Warwickshire Health and Wellbeing Board

Agenda

9 January 2019

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 9 January 2019 at 1.30pm**

Daily Mile

1.   (13.30 – 14.00) **Take an opportunity to walk a daily mile**

2.   **(14.00 – 14.10) 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 18 September 2018 and Matters Arising**

        Draft minutes of the previous meeting are attached for approval.

    (4)   **Chair's Announcements**

Discussion items

3.   **(14.10 – 14.25) Refresh of the Health and Wellbeing Strategy -** *Draft report of the refreshed HWBB Strategy for agreement - Rachel Barnes*

4.   **(14.25 – 14.35) Feedback from the Place Forum on 7 November 2018** *- Update on the Joint Place Forum and the Year of Wellbeing 2019 – Rachel Barnes and Jane Coates*

5.   **(14.35 – 14.45) Primary Care Financial Update** *– Rachael Danter*

6.   **(14.45 – 15.00) Preventing Homelessness Update** *– Emily Fernandez*

Updates to the Board

7.   **(15.00 – 15.10) Better Together Programme and Adult Social Care Winter Fund 2018/19 -** *NHS and Social Care performance and winter pressures funding* **-** *John Linnane/Gill Entwistle/Andrea Green*

8.   **(15.10 – 15.20) Better Health, Better Care, Better Value Programme** *- Update on the Coventry & Warwickshire STP including P&P workstream - Rachael Danter*

9.   **(15.20 – 15.30) Joint Strategic Needs Assessment** *– Update on the Place-based Joint Strategic Needs Assessment implementation – John Linnane*

10.   **Briefing Papers (15.30 – 15.50)**

      a)   **Warwickshire Education Strategy -** *Links to Health and Wellbeing* **-** *Hannah Heath*
      b)   **Warwickshire Safeguarding Children's Board Annual Report** *- For endorsement – Amrita Sharma*
      c)   **Public Mental Health and Wellbeing Update –** *Including Dementia and Suicide Prevention – John Linnane and Emily van de Venter*
      d)   **Forward Plan** *– Rachel Barnes*

11.   **Board Management (15.50 – 15.55)**

      Any Other Business (considered urgent by the Chair)

Health and Wellbeing Board Membership

Chair: Councillor Les Caborn (Warwickshire County Council)

Warwickshire County Councillors: Councillor John Holland, Councillor Jeff Morgan, Councillor Izzi Seccombe

Warwickshire County Council Officers: Nigel Minns – Strategic Director, People Directorate, John Linnane, Assistant Interim Director (Director of Public Health and Strategic Commissioning)

Clinical Commissioning Groups: Sarah Raistrick Vice Chair (Coventry and Rugby) David Spraggett (South Warwickshire), Deryth Stevens (Coventry and Rugby)

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

Healthwatch Warwickshire: Robin Wensley

NHS England: Rachael Danter

Police and Crime Commissioner: Philip Seccombe, PCC

Borough/District Councillors: Councillor Barry Longden (NBBC), Councillor Emma Crane (RBC), Councillor Andrew Thompson (WDC), Councillor Leslie Smith (NWBC), Councillor Jacqui Harris (SDC)

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

**Minutes of the Meeting of the Warwickshire Health and Wellbeing Board
held on 18 September 2018**

Present:-

<u>Warwickshire County Councillors</u>
Councillors Les Caborn and John Holland

<u>Warwickshire County Council (WCC) Officers</u>
John Linnane (Director of Public Health and Head of Strategic Commissioning)
Pete Sidgwick (Head of Adult Social Care and Support)

<u>Clinical Commissioning Groups (CCG)</u>
Andrea Green (Warwickshire North CCG)
Dr Sarah Raistrick (Coventry and Rugby CCG)
Dr David Spraggett (South Warwickshire CCG)

<u>Provider Representatives</u>
Russell Hardy (South Warwickshire Foundation Trust)
Jagtar Singh (Coventry & Warwickshire Partnership Trust)
Prem Singh (George Eliot Hospital)

<u>Healthwatch Warwickshire</u>
Robin Wensley

<u>NHS England</u>
Rachael Danter

<u>Police and Crime Commissioner</u>
Neil Hewison (Office of the Police and Crime Commissioner)

<u>Borough/District Councillors</u>
Councillor Jacqui Harris (Stratford District Council)
Councillor Barry Longden (Nuneaton and Bedworth Borough Council)
Councillor Les Smith (North Warwickshire Borough Council)
Councillor Andrew Thompson (Warwick District Council)

1.   **General**

      (1) Appointment of Chair for the Meeting

      In the absence of the Chair and Vice-Chair of the Board, nominations were sought for a chair for this meeting. It was proposed, seconded and agreed that Councillor Les Caborn (WCC) chair the meeting.

      (2) Apologies for Absence

      Councillor Izzi Seccombe OBE (Chair)
      Councillor Jeff Morgan
      Nigel Minns (Strategic Director for People Directorate)
      Dr Deryth Stevens (Vice Chair, Warwickshire North CCG)
      Andy Meehan (UHCW)
      Philip Seccombe (Police and Crime Commissioner)

(3) Appointment of Vice Chair

It was agreed that Sarah Raistrick would be Vice Chair for the next year as this position rotated between the clinical commissioning groups. Thanks were recorded to Deryth Stevens, who had been Vice Chair for the previous year.

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

None.

(5) Minutes of the Board Meeting held on 2 May 2018

The Minutes were agreed as a true record.

(6) Chair's Announcements

The Chair welcomed new Board members. It was noted that Councillor Jacqui Harris would be the new representative for Stratford District Council and thanks were recorded to her predecessor, Councillor Tony Jefferson. Councillor Leslie Smith would be the representative for North Warwickshire Borough Council and thanks were recorded to Councillor Margaret Bell for her service on the Board. A letter of thanks would be sent to retiring members.

2.   Director of Public Health Annual Report 2018

The Committee received a report and presentation from Dr John Linnane, Director of Public Health and Head of Strategic Commissioning. The Director of Public Health's statutory Annual Report provided a vehicle for informing local people about the health of their community and information for decision makers in local health services and authorities on health gaps and priorities that needed to be addressed. This year's report included an overview of the health and wellbeing of the Warwickshire population, with a focus on the impact of social media on young people growing up in Warwickshire, together with information on progress with the 2017 recommendations. The report made a series of recommendations which required a concerted joint effort in order to be achieved.

In presenting his report, Dr Linnane thanked the schools for their participation in securing considerable feedback from young people, to inform the report. Mike Jackson from WCC communications was also thanked for the excellent way in which the report had been produced to assist the audience in understanding its key messages. Key points from the report were the impact on young people's sleep, the effects of cyber bullying and the extent of some 'super users' use of social media.

The report included sections on the general health and wellbeing of Warwickshire's population. Dr Linanne confirmed the generally positive position when compared to most of the country, also referring to the data on life expectancy and the following areas of concern in Warwickshire:

- Alcohol admissions - under 18 years old
- Injuries in children
- Suicide rate
- Hospital admissions for self-harm (10-24 years old)

The Chair urged all Board members to use the report and its findings to shape their work and to engage with young people. He and other Board members praised the format of the report, which was easy to read. It was confirmed that copies of the report would be circulated to all schools in Warwickshire and further engagement with schools on the results of the survey was planned. It was important to keep up to date with the social media platforms that young people used and the survey respondents had helped with this.

Concerns were reported about the data on suicide levels and binge drinking, with the need for early intervention being stated. It was important these aspects were given priority when CCGs were formulating their commissioning intentions, to help and support young people to build their resilience. Another point was about health inequalities across Warwickshire and how funding could be targeted, if necessary in an inequitable way, to provide better and more consistent outcomes for all. There was a need for a system wide focus on outcomes to understand the resource inputs needed. In Warwickshire North and Rugby CCG areas, there had been a financial assessment of the service offer and making the best use of available resources. It was acknowledged that prevention was the key to financial sustainability of services, with a need for national influence to reduce inequalities, but there was no easy answer.

Resolved

That the Health and Wellbeing Board:

1.   Notes and supports the Director of Public Health Annual Report 2018

2.   Agrees to endorse the recommendations stated in the report.

3.   **Warwickshire Health and Wellbeing Annual Review 2017/18 and Delivery Plan 2018/19**

Rachel Barnes, Health and Wellbeing Board (HWB) Delivery Manager introduced this item. The Warwickshire HWB Annual Review for 2017/18 and Delivery Plan for 2018/19 were submitted together with an updated performance position. The report sought to celebrate the achievements in 2017/18 and provide a focus for activity in 2018/19. A draft of the Annual Review had been circulated to Board members after the meeting in May 2018 for comment, and the report had been updated to incorporate feedback received.

The Annual Review and case studies contained over 60 examples of achievements from across the HWB system in 2017/18. The second part of the report was forward looking, covering elements to support the delivery of the HWB Strategy and the focus of activity for 2018/19. Thanks were recorded to the partners for their input and to Mike Jackson of communications for the design work on this document.

Air quality issues were discussed and an outline was given of the initiatives that the County Council had led, working with district and borough councils and Public Health England. A scrutiny 'task and finish' group on air quality had reported in 2017. A range of initiatives were being progressed and one example was recruiting members of the public to wear air quality monitors. It was requested that a briefing document be provided to the Board to provide further information on these air quality initiatives.

Resolved

The HWB Board endorses the Annual Review 2017/18, the Delivery and Development Plan for 2018/19 and notes the updated performance position.

4. **Warwickshire North Health, Wellbeing and Integrated Care Partnership**

This item was presented by Jerry Hutchinson (Chief Executive of North Warwickshire Borough Council) and Andrea Green (Chief Officer) and Rachel Robinson (Associate Director of Public Health), both from Warwickshire North and Coventry & Rugby CCGs. The Warwickshire North Health and Wellbeing Partnership (WNHWBP) was formally established in 2012 to ensure local delivery of the Countywide Health and Wellbeing Strategy. Jerry Hutchinson provided background and context on the drivers for the partnership, which was well attended and sought to 'get things done'. Andrea Green confirmed the good engagement from senior elected members and chief officers of local authorities and health colleagues. Examples were quoted of successful initiatives including #onething, work on reducing cases of cardio vascular illness in women, reducing teenage conception and empowering people to help themselves.

The partnership had reviewed its priorities to meet the complex challenges of the health and social care sector. This was within the framework of the new health and wellbeing concordat, the system design model and the emerging Integrated Care System. This report provided details of the annual review of 2017/18, the key actions to date and it outlined the future direction of the partnership.

In terms of future work, there was a focus on three key areas:
- Improving integration, patient centred/place centred care
- Building and utilising community assets for proactive and preventative care, self-help and independence
- Building the evidence base

It was noted that the work on reducing teenage conceptions had been recognised by Public Health England as an example of best practice. Thanks were recorded to those involved in the partnership, for their drive and the achievements made to date.

Resolved

That the Health and Wellbeing Board notes and endorses the update from the Warwickshire North Health, Wellbeing and Integrated Care Partnership.

5. **Commissioning Intentions – Clinical Commissioning Groups (CCGs), Public Health and Social Care**

The Board received a combined presentation from Anna Hargrave (South Warwickshire CCG), Matt Gilks (Warwickshire North and Coventry & Rugby CCGs) and Dr John Linnane (WCC). Detailed reports and appendices had been provided on the commissioning intentions of the CCGs and the County Council's Public Health and Social Care departments.

All CCGs were required to develop and publish commissioning intentions on an annual basis. The 2019/20 intentions were being developed in the context of the Health and Wellbeing Strategy, local population health needs as defined by the Joint Strategic

Needs Assessments (JSNAs) and national priorities identified in NHS planning guidance. Of particular relevance was the move towards system working through the roll-out of Integrated Care Systems (ICS).

