback from those who use safeguarding services in the County and, with independent validation of this, making sure we all learn from it.

The development of the Multi-Agency Safeguarding Hub (MASH) has added a significant access point to services and we anticipate this being further established in the year to come.

The Safeguarding Adults Board works well collectively and is supportive to its member's agencies we depend upon the commitment of time and effort of members and of our support staff. This is well evidenced in our achievements and our forward programme of work. I am grateful for the help I receive in my role as Chair and I am enthused by the progress we have made in responding to new demands such as Modern Slavery and Financial Abuse, whilst ensuring that standards across the services are maintained.

Mike Taylor

Independent Chair

WARWICKSHIRE SAFEGUARDING ADULTS BOARD

1. What is the purpose of the Annual Report?

Welcome to Warwickshire Safeguarding Adults Board's (WSAB) Annual Report for 2016-2017. This is the Board's second annual report since it was given its statutory status under the Care Act 2014.

The publication of the annual report is a statutory requirement on the part of the Safeguarding Adults Board. Its purpose is to inform you of the work of the Safeguarding Adults Board throughout the year, its key areas of focus and priorities for safeguarding adults at risk of abuse and/or neglect.

The report aims to raise awareness of the work being undertaken by partner agencies across Warwickshire to safeguard adults who have care and support needs and who are experiencing, or at risk of, abuse or neglect.

The case studies present real life experiences of individuals who have been supported by different agencies to help them feel safe.

The data provides a breakdown of the levels of safeguarding concerns raised during the course of 2016-2017, the types of abuse being experienced by local people; and the outcomes of those people being helped to be safeguarded from abuse or neglect.

2. Who are the members of the Warwickshire Safeguarding Adults Board?

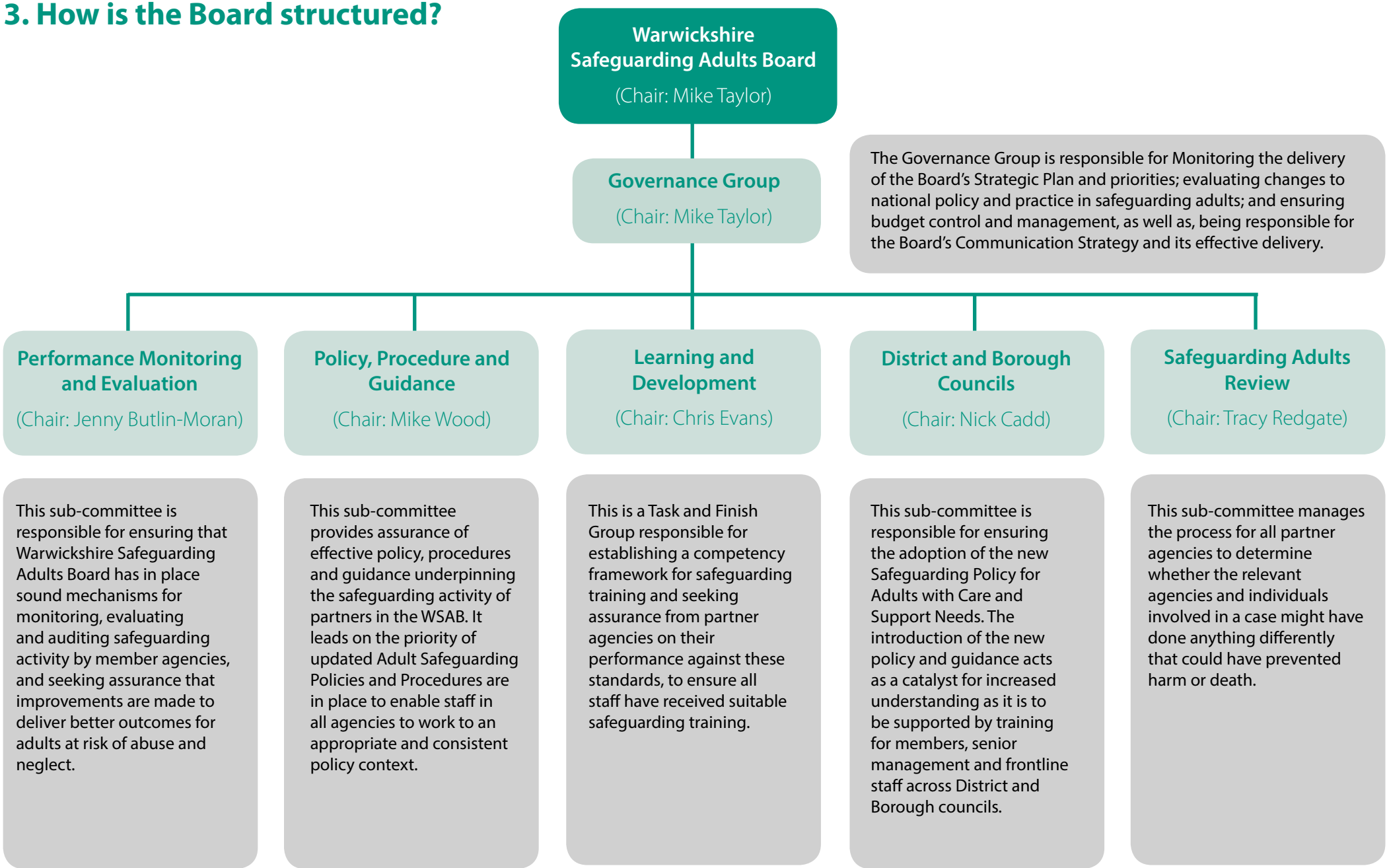
The WSAB membership comprises representation from the following partner agencies **in addition to the Lead Cabinet Member for Health and Social Care**. Each representative is responsible for sharing information between the WSAB and their agency and for identifying any necessary actions, ensuring these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

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

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

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

3. How is the Board structured?



4. What is the Board's Statutory Objective?

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

5. What is the meaning of Safeguarding?

Keeping people safe is called Safeguarding. Safeguarding means people are protected from abuse and neglect. So that they are able to be as independent as possible and make choices about how they want to live.

ABUSE is when someone does or says things to make you upset or frightened. Abuse can happen in different ways. Sometimes you may not realise you are being abused but other people may recognise it.

NEGLECT is when your care and support needs are not being met.

6. What is the aim of Adult Safeguarding

The Care Act 2014 identifies the aims of adult safeguarding as:

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

7. What are the Safeguarding principles?

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

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

8. What is the Board's vision?

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

Vision

The work of the Board is based on the vision that people in Warwickshire have the right to live a life free from harm, where communities:

- have a culture that does not tolerate abuse
- work together to prevent abuse
- know what to do when abuse happens

Our values are based on understanding and promoting peoples' right to make informed decisions and the importance of maintaining dignity and respect for all.

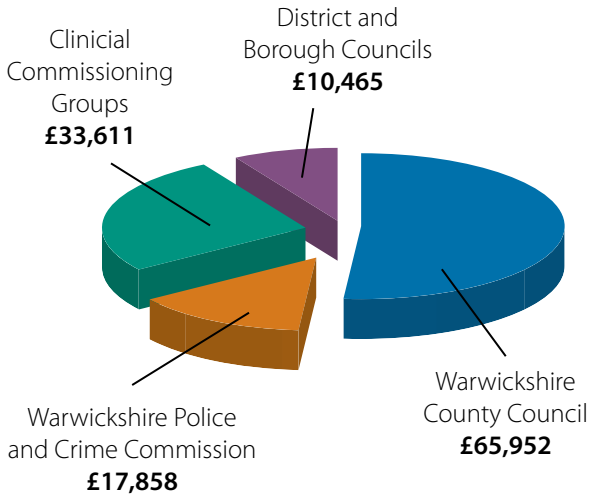
Strategic Objective

- To gain assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults at risk.
- To listen to people who have been subject to abuse or neglect, and to seek assurance that people are able to be supported in the way that they want, are empowered to make decisions, and can achieve the best outcomes.
- To promote safeguarding adults among the general public, by raising awareness and promoting well-being with the aim of preventing abuse and neglect.
- To be assured of the safety and wellbeing of anyone who has been subject to abuse or neglect, and that appropriate action has been taken against those responsible.
- To identify, and monitor the implementation of changes, which prevent similar abuse or neglect happening to other people.
- To use the learning from Safeguarding Adults Reviews (SARs) – local and national – to inform the improvement and development of our services to people at risk of abuse and neglect.

9. How is the Board funded?

The WSAB agreed an operating budget for 2016 - 2017 of **£127,886** which included contributions from Warwickshire County Council, Police, Clinical Commissioning Groups (3), District and Borough Councils. This budget was sound and sufficient and is monitored and overseen by the Governance Group.

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



10. What did the Board achieve in 2016 - 2017?

The refreshed 2015-2018 Strategic Plan priorities formed the focus of the Board's work throughout 2016-2017. Each sub-committee aligned its work plan to each of these priorities and identified what activities of work they would be undertaking to ensure delivery of these priorities.

The table below provides a breakdown of those collective activities and their impact.

What we said we would do in 2016-2017	What we did…….
Making Safeguarding Personal (MSP) The Board will ensure that MSP is consistently understood by all agencies and applied in their safeguarding work.	Making Safeguarding Personal is about ensuring the voice of the individual is heard when supporting an adult with care and support needs who is at risk of or exposed to abuse and/or neglect. It's about professionals working with them and listening to how they want to be supported and what outcome they want from the safeguarding intervention. The Board held a 'Development Day' in November 2016, which was attended by over 80 professionals working across Health, Police, Local Authority, Age UK, Healthwatch, Warwickshire Race Equality Partnership (WREP). The day focused on: ***1. Increasing professionals understanding of how to engage individuals in decision making about their safety and wellbeing, particularly when they lack the mental capacity to make such decisions; and*** ***2. Understanding how financial scammers target vulnerable individuals into parting with large sums of money and how Trading Standards work with these individuals to help them make wise decisions to minimise the risk of abuse.*** The Board Business Manager worked closely with colleagues across the West Midlands region to deliver a multi-agency event in March 2017; the purpose of which was to help: • ***Further embed MSP in practice across all staff levels*** • ***Share best practices*** • ***Understand the successes and challenges of applying MSP from an agency perspective.*** ***(See Case Study 1)***

Case Study 1:

When is safeguarding not personal

"I am very distressed and upset about the safeguarding concern raised by the hospital staff. It suggests that I am at high risk of being financially abused by my family and friends. All I did was ask my friend if he would look after my pension money while I was in hospital, for safe-keeping, as I didn't have the opportunity to take it into the bank before I was admitted into hospital. He didn't take it off me; neither did he ask me to do this.

Why did **NO-ONE ASK ME** what was happening and **HOW I FELT** about them raising this concern with Social Services. **I nearly lost a dear friend who was very very upset over the accusation made against him. The hospital had no business raising this concern without first speaking to me and establishing the facts!"**

"I was managing fine before I came into hospital. I have a cleaner who comes in once a week and I might even consider increasing the frequency of this. I'll see how I manage when I get back home. I don't feel I need any support from Social Care or Carers at this time. **I feel safe and able to make my own decisions**."

What we said we would do in 2016-2017	What we did…….
Safe Services The Board will ensure there are proper procedures in place to address any shortcomings in policy and practice and a readiness to share learning from Safeguarding Adults Reviews (SAR's) and 'near misses'.	The SAR sub-committee refreshed its Safeguarding Adults Review (SAR) Protocol and Guidance in October 2016. This now provides Board partners with clear guidance on how to raise a safeguarding adult's referral; and provides access to a suite of standardised templates to be used when making/considering a referral. This helps to ensure all required information has been provided at the point of submitting the referral request. The SAR sub-committee has continued to look at lessons being learned from SARs, Domestic Homicide Reviews and Serious Case Reviews across the country. They have used the opportunity to reflect on/challenge local safeguarding practices.
Listening and Engaging The Board will ensure there is a clear understanding of the language and context of all types of abuse alongside, a sound and intelligible application of policy and procedures.	The Board commissioned Warwickshire Race Equality Partnership to engage with disaffected sections of the Black and Minority Ethnic Communities across Warwickshire, including Travelling families and migrant communities into the UK to understand the barriers to safeguarding reporting from within these communities; and the low level of referrals received. The project involved seeking the views of the community, professionals and volunteers working with these communities via face to face conversations with groups and individuals, an online questionnaire, as well as, telephone calls. The conversations provided a valuable insight on BME communities' views on safeguarding and the process of reporting concerns. They told us we could help make it easier for them to report their concerns about the abuse or neglect of people within their communities by: • ***Simplifying the language we use when discussing safeguarding*** • ***Improving accessibility to information on abuse and neglect; and*** • ***Recognising that not everyone is able to communicate their concerns in English; this is a barrier to reporting.*** ***(See Case Study 2)***

Case Study 2:

Listening to and engaging with our 'seldom heard' communities

Provided below is the feedback received from the BME communities across Warwickshire and how WSAB subsequently responded to the recommendations that came out of this engagement work.

RAISING AWARENESS

What you told us....	What the Board did....
Community Members need to be aware of who to report to and how they can report safeguarding concerns.	*The Board's new website now provides detailed information on identifying and reporting concerns, which is accessible in multiple languages.*
WSAB need to consider various initiatives to highlight safeguarding within established BME groups.	*The Board has been working with Warwickshire Race Equality Partnership to develop resources and workshops to help raise safeguarding awareness across established BME groups.*

ACCESSIBILITY OF INFORMATION

What you told us....	What the Board did....
Materials in easy read format would assist in easy interpreting and documents need to be jargon free and in simple English.	*An easy read safeguarding leaflet has been produced and the language used has been simplified.*
Production of information materials in different formats i.e. videos, case studies.	*The new website now has videos which relay real-life case studies of the different types of adult abuse.*
Website materials need to be accessible in different languages.	*The new website now incorporates a translation function which allows information to be printed off / downloaded in different languages by individuals or, community coordinators supporting different BME groups.*

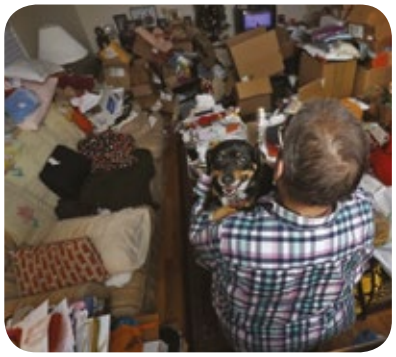
TRAINING

What you told us....	What the Board did....
Tailored Safeguarding training for coordinators, community workers and volunteers on a face-to-face basis. Coordinators, Community Workers and Volunteers need training on how to *1. deal with confidential disclosures; and* *2. how to assess the risk of what has been shared and how to support the service user who is experiencing the abuse.* Training should be tailored to take into consideration service user's cultural needs.	*The Board's new website now provides detailed information on identifying and reporting concerns, which is accessible in multiple languages.* *The Board has been working with Warwickshire Race Equality Partnership to develop resources and workshops to help raise safeguarding awareness across established BME groups.*

What we said we would do in 2016-2017	What we did…….
Workforce Training The Board will seek assurance that agency induction and training programmes contain sound safeguarding elements and that multi-agency training is delivered to a high standard and is well attended by all partner organisations.	The Learning and Development Task and Finish Group started work on developing a competency framework which will provide standardised expectations for safeguarding training across partner organisations. This also provides the Board with a framework for seeking assurance from partners on the quality of safeguarding training being delivered to their staff.
Transitions The Board will identify times of transition in respect of specific groupings e.g. young people leaving care or vulnerable adults being moved into alternative accommodation and promote the need for safeguarding to form part of the assessment and delivery of care plans related to these needs. The Board will test out potential for working together with the Warwickshire Safeguarding Children's Board in all elements of work programmes and respond to issues raised.	The Policy, Procedures and Guidance sub-committee reviewed local transition arrangements for young people leaving care or vulnerable adults being moved into alternative accommodation. Partner agencies provided assurance on their assessment and delivery of care plans which included consideration of any safeguarding needs. The sub-committee also explored the feasibility of holding a joint meeting with the Children's Safeguarding Board subcommittee reviews the robustness of the transition arrangements from children's to adults. The Warwickshire MASH (Multi-agency Safeguarding Hub) went live in May 2016 for Children's Safeguarding and October 2016 for Adult Safeguarding. This now enables safeguarding professionals from across the Police/local Authority and Health to be co-located and have access to centralised information systems which help improve how safeguarding referrals in respect of vulnerable children and adults are assessed and responded to. ***(See Case Study 3)***

Case Study 3:

Louisa's story of self-neglect and financial abuse



Louisa is an older lady who had lived alone for over 10 years, since her husband passed away. Louisa has a neurological condition that results in her feeling exhausted all the time and a combination of this and loneliness resulted in Louisa having limited contact with the outside world for years at a time. Louisa was initially referred to Adult Social Care by a local PCSO, who reported that Louisa had been found walking the streets in her night clothes, confused and disorientated.

Visits to her home, found that she had been hoarding for years. Louisa, to avoid going out, had been having supplies of food and goods delivered to her home in bulk to last her for lengths of time. Most of her home had very limited access.

A care agency was employed to visit Louisa once each week and go through her belongings, piece by piece and remove what she was willing to let go.

A further concern was raised some time later by the financial crimes unit, who had been contacted by Louisa's bank. It became evident that Louisa had paid out large sums of money to workmen and to charities. Trading Standards supported the investigation and found that Louisa had been charged several thousand pounds for goods and services that were not as she had been led to believe. While some of the concerns linked to wider investigations, a large sum of money was recovered and returned to Louisa.

During this time, I worked with her to build a relationship and engage her with financial support and advocacy service and to accept care services. Carer's who worked with Louisa for a year; eventually cleared a number of rooms and Louisa was able to make full use of her home for the first time in years. She felt that her quality of life had improved to a place she never imagined would happen. With the support of the multi-agency network involved, long term support was put in place to reduce isolation and continue regular support and also to minimise further risk of abuse.

What we said we would do in 2016-2017	What we did……
Informing The Board will produce materials which are readily understood and which resonate with individual circumstances and life experiences, using all means of communication with the public and across agencies. It will review current information available to the public and develop an awareness raising strategy and communications campaign. The potential for links with Warwickshire Safeguarding Children's Board needs to be realised in this context.	The Board used the feedback from the Warwickshire Race Equality Partnership project to develop the specification for the new safeguarding website and appoint a suitable website developer. Warwickshire Safeguarding Adults Board and Warwickshire Safeguarding Children's Board will now share the same website, providing a single point of reference for all safeguarding information relating to adults and children. Last year's Warwickshire Safeguarding Adults Boards annual report included real life case studies to help people understand the safeguarding context and how the individuals in the case studies were supported by partner agencies across Warwickshire. These have since been used at various events to help raise awareness of the different types of abuse/neglect. Safeguarding information leaflets have been produced in simple English to help raise peoples understanding of abuse and neglect. Work is ongoing with the council's communications team to deliver on awareness raising campaign around the types of abuse and neglect and how to report concerns. The Board supported Warwickshire Age UK and Warwickshire Older Peoples Forum to develop and deliver their annual conference on 'Safeguarding adults from abuse and neglect'. The event was attended by over 50 people representing various voluntary and community organisations from across Warwickshire, who would be in position to support and give advice to people at risk of abuse or neglect. ***(See Case Study 4)***

Case Study 4:

Empowerment: Making my own decisions for myself and my family

A man with a mild level of learning disability and physical disability was referred within the Multi-Agency Safeguarding Hub (MASH) to Adult Social Care by Children's Services due to concerns that individuals visiting the house may have been financially abusing the man, as well as, posing a risk to the children.

MASH
Warwickshire
Multi Agency
Safeguarding Hub

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

The concerns being shared at an early stage amongst professionals working across Adults and Children's Services from Social Services, Police and Health enabled a duty Social Worker in the Adult Safeguarding Team to undertake a joint visit with a Social Worker from Children's services.

This enabled the concerns related to the adult and the children to be addressed at the same time, and ensured that the **man had all the information he needed to make decisions about actions he wished to be taken** in relation to his own safety and well-being and that of his family.

Safeguarding Adults Reviews (SARs)

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

The Board received no SAR referrals during 2016 – 2017. The Board's SAR sub-committee took the opportunity to review learning from regional/national SARs to identify any local learning which could be relevant to the Warwickshire partnership community.

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is a shift in culture and practice. It is about ensuring we listen to the voice of the adult (family/carer, where appropriate) who is at risk of, or experiencing harm from abuse or neglect. Where the adult lacks mental capacity, it's about ensuring we provide the opportunity for an advocate to communicate the adult's desired wishes on the outcome they want to achieve from the safeguarding support.

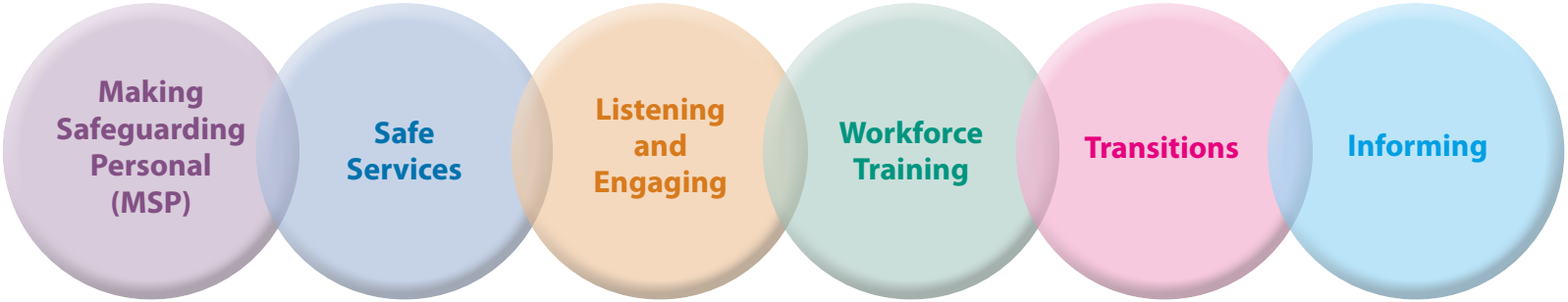
The Board continued to seek assurance from partners on the engagement of individuals experiencing abuse or neglect, their families and/or their carers to establish their desired outcomes from the safeguarding process; identify risks and manage expectations.

In 2016-17, of those adults surveyed

- It was possible to obtain the views and wishes of **93%** of adults at the start of the enquiry, and of **78%** of those adults at the end of the enquiry.
- Of these, **96%** were supported to achieve or partly achieve the outcomes they wanted. The **4%** of adults who were not able to achieve the outcomes they wanted, all were supported to express new outcomes ,
- **98%** were happy or partly happy with the outcomes they had achieved, and similarly **98%** stated they felt safer as a result.

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

The Board priorities remain the same as the previous year, in line with the 2015-2018 Strategic Plan. This enables the Board to ensure improvements and changes implemented thus far are fully embedded within safeguarding practice, across the partnership.



Clinical Commissioning Groups

(South Warwickshire Clinical Commissioning Group; Coventry & Rugby Clinical Commissioning Group; Warwickshire North Clinical Commissioning Group)

	What we did in 2016 – 2017……	What we plan to do in 2017 – 2018…….
Making Safeguarding Personal	• Continued to ensure Health practitioners were adopting a person-led, outcome focused care planning, which enhanced involvement, choice and control of the individual. • Best Interests supported decision making in the context of the Mental Capacity Act with use of advocacy services where a person lacked the capacity to make decisions. • Introduction of a case management approach within the Continuing Healthcare process to promote continuity.	• Increase focus on Personal Health Budgets for a wider range of individuals. • Continue to engage the adult, their families and their carers, empowering them to express what they want to happen, supported by advocacy where appropriate. • Continue to embed the Making Safeguarding Personal Agenda to find the right solution to keep people safe, enhancing choice and control.
Safe Services	• As commissioners of care, the CCGs carried out themed safeguarding reviews/ inspections of their commissioned services. • Shared learning across the three CCGs from SCRs/DHRs and SARs. • Developed a Safeguarding Assurance Tool for providers and GPs. • Worked with the local authority to develop a joint service specification for care homes and undertake quality monitoring jointly. • Supported care homes to continuously improve care quality, particularly in relation to pressure ulcer prevention and preventing the spread of infections. Care homes are achieving accreditation against best practice standards.	• Continue to keep policies and procedures up to date. • Continue to carry out themed reviews/inspections of commissioned providers. • Implement and review findings from the Safeguarding Assurance Tool for GPs and providers, developing and implementing action plans, as required. • Continue to share the learning from SCRs/DHRs and SARs. • Work with partners to develop and commission local services for vulnerable people to prevent them being placed out of area.

	What we did in 2016 – 2017……	What we plan to do in 2017 – 2018…….
Listening and Engaging	• The CCGs attended various events and worked alongside partner organisations to raise awareness of the safeguarding agenda. • The Lead Nurse for Safeguarding Adults representing the three CCGs continued to work closely with the WCC safeguarding team, support the safeguarding process for health funded cases and maintained regular liaison with the MASH.	• Continue to raise awareness of the safeguarding agenda, ensuring the newly defined categories of abuse, such as Modern Slavery and self-neglect, are understood across agencies.
Workforce Training	• The children and adult CCG safeguarding leads worked collaboratively to deliver a rolling training programme to General Practice staff. • Undertook a range of education and training events with general practice regarding vulnerable adults and children and implemented new robust mechanisms for sharing information.	• Training programmes will continue to be delivered to a high standard. • The CCG's Safeguarding Leads will continue to provide training for General Practice staff with a specific focus on the designated health safeguard leads within the practices. • Raise awareness of training available across Warwickshire on a multi-agency level. • Extend the training programme for care homes with a particular focus on End of Life care to improve outcomes for this group of people.
Transitions	• Safeguarding assurance of those vulnerable adults moved from learning Disability Hospitals to a more suitable environment within the community under the Transforming Care Agenda. • Adults Safeguarding Lead worked closely with the Designated Nurse for Child Protection and Looked After Children to support vulnerable children in transition to adult life, as required.	• The CCGs will continue to gain safeguarding assurance of those vulnerable adults moved from Learning Disability Hospitals to a more suitable environment within the community under the Transforming Care Agenda. • The CCGs will continue to support opportunities and advantages for collaborative working with the WSCB. • Commission a range of new community services to support vulnerable individuals with LD & autism to remain safe and well cared for in the local community.
Informing	• The Lead Nurse Safeguarding Adults worked closely with WCC in the development of the WSAB website.	• The CCGs will continue to raise the profile of abusive behaviour across organisations and ensure that everyone is confident that they can raise a concern and have it properly understood and responded to.

Warwickshire Police and West Mercia Police

	What we did in 2016 – 2017……	What we plan to do in 2017 – 2018.....
Making Safeguarding Personal	• Our vulnerability strategy was published in January 2017 and provides Warwickshire Police and West Mercia Police with the direction and focus needed so we can improve the quality of service that we provide to vulnerable people in the counties that we serve. To provide clarity we have adopted the following definition for what Vulnerability is: - 'A person is vulnerable if, as a result of their situation or circumstances they are unable to take care of, or protect, themselves or others, from harm or exploitation'. • Within the strategy there is mention of 'Providing a tailored service, which takes account of a person's vulnerability and will allow the right agencies to develop approaches which will support vulnerable people to protect themselves and others from harm.	• The Vulnerability Strategy we will continue to embed the Strategy with all staff becoming confident and practiced with dealing with vulnerability. The change in model to one that make vulnerability and safeguarding everyone's business will be further embedded creating a team of professionals that are constantly challenging themselves and other regarding professional curiosity. As per the above we will continue 'Providing a tailored service, which takes account of a person's vulnerability and will allow the right agencies to develop approaches which will support vulnerable people to protect themselves and others from harm.
Safe Services	• Police undertake their statutory duties regarding partnership working. Special cases meetings are attended (currently monthly). These meeting make recommendations as to whether Serious Case Reviews are to be undertaken. • WSAB and WSCB have numerous sub committees' where police are fully participating members sharing relevant information both internally and to partners.	• We will continue to carry out our statutory responsibilities and ensure our contribution to multi agency meetings remains. • Our commitment to the MASH will continue. • Our internal pathways that are in place will remain in place.
Listening and Engaging	• The Police continue to work with partners and have built better relationships with partners over the last year constantly listening to feedback to improve our business. • Listening and Engaging is a key theme of our vulnerability Strategy. We recognise that every interaction with a member of our community leaves an impression, we have a principle of 'right first time' meaning the more effective we are at addressing the needs of vulnerable people at the first interaction , the less they may need us in the future. We are aware that our ability to engage with those who are vulnerable and the effectiveness of that engagement, will ultimately impact on police demand by preventing those who are vulnerable from becoming victims or offenders in the future. Our training continues to focus on us listening to those we interact with in order to support them in the right manner and signpost them to the most appropriate agency for long term support to be put in place.	• We will continue to carry out our statutory responsibilities and ensure our contribution to multi agency meetings remains. • Our commitment to the MASH will continue. • Our internal pathways that are in place will remain in place.

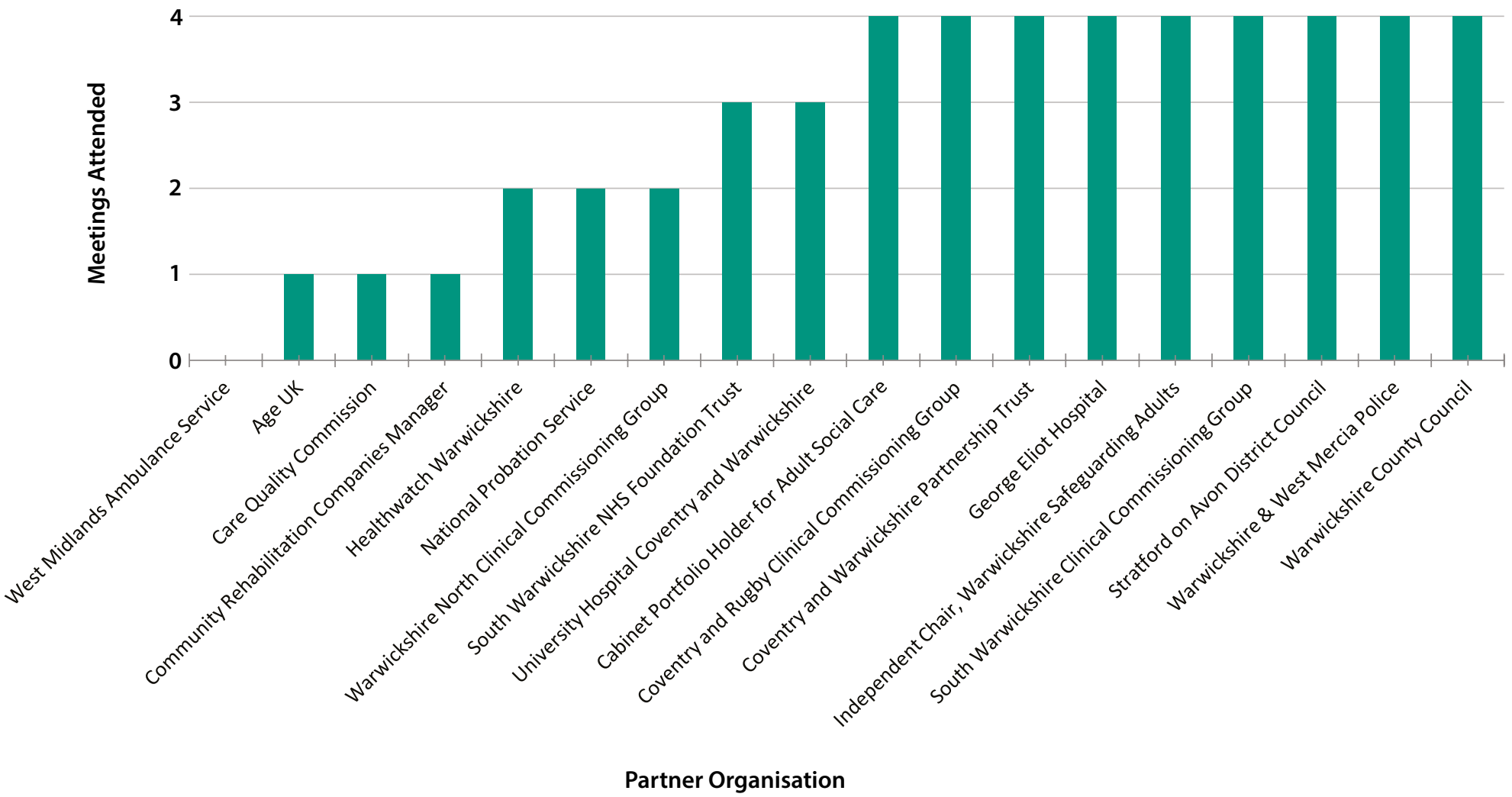
	What we did in 2016 – 2017……	What we plan to do in 2017 – 2018…….
Workforce Training	• 950 Police officers and staff from across Warwickshire completed the two mandatory training packages relating to vulnerability.	• We will be looking to put an audit plan in place for various areas of vulnerability which will identify patterns and trends for learning. These will be acted upon where relevant.
Transitions	• We continued to engage with partners to take positive action to continue to protect any individual from harm when they moved into adulthood. • We are exploring the benefits of a new 18+ project in Warwickshire with Barnardos to assist with the issue of continued vulnerability to sexual exploitation post 17.	• We will continue to engage with victims in areas of risk, we will continue to engage with partners and where possible we will take positive action with partners in order to continue to protect any individual from harm when they move into adulthood. • We will continue to monitor issues in this area and Barnardos continue to work with open cases where they reach their 18th birthday and still require CSE-related support and therapeutic intervention. They aim to close the cases with a supportive exit plan (referral to other support services such as ROSA etc.) before they reach 19yrs but we can be flexible with this on a case by case basis.
Informing	• Police and Crime commissioners continued to work with partner agencies, supported by Chief Officers, to develop inter-agency working to address the high harm issues affecting the most vulnerable.	• The delivery plan will be published this year in order to assist the alliance with the delivery of the Vulnerability strategy. This will be actioned clearly to include, Chief Officers, Vulnerability strategic team and local policing. • We will continue to be victim focussed building trust and confidence within our communities encouraging reporting of concerns from all aspects of our communities. • We will continue to run our citizens academies which discuss vulnerability and our youth academy will also focus on vulnerability highlighting issues they may come across and again building trust and confidence. • We will be appointing a designated Chief Officer to lead the alliance on the development of the Vulnerability Strategy, Delivery Plan, and chair the alliance strategic vulnerability Board. This board will remain informed of the latest academic and service developments in this wide high harm field. A key element is retaining a focus on continuous learning to understand the wider implications of national, regional and local reviews. A strategic lead will chair the Vulnerability Tactical Group, bringing together vulnerability leads from policing areas to ensure consistency in our approaches and drive development of procedures. • Communications will be delivered to underpin the vulnerability strategy and initially focussed on internal audiences, tailored to meet the specific needs of relevant members of our workforce and key business areas. The key messages will be simple, clear and we will ensure they are received and acted upon.

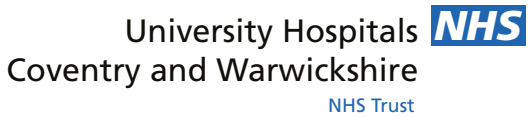
Warwickshire County Council

	What we did in 2016 – 2017……	What we plan to do in 2017 – 2018.....
Making Safeguarding Personal	• The Big White Wall project has been developed by Public Health; this is a safe online community of people who help each other by sharing what's troubling them, guided by trained professionals. • Wellbeing Hubs, known as Wellbeing for Warwickshire (delivered by Coventry & Warwickshire MIND and Springfield MIND) continued to support 3,898 people with mental health issues in 2016-2017, providing low level/early support across Warwickshire. • The Arson Reduction Manager is now based in the Multi Agency Safeguarding Hub (MASH). This helps identify Fire related safeguarding issues and is starting to show value. • The Fire and Rescue Service Prevention Department appointed a new Manager, whose focus is to strengthen relationships with partners to ensure that the most vulnerable within Warwickshire are referred for the correct advice and support from Fire and Rescue to ensure the safety of our community. • Trading Standards continued to work with vulnerable communities across Warwickshire to help heighten the risks associated with doorstep crimes; rogue traders and postal scams. They introduced a number of support initiatives i.e. 'Rapid Response' to doorstep crime; No 'Rogue Trader' Zones; and 'Truecall' all of which assist adults at risk of, or experiencing financial abuse to make informed choices and decisions about their actions.	• Adult Social Care will implement MSP across the whole service. It will record and report MSP outcomes in adult safeguarding enquiries for 2017-18 planned with the arrival of the MOSAIC database. • The Fire and Rescue Service will: - Review its Policies and procedures - Continue to develop processes to review safeguarding cases - Collate and record all safeguarding issues with reference to fire - Embed safeguarding within staff induction training - Continue to embed Safeguarding within all our recruitment and ongoing training - Ensure our Policies and governance is in place and robust by utilising others a critical friend to evaluate
Safe Services	• The establishment of the MASH has led to earlier identification of cases that do not meet Care Act adult safeguarding, but where other action, information or advice is beneficial. This has led to adults having a more appropriate support at an earlier stage, and has reduced duplication across agencies. • Public Health Advocacy services, including Independent Mental Health Advocacy, General Health Advocacy and NHS Complaints Advocacy have helped people – particularly those who are most vulnerable in society to: - Access information and services regarding their healthcare - Be involved in making decisions about their health and lives - Explore choices and options available to them for their healthcare and treatment - Defend and promote their rights, and speak out about issues that matter to them - Make complaints about receiving treatment and care in a health setting.	• Adult Social Care will be evaluating the impact of the adult safeguarding MASH pathway and consider areas for development. • The council's People Group are re-launching the casefile audit process across all services in 2017-18. The Adult Social Care casefile audit tool includes audit questions specifically relating to quality of MSP approach in practice. • Public Health will establish a multiagency suicide prevention group and implement strategy across county. It will revisit suicide audit to understand possible causes of a local increase against national trend. • The existing Drug and Alcohol service is being redesigned with a clear emphasis on early intervention, prevention and recovery orientated substance misuse services for adults, young people and their family/carers, delivered across the community to prevent harm, manage risky behaviours and improve health and wellbeing.

	What we did in 2016 – 2017……	What we plan to do in 2017 – 2018…….
Listening and Engaging	• Public Health led Warwickshire's Living Well with Dementia Strategy (2016-2019). The strategy aims to raise awareness of dementia, create dementia friendly communities and support people to live well with dementia. 13,000 people have signed up as Dementia friends.	
Workforce Training	• The mandatory Adult Safeguarding training programme continued to be delivered to all Adult Social Care staff in 2016-17 • Training content was reviewed to ensure that Domestic Abuse is specifically referenced and included in all of the council's Adult Safeguarding training. • Making Every Contact Count – Improving Health and Wellbeing the council's on-line learning course seeks to make participants aware of safeguarding considerations as part of front line efforts to improve wellbeing. Practitioners who do the training learn about the Multi Agency Safeguarding Hub (MASH) and how to make a referral if they have safeguarding concerns about an adult they are in contact with. • Nearly 200 Fire fighters completed safeguarding training.	• The Fire and Rescue Service will ensure that all staff undertake mandatory safeguarding training and develop an understanding of MSP.
Transitions	• Compass, our local Children and Young Person's Substance Misuse service continued to deliver an integrated transition pathway for young people aged from 18-25 years. It worked with the adult service to ensure young adults received appropriate and timely access, support and treatment services to meet their needs.	

APPENDIX. 2 Partner Agency Attendance at Board Meetings 2016-2017





If you have any queries relating to this report or require additional information regarding the Warwickshire Safeguarding Adults Board (WSAB) please contact the WSAB Business Manager via WSAB@warwickshire.gov.uk

Warwickshire Safeguarding Children Board

Annual Report 2016-17

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1. Forward by the Independent Chair

I am pleased to introduce the Warwickshire Safeguarding Children Board (WSCB) annual report for 2016-2017. The WSCB is required to publish an annual report on the effectiveness of safeguarding in our area including an assessment of local safeguarding arrangements, achievements made and the challenges that remain.

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

Our mission remains unchanged and that is:

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

During this last year, building on our strengthened governance procedures and sub-group structure, the Board has grown in the way agencies are able to challenge each other and hold others to account, both at full board and at the sub-group meetings.

The changing and reducing financial landscape continues to be challenging for all agencies and so being able to have frank and strong discussions is vital in keeping our safeguarding system as strong as possible.

The Board agreed and has been working on a limited number of headline priorities for the last year, these are all big subjects to tackle.
We have made variable amounts of progress against these priorities and in some cases the pace has not been what I would have wanted it to be.

The Board is really no closer to understanding the disparity we noticed in the data regarding services given to our children with disabilities and children and families from black and minority ethnic communities. We must ensure appropriate services are provided to all of our communities. We recently took some presentations at the Board meeting to “re-set” this priority.

Whilst the lack of progress is a little disappointing, we should not shy away from trying to understand and tackle difficult issues. Child protection and safeguarding in the multi-agency world is complex and so quick fixes are not always available. If we only took easy issues as our priorities I would argue that we were not really driving service improvement and therefore better outcomes for the children and young people of Warwickshire.

Our priority dealing with neglect has had a little more progress you will find more detail in the body of the report.

Our work to tackle Child Sexual Exploitation remains a strength for the Board.

Whilst none of our priorities are ready to be “signed off” as we look ahead we will consider if there are any other important areas of work that need a higher profile and should become part of our business plan.