The commissioning intentions documents had been developed in three distinct sections:

- Section 1 – set out the three CCGs' strategic intentions for 2019/20, signalling the system direction of travel towards the development of an ICS and the implications that the emergence of the ICS would have for both commissioners and providers.
- Section 2 – emphasised the critical role that 'place' would continue to play within the ICS.
- Section 3 – set out the three CCGs' detailed commissioning intentions.

For Coventry and Rugby CCG and Warwickshire North CCG, the commissioning intentions were split into six strategic work programmes. Underpinning all of these was a focus on self-care, which would help people to live longer, more healthy lives. It was emphasised that the commissioning intentions of all three CCGs had been aligned and that the local system was working well together. Some of the areas of focus were mental health, children's services, cancer and the out of hospital programme. For South Warwickshire CCG these were set out under each cornerstone of the CCG strategy 'Translating our 2020 Vision into Reality'.

John Linnane presented the commissioning Intentions for Adult Social Care and Public Health, which had also been combined for the first time. This was a working document, on which feedback was welcomed. Dr Linnane added that this was the final year of the current WCC One Organisational Plan. He outlined the areas of commissioning focussed on children, people with disabilities & vulnerable clients and older people.

All the commissioning intentions were well received by the Board, with specific comments about the alignment of the services, consistency of provision and a move towards self-help.

Resolved

That the Board endorses the Commissioning Intentions for 2019/20 of the Clinical Commissioning Groups, Public Health and Adult Social Care, also noting:

1. The context for the development of the NHS South Warwickshire CCG, NHS Coventry and Rugby CCG and NHS Warwickshire North CCG ("the CCGs") draft commissioning intentions for 2019-20;

2. That the commissioning intentions documents are presented in draft version and may be subject to amendment prior to final presentation to:
    - NHS South Warwickshire CCG Members' Council
    - NHS Coventry and Rugby and Warwickshire North CCGs joint Governing Body meeting

6. **Annual Reports from the Safeguarding Boards 2017/18**

(a) Warwickshire Safeguarding Adults Board (WSAB)

Mike Taylor, Independent Chair of the WSAB presented this item. The Care Act 2014 required each Safeguarding Adults Board to publish an annual report, which formed the basis for its consultation on the strategic plan for the coming year. The report promoted the work of WSAB with the public, local multi-agency partnerships, as well as raising the profile of safeguarding adults in its area. It was the main means of demonstrating achievements and ensuring accountability to safeguarding partners.

The 2017/18 annual report presented an overview of the performance of member agencies and how effectively they had worked together to deliver the Board's strategic priorities. It illustrated how individuals were supported by different agencies to safeguard them from further/potential abuse or neglect. In 2017/18, WSAB had accomplished a number of key priorities, which were set out within the annual report.

In presenting the report, Mr Taylor made particular reference to the progress on 'making safeguarding personal'. He commended partners for their commitment, despite the budgetary pressures and staffing reductions being faced, which had impacted on attendance levels at some of the meetings. He also praised the work of WCC Trading Standards, for its work on reducing fraudulent activity and related safeguarding aspects.

The Board discussed this report and a useful addition to the key safeguarding facts would be further data for cases involving LGBT people, those with learning disabilities and cases related to faith. This point was acknowledged. Amrita Sharma, WSAB manager added that there were known cultural barriers deterring some people from reporting adult safeguarding issues, but through engagement and awareness raising communities were being given confidence to report abuse. Another point raised was the need to ensure that a fear of crime was not generated especially amongst older people.

(b) Warwickshire Safeguarding Children Board (WSCB)

Safeguarding children boards were also required to publish an annual report, evaluating the effectiveness of safeguarding in the local area. The report was submitted to the local authority, circulated to other local agencies involved in safeguarding children and to the Chair of the Health and Wellbeing Board. The WSCB 2017/18 annual report was not ready for publication. The reasons for this were outlined. The Chair apologised to the Board for this delay. He gave an undertaking to submit the report for consideration at the next Board meeting in January 2019.

The Chair paid tribute to Mike Taylor, who was retiring from his role as Chair of both boards.

Resolved

That the Board:

1. Receives the Warwickshire Safeguarding Adults Board Annual Report for 2017/18 and notes the progress it has made against its strategic priorities.

2. Agrees to receive the Annual Report of the Warwickshire Safeguarding Children's Board at its meeting in January 2019.

3. That the Board records its thanks to Mike Taylor for chairing both the Warwickshire Safeguarding Adults and Children's Boards.

7. Children 0-14: Unintentional Injuries

Helen King, WCC Deputy Director of Public Health presented this item. In Warwickshire, there had been a rise in childhood hospital admissions over the past few years related to unintentional injuries. They were now at a significantly higher level than the national and regional averages and the majority of Warwickshire's statistical neighbours. There was a responsibility for the local authority to reduce such hospital admissions. A small multi-agency group had been working to address this.

A full report on injuries leading to a hospital admission in 0-14 year olds in Warwickshire was provided on the Joint Strategic Needs Assessment website. A positive stakeholder workshop was held on 5th June 2018, which focused on how partners could work better together to prevent unintentional injuries. The workshop concluded that this required a whole system collaborative approach. Its outcomes were the need for strategic leadership, developing the workforce to 'make every contact count', focussing on five key injuries and that commissioned contracts/services include unintentional injury prevention responsibilities. A copy of the workshop report had been circulated. Evidence suggested that most unintentional injuries were preventable.

The stakeholder workshop agreed a focus in the first instance, on accident prevention for those aged 0-5. Subject to approval of the Board, the first steering group meeting would be convened in October 2018 and would be used to develop a three-year action plan focussed on the areas set out within the report. Six-monthly updates would be provided to the Board.

Resolved

That the Board:

1. Supports the development of a multi-agency steering group which will drive forward a three year accident prevention action plan;

2. Agrees the terms of reference and governance arrangements for this steering group, including reporting back to the HWBB, as well as other key strategic forums, (Warwickshire Children's Safeguarding Board, Children's Transformation Partnership Board, Children's Joint Commissioning Board).

8. Better Health, Better Care, Better Value Programme

An update was presented by Rachael Danter, the Programme Director for Better Health, Better Care, Better Value. The update covered the following areas:

- Integrated Care System update
- Transformational Programmes of Work
    - Proactive and Preventative
    - Maternity and Paediatrics
    - Mental Health and Emotional Wellbeing
    - Planned Care
    - Productivity and Efficiency

- o   Urgent and Emergency Care
- Enabling Programmes of Work
  - o   Estates
  - o   Digital Transformation
  - o   Workforce
- Related Programmes of Work
  - o   Cancer
  - o   Stroke configuration

There was discussion about the difference between accident and emergency (A&E) and urgent care services. An urgent care service was designed to help those with less critical conditions, to shorten waiting times for those with the most critical needs at A&E, especially during busy periods. Some services were co-located at hospital sites and in other cases they were on different sites. The location of services wasn't prescriptive. There was a lack of clarity amongst the public and frustrations for people struggling to get a GP appointment which resulted in some presenting at A&E. It was considered that this required a fuller discussion between clinicians and elected members, to see how to engage with communities and understand their concerns, to ensure that A&E was more efficient and not the default service used. Councillor Wallace Redford, Chair of the County Council's Adult Social Care and Health Overview and Scrutiny Committee had recently been in discussions with CCGs about the provision of more medical centres with co-located services rather than providing traditional GP surgeries. Other points raised were triage arrangements, service provision in neighbouring areas and the data that one third of those using A&E could have been treated elsewhere.

Further information was sought about capital funding bids. An outline was given of current bids and Rachel Danter agreed to provide a briefing note for circulation to the Board.

Resolved

That the update is noted.

9.   **Report of the GP Services Scrutiny Group**

The County Council's Adult Social Care and Health Overview and Scrutiny Committee commissioned a task and finish group (TFG) to review GP Services. A report was presented by Councillor Margaret Bell, who had chaired that group. She advised the Board of the drivers for the review and its objectives.

The TFG received evidence from a wide range of sources. This led to the formulation of the conclusions and recommendations shown in the submitted review report. Some of these recommendations required a Coventry and Warwickshire 'system approach' and were submitted for consideration and approval by the Board. The review report and its recommendations had already been approved by the County Council's Cabinet. The Board was asked to review the document, its findings and recommendations.

Dave Spraggett had contributed to the review and had found it and the resultant report to be very balanced. Councillor John Holland asked about healthy transport options.

Resolved

That the Health and Wellbeing Board:

1. Endorses the report of the GP Services Task and Finish Group.

2. Accepts the recommendations for the Coventry and Warwickshire health 'system' shown in Section 2 of the review report.

3. Confirms its decision to the Adult Social Care and Health Overview and Scrutiny Committee, in order that implementation of agreed actions can be monitored.

10.   **Briefing Papers**

Dr John Linnane provided three reports for the Board's information covering the following areas:

(a)   Warwickshire Better Together Programme
(b)   Feedback from the Place Forum
(c)   Joint Strategic Needs Assessment (JSNA)

Dr Linanne commented on each of the reports, referring to the progress made on reducing delayed transfers of care. He spoke of the progress made on the JSNA place based reviews. There had been good local engagement and from feedback a particular issue was access to and parking at some hospitals. Discussion took place about the number of voluntary community transport services. Coordination of these services could provide efficiencies. A particular aspect raised was provision of parking bays or drop off points at hospital sites for use by those providing the voluntary transport service.

Resolved

That the Board notes the updates.

11.   **Forward Plan**

The Board reviewed its forward plan for 2018/19. This listed proposed items for formal board meetings and the focus of the workshop sessions. In regard to the mental health update for the January 2019 Board meeting and particularly the aspect on suicide prevention, it was asked that this update include a focus on the services provided to former military personnel. This was agreed.

Resolved

That the Board updates its Forward Plan as indicated above.

12.   **Any Other Business (considered urgent by the Chair)**

The Chair reminded the Board of the decision taken in June about the Warwickshire HWBB being a signatory to the Prevention Concordat for Better Mental Health Services. This had been circulated to Board members electronically to seek approval. The Board formally endorsed the decision to be a signatory to the Concordat.

The Chair advised that a detailed report on the WCC Education Strategy would be provided at the January Board meeting and leaflets were available to provide initial information.

The Chair made reference to a request received for the Board to consider equality issues and Equality Impact Assessments when determining key strategy areas. A note would be circulated to all partners after the meeting to draw attention to this.

The meeting rose at 11.45am

………………..…………..
Chair

Health and Wellbeing Board
9 January 2019

Refresh of the Health and Wellbeing Strategy

Recommendation

That the Board endorses the refreshed Health and Wellbeing Strategy.

1.0   Key Issues

1.1   The current Health and Wellbeing (HWB) Strategy for 2014-18 has been refreshed up to 2020. It highlights the improvements in health and wellbeing that have been achieved since 2014, but recognises that more needs to be done.

1.2   The high level priorities have been retained; with a focus on preventing ill-health and reducing inequalities, building resilience in communities, and integrating services. The outcomes and areas of focus have been updated to provide a sharper focus and alignment with other activities in the system. The strategy will be supported by an annual delivery plan with areas of focus aligned to the joint Health and Wellbeing Concordat with Coventry.

1.3   The strategy covers 10 priority areas:
- Help our children and young people get the best possible start to life
- Enable people to effectively manage and maintain their physical wellbeing
- Improve people's mental health and wellbeing
- Enable older people to keep well and live independently
- Support our communities, enabling people to better care for themselves
- Empower individuals and communities to take control and responsibility for their own and the community's health and wellbeing
- Facilitate communities to take ownership of shaping and transforming local services
- Support people to remain healthy and independent in their own homes for longer
- Improve data sharing, IT infrastructure and health and social care governance
- Improve partnerships across the wider social determinants of health

1.4   The statutory duties of the Board are also highlighted; including the delivery of the place-based needs assessments from 2018-20, the Pharmaceutical Needs Assessment, and endorsing commissioning intentions.

1.5   The strategy also includes the development programme with Coventry HWB Board as the 'Place Forum', the Year of Wellbeing 2019 and the move towards Integrated Care Systems.

2.0 Options and Proposal

2.1 Following approval by the Board, the refreshed HWB Strategy will be published and shared with partner organisations. A Communications Strategy will also be developed to support delivery of the HWB Strategy.

2.2 Progress and priorities will be regularly reviewed by the HWB Executive Group. The areas of focus in the delivery plan will be reviewed each year and a further refresh of the strategy is planned in 2020.

3.0 Timescales associated with the decision and next steps

3.1 The refreshed HWB Strategy will be published on the Warwickshire County Council website and shared with partner organisations.

3.2 The Annual Review of progress will be drafted and presented at the next Health and Wellbeing Board on 1st May 2019.

3.3 The delivery plan and areas of focus will be reviewed each year and a further refresh of the strategy is planned in 2020.

Background papers
None.

	Name	Contact Information
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Portfolio Holder	Cllr Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:
Health and Wellbeing Board Chair and Portfolio Holder: Councillor Les Caborn.
WCC Councillors: Cllr Morgan, Cllr Redford, Cllr Golby, Cllr Parsons, Cllr Rolfe.

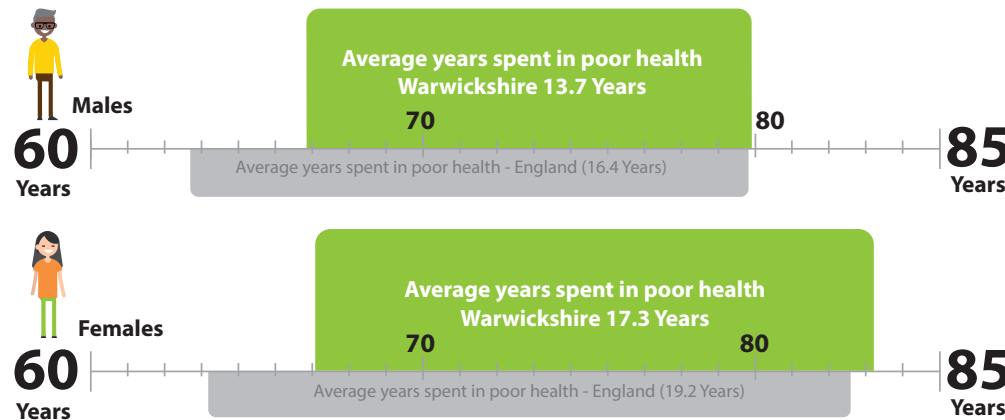# Warwickshire Health and Wellbeing Strategy

Introduction

The Health and Wellbeing Strategy is the overarching plan for improving health outcomes for Warwickshire residents. It is owned by Warwickshire's Health and Wellbeing Board, a collaborative partnership bringing together senior leaders from the county's Clinical Commissioning Groups and providers, the county, borough and district councils, Warwickshire CAVA, Healthwatch, NHS England, and the Police and Crime Commissioner.

Councillor Les Caborn, Chair
of Warwickshire Health &
Wellbeing Board

The Health and Wellbeing Board provides a county-wide approach to improving local health and social care, public health and community services, to address the wider determinants of health, reduce health inequalities and strengthen our communities. It has a statutory responsibility to understand current and future health and social care needs through the Joint Strategic Needs Assessment, to promote partnership working and integration, and improve commissioning and delivery of services.

The 2018 refresh of the Health and Wellbeing Strategy reflects the progress made since 2014, and responds to the rapidly changing context for health and social care. In particular, the refreshed Health and Wellbeing Strategy is aligned to the work of the joint Coventry and Warwickshire Health and Wellbeing Boards (the 'Place Forum') with a greater focus on prevention, a better understanding of local needs, and a more integrated approach to health and care across partners.

It is encouraging to see that health and wellbeing has improved in many areas across Warwickshire over the lifetime of the Health and Wellbeing Strategy from 2014 to

Males

60 Years

Average years spent in poor health Warwickshire 13.7 Years

70   80

Average years spent in poor health - England (16.4 Years)

85 Years

Females

60 Years

Average years spent in poor health Warwickshire 17.3 Years

70   80

Average years spent in poor health - England (19.2 Years)

85 Years

2018. Generally health in Warwickshire is good compared to the England average. On average, people live longer for both males (79.9 years) and females (83.6 years). The annual reviews have reflected the breadth of improvements made with partners across the health and care system.

We now have fewer children living in low income families, more children achieving a good level of development at the end of Reception, more young people are achieving GCSEs and are in education, employment or training, fewer young people are entering the justice system, and there are fewer

teenage conceptions. More adults are keeping physically active, fewer people are smoking, delays during transfers of care have reduced, and more people are staying at home after being discharged from hospital. More service users feel they have control over their lives, and report it is easier to find information about support.

However, there is still much more to be done. In line with the national trend, life expectancy is starting to reduce and people are spending more years in poor health - on average 14 years for men and 17 years for women.

The gap is even more marked for those living in deprived areas. We need to change lifestyles and behaviours that contribute to ill health, around what we eat and drink, our physical activity, and how we look after our mental wellbeing.

58.6%
of adults
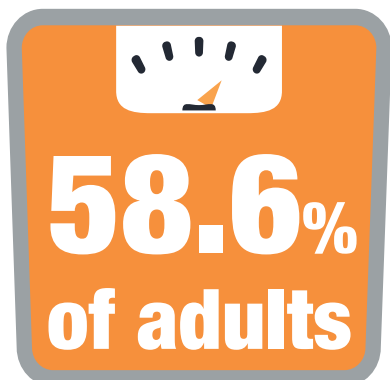
in Warwickshire are classified as overweight or obese

Warwickshire has more hospital admissions for alcohol specific conditions than the national average.

More children are being admitted to hospital for injuries than the national average.

Too many people are resorting to suicide, and more adults are accessing mental health services.

All of these issues impact on families and workplaces, and put pressure on health and social care services which are already stretched. Our aim must be to narrow that gap so that Warwickshire residents live most, if not all, of their lives in good health.

This refreshed strategy aims to have a sharper focus on prevention, early intervention and self-care to help people stay healthier for longer, and target the areas that need most support.

Our Priorities:

We will continue to focus on the high level priorities as we move forward:

1. Promoting independence

2. Community resilience

3. Integration and working together

These are priorities for all partners of the Health and Wellbeing Board. We all have a part to play in promoting the importance of prevention and wellbeing.

What do these priorities mean in more detail…

Priority 1: Promoting independence for all:

Independence is important throughout life, to prevent ill-health, disability and dependence on services. A greater focus on prevention, self-care and early intervention is vital at all stages of life to support people to be more independent.

Our priority areas:

1 **Help our children and young people get the best possible start to life.** We will work together in partnership to focus on the support we can give to families and communities through our Early Help Strategy and our Education Strategy for 2018-23. Key areas of focus include: Reducing smoking during pregnancy, improving GCSE attainment and numbers of young people in employment education or training, reducing teenage conceptions (particularly in Nuneaton and Bedworth), and working with partners to reduce hospital admissions of 0-14 year olds.

2 **Enable people to effectively manage and maintain their physical wellbeing**. We will focus on: Improving life expectancy and healthy life expectancy particularly in more deprived areas, helping people maintain a healthy weight (particularly for children starting school, and adults in North Warwickshire and Nuneaton and Bedworth), and reducing smoking.

3 **Improve people's mental health and wellbeing.** We will focus on: Improving prevention and early intervention for people with mental illness and dementia, and reducing the rate of suicide (particularly in Warwick and Nuneaton).

4 **Enable older people to keep well and live independently as they grow older.** We will focus on: Improving life expectancy and healthy life expectancy for people over 65 with greater prevention and early intervention work, providing more timely effective care in the community leading to reduced hospital admissions, and continuing to improve transfers of care.

Priority 2: Community resilience:

Communities are important for physical and mental wellbeing, where people support each other, and feel able to influence decisions about their area. Social isolation, unemployment, financial or relationship problems make it harder for people to cope. Strong communities are needed with local people developing support networks and having a role in planning the services they need.

Our priority areas:

1 **Support our communities, enabling people to better care for themselves.** We will focus on: Making it easier for people to access information about support available, and helping people feel they have greater control over their lives.

2 **Empower individuals and communities to take control and responsibility for their own and the community's health and wellbeing.** We will focus on: Improving access to information on health and wellbeing, and promoting local services available in communities. The Year of Wellbeing 2019 will be key in this area.

3 **Facilitate communities to take ownership of shaping and transforming local services.** We will focus on: Bringing commissioning and community organisations together to help improve and deliver services.

Priority 3: Integration and working together:

Services across sectors need to work together to provide support as effectively and efficiently as possible, and with a greater focus on prevention and early intervention.

Our priority areas:

1 **Support people to remain healthy and independent, in their own homes for longer.** We will focus on: Providing more proactive care out of hospital and reducing emergency admissions, and reducing the time spent unnecessarily in hospitals.

2 **Improve data sharing, IT infrastructure and health and social care governance.** We will focus on: Better sharing of data across organisations so people can have more 'joined up care'.

3 **Improve partnerships across the wider social determinants of health.** We will continue to focus on: Improving housing, community safety, education and employment to support health and wellbeing.

Delivering our Statutory Duties

Understanding Health and Wellbeing Needs

The Joint Strategic Needs Assessment (JSNA) provides valuable information on health and wellbeing needs across Warwickshire. Up to 2017, the JSNA was based around themes, for example mental and physical wellbeing. In 2017 we moved to a place-based approach, bringing together evidence from a range of partner sources to help us understand health needs and inform the commissioning of services more at a local level. A 'profiling tool' was introduced in September 2017 providing an overview of each area, and the rollout of place based needs assessments began in Atherstone. This approach is being introduced across Warwickshire from 2018 to 2020 across 20 areas, as shown in the map below:
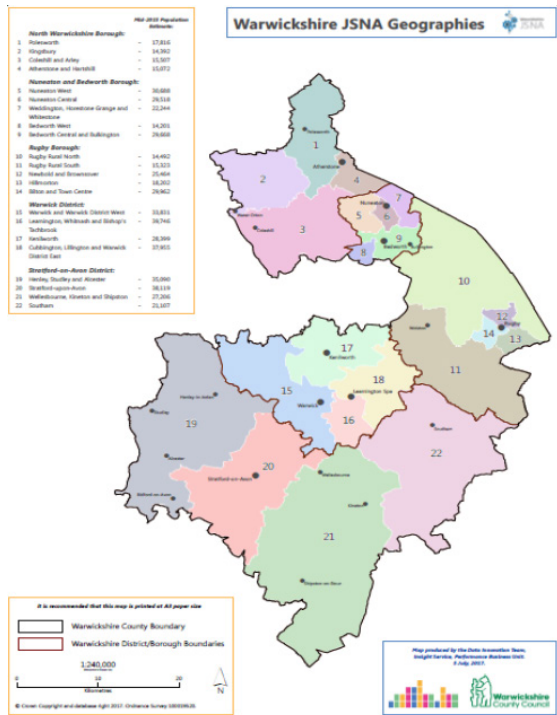
Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) looks at the pharmaceutical services provided in Warwickshire, including dispensing of prescriptions by community pharmacies, dispensing GPs and other providers, and other services available from community pharmacies. The last PNA was carried out in 2017-18 and showed pharmacy provision is sufficient, but there were local variations. A Pharmacy Steering Group has been set up to progress and monitor the recommendations.

Endorsing commissioning intentions

Each year commissioners are required to set out their priorities for the coming year and how they will improve the health of the communities they serve. In Warwickshire, the three Clinical Commissioning Groups (CCG's) are Warwickshire North, South Warwickshire and Coventry & Rugby. The last commissioning plans were all endorsed by the Health and Wellbeing Board in September 2018.