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

I thank the members of the WSCB for their professionalism, challenge and rigour and the business team for all their work during the last year.

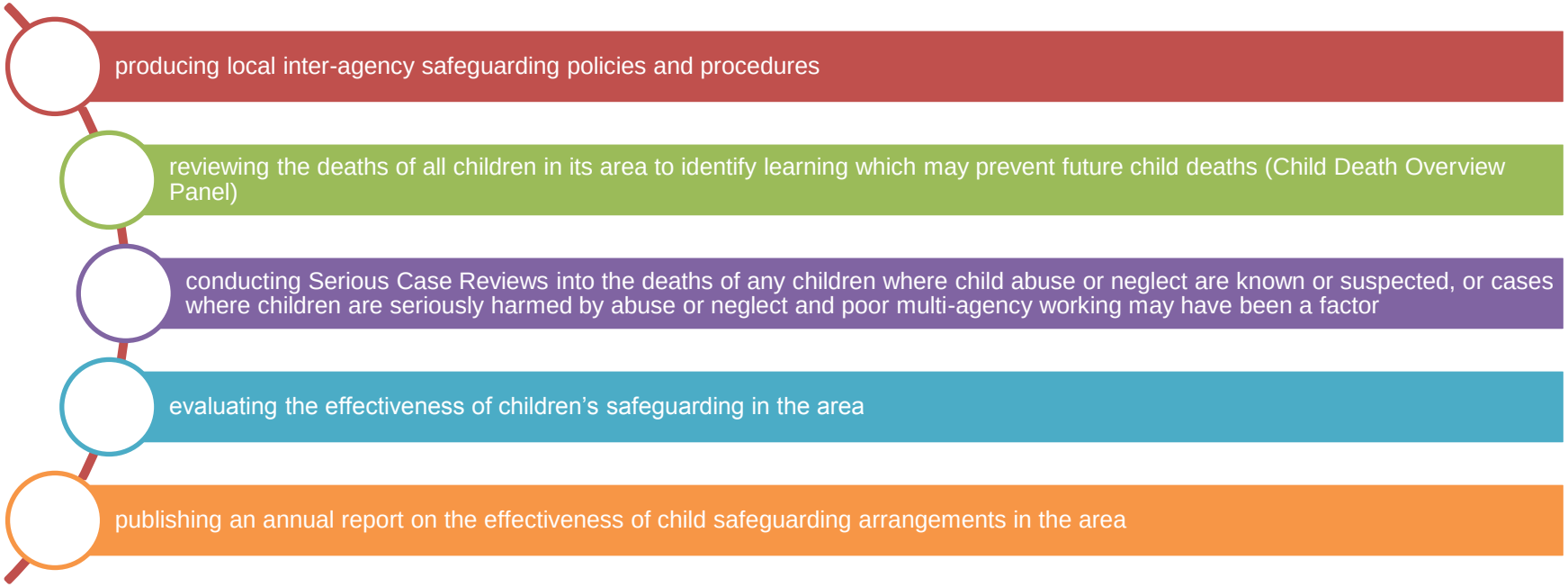
As in previous years I must conclude by thanking the front line practitioners for their dedicated work in safeguarding our children and young people.

David Peplow

Independent Chair

2. Statutory and Legislative Context for Local Safeguarding Children's Boards

Local Safeguarding Children Boards (LSCBs) were established by the Children Act 2004 which places the responsibility on Local Authorities to co-ordinate an LSCB in their area.
The roles of the Board are to co-ordinate local multi-agency safeguarding arrangements, and evaluate the effectiveness of these arrangements.
To do this the Board has several functions it must perform, including:



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

3. Governance and accountability arrangements

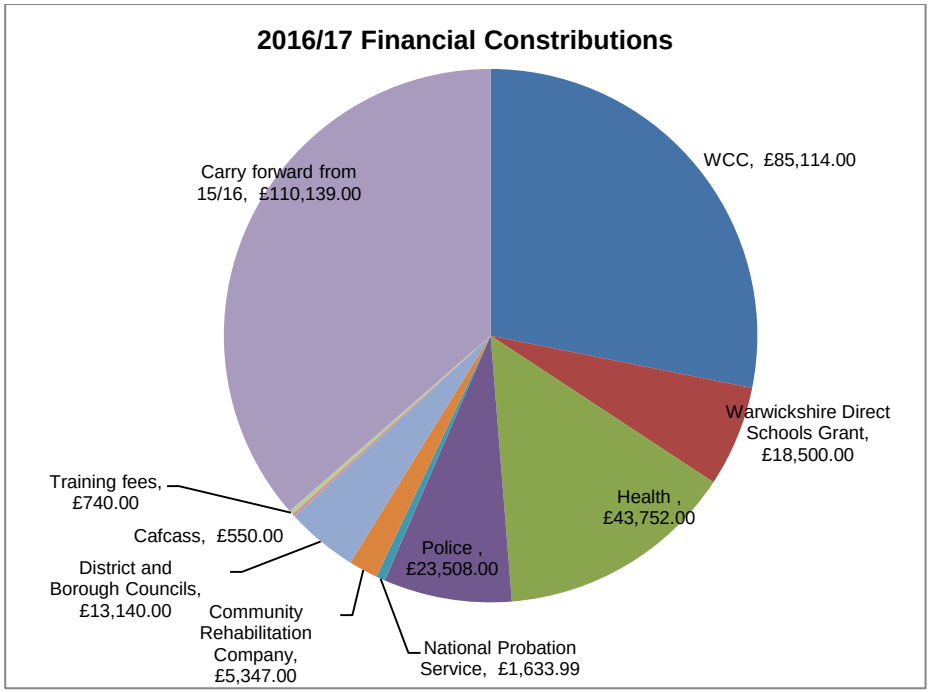
Warwickshire Safeguarding Children's Board has an independent chair, David Peplow, who has chaired the board since June 2014. In addition to the Chair, the Board directly employs three permanent members of staff, the Development Manager, Learning and Improvement Officer, and a Business Support Officer; these posts are hosted by the County Council and funded by the contributions made by member organisations as set out below. During 2016-17 the board has also had an additional part-time admin post to meet the increased case review activity.

Budget

In the past, an underspend was accumulated by WSCB, and carried forward from year to year. In 2015-6 and 2016-17 however, increased spending on case required the use of some of the carry forward to balance the budget. £110,139 was carried forward into 2016-17, of which £63,096 was spent during the year.

£18,000 of this was additional partnership funding for the 'Something's not right' campaign paid to WSCB in 2015- 16 to be spent in 2016-17, and hence was planned spending, rather than 'overspend'. A further £40,000 of this was required to balance the planned budget because WCC was not able to make an additional grant from the Learning and Development budget that it has made historically. The rest of the carry forward spend (£5,038) was as a result of the expenditure on case reviews exceeding contributions made for this purpose in the year.

£47,043 is carried forward into 2016-17, and is expected to be spent. It is recognised that agreeing a new funding arrangement for WSCB is of paramount importance for 2018-19.



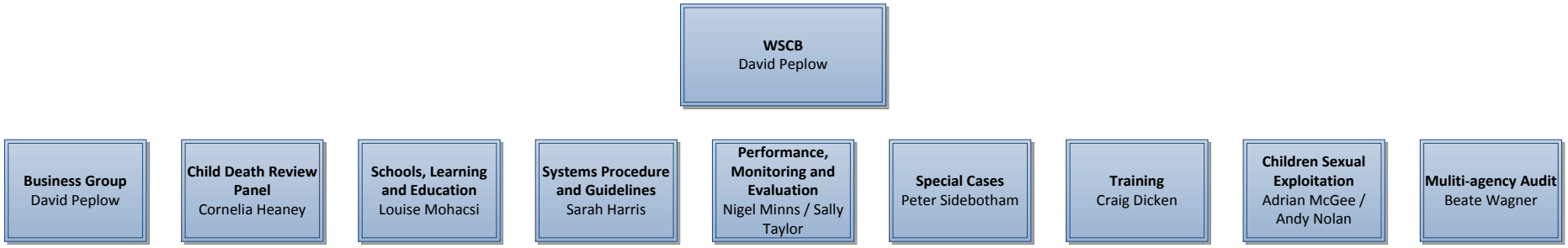
The revision of Working Together in 2013 increased the number of cases meeting the requirements for serious case review. Additional case review funding is provided by partners for a separate review budget, with agreement that this will be topped up as required, in year if necessary. Serious case reviews must be lead by an independent lead reviewer, but where a co-reviewer is required, in 2016/17 this role was taken by the Development Manager, saving an estimated £19,250 (38.5 days @£500/ day)

Child Death Overview Panel

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

Sub-committees of WSCB

WSCB has several sub-committees which carry out much of the work undertaken by WSCB.



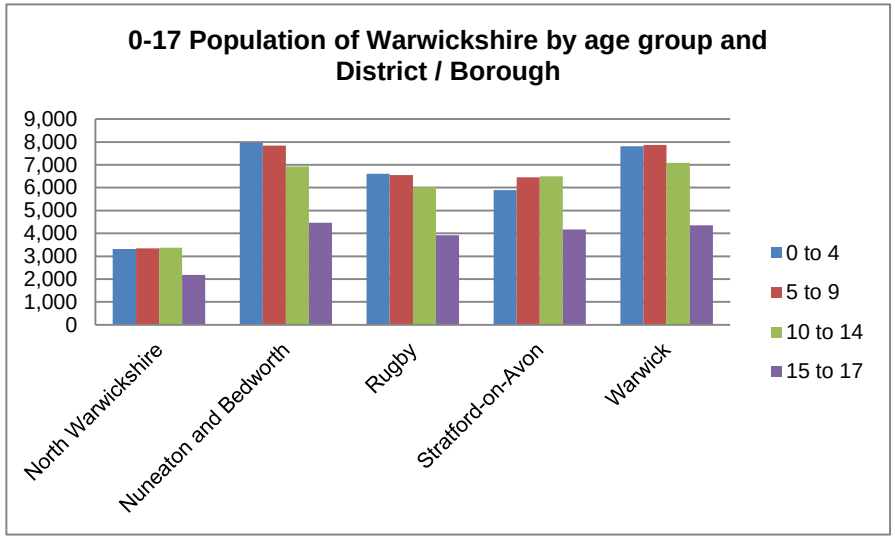
As part of the continuing revision of the Board's governance arrangements, the Multi-agency Audit group was established, and began meeting in January 2017. The terms of reference for existing sub-committees were refreshed.

4. The Warwickshire Context

Warwickshire is a two tier County Council in the West Midlands composed of five District / Borough Councils. The demography of the county varies markedly from District to District, with the south of the county in general being more affluent than the north, which features significant deprivation in parts. The total 0-17 population of Warwickshire is 112,662, with the breakdown by age group and District / Borough shown in the table and graph below. The January 2017 school census found that 19% of school age children (reception to year 11) were from a black or minority ethnic background, compared with 14% in 2014.

	All population	0 to 4	5 to 9	10 to 14	15 to 17
Warwickshire	554,002	31,598	32,075	29,906	19,083
North Warwickshire	62,787	3,319	3,351	3,377	2,185
Nuneaton and Bedworth	126,319	7,964	7,840	6,930	4,469
Rugby	103,443	6,604	6,555	6,014	3,914
Stratford-on-Avon	121,522	5,892	6,460	6,497	4,167
Warwick	139,931	7,819	7,869	7,088	4,348

Source: ONS 2015 Mid year population estimates



Ethnicity of school age population in Warwickshire	
BME	White British
19%	81%

Source: Warwickshire School Census Jan 2017

Socio-economic Picture

Nuneaton & Bedworth Borough has the highest levels of deprivation in Warwickshire with a ranking of 111 out of 326 Local Authority Districts in England, (where 1 is the most deprived authority). Stratford on Avon District is the least deprived District in the County, ranked 272 out of 326 Local Authority Districts. In between, North Warwickshire is ranked 190, Rugby 240 and Warwick District 267.

Local Authority District	IMD - Rank of average score (out of 326)
Nuneaton & Bedworth	111
North Warwickshire	190
Rugby	240
Warwick	267
Stratford-on-Avon	272

The proportion of dependent children under the age of 20 (ie those living with parents and in non-advanced, unpaid, education or training) living in low-income families is a measure based on the number of children living in families in receipt of Child Tax Credits whose reported income is less than 60 per cent of the median income or in receipt of Income Support or (Income-Based) Jobseeker's Allowance, divided by the total number of children in the area (determined by Child Benefit data).

Table 2: Proportion of children in low income households

Nuneaton & Bedworth	19.5%
North Warwickshire	14.8%
Rugby	12.9%
Warwick	10.4%
Stratford on Avon	9.4%
Warwickshire	13.4%
England	19.9%

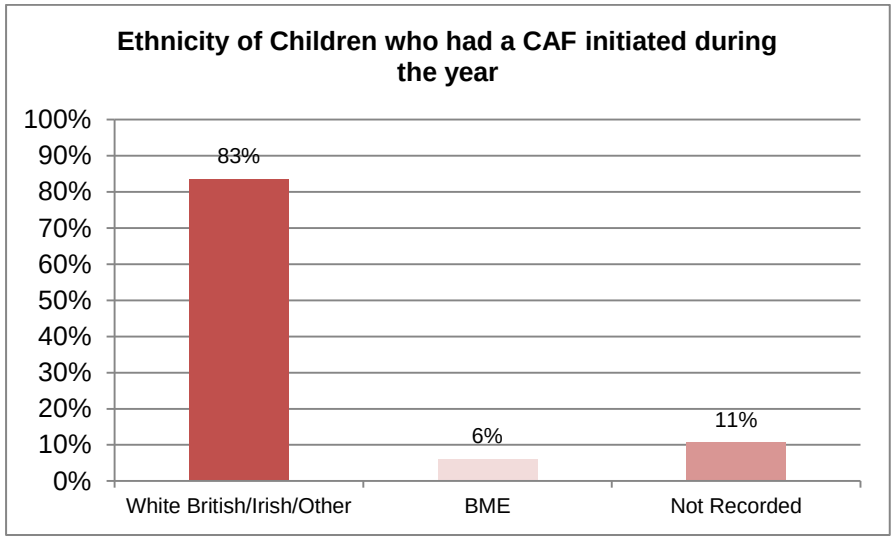
Source: 2017 child poverty profile

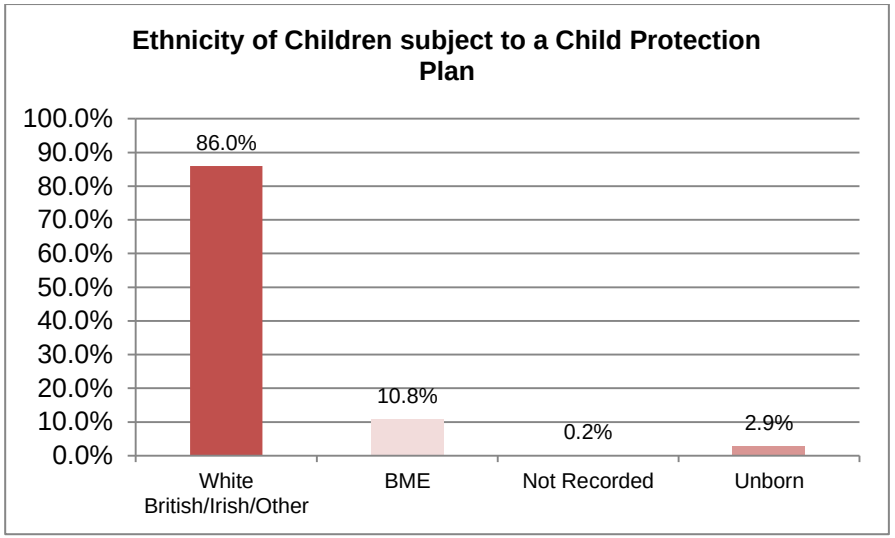
5. Key Findings for 2016-17

Diversity and Equality

WSCB is very disappointed to note that the number of early help plans and social care referrals where the diversity characteristics of the child are not recorded has increased each quarter during the year. This data is important to enable us to understand whether all children have equal access to universal and targeted services. An audit of multi-agency referral forms (MARFs) received by the MASH found ethnicity was not provided on 10%, 38% didn't record first language, and 60% didn't record religion. Board members have been asked to explore this area of practice in their own agency, and where relevant, to identify the barriers for their staff in complying.

As a result of having incomplete data we have not made progress in understanding whether there is a systemic problem in access to safeguarding for particular groups of children.

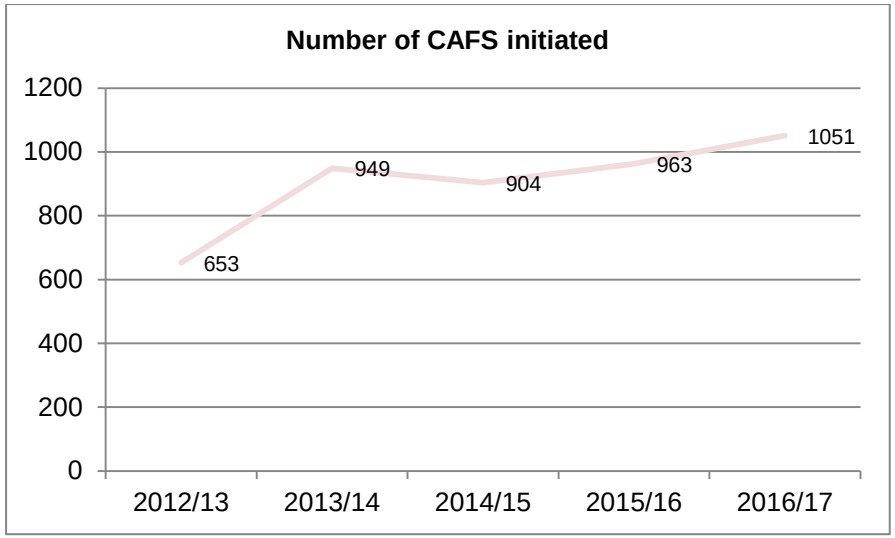


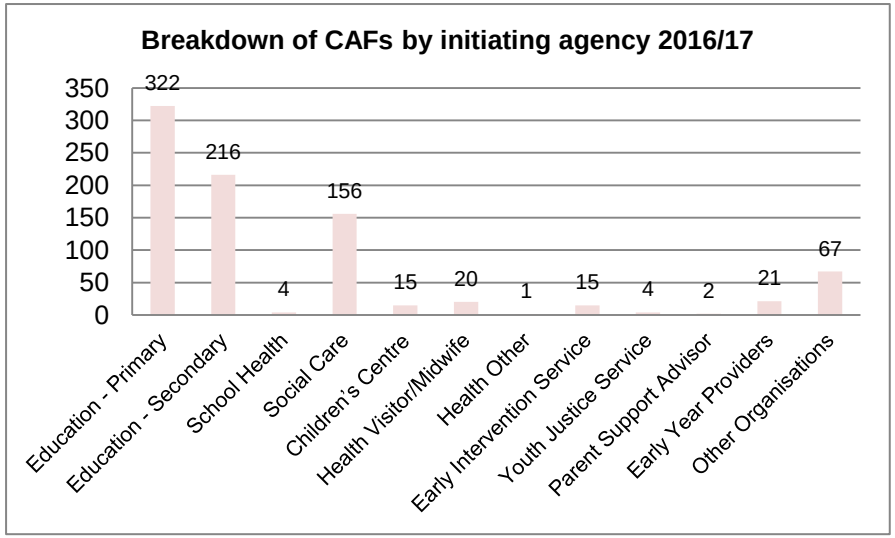


Neglect

Multi-agency early help

There has been a small increase compared with the previous year in both the number of multi-agency early help assessments and plans, and in the diversity of agencies initiating these early help single assessments, although schools continue to be the dominant sector in leading multi-agency early help. However there continue to be low numbers of Early Help single assessments (formerly called 'CAFs') initiated by agencies providing services to preschool children, e.g. Children's Centre staff, health visitors and early years settings. Only 7 Early Help assessments were initiated by nurseries and 14 by pre-schools in 2016-17.





Not all 'early help' is provided within the Early Help single assessment (CAF) arrangements, for example we are aware that targeted help can be provided by a single agency such as a school or health visitor, offered directly to the family without using the formal multi-agency early help structures. For may children this may meet their needs, although in order to ensure this is the case we are encouraging agencies to record what they are worried about, and the help being offered as a result, on a straightforward plan. This can then be used to review the success or otherwise of their interventions. However we need more information to be confident that an informal, single agency approach is appropriate for all the children being helped in this way, and we are going to adopt 'early help' as an additional strategic priority for 2017-18 to be the vehicle for this, and other related work.

The data appears to suggest that there is a strong pattern that the agency which initiates early help by convening the first family support meeting continues to hold the lead professional role for the duration of the intervention. This may mean that it is not always the best placed professional leading the plan, and is another issue that we will seek to understand as part of the Early Help work strand.

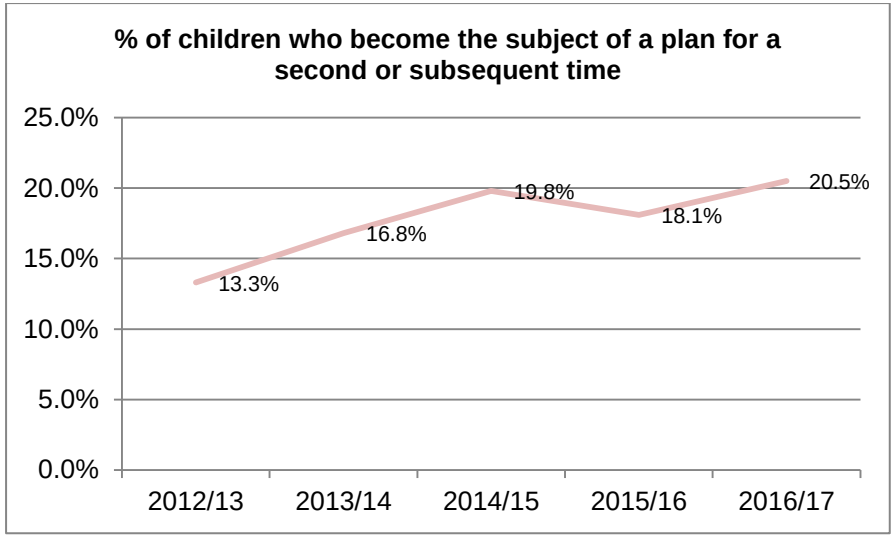
Pattern of re-referrals

The Warwickshire MASH opened in May 2016. During the year there was an increase in referrals. This pattern has been seen elsewhere when a MASH first opens as agencies test the new arrangement. There has also been an increase in re-referrals A significant number of these cases did not receive early help as suggested by the MASH at the first referral, and WSCB has agreed to sponsor a piece of work by the Local Government Association which will look at this.

Increase in repeat plans

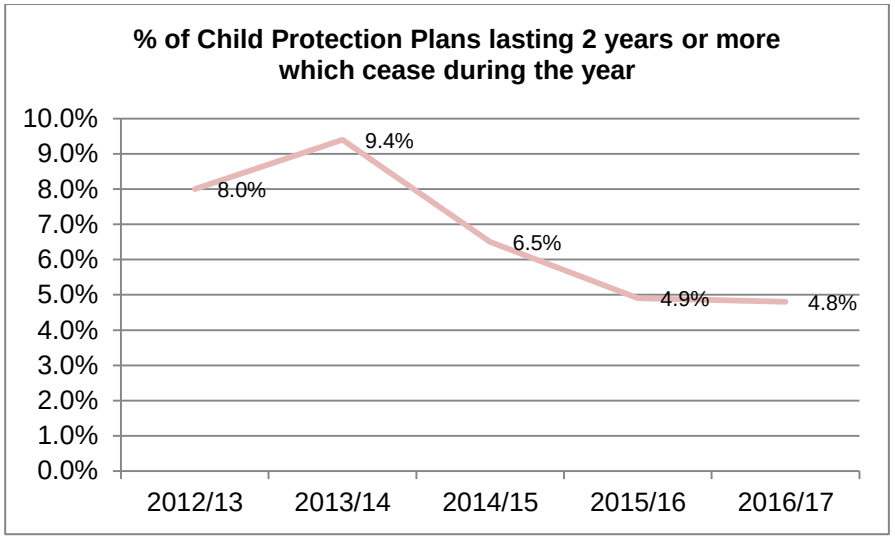
The number of children having a 2nd or 3rd child protection plan has increased during the year. Many of these plans are for neglect or emotional abuse. We have well established arrangements for evaluating the progress of third plans, but we are responding to the overall increase by giving more scrutiny to first and second child

protection plans to see if improvements could be made to the impact of these. The neglect toolkit in development, and revised training offer will be part of this work.



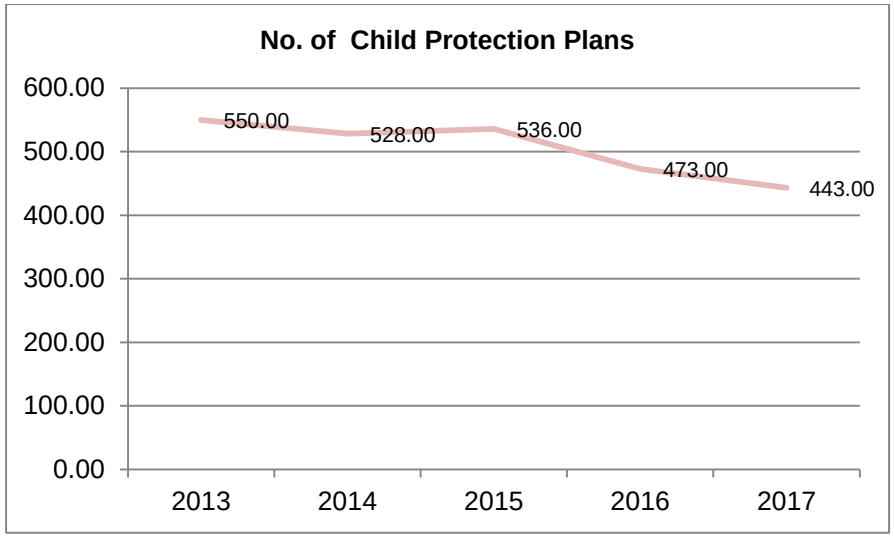
Long CP plans (over 2 years)

After three years of falling year on year, the percentage of plans lasting more than 2 years was 4.8% at the end of the year, very similar to the figure at the end of the previous year which was 4.9%. The criteria for a child having a child protection plan are that it is assessed that they are suffering, or likely to suffer, significant harm so it is generally undesirable for a child to have a plan for as long as 2 years, although it may be necessary in a small number of cases. The average figure across the UK in 2015-16 was 3.8% which suggests that the rate in Warwickshire is still a little high.



Decrease in number of Child Protection Plans

There has been a continued reduction in the overall number of child protection plans in Warwickshire. There are a number of reasons for this, including closer scrutiny when initial conferences are requested of whether all reasonable steps have been taken to engage the family in services under a 'child in need' plan, and work to reduce the number of children looked after who are subject to a CP plan.



Child Sexual Exploitation (CSE)

We now have wide engagement of partners in the CSE agenda, resulting in substantial progress in embedding recognition and tackling of CSE as 'core business' in Warwickshire. An example of this is the requirement for taxi drivers to undertake training as a requirement of their licence, which has been adopted by all the District and Borough councils.

During 2016-17 the police and CPS concluded 23 successful prosecutions against adults sexually exploiting Warwickshire children. The trial judge praised the multi-agency team around these children which safeguarded them and supported the successful conclusion of the trial.

Children reported 'missing'

There was another significant increase this year in the number of children reported missing, and the number of children repeatedly going missing. This is examined in more detail in the CSE section of the report, but we believe it still reflects an increasing awareness of the implications of a child being 'missing' and correspondingly, an increase in statutory intervention being sought for these children. However the County Council has put significant extra resource into the team that undertakes return home interviews and interventions to missing children, and these staff are located in the CSE team. For the first time since WSCB began scrutinising this area of practice, we are now confident that all children reported missing are proactively offered this service

Use of B and B for homeless young people

For the first time this year WSCB has collected data on the number of 16 and 17 year olds presenting as homeless (on their own, as opposed to with an adult carer) are placed in Bed and Breakfast accommodation. Several, but not all, of the Councils did place some children in B and B, despite the relevant statutory guidance stating this is not acceptable. The reasons are in essence about insufficiency of suitable accommodation for young people for whom foster care is not necessary or desirable.

It is acknowledged by Housing that B and B accommodation is not suitable for homeless 16/17 year olds. However, there may be occasions when B and B is the only accommodation that can be accessed in an emergency – for example as a result of an out of hours homeless approach. In addition, it may also be the case that for particularly vulnerable households, a supported environment in a specific, specially selected B and B may be a better option than an unsupported self contained temporary accommodation unit. In any event, B and B would usually only be used for short time periods until alternative accommodation can be sourced. Options for temporary accommodation are considered on a case by case basis, and also bearing in mind the availability of suitable accommodation units.

6. Core Statutory Functions

6.1 Policies and Procedure to support inter agency children's safeguarding

New Procedures

During 2016-17 WSCB published new policies and procedures including the MASH Operating Protocol, MARF (multi-agency referral form) and MARF guidance and guidance for recognising and responding to concerns about FGM.

The establishment of the MASH in May 2016 allowed for consistency across the county in the arrangements for professionals to have consultation with a social worker, and learning from a case review WSCB contributed to last year, this has included ending the practice of 'no name' consultations.

Also as a result of learning from a case review, WSCB has agreed a position on how the role of 'lead professional' will be carried out while a social work lead single assessment is underway, to support continuation of services already in place. This has been incorporated into the Assessment protocol

Early Help assessments

WSCB has endorsed the WCC move towards one assessment and plan for each child, including the move to use a revised 'early help single assessment' rather than the previously used 'CAF'. A complementary, concise, assessment form has also been published, to record very early, single agency interventions. This is being promoted to enable agencies to communicate clearly with parents about the objective of interventions, which may be quite low level, and to review and record if these are having an impact.

Updates to existing policies and procedures

The revised Joint Housing protocol for homeless 16 and 17 year olds was completed and published, as was a revised Escalation procedure. The new Escalation procedure sets out a requirement for agencies to provide arrangements for escalating internal disagreements about safeguarding decision.

The Judicial Review possibly affecting the WSCB threshold document was concluded, allowing work to progress on reviewing this, with completion expected early in 2016-17. The revisions aims to be clearer and more accessible than the current version.

Web-enabling the WSCB Procedures manual

WSCB decided not to take part in the West Midlands regional procedures project because the model that was chosen was unsuitable for our resourcing arrangements. However we have instead agreed to collaborate with Coventry Safeguarding Children Board, who also felt the regional model was unsuitable for them, and we will be jointly commissioning an external provider to supply and update procedures. The new procedures will go live in September 2017, and it is expected they will be accessed through the new website. This is an important development which will provide easier navigation of the material for users, and consistency in the provision of updates. It will also begin the processing of increasingly aligning our respective safeguarding arrangements which will assist schools and health providers who care for children living in both Coventry and Warwickshire

6.2 Monitoring and Evaluating the effectiveness of children's safeguarding arrangements in Warwickshire

In addition to undertaking serious and local case reviews (detailed in section 6.4 below) WSCB evaluates the effectiveness of safeguarding practice through the use of a performance data set, a multi-agency audit programme, and single agency performance reports taken at the Performance, Monitoring and Evaluation subcommittee.

Performance Data

The performance data set has been developed over several years and draws on data from across the partnership. It is reported quarterly and looked at both by the Performance subcommittee and also the full board. Comparison of data from year to year has enabled partners to see changes in activity and seek to understand these. The full dataset for 2016-17 can be found here.

During 2016-17 this has been given a higher profile and more scrutiny in full WSCB meetings.

Multi-agency Audits

During this year we established a multi-agency audit programme. The themes of the audits will be selected to examine core aspects of safeguarding processes, and strategic priorities. Audits held so far looked at decision making at the point of referral into the MASH, decision making at the conclusion of a social work lead single assessment, and work carried out after a referral to the MASH results in recommendation of early help.

As a result of the audits undertaken so far, feedback has been provided to MASH about some cases where the request to undertake early help was not made to the best placed professional, a reminder to health visiting to use 'was not brought' to record children's non-attendance at appointments, and feedback to social care about making use of the pathway plan to structure support to young parents.

A pattern was observed about assessment of parenting capacity being weak in assessments undertaken by schools, and this will be fed into the Early Help strategic priority.

Single agency performance reports

The Performance Monitoring and Evaluation subcommittee takes single agency performance reports, including most of those the LSCB is required to consider, such as the annual reports on Private Fostering, the LADO service (Local Authority Designated Officer) and the Review Unit. The analysis of return home interviews is taken by the CSE, Missing and Trafficking subcommittee.

In addition to the routine reports listed above, the subcommittee takes reports to examine services to particular vulnerable groups, or to test the impact of other learning and improvement activity.

Children missing education end electively home educated.

As a result of weaknesses in the system identified partly by an SCR WSCB contributed to in 2015-16, WCC brought a report on strengthened arrangements to safeguard children missing education. This includes transfer of responsibility for electively home educated children to the Attendance, Compliance and Enforcement team, to strengthen the safeguarding component.

Safe sleeping assessments

Work undertaken on behalf of CDOP to reduce sudden infant deaths resulted in 'safe sleeping assessments' being adopted in Warwickshire. The three trusts providing midwifery to Warwickshire families provided audits of compliance with the new requirement to undertake these, which found near 100% compliance overall. A

further audit will be requested in 2016-17 to evaluate the quality of the assessment.

Safeguarding of young carers

A report was requested from WCC commissioning and the commissioned provider to evaluate the effectiveness of arrangements to safeguard young carers. The subcommittee was concerned that assessment model used only addressed 2 of the 3 domains of the framework for assessment, the element being omitted being parenting capacity. A request was made for this to be looked at, and an update to the subcommittee reported that it had been agreed that the Young Carers service would use the same early help single assessment format as other targeted services

Schools safeguarding audit

A specific audit tool has been developed by the Schools and Learning subcommittee to audit schools' compliance with their statutory safeguarding responsibilities. This was used for the first time in the summer of 2016, with fewer than 10 schools failing to submit an audit. A WSCB action plan to address thematic findings has been progressed; this included measures to raise the profile of WSCB with schools and to promote the CSE training offer. There were criticisms about technical aspects of completing the audit which have been addressed in this year's version, but there was also feedback from many designated safeguarding leads on the value of taking a rigorous and structured look at all aspects of safeguarding in their own organisation.

All the responses were reviewed by the Education Safeguarding Manager, who undertook visits to individual schools as indicated by one or more of their responses, (or failure to respond) to give support to their improvement plan.

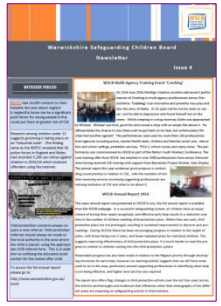
Inspection reports

WSCB takes reports on external inspection of partner agencies. In 2016-17 this included HMIC PEEL inspections and a CQC inspection of safeguarding and looked after children. The CQC action plan is being monitored by the Performance, Monitoring and Evaluation subcommittee.

6.3 Communication, Learning and Development

WSCB completed and published a revised communications strategy, which makes arrangements for proactive communication of key messages, as well as responding to safeguarding issues as they arise, and managing the publication of case reviews.

Sharing Learning from reviews and audits



During the year we have produced newsletters and practitioner briefing notes which are published on our News page, and sent out to key staff in partner agencies for disseminating in their organisations.

New Website

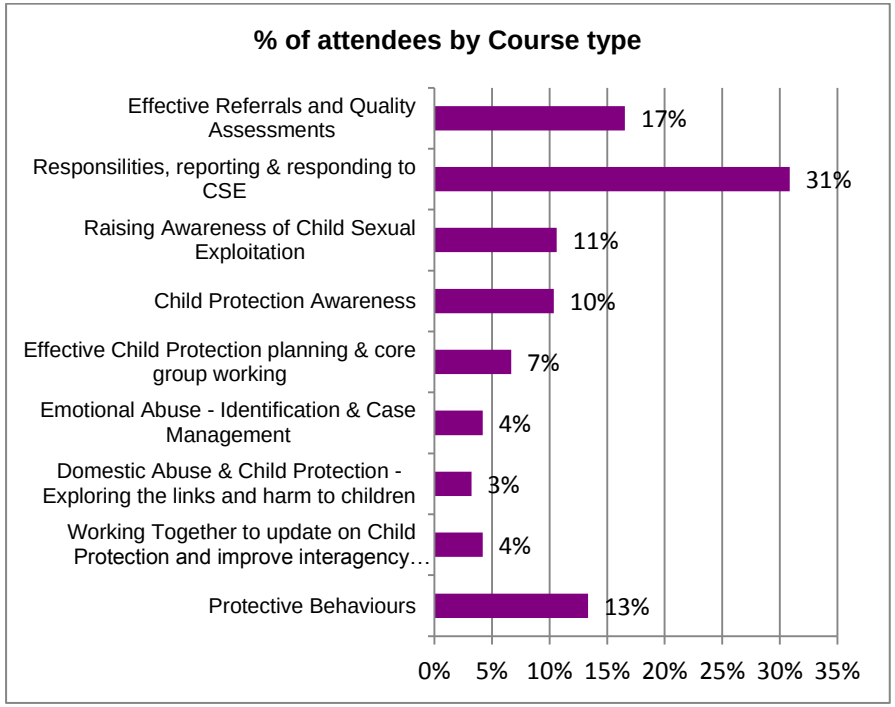
We are collaborating with the Safeguarding Adults board to develop a new Safeguarding website which will provide a more attractive and flexible place to host news, procedures, case reviews and training information. This will go live in the autumn of 2017.

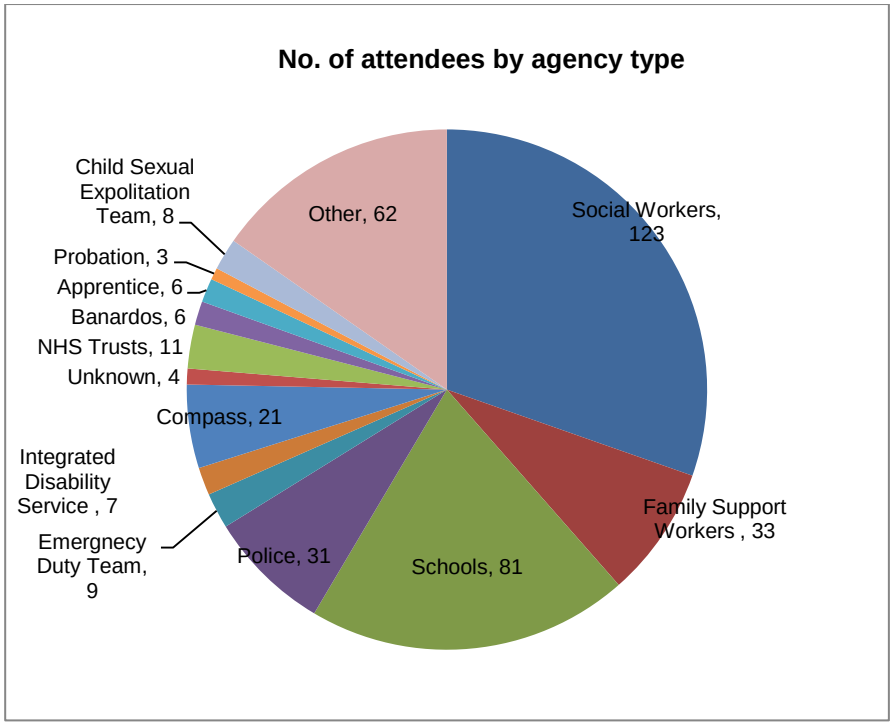
Multi-agency training

WSCB continued to provide a core suite of learning and development packages for all multi-agency staff; informed by the training strategy, learning and improvement framework and quality assurance activity, such as reviews, research and inspection.

Multi-agency training provided additional learning opportunities for delegates; increasing understanding of different of the different roles and agencies engaged working children and young people in Warwickshire.

Across the year 26 training events were delivered to 405 multi-agency staff, from a programme of 9 courses. Social care were the largest agency representation accessing training.





CSE Awareness raising

Partners provided funding to continue the 'Something's not right' campaign to raise awareness in the community about what CSE is, how to recognise it and who to tell. The steady increase in referrals and disclosures of CSE and related issues suggests that this activity is making a difference.

Actions for 2017/18:

- Refresh the Training Strategy to ensure that the content and style of our training offer is responsive to the changing safeguarding practice context
- Undertake communications activity to promote new Procedures manual and new website

6.4 Serious and local case reviews

There has been an increased awareness in the partnership of the requirement to consider an SCR for cases where children have been 'seriously harmed', supported by a formalisation of the arrangements for such cases to be referred.

During 2016-17 5 cases were referred to Special Cases, all required multi-agency scoping for consideration of a local or serious case review. The decision to hold an SCR was made for two of these. One of them focused narrowly on the effectiveness of core group working, and has progressed swiftly using a lean, practitioner informed methodology. This will be presented to WSCB and published early in 2017-18. The second is a more complicated case involving several LSCB areas, and careful scoping and planning are underway to ensure the learning is focussed and useful.

Scoping is still in progress for a further two cases, and Special Cases is currently monitoring the fifth case because the facts of the case as decided in care proceedings have been subject to an appeal.

A further cases was referred for consideration of a review, this concerned a member of staff in a local authority school being convicted of sexual offences against children. This case did not meet the criteria for a serious case review, but the County Council was asked to commission an independent review of safeguarding practice in the school. This will be reported to Special Cases early in 2017-18.