Working together to achieve our priorities

Self/Early Help

- Redesign of Smoking Cessation, Advocacy, HealthwatchDrugs and Alcohol, Dietetics
- Health and Wellbeing Portal
- Immunisations
- Quit for Good
- Signage
- Learning and Development – Specialist Falls, Nutrition, Hydration, Oral Nutritional Supplements, MECC, Five Ways to Wellbeing and Fitter Futures
- #Onething
- Substance Misuse
- 0-5 Redesign Project - early help
- Community Transport
- Stay Well in Winter
- Recovery Partnership
- Community Development
- BOP
- Respect Yourself
- Early Help
- Community Infrastructure
- 5 Ways to Wellbeing
- Building the Family Hub Offer - early help
- Social Prescribing
- Community Engagement
- Information and Advice enabling people to support themselves
- Dementia Friends
- Healthwatch

Self Help

Early Access

- Wellbeing for Warwickshire
- Reshape Information and Advise Contract
- Residential Based Care – Out of County and Disability Provision
- Big White Wall
- COMPASS
- End to End Assessment/Review
- Redesign
- Resource Allocation System
- Residential Short Breaks
- Maximise all Customer Charging
- OD & Culture
- Direct Payments
- Commission Early Intervention Models
- Health Checks
- Dementia Navigators
- Workforce
- Primary Care
- Fitter Futures
- Community Capacity
- Health Visiting
- Day Opportunities and Employment Support
- Social Care Capacity
- Advocacy Support
- Reshape Transitions Service

Early Access

80%

10%

Specialist Help

- Cardiovascular disease - Atrial fibrillation
- Falls Prevention
- Muscular Skeletal
- Sexual Health
- Enhanced Care Homes
- Moving on Beds
- Youth Justice
- Market Sustainability
- Paediatrics
- Supported Living
- Out of Hospital
- Housing Partnership
- Carers Strategy
- Extra Care Housing
- Dementia Strategy
- Maternity
- Diabetes
- Shared Lives
- Housing Related Support
- Domiciliary Care Market
- ICE
- Blue Sky
- HEART
- Homefirst
- Reshape Occupational Therapy Service
- Delayed Transfer of Care
- Quit for Good
- Home Environment Assessment and Response Team
- Health Planning
- Reduce the Need for Children Looked After - specialist
- Assistive Technology
- Integrated Place Based Teams
- Discharge to Access
- CHC/Joint Health Funding
- Population Health

Specialist Help

10%

Acute Help

- Ambulatory Care and Frailty
- Accident and Emergency

Acute Help

Upscaling Prevention	Upscaling Prevention	Upscaling Prevention
Mental Health	Mental Health	Mental Health
Cancer	Cancer	Cancer

Legend:
- Enabling
- Adult Customer Journey transformation
- Warwickshire Cares Better Together
- STP
- All
- Public Health
- Children's Transformation

Enablers: • Efficiency and productivity • One Team Project • Process Improvement • Productivity • Estates • Integrating Commissioned and Partner Services • Social Worker Retention and Recruitment • Information Technology • Patient Record • Communications • Human Resources and Organisational Development • STP
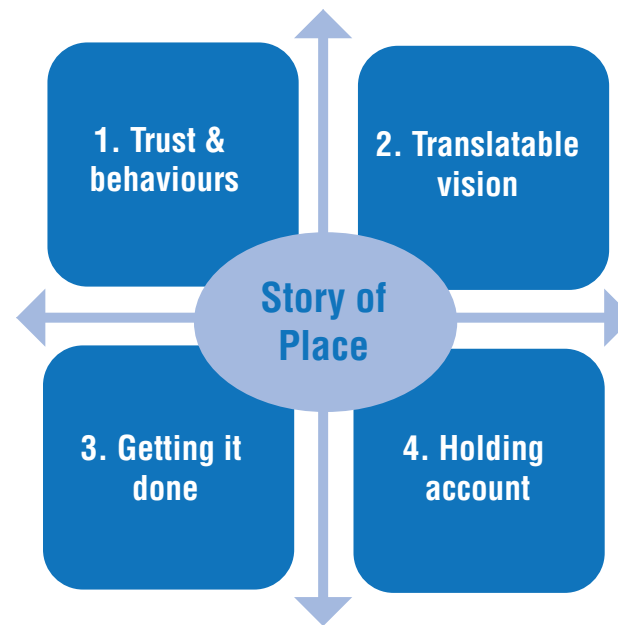
Working together – Development programme

In support of their role as system leaders, the Health and Wellbeing Board invests in developing the conditions to enable effective partnership working. It holds joint development sessions with Coventry Health and Wellbeing Board, as the 'Place Forum'. It is working together with a greater focus on prevention across Coventry and Warwickshire and has produced a Coventry and Warwickshire Health and Care 'Place Plan', which includes an updated concordat, a joint system design, greater sharing and visibility of information, and a Year of Wellbeing in 2019 with a strong focus on prevention to improve health and wellbeing.

Concordat

Place Plan

Story of Place

1. Trust & behaviours
2. Translatable vision
3. Getting it done
4. Holding account

Year of Wellbeing

Looking ahead – Work Programmes

Areas of Focus:

Each year, the Health and Wellbeing Board will focus on a number of specific areas which support the wider strategic priorities and principles in the joint Concordat. For 2019-20 the areas of focus will be:

- **Prioritising prevention** - with a Year of Wellbeing across Warwickshire and Coventry

- **Strengthening communities** - with a particular focus on improving housing and wellbeing with our district and borough councils, and also providing early help for vulnerable children.

- **Coordinating services** - working together to provide a better service to our customers, such as through the Out of Hospital programme.

- **Sharing responsibility** - we will commit to working together to improve the health and wellbeing of our communities, and review our plans and progress each year in our annual review.

We recognise that our progress and priorities should be regularly reviewed, so our areas of focus will be reviewed each year, and there will be a further refresh of the strategy in 2020.

Year of Wellbeing

The vision for the Year of Wellbeing is that "People in Coventry and Warwickshire will be part of a strong community, and feel inspired and empowered to improve their own health and wellbeing, and that of others, in 2019 and beyond." It will focus on celebrating all the good work currently underway, and three early themes of:

- **Children's Physical Activity**

- **Workforce wellbeing;** and

- **Start a Conversation**

During 2019/20 partners will also work towards the development of an Integrated Care System across Coventry and Warwickshire. This is a partnership of NHS organisations, local authorities, third sector and other partners working together to plan and commission care to improve health and wellbeing in local areas. Partners will work together to:

- Tackle key challenges facing the care system

- Integrate services to focus on those most at risk of developing acute illness

- Provide more community based services in partnership with social care, the voluntary and community sector

- The local Health and Wellbeing Partnerships of Warwickshire North, Rugby and South Warwickshire will play a vital role in delivering the health and wellbeing strategy to meet the needs of local people, with a greater focus on prevention, early intervention and self-care to help people stay healthier for longer.

Partners Involved

NHS
Warwickshire North
Clinical Commissioning Group

NHS
South Warwickshire
Clinical Commissioning Group

NHS
George Eliot Hospital
NHS Trust

NHS
South Warwickshire
NHS Foundation Trust

NHS
Coventry and Rugby
Clinical Commissioning Group

NHS
University Hospitals Coventry and Warwickshire
NHS Trust

NHS
Coventry and Warwickshire Partnership
NHS Trust

NHS
England

WARWICKSHIRE
CAVA
COMMUNITY & VOLUNTARY ACTION

RUGBY BOROUGH COUNCIL

North Warwickshire Borough Council

Nuneaton & Bedworth
United to Achieve

STRATFORD-ON-AVON DISTRICT COUNCIL

WARWICK DISTRICT COUNCIL

Warwickshire County Council

Public Health England

west midlands police and crime commissioner

Philip Seccombe **Police and Crime Commissioner** for Warwickshire

healthwatch Warwickshire

Health and Wellbeing Board
9 January 2019

Feedback from the Place Forum on 7 November 2018

Recommendation

That the Health and Wellbeing Board notes the feedback from the Joint Coventry and Warwickshire Place Forum held on 7th November 2018.

1.0 Key Issues

1.1 Warwickshire's and Coventry's Health and Wellbeing Boards met as the Place Forum on 7th November 2018 in One Friargate, Coventry. This was the fourth joint meeting, with over 40 attendees from a range of organisations.

1.2 The main aims of the session were:
- To endorse the vision and high level plan for the Year of Wellbeing;
- To develop an outcome framework to show how the Place Forum is adding value in delivering the Concordat;
- To update each other on changes affecting the Place Forum including the CQC local system review in Coventry, Transforming Care, and moving towards an Integrated Care System; and
- To agree actions to be done ahead of the next meeting on 6th March 2019.

1.3 The Place Forum supported the high-level plan for the Year of Wellbeing. Progress to date was noted, including the development of a communications strategy and branding; training of over 40 storytelling 'bloggers'; a range of physical activity in schools with over 20 schools recruited to the Daily Mile; nearly 50 organisations and services partnering the Year of Wellbeing; and a wide range of commitments made by Place Forum partners. Further support was requested for specific areas and is being progressed. Updates will be provided via the website www.yearofwellbeing.org.uk and a newsletter.

1.4 The Place Forum also provided feedback on the outcomes framework and noted the updates provided.

2.0 Options and Proposal

2.1 The Place Forum agreed a series of actions as part of the Place Plan (shown in Appendix A). In summary, it was agreed to:
- Progress plans for the Year of Wellbeing and secure resources from partners;
- Further develop the outcome framework, with support from local universities and other partners; and

- Continue to update each other on changes which impact on the work of the Place Forum, including ICS and the STP.

Significant progress has been made, and the Place Plan will be continually reviewed and updated as the work of the Place Forum develops.

3.0 Timescales associated with the decision and next steps

3.1 The focus of activity up to the next Place Forum on 6th March 2019 will include the following areas:
- Launch of the Year of Wellbeing;
- Further develop an outcome framework and performance dashboard;
- Produce a Place Forum update to share with partners;
- Progress the place-based JSNA rollout; and
- Continue to embed prevention and early intervention in other areas.

Background papers
None.

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The report was circulated to the following members prior to publication:
Health and Wellbeing Board Chair and Portfolio Holder: Councillor Les Caborn.
WCC Councillors: Cllr Morgan, Cllr Redford, Cllr Golby, Cllr Parsons, Cllr Rolfe.

APPENDIX A: Place Plan – Rolling Actions at November 2018

Trust and behaviours:	Products Delivered
Meet as a Place Forum every quarter to build trust; create a place wide model of care, outcomes and hold to account	☑ Place Forum established
Refresh the Concordat and use it to capture priorities for improving health and wellbeing and working together	☑ Updated Concordat
Translatable vision:	**Products**
Create a health and care system design for our place	☑ System Design
Use the Upscaling Prevention pilot to develop the common narrative and catalyst for the place	☑ Year of Wellbeing and narrative
Deliver place-based JSNA to inform service delivery	☑ Place-based JSNA rollout *NB This is underway but is part of a two year programme*
Getting it done:	**Products**
Make prevention and self-help the first chapter of all change programmes, pathway redesigns etc.	☑ Year of Wellbeing and narrative *NB Embedding prevention in other programmes is still work in progress*
Build one strategic, place based plan that is delivered coherently by various means (STP, BCF etc.)	☑ Place Plan
Holding to account:	**Products**
Strengthen place based governance and working arrangements to deliver against the Concordat	☑ Draft outcome framework *NB To be further developed for the March 2019 meeting*
Take collective ownership (coordinated through the Proactive & Preventative Executive) for making sure actions happen	☑ P&P Working group and P&P Executive
Strengthen communication and engagement between forums to keep people updated and engaged in product design	☑ Forum-wide update

Health and Wellbeing Board

9 January 2019

Primary Care Financial Update

Recommendation

1.   For information and noting by the Board.

1.0   Key Issues

1.1   NHS England presented an overview of Primary Care to the Board in May 2018.

1.2   The Board requested a summary overview of main areas of spend in Warwickshire for Medical (GPs), Optometry, Pharmacy and Dentistry.

1.3   NHS England delegated primary medical care commissioning functions to South Warwickshire CCG in 2015, Coventry and Rugby CCG in 2017 and Warwickshire North in 2018.

1.4   Following Delegation of primary medical care commissioning information on spend lies with the individual CCGs and not NHS England

1.5   Financial summary of directly commissioned services managed by NHS England

1.6   Section 7A Public Health Services commission Immunisation, Cancer and non Cancer Screening, Child Health Immunisation Services and Sexual Assault Referral Services

2.0   Options and Proposal

2.1   The table on the following page shows the directly commissioned services which are managed by NHS England. These are Screening, Optometry, Pharmacy and Dentistry. GP medical services are commissioned by CCGs following formal delegation and the CCGs now hold this financial information.

The Pharmacy budget for the whole of West Midlands is £93 million for 2018/19. Due to the financial reporting of the pharmacy contracts, we are unable to split this down to further geographical levels. The data is not contract specific when it is sent to NHS England local teams so we are unable to advise on the expenditure levels for the STP.

Figures for Section 7a Public Health Services do not include financial data for immunisations with are in the majority commissioned and delivered by GP medical service providers

	17/18 Actuals			18/19 Plan			18/19 Plan split by CCG Population		
	Coventry & Warwickshire STP	**£ per Head**		**Coventry & Warwickshire STP**	**£ per Head**		**Coventry & Rugby**	**Warwickshire North**	**South Warwickshire**
Screening	£ 7,981,008	£9.04		£8,912,174	£10.09		£4,080,461.91	£1,933,019.82	£2,898,692.10
Community Dental	£1,649,747	£1.87		£1,788,080	£2.02		£818,677.07	£387,828.40	£581,574.54
Secondary Dental	£6,068,242	£6.87		£6,267,950	£7.10		£2,869,797.17	£1,359,496.77	£2,038,656.06
Primary Care Dental	£43,138,669	£48.85		£44,314,115	£50.18		£20,289,332.68	£9,611,579.03	£14,413,203.61
Optometry	£5,416,255	£6.13		£5,540,488	£6.27		£2,536,726.93	£1,201,712.83	£1,802,048.51
Pharmacy									
Total	**£64,253,921**			**£66,822,807**					

NHS England directly commissioned services are commissioned in line with national guidance and are not necessarily generated by local patient need or demand. The majority of these services experience contract underspend as a national access formula is used which is not entirely relevant for West Midlands population.

Report Author: NHS England

Health and Wellbeing Board

9th January 2019

Preventing Homelessness Update

Recommendation

1   That the HWBB notes the feedback, options and proposals, following the Countywide Approach to Homelessness Prevention Conference, held on 27th September 2018. The Housing Board:

- Seeks HWBB approval to establish a Tackling and Preventing Homelessness Strategy group and establish reporting links directly into the HWBB.

- Seeks HWBB approval that this group commences work on establishing a   Countywide Tackling and Preventing Homelessness Strategy.

- Seeks HWBB approval to begin looking into the feasibility of piloting the Pathway model in Warwickshire.

1.0   Key Issues

1.1   Heads of Housing and the Housing Board were tasked with hosting a Countywide conference on preventing homelessness.   The conference brought together commissioners and providers to engage in constructive dialogue around system wide solutions for preventing homelessness and rough sleeping.

1.2   It examined the impact of housing on health, considered the countywide homelessness challenges, reflected on the early impact of the Homelessness Reduction Act 2017, considered the impact of welfare reform on tenancies and held a series of workshops facilitated by expert partners, which included:

- Supporting safe and timely discharges from an acute or community setting from attendance and/or admission to A&E
- Substance misuse and mental health
- Daytime street cultures - County lines/cuckooing
- Young people, care leavers and homelessness
- Homelessness and access to Primary Care
- Rough sleeping and getting people off the streets
- Homelessness and Domestic Abuse

1.3   The conference welcomed over 150 delegates who listened to keynote speakers from Pathway, the UK's leading homeless healthcare charity, which helps the NHS to create hospital teams to support homeless patients. Dr Nigel Hewett's presentation demonstrated a person centered, multidisciplinary approach. The Pathway model is evidence based, with various studies demonstrating a reduction in A&E attendances, unscheduled admissions, bed days and improved housing outcomes for the cohort.

1.4   Our second keynote speaker, Victoria Kell from the Ministry of Housing, Communities and Local Government, outlined details of the Homelessness Reduction Act 2017, in particular the Duty to Refer, the challenges and opportunities the new legislation presents and the manifesto that plans to halve rough sleeping by 2022.

2.0   Options and Proposal

2.1   It is evident, following feedback from stakeholders and providers that there is an appetite for a Countywide homelessness strategy. Acknowledging that District and Borough Council's are required to have such a strategy at a local level, stakeholders have discussed the value in having a Countywide perspective and vision on tackling and preventing homelessness. To that end, the Housing Board seeks HWBB approval to establish a Tackling and Preventing Homelessness Strategy group to commence work on a countywide strategy, with reporting links directly into the HWBB.

2.2 Following the presentation from Dr Nigel Hewett on the Pathway model and the clear presentation of evidence based practice, the Housing Board also seek HWBB approval to begin looking into the feasibility of piloting the Pathway model in Warwickshire.

3.0   Timescales associated with the decision and next steps

3.1   Following approval from the HWBB, the Housing Board proposes to gather on 20th December to discuss the Tackling and Preventing Homelessness Strategy Group, appropriate membership and a plan for how the board will take this forward.

Background papers
None.

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

Health and Wellbeing Board Chair: Councillor Les Caborn
Portfolio Holder: Councillor Les Caborn

Health and Wellbeing Board

9 January 2019

Better Together Programme and Adult Social Care Winter Fund 2018/19 progress update

Recommendation(s)

1. To note the progress of the Better Together Programme in 2018/19 to improve performance against the four national Better Care Fund (BCF) areas of focus.

2. To note progress against the High Impact Change Model.

3. To note the Adult Social Care Winter Fund allocation, conditions and agreed priority areas.

1.0 Better Together Programme Progress Update – 2018/19 Performance

1.1 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

   The 2018/19 target for this metric is 43.2 average daily beds delayed. The stable performance seen in quarter 1 has been maintained in quarter 2 with delays below (better than) or just above the target. At the end of quarter 2 2017/18 (September 2017) the average daily beds delayed was 64 and one year later at the end of September 2018 this has reduced to 46, which represents a 29% improvement in performance.

   This improved performance has been achieved whilst seeing increasing numbers of admissions and acuity of patients. Despite this health and social care colleagues across all nine acute and community sites, along with domiciliary (home care) and residential and nursing home providers, have and continue to work tirelessly to discharge patients safely.

The most significant improvements continue to be at the three main acute sites, Warwick, George Eliot and University Hospital Coventry and Warwickshire. The challenge now is to maintain this improvement during quarter 4 (the main winter pressures period), whilst continuing to reduce the number of days patients are delayed elsewhere in the system:

- in the community hospitals and
- Warwickshire residents at out of county providers.

Whilst the volume of delays in community hospitals and out of county providers is relatively low in comparison to the three main acute sites, they contribute a disproportionate number of delays.

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)
April 18	51	43
May 18	41	43
June 18	32	43
July 18	41	43
Aug 18	46	43
Sept 18	46	43
Oct 18	45	43

b. <u>Reducing Non-Elective Admissions (General and Acute)</u>

Non-elective admissions decreased by 0.3% in quarter 2 2018/19 compared to Quarter 1 but non-elective admissions were 5.9% higher than the same period last year. The main reason for the continued growth in volumes of non-elective admissions in quarter 2 was a 5.7% increase in A&E attendances of all ages and a 5.2% growth of those aged 65+.

NHS	65+ NEAs	All Age NEAs
SWCCG	+0.8%	+3.9%
WNCCG	+11.6%	+8.1%
Rugby	+5.2%	+6.9%
Total	**+5.1%**	**+5.9%**

Non-elective admissions from Warwickshire North CCG patients have seen the greatest growth compared with the same quarter last year (8.1%), while growth at Rugby and SWCCG was 6.9% and 3.9% respectively.

Non-Elective Admissions performance:

Quarter	Actual	Target	% over target
Q1 2017/18	13,309	13,138	1.3%
Q2 2017/18	13,281	13,280	0.0%
Q3 2017/18	13,818	13,289	4.0%
Q4 2017/18	13,388	13,003	3.0%
Q1 2018/19	14,123	13,827	2.1%
Q2 2018/19	14,076	13,985	0.6%

The main driver for growth in non-elective admissions is an increase in A&E attendances when compared to the same period in the previous year.

This is manifested by a 8.1% growth in A&E attendances of all ages at University Hospital Coventry and Warwickshire, 5.3% growth at South Warwickshire Foundation Trust and 3.5% George Eliot Hospital.

c. Reducing long term admissions to residential and nursing care 65+

Permanent admissions were 31% lower than quarter 2 17/18 and 28% below target in quarter 2 2018/19.

The target for 2018/19 is 724 admissions per 100k population, which equates to a quarterly target of 181.

Quarter	Actual	Target	% Over target
Q1 17/18	173	138	25.6%
Q2 17/18	189	138	37.2%
Q3 17/18	164	138	19.1%
Q4 17/18	170	138	23.4%
Q1 18/19	163	181	-9.9%
Q2 18/19	130	181	-28.2%

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 was 93%.

Year	Actual	Target (higher is better)	% Over target
2016/17	87.9%	86.8%	1.1%
2017/18	93.0%	89%	4%
2018/19	Data available in June 19	89%	n/a

2.0 Better Together Programme Progress Update – High Impact Change Model (HICM)

2.1 Progress continues to be made against implementing all eight changes in the model and the most recent self-assessment of progress is detailed below:

		Status as at Q1 18/19	Status as at Q2 18/19
Change 1	Early discharge planning	Established	Mature
Change 2	Systems to monitor patient flow	Established	Established
Change 3	Multi-disciplinary/multi-agency discharge teams	Established	Established
Change 4	Home first/discharge to assess	Established	Established
Change 5	Seven-day service	Established	Established
Change 6	Trusted assessors	Plans in place	Established
Change 7	Focus on choice	Established	Established
Change 8	Enhancing health in care homes	Plans in place	Plans in place

2.2 The national Better Care Fund target is to achieve 'Established' status by March 2019 and all sites and teams have local action plans in place to achieve this.

2.3 The local Better Health, Better Care, Better Value target is to achieve 'Mature' status against all 8 changes in the model, across all sites by March 2019. It should be noted that this is not currently on track to be achieved.

3.0 Adult Social Care Winter Fund allocation, conditions and agreed priority areas

3.1 In October 2018 the Department of Health and Social Care announced £240m of additional funding for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. The funding allocation for Warwickshire was £2.2m.

3.2 Agreement on how this fund will be used has been carried out in collaboration with Clinical Commissioning Group and acute trust partners and in conjunction with discussions around the use of the Improved Better Care Fund in 2019/20 to best support pressures across the health and care economy.

3.3 Following receipt of a number of requests for funding from partners across the system, a list of agreed schemes/cost pressures was prepared and agreed on behalf of Warwickshire County Council and Clinical Commissioning Groups by their representatives on the Warwickshire Cares Better Together Finance Sub-Group. This group then prioritised the pressures and requests from across the

health and care system, within the context of both the Adult Social Care Winter Fund and Improved Better Care Fund (iBCF).

3.4 The funding will be used to provide additionality throughout the winter across a number of areas, including:

- o Domiciliary care placements
- o Supporting carers with one-off grants (via Direct Payments) to minimise the risk of carer breakdown
- o Additional Care Home Trusted Assessors to support timely discharge
- o Additional Discharge to Assess placements
- o Additional social care workers in the acute hospitals
- o Additional transport from people ready to be discharged from hospital in the morning needing intermediate care or reablement
- o Additional support to care homes from GPs including medicines management support to prevent admissions into hospital

4.0 Timescales associated with progress reporting

4.1 The Better Care Policy Framework requires quarterly reporting and monitoring against the four national performance metrics and finances.