Two serious case reviews were completed. The 'Child T' SCR was started in 2013, but progress was stalled as a result of a criminal investigation and trial which potentially involved members of staff, restricting their participation for a time in the review process. This review concerned the killing of a Warwickshire looked after child by a local authority foster carer living out of county.

There was significant learning for the County Council in relation to the operation of the Fostering Service, and the sharing of information between this service and other council services. Although completion of the review was held up by the trial, emerging learning was acted on and there has been a re-design of the fostering service. The review drew attention to weaknesses in the LADO (local authority designated officer) arrangements for responding to allegations against people in a position of trust, some caused by differences in practice between the East and West Midlands areas, which are being addressed through the national LADO network.

Learning for all professionals includes the need to maintain professional curiosity and respectful uncertainty including in relation to professional colleagues.
The full SCR and WSCB response can be found on the WSCB SCR page. WSCB has also published two briefing notes for practitioners, which can be found on the WSCB News page.

A second SCR was completed during 2016-17, but publication was delayed until the completion of criminal proceedings. This review looked at the reasons why the multi-agency network was unable

over several years to make an effective response to a sibling group who experienced serious neglect and emotional abuse, physical abuse and suspected sexual abuse for several years.

The review found that single agency early help is not always recorded on a plan, which makes it difficult to review whether or not it is having the required impact. This is being addressed as part of the work to re-design support for early help, including publication of a simple tool for recording single agency targeted interventions. Agencies also underestimated the seriousness of the parents' harmful care because of a narrow view of what underpins neglect, and a failure to recognise the significance of the children being blamed for deficiencies in their care. The Systems and Procedures subcommittee is going to publish tools and guidance to better support assessment of neglect, and these messages will be incorporated into training.

The review identified, significantly, that agencies are not clear how to undertake investigation of sexual abuse when professionals have a 'reasonable suspicion' but the child concerned has not made a disclosure. A working group is looking at what can be learned from agencies that provide 'pre-trial' counselling for victims of sexual assaults, to develop techniques for opening non-leading conversations with children about whom there are sexual abuse concerns. We will be exploring some of these challenges in our 2017 Conference, which has the theme 'Hear my voice'.

A local case review is underway looking at practice in relation to recruitment, supervision and investigation of concerns in relation to staff in early years settings.

Learning from Children's Home review

Last year's annual report included learning from a review of inter-agency safeguarding of children at risk of CSE placed in Warwickshire by other local authorities. An extensive action plan has now been completed, addressing issues such as the arrangements for WCC to receive and respond to notifications that young people have been placed in the County, the links between Warwickshire's CSE team and Children's Homes, and ensuring that the learning from the review informs the way Warwickshire liaises with other LAs in respect of their children looked after placed out of County. WSCB has requested some performance reports for 2017-18 to test the effectiveness of new arrangements.

Actions for 2017/18:

- Develop our approach to involving children and young people in case reviews

6.5 Participation in the planning of services for children in the area of the authority.

The Warwickshire Multi-agency Safeguarding Hub (MASH) opened in May 2016. WSCB took an active role in the planning for this, taking updates at all the board meetings, and helping to shape the new multi-agency referral form, '(MARF') and MASH operating protocol in the Procedures subcommittee. In the first year of operation, WSCB has taken reports on MASH internal quality assurance arrangements to enable the partnership to understand how the MASH is working, and where changes to policy and practice are needed.

WSCB is disappointed that despite much multi-agency discussion and challenge, funding for a health decision maker to sit in the MASH has not been agreed. The impact of this, evidenced in multi-agency audits, is that triage takes place without always having

information from all health providers, which undermines the objective of a multi-agency assessment.

Strategic Partnership Working

Safer Warwickshire Partnership Board

The Safer Warwickshire Partnership Board is a multi-agency body whose aim is to reduce crime and disorder and promote safety in Warwickshire. In spring 2017, the Board approved a new Community Safety Agreement, aligned to the Warwickshire Police and Crime Plan, and with a new focus on vulnerability and harm. New priorities were set with tackling violence and abuse, including child sexual exploitation, a top issue for the Board.

Preventing Radicalisation

Warwickshire has a partnership action plan in place to deliver the Government's Prevent Strategy and ensure statutory agencies are meeting their responsibilities under the Prevent Duty. WSCB endorsed this plan in January 2016, having contributed to its development. During 2016/17, a new Prevent Officer was appointed to support delivery of the actions, including training of frontline staff and community groups in the identification of children and adults that may be vulnerable to radicalisation. A project called Our Families, Our Future, was also delivered which engaged the community in Prevent and other safeguarding subjects such as child sexual exploitation and domestic abuse. Warwickshire's Channel Panel met monthly during 2016/17 and saw in an increase in referrals for this multi-agency support. Work continues going into 2017/18 with increased focus on training and community engagement.

Violence against Women and Girls Board (VAWG)

WSCB engages with the VAWG board through membership of the independent chair on the board, and the Learning and Improvement Officer sits on the Harmful Practices sub-group. During the year, this group completed work on a Female Genital Mutilation (FGM) procedure and screening tool.

Joint Strategic Needs Assessment (JSNA)

The purpose of the Joint Strategic Needs assessment (JSNA) JSNA is to analyse the current and future health and well-being needs of the local population, to inform the commissioning of health, wellbeing and social care services. The JSNA aims to establish a shared, evidence based consensus on the key local priorities across health and social care and is used to develop Warwickshire's Health and Wellbeing Strategy along with Commissioning Plans for the County Council, Clinical Commissioning Groups (CCGs) and partners. Working Together requires that LSCBs 'inform and draw on the JSNA'.

The JSNA work is led by the Insight Service at the County Council but is dependent on contributions from all partner agencies to ensure it provides a holistic assessment of the needs of Warwickshire's residents.

The WSCB Development Manager liaises with officers leading the JSNA programme to identify areas for collaboration and influence. In 2016-17 this included the CAMHS needs assessment, and the move towards place based assessment, which provides an opportunity to address geographical inequality recognised in the WSCB's Diversity and Equality priority.

However some needs assessments which have a children's safeguarding element, such as the substance misuse and carers' needs assessments, took place without input from WSCB. This

identifies that further work is required to develop the relationship between the two partnerships. WSCB is seeking to do this by agreeing a 'memorandum of understanding' with the health and Wellbeing Board.

Published Needs Assessments can be found on the JSNA webpages.

Domestic Homicide Reviews

WSCB Special Cases sub-committee has taken updates on the progress of three Domestic Homicide Reviews (DHRs) involving households with children. This enables learning with implications for children's safeguarding to be included in our learning and improvement activity. It also supports a strong emphasis on ensuring that the process considers the ongoing needs of these children, including in relation to publication.

Actions for 2017/18:

- Complete the process of agreeing the Memorandum of understanding (MOU) with the health and Wellbeing Board
- Engage with the VAWG to promote the newly developed FGM material

6.6 Child Death Review Panel

The purpose of Child Death Overview Panel (CDOP) is to review all child deaths and identify any modifiable factors in the circumstances of each death with a view to addressing these. A separate CDOP report is published which details the work undertaken by all three panels in our sub-regional arrangements with Solihull and Coventry. The majority of learning identified at Warwickshire Child Death Overview Panel has come from internal reviews conducted by NHS Trusts i.e. Root Cause Analysis or Serious Untoward Incident investigations in relation to neonatal deaths. Reduced fetal movements in the later stages of pregnancy featured in a number of neonatal deaths reviewed and actions were identified by the Trust concerned to raise awareness of the risks of reduced fetal movements with both expectant mothers and health professionals. Failure to detect a pathological CTG (which records the fetal heartbeat and uterine contractions) was also a feature in some neonatal deaths as was the failure to follow management plans.

The need to develop a palliative care pathway for neonates diagnosed antenatally with a condition incompatible with life was also identified and raised at the Coventry and Warwickshire Perinatal Network.

In relation to older children, raising awareness of rider safety with schools was identified as an action.

7. Progress against Strategic Objectives

In addition to its core functions, WSCB has four strategic priorities:

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

1. Resources and Governance

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

What we did:

Sub-committee arrangements.
The Terms of reference of all the sub-committees have been reviewed, and the membership revised in some cases to ensure that all relevant agencies are making a contribution.

A new subcommittee was established with responsibility for undertaking multi-agency audits. Although it only met twice during 2016-17 the benefits of this approach to auditing were observed, with a number of findings that wouldn't have come to light looking at files one at a time. The participants have also fedback how much they learned from the round table discussion. In 2017-18 we plan to consolidate the methodology to ensure we develop rigorous methods of ensuring practitioner input, and dissemination of systems learning.

Governance review
Following on from the review of the WSCB constitution last year, a new Membership agreement was agreed and sent to agencies for signatures. The agreement combines a commitment to membership of the board from the organisation, signed by the Chief Exec, and a separate commitment from the nominated board member for the agency. Some agencies took the opportunity to review which role in the organisation represented them as the board member.

WSCB agreed the text of a Memorandum of Understanding with other partnerships, including the Health and Wellbeing Board and the Family Justice Board, to be offered to these board for their endorsement. The process of obtaining agreement about a form of words that is satisfactory to both sides is continuing.

Review of the financial contribution board partners make to the board

WSCB began the year planning to agree a new distribution of financial contributions to the budget. A series of papers were considered at each meeting, the first suggesting that the distribution should be proportionate to the number of families served by the organisation. This would mean the bulk of contribution would be shared by Health, Police and Local authority, with much smaller contributions made by Probation and Cafcass who come into contact with very few families in the County. A further paper set out how this might look for each organisation, based on the current overall level of contribution to the board. This model was chosen because it was in keeping with the spirit of the Children and Social Work Bill (now law) which was was at the time making its passage through parliament.

Several meetings were held by leads for the key agencies, but these did not result in proposals for revised arrangements, and so at the end of the year it was agreed that contributions for 2017-18 would be made in the same amounts they have previously; including the payment of additional contributions for the ring-fenced Review budget.

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

This has not been undertaken in the way originally conceived, because it was not clear how quickly new arrangements for children's safeguarding partnerships would be made, and what changes might be introduced. However the independent chair and board manager have had a series of discussions with their adult counterparts to consider what scope there could be for collaborative working.

Both teams are very lean, and it was felt there was no scope for rationalising roles. However resilience could be improved by working more closely and collaborating over some support functions. In a similar vein, there may be scope for extending sub-regional collaboration with Solihull and Coventry business teams. Further work will be undertake in 2017-18 to identify specific proposals for these opportunities.

Actions for 2017/18:

- Develop multi-agency audit methodology to ensure good quality practitioner input, and dissemination of systems learning.
- Agree new arrangements for funding the board.
- Seek to develop specific areas of collaboration for the WSCB business team with the adult safeguarding board team in Warwickshire, and the children safeguarding board teams in the sub-region.

2. Equality and Diverity

Statutory Board Partners have a duty under the Equality Act to "advance equality of opportunity to people who share a relevant protected characteristic and people who do not share it". Preliminary analysis suggests the variation is not explained solely by socio-economic factors, and that interventions may be required to ensure all children in Warwickshire are safeguarded equally.

What we did:

In order to be able to examine this question, WSCB needs reliable data about the profiles of children in receipt of services. Very disappointingly, agency recording of diversity information deteriorated throughout the year. We therefore do not have good enough data about the diversity characteristics of children referred to the MASH or in receipt of multi-agency early help to make any progress with understanding if there is a problem.
The ethnicity, first language and religion of children referred to the MASH is too often not recorded on the referral form.

Partner agencies are being asked to undertake some work in their own agency to establish why the information isn't provided. Specifically, WSCB would like to understand whether it reflects discomfort in establishing the information in the first instance, or whether the information is held by the agency but not regarded as important, and omitted from the referral.

The diversity of the school age population in Warwickshire is increasing much faster the the population as a whole, and so the it would be expected that this pattern should be seen in service provision as well. However if children from some cultural or ethnic groups have less access to universal services then they are less likely to be offered targeted services when they are required. For this reason it is important that organisations know that the population accessing their services mirrors the population of their catchment area.

'Smart Start' and access to services for disadvantaged groups.
The Smart Start strategy is a Public Health lead project to improve school readiness. It is underpinned by a foundation project including extensive engagement with 0-5 families and practitioners working with 0-5 families, ethnographic research with "hard to reach" 0-5 families and the 0-5 Strategic Needs Assessment were undertaken to assess the needs of the 0-5 population in Warwickshire.

The strategy sets out a vision of an integrated system of 0-5 universal and early help provision and a direction to address service access inequities. The work to redesign 0-5 services, which takes into account access for BME and other disadvantaged groups has commenced. Additionally, projects have been piloted to improve access to services for all families and support non-English speaking families: Making it REAL in Warwickshire, Closing the Gap in Early Years, Re-imagining our Children's Centres, Family Information Service for 0-5 families, Chatter Matters Ambassadors and Bilingual Chatter Matters, Are you sitting comfortably?

Actions for 2017/18:

- Take a report at WSCB on agency findings about the barriers to recording diversity characteristics.
- Undertake an audit of safeguarding cases where child has disabilities
- Monitor the impact of the JSNA 'place based' needs assessment model on access to services across the county

3. Neglect

Our case reviews have found that agencies in Warwickshire are replicating what has been found nationally in responding to neglect: Children are too frequently left in neglectful situations for long periods of time, and commonly concern crystallises around incidents of physical or sexual abuse rather than the neglect itself.
Neglected Children are at increased risk of other sources of harms such as sexual exploitation and mental ill-health, and are more likely to develop behaviours which cause problems for others such as offending and antisocial behaviour

What we did?

Development of Neglect toolkit
A draft toolkit is now ready to be shared for consultation. This brings together tools already in use by some agencies, and new approaches/ assessment tools which are being implemented by social care.

The next stage is to map the intervention approaches against the different types of neglect to embed the learning from (unpublished) Family G SCR

Contribution of 'Smart Start' to tackling emerging neglect.
The 0-5 Strategic Needs Assessment was undertaken to assess the deficits in school readiness among children in Warwickshire. and provide recommendations to tackle these. The report sets out the links between poor school readiness and poverty, abuse and neglect, and being in a black or minority ethnic family.

The Smart Start Strategy sets out what needs to be delivered to address school readiness for all children, in particular those from the vulnerable groups. The strategy places a significant emphasis on developing appropriate support to parents who experience emotional and/ or mental health issues, including a development of a dyadic support. The strategy also proposes to develop a range of appropriate parental supports and guidance, including safeguarding education, parenting programmes, support for SEND and hard to reach families.

A number of projects have been piloted: Inspiring Futures Programme (Malachi), HY2 (Valley House), Delaying Pregnancy (WCC), Family Group Conferencing for 0-5 families (WCC).

Think Family protocol
The 'Think Family' Protocol, originally agreed by both WSCB and WSAB in 2013, has been refreshed, and will be tabled at the Procedures subcommittee of each board in 2017-18. The purpose of the protocol is to prompt services working with parents or carers to consider the impact of the adult's needs on dependent children, and to take action if required to initiate assessment of the children.

Effectiveness of early help offered to cases which MASH decides have not met the threshold for social work lead assessment.
Two audits have looked at the services offered to families following a referral to the MASH which resulted in a recommendation to offer early help.

A substantial sample of cases re-referred to the MASH was audited to understand more about the causes of re-referral. Warwickshire's re-referral rate has been higher than statistical neighbours since 2012, but it increased further during the last year. The audit found that some of the re-referrals should have been recorded as 'contacts' as they were requests for consultation or received in respect of open cases.

However there was a pattern of some cases featuring domestic abuse or emerging neglect where the cases were re-referred by the same person, apparently because of concern that there was no change. In some of these cases, the original referrer had been asked to initiate early help but it did not appear that this had happened.

The multi-agency audit subcommittee looked in detail at a small sample of cases where the MASH recommended early help. Whilst not statistically significant, the sample illustrated the range of outcomes in this scenario. This included the referrer doing an early help assessment (CAF) as requested, continuing to offer early help without a new assessment, and no early help being offered. In two cases it was not clear which professional would be best placed to initiate early help, and in another the school was asked rather than referring health professional and this was not successful because they didn't have all the information.

Further work to address gaps in Early Help provision
It is clear that further work is required to understand and address barriers to universal services offering early help when it is suggested by the MASH, and WSCB has been pleased to take up the offer of some work by the LGA to help with this.

WSCB has also decided that 'early help' needs to be a strategic priority in its own right, as the issues identified here are not solely related to management of Neglect.

Actions for 2017/18:

- Complete and promote the Neglect toolkit
- Deliver training to support use of the toolkit.
- Sign off and promote the revised 'Think Family' protocol
- Undertake multi-agency audit of children's cases where adults are in receipt of mental health or substance misuse services.
- Adopt 'early help' as a new strategic priority

4. Child Sexual Exploitation

Warwickshire Safeguarding Children Board agreed its first CSE strategy in May 2013. Good progress has been made against many of its objectives, but not all are sufficiently well embedded for this area of work to be regarded as "business as usual".

What we did?

Governance and Partnership Working
A key activity over the last half of the year has been to review the governance and partnership working. WSCB leads strategy and an action plan which supports and influences work across Warwickshire to safeguard children who are victims or at risk of child sexual exploitation, children missing from home, school and care and child trafficking. The terms of reference of the subcommittee have been revised, bringing together the interlinked areas of CSE, missing children and trafficking.

WSCB Child Sexual Exploitation, Missing & Trafficking Operational Group
This group was established in December 2016 and coordinates operational responses to high risk cases. The group ensures the service delivery, seeks to obtain and provide intelligence to identify patterns and trends. The group considers those children at highest risk of repeat missing episodes and children at risk or who have experienced child trafficking. The Operational group reports to the CSE, Trafficking and Missing subcommittee.

Operational partnership working
The partnership between Warwickshire Police, Warwickshire Children's Social care and Barnardos has been renewed, and this is a considerable strength of service delivery for children experiencing sexual exploitation in Warwickshire.
The CSE Multi-Agency Team are co-located. Roles and responsibilities have been reviewed and the team work well with one another. Efficiencies have been identified and addressed such as reducing the number of professionals attending Multi Agency Sexual Exploitation (MASE) meetings and improved information sharing systems between the agencies has also been implemented.

Practice Approach
The CSE Team have worked on developing an approach to practice based on listening to young people and building enduring relationships, to enable them to build trust with professionals. Practitioners are trained and supported to see young people as individuals, to be transparent, recognise strengths and work in partnership with parents and other agencies.

Revision of Procedures
We have made substantial progress in our understanding of CSE, its causes, and the multiple and interconnected vulnerabilities of the children affected. To ensure we have a suitable framework to support practitioners, a task & finish group reporting to the CSE, MIssing and Trafficking subcommittee has been reviewing the relevant procedures. These are in draft form and will be agreed and launched by September 2017.
The next step is to move from the quality of process and systems to the quality of outcomes for children and young people.

Awareness raising activity
Back in 2015 with support from Ed Sheeran (who agreed to us using his music to our video for free) we launched our Warwickshire 'Something's Not Right' Campaign. Our website www.warwickshirecse.co.uk and Social Media campaign are valuable resources to highlight child sexual exploitation.

The Something's Not Right
campaign stand is taken to a wide range of events in Warwickshire. We have reached a wide range of professionals, volunteers and the public raising awareness of CSE in Warwickshire and giving information, advice and support.

Use of social media

Facebook and Twitter have been successful used as engagement tools in 2016/17 with numbers of followers doubling and the reach of the campaign increasing due to this. In 2016-2017 Twitter had over 181,000 impressions, which equates to 2,000 a day. Our post popular tweet took place when we linked in with See Me – Hear Me West Midlands to support the Public Transport Hubs campaign across the whole of the Midlands. Warwickshire joined CSE teams from all across the region to raise awareness of CSE in train and bus stations giving out information to young people, parents and the public during at Leamington, Nuneaton and Rugby train stations. This one tweet reached 13,405 people. In total over 20,000 people viewed our twitter page that week. https://twitter.com/WarksCSE/status/835172774528303105

Training & Development

More than 2,500 professionals have received free CSE training provided by WSCB across Warwickshire to date. In 2016-17 35 people attended half day CSE Awareness Training. The demand for this is now falling as would be expected given the success in reaching a wide range of staff. 141 people attended full day Specialist or Targeted Training. There is still strong demand for this course.

Crashing Workshop

In 2016-2017 the WSCB also ran a CSE Workshop for professionals called Crashing. This drama production highlighted how sexual exploitation of boys and young men. 142 professionals from around the county attended the workshops. The feedback was really positive. The production is hard hitting but really highlights the importance of highlighting CSE can happen to boys and young men too. It is planned to run this again in the autumn of 2017, as the number of boys being referred for services is very low compared with girls, and probably reflects boys' experience of CSE being under recognised.

Youth Conference

The conference was a collaboration with Warwickshire Police, Warwickshire County Council, Barnardo's, Warwickshire Youth Justice Service, Public Health and the Respect Yourself Youth Panel. 15 schools attended with 120 young people and more than 30 staff and professionals on the day. This years theme was 'One Thing Always Leads To Another' and was taken from the Women and Equalities Report on Sexual Harassment in Schools (Sept 2016)

Licensing and role in CSE prevention and Disruption

1400 taxi drivers across the county have taken part in training and awareness sessions and it is now mandatory for *all* drivers to attend CSE Training in order to gain a licence. Only Rotherham and a few other counties nationwide have achieved this level of engagement and support with taxi drivers. There is excellent support from licensing, within borough and district councils for this work. This has had a direct impact upon young people and led to referrals.

Children receiving a CSE Service

- From April 2016 – October 2016 56 children were subject to a Multi-Agency Sexual Exploitation Meeting (MASE).
- From November 2016 - March 2017 132 children were subject to a MASE Meeting.
- 30 children were subject to review MASE meetings.
- Since the integrated approach to CSE has been undertaken where separate meeting are not required, there has been increased recording of MASE Meetings
- On 31st March 2017 there were 65 children open to the Child Sexual Exploitation Team. 35% where children looked after.

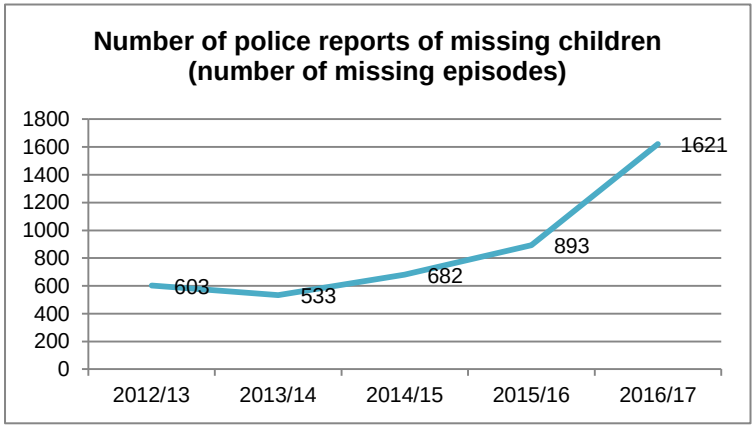
Local CSE profile
Work is underway to expand the multi-agency data set. Additional funding from the PCC has allowed employment of CSE analyst which has helped the police gather intelligence and information and enable us to understand the local profile and highlight “hotspots” or areas of particular vulnerability.

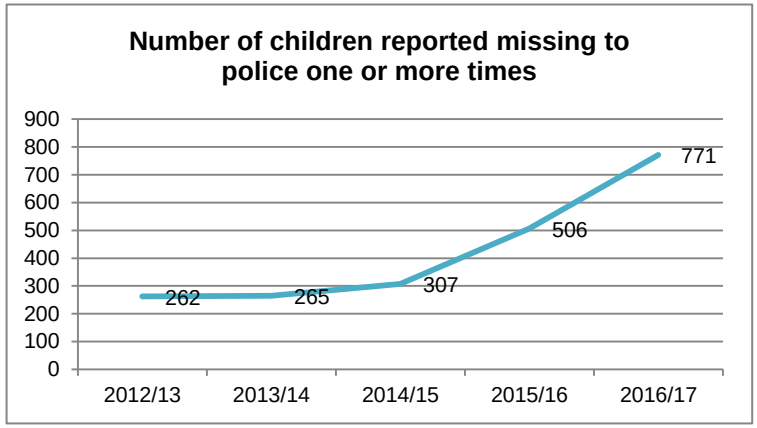
In brief the local profile indicates:

- More than half of CSE incidents Child Sexual Exploitation involve young people who had either been reported missing from home or care.
- Most incidents of child sexual exploitation involve perpetrators who were known by their victims.
- Suspects and known perpetrators mainly ranged in age 25-29 years. All are male.
- There were 113 CSE related crime incidents and 250 criminal investigations.
- This led to 23 CSE related prosecutions and 4 other cautions with CSE related crimes.
- Two prosecutions were not successful due to the named suspect being identified but the victim or key witness is deceased or unable to give evidence.

Children reported Missing - numbers and trends

There was another significant increase this year in the number of children reported missing, and the number of children repeatedly going missing. We believe this is increasing reporting as a result of awareness of the implications of a child being 'missing'.





Responding to missing children

The County Council has put significant extra resource into the team that undertakes return home interviews and interventions to missing children, and these staff are located in the CSE team. We are now confident that all children reported missing are proactively offered this service and that when children remain missing for more than 24 hours a that a multi-agency response to locate children is implemented.

The Missing protocol is being reviewed, and we are revising the trafficking strategy to ensure that the interlinked nature of the issues is addressed.

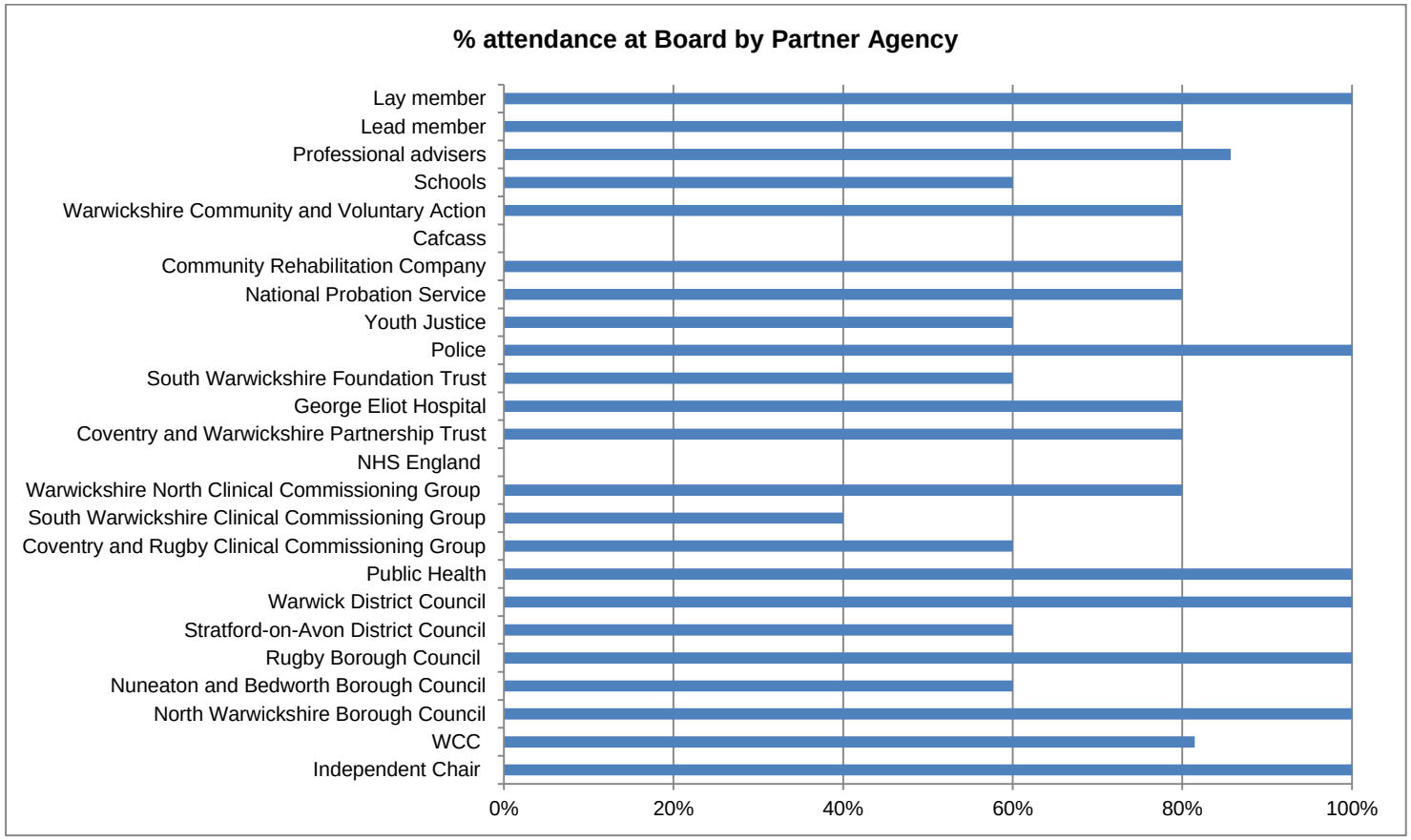
The CSE operational group established this year reviews children who are missing, including those who go missing and are not found. These are unaccompanied children from overseas who are found in Warwickshire but go missing very quickly.

We have set a target to reduce the number of children going missing by 40% by 2020. This is an ambitious target but one we are committed to delivering through relationship based work with those who are most vulnerable and have repeat missing episodes.

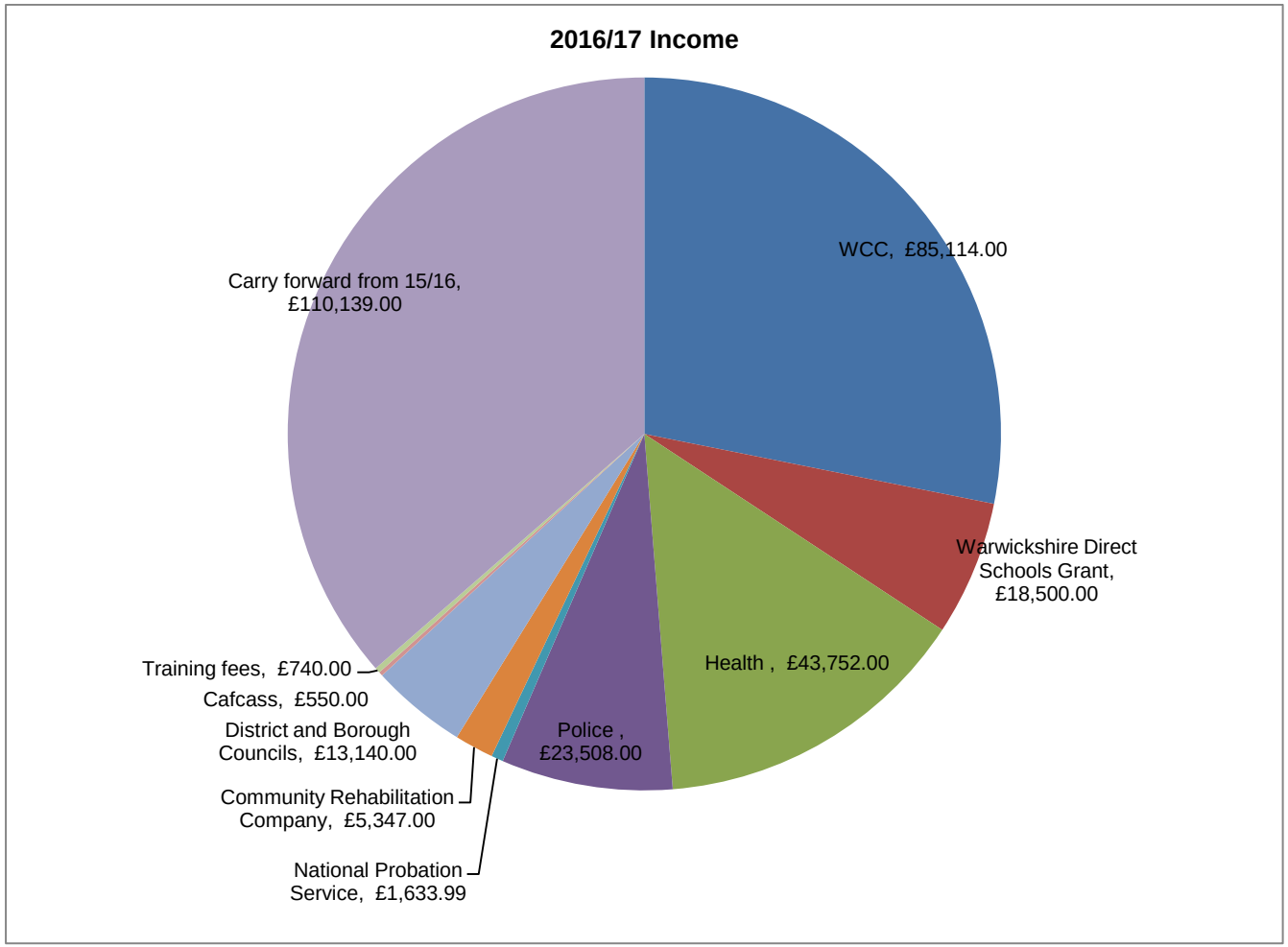
Actions for 2017/18:

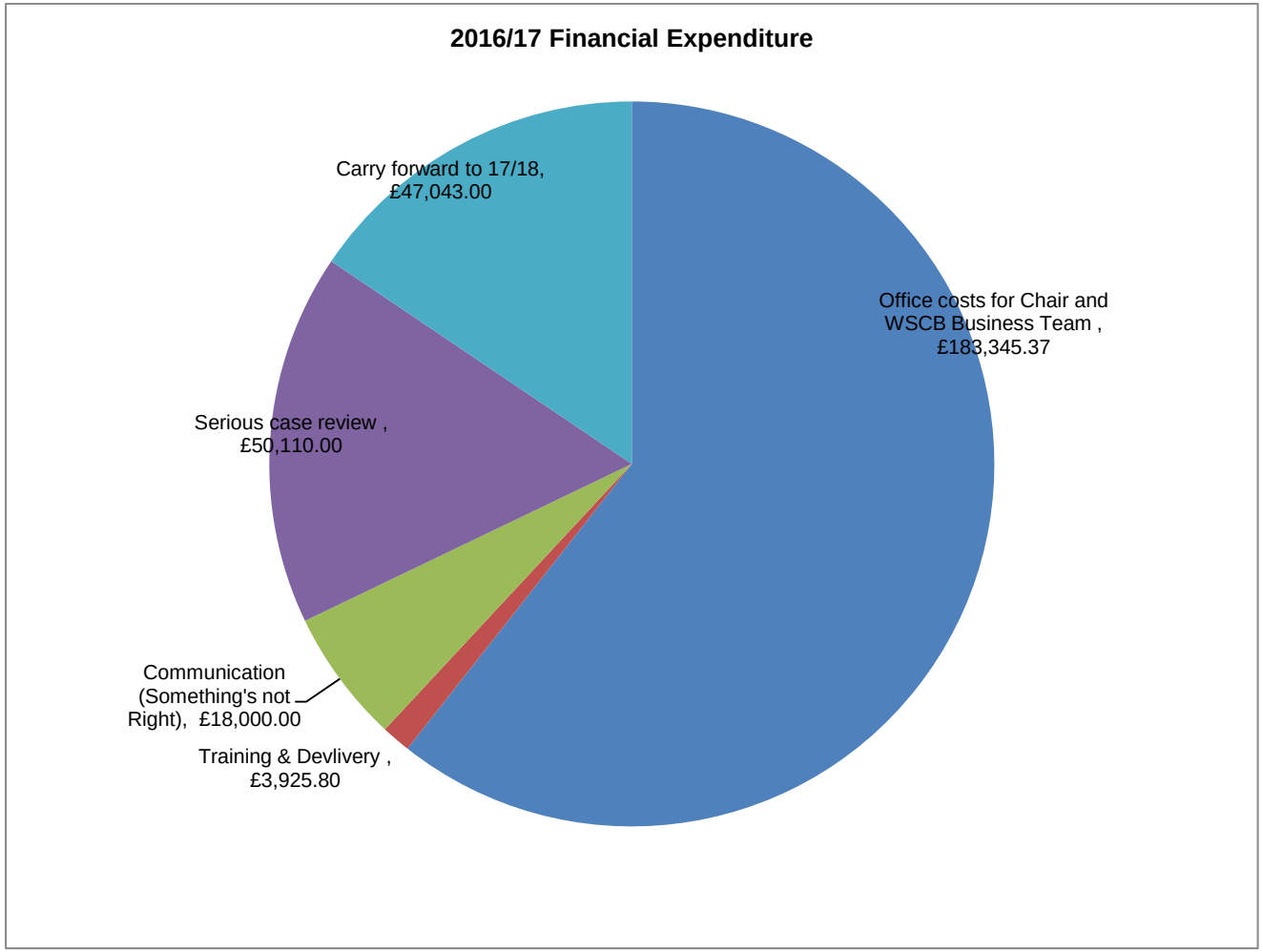
- Review and update CSE, Missing and Trafficking Strategy & Procedures.
- Establish a long term funding plan which includes funding for a CSE Co-ordinator.
- Strengthen our local intelligence and mapping, to continually understand the local profile of CSE, Missing and Trafficking. This will be supported by a multi-agency performance data set.
- Strengthen support for parents and carers (particularly foster carers) around CSE and Missing.
- Strengthen links with health, particularly a staff contribution from health to the CSE Team.
- Establish training for professionals about Missing and Trafficking.
- Strengthen training and awareness of CSE within the “night-time economy” e.g hotels, pubs, night clubs, fast food venues and within town centres.
- Strengthen and widen our use of CSE Champions across agencies not just within Social Care
- Strengthen our links with neighbouring local authorities and resolve cross border issues.

Appendix 1 Recorded attendance at WSCB meetings.



Appendix 2 Financial Management





Office costs include: Salaries and associated staffing costs, desk charges, phones and IT, central establishment charges

Appendix 3 Partner Reports

Warwickshire North, South Warwickshire and Coventry and Rugby Clinical Commissioning groups

George Eliot Hospital Trust

Coventry Warwickshire Partnership Trust

Warwickshire County Council

Nuneaton and Bedworth Borough Council

North Warwickshire Borough Council

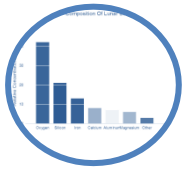
Warwickshire Public Health

Warwickshire Youth Justice Service

Warwickshire Police

National Probation Service

Community Rehabilitation Company



Appendix 4 Year end Performance dataset

Item 3

Health and Wellbeing Board

10th January 2018

Draft Pharmaceutical Needs Assessment (PNA)

Recommendations

That the board notes the update and progress on the PNA

That the board receives the draft PNA document for discussion comments and any amendments

1.0. Background and Rationale

1.1. The Pharmaceutical Needs Assessment (PNA) is an assessment of the pharmaceutical services that are currently provided in Warwickshire including dispensing of prescriptions by community pharmacies, dispensing GPs and other providers, as well as other services available from community pharmacies. The Health and Social Care Act 2012 transferred responsibility for the development and updating of the PNA from Primary Care Trusts to HWBs.

1.2. The NHS regulations of April 2013 state that each HWB must have produced their first PNA no later than 1st April 2015. After publication, each HWB must publish a statement of its revised assessment within 3 years of its previous. Therefore, the second PNA should be published no later than 24th March 2018.

1.3. The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA process contains a requirement to consult on the draft PNA and concludes with board level sign off.

1.4. In September, the Health and Wellbeing Board (HWB) approved recommendations to receive an update of the PNA and draft report in January 2018 for discussions, comments and amendments during the consultation period. Following a short delay the PNA went out for consultation on the 1st December 2017. The consultation period will close on the 5th February 2018.

1.5. The HWB have also approved the sign off of the final report by the end of March 2018 by sub committee to meet statutory timescales and deadlines.

2.0. Methodology

2.1 Warwickshire has 111 community pharmacies and 23 dispensing GPs. Both were surveyed to understand current services and future opportunities, the questionnaire included current opening times and locations of premises; 79% and 73.9% respectively responded.

2.2 Public and service user's views were also sought on pharmacy services; responses were received from 318 members of the public. These views have been used to develop the draft PNA document.

2.3 In addition, the health and wellbeing needs of the local population were examined from the Warwickshire Joint Strategic Needs Assessment (JSNA) and key local and national strategies.

2.4 Conclusions and recommendations are drawn on the basis of this information and described in the draft report.

3.0 Key Findings

3.1 Taking into account information from stakeholders including community pharmacies and dispensing doctor practices, the draft report assesses the number and distribution of the current pharmaceutical service provision in Warwickshire as sufficient. However, there are variations in provision of some of the locally commissioned services as well as opportunities for further development of the pharmacy service in Warwickshire. These are outlined in detail in the draft report.

3.2 During the period of 2017-2020 an estimated 13,600 houses will be built in Warwickshire. In areas of significant development and population growth, additional future pharmacy provision will need to be considered. The report recommends that the HWB monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information on pharmacy needs is available.

3.3 The report highlights a need to raise awareness, signposting and improve the availability of online information to promote the services currently available.

3.4 There are also opportunities for both the HWB and the Coventry and Warwickshire Sustainability and Transformation Partnership, to capitalise on the capacity within the range of services offered from community pharmacies and for future service development.