4.2 The Adult Social Care Winter Fund requires Warwickshire County to complete a plan indicating how the money will be spent, along with an update in January and a final report by 30 April 2019, detailing how the funding has been spent.

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.

WARWICKSHIRE HEALTH AND WELLBEING BOARD   Date: 12 December 2018

From: Rachael Danter, Programme Director

Title: Better Health, Better Care, Better Value programme update

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Better Health, Better Care, Better Value programme update

</div>

1   Purpose

The purpose of this report is to provide Warwickshire Health and Wellbeing Board with an update on progress to date on the Better Health, Better Care, Better Value programme, highlighting any key points as necessary.

2   Recommendations

The Board is asked to note this report and its contents.

3   Information/Background

3.1 Independent Chair

Professor Sir Chris Ham has been appointed as Independent Chair for Better Health, Better Care, Better Value. He will start in January 2019, after he has stepped down from his current role as Chief Executive at The King's Fund at the end of this year.

3.2 Integrated Care System update

There has been good progress made on our integrated care system (ICS) roadmap and the next stocktake with NHS England took place on 14th December.

The Better Health, Better Care, Better Value Board has agreed to work towards 14 strategic objectives that will help drive change in Coventry and Warwickshire. One of these objectives is the development of a Provider Alliance operating model. The four NHS providers are all working together to implement this.

3.3 Clinical Strategy

Senior clinicians from across Coventry and Warwickshire have worked together to develop a system-wide clinical strategy.

Together the clinical leaders make up the Clinical Design Authority (CDA), where they have worked to establish key clinical strategic principles and to develop a framework to support the delivery of the Better Health, Better Care, Better Value plan.

The clinical strategy sets out the current issues being faced across Coventry and Warwickshire's health and care system and identifies priority areas where services could be improved and transformed to deliver better outcomes for local people.

The CDA have used RightCare and Model Hospital data along with Clinical Commissioning Group (CCG) Improvement and Assessment Framework (IAF) indicators to identify the 3 priority areas which are Frailty, Mental Health and Musculoskeletal services (MSK).

The principles are intended to support the partners to make the most of their combined spending on health and social care, while ensuring that patients and communities are at the heart of all decisions.

3.4 Transformational Programmes of Work

Proactive and Preventative

The Proactive and Preventative work programme is focused on creating the system conditions to put prevention at the heart of health and social care.

Members of the Better Health, Better Care, Better Value programme team worked with colleagues across the system to hold a System Leadership Academy mobilisation day on 13 November. Nearly 50 health and social care professionals attended the event to help make proactive and preventative care happen across Coventry and Warwickshire. The session focused on identifying opportunities to build proactive and preventative care into strategies, services and change programmes to help people stay healthy.

The delivery plan and communications and engagement strategy for the Year of Wellbeing was signed off at the Place Forum on 7 November.

About 450 GPs, practice nurses and dietitians attended a joint Coventry and Warwickshire Diabetes Protected Learning Time (PLT) event on World Diabetes Day – 14 November – at the National Agricultural Centre, Stoneleigh. The event included a comprehensive range of workshops delivered by local and national health providers, patients, GPs, practice nurses and consultants, together with practical advice to help GPs with treatment, referrals and care plans. Feedback from the session will help to shape a Coventry and Warwickshire diabetes training and education plan.

The Better Health, Better Care, Better Value communications and engagement team organised a workshop in November for colleagues across the footprint on tackling loneliness and isolation. A system-wide communications and engagement plan will be developed.

Maternity and Paediatrics

Coventry and Warwickshire STP is on track for delivering the Continuity of Carer target Continuity of carer is the provision of care by a known midwife throughout the pregnancy, labour, birth and postnatal period and is associated with improved health outcomes for mothers and their babies. It is a key part of NHS England's Better Births programme and it is expected that by March 2019 20 per cent of new mothers will have continuity of carer. Engagement sessions with midwives have been held across all three acute Trusts to enable this to happen.

Earlier in the year, the Clinical Commissioning Groups (CCGs) spoke to more than 600 people, including local mothers, families, the community and voluntary sector, as well as frontline health and care staff, to learn from their experiences of maternity and paediatric services and work together to ensure these services are safer, more personalised, kinder, professional and more family friendly.

Building on these conversations, a Maternity Voices Partnership in North Warwickshire has been established and are looking to implement the '15 Steps' maternity quality audit. This looks at maternity services within 15 steps of walking into a ward, with patients and their families describing their first impressions of care, their surroundings and their overall experience.

The Provider Alliance is now starting a piece of work to consider the Paediatric pathway across a system and an initial work programme has been developed. A Paediatric Clinical Steering Group has been established.

Mental Health and Emotional Wellbeing

An event was held at Coventry Rugby Club on World Mental Health Day (October 10) where more than 100 service users, partners and other stakeholders were updated on the programme, progress made to date and ways in which they can get involved.

The event featured a market place showcasing local services and had breakout sessions to discuss specific elements, such as crisis cafes and a Psychiatric Decision Unit.

Two training sessions for GPs have taken place to improve the dementia diagnosis rate in Coventry and Warwickshire. Initial feedback has been positive, and the CCGs are monitoring the impact of the training throughout December.

The pilot Psychiatric Decision Unit is due to start in January, subject to estates work being completed and recruitment in place.

The Coventry street triage service, in which mental health nurses accompany police officers to incidents where police believe people need immediate mental health support, is to be piloted in Warwickshire. The service model is currently being developed.

Planned Care

The Better Health, Better Care, Better Value partners have continued to align work to both the national and local objectives. The STP is making good progress against all seven of NHS England's national milestones.

In September, Coventry and Warwickshire STP was awarded £67,000 of elective care transformation funding by NHS England. The investment will be used to support the development of a system-wide capacity and demand model.

Referral management schemes continue to be implemented and embedded within GP practices across the patch, with clinical peer review now at 95% in South Warwickshire.

The System Leadership Academy, which is made up of the STP programme team and colleagues from partner organisations across the system, held a Planned Care mobilisation day on 4 December. The focus was on urology, dermatology and ophthalmology. The partners agreed three commitments for each of these specialties, to enable better joined-up working.

These include:

- Developing a system-wide workforce for cystoscopy procedures and rotating staff around Trusts;
- Carrying out an STP-wide dermatology pathway review;
- Upskilling community optometrists through further education and training.

The commitments are now being implemented through the Planned Care Board.

Productivity and Efficiency

Work is underway to develop a shared finance system across the four NHS Trusts in Coventry and Warwickshire. The ambition is to have a system-wide finance solution hosted by one lead provider.

Seven solutions workshops took place in October and were attended by the Directors of Finance, Heads of Procurement and Finance System Managers from NHS provider organisations in Coventry and Warwickshire, together with Wye Valley NHS Trust.

These organisations have agreed the following:
- To identify a system-wide solution specification for five core areas: procure to pay; sales to cash; budgeting and forecasting; record to report; and technical systems and IT;
- To have a common finance system and a single chart of accounts across their health economy.

Contract renewal dates and suppliers have been mapped for each of the five provider organisations to ensure that they will continue to meet their existing contractual arrangements.

Successful deployment and implementation of the same finance system across the health economy will improve effectiveness and efficiency in procurement, payment and debt recovery processes, as well as improve financial control. This has the potential to reduce the cost of back office functions through consolidating functions, standardisation and adopting best practice.

Urgent and Emergency Care

All partners have worked collaboratively to finalise the 2018/19 winter plans.

Coventry and Warwickshire Partnership NHS Trust is implementing plans on behalf of the STP to use £347,000 transformation funding from NHS England for three schemes to support urgent and emergency care services by increasing mental health capacity.

The Better Health, Better Care, Better Value communications and engagement team has developed a system-wide winter communications and engagement plan to encourage people to use alternative services to A&E where appropriate. This includes making a series of short videos featuring advice from local health and care professionals. The videos are being promoted by all partner organisations.

University Hospitals Coventry and Warwickshire NHS Trust has undertaken a community hub review and is developing an action plan to drive improvements in discharges and delayed transfers of care. George Eliot Hospital NHS Trust has reported good performance in reducing delayed transfers of care and has been consistently under target since February.

The number of people attending emergency departments is continuing to rise across all three provider Trusts, but despite the increase, there are improvements in urgent and emergency care across Coventry and Warwickshire. For example, the number of patients with delayed transfers of care was 47 per cent lower between April and September than at the start of 2017/18. During the same period, there were nearly 15,000 fewer bed days across the patch due to reductions in the average length of stay, compared to 2017/18.

Further work has also continued to implement plans relating to both local urgent and emergency care objectives and national Five Year Forward View transformation milestones.

3.5 Enabling Programmes of Work

Estates

The aims of this programme are to optimise the use of estates across the health economy to improve patient services but also to operate as cost effectively as possible. The programme should also seek to explore any opportunities to bid for national funds.

The group has collated baseline data showing all the NHS partner organisations' assets and is working to identify how much of this space is non-clinical. A workshop was held in November to identify potential projects that could be delivered in the next 18-24 months to improve efficiencies within the health economy.

As any changes to estates need to be clinically led, the Estates Strategy group is currently working on identifying estates opportunities within the transformational work programmes. The Estates programme manager will work closely with the Clinical Design Authority (CDA) to ensure alignment with its strategic plans.

Digital Health

The Digital Health programme is working to identify areas where technology can be harnessed and deployed in the current system to provide better care and deliver efficiencies.

Better Health, Better Care, Better Value has received conditional approval for a Health System Led Investment (HSLI) bid to improve the digital maturity of the four NHS provider organisations across ten projects. These include remote video consultation, a single sign-on for clinical staff, electronic document management and a shared care records programme. The partners are now working through business cases for the ten projects.

Workforce

Workforce development priorities are emerging from the work programmes and being informed through the System Leadership Academy mobilisation days for Proactive and Preventative and Planned Care. Further mobilisation days are planned for the other transformational work programmes over the coming months.

The workforce transformation lead is working closely with Health Education England colleagues to ensure this organisation's offer of workforce support for the partners is being fully used.

A workforce strategy refresh is currently underway and an investment plan for workforce development priorities is being developed.

A review of the Local Workforce Action Board in Coventry and Warwickshire to support the delivery of the workforce priorities has been completed and the sub-structure is currently being established.

3.6 Related Programmes of Work

Cancer

The West Midlands Cancer Alliance has awarded £688,144 transformation funding to Coventry and Warwickshire STP to ensure that best practice is followed with four key tumour sites (lung, colorectal, prostate and upper gastrointestinal) and for living with and beyond cancer.

The Alliance is funding £15.2m across the West Midlands, including Coventry and Warwickshire, for transforming cancer care. One of the largest programmes is the digitalisation of pathology, which has been allocated about £8m. This will involve pathologists capturing digital images of slides of tissue sections, which can then be shared immediately with experts across the region. Benefits include faster diagnosis for patients and better information and collaboration for clinicians. The programme is currently in the procurement phase.

The Better Health, Better Care, Better Value partners are working together to improve take-up of cervical screening. The aim is to ensure all women and people with a cervix know how cervical cancer can be prevented and feel more confident to take up potentially life-saving smear tests. As part of this campaign, four public events are taking place next month in Coventry, Nuneaton, Leamington Spa and Rugby. Anyone who would like to find out more about the signs and symptoms of cervical cancer, learn how they can reduce their risk, or ask any questions about smear tests and the HPV vaccination, is welcome to attend. Medical professionals will be on hand to discuss any concerns people may have and dispel myths associated with screening.

Stroke

Residents from across Coventry and Warwickshire attended an options appraisal event on bedded rehabilitation last month. To ensure a mix of people offering a range of perspectives attended the meeting, invitations were mapped against the recognised nine protected characteristics and the integrated impact assessment. More than 40 people attended, including staff members who will be involved in delivering a future improved service. Feedback from the event will be utilised as part of an ongoing process to confirm the options for bedded rehabilitation before going out to public consultation.

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Warwickshire Health & Wellbeing Board
9 January 2019

Joint Strategic Needs Assessment (JSNA) Update

Recommendations

1. Note the updates for the first wave of the place-based Warwickshire JSNA programme.
2. Approve the proposed timeline for delivery of Wave 2.
3. Agree the proposed next steps including the action planning process.

1. Introduction

1.1. At its meeting on 10th January 2018, the Health and Wellbeing Board endorsed the delivery model for Phase 3 of the current Joint Strategic Needs Assessment (JSNA) programme. This involved the production of a suite of 20 needs assessments across the JSNA Geographies. These are scheduled across four waves of approximately five areas each, with each wave being completed in four to six months.

1.2. This paper provides a short update on progress with the JSNA work programme, including the place-based needs assessments themselves but also other supporting areas of work. The intention is to ensure Board partners are kept informed and engaged with the programme as the needs assessments are completed and the findings are used to develop action plans.

2. Key Messages

2.1. Steering group and stakeholder events have been held in all five districts and a diversity of engagement approaches have been implemented.

2.2. All data sets have been utilised to gather a big picture analysis.

2.3. A report and recommendations have been drafted for each area and stakeholders have been invited to input.

2.4. Action plans are currently being drafted for each area in wave 1 to follow on from the recommendations, once agreed in each local area.

2.5. Each local area had differing needs, however the process highlighted some emerging themes that are common throughout the county including:
    ○ Access to transport, in particular for those in rural areas
    ○ Address housing and homelessness
    ○ Improve communications and information sharing

- ○ Single Point of Access (SPA) to improve accessibility of support
- ○ Volunteering opportunities promoted better
- ○ Improve mental health, reduce risk of suicide and self-harm
- ○ More support for young people and children

3.   Next steps

3.1.   Action plans are being developed to implement recommendations and address local needs.

3.2.   Healthy South Warwickshire Grants funding is currently open as an early action to address JSNA identified needs.

3.3.   An interactive web tool is being developed for commissioners to use and for those who are interested in looking at local data.

3.4.   Local steering groups will continue to lead the process.

3.5.   Health and Wellbeing partnerships, along with local steering groups, will provide ownership of the action plans once developed.

3.6.   The Health and Wellbeing Board will be updated on progress at each meeting.

3.7.   Support is requested from the Board to ensure resources are directed towards the identified priority needs.

3.8.   In Wave 2, the JSNA Strategic Group has confirmed that the following communities will have a needs assessment:
- ● Stratford upon Avon
- ● Cubbington & Lillington/Warwick District East
- ● Rugby & Hillmorton
- ● Bilton & Rugby Town Centre
- ● Bedworth West
- ● Bedworth Central & Bulkington

4.   Timescales and next steps

December 2019	● Lessons Learned Activity and Review of Wave 1 ● Work streams agreed for Wave 2 delivery ● Finalise project plan for Wave 2
January – April 2019	● JSNA Community Profiles developed by Insight Service ● Steering Group Meeting 1 all areas ● Community Engagement Strategy implementation
May - June 2019	● Steering Group Meeting 2 all areas ● Reports developed with recommendations ● Sign off from steering groups
July – August 2019	● Action plans developed ● Endorsement Health & Wellbeing Partners ● Begin Wave 3

Background Papers

No background papers

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Portfolio Holder	Councillor Les Caborn	

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

Local Member(s):
Other members: Councillors Caborn, Redford, Golby, Parsons and Rolfe
District/Borough Health & Wellbeing Portfolio Holders

Health and Wellbeing Board

09 January 2019

Warwickshire Education Strategy 2018-2023

Recommendation

1. It is recommended that members of the Health and Wellbeing Board note and comment on the priorities in the Warwickshire Education (WE) Strategy and work with colleagues and partners to support its delivery.

1.0   Key Headlines

1.1   The Strategy says; "as a result of nurturing support from local communities, professionals, parents and learners with social, emotional and mental health needs will grow in confidence".

1.2   It commits that "we will help learners to bounce back when things get tough by developing expertise in colleges, classes, schools and settings to support resilience and emotional wellbeing. We will provide clear routes to access local support services".

1.3   It also commits to "implement a Warwickshire Workload Charter to help school leaders demonstrate that staff workload is reducing".

1.4   The Warwickshire Education Strategy has been implemented from September 2018. It identifies the key priorities for the education system in Warwickshire (details in the report). The four key priorities and leads for these areas are:

1. WE1 Early Years (Amanda King – amanadaking@warwickshire.gov.uk)

2. WE2 Education Curriculum (Paul Senior – paulsenior@warwickshire.gov.uk)

3. WE3 Family of Schools (Hayley Good – hayleygood@warwickshire.gov.uk)

4. WE4 Employability and Skills (David Ayton-Hill – davidaytonhill@warwickshire.gov.uk)

These will be expanded upon in the main body of the paper.

[Warwickshire Education Strategy 2018-2023](#)

2.0   Options and Proposal

2.1   The Warwickshire Workload Charter has been implemented as part of the Warwickshire Education Strategy. The charter is an initiative which is owned by and developed by Warwickshire County Council to ensure that teacher's workload is reasonable. Schools need to meet a set of criteria in order to qualify for this kite mark. Workload is the biggest issue driving teachers out of the profession. The aim is that Warwickshire Schools will be at the forefront of a journey to support how teacher wellbeing and workload can be best managed. The kitemark will be a sign of good practice and is a positive way to demonstrate that a school is taking workload seriously; this in turn aims to attract new teachers to Warwickshire Schools and retain them. Board members are invited to find out more about the Warwickshire Workload Charter and to comment on and note progress being made to introduce it to Warwickshire schools. This aligns with DfE guidance with a focus on reducing teacher workload. The following link provides further information:

[Reducing Teacher Workload](#)

2.2   Board members are asked to note the priorities below.

WE1 Early Years

"Our challenge is to foster children's love of learning from birth through early childhood and into Year 1 so that all young children achieve their potential.

Together, we will champion the Early Years Foundation Stage (EYFS). In 2018/19 we will:

• co-ordinate high quality training

• help parents to provide language-rich learning at home

• secure sufficient childcare

• check that safeguarding arrangements are robust".

WE2 Broad, empowering and Creative Curriculum

a) "The wellbeing of Learners currently missing education will improve as will their educational outcomes. By September 2019, all children and young people of school-age will have a suitable educational placement, and will be enjoying their learning. We will support children and young people who find conventional schooling difficult so that they can still achieve their potential".

b) "The gaps between the achievements of learners eligible for Pupil Premium: and those of their peers, will narrow, particularly at age 11 and 16. We will celebrate the achievement of pupils eligible for pupil premium funding and we will give

those who need it, extra support to catch up. We will check on this every November from 2019 to 2023".

c) "Children who are Looked After will be supported to reach their potential. We will provide a wide range of opportunities such as leisure activities and apprenticeships. We will remove barriers and raise educational aspirations for Children who are Looked After and Care Leavers".

d) "Learners with Special Educational Needs and Disabilities (SEND) will be able to succeed in schools and settings close to home, and they will be supported towards becoming independent and employable. We will continue to increase the number of high quality places in Warwickshire special and mainstream schools and settings. We will ensure that legal requirements for SEND assessments are met".

e) "As a result of nurturing support from local communities, professionals, parents and learners with social, emotional and mental health needs will grow in confidence. We will help learners to bounce back when things get tough by developing expertise in colleges, classes, schools and settings to support resilience and emotional wellbeing. We will provide clear routes to access local support services. We will implement a Warwickshire Workload Charter to help school leaders demonstrate that staff workload is reducing".

WE3 Family of Schools

"Our challenge is for all learners to enjoy a high quality learning experience. We will celebrate Warwickshire's Family of Schools: teaching schools, school companies, academies, community, Diocesan, maintained, multi-academy trusts, nursery, primary, secondary, special schools and school governors.

WCC will, on an annual basis:

• Anticipate growth in demand for places, maximising use of capital funding in local areas

• Efficiently administer school admissions.

• Continue to support governors in their vital role.

The Warwickshire Challenge Board will continue to lead and coordinate school improvement and will organise support for schools facing difficulties. Teaching schools and multi-academy trusts will be invited to contribute to the school-led system. In 2019 a new 'App' will be developed to promote the success of Warwickshire schools in relation to WE 1, 2, 3 and 4".

WE4 Employability and Skills

"Our challenge is to champion employability by promoting the best opportunities for all learners so that:

• The local economy can grow

• Young people can take on the responsibilities of adult life and wider participation in higher education

• Adult learners contribute to the local economy

• Young people make informed choices

• Young people move successfully into sustainable employment

We will develop and implement a county careers strategy, including apprenticeships, introduction of T-levels, monitoring numbers not in education, employment or training and liaison with the widening participation strategy".

3.0   Timescales associated with the decision and next steps

3.1   We will measure our success in July 2019, followed by a review before the second year commences. At this point we aim that every school and college will be encouraged to appoint a designated lead for mental health. At this point we aim that 12 schools will have achieved the Warwickshire Workload Charter.

3.2   By 2020, named leads will be in place in all schools. Every school and college will have a designated lead in mental health, who works closely with the School Nurse and other relevant professionals. The Warwickshire Workload Charter will be embedded throughout the county and workload for education staff will be reasonable.

Background paper

1.   Warwickshire Education Strategy 2018-2023

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

Local Member(s): None

Other members: Cllr Caborn, Cllr Morgan, Cllr Redford, Cllr Rolfe, Cllr Golby and Cllr Parsons

Health and Wellbeing Board

9 January 2019

Warwickshire Safeguarding Children's Board
Annual Report 2017-2018

Recommendation

1. The Health and Well Being Board receive Warwickshire Safeguarding Children's Board (WSCB) Annual Report for 2017-2018 (**Appendix.1**) and note the progress it has made against its strategic priorities; and how this has contributed towards vulnerable members of our communities being supported to be independent and safe.

1.0 Background

1.1 Working Together (2015) requires each Local Safeguarding Children Board to produce and publish an annual report evaluating the effectiveness of safeguarding in the local area.

1.2 The report is submitted to the Leader of the local authority and to the Chief Executive, reflecting the fact that currently overall accountability for the safety and welfare of children and young people resides with them. It is also sent to relevant Clinical Commissioning Groups and the Police and Crime Commissioner reflecting the lead agency roles of Health and Police in safeguarding children. A copy should also be lodged with the Chair of the Health and Wellbeing Board.

2.0 Content and Outcomes

2.1 2017-2018 remained a busy year for WSCB. Amongst conducting its statutory functions of carrying out serious case reviews and maintaining an overview of child deaths across the county, the Board was also placed under the scrutiny of an Ofsted Inspection in May 2017.

2.2 The Inspection found a number of areas of good practice, pertaining to:

- The work of the Child Death Overview Panel; and
- The development of a robust understanding of children missing and at high risk of sexual exploitation

It also identified a number of areas requiring improvement, as illustrated below:

- LSCB needs to complete a review of the effectiveness of the early help offer without delay.

- LSCB needs to ensure effective monitoring and evaluation of multi-agency and single agency auditing of safeguarding practice.
- LSCB should ensure it has a full understanding of any gaps in the provision of equitable services to children who have a disability or are of different cultural and ethnic background
- LSCB needs to ensure that neglect screening and assessment tools are implemented and that a plan is in place to review their effectiveness.

Good progress was made in respect of Early Help with the engagement of the Local Government Association in a Peer Review, which resulted in a defined action plan and engagement with the Board in the formulation of an Early Help Strategy. This provides WSCB with a clear role in monitoring delivery against the Strategy and the newly developed Threshold document.