3.4 Following the publication of the draft document, additional information has been made available that alters some of the draft content and recommendations. These have been flagged this for consideration as part of the consultation. The updated information is that there are now currently 33 pharmacies in Warwickshire providing the Smoking Cessation service, less than previously. Therefore the recommendation is that the smoking Cessation service has varied levels of provision across the county and would benefit from increased provision in areas of deprivation. The recommendation on future provision. This has been expanded to be clear about the requirements for any new provision moving forward. That any new pharmacy provision would be encouraged to become a Healthy Living Pharmacy level 1 status which provides the opportunity to commission prevention services that meets the needs of the local population.

3.5 In order to understand whether local pharmacy services have been evaluated correctly and recommendations are appropriate, the consultation is being conducted which allows you to share your views on the draft PNA document. These will be presented and discussed at the HWB on the 10th January 2018.

3.6 The draft PNA can be found on the following website:
askwarks.wordpress.com/2017/12/01/warwickshire-pharmaceutical-needs-assessment-consultation/

4.0 Timescales associated with the decision and next steps

4.1 The table below identifies the key milestones for the PNA process:

Milestones	**Deadline**
Consultation period	1st December 2017 until 5th February 2018
Collate and analyse responses, prepare final report	During Consultation Period
Presentation to HWB on draft report	10th January 2018
Provide feedback to respondents	February 2018
Board sign off of report by sub committee	March 2018

5.0 Financial Implications.

The costs of the consultation will be covered within existing public health budgets.

5.0 Background papers

The full draft PNA document
The draft PNA summary document
Appendix 1: Public survey findings
Appendix 2: Pharmacy survey findings
Appendix 3: Public survey questionnaire
Appendix 4: Pharmacy survey questionnaire

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Local members: none
Other members: Councillors Caborn, Morgan, Seccombe, Redford, Golby, Parsons and Rolfe

WARWICKSHIRE HEALTH AND WELLBEING BOARD

Warwickshire Pharmaceutical Needs Assessment (PNA) 2018

Draft for Consultation

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Thanks to the steering group for its astute comments, notable suggestions and timely assistance in providing data for this document. Specific thanks to the joint chairs Jane Fowles and Rachel Robinson, Joanne Smith, Michelle Pouton, Kate Rushall, Aindi Cronin, John Houlston, Ruth Light, Chris Bain, Fiona Lowe, Caroline Eley, Kate Rushall, Kristi Larsen, Tim Healey, Gemma McKinnon and Ali Alsaraf.

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Executive Summary

Introduction

This is the second 'pharmaceutical needs assessment' (PNA) prepared on behalf of the Warwickshire Health & Wellbeing Board (WHWB) and Warwickshire's third PNA. Since 1 April 2015, all Health and Wellbeing Boards have a legal responsibility to keep an up-to-date statement of the pharmaceutical needs for their population. PNAs are updated at least every 3 years.

The purpose of the PNA is to assess local needs for pharmacy provision across Warwickshire, to identify any gaps in service or unmet needs and to highlight any services that community pharmacies could provide to address these needs. Community pharmacies are at the heart of our communities and as such have an important role to play in improving the health and wellbeing of our population. The PNA can be used to identify and plan the current and future commissioning of services required from pharmaceutical providers including whether new pharmacies should be allowed to open or GPs allowed to dispense. It can also be an effective tool to promote pharmacy services to the population to improve the uptake of services and accessibility to health and wellbeing provision and advice.

How the PNA was undertaken?

Warwickshire has 111 community pharmacies and 23 dispensing GPs. Both were surveyed to understand current services and future opportunities, the questionnaire included current opening times and locations of premises; 79% and 73.9% respectively responded. Public and service user's views were also sought; responses were received from 318 members of the public. These views have been used to develop this document. In addition, the health and well-being needs of the local population were examined from the Warwickshire Joint Strategic Needs Assessment (JSNA) and key local and national strategies. Conclusions and recommendations are drawn on the basis of this information and described in the report.

As part of the PNA process there is a legal requirement that requires a formal consultation on this draft document for at least 60 days. The consultation will take place from the 1st December 2017 to 5th February 2018. Responses from this consultation will inform the conclusions and recommendations of the final PNA document to be published March 2018.

Findings

A summary of the findings from the 2018 PNA are contained in the table on the following page.

Conclusion

Taking into account information from stakeholders including community pharmacies and dispensing doctor practices, the number and distribution of the **current** pharmaceutical service provision in Warwickshire is assessed as sufficient. During the period of 2017-2020 an estimated 13,600 houses will be built in Warwickshire. In areas of significant development and population growth, additional **future** pharmacy provision will need to be considered. The HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information on pharmacy needs is available.

There is a need to raise awareness, signposting and improve the availability of online information to promote the services currently available. There are also opportunities for both the HWB and within the Coventry and Warwickshire Sustainability and Transformation Partnership to capitalise on the capacity within the range of services offered from community pharmacies and for future service development.

Assessment of gaps in provision of pharmaceutical services	Opportunities/considerations
Access to pharmaceutical services	
• ***Overall current access to pharmaceutical services across Warwickshire is adequate for all areas*** • ***Evidence in this section indicates that although there is below average per capita access to pharmacies in Warwickshire at 2 pharmacies per 10,000 population compared to 2.4 per 10,000 in the West Midlands, they are well geographically distributed by population density and levels of deprivation.*** • ***The distribution of dispensing doctors is sufficient and allows residents in rural areas access to pharmacy services.*** • ***Cross border availability of pharmaceutical services is also significant across the county.*** • ***Opening hours indicate good access during usual working hours and adequate access on evenings and weekends across the county.*** • ***The results from the public survey showed that a large majority of respondents (87.4%) agree with the statement "I am always able to access the pharmacy services I require, when I need them".*** • ***92.1% of respondents are aware that some pharmacies are open outside 9-5, Monday to Friday. Despite this, 41.4% of patients do not know which pharmacies are open at these times.*** • ***Results of the public survey show that 75% of respondent's pharmacies are located within the same postcode area that they live.*** • ***The public survey showed 81% of respondents could reach a pharmacy within 10 minutes. 1% have to travel more than 30 minutes.*** • ***Public engagement has not highlighted any significant barriers to access. However, it should be noted that there is a lack of awareness around opening hours.*** • ***Many pharmacy contractors provide delivery of dispensed medicines free of charge, which improves access to services and is particularly important for the older population who may be less mobile or housebound.***	• The good levels of access to community pharmacy could be utilised further by STP leads to address local health and wellbeing needs and embedded across STP workstreams. • The population is set to increase due several large-scale housing developments as described in section 4.6. Consideration when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. In areas of significant development and population growth, additional **future** pharmacy provision will need to be considered. The HWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information on pharmacy needs is available. • While the review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS pharmaceutical services in Warwickshire, the public survey indicated a demand and possible need for community pharmacies opening later and out of normal working hours. • It should be noted that there is a lack of awareness around opening hours and feedback shows that it can be difficult to find online information about the services which are available in some pharmacies and that this is not necessarily geared towards a public audience. There is no information point to find out what services are provided and where.

• *Pharmaceutical services are also available from distance selling (internet pharmacies) located inside or outside of the county that make deliveries to individual homes.*	
Essential services	**Opportunities/considerations**

• *Essential services – all pharmacies must provide these services:*
  ○ *Dispensing of prescriptions (both electronic and non-electronic), including urgent*
  ○ *supply of a drug or appliance without a prescription*
  ○ *Dispensing of repeatable prescriptions*
  ○ *Disposal of unwanted drugs*
  ○ *Promotion of healthy lifestyles*
  ○ *Signposting*
  ○ *Support for self-care*
• *Essential services are provided by all Warwickshire's Pharmacy contractors.*
• *Pharmacy access for essential services appears to be accessible for the majority of Warwickshire's population both geographically and at different times of day.*
• *Current evidence suggests there are no gaps in the provision of essential services for the county's population.*
	• Many patients are not aware of essential services available from community pharmacies and although provision of these services is adequate across Warwickshire further work needs to be undertaken to raise awareness of these services and their benefits.
	• Essential services are provided by all pharmacies. Community pharmacies are easily accessible and can offer a valuable opportunity for reaching people who may not otherwise access health services. Pharmacy support for the public health and prevention agenda could therefore be especially valuable in more deprived communities.
	• Essential services allow pharmacies to support many of the objectives of the STP and JSNA, in particular, the Preventative and Proactive and Urgent and Emergency Care agendas.
	• Opportunities around essential services from pharmacy have been identified, including:
	  ○ Closer working between pharmacies and the Prescription Ordering Direct (POD) service around repeat dispensing and behavioural change to ensure only medicines needed are dispensed.
	  ○ Pharmacies sign-posting patients to sources of information and appropriate care pathways
	  ○ Pharmacies can further support the self-care agenda by advising on the most appropriate choices for self-care. A minor ailments scheme could support with the agenda.

Advanced services – Medicines Use Reviews (MURs)	**Opportunities/considerations**
• *The majority (97.7%) of the community pharmacies who responded to the survey within Warwickshire provide MUR services.* • *The average number of MURs conducted per pharmacy in Warwickshire in 2015/2016 was 275. Each pharmacy can provide a maximum of 400 MURs a year.* • *The public survey it shows 75.4% of Warwickshire residents are aware*	• There is an opportunity to increase the number of people accessing the MUR service. • This service could support the Proactive and Preventative agenda of the STP through increased targeting of those with long term conditions (cardiovascular and respiratory disease), residents that have recently been discharged from hospital (via post-discharge MURs) and those taking high risk

and 82.5% are satisfied and very satisfied with this service.	medicines. Targeting MURs at the most complex patients, and those with complex prescriptions may yield the greatest benefit. • There is the potential for the service to reduce hospital admissions through MURs and supports the Urgent and Emergency Care work stream of the STP. There is also capacity for MURs to become more effectively embedded in wider pathways such as health checks and stroke prevention.
Advanced services – New Medicines Service (NMS)	**Opportunities/considerations**
• *The majority of pharmacies in Warwickshire (96.6%) responding to the survey currently offer the NMS service* • *Provision of the service is considered to be adequate but could be improved.* • *The results from the public survey demonstrated that awareness and overall satisfaction with the survey are high but could be improved (74.4% patients are aware of this service and 76.4% of respondents said they were very satisfied and satisfied with the service).*	• There is potential for the service to be accessed by more people, particularly in target populations (such as cardiovascular and respiratory disease) and all pharmacies should be encouraged to provide it. An improved and automatic referral system for NMS from GP to pharmacy using the model used in other areas could support increased use and awareness of the service. • The service supports medicines adherence, self-management of long term conditions and adverse events from medicines thus reducing hospital admissions. These aims support the Proactive and Preventative and Urgent and Emergency agendas of the STP. • The NMS service should be actively embedded into care pathways, supporting direct referral or signposting from primary and secondary care and other healthcare providers.
Advanced services – Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SACs)	**Opportunities/considerations**
• *Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services due to the much smaller proportion of the population that may be targeted.* • *It is optional for pharmacies to offer the AUR and SAC service.* • *NHS BSA data shows community pharmacy contractors completed fewer AURs in 2015/16 relative to the national average.* • *Public survey results showed over half of patients were not aware they could receive advice from their local pharmacy around appliance use.* • *No current gaps in provision have been identified based on the information available. However the demands of the services should be*	• Warwickshire is projected to have an increasingly older population profile therefore the demand for these services is expected to increase. Commissioners should monitor if the current number of providers in Warwickshire is sufficient to meet demand. • Geographically, location for the provision of these services could be looked further, as more pharmacies could offer these services in areas of the county that have an older age population. • Although demand for the appliance based advanced services (SAC and AUR) is lower than for the other advanced services, it is possible for more appliance based reviews to be offered from community pharmacies in Warwickshire.

assessed continually based on service models and demographic changes.	
Advanced services – Flu vaccination	**Opportunities/considerations**
• *Results from the pharmacy contractor survey show that there are currently a total of 70 (79.6%) community pharmacies that provide seasonal flu vaccinations in Warwickshire.* • *The public survey show that 77% of patients are aware of the flu jab service and over half (57.1%) of patients are very satisfied and satisfied with the service.* • *This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination.* • *No gaps in provision have been identified based on the information available.*	• Flu immunisation is a cost effective health protection intervention, which supports the prevention of the spread of infectious disease, reducing illness and complications of flu, which, although a mild illness in most, can be fatal. • Pharmacies in Warwickshire should continue to be encouraged to provide the Flu vaccine.
Advanced services – NHS Urgent Medicine Supply Advanced Service (NUMSAS)	**Opportunities/considerations**
• *The NUMSAS pilot service commenced on 1st December 2016 and will run until 31st March 2018.* • *NUMSAS enables access to medicines or appliances Out-of-Hours via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy* • *The pharmacy contractor survey shows 21 (23.9%) pharmacy contractors in Warwickshire are registered to provide the NUMSAS service.* • *61.8% of the public were aware they could get an emergency supply of medication from the pharmacy. In contrast, Emergency supply of medication was also the second most requested service the public would like to see from Warwickshire pharmacies.* • *No gaps in provision have been identified based on the information available. However, there is opportunity to review this after the pilot period.*	• This service supports the Urgent and Emergency Care work stream of the STP, by appropriately managing the NHS 111 requests for urgent supply of medicines and appliances. This could reduce the demand on the rest of the urgent care system. It could identify problems that lead to individual patients running out of their regular medicines or appliances and recommend potential solutions to prevent this from happening in the future. • Survey results show that awareness of this service availability from community pharmacy needs to be increased. • Evaluation of the pilot service in terms of referral rates to community pharmacy and impact on GP OOH appointments for urgent repeat prescription requests is necessary before an assessment of adequacy of provision can be made.
Healthy Living Pharmacies (HLPs)	**Opportunities/considerations for pharmaceutical providers**

• *Information from the Local Pharmaceutical Committee (LPC) shows that 67.6% (75/111) pharmacies in Warwickshire are accredited as HLPs as of November 2017.* • *Warwickshire Public Health have supported the HLP programme to encourage Warwickshire pharmacies to be early adopters.* • *From the April QPS review point data it can be seen that 25/102 of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment).*	• Expansion of the Healthy Living Pharmacy Level 1 should continue • Commissioners and the LPC should work together to ensure HLPs continue to develop and ensure effective, systematic health promotion, brief advice and signposting across community pharmacy and commissioned services. • Existing HLP Level 1 (Promotion) pharmacies providing locally commissioned services should consider and be supported to develop to HLP Level 2 (Prevention) status to boost the impact of locally commissioned prevention services. • The STP and local commissioners should consider the opportunities that HLP status can support wider programmes of work, including physical and mental health and wellbeing, diabetes, and cardiovascular disease. • The development of "hub" model through OOH and in community settings, as proposed in the JSNA, provides an opportunity to link to HLPs through signposting and referrals.
Quality Payments Scheme (QPS)	**Opportunities/considerations**

• *91.9% (102/111) of pharmacies in Warwickshire meet the essential Gateway criteria for the Quality Payments Scheme (QPS):*
  ○ *Offer at least one of the specified advanced service*
  ○ *Keep an up to date NHS Choices entry*
  ○ *Be able to send and receive NHS mail*
  ○ *Use the Electronic Prescription Service (EPS)*
	• Pharmacies not already accredited for QPS should be encouraged to apply so that they receive payments for achieving key criteria that meet various national public health and local objectives.

Locally Commissioned Service - Sexual Health	**Opportunities/considerations**
• *There are currently 49 pharmacies in Warwickshire providing the Sexual health services (Emergency Hormonal Contraception and Chlamydia Screening and Treatment)* • *The public survey showed 53.6% were aware of sexual health services provided by pharmacies. 68% were satisfied or very satisfied with the service.* • *The Sexual Health service (Emergency Hormonal Contraception and Chlamydia screening and treatment) has adequate levels of provision.* • *Pharmacies providing this service are well located across areas of*	• Pharmacies in *Coventry* which borders Warwickshire are commissioned to provide C card distribution (condom distribution scheme) and pregnancy testing in addition to EHC and chlamydia testing. • A pilot of the C card (condom distribution Scheme) in Nuneaton, Bedworth and Atherstone commenced in September 2017 which included local community pharmacies. Data was not available during production of this PNA.

deprivation and where the population of 13-25 year olds is relatively high in the county.	
Locally Commissioned Service - Substance Misuse Services	**Opportunities/considerations**
• *There are currently 25 pharmacies in Warwickshire providing the Needle Exchange service and 56 pharmacies providing the Supervised Consumption service.* • *The Supervised consumption and Needle Exchange services have adequate levels of provision across the County.* • *Pharmacies are well located across areas of deprivation to provide the Needle Exchange and Supervised consumption services.* • *There is currently no Alcohol screening service or Naloxone intervention kit service being provided by Warwickshire pharmacy service providers.*	• It should be noted that non-pharmacy providers throughout Warwickshire provide Substance Misuse services that include supervised consumption and needle exchange. Any planned increases in service provision should therefore take these providers into account. • Consideration should be made to provide alcohol and naloxone services (which are newly being provided in Coventry and fall under this category). This would support these specific local JSNA priority needs.
Locally Commissioned Service - Smoking Cessation service	**Opportunities/considerations**
• *There are currently 43 pharmacies in Warwickshire providing the Smoking Cessation service.* • *Results from the public survey showed that the service was one of the most recognised services among respondents (77.7%) and levels of satisfaction are high.* • *The Smoking Cessation service has adequate levels of provision; pharmacies are well located across areas of deprivation*	• Smoking and cancer are key priorities in the Warwickshire JSNA. The Smoking Needs Assessment (2016)[1] suggested that smokers from deprived backgrounds should be targeted where there are higher levels of smoking. This PNA has found this is largely the case currently. However, commissioners may want to consider this further. • Community pharmacies remain well placed to offer opportunistic smoking cessation advice when seeing patients attending for prescriptions and customers.
Locally commissioned services – other	**Opportunities/considerations**
• *In the public survey some respondents would like to use a service that provides blood tests and health tests (cholesterol, blood pressure, diabetes, weight).*	• Consideration should be made into provision of a Phlebotomy service (currently being provided in the neighbouring Coventry) and increasing the number of accredited HLPs in the county. • For a pilot period, 7 pharmacies in Nuneaton and Bedworth borough and Rugby borough are carrying out first fall prevention assessments. If a client

[1] http://apps.warwickshire.gov.uk/api/documents/WCCC-644-405

	is eligible they are referred to a strength and balance programme through Fitter Futures[2]. If rolled out across Warwickshire, there is potential to reduce polypharmacy and therefore aid the Prevention and Proactive and Urgent and Emergency Care agendas of the STP. • Shared learning and good practice from other areas indicate there is capacity for more services to be provided from community pharmacy including: ○ Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies ○ Health Checks e.g. pre-diabetic checks ○ Promoting awareness of good mental health ○ Pharmacies could under a Patient Group Directions (PGDs) provide advice and immunisation to protect patients from diseases or blood-borne viruses.

[2] https://fitterfutureswarwickshire.co.uk/

1 Introduction

This document has been prepared on behalf of Warwickshire's Health and Wellbeing Board (HWB)[3] in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013[4]. It replaces the 2015 Pharmaceutical Needs Assessment (PNA) for Warwickshire. There is a need for the local health partners, pharmacies within Warwickshire and other providers of health and social care within this county to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services (see section 3.2 for further details).

The purpose of the PNA is to assess local needs for the service provision across Warwickshire, to identify any gaps in service or unmet needs of the local population and to identify any services that community pharmacies could provide to address these needs and to promote Warwickshire's population to improve uptake of these services. It can be an effective tool to enable Health and Wellbeing Boards (HWBs) to identify the current and future commissioning of services required from pharmaceutical service providers.[5]

Warwickshire County Council and Coventry City Council HWBs approached the development of the 2018 PNAs as a collaborative project, with separate reports being produced. Coventry and Warwickshire HWBs commissioned Midlands and Lancashire Commissioning Support Unit (MLCSU) to help develop the PNAs. The Coventry PNA is a separate document and this document will not consider pharmaceutical services in Coventry.

1.1 Background and legislation

The Health and Social Care Act 2012 transferred responsibility for the production and updating of PNAs from Primary Care Trusts (PCTs) to HWBs. The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 impose a statutory requirement on all Health and Wellbeing Boards (HWBs) to publish and keep-up-to date a statement of the needs for pharmaceutical services for the population in its area. These statements are referred to as PNAs.

The PNA is an important and core document which is used by NHS England to assess applications for opening new pharmacies in the county. NHS England also uses this document to make informed decisions on the commissioning of NHS funded services that are provided by local community pharmacies and other pharmaceutical providers.

The Health and Social Care Act 2012 transferred responsibility for the production and updating of PNAs from Primary Care Trusts (PCTs) to HWBs.

Local Authorities (LA) and CCGs have equal and joint responsibility for producing the Joint Strategic Needs Assessment (JSNA), through the HWB. The JSNA and the Joint Health and Wellbeing Strategy (JHWS) inform the preparation of the PNA. Each PNA published by a HWB will have a maximum lifetime of three years.

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[3] http://hwb.warwickshire.gov.uk/

[4] http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made

[5] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

1.2 HWB duties in respect of PNA

HWBs became statutory bodies from the 1st April 2013 and every LA has a HWB which works to improve health and wellbeing and reduce inequalities through partnership working and collaboration. HWBs provide a strategic oversight across the health and care system and bring together a range of partners, including local council and NHS local commissioners, councillors and patient representatives. HWBs lead development of the Joint Strategic Needs Assessment (JSNA), Health and Wellbeing Strategy (HWS) and provide strategic influence over local commissioning.

Duties of HWBs in relation to PNAs include:

- Producing an updated PNA which complies with the regulatory requirements.
- Publishing subsequent PNAs on a three yearly basis.

HWBs are required to publish a revised assessment within three years of publishing their first assessment. If HWBs identify significant changes to the availability of pharmaceutical services since the publication of their PNA, they are required to publish a revised assessment as soon as is reasonably practical. This is unless they are satisfied that making a revised assessment would be a disproportionate response to those changes.

Not all changes to pharmaceutical services will result in a change to the need for services If it is determined a full revised assessment is disproportionate, and then a supplementary statement should be produced. A supplementary statement is essentially a statement of fact and does not change the need. These statements can and should be produced as necessary.

1.3 Scope of the PNA

A PNA is defined in the regulations as:

"The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a pharmaceutical needs assessment. "[6]

The PNA will inform both the public and professional bodies about the need for pharmaceutical services in Warwickshire and will consider pharmaceutical services as any services delivered through pharmacies, dispensing doctors, or appliance contractors that are commissioned on a national or local basis in the county of Warwickshire.

Pharmacy contractors provide their services under the Community Pharmacy Contractual Framework (CPCF).[7] See section 7.1 for further details.

[6] http://www.legislation.gov.uk/uksi/2013/349/part/2/made
[7] http://psnc.org.uk/contract-it/the-pharmacy-contract/

1.4 Exclusions from the PNA

This PNA will not consider pharmacy provisions in prisons or in a secondary care setting. Pharmaceutical services are provided in prisons by providers contracting directly with the prison authorities.

Patients in Warwickshire have a choice of provider for their elective hospital services. Most patients choose to be treated at one of the following NHS Trusts:

- South Warwickshire NHS Foundation Trust
- University Hospitals Coventry and Warwickshire NHS Trust
- George Eliot Hospital NHS Trust

Although the PNA makes no assessment of the need for pharmaceutical services in a secondary care setting, it is still important to ensure that patients moving in and out of hospital have an integrated and seamless pharmaceutical service which ensures the continuity of support around medicines.

The PNA does not consider distance selling of medicines and appliances that maybe used by Warwickshire residents as services from these pharmaceutical providers are available nationally and not localised to a particular LA, CCG or NHS England area team. Therefore when evaluating access to pharmaceutical services provision from these providers has not informed the decision making process.

1.5 Minimum requirements

Schedule 1 of the NHS 2013 Regulations state that the PNA must include as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- Other NHS services, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- A map showing the premises where pharmaceutical services are provided.
- An explanation of how the assessment was made.

2 Approach to the development of the PNA

2.1 Determining localities

Previously defined localities as contained in the 2015 Warwickshire PNA are still relevant.

These localities are used for many of the LA and HWB resources and documents and so uniformity of locality definition would facilitate cross referencing with the PNA. These also correlate with the new JSNA Geographies that were approved by the JSNA Strategic Group in June 2017 (See section 4.8.1 for further information).

The localities are:

- North Warwickshire Borough
- Nuneaton & Bedworth Borough
- Rugby Borough
- Stratford-on-Avon District
- Warwick District

Figure 1: Map showing localities in Warwickshire

For the purpose of this PNA, LSOAs have been chosen as the unit of geography to capture more granular differences in needs and services. LSOAs are ideal for the PNA as they are small enough to distinguish different characteristics of areas within the localities of Warwickshire and large enough for statistical information to be meaningful.

Figure 2: Map showing Lower Layer Super Output Areas (LSOAs) in Warwickshire

2.2 PNA Steering Group

The HWBs of Coventry and Warwickshire are approaching the development of the PNAs as a collaborative project, with separate reports being produced for Coventry Health and Wellbeing Board (CHWB) and Warwickshire Health and Wellbeing Board (WHWB) in accordance with the regulations.

The developments of both PNAs for 2018 have been overseen by the same multi-disciplinary steering group which included representation from organisations for both the Coventry and Warwickshire areas such as the Local Pharmaceutical Committee (LPC), Healthwatch and local CCGs. The terms of reference and members of the steering group are provided in Appendix 1.

The steering group has the following responsibilities:

- Reviewing the updated PNA 2018 to ensure it meets the statutory requirements
- Approving all public facing documentation
- Providing advice on the best method to integrate/align the PNA to the Joint Strategic Needs Assessment (JSNA)
- Providing advice and information to HWB about community pharmacies in the area
- Providing advice and information to HWB about the potential of community pharmacy to address health inequalities as addressed by the JSNA
- Providing leadership in developing a single robust PNA across Warwickshire
- Ensuring the engagement and involvement of relevant people/bodies in the development of the PNA

2.3 Information Sources

Various sources of information have been used to identify the local need and the priorities for the PNA. These include:

- Joint Strategic Needs Assessment 2014-2018 [8]
- Coventry and Warwickshire Strategic Transformation Plan[9]
- Patient experience survey
- Pharmacy contractors survey
- Dispensing Doctors survey
- Office of National Statistics (ONS), Census data 2001
- Public Health Sources (i.e. Warwickshire County Council)
- Healthwatch Annual Report 2016/17

These data have been combined to provide a picture of the Warwickshire population, their current and future health needs and how pharmaceutical services can be used to support the WHWB improve the health and wellbeing of Warwickshire's population.

[8] http://hwb.warwickshire.gov.uk/about-jsna/
[9] https://www.uhcw.nhs.uk/about-us/stp

2.4 Stages of Development of the PNA

The process of developing the PNA has taken into account the requirement to involve and consult with patients and professionals about changes to health services. All specific legislative requirements in relation to the development of PNAs were duly considered and adhered to.[1]

Stage 1

A project management approach was used to develop the PNA and so a steering group was established which met regularly during the development of the PNA. Stakeholder views were gathered through feedback in meetings, via telephone or feedback online via email.

Stage 2

A pharmacy survey, dispensing doctor survey and a public survey were developed to capture the views of Warwickshire residents on the current pharmaceutical services provision available in Warwickshire. The content of the surveys were then approved by the steering group. The surveys were undertaken in September 2017. Following the closure of the surveys the responses were analysed. The survey results, where possible, were validated against data already held.

Stage 3

Following the initial data collection period, results were collated and analysed in October 2017 and a summary of current provisions and the gaps in provision of pharmaceutical services was identified and fed back into the draft report.

The content of the PNA including demographics, localities and background information was approved by the steering group.

In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- The size and demography of the population across Warwickshire
- Adequacy of access to pharmaceutical services across Warwickshire
- Differing needs of individual localities within Warwickshire
- NHS services provided in or outside Warwickshire's area which affect the need for pharmaceutical services.
- If further provision of pharmaceutical services would secure better access to pharmaceutical services.
- The impact of predicted changes to the size of the population, the demography of the population and changing needs in the future which could lead to gaps in the provision of pharmaceutical services.

Stage 4

As required by legislation, a 60 days consultation is necessary during the process of producing this document.

2.5 Equality Assessment

The Public Sector Equality Duty (PSED) was introduced via the Equality Act 2010. It ensures that Councils and other public bodies consider how different people will be affected by their activities and services.

The council must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- Foster good relations between people who share a protected characteristic and people who do not share it.

In accordance with the PSED; at the outset of the PNA process the appropriate registration and paperwork was completed in accordance with the Midlands and Lancashire Commissioning Support Unit Engagement Policy.

In particular when producing the public survey, the pharmacy contractor survey and the consultation survey advice was sought to ensure adherence to the PSED. Surveys were also made available in other formats on request including an easy to read format.

2.6 Process of Formal Consultation

Under the 2013 Regulations, we will be required to consult at least once on a draft of thePNA during the process and this consultation period must last for a minimum of 60 days.

The Regulations set out that HWBs must consult the following bodies at least once during the process of developing the PNA:

- Any LPC for its area
- Any LMC for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area
- Any Local Healthwatch organisation for its area
- Any NHS trust or NHS foundation trust in its area
- The NHSCB and any neighbouring HWB

3 Relevant Strategies and Plans

National policy developments may impact pharmaceutical provision or need in the next three years but the full extent of this is not yet known. This section will give a brief overview of these developments and how they may affect pharmaceutical services.

3.1 NHS Five Year Forward View

Published in 2014[10], this strategy sets a vision for the NHS in England; models of care between primary and specialist care, physical and mental health and health and social care are changing, which may create opportunities for community pharmacy to bid for new services.

Part of the process also requires healthcare organisations and local authorities to work together to produce five year 'Sustainability and Transformation Plans' (STPs).

STPs are five-year plans covering all NHS spending in England, stemming from NHS England's Five Year Forward View. A total of 44 areas have been identified as the geographical 'footprints' on which the plans will be based, with an average population size of 1.2 million people (the smallest area covers a population size of 300,000 and the largest 2.8 million).

3.2 The General Practice Five Year Forward View

The General Practice Forward View represents a step change in the level of investment and support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services. NHS England is committing to an increase in investment to support general practice over the next five years. Furthermore this will be supplemented by GP-led CCGs as they act to transform local care systems.

Issued in April 2016[11], this strategy promotes the importance of pharmacy in evolving models of health and social care in England. Funding was made available to pilot clinical pharmacists in general practice so that they can play a greater role in minor ailments, long term condition management and medicines optimisation.

The programmes discussed in the Five Year Forward View will be piloted during the time covered by this PNA. There is not however evidence at this time that these proposals will impact on the need for pharmaceutical services; they may however increase demand.

3.3 Community Pharmacy Forward View

The Community Pharmacy Forward View[12] sets out the sector's ambitions to radically enhance and expand the personalised care, support and wellbeing services that community pharmacies provide.

[10] https://www.england.nhs.uk/five-year-forward-view/
[11] https://www.england.nhs.uk/gp/gpfv/
[12] http://psnc.org.uk/services-commissioning/community-pharmacy-forward-view/

Pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.

It sets out three key roles for the community pharmacy of the future:

- As the facilitator of personalised care for people with long-term conditions
- As the trusted, convenient first port of call for episodic healthcare advice and treatment
- As the neighbourhood health and wellbeing hub

Many of the scenarios described are already happening in pharmacies throughout the county. The document calls for a consistent approach to involving community pharmacy's leaders in both national and local planning and decision-making.

3.4 Community Pharmacy Clinical Services Review

An independent review[13] (the "Murray report") was commissioned by the Chief Pharmaceutical Officer Dr Keith Ridge in April 2016 following the opportunity presented by NHS England's publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The report highlights the potential for better utilising the clinical skills and expertise of the community pharmacy team.

The Murray report highlights that there is a risk of leaving community pharmacy on the outside as new care models such as STPs develop. It recommends that efforts are made to ensure that community pharmacy is involved in local and national public health plans. At a national level, the Murray report calls for NHS England and national partners to consider how best to support STPs in integrating community pharmacy into plans and overcoming barriers in the complexities of the commissioning landscape. At a local level, the Health and Wellbeing Board could encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

3.5 Community Pharmacy – A way forward

In 2016, the Department of Health and NHS England consulted with the Pharmacy Services Negotiating Committee (PSNC) regarding changes to the Community Pharmacy Contractual Framework (CPCF). Community pharmacy in 2016/17 and beyond[1] set intentions to modernise Community Pharmacy, more effectively integrate community pharmacy with primary and urgent care, and to reduce the costs of community pharmacy overall - including reducing the close proximity of community pharmacies to other community pharmacies (around 40% of pharmacies nationally are in close proximity).

[13] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

[1] https://www.gov.uk/government/publications/community-pharmacy-reforms

Public Health England recently published a report on the role that community pharmacy could play in making a difference to the public's health: Pharmacy - A way forward for Public Health (September 2017). The report considers that healthcare professionals can play an important role in supporting people to make small and sustainable changes that improve their health. The report states that brief and very brief interventions by healthcare professionals have been shown to be effective ways of supporting sustainable behaviour change.

Pharmacies present an opportunity for prevention as patients with long-term conditions are in regular contact with community pharmacies. Pharmacies are well placed to support people to reduce their risks by encouraging healthy behaviours. Public Health England specifically emphasise pharmacy as playing a role in:

- Cardiovascular disease (CVD) secondary prevention
- Improving management of patients with high blood pressure
- Delivering effective brief advice on physical activity in clinical care
- Raising public awareness about reducing the risk of dementia
- Alcohol identification and brief advice

Taking into account the Public Health England report and considering it in relation to the STP plans creates several opportunities for community pharmacy to have greater input. These areas are considered in more detail under the STP section.

3.6 Health and Wellbeing Board Strategy

Warwickshire Health and Wellbeing Board (WHWB) became a statutory body on 1st April 2013, as one of the requirements of the Health and Social Care Act 2012.

The Warwickshire Health and Wellbeing Board provides a countywide approach to improving local health and social care, public health and community services so that individuals, service-users and the public experience more ‘joined up’ care. The Health and Wellbeing Board is also responsible for leading locally on tackling health inequalities.

The Board’s key responsibilities are:

- To ensure a coordinated approach to health, social care and public health across the County
- To lead the development of the Joint Strategic Needs Assessment (JSNA)
- To develop a shared Health and Wellbeing Strategy that will act as an overarching strategy for all the partners involved
- To receive and consider the commissioning plans of the GP led clinical commissioning consortia
- To be responsible for the development of HealthWatch

The WHWB has set out a Health and Wellbeing Strategy which provides Warwickshire residents and organisations with a picture of what the WHWB, through its members and wider partners, will need to deliver over the next 5 years and how they will work together to achieve this.

The HWB strategy sets out the WHWBs three agreed priorities; **Promoting independence for all**, **Community resilience** and **Integration and Working together**.

Warwickshire's Health and Wellbeing Strategy can be found here:
http://hwb.warwickshire.gov.uk/about-hwbb/strategy/

Work is underway to refresh this strategy.

3.7 Joint Strategic Needs Assessment (JSNA)

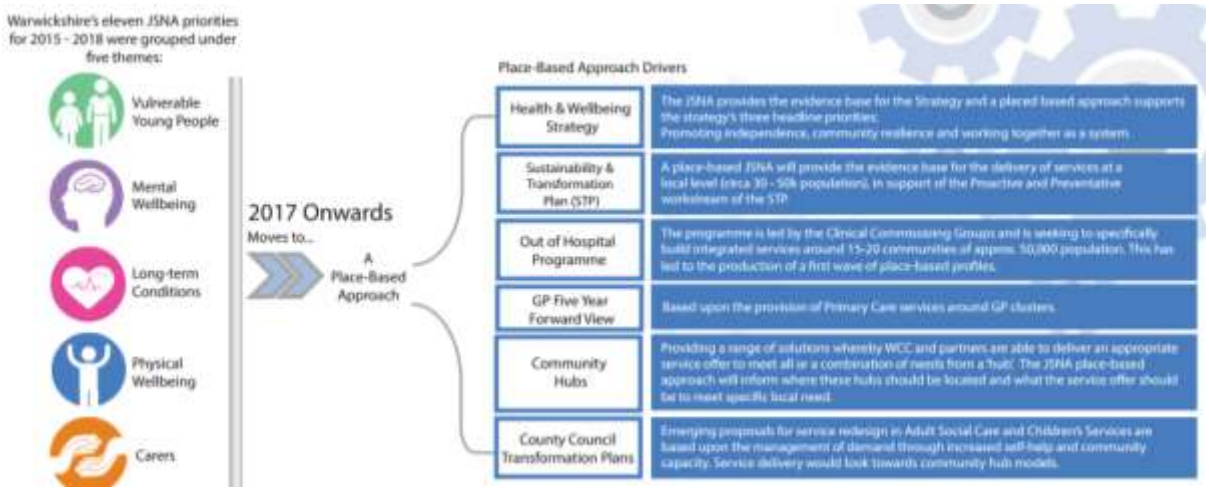
The JSNA[14] provides the evidence base for understanding the needs of the local population. It is used to inform the Health and Wellbeing Strategy, along with specific commissioning decisions.

The JSNA contains a more complete analysis of health in Warwickshire; this section of the PNA highlights features particularly relevant to pharmaceutical needs such as prevalence of long term conditions and lifestyle factors relevant to locally commissioned services.

Warwickshire's eleven priorities identified in the Warwickshire JSNA Review 2015-2018 were grouped under the following five themes:

- **Vulnerable Young People:** Looked after children, Educational attainment of disadvantaged children, Vulnerable children
- **Mental Wellbeing:** Mental Health (Adults and children), Dementia
- **Long-term conditions:** Cancer, Cardiovascular disease
- **Physical wellbeing:** Weight management, Smoking/smoking in pregnancy, Substance misuse and alcohol
- **Carers:** Young carers and adult carers

From 2017 onwards, the WHWB endorsed a new 'place-based' approach to the JSNA as shown below:



[14] http://hwb.warwickshire.gov.uk/about-jsna/

This programme of work will focus on understanding need on a geographical basis. This is in line with the requirement to inform the Proactive & Preventative element of the Sustainability & Transformation Plan (STP) and the out of hospital programme, which seeks to build integrated services around populations of around 30,000 – 50,000. Transformation programmes relating to both adult and children's services and community hubs are also based on the need to understand service needs at a more local level.

3.8 Coventry and Warwickshire STP

Coventry and Warwickshire's STP[15] sets out a vision for the future of health and care services and focuses on helping people to stay healthier for longer and on providing better care at home or closer to home.

The STP vision is aligned to the identified and understood wider challenges and priorities for the Coventry & Warwickshire Health and Care economy, as agreed by the Health and Wellbeing Boards. The focus is on making sure safe and sustainable services are delivered to our citizens in ways that benefit them and support the STP vision and all partners have agreed that form will not be a barrier to the delivery of such services.

The following organisations are involved: Coventry City Council, Warwickshire County Council, South Warwickshire NHS Foundation Trust, University Hospitals Coventry and Warwickshire NHS Trust, Warwickshire North CCG, Coventry and Rugby CCG, Coventry and Warwickshire NHS Partnership Trust, George Eliot Hosptial NHS Trust, South Warwickshire CCG.

The wider provides Coventry and Warwickshire residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will deliver over the next three years and how we will work together to achieve this. Through the STP key priority areas have identified.

- Proactive and Preventative Care
- Urgent and Emergency Care
- Planned Care
- Maternity and Paediatrics
- Productivity and Efficiency
- Mental Health

[15] https://www.uhcw.nhs.uk/about-us/stp

Figure 3: Summary of the STP transformation wokstreams

Workstream	Content	Some Examples	Outcomes
Proactive & Preventative 	Prevention Existing Better Care Fund activity Existing Out of Hospital plans Crisis response Extended scope of proactive care	Public Health activity Social Prescribing & Community support Neighbourhood teams Early intervention	Reducing activity growth related to smoking and obesity for 70% of smokers and all high risk related to obesity Reducing Non-elective(NEL)/A&E activity for top 15% most complex patients Reducing length of stay Reducing NEL/A&E activity for all people with LTCs (not within top 15% most complex patients)
Urgent & Emergency Care 	Enhanced ambulatory care Establish a U&EC network (Senior clinician at front door) Inputting into other workstreams (in particular proactive and preventative) New stroke pathway	Frailty services Improved primary care access Urgent Care centres Paramedic @ home Public education Integrated 111/Out of Hours Stroke pathway redesign Possible A&E reconfiguration	Reducing NEL admissions for people who are frail (largely aligned with 15% most complex) Reducing NEL/ A&E activity for the remainder population
Planned Care 	Pathway redesign Reduction in lower value procedures Consolidation of elective specialties	Musculoskeletal pathway Other pathways redesigned Review of "out-dated"/lower value procedures Patient education	Reducing OP activity for all OP attendances Reducing elective day case activity Removal of duplication Reducing unit cost for identified elective specialties Standardised referrals/pathways across the footprint
Maternity & Paediatrics 	Response to recent national and regional reviews Ongoing sustainability across footprint (eventually part of Planned Care)	Expanded home birth provision Address Workforce challenges Sustainable services	Unit cost analysis of options. Bottom up analysis of configuration options. Service reconfiguration to meet national/local review recommendations and bring ongoing sustainability Realise financial savings
Productivity & Efficiency 	Back office collaboration Consolidation of clinical support services	Procurement, Pay roll Pathology network, Radiation protection, Estates, IM&T	Savings from back-office and clinical support collaborations/consolidation Sustainable clinical support functions

The expectations regarding Community Pharmacy are not laid out in the STP so far. However, there are various opportunities where the pharmacy workforce can support, particularly in relation to medicines optimisation. For example, supporting patients with minor ailments to reduce pressures on emergency services, hospital discharge referral for MUR and NMS for management of long term conditions and the use of Healthy Living Pharmacies to support preventative care. These are discussed further in the relevant service section.

3.9 Healthwatch Warwickshire

Healthwatch Warwickshire's purpose is to make health and social care services work better for the people who use them. Their sole focus is on understanding the needs, experiences and concerns of people of all ages who use local services, and to speak out on their behalf.

The strategic priorities for 2017/18 are:

- Implementing our restructuring to focus on Communications and Engagement
- Preparing for re-tendering
- Continuation of our focus on Mental Health provision
- Continuation of our focus on Domiciliary Care services
- Standing Conference on Consumer Voice – an opportunity for all service users to have their say.

Identified as one of the key priorities in the annual report 2016/17, Healthwatch produced a report into Warwickshire Mental Health Services[16]. The key findings were in six broad categories:

- The detrimental effect of delays in diagnoses
- A perceived lack of provision in talking and holistic therapies
- Feeling excluded from the development of Treatment Plans
- A lack of clarity and information around discharge and follow up
- Poor service coordination, especially between GPs and Mental Health services
- Carers feeling excluded and undervalued.

These are areas which community pharmacy services can support with. In particular, community pharmacy can help with making referrals to aid quick diagnosis and supporting patient care following discharge.

The annual report can be accessed here: http://www.healthwatchwarwickshire.co.uk/wp-content/uploads/Health-Watch-Annual-Report-1617FINAL.pdf

4 Understanding Local Need

4.1 Warwickshire Population Overview

According to the mid-2016 estimates, the population of Warwickshire stood at 556,750 people increasing by 2,748 people or 0.5% from the previous year. The rate of growth in Warwickshire is below that experienced nationally (0.8%). One quarter of residents live in Warwick district.

North Warwickshire borough experienced the highest rate of population growth in the county. This is different to previous trends, where Rugby experienced the highest rate of population growth in the county.

Internal migration was the driving factor for population change between 2015/16, accounting for almost half of Warwickshire's population change. Other drivers of change were international migration and natural change (births minus deaths). In North Warwickshire and Stratford-on-Avon, deaths exceeded births, meaning natural change alone would have resulted in a decrease in the size of the population. However, net migration resulted in additional residents. As Stratford-on-Avon has a large older adult population, it is not surprising that deaths would exceed births.

[16] http://www.healthwatchwarwickshire.co.uk/wp-content/uploads/Report-into-Warwickshire-Mental-Health-Services-July-2017.pdf

Figure 4: Warwickshire Population Key Facts

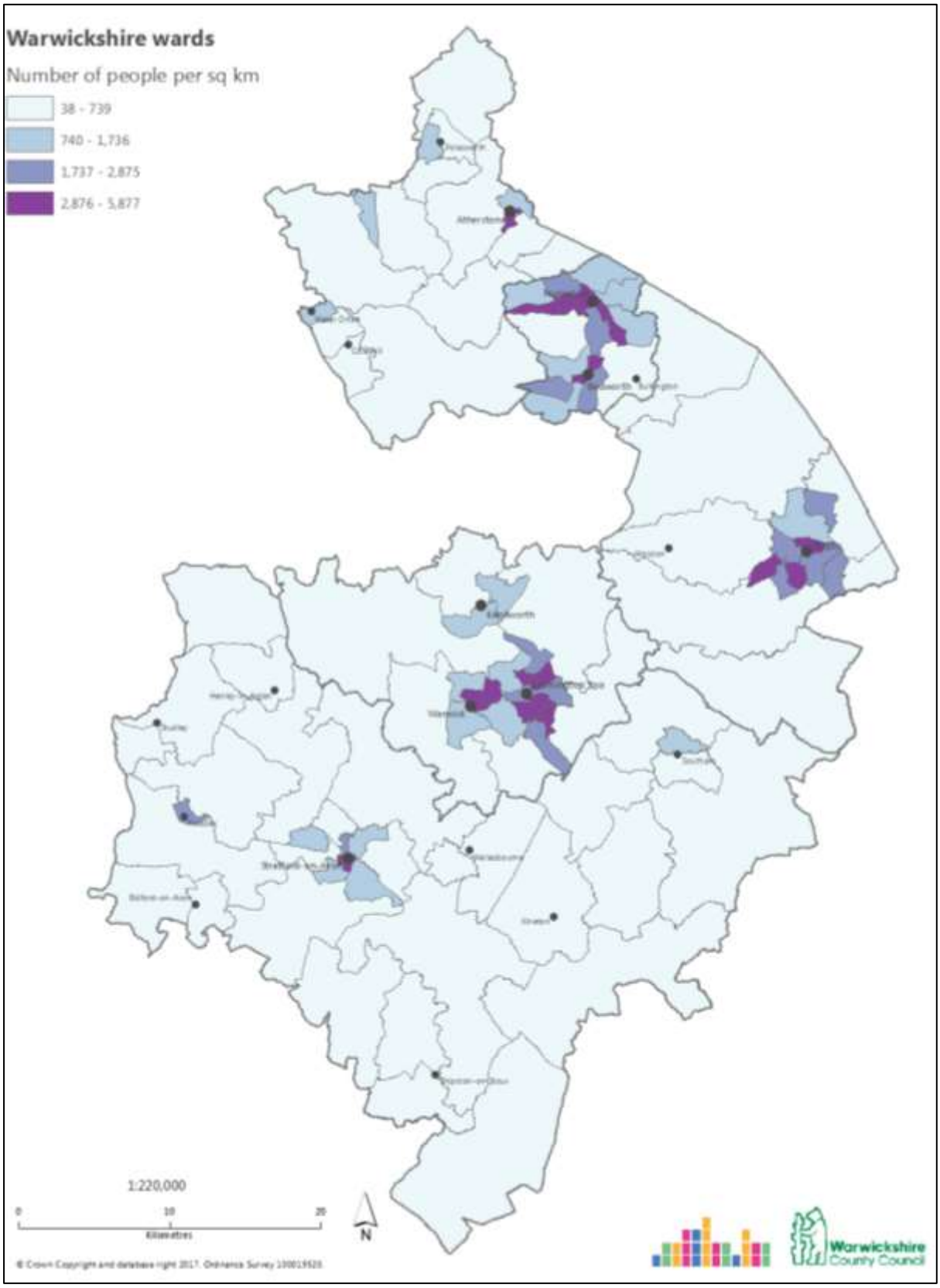
Region	Population estimate mid-year 2016	Population estimate mid-year 2015	Population change (%)	Over 65 population (%)
United Kingdom	65,648,054	65,110,034	538,020 (0.8%)	11,814,085 (18.0%)
England	55,268,067	54,786,327	481, 740 (0.9%)	9,882,841 (17.9%)
West Midlands	5,800,734	5,751,000	49,734 (0.9%)	1,061,201 (18.3%)
Warwickshire	**556,750**	**554,002**	**2,748 (0.5%)**	**114,497 (20.6%)**
North Warwickshire	63,229	62,787	442 (0.7%)	13,531 (21.4%)
Nuneaton & Bedworth	127,019	126,319	700 (0.6%)	24,098 (19.0%)
Rugby	103,815	103,443	372 (0.4%)	19,847 (19.1%)
Stratford-on-Avon	122,276	121,522	754 (0.6%)	31,136 (25.5%)
Warwick	140,411	139,931	480 (0.3%)	25,885 (18.4%)

Source: https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1179

4.2 Population Forecast

Population projections from the ONS are calculated by casting forward the patterns of change in births, deaths and migration from today. Using this methodology, Warwickshire's population is projected to increase to 619,000 in 2037, a 12.1% increase from 2014. The ONS, however, emphasise that these estimated projections do not take into account changes in government policy or economic factors which may have an impact on population levels.

Figure 5: Map showing population density in Warwickshire by ward using mid-2016 population estimates

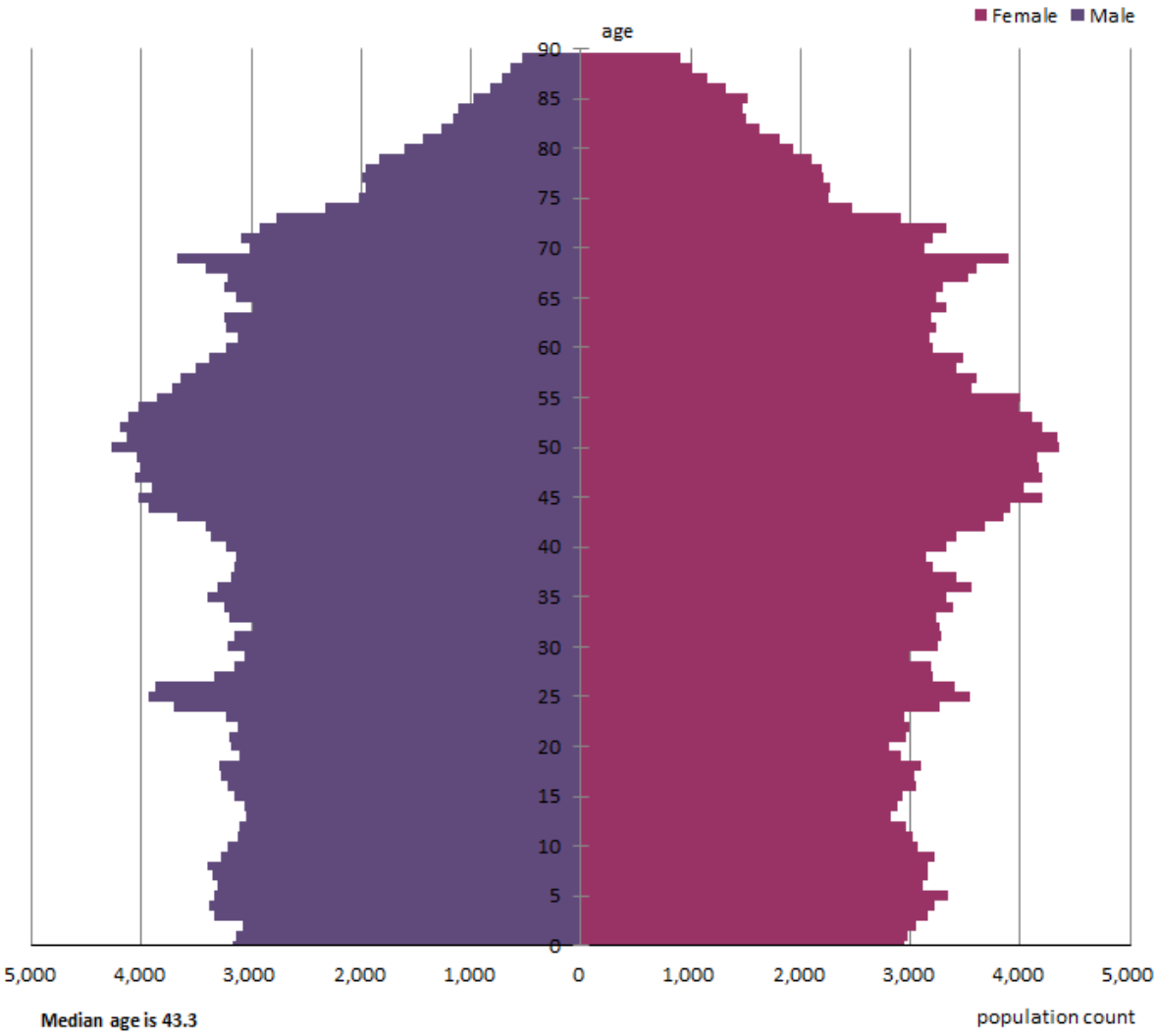


4.3 Age

Over the period 2014-2039 the population in Warwickshire is expected to increase by around 66,900 people (12.1%); this is slower than the England rate (16.6%). By 2039, more than 1 in 4 of the Warwickshire population is expected to be aged over 65 and around 1 in 16 aged over 85.

Life expectancy has been rising. A baby born in Warwickshire today will live for an average of 80 years (male) or 83.6 years (female), marginally better than the national average. While it is good that we are living longer, much of the additional time is spent in poor health – around 12 years for men and 16 years for women. Years spent in poor health impact on families and workplaces, and increase pressure on health and social care services.[17]

Figure 6: Warwickshire population pyramid profile Mid-2016



Almost 40% of Warwickshire residents are aged between 30-59 years old, whilst 1 in 4 residents are aged 60 years and over.[18]

[17] https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1310
[18] https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1179

4.4 Ethnicity

The 'White British' ethnic group accounted for 88.5 % of the population in 2011, a fall from 92.7% in the previous 2001 Census. Warwickshire's next largest ethnic groups are 'Other White' and 'Indian' who each make up around 3% of the population. Warwickshire has 8.3% of residents born outside of the UK - below the national average of 13.4%. The largest groups of non-UK born residents are from Poland and India. Residents whose country of birth was Poland increased from around 500 in 2001 to nearly 6000 in 2011. After English, the main languages spoken by residents in Warwickshire are Polish, Punjabi and Gujarati although there are local variations to these. Overall, Warwickshire experienced a decline in Christian religious affiliations and an increase in residents stating they have 'no religion'. The latter now account for around 1 in 4 people. However, Christian is still the largest religious group at 64.5% of residents. The next largest groups are Sikh, Muslim and Hindu.[19]

4.5 Deprivation

Deprivation in this assessment is taken to mean socio-economic deprivation, which is summarised in England using the Indices of Multiple Deprivation score (2015). This score system, published by the Department of Communities and Local Government (DCLG) incorporates the domains of income, employment, health, education and skills, barriers to housing, crime, and the living environment.

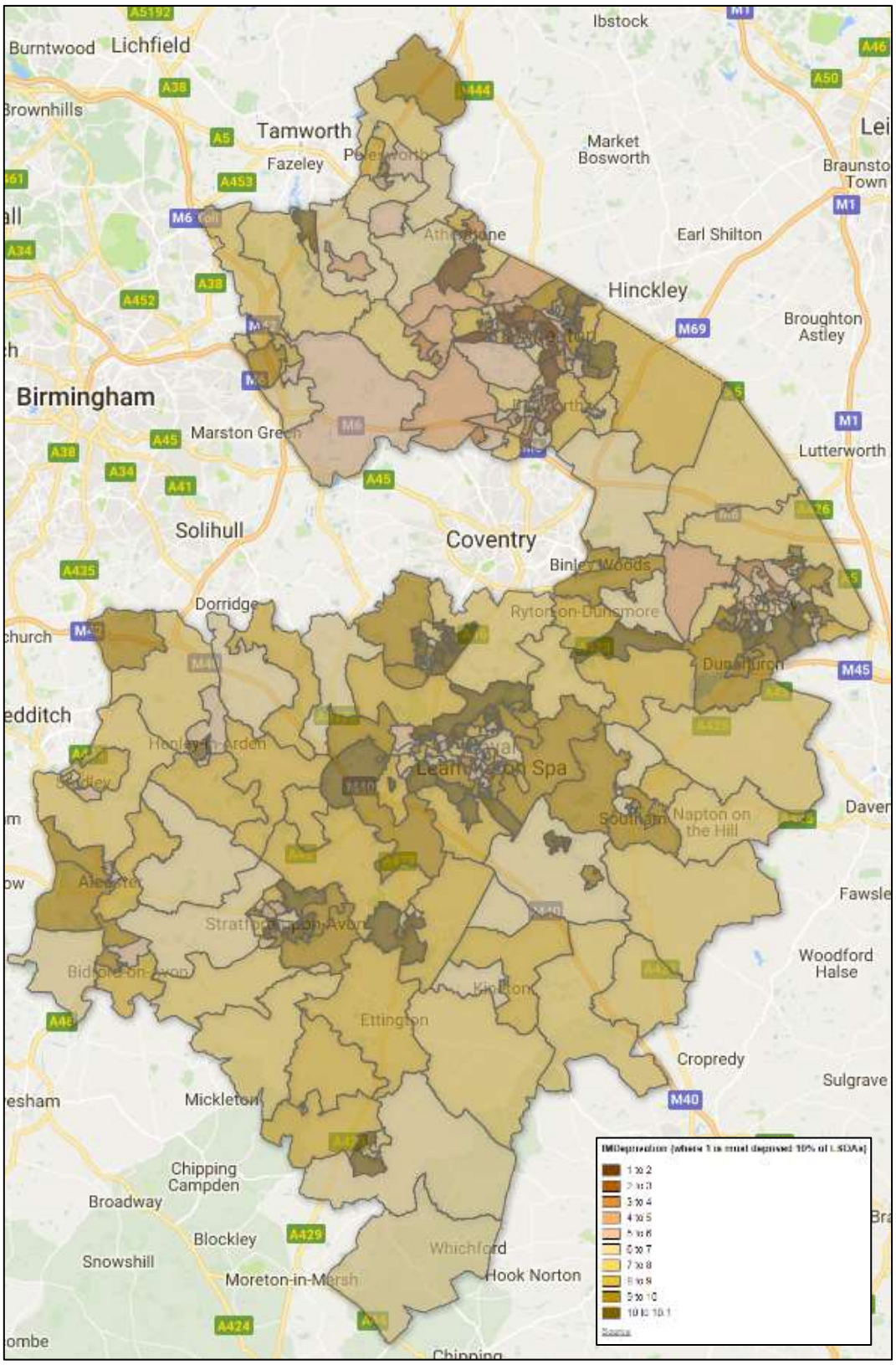
Using this system, the key findings for Warwickshire from the English Indices of Deprivation 2015 were:

- At a county level, the Indices show that Warwickshire is ranked 124th out of 152 upper tier authorities in England meaning that it is amongst the 20% least deprived areas in England according IMD rank of average score.
- Nuneaton & Bedworth has the highest levels of deprivation in the County, indicated by the highest average SOA score. The Borough ranks as the 111th most deprived Local Authority District (out of the 326 Local Authorities in England). Stratford-on-Avon District is the least deprived in Warwickshire with a national rank of 272nd.
- **There are eight LSOAs in Warwickshire ranked within the top 10% most deprived LSOAs nationally on the overall IMD 2015**. Six of these eight are located with Nuneaton & Bedworth Borough, one within Warwick District and the other within North Warwickshire Borough. This compares with nine LSOAs ranked within the top 10% most deprived LSOAs in the IMD 2010, all of which were located within Nuneaton & Bedworth Borough. [20]

[19] https://apps.warwickshire.gov.uk/api/documents/WCCC-1014-240

[20] http://www.warwickshireobservatory.org/indices-of-multiple-deprivation-2015/

Figure 7: The map below shows the geographical spread of deprivation across the County.



4.6 Future Housing Developments

In total across Coventry and Warwickshire there will be approximately 17,472 homes built over the PNA period of 2017-2020. This equates to a population increase of 41,933 people based on the adopted assumption that there will be 2.4 people per dwelling.

The information below has been taken from the Local Plans each district/borough in Warwickshire have produced for the Plan period of 2011-2031. Each Plan is produced in a different format and is at varying stages of development which is why information may be presented differently for each area. Please note that the trajectories are rough estimates and these may change year on year depending on the current economy.

North Warwickshire Borough

- Over Local Plan period (2011-2031) = 2070 homes
- Trajectory = minimum of 264 per annum
- PNA period 2017-2031 = approximately 792 homes to be built

Nuneaton and Bedworth Borough

- Over Local Plan period (2011-2031) = 13,375 homes
- Trajectory = between <400 and 1,500 homes per annum
- PNA period 2017-2020 = approx. 2,500 homes to be built

Rugby Borough

- Over Local Plan period (2011-2031) = 12,400 homes
- Trajectory = approximately 600-700 per annum
- PNA period 2017-2020 = 2044 homes to be built

Warwick District

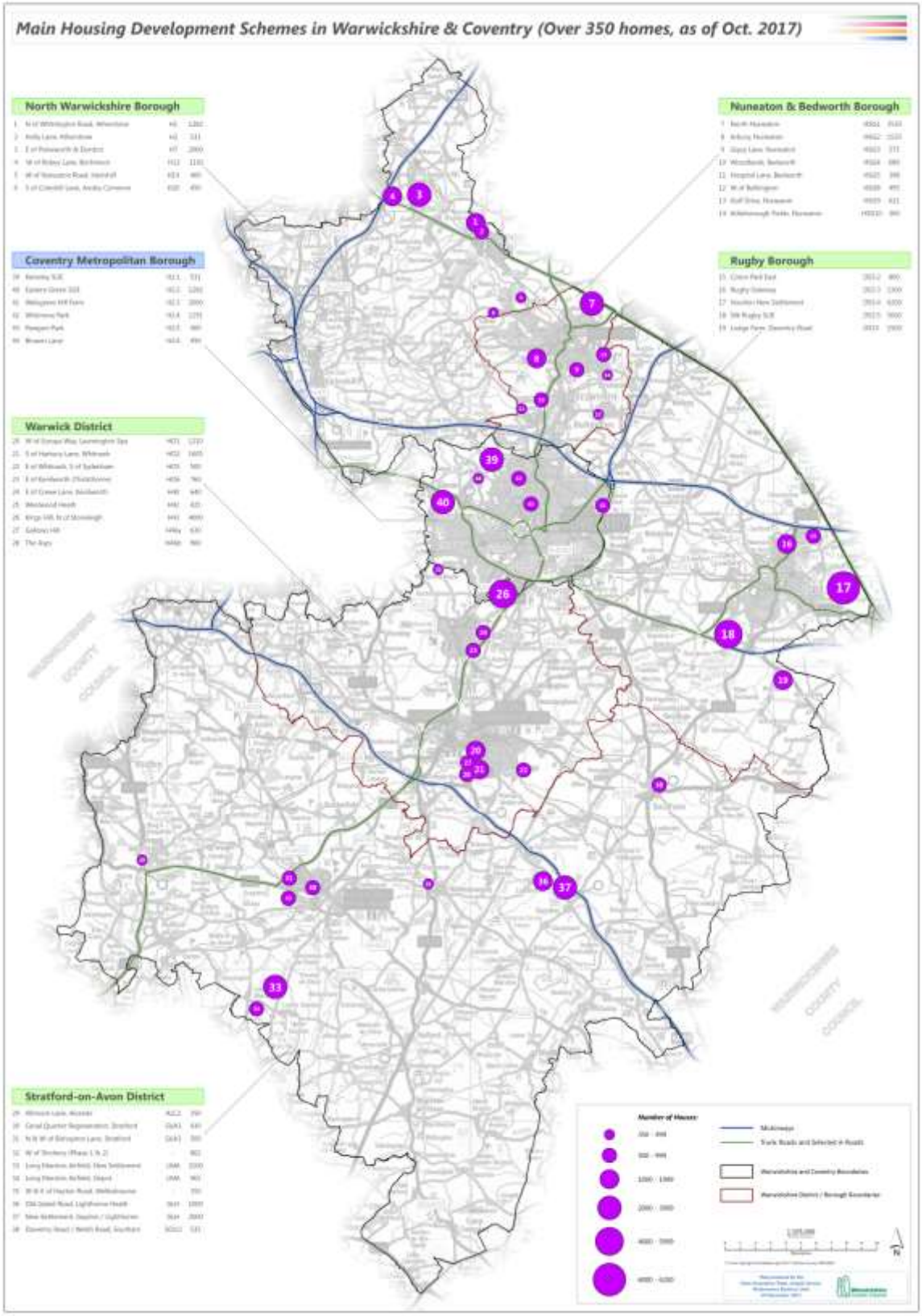
- Over Local Plan period (2011-2031) =13,006
- Trajectory = average of 750 homes per annum
- PNA period 2017-2020 = approx. 3,000 homes to be built

Stratford-on-Avon District

- Over Local Plan period (2011-2031) = 14,600 homes
- Trajectory = average of 1745 per annum
- PNA period 2017-2020 = 5,236 home to be built

During the period of 2017-2020 an estimated 13600 houses will be built in Warwickshire. This would indicate that in the next three years there may be localised population increases of a sufficient size to impact on need for new pharmaceutical providers. Therefore consideration must be made in order to increase the levels of provision. Information was not available regarding where developments would take place over the next three years. However, Figure 8 is a map of development schemes over the local plan period covering 2011-2031. ***The WHWB will monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available.***

Figure 8: Housing development schemes in Warwickshire and Coventry



4.7 Long term conditions

With a growing and ageing population, Warwickshire is predicted to see a significant increase in numbers of long-term conditions. People with long term conditions are more likely to see their GP, be admitted to hospital, stay in hospital longer, and need more help to look after themselves than people without long term conditions. Improving the health outcomes of people with these conditions would help reduce premature mortality in Warwickshire.[21] As well as meeting HWB strategy objectives around enabling people to manage and maintain their physical and mental wellbeing.

4.7.1 Smoking

Smoking was previously one of the eleven identified priorities in Warwickshire's JSNA. The Smoking Needs Assessment 2016[22] is intended to provide insight into the prevalence of smoking and tobacco use across Warwickshire and to explore the performance and equity of the local services tasked with helping people stop smoking in the county.

According to data from the Local Tobacco Control Profiles, the prevalence of smoking in Warwickshire is decreasing, from 18.5% of adults aged 18+ in 2012, to 14.5% in 2016. This is significantly lower than the England average of 15.5% in 2016. However, smoking prevalence remains higher for men and is particularly high within the 25-34 year age group. Smoking prevalence at district/borough level in Warwickshire is lowest in North Warwickshire, with an estimated prevalence of 6.4%, equating to just under 3,300 people. Smoking prevalence is highest in Nuneaton and Bedworth Borough, at 19.1%, equating to just over 19,000 smokers.[23]

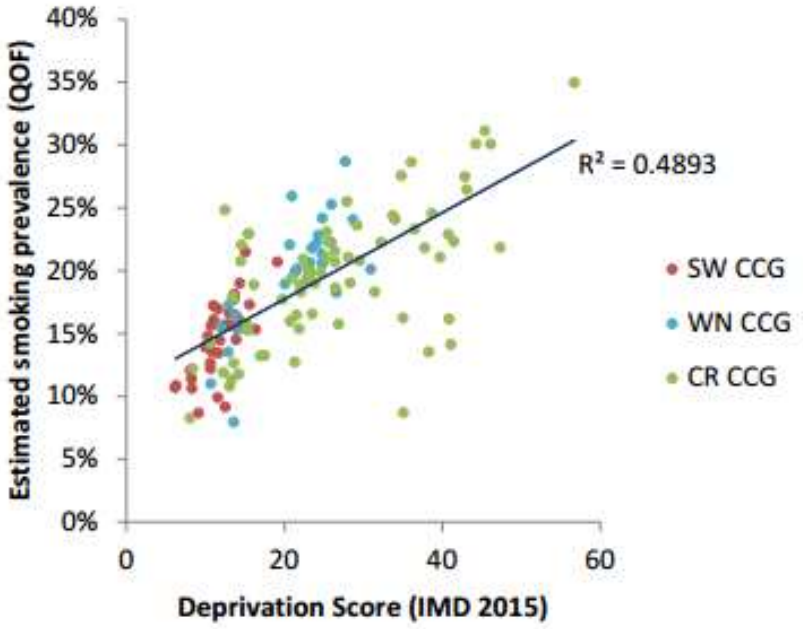
There is a clear relationship between smoking prevalence and affluence. People living in the most deprived areas are more likely to smoke than those living in the least deprived areas. Smoking prevalence is higher for those in routine and manual, as opposed to managerial and professional occupations.

Analysis of estimated smoking prevalence at GP Practice level in Warwickshire CCGs found a clear correlation between deprivation and smoking:

[21] http://hwb.warwickshire.gov.uk/themes/ill-health/long-term-conditions/

[22] http://apps.warwickshire.gov.uk/api/documents/WCCC-644-405

[23] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000005/ati/102/are/E10000031/iid/92443/age/168/sex/4



Recommendations from the Smoking Needs Assessment 2016 that are relevant to the pharmacy workforce are:

- Specialised support for smoking cessation should be available and accessible in acute settings as well as the community.
- Encourage pharmacists to utilise prescription waiting times to engage customers in stop smoking support.
- Targeted approach to helping those smokers most in need of support to quit from more deprived backgrounds where smoking is entrenched in lifestyle behaviour and there is a high dependency on nicotine.

4.7.2 Cardiovascular Disease

Cardiovascular disease (CVD) is an overarching term to describe all diseases affecting the heart and circulatory system, including; coronary heart disease (CHD), angina, heart attack, congenital heart disease and stroke. 12.2% (53,100) of the population aged 16+ in Warwickshire are estimated to be living with CVD. Approximately 5.6% (24,600) are estimated to be living with CHD and 2.6% (11,300) with stroke.

CVD risk increases with age and men are more likely to develop CVD at an earlier age. The more CVD risk factors an individual has the higher their risk of developing CVD. In Warwickshire, there are over 88,000 patients with high blood pressure, a common risk factor for CVD, equating to around 15.2% of the population and greater than the England proportion of 13.8%.[24] There have been significant advancements in treating CVD and understanding the importance of lifestyle in CVD development.

[24] https://qof.digital.nhs.uk/

However, for a continued reduction in the rate of premature mortality from CVD, there must be a focus on prevention.[25]

The 2013-16 under-75 mortality rate for CVD for Warwickshire is 68.4 per 100,000 population which is significantly lower than the England average of 73.5 per 100,000 population. During 2001/03 the rate in Warwickshire was 126.3 per 100,000 of the population, showing there is a 45% reduction in mortality rate.[26]

4.7.3 Cancer

In England, there were 299,923 new cancer registrations in 2015[27]; 146,862 new cases for females and 153,061 for males. Age-standardised rates were 542.8 cancer cases registered per 100,000 females and 667.1 cases per 100,000 males, an incidence rate 23.0% higher than females. In 2010, the age-standardised cancer incidence was 614.3 per 100,00 for females and 624.8 for males respectively. [28]

In Warwickshire, there are in excess of 2,500 new cancer cases diagnosed each year and around 1,500 deaths, representing 29.0% of all deaths in the County.[29] In line with national trends, there continues to be an overall increase in the number and rate of new cases of cancer each year, but a falling rate of deaths.

The Cancer in Coventry & Warwickshire report (2016) highlighted that improved access to smoking cessation services particularly among vulnerable groups, the delivery of alcohol brief interventions in primary care and through commissioned services and consideration of primary care services can improve access to screening programmes, particularly for vulnerable groups.

The Warwickshire under 75 cancer mortality rate (per 100,000 per population), in 2014-16 was 131.1 which is lower than the national average (136.8 per 100,000 population). At district and borough level the rates are all considered similar to England ranging from 124.9 (Rugby Borough) to 142.9 per 100,000 population (Nuneaton & Bedworth Borough).

4.7.4 Sexual Health

Teenage pregnancy and early motherhood have been associated with poor educational attainment, poor physical and mental health, and deprivation. The under 18 conception rate in Warwickshire for 2015 was 19.5 conceptions per thousand women aged 15 to 17, compared to 22.9 in 2014. At

[25] https://apps.warwickshire.gov.uk/api/documents/WCCC-630-567
[26] Public Health England
[27] https://www.ons.gov.uk/releases/cancerregistrationstatisticsengland2015
[28] https://www.ons.gov.uk/releases/cancerregistrationstatisticsengland2015
[29] https://fingertips.phe.org.uk/profile/cancerservices/data#page/9/gid/1938132830/pat/46/par/E39000033/ati/153/are/E38000164/iid/91337/age/1/sex/4

district and borough level the rates range from 11.5 (Stratford-on-Avon District) to 29.6 per 1,000 population (North Warwickshire Borough). [30]

63.0% of under-18 conceptions across the county led to terminations in 2015. At district and borough level the rates range from 52.2% (Stratford-on-Avon District) to 76.5% (Warwick District).[31]

4.7.5 Mental Health

An estimated 46,000 people aged between 16 and 74 in Warwickshire have a common mental health problem. Warwickshire Child and Adolescent Mental Health Services (CAMHS) offers a comprehensive range of services that provide help and treatment to children and young people experiencing emotional or behavioural difficulties. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health, life expectancy and better educational achievement.

Mental health was established by the Healthwatch board as a key priority in February 2016.

4.7.6 Dementia

Dementia accounts for more expenditure than heart disease and cancer combined, costing society around £26bn a year. It is recognised that minimising the effects of dementia, or preventing it, can be achieved through promoting better lifestyle and exercise. In Warwickshire, the number of people diagnosed with dementia is over 4,500, however applying the latest estimated diagnosis rate of 61.6% suggests the actual number of people currently living with the condition, is likely to be closer to 7,400.[32]

Stratford-on-Avon is projected to have more than 4,200 people aged 65+ with dementia by 2035 dementia.[33] Given that diagnosis rates have been low, these projections should be taken with caution, as there may be many more people with the condition who simply have not been diagnosed. Early diagnosis is necessary to ensure appropriate treatment is received. This also enables people to maintain a better quality of life, and can help encourage people to live independently for longer.

5 Methodology for Information Gathering

5.1 Public Survey Overview

In order to gain the views of Warwickshire patients and the resident public on pharmaceutical services, a survey was developed and made available online and via a paper format made available at local pharmacies. The survey ran from 29th August 2017 until closing on 4th October 2017 (5

[30] https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000005/ati/101/are/E07000218/iid/20401/age/173/sex/2

[31] https://fingertips.phe.org.uk/search/abortion#page/3/gid/1/pat/6/par/E12000005/ati/101/are/E07000218/iid/90731/age/173/sex/2

[32] http://digital.nhs.uk/catalogue/PUB30139

[33] www.poppi.org.uk

weeks) and allowed us to understand the usage of community pharmacies. The closing date for receiving paper copies was extended to 11th October 2017.

The objectives of the survey was to ascertain how the public access pharmacy services, to understand the factors that influence selection of a particular pharmacy, to understand what services were considered the most important to pharmacy users, to explore the demographic profile of pharmacy users, to ascertain the quality of services offered, to identify any gaps in provisions, to understand what services could be improved on and lastly, if there was a demand for any other service. A copy of the survey, which identifies the questions asked, can be found in Appendix #

5.2 Pharmacy Survey Overview

At the same time as the initial patient and public engagement survey, all 111 community pharmacies in Warwickshire were asked to complete an online contractor survey. The contractor survey provided an opportunity to ensure that information included in the PNA about current pharmacy services from pharmacy contractors was accurate and up to date. It also enables us to identify any gaps in service provision as part of the PNA process. The survey was developed based on a PSNC template and advice from the local pharmaceutical committee.

The survey requested information about pharmacy premises, staffing, provision of services, identification of any interest in the provision of new services, and information about ease of access which included opening times. Local Pharmacies were given five weeks to complete the survey. Letters and e-mails were sent to all Pharmacies in the area, and phone calls were made to support the process. A copy of this survey is available in Appendix#

5.3 Dispensing Doctor Survey Overview

All 23 dispensing doctors in Warwickshire received a link to an online survey to give these contractors an opportunity to ensure that the information included in the PNA regarding their service provision was up to date and accurate. The survey requested information primarily to assess the dispensing service they provide. Only the provision of services set out in their pharmaceutical services terms of service (Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services and relates only to the dispensing of medicines. Therefore, the survey requested information about the premises, staffing, ease of access, opening hours, planned developments, and aspects of the dispensing service such as appliance and medication compliance aid provision and provision of non-NHS funded services. See Appendix # for the dispensing doctor survey.

6 Current Pharmacy Provision

In order to assess the appropriateness of provision of pharmaceutical services in Warwickshire, current provision from all providers has been considered. This includes providers and premises within Warwickshire and the contribution made by those providers that may lie in neighbouring HWB areas but provide services to the Warwickshire population.

6.1 Community Pharmacy Contractual Framework

The NHS Community Pharmacy Contractual Framework[34] requires community pharmacies to contribute to the health needs of the population they serve.

All NHS pharmaceutical service providers must comply with the contractual framework that was introduced in 2005.

Fundamentally, the contractual framework is made up of the following components:

- Essential services – which must be provided by all contractors (that is all community pharmacies nationwide)
- Advanced services- nationally defined services that can be provided by contractors subject to accreditation requirements
- Locally commissioned/Enhanced services-services commissioned by CCGS and LA in response to the needs of the local population

6.2 Pharmaceutical Lists

If a person (a pharmacist, appliance contractor, or dispensing doctor) wants to provide NHS pharmaceutical services; they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS "market entry" system.

Under the NHS Regulations, a person wishing to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

- **Pharmacy contractors** – community pharmacies and distance selling pharmacies (DSPs). DSPs must adhere to all regulations concerning all other pharmacies; however a distance selling pharmacy must not provide Essential services onsite to a person who is present at the pharmacy, but the pharmacy must be able to provide Essential services safely and effectively without face to face contact. Currently there are 5 distance selling pharmacies in Warwickshire (W.M. Brown Ltd, Wolston Alliance Chemist, DELmyMEDS Pharmacy, Delivery Pharmacy and Medicines123).
- **Dispensing appliance contractors (DACs)** – DACs are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc.). However they do not dispense any medicines. Currently there are no DACs situated within Warwickshire.
- **Dispensing doctors (DDs)** – GP practices are allowed to dispense medicines and appliances to patients who live in an NHS England determined controlled locality (Rural Area) and live

[34] http://archive.psnc.org.uk/pages/introduction.html

more than one mile from a community pharmacy. There are 23 dispensing GP practices within Warwickshire. This is unchanged from 2015.

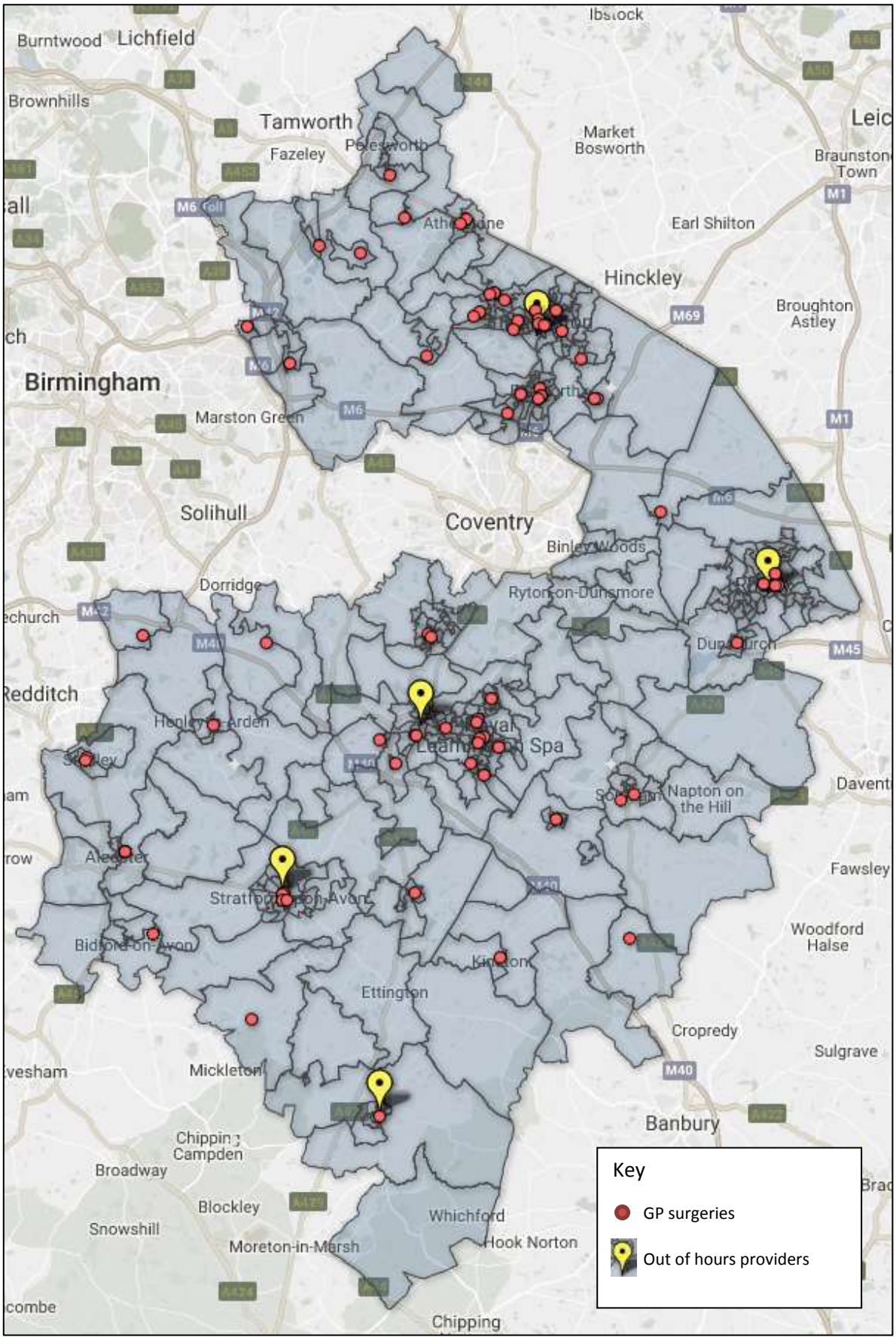
6.3 Out of Hours Services

The Carson Review (2004) of out of hour's provision made recommendations relating to medicines supply in the out of hours setting. The key point from this review was that the onus for ensuring that patients receive medicines if required, out of hours was placed on the provider, rather than on the patient.

The Warwickshire GP out-of-hours service provides advice, information and treatment for NHS patients who become unwell during the out-of-hours period when their own GP surgery is closed.

More information can be found at: http://www.warksoutofhours.nhs.uk/

Figure 8 Location of GP Surgeries and OOH service providers in Warwickshire over LSOA



6.4 Access to Pharmacies in Warwickshire

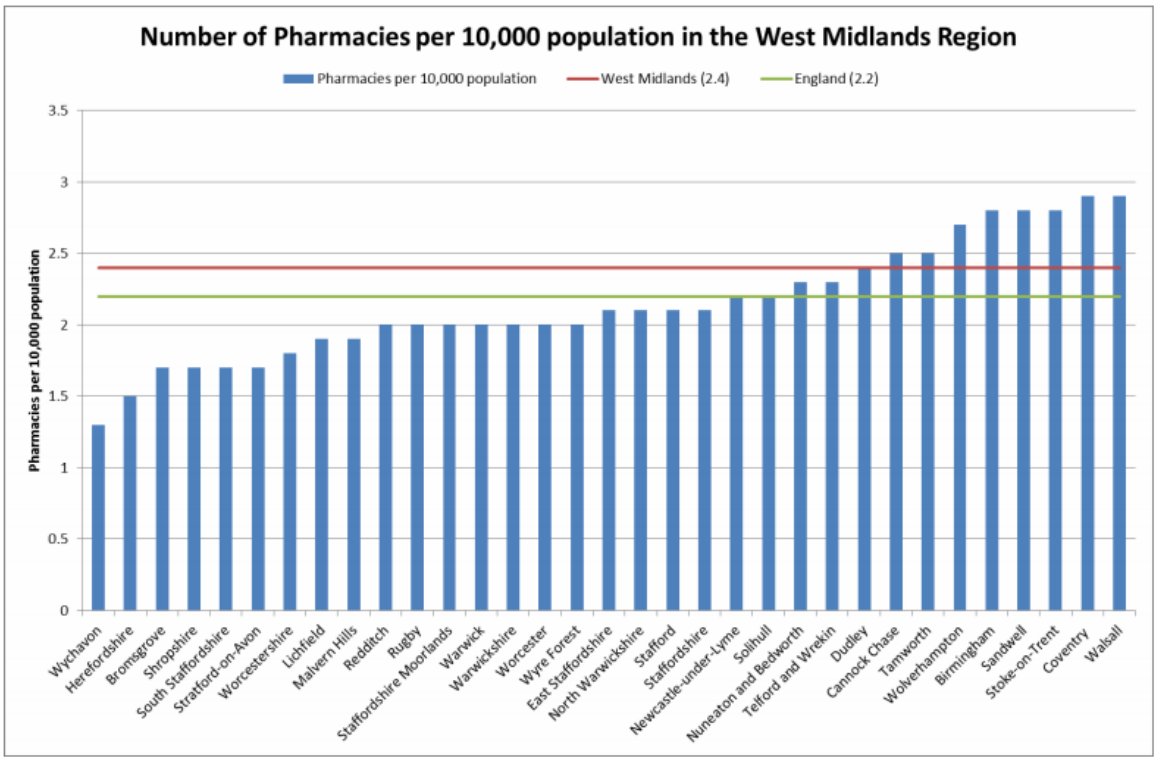
Warwickshire has 111 community pharmacies and 6 of these are distance selling pharmacies. The majority of pharmacies are open for at least 40 hours and 9 are open for 100 hours. There are 23 dispensing GP practices in Warwickshire and 0 appliance contractors.

6.4.1 Community Pharmacy Benchmarking

Community pharmacies provide pharmaceutical services under the NHS CPCF (pharmacy contract).

Warwickshire has an overall ratio rate of **2 community pharmacies per 10,000 population**, lower than the average for Birmingham which is **2.7 pharmacies per 10,000** and below the mean for the **West Midlands which is 2.4**. The number of pharmacies within the county has stayed the same since the previous 2015 PNA report. [35]

Figure 9 : Number of pharmacies per 10,000 population in the West Midlands Region



Source: Local Government Association.SnapshotNovember2014

[35] During the development of this PNA, 1 community pharmacy opened in Kineton, Stratford on Avon (Kineton Pharmacy, CV35 0HN) and 1 community pharmacy closed in Atherstone, North Warwickshire (Lloyds pharmacy, CV9 1JP)

6.4.2 Geographical Location

Figure 10: Map of Warwickshire showing locations of pharmacy providers mapped over LSOAs

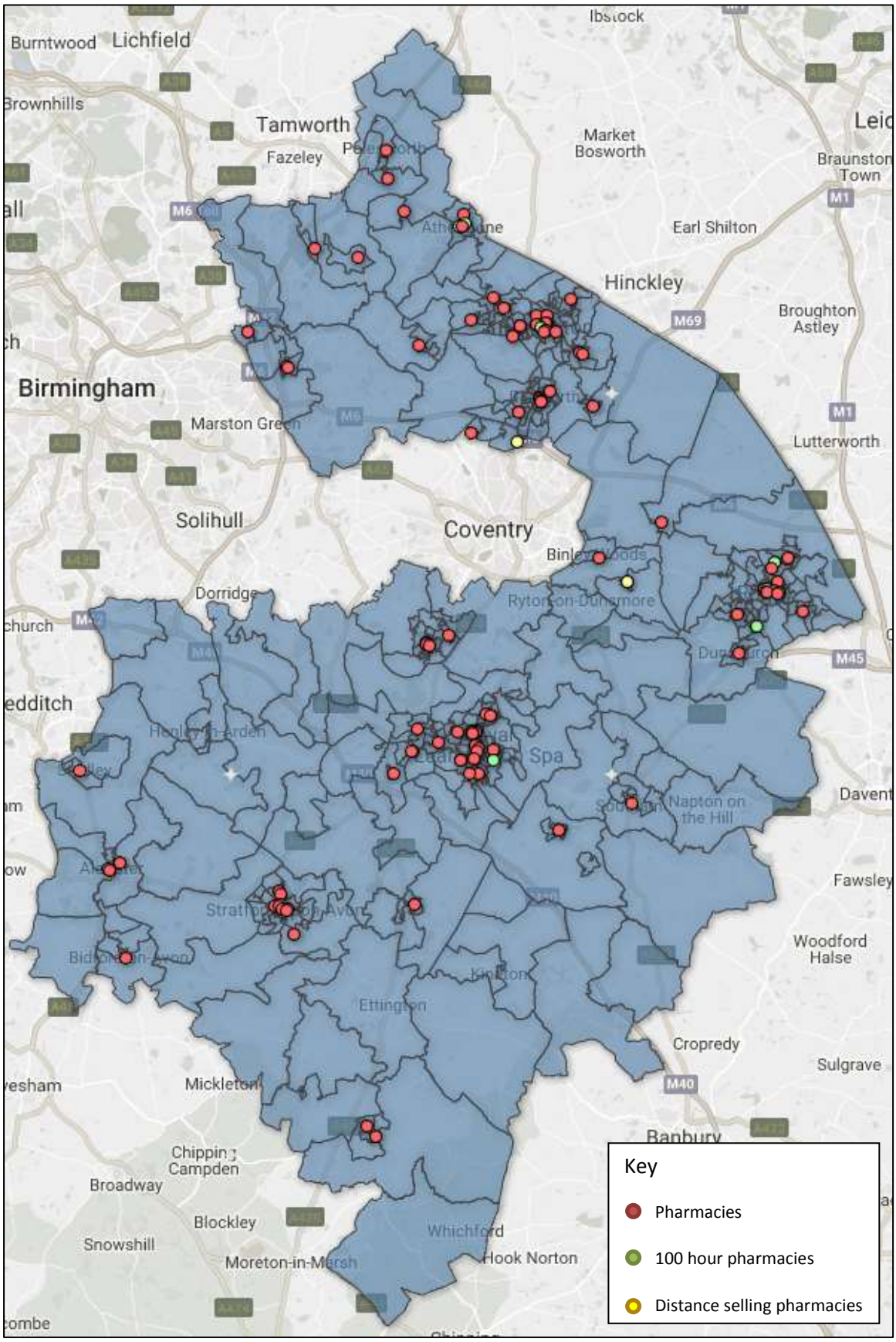


Figure 11: Map of Warwickshire showing location of dispensing doctors mapped over LSOAs

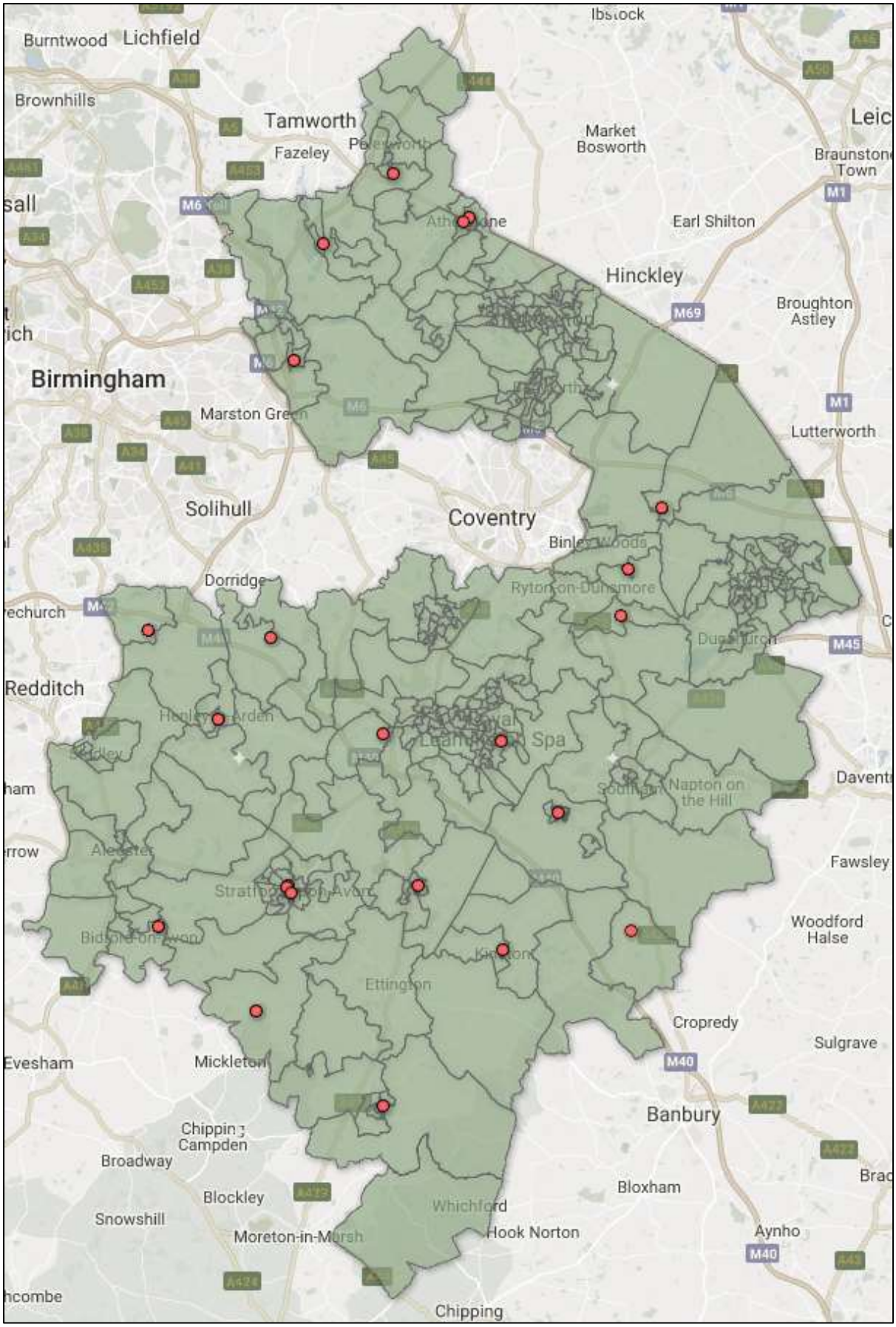


Figure 10 illustrates that pharmacies are not evenly distributed throughout the county. There appears to be a greater concentration of pharmacies located in the central areas of each locality/borough particularly Nuneaton and Bedworth, Warwick and Rugby. These central area LSOAs are the most densely populated areas in the county and have the greatest deprivation as described in section 4.

Stratford-on-Avon has fewer pharmacies compared to other districts, but is also one of the lesser deprived areas in Warwickshire. Although Stratford-on-Avon covers a large area of Warwickshire, it is also less densely populated; there are 123 persons per square km in Stratford on Avon compared to 1592 persons per square km in Nuneaton and Bedworth.[36] Furthermore, Figure 11 shows that there are dispensing GPs within the rural areas of this locality that can provide essential pharmaceutical services to patients living remotely from a community pharmacy. [37]

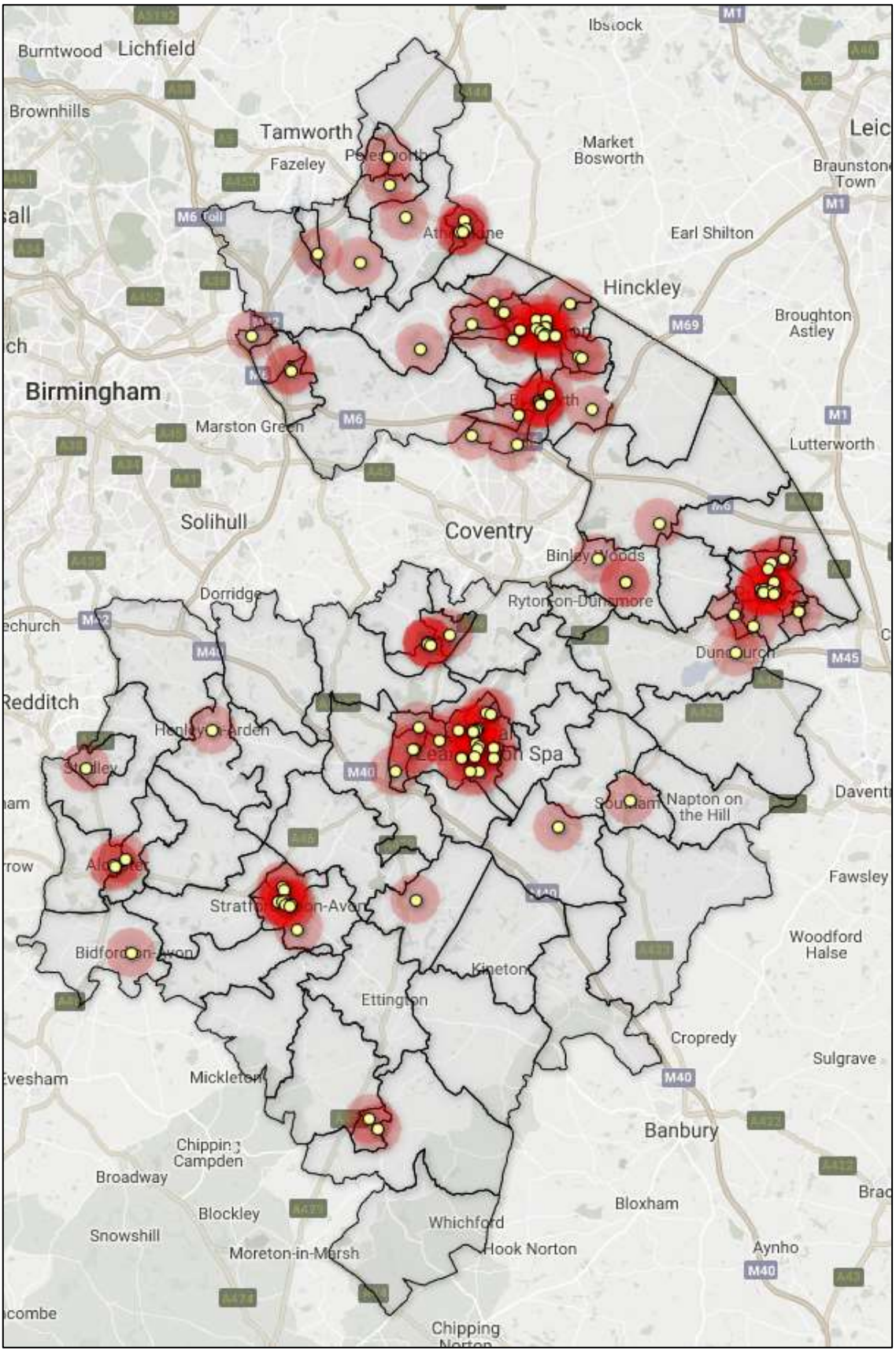
Furthermore, 71 of the 78 respondent pharmacies (80.7%) in Warwickshire provide free of charge delivery of dispensed medicines (on request).

Pharmaceutical services are also available from distance selling pharmacies (internet pharmacies) located inside or outside of the county that make deliveries to individual homes.

[36] https://apps.warwickshire.gov.uk/api/documents/WCCC-1014-120

[37] During the development of this PNA, a community pharmacy opened in Kineton, Stratford on Avon.

Figure 12: Map showing location of pharmacies within 1 mile buffer zone mapped over LSOAs.



6.4.2.1 Public survey

It has been shown that nationally, 99% of the population – even those living in the most deprived areas, can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport.[38]

318 responses were received to the public survey from Warwickshire residents. The results from the public survey showed that a large majority of respondents (87.4%) agree with the statement "I am always able to access the pharmacy services I require, when I need them".

Most respondents of the public survey said they take 5-10 minutes to travel to their pharmacy. 51.5% of the 318 respondents drive and 33.9% walk to their chosen pharmacy.

Results showed that 75% of respondent's pharmacies are located within the same postcode area that they live.

6.4.3 Physical access

6.4.3.1 Pharmacy Contractor survey

88 responses were received from the 111 pharmacy contractors (79.3%). Results from the pharmacy contractor survey showed that 95.5% of pharmacies allow parking within 50 metres of the pharmacy and 88.6% within 10 metres of the pharmacy. There is a bus stop within walking distance of 98.9% of respondent's pharmacies.

When analysing pharmacy premises access 77.3% of pharmacies do not have any steps to climb to enter into the premises. 95.5% of respondents said that all areas of the pharmacy floor are accessible by wheelchair.

6.4.3.2 Dispensing Doctor survey

17 out of 23 (73.9%) dispensing doctors responded to the dispensing doctor survey. Results showed that 15 of the 17 respondents (88.2%) offer onsite parking. There is a bus stop within walking distance of 14 of the 17 respondent dispensing doctor surgeries (82.4%).

16 of 17 respondents (94.1%) do not have any stairs to climb when entering the premises.

6.4.4 Opening Time Analysis

Pharmacies are required to open between specific times by their terms of service. All pharmacies are required to open for at least 40 hours per week (core hours). These hours can be distributed through the week discretionally; however it is most common for the vast majority to operate within or near regular working office hours, that is to say, between 08:00 and 19:00, Monday to Friday.

If a pharmacy contractor wants to change their opening times, they must inform the NHS England Area Team with a 90 day notice period. Any pharmacy contractors on 40 hour contracts who wish to

[38] https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future

extend their opening hours (supplementary hours) must also apply to NHS England with a 90 day notice period to do so.

Since the introduction of the pharmaceutical contractual framework in 2005 community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies.

6.4.4.1 Pharmacy Contractor survey

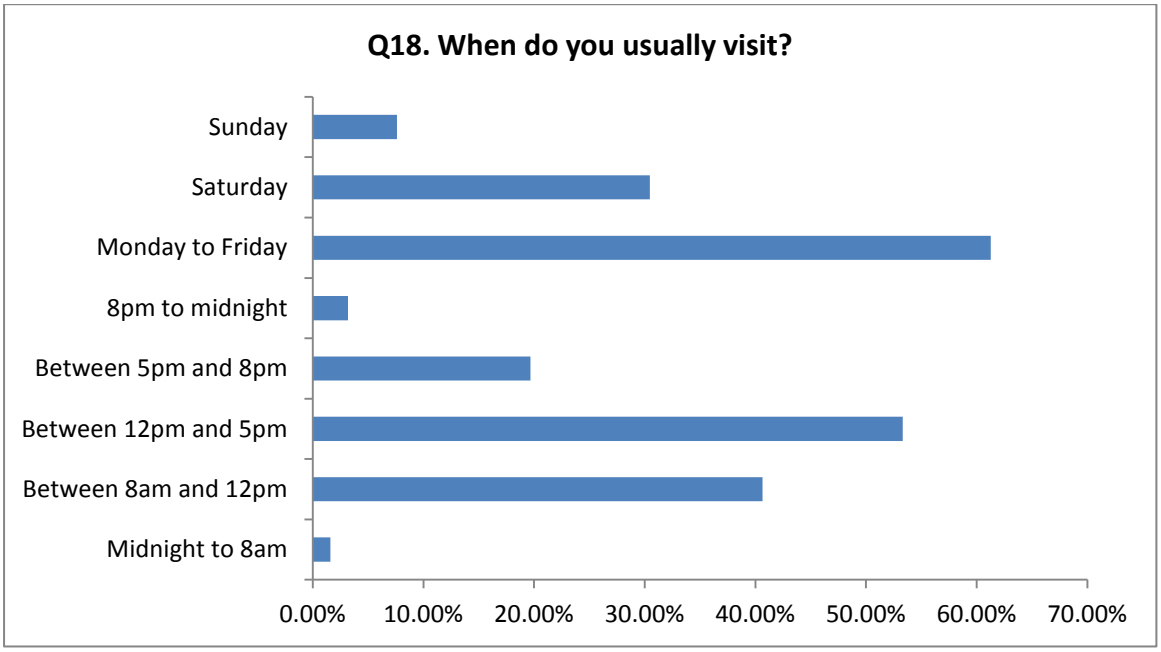
Across Warwickshire, the opening times of pharmacies are variable. Some pharmacies are open for longer periods of time, for instance evenings, overnight and weekends, whereas other pharmacies in the city are only specifically contracted to be open for at least 100 hours per week. The opening hours of individual pharmacies are given in Appendix #.

Most pharmacies in Warwickshire have core opening hours starting from 8.30am to 5.30pm on Monday to Friday, indicating good access to pharmaceutical services on weekdays.

Generally, in the evenings, provision of pharmaceutical services is reduced. There are currently 37 pharmacies in Warwickshire with extended opening hours after 6pm on a weekday evening and there are 9 pharmacies which are contracted to open for at least 100 hours per week (shown on Figure 4).

6.4.4.2 Public survey

Results from the public survey show that 85.5% of patients are happy with the opening hours of the pharmacy they normally use. 92.1% of patients are aware that some pharmacies are open outside 9-5, Monday to Friday. Despite this, 41.4% of patients do not know *which* pharmacies are open at these times. Therefore, there needs to be greater awareness of which pharmacies are open outside normal working hours.



61.3% of respondents usually visit the pharmacy on Monday to Fridays with 30.5% visiting on a Saturday and 7.6% on a Sunday. Most respondents visit between the hours of 12pm and 5pm (53.3%), however 40.63% selected between 8am and 12pm.

Analysis of the responses to the survey shows a generally high level of satisfaction with opening hours. Over 85% of respondents state that they are very happy or happy with opening hours.

6.4.4.3 Dispensing doctor survey

The results from the dispensing doctor survey showed that dispensing hours across dispensing doctor surgeries were variable but started for most at 8.30am until 6pm Monday to Friday. All dispensaries were closed on Saturdays and Sundays except one respondent who stated that they were open from 8.30am until 10.30am on some Saturdays. These dispensary opening hours corresponded with the main surgery opening hours for most dispensing doctor surgeries. Whilst this provides improved access of essential services during core weekday hours, this does not contribute to access to essential services on the weekend or late nights.

6.4.4.4 100 Hour contracts and extended opening hours pharmacies

100-hour pharmacies are required in their contracts to be open and able to provide essential services for at least 100 core hours per week, although the opening hours are at the discretion of the pharmacy contractor. Until September 2012, applications for 100 hour pharmacies did not need to demonstrate any additional need for pharmacy services in a given location; this is no longer the case. Contractors may choose to provide services commissioned by the local authority but must provide those enhanced services commissioned by the area team.

There are currently 9 '100 hour' pharmacies in Warwickshire. These are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

These 100 hour pharmacies are:

- Atherstone In Practice Pharmacy, CV9 1EU
- Asda Pharmacy, CV31 1YD
- Avon Pharmacy CV37 6HJ
- Lloyds Pharmacy, CV22 6HU
- Pharmacy Republic, CV11 5RE
- Asda Pharmacy, CV21 3EB
- Atherstone Pharmacy, CV9 1BB
- Tesco Pharmacy, CV21 1RG
- No 8 Pharmacy, CV12 8NF

2 are located in Stratford on Avon, 1 in Warwick, 3 in Rugby, 1 in Nuneaton and Bedworth and 2 in North Warwickshire (see Figure 10).

These 100 hour pharmacies provide the county with good access to pharmaceutical services on Saturdays, Sundays and evenings until late. They guarantee access to Pharmaceutical services for 14/15 hours a day except on Sundays due to the Sunday trading act 1994.

6.4.4.5 Saturday opening hours

95 community pharmacies out of the total number of 111 in Warwickshire are open on a Saturday. Of those pharmacies open on a Saturday, 59 of them are closed by 1pm. After 1pm the other 36 remain open with gradual closures over the remainder of the day.

6.4.4.6 Sunday opening hours

There are 22 community pharmacies open on a Sunday, most open for 6 hours to comply with Sunday trading regulations.

6.4.4.7 Bank Holiday provision

Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. NHS England works with community pharmacies to make pharmacy services available for traditional bank holidays such as Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where most pharmacies are still closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services. The Bank Holiday rota is available on NHS Choices and is accessible to view by the general public.

6.5 Conclusion regarding access to pharmaceutical services

Evidence in this section indicates that although there is below average per capita access to pharmacies in Warwickshire, they are well geographically distributed by population density and levels of deprivation.[39] Opening hours also indicate good access during usual working hours, on evenings and weekends across the county. Furthermore, public engagement has not highlighted any significant barriers to access. Cross border availability of pharmaceutical services is also significant across the county. Consideration should be made to the fact that the population is set to increase due to new homes being built as described in section 4.6.

6.6 Essential services

There are 7 essential services which are briefly described and tabulated below. All of the 111 community pharmacies in Warwickshire are required to provide these essential services as per the CPCF regulations.

[39] During the development of this PNA, 1 community pharmacy opened in Kineton, Stratford on Avon (Kineton Pharmacy, CV35 0HN) and 1community pharmacy closed in Atherstone, North Warwickshire (Lloyds pharmacy, CV9 1JP)

Essential Service	Description
Dispensing	The safe supply of medicines or appliances ordered on NHS prescriptions. Advice and is given to the patient about the medicines being dispensed and also information on how to use them safely and effectively. Records are kept of all medicines dispensed and maintained.
Repeat dispensing	The management and dispensing of repeatable NHS prescriptions for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before dispensing each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine and communicate any clinically significant issues to the prescriber.
Clinical Governance	Pharmacies have an identifiable clinical governance lead and apply clinical governance principles to support the provision of excellent care: Requirements include: provision of a practice leaflet for the public, production, management and use of standard operating procedures, patient safety incident reporting to the National Reporting and Learning Service, acting upon drug alerts and product recalls, conducting clinical audits and patient satisfaction surveys, having complaints and whistle-blowing policies and ensuring they having cleanliness and infection control measures in place
Promotion of healthy lifestyles (Public Health)	The provision of opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. These groups include diuabetic patients, patients at risk of coronary heart disease especially those with high blood pressure, patients who smoke and patients who are overweight. Pharmacies must also support up to six local campaigns a year, organised by NHS England. Campaign examples may include topics such as promotion of flu vaccination uptake, healthy living, or stop smoking.
Disposal of unwanted medicines	Community pharmacies accept unwanted medicines from households and individuals which require safe disposal. The medicines are then safely disposed of by a waste contractor engaged by NHS England.
Signposting	The provision of information provided by

	pharmacists and staff to refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national support groups.
Support for self-care	The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.

6.6.1 Dispensing

Each pharmacy in Warwickshire dispenses 7232 items per month on average, which is higher than the West Midlands median of 6,533 (Table 8). This could be the result of having a lower number of pharmacies than other localities. The higher number of prescriptions dispensed may also be a function of the older age profile in the city, meaning there is a higher burden of disease; however without further research into this, it is not possible to determine a more definite reason.

Area	Prescription items dispensed per month 2015/16	Average monthly items per community pharmacy 2015/16
England	82,940,000	7096
West Midlands Region	6,402,000	6533
Warwickshire	**766,574**	**7232**
Coventry	543,339	5970

*Excludes DACs and DSPs Source: NHS Digital and NHS Business Services Authority
** Data from 2016/17 will be available in the final report

Results from the 318 respondents of the public survey showed that out of the Essential services 70.9% of respondents are aware of the repeat dispensing service, 94% are aware that you can dispose of your old medicines at the pharmacy, 77.6% are aware that the local pharmacy team can provide healthy living advice, 76% are aware that the pharmacy can signpost to other services.

6.6.2 Cross border dispensing

Warwickshire shares borders with Coventry, Solihull, Worcestershire, Gloucestershire, Oxfordshire, Northamptonshire, Leicestershire, Staffordshire and Birmingham.[40] There are a range of community pharmacies accessible near the borders of Warwickshire and it is likely that residents have prescriptions dispensed in these areas. It is also likely that residents from outside the county use Warwickshire pharmacies. Further work to establish the extent of cross border dispensing should be undertaken, however at the time of writing this PNA data was not obtained regarding the postcode of prescriptions dispensed, so this work could not be undertaken.

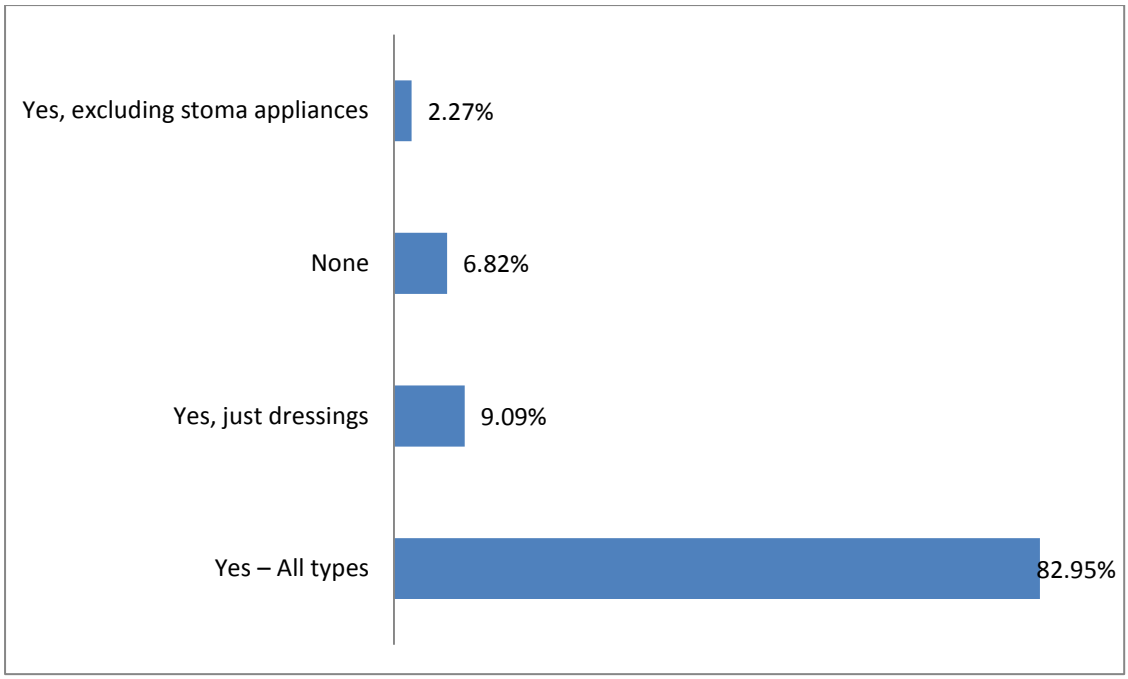
[40] http://healthierlives.phe.org.uk/topic/mortality

6.6.3 Appliances

Appliances can be dispensed by any pharmacy or appliance contractor and can be broadly categorised as stoma appliances, incontinence appliances, and dressings. There are no appliance contractors identified in Warwickshire.

Results from the pharmacy contractor survey show that of the 88 pharmacies that responded to the survey 73 (83%) dispense all types of appliances.

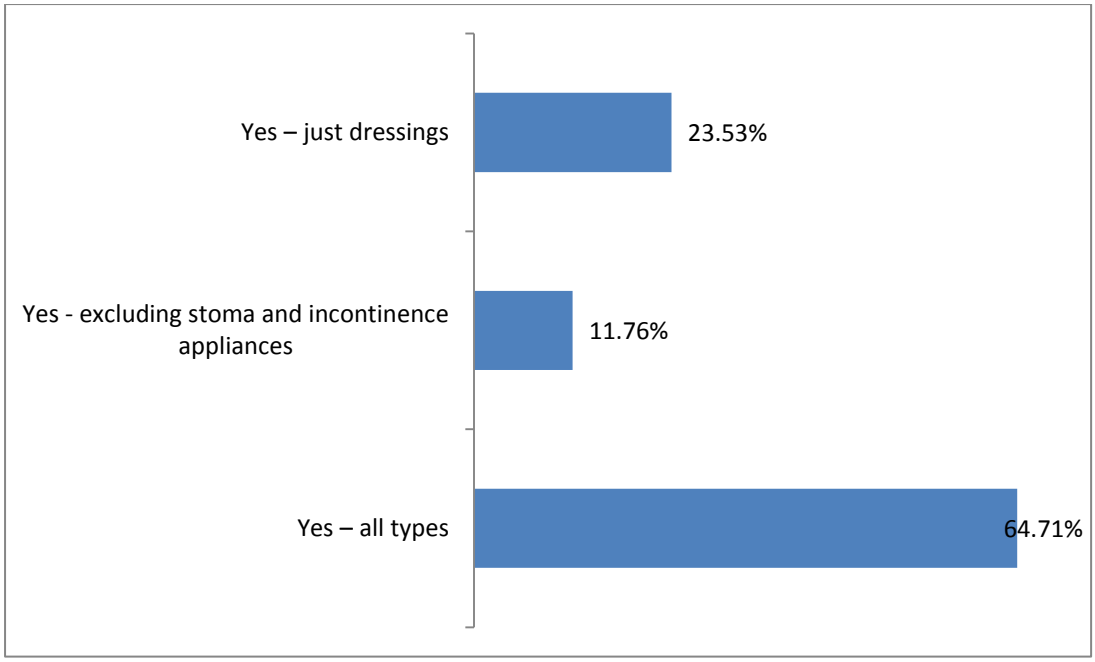
Does the pharmacy dispense appliances?



Warwickshire's 2015 PNA also found that of those that responded over 80% pharmacies dispensed prescriptions for all appliances with approximately 10% dispensing dressings only.

Dispensing doctors survey showed that 11 out of the 17 respondents (64.7%) dispense all type of appliances.

Does the dispensary dispense appliances?



6.7 Conclusion regarding Essential Services in Warwickshire

Essential Services are provided by all Warwickshire pharmacy contractors. This includes dispensing of NHS prescriptions which is a fundamental service that is commissioned nationally by the NHS. As discussed with regard to pharmacy access, essential services appear to be accessible for the majority of Warwickshire's population both geographically and at different times of day.

There are no gaps in the provision of essential services for the county's population.

6.8 Advanced Services

In addition to essential services, the CPCF allows community pharmacies to opt to provide any of 6 advanced services to support patients with the safe use of medicine following appropriate training or accreditation by NHS England.

6.8.1 Medicines Use Reviews (MURs)

Accredited pharmacists undertake structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medication for long term conditions. The MUR process aims to establish a picture of the patient's use of their medication, this includes prescribed and non-prescribed medication. The review allows patients to understand their therapy and why it has been prescribed. It is also an opportunity to identify any problems the patient is experiencing and providing any possible solutions whilst providing feedback to the prescriber. An MUR Feedback Form will be provided to the patient's GP where there is an issue for them to consider.

70% of MURs undertaken have to be from a specified group of patients:

- Patients taking certain high risk medications
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines

- Patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease.

Each pharmacy can provide a maximum of 400 MURs a year. MURs serve as useful indicators for the WHWB to achieve their strategic health aims by improving the quality of life for people with multiple long-term conditions which will in turn help to reduce hospital admissions and thus increase life expectancy. MURs can help prevent unnecessary GP appointments which fit in with the Urgent and Emergency Care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy which supports the Proactive and Preventative strategy.

Mean number of MURs per pharmacy 2015/2016

Area	Mean number of MURs/ pharmacy in 2012/13	Mean number of MURs/ pharmacy in 2015/16
West Midlands	267	294
England	267	300
Warwickshire	**Data unavailable**	**275**
Coventry	269	265

*Excludes DACs and DSPs Source: NHS Digital and NHS Business Services Authority
** Data from 2016/17 will be available in the final report

In 2015/2016 the mean number of MURs per pharmacy in Warwickshire was 275 which is slightly below the mean numbers for West Midlands and England.

Out of the 88 respondents to the pharmacy contractor survey, 86 (97.7%) said that they provide the MUR service and the remaining 2 (2.3%) are intending to begin within the next 12 months.

The public survey results showed that there is a good awareness of this service. Results from the public survey of Warwickshire residents showed that 75.4% of respondents were aware that MUR service was available from Warwickshire pharmacies.

Out of the 200 respondents that answered the question about their satisfaction with 'Discussing your prescription medicines' over half (62.8%) of respondents selected that they were very satisfied with the service, 19.7% selected Satisfied, 8% of patients selected Neither satisfied nor dissatisfied, 1 person selected Very Dissatisfied (0.45%).

When patients were asked about how they rate advice given from the pharmacist 79.3% of respondents rated the way advice was communicated as Very Good, 77.4% rated the relevance of the advice as Very Good and 77.4% rated the overall usefulness of the advice as Very Good.

From the dispensing doctor survey when asked about other pharmaceutical services provided by the dispensary, 4 of the 17 respondents mentioned Dispensary Reviews of Medicines (DRUMs). Dispensing GPs are able to provide DRUMs (Dispensing review of Use of Medicines) described as a review of how a patient is using their prescribed medicines, looking at compliance and concordance.[41]

[41] https://www.dispensingdoctor.org/news/dda-publishes-guide-drum-mur-nms/

The Community Pharmacy Clinical Services Review (The 'Murray report', 2016)[42] recommends that "the MURs element of the pharmacy contract should be re-designed to include on-going monitoring and regular follow-up with patients as an element of care pathways". The report proposes that MURs evolve into full clinical medication reviews for patients with long term conditions and/or multiple morbidities.

6.8.1.1 Conclusion for MURs

MURs are considered a relevant service. A large proportion of the community pharmacies within Warwickshire provide MUR services. Data regarding geographical distribution of the service would support further assessment of equity of provision. There may be potential for an increased delivery of MURs across the county to support patients with their long term conditions.

Results of the public survey show that many Warwickshire residents are aware and satisfied with this service. Dispensing doctors can provide DRUMs which are like MURs; designed to improve the patients understanding of their medicines and raises any issues with the appropriate healthcare professional.

6.8.2 New Medicines Service (NMS)

This service provides support for patients with long term conditions who have been newly prescribed a medicine in order to help improve patient medicine adherence. It is initially focused on particular patient groups and conditions.

The pharmacist will provide the patient with information on their new medicine and how to use it when it is first dispensed. The second stage involves the pharmacist and patient to meet or speak again by telephone in around a fortnight, meaning that the patient has met with the pharmacist on two separate occasions before their review at 4 weeks with the GP. The pharmacist will discuss with the patient how they are getting on with their new medication. Further information and advice on the use of the medicine will be provided and where the patient is experiencing a problem the pharmacist shall seek to agree a solution with the patient. A final consultation (typically 21-28 days after starting the medicine) will be held to discuss the medicine and whether any issues or concerns identified during the previous consultation have been resolved. If the patient is having a significant problem with their new medicine the pharmacist may need to refer the patient to their GP. The NMS is conducted in a private consultation area which ensures patient confidentiality. Since the introduction of the NMS in October 2011, more than 90% of community pharmacies in England have provided it to their patients.

The optimal use of appropriately prescribed medicines is vital to the management of long term conditions, which are a key priority in Warwickshire's JSNA. The pharmacist is fundamental to this service as they can intervene and offer support and advice to patients who are newly prescribed a medicine that will be used to manage a long term condition.

[42] Murray R. 'Community Pharmacy Clinical Services Review' The Kings Fund. (December 2016) Page 18. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/12/community-pharm-clncl-serv-rev.pdf

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year.

Mean number of NMS per pharmacy in 2015/16

Area	Total NMS 2015/16	Mean number of NMS/pharmacy in 2015/16
West Midlands	544073	555
England	1237651	106
Warwickshire	**6006**	**57**
Coventry	5708	63

*Excludes DACs and DSPs Source: NHS Digital and NHS Business Services Authority
** Data from 2016/17 will be available in the final report

Warwickshire is performing just below the West Midlands and national average mean number of NMS per pharmacy.

Warwickshire pharmacies dispense on average 7232 items per month based on NHS Digital data for 2015/16. This indicates that as per the NMS targets of 20%, 84 NMS' need to be completed each year. To achieve a 100% target, 420 NMS' need to be completed each year. Warwickshire pharmacies completed 57 NMS per year in 2015/16. This equates to approximately 5 NMS per month per pharmacy (the 20% target is 7).[43]

Within Warwickshire, the results of the pharmacy contractor survey identified that 85 of the 88 respondent pharmacies (96.6%) provide this service, with a further 2 (2.3%) intending to offer this service within the next 12 months. 1 pharmacy (1.1%) refers elsewhere. . There is therefore scope for community pharmacies to do more NMS consultations to help tackle the long term conditions part of the JSNA and STP strategy. Non-adherence to prescribed medicines in patients with long term conditions is often a hidden problem and ends up costing the NHS a great deal in the long term.

The results from the public survey demonstrated 74.4% patients are aware of this service and 76.4% of respondents said they were very satisfied and satisfied with the service.

6.8.2.1 Conclusion for NMS

NMS is considered a relevant service.

Provision of the service is considered to be adequate but could be improved. There is potential for the service to be accessed by more people, particularly in target populations (such as cardiovascular and respiratory disease) and those pharmacies that do not currently provide NMS should be encouraged to do so. Data regarding geographical distribution of the service would support further assessment of equity of provision.

[43] https://psnc.org.uk/funding-and-statistics/funding-distribution/advanced-service-payments/

6.8.3 Appliance Use Reviews (AUR)

This particular service can be carried out by a pharmacist or a specialist nurse, in the pharmacy or at a patient's home, if more convenient. Similar to the MUR service, the AURs should serve to improve the patient's knowledge and use of any 'specified appliance' by:

- establishing the way the patient uses the appliance and the patient's experience of such use
- by identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

From these figures it is apparent that there is still a gap in the provision of the AUR service.

Area	Community pharmacy and appliance contractors providing AURs	% providing AURS	Total AURS per community pharmacy and appliance contractor
England	140	1.20	37,807
West Midlands	15	1.50	1,666
Warwickshire	**0**	**0**	**65**
Coventry	2	2.0	16

*Excludes DACs and DSPs Source: NHS Digital and NHS Business Services Authority

According to the data above there are 65 AURs conducted by providers in Warwickshire, none of these from pharmacy contractors. However, Warwickshire residents may be receiving AURs from other national providers of appliances/AURs. It should be noted that in general, most AURs are conducted by non-pharmacy appliance contractors and that there are zero of these appliance contractors in Warwickshire.

The 2015 PNA identified that 15% of pharmacies conducted AURs. Results from the pharmacy contractor for this PNA show that 11.4% (10/88) of pharmacies offer AURs. A further 8 (9%) pharmacy contractors do intend to offer the appliance use review service within the next 12 months. 15 pharmacies (17.1%) are not intending to provide the service and 55 pharmacies (62.5%) say that they refer elsewhere.

Whilst an ageing population can be thought of as positive, reflective of improved healthcare, this is also perhaps an indicator that patients will require greater access to AUR services in the future. Commissioners should monitor if the current number of providers in Warwickshire is sufficient to meet demand.

Results from the public survey show that more than half of patients were not aware they could receive advice from their local pharmacy around appliance use. It is unclear how well advertised the AUR service is to those who may benefit; without knowing this, or the demand for such a specialist service, it is not possible to determine if the service is reaching those that could benefit.

6.8.3.1 Conclusion for AURs

AURs are considered a relevant service. Demand for the AUR service is lower than for other advanced services due to the much smaller proportion of the population that may be targeted.

NHS BSA data shows community pharmacy contractors completed fewer AURs in 2015/16 relative to the national average. No current gaps in provision have been identified based on the information available. Geographically, location for the provision of these services could be looked further, as more pharmacies could offer these services in areas of the county that have an older age population.

Warwickshire residents may be receiving AURs from other national providers of appliances/AURs. The demands of the services should be assessed continually based on service models and demographic changes.

6.8.4 Stoma Application Customisation (SAC)

The service involves customisation of a quantity of more than one stoma appliance, based on the patient's measurements or template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

The pharmacy contractor survey results identified that out of the 88 respondent pharmacies, SAC is accredited in 5 pharmacies (5.7%), with a further 9 (10.2%) proposing to provide this service within the next 12 months. 16(18.2%) stated that they are not intending to provide the service and 58(65.9%) refer elsewhere. In order to provide this service, certain criteria must be fulfilled – one of the main being the service must be provided from an 'acceptable location' meaning

- an area within the pharmacy that is distinct from the public area;
- is clearly designated as a private area whilst the service is being provided;
- is suitable and designated for the retention of the appropriate equipment for customisation;
- is suitable and designated for modification of the appliances; and
- that it is suitable for the volume of customisation being undertaken at any given time

The pharmacy contractor survey has a specific section for premises and facilities. Results from the survey found that overall the facilities and consultation areas provided within community pharmacies in Warwickshire were adequate. Feedback from pharmacy contractors revealed that the community pharmacy consultation areas had good characteristics with all 88 (100%) of respondents holding consultations within a closed room. The 2015 Warwickshire PNA found also found that a smaller proportion of contractor provided SACs (16% of pharmacies) but mentioned that demand for the service will be much lower.

Area	% community pharmacy contractors providing SAC	Total SAC
England	14	1237651
West Midlands	14	544073
Coventry	12	325
Warwickshire	12	306

*Excludes DACs and DSPs Source: NHS Digital and NHS Business Services Authority

When comparing Warwickshire with the rest of the West Midlands and the England average, the county has a lower mean number of SACs reviews shown in the table. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require these services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. People receiving stomas may also access a stoma nurse from secondary care for advice or guidance regarding their stoma.

6.8.4.1 Conclusion for SACs

SACs are considered a relevant service.

Demand for the SAC service is lower than for other advanced services due to the much smaller proportion of the population that may be targeted.

NHS BSA data shows community pharmacy contractors completed fewer SACs in 2015/16 relative to the national average. No current gaps in provision have been identified based on the information available. Geographically, location for the provision of these services could be looked further, as more pharmacies could offer these services in areas of the county that have an older age population. Warwickshire residents may be receiving SACs from other national providers of stomas. The demands of the services should be assessed continually based on service models and demographic changes.

6.8.5 Seasonal Influenza (Flu) Vaccination

The provision of this service which is commissioned by NHS England first commenced as a national service in September 2015, with a locally commissioned service in place from 2012/13. Public Health England and NHS England has confirmed that the Seasonal Influenza Vaccination Advanced Service will continue in 2017/18. The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service. The aims of national influenza vaccination programme are to sustain uptake of flu vaccine by building the capacity of community pharmacies as an alternative to general practice, to provide more opportunities and improve convenience for eligible patients to access flu vaccinations and to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

Each year the NHS and local authority runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. These include people aged 65 years and over, pregnant women and those with certain health conditions.

Results from the pharmacy contractor survey show that there are currently a total of 70 (79.6%) community pharmacies that provide seasonal flu vaccinations in Warwickshire.

All Pharmacy contractors can choose to provide the Flu vaccination service but this will not be a condition of their inclusion in the pharmaceutical lists as these services are commissioned by the local authority and are not therefore enhanced services.

Results from the public survey show that 77% of patients are aware of the flu jab service and over half (57.1%) of patients are very satisfied and satisfied with the service.

6.8.5.1 Conclusion for Flu Vaccination service

Flu vaccination is considered a relevant service.

There is adequate provision of this service in Warwickshire; however data regarding geographical distribution of the service would support further assessment of equity of provision.

The Flu service is also accessible from GPs and other Healthcare providers. Pharmacies in Warwickshire should continue to be encouraged to provide the flu vaccine. Flu immunisation is a cost effective health protection intervention, which supports the prevention of the spread of infectious disease, reducing illness and complications of flu, which, although a mild illness in most, can be fatal.

6.8.6 NHS Urgent Medicines Supply Advanced Service (NUMSAS)

In December 2016, the Department of Health (DoH) commissioned a national NHS Urgent Medicine Supply Advanced Service (NUMSAS) **pilot** as part of the wider Quality Payments Scheme (QPS) changes to the Community Pharmacy Contractual Framework (CPCF). The NUMSAS pilot service commenced on 1st December 2016 and will run until 31st March 2018.

As part of the NHS 111 pathway, the NUMSAS service is available to patients who have been directly referred to a pharmacy via NHS 111 and not to patients who self-present at the pharmacy without referral. Fundamentally the NUMSAS service allows a pharmacist to supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM in an emergency situation and at the request of a patient via NHS 111 telephone service. The aim is to manage more efficiently the approximate 200,000 calls per year to NHS 111 for urgent repeat prescription medications. These calls normally default to a GP out of hour's appointment to arrange an urgent prescription and as a result, block access to GP appointments for patients with greater clinical need and it will route patients away from A&E who might otherwise attend to request urgent medicines. The aim of the NUMSAS service is to reduce the burden on urgent and emergency care services to ensure patients have access to the medicines or appliances when needed. NUMSAS focusses on the handling of urgent medication requests and offers an avenue by which NHS 111 requests for urgent medicine supply can be managed appropriately. The NUMSAS service can resolve problems leading to patients running out of their medicines and increase awareness of electronic repeat dispensing.

6.8.6.1 Pharmacy survey results

Results from the pharmacy contractor survey showed that 21 pharmacy contractors (23.9%) stated that they provide this service. This is understandably low as this is relatively still a new service. However, 32 pharmacies (36.4%) are intending to begin this service within the next 12 months.

6.8.6.2 Quality Payment Scheme April review point data

Currently it can be seen that 21 pharmacy contractors in Warwickshire are registered to provide the NUMSAS service. Local LPCs in conjunction with HLP Public Health specialists have engaged with community pharmacies since the initiation of the QPS scheme to encourage community pharmacies to adopt the quality based aspects of the CPCF. The local LPC have been vital in increasing the uptake of the NUMSAS service.

6.8.6.3 Public survey results

Results from the public survey show that 61.8% are aware that they can get an emergency supply of medication from the pharmacy when they run out. Over half (65.4%) of patients are very satisfied or satisfied with this service.

6.8.6.4 Conclusion for NUMSAS

NUMSAS is considered a relevant service.

Provision of this service is available from 21 community pharmacies in Warwickshire. Evaluation of the pilot NUMSAS service in terms of; referral rates to community pharmacy and impact on GP OOH appointments for urgent repeat prescription requests is necessary, before an assessment of adequacy of provision can be made.

6.8.7 Pharmacy premises facilities and consultation areas

The provision of Advanced Services is linked to the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey**.**

In addition, The Disability Discrimination Act 1995, replaced by the Equality Act 2010, sets out a framework that requires providers of goods and services, not to discriminate against persons with a disability. It is expected that the pharmacy would make reasonable adjustments, if this is what is needed in order to allow the person to access the service.

The presence of consultation areas in many pharmacies presents an opportunity to commission pharmacies in new and potentially exciting ways to deliver new services. In some respects this is already happening through commissioning enhanced and other locally commissioned services**.**

From the pharmacy contractor survey results, out of 88 pharmacies that responded it can be said that 84 (95.5%) have a consultation area and provide good facilities to carry out confidential consultations with patients. 71 (80.7%) of these have wheelchair access and 13 (14.8%) do not have wheelchair access.

The results of the pharmacies that had consultation areas also concluded that all 88 consultation areas are a closed room facility (100%) allowing privacy and that at least 60 (71.4%) provide hand washing facilities within the room.

6.9 Quality Payments Scheme

The CPCF introduced a new scheme for 2017/2018 called the Quality Payments (QP) scheme. In order to access the additional funding available through the QP, pharmacies need to achieve the following:

- Provision of one specified Advanced service
- The NHS Choices entry for the pharmacy must be up to date;
- Pharmacy staff at the pharmacy must be able to send and receive NHS mail; and
- The contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service (EPS) at the pharmacy premises.

Pharmacy contractors will then receive additional payments for achieving a range of criteria under the domains: **patient safety, patient experience, public health, digital, clinical effectiveness** and **workforce.** There are two review dates during the year at which pharmacies can claim for quality payments. Results from contractor declarations in April 2017 have been analysed and are presented below.

6.9.1 NHSBSA Data at April 2017 QPS Review Point

The NHSBSA has published the declaration data for the April 2017 review point of the Quality Payment Scheme.[44]

6.9.1.1 Gateway Criteria

- 91.9% (102/111) of pharmacies in Warwickshire have met the essential Gateway criteria for QPS.
- Of those pharmacies that meet the gateway criteria in April 2017;
    - 102 pharmacies in Warwickshire that met the Gateway criteria (100%) provide MURs.
    - 101 (99%) that met Gateway criteria are accredited to provide NMS.
    - 21 of 102 (20.6%) that met Gateway criteria are registered to provide NUMSAS.

6.9.1.2 Quality Domains

- 53.9% (55/102) pharmacies reported that they had they had **written a safety report** at premises level available for inspection at review point, covering analysis of incidents and incident patterns evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
- 92.2% (94/102) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 **safeguarding** status for children and vulnerable adults in the last two years.
- 88.2% (90/102) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire (**CPPQ**) was available on the pharmacies NHS choices page.
- 24.5% (25/102) pharmacies reported that they were a **Healthy Living Pharmacy** – Level 1 (self-assessment).
- 93.1% (95/102) reported that they had increased access to their **Summary Care Records** over two given time periods

[44] http://psnc.org.uk/services-commissioning/essential-services/quality-payments/quality-payments-scheme-statistics/

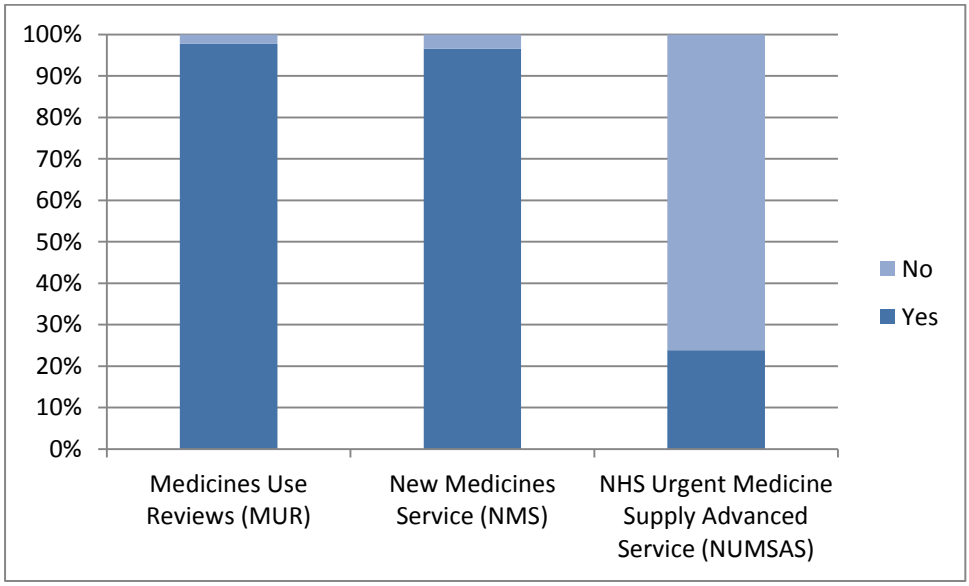
- 100/102 (98.0%) pharmacies reported that their entry on the NHS 111 **Directory of Services** was up to date at the time of survey.
- 90.2% (92/102) pharmacies reported that on the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an **asthma review**.
- 96.1% (98/102) pharmacies reported that 80% of their staff working within the pharmacy were **Dementia Friends**.

6.9.2 Pharmacy Survey QPS declarations

6.9.2.1 Gateway Criteria

- There were a total of 88 responses to the survey for Warwickshire pharmacies. 74 respondents to the pharmacy survey (84%) met the essential criteria.
- 86 (97.7%) pharmacy survey respondents have an up to date NHS Choices entry
- 71 (80.7%) pharmacy survey respondents used NHS Mail
- 88 (100%) pharmacy survey respondents are Electronic Prescription Service Release 2 enabled
- 86 (97.7%) respondents provide MURs, with the remaining 2 (2.3%) intending to begin within the next 12 months.
- 85 (96.6%) respondents provide NMS, with 2 (2.3%) intending to begin within the next 12 months, and 1 respondent refer elsewhere (1.1%).
- 21 (23.9%) respondents provide NUMSAS with 32 (36.4%) intending to begin within the next 12 months. 10 respondents (11.4%) do not intend to provide NUMSAS, and 25 (28.4%) selected that they refer elsewhere.

Figure 13: Advanced services provided by pharmacies from pharmacy survey responses

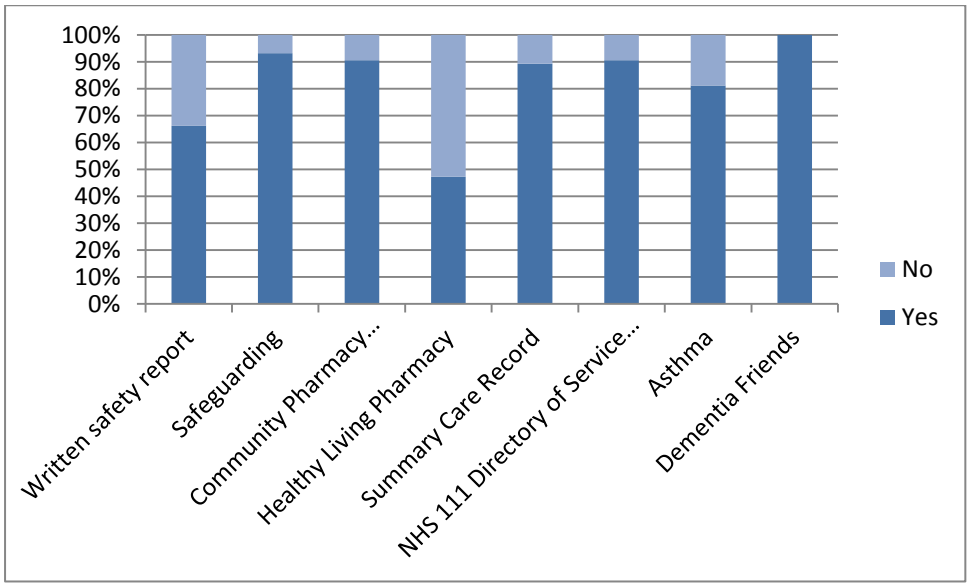


6.9.2.2 Quality Domains

74 out of the 88 respondents to the pharmacy survey were eligible to respond to the quality criteria section of the survey.

- 49 (66.2%) pharmacies reported that they had they had written a safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts.
- 69 (93.2%) pharmacies reported that 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years.
- 67 (90.5%) of pharmacies reported that the results from the last 12 months of the Community Pharmacy Payment questionnaire was available on the pharmacies NHS choices page.
- 35 (47.3%) of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment).
- 66 (89.2%) pharmacies reported that they had increased access to their Summary Care Records over two given time periods.
- 67 (90.5%) pharmacies reported that their entry on the NHS 111 Directory of Services was up to date at the time of survey.
- 60 (81.1%) pharmacies reported that on the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.
- 74 (100%) pharmacies reported that 80% of their staff working within the pharmacy were Dementia Friends.

Figure 14: Quality Criteria: Achievement from pharmacy survey responses



6.10 Healthy Living Pharmacies (HLPs)

The Healthy Living Pharmacy (HLP)[45] is a tiered commissioning framework which was developed by the Department of Health. Pharmacies meeting the gateway criteria of the QPS scheme are able to receive payment for achieving HLP status – one of the QPS quality domains.

The services provided as part of HLP are tailored to meet local health needs and build on the existing core pharmacy services with a series of enhanced services at three different levels of engagement:

- **Promotion (Level 1)**
- **Prevention (Level 2)**
- **Protection (Level 3)**.

These levels of engagement reflect local health need and increasing capability within the pharmacy to deliver. HLPs aim to improve the health and wellbeing of the local community and help to reduce health inequalities by delivering a broad range of high quality public health services to meet local health needs.

In July 2016 the Pharmacy and Public Health Forum, accountable to Public Health England, developed a profession-led self-assessment process for level 1 HLPs, based on clear quality criteria and underpinned by a proportionate quality assurance process. "*Achieving level 1 Healthy Living Pharmacy status will require pharmacies to adopt a pro-active health promoting culture and environment within the pharmacy, with all the requirements of the quality criteria satisfied. These include understanding local public health needs, creating a health and wellbeing ethos, team leadership, communication, community engagement and having a health promoting environment*."[46]

In terms of what patients or customers can expect from a HLP, the Pharmaceutical Services Negotiating Committee (PSNC) states that: "*The public will feel the difference when entering an HLP; the Health Champion and other staff may proactively approach them about health and wellbeing issues and will know about local services for referral or signposting. If a health trainer service exists locally then Health Champions can extend their reach. There will be a health promotion zone and there should be a health promotion campaign running linked into local priorities and health needs*."

6.10.1 HLP Gateway Requirements

The stipulations below are gateway requirements which must be met before a pharmacy can be registered as an HLP:

- The pharmacy has a consultation room which is compliant with the Advanced Services standards and is appropriate for services on offer.
- In the past year, the pharmacy has participated in the provision of both Medicines Use Reviews (MURs) and the New Medicine Service (NMS), and has proactively engaged in health promoting conversations
- In the past year, the pharmacy has participated in the provision of the NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service (FLU) or has actively referred patients to other NHS providers of vaccinations

[45] http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/
[46] PSNC Briefing. 'Healthy Living Pharmacies: Information for Local Authorities' (May 2015) Available at: http://psnc.org.uk/wp-content/uploads/2013/08/LA_HLP_briefing_May2015.pdf

- The pharmacy complies with the General Pharmaceutical Council's Standards for Registered Premises and Standards of Conduct, Ethics and Performance; and
- The pharmacy complies with the NHS Community Pharmacy Contractual Framework (CPCF) requirements.

A pharmacy can only be considered as an HLP if it is already meeting all the contractual requirements for essential and advanced Services provided within the pharmacy contract. To qualify for HLP status, a pharmacy must also meet a set of agreed criteria:

- Consistently deliver a broad range of health and wellbeing services to a high quality.
- Promote healthy living & wellbeing as core activity.
- Support a team that is proactive in promoting health & wellbeing and the community's health at the centre of what it does.
- Staff meet locally agreed training and accreditation requirements to provide customers with health and wellbeing advice. They will signpost patients to community pharmacy services and other services where appropriate.
- Is identifiable to the public and other healthcare professionals

6.10.2 HLP Framework

The HLP framework is underpinned by three enablers[47]:

- **Workforce development** – a skilled team to pro-actively support and promote behaviour change.
- **Premises** that are fit for purpose
- **Engagement** with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities

From the April QPS review point it can be seen that 25/102 of pharmacies reported that they were a Healthy Living Pharmacy – Level 1 (self-assessment). Information provided by the LPC in November 2017 shows that there are 67.6% (75/111) pharmacies in Warwickshire accredited as HLPs.

Atherstone in Practice Pharmacy was the first pharmacy in Warwickshire to achieve the Level 1 Healthy Living Pharmacy. The main reason this pharmacy became 'the first' is due to their commitment and enthusiasm for HLP; every staff member has been involved from day one and the campaigns they have been running have been excellent; they have identified opportunities for further health promotion; evidently have a great relationship with their GPs and other healthcare professionals, and are making a difference to their community by engaging patients in conversation around health and wellbeing.

There are opportunities for new services to be developed and commissioned based on local health needs from HLP pharmacies; the framework is not restrictive. Evaluations [48] [49]of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quit rates, extensive delivery

[47] http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies/
[48] University of Bradford. 'Evaluation of the West Yorkshire Healthy Living Pharmacy Programme' (Jan 2016). Available at: http://www.cpwy.org/doc/973.pdf
[49] Mohan L, McNaughton R & Shucksmith J. Teeside University. 'An Evaluation of the Tees Healthy Living Pharmacy Pilot Scheme' (2013) Available at: https://www.networks.nhs.uk/nhs-networks/hlp-pathfinder-sites/messageboard/hlp-forum/358672516/600199395/healthy-living-pharmacy-electronic-3-pdf

of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services.

6.11 Enhanced and Locally Commissioned Services

The third set of pharmaceutical services as per the CPCF that can be provided from pharmacies are Enhanced Services and Locally Commissioned Services. These services can only be referred to as Enhanced Services if they are commissioned by NHS England. Local services commissioned by CCGs or local authorities are referred to as locally commissioned services.

These services are commissioned to meet an identified need in the local population and pharmacies can choose whether to provide these services.

6.11.1 Sexual Health Services

Community Pharmacy sexual health services in Warwickshire are designed to improve access to key treatments including emergency hormonal contraception ("the morning after pill") and treatment for chlamydia infection. Providers of sexual health services also encourage clients to access mainstream contraceptive services and provide education on available contraception and the prevalence of sexually transmitted diseases.

Warwickshire County Council Public Health commission a total of 49 pharmacies to provide the sexual health services in Warwickshire.

Supply of emergency hormonal contraception (EHC)

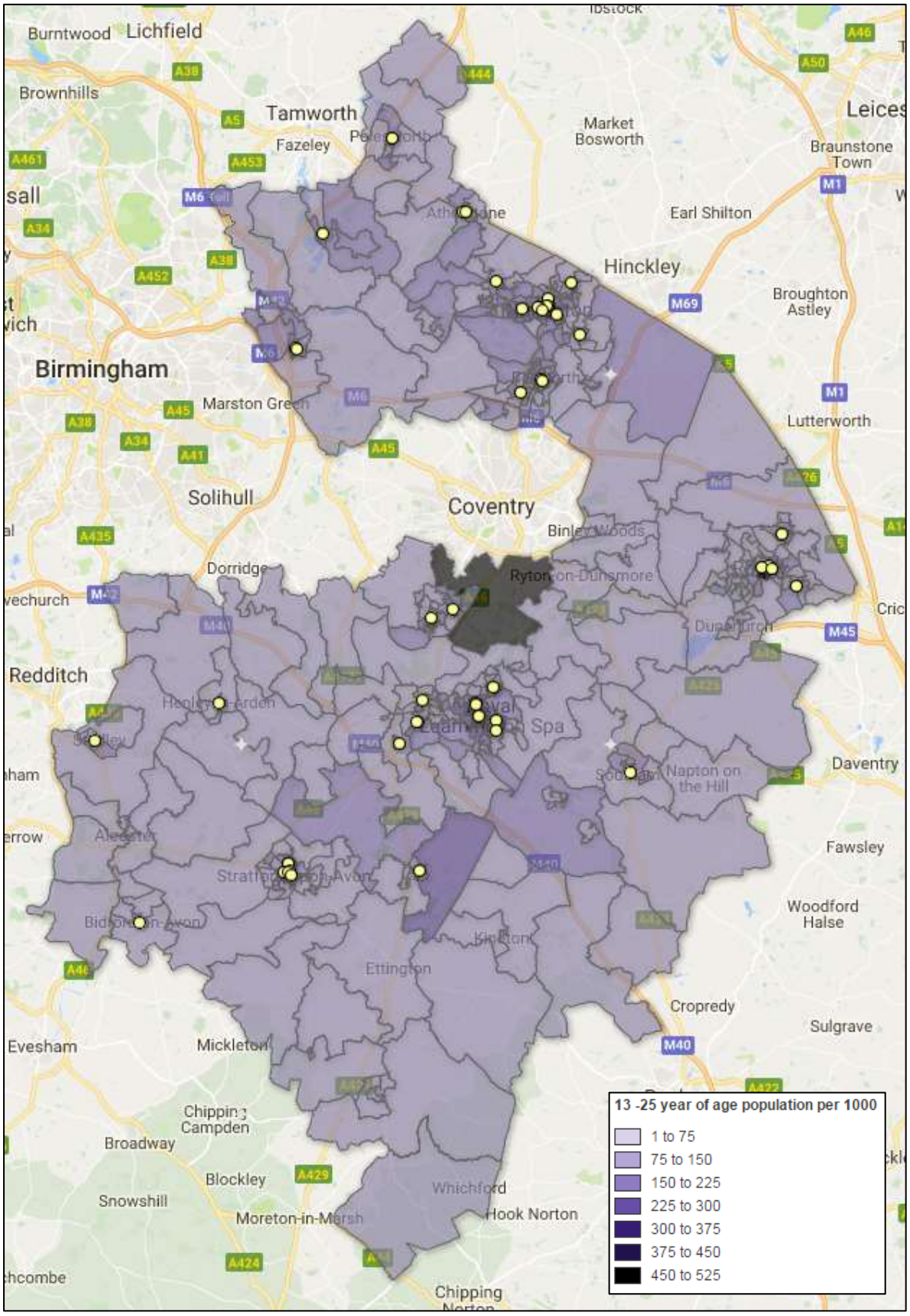
The service allows a client of any age to choose to attend an accredited Warwickshire pharmacy (operating within the parameters of a service level agreement and a current EHC PGD) to obtain EHC. Client privacy is of utmost importance, and the selection of each pharmacy will have been based on the assurance that they use approved private counselling area that complies with the requirements for provision of Advanced services under the National Pharmacy Contractual Framework.

Chlamydia screening and treatment

The service offers access to the National Chlamydia Screening Programme by providing local additional outlets where people can access chlamydia screening (rather than other agencies such as family planning clinics or GP surgery) and, if deemed appropriate access to treatment of Chlamydia infection.

In addition all clients below the age of 25 years old requesting provision of EHC from the pharmacy are also offered screening for chlamydia, along with appropriate counselling and support to encourage them to submit the test kit for analysis.

Figure 15: the location of pharmacies offering sexual health services mapped over population aged 13-25 years old.



In terms of geographical provision, there are pharmacies offering sexual health services in central areas of Nuneaton and Bedworth, Rugby and Warwick. There is provision in North Warwickshire, albeit not as concentrated to central areas. Furthermore, Stratford on Avon has provision in Stratford and Bidford. The southern areas of Stratford-on-Avon are not populated by pharmacies offering sexual health services, however these areas are less densely populated. It is also probable that young people prefer to access Sexual Health services outside of their immediate community and where a greater level of anonymity is available.

In addition, it should also be noted that there are integrated sexual health service clinics which offer advice on sexual health, contraception and full sexually transmitted infection (STI) testing including chlamydia. Sexual Health Warwickshire cover the whole of Warwickshire including more rural communities. More information is available here: http://www.sexualhealthwarwickshire.nhs.uk/

In addition, pharmacies have the option of providing EHC privately by charging a patient and these will not be included in this report.

Pharmacies commissioned to provide the sexual health services appear to be well located, in areas where the population of women aged 13 to 25 are higher, which is particularly important for the Chlamydia screening services.

According to the pharmacy contractor survey 44 pharmacies out of 88 respondents (50%) to the contractor survey provide sexual health services with 21 (23.9%) intending to begin within the next 12 months.

The public survey revealed that within Warwickshire, 158 people (53.6%) were aware of sexual health services provided by pharmacies. Out of 48 respondents to the question regarding satisfaction with the Sexual Health service, 23 (47.9%) selected Very Satisfied, 9 (18.8%) selected Satisfied, and 15 (31.3) selected neither satisfied nor dissatisfied. 1 person (2%) selected Dissatisfied.

6.11.1.1 Conclusion for Sexual Health services

Sexual health services are viewed as relevant service.

The Sexual Health services (EHC and chlamydia screening and treatment) has adequate levels of provision; pharmacies providing this service are well located across areas of deprivation and where the population of 13-25 year olds is relatively high in the county.

6.11.2 Substance Misuse Services

There are two services commissioned for the management of drug action services; needle exchange and supervised consumption.

Warwickshire County Council have tendered out the needle exchange (NEX) and supervised consumption service to Addaction, as part of the Recovery Partnership in Warwickshire. Addaction are responsible for receiving activity data and remunerating the pharmacy based schemes for delivering needle and syringe programmes. Addaction are also responsible for the day to day running of the scheme.

Post 2017 we anticipate it is likely the NEX and supervised consumption service in Warwickshire will continue to be commissioned. There will be a review of all drug action services commissioning activity between now and then, however the outcomes of the review cannot be predicted for the purpose of this PNA.

Needle Exchange

25 pharmacies provide the needle exchange service in Warwickshire.

Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users.

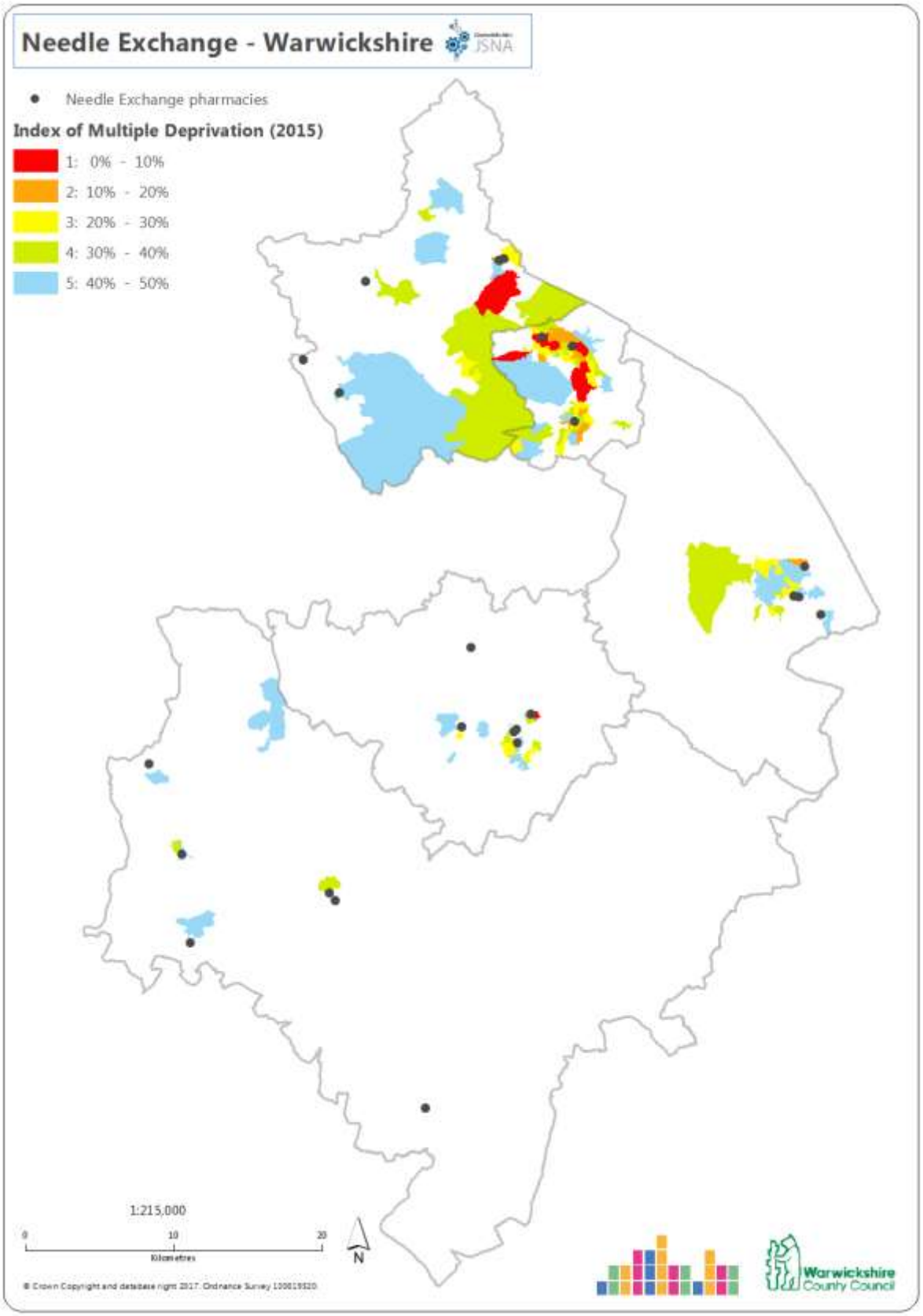
It aims to:

· Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV by providing sterile injecting equipment and safe disposal of used injecting equipment

· Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population. Community pharmacies aid with this as they arrange provision of the exchange packs and associated materials and provide a clinical waste disposal service.

Figure 16: the location of pharmacies offering the Needle Exchange service mapped over Indices of multiple deprivations in Warwickshire



The map shows that pharmacies commissioned to provide the service appear to be well located with respect to the most deprived areas of Warwickshire. There is a greater provision in the north of the county, in Nuneaton and Bedworth, which has the highest levels of deprivation in the county.

There is no needle exchange provision from pharmacies in south east of the Stratford on-Avon district, however these areas are rural and less deprived but consideration should be given to have pharmacies that offer this service in these areas. It is however difficult to know exactly where to target such services since this population are often transient and so reporting of needle use or needles discarded may not correspond to where people want to access the service.

It should be noted that non-pharmacy providers throughout Warwickshire provide Substance Misuse services that include supervised consumption and needle exchange. Any planned increases in service provision should therefore take these providers into account.

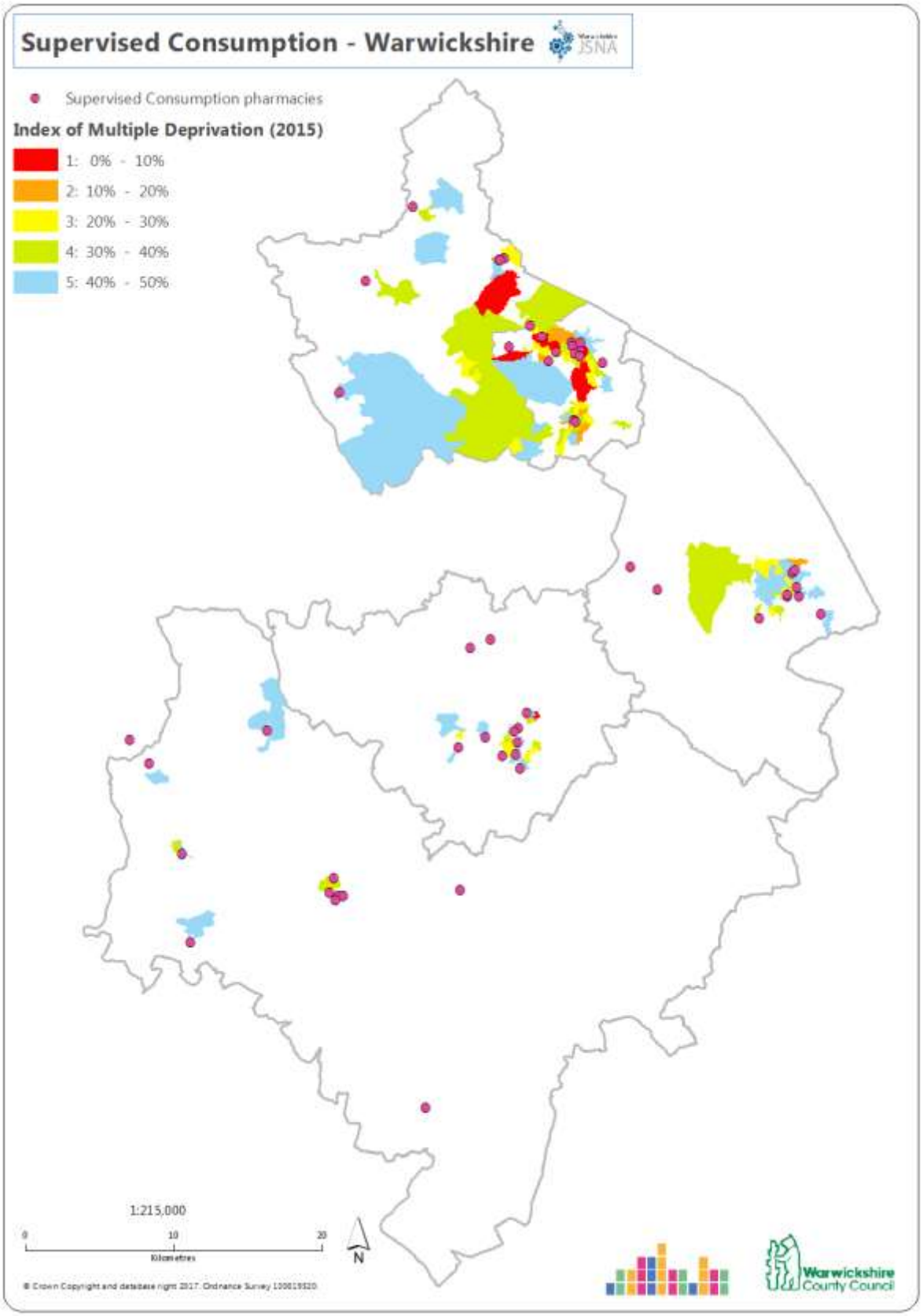
Supervised Consumption

The supervised consumption service provides access to substitute therapy with methadone or buprenorphine for people with an opiate addiction, via direct supply through community pharmacies. This service involves the pharmacist to physically witness and supervise the consumption of the prescribed medicines at the point of dispensing in the pharmacy against a valid prescription.

The overall aims of pharmacy services to drug users are to assist the service user to remain healthy, reduce risk, and provide service users with regular contact with a healthcare professional and help them access further advice or assistance. These are considered necessary services and pharmacies can be act as an important primary access point for these service users. The service reduces the risk of drug-related death during the induction and titration stages of treatment, but also prevents diversion of prescribed medication. This service ensures frequent (usually daily) contact between the service user and the pharmacist especially during the early and more chaotic stages of treatment. This also allows the opportunity to monitor patients closely.

In Warwickshire, a total of 56 pharmacies provide supervised consumption.

Figure 17: The location of pharmacies offering the supervised consumption service mapped over Indices of multiple deprivations in Warwickshire.



The map shows that pharmacies commissioned to provide supervised consumption appear to be well located with respect to the most deprived areas of Warwickshire. There is a greater provision in the north of the county, in Nuneaton and Bedworth, which has the highest levels of deprivation in the county.

It should be noted that non-pharmacy providers throughout Warwickshire provide Substance Misuse services that include supervised consumption and needle exchange. Any planned increases in service provision should therefore take these providers into account.

According to the pharmacy contractor survey 56 of 88 (63.6%) provide supervised consumption and 7 (8%) are intending to begin within the next 12 months.

6.11.2.1 Conclusion for Substance Misuse services

Substance Misuse services are considered relevant services.

The Supervised Consumption and Needle Exchange services have adequate levels of provision. Pharmacies are well located across areas of deprivation to provide both services.

6.11.3 Smoking Cessation Service

The Stop Smoking Service is one where pharmacies provide support and advice to people who want to give up smoking. The delivery for the service helps reduce levels of smoking-related illness, disability, premature death, and health inequality.

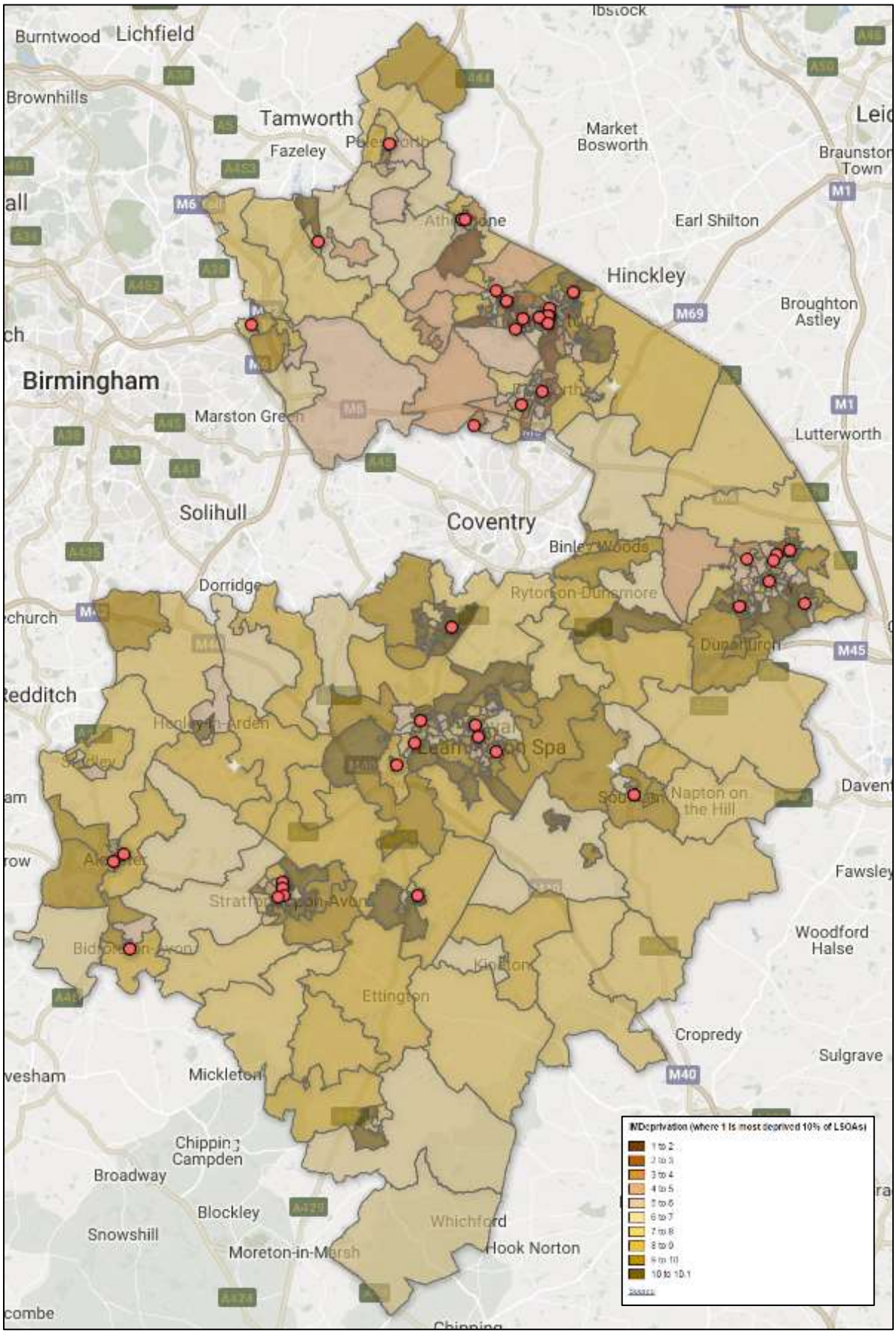
The aims of the service are:

- support the development of stop smoking services outside of GP surgeries.
- enable supply of nicotine replacement therapies by appropriately trained non- physician health care professionals.
- enable non-health care professionals who are offering intensive support to smokers to access nicotine replacement therapy as part of the support package.

In Warwickshire, the smoking cessation service is commissioned by Warwickshire County Council. The service involves the provision of behavioural support and pharmacotherapy delivered via a time-limited intervention to support people who smoke to successfully and permanently stop smoking. Progress is then assessed after 4 weeks. The monitoring criteria and procedures are taken from the "National Centre Smoking Cessation Training (NCSCT) Guidance for Local Stop Smoking Services, 2014". Any interventions are delivered by a stop smoking advisor, who has received stop smoking service training one-to-one and/or group support and NCSCT. There are also specialist services for pregnant women.

Smoking remains one of the largest contributors to avoidable mortality; the stop smoking service is therefore considered necessary. This service is offered in 43 pharmacies in Warwickshire according to the commissioners. Most people who smoke are from poorer socio-economic groups. People living in the most deprived areas are more likely to smoke than those living in the least deprived areas. Therefore pharmacies in Warwickshire offering the stop smoking services have been mapped against indices of multiple deprivation.

Figure 18: Pharmacies offering Smoking Cessation over Indices of Multiple deprivation in Warwickshire



Provision of smoking cessation service across the county is generally sufficient for the population and from the map it can be said that pharmacies offering this service are well located across areas of deprivation. There are some gaps in provision towards the south of the county however these areas are least deprived and less populated. Consideration should be made to make Smoking Cessation services from pharmacies available within these areas.

Despite these gaps there is access to GPs who are the other major provider of smoking cessation advice within Warwickshire, which may be sufficient to fill the need (see Figure 5). For example, Shipston Medical Centre in Shipton-on-on-Stour provides smoking cessation advice and can possibly meet the need towards the south of the county. Current service provision is therefore considered to be adequate.

Pharmacy contractors survey showed that 33 of 88 (37.5%) of respondents pharmacy's provide the smoking cessation service and 19 (21.59%) are intending to begin within the next 12 months. 40 of the 88 respondent pharmacy contractors (45.5%) state they supply NRT and 17 (19.3%) are intending to supply in the next 12 months.

Results from the public survey showed that the stop smoking service was one of the most recognised services among respondents (77.7%).

Out of the 55 people that responded to the question about satisfaction with the Smoking Cessation service 32 (58.2%) selected Very Satisfied, 7 (12.7%) selected Satisfied, 16 (29.1%) Neither satisfied nor dissatisfied. 0 people selected the options Dissatisfied or very Dissatisfied.

6.11.3.1 Conclusion for Smoking Cessation service

Smoking cessation is considered a relevant service.

The Smoking Cessation service has adequate levels of provision; pharmacies are well located across areas of deprivation. Results from the public survey showed that the service was one of the most recognised services among respondents (77.7%) and levels of satisfaction are high.

6.12 Improvements and Other Commissioned Services in the future

There are opportunities to develop the contribution of community pharmacies further. Services are being offered in other health and wellbeing areas that are not currently commissioned from Warwickshire community pharmacies to include:

- Testing for Hepatitis B and Hepatitis C and vaccination against Hepatitis B in community pharmacies are opportunities that could potentially be explored and piloted if it seems feasible to put the necessary systems in place. The aim of such an initiative would be to facilitate access to services and thereby provide earlier diagnosis and/or protection, in a group that is both at high risk and hard to reach.
- Pharmacies in Warwickshire could deliver outreach NHS Health Checks as part of a pilot service. The NHS Health Check is a health check-up designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, in adults in England aged 40-74 without a pre-existing condition.

- Community pharmacies all participate in six public health promotion campaigns each year, as part of their national contract. Further opportunities exist to encourage healthy behaviours such as maintaining a healthy weight and taking part in physical activity such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures.
- Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc.
- Pharmacy providers are also involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.
- In addition, pharmacies could under a Patient Group Directions (PGDs) advise and provide immunisation to protect patients from diseases or blood-borne viruses.

There is currently a wide variation in services commissioned on a local level from community pharmacy. There are opportunities for local service commissioning to assist in providing effective, integrated healthcare services. A wide range of services are described in the Drug Tariff which are locally commissioned across England including: head lice management services, services to schools, out of hours services, supplementary and independent prescribing by pharmacists and medicines assessment and compliance support.

7 Conclusion

The changing population needs for healthcare and in particular the demands of an ageing population with multiple long-term conditions mean there are some significant challenges to overcome in the drive to improve health and well-being in Warwickshire. To meet these challenges, there will need to be a much greater emphasis on prevention, early intervention and early help to protect and maintain people's health and independence. The Warwickshire Health and Wellbeing Board consider community pharmacies to be a key health and wellbeing resource and recognise that they offer potential opportunities to support health improvement initiatives and work closely with partners to promote health and wellbeing.

The King's Fund report 'Community Pharmacy Clinical Services Review' (December 2016) commissioned by the Chief Pharmaceutical Officer recommended that there is a need in the medium-term to "ensure that community pharmacy is integrated into the evolving new models of care alongside primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these." At a local level, the Health and Wellbeing Board will encourage the involvement of pharmacies and pharmacy teams in developing local plans and systems of integrated working.

There are opportunities to develop the contribution of community pharmacies across all of the currently commissioned services. Local commissioning organisations should continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Any commissioning of services or initiatives in community pharmacies should be

informed by the evidence base and evaluated locally ideally using an evaluation framework that is planned before implementation.

There is capacity for community pharmacy to address local priorities described in the JSNA and STP. Community pharmacies have close links with their communities and are therefore well placed to support WHWB to deliver their priorities. For example, the development of the Healthy Living Pharmacy programme which provides a specialist public health advisory role can support many of these work streams. The proposed Community hubs and the Out of Hospital programme can utilise pharmacies by referring their patients to the local pharmacy services provided.

Local commissioning organisations should therefore continue to consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

The PNA concludes that there is adequate provision of pharmaceutical services in Warwickshire to serve the needs of the population. There is however differences in pharmaceutical services available across the county. There are fewer pharmacies towards the south of the county however this does not imply inadequate provision. The pharmacy service is supplemented by dispensing GP practices serving the more rural areas. Furthermore, data regarding pharmacies providing a collection and delivery service shows that the vast majority do so, which to some extent may compensate for there being smaller number of pharmacies in certain parts of the county.

The public engagement process revealed a high level of satisfaction on the part of respondents. It should be noted that there is a lack of awareness around opening hours and the range of pharmacy services offered in Warwickshire.

Recommendations

The Sustainability and Transformation Programme should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population. The STP plan identifies Proactive & Preventative care as a key theme. The STP should consider better utilisation of community pharmacies to aid in reducing projected future demand growth. Taking into account current service provision and other factors that may affect need for pharmaceutical services in the future; the following recommendations have been put forward:

- Patients and public should be provided with clear information on opening times, services offered (including provision of confidential consulting space), and alternative provision when pharmacies are not open.
- Expansion of the Healthy Living Pharmacy Level 1 should continue, and should be considered in areas of new housing developments.
- Consider the role of level 2 healthy living pharmacies in relation to the possible integration of community pharmacy into referral pathways, e.g. for minor ailments and self-care support.
- Actively support all community pharmacies to achieve standards set out in the national Quality Payments Scheme.
- Increased referral from GP and secondary care can help encourage pharmacies to fulfil their full quota of Medicines Use Reviews and the New Medicines Service reviews by targeting appropriate patients who are most likely to derive greatest benefit from these interventions. MURs can help prevent unnecessary GP appointments which fit in with the urgent and emergency care strategy for the STP and are crucial in supporting older people by addressing matters associated with polypharmacy.
- Consideration should be made to provide other locally commissioned pharmacy services that are being provided in neighbouring areas such as the alcohol and naloxone services (which are newly being provided in Coventry). This would support these specific local JSNA priority needs.
- Consider how community pharmacy can be utilised to facilitate admission to and discharge from hospital, particularly their role in discharging efficiently and safely (in regards to prescribing).
- Improve connectivity between community pharmacy and other services (including exploration of sending electronic notifications of flu vaccination in pharmacy settings to GP practice systems).

8 Consultation Overview

The PNA process comprises of a statutory requirement that involves having a consultation period of 60 days revolving around the contents of the PNA. The WHWB must consult with various organisations to ensure that the pharmaceutical providers and services supporting the population of Coventry mentioned within the document are accurately reflected.

Consultation responses will be collated and analysed. A report of the consultation, including any changes to the PNA will be produced before the final PNA is published and will be included in the

appendices. All concerns raised as a result of the consultation process will have been considered in the redrafting of the final PNA. The final document will be presented to the WHWB for ratification in February 2018 and the final PNA report published and available on local websites in March 2018.

The public consultation of the draft PNA for Warwickshire will run from 28th November 2017 to 05th February 2018. The consultation draft and summary will be distributed electronically on Warwickshire County Council website.

Item 5

Health and Wellbeing Board

10 January 2018

Joint Strategic Needs Assessment (JSNA) Delivery Model

Recommendations

The Health & Wellbeing Board is recommended to:

a) Continue to support and champion the place-based approach to understanding health and wellbeing needs across the county through the Joint Strategic Needs Assessment (JSNA)

b) Reiterate the commitment to using the agreed JSNA Geographies as the basis for strategic planning across all partners

c) Endorse the proposed delivery model for the JSNA Needs Assessments

d) Consider and approve the proposals for sponsors and lead officers for each needs assessment

e) Identify leads from their respective organisations to support delivery of the first wave of needs assessments

f) Confirm the timeline required for completion of the work and identify the associated resource

1. Background

1.1. The HWBB has supported the development of the place-based JSNA at every stage over the past nine months. It has taken decisions on the concept, design and outline content of the proposed JSNA and in doing so enabled the process to now reach the point of delivery. The overall approach was endorsed at HWBB in March 2017. Three phases of work were approved.

1.2. The first was to agree a consistent set of 'JSNA Geographies', creating 22 areas across the county that would be used to profile needs and design services across the health and wellbeing system. These geographies were agreed at HWBB in July 2017 and all partners committed to using these areas for strategic planning purposes. As a reminder, a map illustrating the areas can be found here.

1.3. The second phase of work was to produce a JSNA Profiling Tool. This would enable all partners to create statistical profiles for a range of different areas, including the JSNA geographies. For the first time, all partners are able to use a common evidence base to understand the make-up of the geographies they

have committed to using. This tool was presented to HWBB in September 2017 and can be accessed here. There has been significant positive feedback on the usefulness of this tool.

1.4. Phase 3 of the programme requested by the HWBB is to deliver a suite of needs assessments across the JSNA Geographies.

2. Delivery Phase

2.1 A pilot needs assessment has been completed in Atherstone and learning points gathered. The key message was that it is essential that there is local buy-in to the process and local ownership is established. For the place-based JSNA approach to be effective, it is critical that partner organisations take responsibility for the outputs and commit to using the evidence base that is generated to inform the design, commissioning and delivery of services at the local level. This approach is in line with all partners' direction of travel, including the respective hub-based models, Out of Hospital programme, STP and transformation programmes across both children's and adults services.

2.2 At this stage, we need to be confident that there is a genuine commitment to this approach before assigning significant capacity to what is likely to be a two year programme of work.

2.3 The proposal recommended by the JSNA Strategic Group is to deliver 20 needs assessments, starting in January 2018. These will be scheduled across four waves of approximately 5 areas each, with each wave being completed in four to six months and opportunity for stage reviews built into the schedule. This is a significant undertaking and must be scheduled carefully. Section 5 sets out proposals for the areas to be included in the first wave.

2.4 The analytical work, and the production of the needs assessment documents, will be managed by the WCC Insight Service. However the HWB Board collectively holds statutory responsibility for the development of the JSNA and needs to ensure, as the 'customer' of the work, that there is suitable ownership for each needs assessment.

2.5 To assist partners in leading this work, a range of supporting tools and guidance will be provided by the WCC Insight Service. This will set out in more detail what the respective roles will need to contribute, more detailed timelines for the delivery of each individual needs assessment and issue templates for the outputs to be produced.

2.6 This paper seeks to outline the specific roles and requirements of each partner organisation in delivering the programme of place-based needs assessments as well as the involvement of individual Members and officers in specific needs assessments.

3. Proposed roles of HWBB member organisations

Stakeholder/ HWB member	Proposed Involvement/Role
OOH	• Inform and utilise needs assessments. Ensure overall and local service delivery models within OOH programme are based upon the evidence generated through the needs assessments.
BHBCBV programme	• Inform the design of all needs assessments by identifying requirements of all workstreams.
WCC	• Hold dual responsibility with CCG for delivery of the JSNA. • Local Elected Members to support development of relevant needs assessment, help with local engagement and champion its use. • Transformation programmes (including community capacity, adult and children's transformation) to contribute to the evidence base and utilise findings in delivery of programmes. • Commissioning intentions to inform and utilise the needs assessments. • Localities teams to provide project support to coordinate local stakeholder activity such as steering group meetings • Insight Service to provide dedicated analytical expertise for all needs assessments
CCGs	• Hold dual responsibility with WCC for delivery of the JSNA. • To work collaboratively to ensure local ownership is established for each needs assessment and ensure they inform Commissioning Intentions. • Provide relevant data and analysis as required.
District & Borough Councils	• Coordinate effort as Lead Members for the needs assessments in their respective areas (up to 5)
Providers	• To inform relevant needs assessments as core assets within the community/system – linked to OOH work
CAVA	• Working with partners to identify third sector assets to inform needs assessments
Other partners	• To contribute data, support development of needs assessments and utilise evidence base as appropriate in local service planning

4. Proposed Delivery Model

4.1 Based upon the above roles, and the need to have local ownership in place for each needs assessment, the table below sets out the suggested process for delivering each needs assessment. This covers just the first wave of needs assessments, and the proposal is to build in a review step at the end of the first wave to identify whether this is the most effective approach.

Month	Task	Who	Purpose	Proposal
Pre-project	Identify Needs Assessment 'Sponsor'	Health & Wellbeing Board	To act as the local strategic lead for the needs assessment, ensuring local buy-in and promoting the use of the outputs in any	District/Borough Health & Wellbeing Portfolio Holder

			local planning activity.	
Pre-work	Identify Needs Assessment lead officer	Health & Wellbeing Board	To take responsibility for the delivery of the needs assessment and to lead and advise the steering group throughout the process. The lead is responsible for ensuring the final needs assessment meets the agreed objectives and is completed to time and quality standards.	Associate Director of Public Health
Pre-work	Identify nominated leads from partners	Each stakeholder	To ensure the needs assessment has buy-in from all appropriate local stakeholders. Examples include CCG, WCC, Providers, Districts/Boroughs, Police, Third Sector etc.	Various
Pre-work	Establish steering group	Needs Assessment lead officer, Sponsor	To ensure the needs assessment has input from stakeholders and complements system-wide strategic planning activity. Also to ensure group has appropriate administrative support.	Various
1	Initial scoping meeting	Needs Assessment lead officer, Insight Analyst	To discuss the process, agree timeline, go through templates, roles and responsibilities	
1	Initial stakeholder group meeting	Needs Assessment lead officer, Steering group	To get stakeholders together, confirm the objectives and set out the process/timeline	
1 – 3	Data collection and research	Insight Analyst, Steering Group	To carry out the data collection, research process and analysis.	
2 – 3	Regular engagement, progress updates	Needs Assessment lead officer, Insight Analyst	To keep stakeholders involved, resolve queries, share data, ensure local perspectives included	
3	First draft report	Insight Analyst	To present the steering group with a first draft	
4 – 6	Second stakeholder session Recommendations formed Action Plan developed Dissemination activity	Needs Assessment lead officer, Steering group, Sponsor	To sign off the needs assessment, agree key messages and recommendations and form action plan. To share the material more widely and confirm arrangements for delivering action plan.	

5. Proposed First Wave

5.1 The JSNA Strategic Group has advised that the first wave of needs assessments should include all five districts/boroughs. Three of these should be the Community Hub proof of concept areas. In practice, because the Atherstone Proof of Concept area covers the whole of North Warwickshire Borough, this means we will need to complete both of the two needs assessments scheduled for that part of the county. It is proposed that the JSNA areas prioritised in the other two districts/boroughs (Warwick District and Nuneaton & Bedworth Borough) would be determined based on levels of need (using population-weighted deprivation scores).

5.2 Therefore, the proposed first wave is:

District/Borough	JSNA Area	Rationale
North Warwickshire	Polesworth, Atherstone & Hartshill	Part of Atherstone Proof of Concept area
	Kingsbury, Coleshill & Arley	Part of Atherstone Proof of Concept area
Nuneaton & Bedworth	Nuneaton Central	Based on Indices of Multiple Deprivation i.e. levels of need
Rugby	Newbold & Brownsover	Includes Brownsover, which is a Proof of Concept area
Stratford-on-Avon	Henley, Studley & Alcester	Includes Alcester/Studley/Bidford, which is a Proof of Concept area
Warwick	Leamington, Whitnash & Bishop's Tachbrook	Based on Indices of Multiple Deprivation i.e. overall levels of need

6. Timeline & Options

6.1 As set out in para 2.3, the proposal is to deliver the needs assessments in four waves across a two year period. This is based upon all the analytical resource being provided by the WCC Insight Service and the respective lead officers receiving ‘project’ support as required.

6.2 The Board may wish to consider an alternative model if the above is not considered appropriate. For example, the Board may wish for the programme to be completed within one year instead of two. This would require non-WCC partners to provide additional financial resource and/or capacity. Delivering the programme within one year would require two additional analysts plus a project support officer to assist with coordination, particularly as the lead officers will be working on multiple needs assessments concurrently. This resource would require partner funding of around £130,000 or equivalent officer time. The Board is asked to confirm which model (or an alternative) is required.

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

Local Member(s): None
Other members:
Councillors Seccombe, Caborn, Morgan, Redford, Golby, Parsons and Rolfe
District/Borough Health & Wellbeing Portfolio Holders

Item 6

WARWICKSHIRE HEALTH AND WELLBEING BOARD
Date: Weds. 10th January 2018

From: Professor Andy Hardy Programme SRO and Chair

Title: Better Health, Better Care, Better Value programme UPDATE

1 Purpose

The purpose of this report is to provide the Warwickshire Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme and work streams, highlighting any key points as necessary.

2 Recommendations

The board is asked to note this report and its contents

3 Background

The Chief Executive and Accountable Officers of the Health and Local Authority Organisations within the Coventry & Warwickshire Sustainability & Transformation Partnership (STP) footprint meet twice monthly as a Board. The Board enjoys the support of both Coventry and Warwickshire Healthwatch as attendees.

The joint vision is:

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

Whilst members of the Board will represent their organisations, it is recognised and accepted by members that strategic decision making for the purpose of developing a system-wide plan for Health & Social Care will require an approach whereby overall system benefit is the primary consideration.

4 Quarterly review with NHS regulators

On 14th December, Board members met NHS England and NHS Improvement for a quarter three stocktake on progress. The formal feedback from that meeting will be shared with a future meeting of the health and well-being board.

The meeting discussed performance of the system on key indicators including leadership and governance, progress of the workstreams and clinical engagement, Regulators are keen to see continuing progress in managing and performing as a whole system. The need to demonstrate progress on transformational workstreams was emphasised. Regulators commended good leadership and conditions for success and urged a focus on delivery of key targets and outcomes.

5. Workforce

Workforce considerations are a main consideration in the STP programme, the workforce workstream has submitted a draft strategy as required to NHS England.

The key priorities for this are:

Recruitment and retention
Development and embedding of new roles, and roles working differently
Skills development for existing workforce
Development of career pathways

To support the delivery of these priorities 4 key enablers have been identified

Education
Leadership and Organisational Development
Engagement and Communication
Workforce Planning

This is a key workstream within the STP as a number of the workstreams face significant workforce challenges.

6. Clinical Design Authority

The Clinical Design Authority held its second Development Day on the 22nd November 2017.

The brief for the day was:

- To discuss the development of the STP clinical strategy and agree a mechanism for taking this work forward.
- To launch and further discuss the requirements to support the Clinical Review Guidance

The output of this discussion will be pulled together into an outline brief for sign off at the CDA meeting in January. Once this is agreed it will be presented to the STP board with a proposed timetable for approval.

7. NCVO Pilot - Increasing voluntary sector involvement in health transformation

A cross-section of representatives comprising voluntary and statutory members of local partner organisations from the Better Health, Better Care, Better Value footprint undertook the first of 3 development sessions on November 20th, 2017.

The initial session was fairly theoretical and highlighted the differences between complicated and complex systems or mechanical and living systems.
Discussion points were around barriers that needed to be overcome to enable system working.

A meeting has been arranged with the Coventry and Warwickshire cohort on January 16th, 2018 to discuss tangible outcomes before the next development session.

8. Options Considered and Recommended Proposal

The board is asked to note this report and its contents

Report Author(s):

Name and Job Title: Brenda Howard, Programme Director

On behalf of: Better Health, Better Care, Better Value Board

E-mail Contact: brenda.howard@cwstp.uk

Thursday, 05 October 2017

Andy Hardy
STP Leader
Coventry & Warwick STP

Sent via e-mail

Dear Andy

Re: Quarter 2 Stocktake 2017

Thank you for meeting with us on 13 September 2017 to discuss the progression of the Coventry & Warwickshire (C&W) STP in Quarter 2.

It was encouraging to hear how the STP has implemented the key recommendations from the Health Education England Organisation Development pilot scheme and how bi-monthly Chief Officer STP Board meetings have supported the tough conversations. You must focus on ensuring these deliver the changes needed in your STP.

You outlined that recruitment to the programme team has been successful and that structure is aligned to start delivering on your work streams.

Your vision has been clearly stated and outlined, however, you need to ensure that the STP is able to make collective system wide decisions, and gain traction on priorities that you have outlined. Delivery of winter preparedness at an STP and local level is critical in the management of winter pressures and a success measure of the STP.

There is a need to maintain Chief Officer oversight of STP performance and you described how you have started looking at performance as an STP; three trusts together. It is important that there is a consistent level of delivery across Coventry and Warwickshire for key STP work streams and national priorities.

The Stroke reconfiguration has been set back from original timeline for implementation and we agreed you would deliver a Pre-Consultation Business Case to NHS England and NHS Improvement before Christmas 2017. It is also understood that you are working towards a December date for a Regional Panel Sense Check for this service change. Every Chief Officer must commit to this plan before the NHS England review.

You explained that an Engagement Group has been established with representation from Council's and Non-Executive Directors/Lay members. Engagement and Delivery must be your key priorities.

You confirmed that Coventry and Warwickshire STP are still working towards an Accountable Care System (ACS); you also identified South Warwickshire as an emerging Accountable Care Organisation (ACO) and recognised that there are separate timeframes for the remainder of the footprint.

We will, of course, continue to work with you over the coming months and look forward to seeing you at our next formal review which has been set for Thursday 14 December 2017. I will confirm specific times with you.

Yours sincerely

Alison Tonge Director of Commissioning Operations, NHS England – West Midlands

cc Dale Bywater - Executive Regional Managing Director (Midlands & East)
NHS Improvement

Item 7

Health and Wellbeing Board

10 January 2018

Better Together Programme – Progress Update

Recommendation(s)

1. To note the progress of the Better Together Programme to improve performance against the four national Better Care Fund (BCF) areas of focus.

2. To note the recent announcement regarding the 2018/19 allocations of the social care funding provided at Spring Budget 2017.

3. To note the progress relating to the section 75 and risk share arrangements.

4. To note the additional funding relating to the Disabled Facilities Grant (DFG).

Key Issues

1.1 At the meeting on the 6th September 2017, the Health and Wellbeing Board approved the Better Together Programme's two year plan, spanning 2017-19.

1.2 Following regional assurance and calibration, Warwickshire's plan was placed in the 'Approved with Conditions' category as further assurance and information regarding three specific planning requirements were required by the Department of Health and the Department for Communities and Local Government.

1.3 The additional evidence and information requested was submitted on the 2nd November relating to:

- Planning Requirement 5 – Confirmation that the high impact change model to support Delayed Transfers of Care has been agreed between partners for delivery and funding; and inclusion of the outcome of the high impact change self-assessment in the narrative plan.
- Planning Requirement 8 – Narrative plan to specifically address how it will contribute towards reducing health inequalities.
- Planning Requirement 9 – Narrative plan needs to be revised so that delivery and financial risks are clearly articulated for at least the life of the plan (to end of 18/19) and any longer term risks identified. Including the

need to understand the management of risk between partners given some of the system fragilities identified as challenges in Warwickshire

1.4 Whilst it is our understanding that the plan has now been 'Approved', final confirmation is outstanding.

2.0 Better Together Programme Progress Update

Performance

2.1 Locally our plan for 2017/19 focusses our activities to improve our performance in the four key areas which are measured against the National Performance Metrics, these being:

a. Reducing Delayed Transfers of Care (DToC)
b. Reducing Non-Elective Admissions (General and Acute)
c. Reducing admissions to residential and care homes; and
d. Increasing effectiveness of reablement

a. Reducing Delayed Transfers of Care

Since June 17 there has been a downward trend in the number of delays, from 85 average daily beds delayed to 53 in October, which represents an improvement in performance. Note: There is a 6 week delay in confirming actual delays data.

DToC performance is measured as the average number of daily beds occupied by a delayed Warwickshire resident.

Month	Average daily beds occupied by a delayed resident	Target (lower is better)
June 17	85	87
July	83	77
August	64	68
September	64	58
October	53	49
November	52 estimate	40

b. Reducing Non-Elective Admissions (General and Acute)

Non-elective admissions have increased by 4.2% in the first two quarters of 2017/18 compared to 2016/17, The main reason for the step change in volumes of non-elective admissions in this period was a 4.6% increase in A&E attendances of Warwickshire residents at the 3 main acute providers, with older age groups of 65+ seeing the biggest increase. CCGs are further investigating A&E attendance levels split by practice, attendance time (whether in or out of GP opening hours) and the treatment received - to understand if people are

attending A&E that could have been treated in primary care. There have also been some changes in coding which have artificially increased volumes of non-elective admissions at all CCGs.

Quarter	Actual	Target	% Over Target
Q1 17/18	13309	13138	1.3%
Q2 17/18	13307	13280	0.2%

c. Reducing long term admissions to residential and nursing care 65+

In Quarter 2 of 2016/17 there was a significant reduction (29%) in the rate of permanent admissions compared with the previous year. This new level of admissions continued for the remaining quarters of 2016/17. For this reason a challenging target for 2017/18 was set.

However, in Quarter 1 2017/18, the rate of permanent admissions increased by 7% on the previous quarter and was also slightly higher (3%) than the target. Early indications for Quarter 2 2017/18 suggest that performance will be further above target than Quarter 1, however quarter 2 data will not be available until the end of December. The Insight Team at WCC are currently reviewing reasons for this, including the age of admission and turnover rates. The target for 2017/18 is 470 admissions per 100k population which equates to a quarterly target of 118.

Quarter	**Actual (rate per 100k pop)**	**Target** (lower is better)	**% Over target**
Q1 17/18	142	118	3%
Q2 17/18	Data not available till end of December	118	-

d. Increasing the effectiveness of reablement

This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for 2017/18 will not be available until May 18.

South Warwickshire Foundation Trust's CERT and ICT teams and WCC's reablement team are both working on improving capacity and identifying opportunities for pathway integration where this improves customer experience and operational efficiency and effectiveness.

2018/19 allocations of additional social care funding

2.2 In a recent announcement (5th December) the Department of Health and Department for Communities and Local Government (following a review of our DToC data) confirmed that there will be no impact on the additional social care funding / Improved Better Care Fund (iBCF) allocation in 2018/19 as Warwickshire is not in the bottom quartile and/or has shown positive improvement.

Section 75 and Risk Share Arrangements

2.3 Since our submission in September, a section 75 agreement spanning the two years of the Better Together Programme Plan has been drafted, circulated and is currently being agreed and signed by all funding partners (Warwickshire County Council and the three Clinical Commissioning Groups).

2.4 In addition, following a workshop in September, options for a more mature approach to risk sharing across partners and in particular financial risk shadowing have now also been agreed by partners (strategic commissioning and finance leads from the three CCGs and Warwickshire County Council).

The approach is built on evidence taken from other systems where risk sharing protocols have had differing levels of success to ensure that any lessons learnt from other systems are incorporated into our local approach. The risk shadow model recognises the evidence that there needs to be a step change approach to ensure all partners remain committed and confident. As Coventry and Rugby CCG also work with Coventry City Council, we are also able to benefit from using their lessons learnt, reporting process and outputs already in place in the neighbouring area. This new approach will be developed during quarter three 2017/18 and 2018/19.

The following agreed areas of spend to be shadowed against all risk share models, in 3 phases, commencing with Phase 1 for Q2 2017/18:

1) Phase 1: ICESS (health and social care spend) and Falls (Prevention and Training – CCG, Social Care and Public Health, Occupational Therapist/Physiotherapist Capacity, and Fire Service)

- Further phases to be included in the shadow monitoring arrangements – dates to be agreed

2) Phase 2: Jointly funded CHC packages
3) Phase 3: Out of Hospital (OoH) risk share monitoring to be progressed once the OoH programme is more established. This

could include: OoH, D2A pathway 2 & 3, Domiciliary Care, Moving on Beds, Dementia and End of Life.

Autumn Budget announcement: Additional £42 million for DFG in 2017-18

2.5 In a recent announcement (1st December) from the Department for Communities and Local Government, further detail was provided about the additional £42 million of capital funding for the DFG in 2017-18 for local authorities in England.

Unlike the current 2017-18 DFG Grant Determination, in two tier areas, the additional funding will be issued directly to the district and borough council's authorities and is also not subject to the usual Better Care Fund (BCF) requirements such as the need for local authorities and clinical commissioning groups to jointly agree how to spend the funding. This is to ensure that the additional funding is quickly distributed, and to enable it to be spent by the end of the current financial year.

3.0 Timescales associated with progress reporting

3.1 The Better Care Policy Framework requires quarterly reporting and monitoring against the four national performance metrics, high impact change model and finances.

Background papers

1. None

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

Local WCC Member(s): N/a
Other WCC members: Councillors Caborn, Morgan, Redford, Golby, Parsons and Rolfe.

Item 8

Health and Wellbeing Board

10 January 2018

Autumn Workshops

Recommendation(s)

1. To note the outputs of the HWB Board's Autumn workshops and the associated next steps.

1.0 Key Issues

1.1 The HWB Board and Executive held a series of workshops over the past few months.

1.2 In November the Board and Executive considered both system and place-based working, focusing on mapping transformation across the system and understanding place based working. The session also shaped the role of Children's champions for each member organisation and followed up with discussion at the HWB Executive in December 2017.

1.3 In December the Board and Executive met with Coventry HWBB to review the Alliance Concordat. The session looked at the common themes across HWB, Accountable Care Partnership, BHBCBV programme, Place-based JSNA and the Upscaling Prevention pilot.

1.4 All partners committed to continuing to work together and strengthen the relationships. LGA feedback following the workshop has been very positive about the level of commitment to partnership working.

1.5 This report draws together the outputs and next steps coming out of these sessions and influencing the development of the new HWBB Strategy for April 2018.

2.0 Key messages

2.1 Key outputs from the sessions are set out below**:**

- **Create a network of Children's Champions across the HWB system** - Children's & Families Transformation Board to meet in January with nominated champions from all HWB partners.

- **Map all activity to the system/place model which is within the 2017/18 HWB Delivery Plan** – Develop a *consolidated map of transformation activity across the system – currently being updated to ensure it accurately reflects contributions from all HWB partners, including the Third Sector.*

- **Refresh the Alliance Concordat for 2018 onwards –** *Use the output from discussion on 13th December to ensure the Concordat remains relevant*

- **2018/19 – The Year of wellbeing -** *Use the LGA Upscaling prevention pilot to develop a common narrative and commitment to prevention to galvanise effort and commitment to the wellbeing agenda.*

- **Develop a set of common Outcomes and headline targets/dashboard**- *Take forward the common set of place-based outcomes which informs the full range of activity and can be held within the HWB Board/strategy for both areas.*

- **Develop a Place plan** - *Build the one strategic plan appropriately place based that is then delivered coherently by the various means (STP, BCF etc) we have at our disposal and involving all partners.*

- **Invest in Leadership** – *The session and discussions held in December with Coventry HWB Board were considered very positive. The two Boards have committed to maintaining momentum by capitalising on the commitment made on 13th December to come together as leaders (Coventry HWBB, Warwickshire HWB Board and Executive, STP, wider public services, voluntary sector etc) every 3-4 months to keep the strategic direction as expressed in the Concordat clear across partners.*

  It is anticipated that the first forum will be co-hosted in Spring 2018. Subsequent dates will be based upon the current model of alternate formal and informal HWBB meetings and use agreed dates where possible.

- **Review role of Executive Team** - *Additionally the role and purpose of the HWB Executive in supporting the above work and development of the new HWB Strategy will be reviewed at the next meeting (Feb 2018).*

3.0 Timescales associated with progress reporting

3.1 It was agreed that a nominated group, covering representation for HWBB Members, the BHBCBV programme and ACS development in Warwickshire will take this work forward and report back through the two HWB Boards and the Executive team in Warwickshire.

3.2 This work will inform the content and shape of the new HWB Strategy.

Background papers

1. None

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

Local WCC Member(s): N/a
Other WCC members: Councillors Caborn, Morgan, Redford, Golby, Parsons and Rolfe.

Item 9

Health and Wellbeing Board

10 January 2018

Health and Wellbeing Board Forward Plan 2018/19

Recommendation(s)

1. That the Board Members note the Forward Plan and guiding principles

2. The Board members engage in the Forward Planning process and identify items for consideration

2.0 Key Issues

2.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board for 2018/19. See Appendix 1 for detail.

2.2 Such updates will be presented to each meeting for the Board to review and addition by all partners .

2.0 Options and Proposal

2.1 In support of the HWB Delivery Plan for 2017/18, the Forward Plan will be considered at each meeting.

2.2 The Forward Plan provides details of the agenda items for formal meetings and the focus of the agreed workshop sessions. These will be developed in consultation with the HWB executive.

2.3 The principles for developing the forward plan include:

- Meetings have been scheduled for Wednesday afternoons (1.30-4.30pm)
- 6 meetings have been scheduled in the year and will alternate between formal Board meetings and workshop sessions
- Formal meetings will address business need and statutory requirements of the Board.
  - Items brought to the Board must address the areas agreed within the Annual HWBB Delivery Plan.
  - Scheduling of items will ensure the HWBB are able to influence direction of work as part of annual planning cycles eg. Commissioning Intentions
  - Board items must also support the aim of maintaining and strengthen the HWB Board's knowledge of system-wide activity alongside key programmes of work

- Items submitted for information will, where possible we shared with Board members outside Board time, individually or as part of the newsletter

- Workshop sessions will primarily be held jointly with Coventry HWBB in 2018/19 and membership extended as required and based upon the topic of discussion

3.0 Next steps

3.1 To ensure full representation of partners, all members of the HWB Board are encouraged to add items to the Forward Plan either as substantive items, updates or items for information which can be shared via the newsletter.

Background Papers

None

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

Local Member(s): None
Other members: None

Appendix 1 – HWBB Forward Plan 2018/19

Board	Item	Lead officer
Workshop 7th March 2018	Place-based Health & Wellbeing workshop with Coventry HWBB – focus TBC	
HWB Board 2nd May 2018	• HWB Annual review and Delivery Plan report (abridged to inform new Strategy) • New Warwickshire HWB Strategy • Updated report on BHBCBV programme • Update report on Better Together programme • Place plan/Year of Wellbeing update (incl workshop feedback)	Nigel Minns Nigel Minns Andy Hardy Nigel Minns TBC
Workshop 25th July 2018	Place-based Health & Wellbeing workshop with Coventry HWBB – focus TBC	
HWB Board 5th September 2018	• Commissioning Intentions 2019/20 • Annual reports from Childrens and Adults Safeguarding Board • DPH Annual report • Updated report on BHBCBV programme • Update report on Better Together programme • Update on JSNA Place-based programme of Needs Assessments • Place plan/Year of Wellbeing update (incl workshop feedback)	Gill Entwistle, Andrea Green Mike Taylor John Linanne Andy Hardy Nigel Minns John Linnane TBC
Workshop 7th November 2018	Place-based Health & Wellbeing workshop with Coventry HWBB– focus TBC	
HWB Board 9th January 2019	• Updated report on BHBCBV programme • Update report on Better Together programme • Place plan/Year of Wellbeing update (incl workshop feedback)	Andy Hardy Nigel Minns TBC
Workshop 6th March 2019	Place-based Health & Wellbeing workshop with Coventry HWBB– focus TBC	