A Neglect toolkit has now been developed and implemented, the effectiveness of which will be evaluated through audits and other scrutiny work.

2.3 WSCB continued to deliver a multi-agency training programme throughout the year, building into the content areas of learning identified through serious case reviews and child death reviews, to promote awareness and understanding.

2.4 The performance data for 2017-2018 presents the following information:

- Number of contacts and referrals received remained relatively the same as the previous year, whilst the source of referrals coming in from individuals, family/relative or carers and acquaintances continued to rise **(1,995 in 2016-2017 to 2,552 in 2017-2018)**. This could be interpreted as there being more confidence amongst individuals to make referrals and seek support.
- Number of Looked After Children continued to rise from **698 in 2016-2017 to 711 in 2017-2018.** This trend is also reflected in the number of Children subject to Child Protection Plans **(439 in 2016-2017 to 564 in 2017-2018)**
- **Males remained the highest number of children subject to a Child Protection Plan** in line with previous years (with the exception of 2016-2017, when females were the highest recorded number)
- **Multiple types of abuse was registered as the highest category of abuse** for Children subject to a Child Protection Plan, followed by Emotional Abuse and Neglect

2.5 The review of Working Together to Safeguarding Children has enabled the Board to engage in discussion with Warwickshire Safeguarding Adults Board (WSAB) to look at any opportunities, which would help to better align/strengthen the work of the two boards, providing a 'Think Family' approach to safeguarding across Warwickshire; and ensure better use of resources.

These discussions continue to take place as the strategic lead partners start to define the new partnership arrangements for the LSCB, which will replace the Board with effect from June 2019 under the guidance of the new Working Together 2018 statutory guidance.

3.0 Conclusions

3.1 The Annual Report has now been published on the Safeguarding Warwickshire website and distributed amongst partner organisations for wider circulation.

Background papers

1. WSCB Annual Report 2017-2018

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Warwickshire
Safeguarding
Children Board

Annual Report

2017 – 2018

Working Together (2015) requires each Local Safeguarding Children Board to produce and publish and annual report evaluating the effectiveness of safeguarding in the local area. The report is submitted to the Leader of the Local Authority and to the Chief Executive, reflecting the fact that currently overall accountability for the safety and welfare of children and young people resides with them. It is also sent to relevant Clinical Commissioning Groups and to the Police and Crime Commissioner reflecting the lead agency roles of Police and Health in this context. A copy should also be lodged with the Chair of the Health and Wellbeing Board.

The guidance states that the annual report 'should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of these weaknesses and the action being taken to address them'. In doing so this, the report will identify achievements and progress as well as identifying challenges and demonstrating the extent to which the functions of the Safeguarding Board are being discharged. This will include commentary upon the Serious Case Reviews commissioned by the Board and the progress made with actions arising from them along with a report on the performance of the Child Death Overview Panel.

Contents

1.   Introduction by the Independent Chair

I took over the post of Independent Chair of the Warwickshire Safeguarding Children Board (WSCB) on 1st November 2017 when David Peplow concluded that the moves to more integrated working across the two safeguarding boards and the move to appoint a Joint Chair for each would be more effectively managed with an interim Chair in post. I have chaired the Safeguarding Adults Board in Warwickshire for three and half years to that date.

This report reflects the major challenges which the Board has faced throughout the year and contains what I trust to be a fair analysis of the varied degrees of success in meeting these. The context is important to note. Successive years of budget reductions to all agencies responsible for safeguarding services have resulted in increased pressure on managers and staff to meet statutory requirements and respond to the demands of inter-agency constructs such as LSCB's. This has been reflected by fluctuating attendance at Board meetings and our inability to secure Chairs for Sub-Committees. Alongside this, as evidenced in our dataset, numbers of child protection cases and plans have increased along with the complexity of needs being identified.

The LSCB has operated with a revenue deficit budget throughout this year and has only been able to sustain its operation and the delivery of the volume of Serious Case Reviews by applying non-recurrent balances from underspends in previous years. Much time has been spent on budget analysis and attempting to secure balanced estimates for 2018/19. This has been achieved

by collaborative effort with the Safeguarding Adults Board and aligning budgets and support service functions.

The production of the draft Working Together and the consultation upon this, whilst a positive initiative, raised questions as to the future of the Board and its support function as well as delaying the integration programme of scrutiny of safeguarding for both adults and children in Warwickshire. The final version, published in April 2018, needs urgent consideration by the Safeguarding Partners with proposals for local safeguarding arrangements and the independent scrutiny of these needing to be published.

The Ofsted process is time-consuming both in preparation and the time spent during the inspection. The judgement reached that the LSCB requires improvement is a fair one. However, there is a real danger that any action plan will focus on the identified shortcomings and the good practice will be taken for granted. The Board will need to decide how best to integrate this work into its Strategic Plan going forward rather than continue to address it as a discrete item.

I have only Chaired the Board for a short period and am aware of the difference in business management and overall culture between the two Safeguarding Boards in Warwickshire. There will be opportunity to rationalise the strategic plans and the operation of the two Boards going forward with the potential for change in applying Working Together 2018. The shift away from a residual local authority sole responsibility is an essential element in securing the change required in my view.

Finally, I want to acknowledge the commitment of all engaged with the work of the Board to securing the best outcomes for vulnerable children in Warwickshire. I have outlined the

challenges to this above and these are covered in more detail in this report. There is evidence of good practice and of sound policy and procedures development which reflects the LSCB contribution to multi-agency working. There needs to be greater confidence in promoting successes in safeguarding along with raising the awareness of need and the places to express concern. Without this, there will be hidden experiences of abuse and the suppression of access to help through the power of the abuser.

I wish my successor as Chair well. There is strength in the multi-agency commitment and the support to the LSCB which gives a great foundation upon which to build the future safeguarding services for children in Warwickshire.

Mike Taylor

Independent Chair

WARWICKSHIRE SAFEGUARDING CHILDREN'S BOARD

2.   Statutory Basis for the LSCB

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

- producing local inter-agency safeguarding policies and procedures
- reviewing the deaths of all children in its area to identify learning which may prevent future child deaths (Child Death Overview Panel)

- conducting Serious Case Reviews into the deaths of any children where child abuse or neglect are known or suspected, or cases
- where children are seriously harmed by abuse or neglect and poor multi-agency working may have been a factor
- evaluating the effectiveness of children's safeguarding in the area
- publishing an annual report on the effectiveness of child safeguarding arrangements in the area

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

3.   Budget

In 2017/18, the LSCB **INCOME** was **£125,105**

This was made up of agency contributions:-

Police £17,508;

Health CCG's £32,952;

Districts and Boroughs x5 £10,260;

Warwickshire County Council £41,187;

Direct Schools Grant £18,500;

Community Rehabilitation Company £4,148;

CAFCASS £550.

LSCB **EXPENDITURE** was **£157,074**

Staffing Costs – Development Manager, Business Support Officer & Learning and Improvement Officer £127,239

Independent Chair £20,000

Procedures Manual £3,400

Training Expenses and Conference £2,949

Office Costs and Printing £3,486

There was a sum of non-recurrent balance from previous years £47,000 carried forward.

With the non-recurrent balance applied and some income from Training, the carry forward to 2018/19 of balances was £18,000

There was also expenditure on Serious Case Reviews in 2017/18 which totalled £42,580. This budget was topped up by partner contributions in year and was balanced by application of previous years' underspends.

It is also worth noting that the SCB Development Manager contributed 26.5 days in this year specifically to SCR work and contributing directly to reviews. This kept these costs down, but it has to be questioned whether this was best use of this officer's time and whether the objective oversight of the review activity required by the Board could be guaranteed.

It was clear from the start of 2017/18 that the revenue budget and the funding for SCR work could only be sustained by the application of non-recurrent balances. The budget situation was compounded by the decision in 2016/17 by Warwickshire County Council to withdraw its discretionary £40,000 grant for safeguarding learning and development purposes, previously paid to each Board. The SCB did not address this revenue deficit and consequently will be facing an unbalanced budget in 2018/19 unless decisions are agreed to increase income or reduce expenditure.

4.   Commentary upon Reported Activity

The Dataset for the year is provided within Appendix. A

The Board has found it difficult to receive and collate activity measures in this year as the performance monitoring has been hampered by a lack of a Chair for the relevant sub-committee for more than half the year. The Board has received quarterly reports and had opportunity with the covering report to comment upon the data and initiate action in response.

Some relevant statistics:-

- **The number of children subject to Child Protection Plans increased in this year by 28.5% - rising from 439 to 564. This reflects the national trend but our numbers are above the statistical neighbour average;**
- **The proportion of Black and Minority Ethnic children subject to a CP Plan decreased slightly and was at 9.2% at the end of the year. However, there is still under-recording of information on children from minority ethnic and linguistic groups with figures lower than would be expected when compared to the Warwickshire population. This makes monitoring and trend evaluation inconsistent. This issue was identified by Ofsted – see below – and has been a repeated item for discussion at Board meetings with pressure upon all agencies to improve identification and recording;**

- **At March 31, 2018, 26 disabled children (4.6%) were subject to a CP Plan. The prevalence of children with a disability in Warwickshire stands at 6% and it is well recognised that this group are more vulnerable to abuse and requiring safeguarding services. Consequently, this low figure is concerning. Again, this was raised by Ofsted and has been a subject of regular discussion at the Board.**
- **There were 905 episodes of looked after children recorded as Children Missing/Away from Placement without Authorisation in 2017/18. This was in relation to 145 children with 90 children having multiple episodes – with 10 children having 10+ episodes in the year.**
- **The percentage of children who ceased to be subject of a CP Plan in 2017/18 who had been such for 2+ years stood at 5.9% - a 1% increase on the previous year. This suggests that the complexity of cases along with the need to test judgement on the reduction of risk mean that more time is required. Setting this alongside the increase in number identified in a. above results in higher demand upon the time of safeguarding workers.**

5.   Child Death Overview Panel

The CDOP (Child Death Overview Panel) panel provides a systematic review of the deaths for all children who die in England aged between birth and the day prior to their eighteenth birthday. The CDOP report explores the statistical and qualitative conclusions that derived from panels held in Warwickshire, Solihull and Coventry during the year April 2017– March 2018.

Paragraph 127 In the Ofsted report on the LSCB summarises the performance and delivery of this Panel:-

'The child death overview panel subgroup operates effectively to review child deaths and recommend changes or improvement to services. It operates on a sub-regional basis across three authorities. A robust approach to tracking and ensuring that actions are completed ensures shared learning. Development of profession-specific templates for gathering information has improved information sharing. The involvement of parents in the process represents good practice, and this has resulted in improved information and specific actions to improve services, such as the provision of a 'goody bag' to new parents, with advice and items to support safer sleeping'.

17 panels were held across the sub-region during the year 2017-2018 and a total of 77 deaths were reviewed. Of the 77 deaths reviewed 34 were from Warwickshire, 28 from Coventry and 15 from Solihull. Of the 34 deaths from Warwickshire were categorised into 9 'Generic Themes', see below:
- Deliberately inflicted injury, abuse or neglect – no reviewed deaths within this category in this reviewing year
- Suicide or deliberate self-inflicted harm – There was a single self-inflicted death within this category in this reviewing year
- Trauma and other external factors – There were three traumatic deaths examined in this year's panel

- Malignancy – Accounted for 1 death within Warwickshire this year
- Acute medical or surgical condition – There was 1 death attributed to this category
- Chronic medical condition – There was 1 death attributed to chronic conditions in this annual review period
- Chromosomal, genetic and congenital anomalies – There were 6 deaths reviewed under this category this year
- Perinatal/neonatal event – There were 20 deaths that were attributed to prematurity
- Infection – There was 1 death attributed to this category this year

Warwickshire's panel raised 30 different actions in the year, these actions mainly consisted of feedback and learning and are listed in the CDOP Annual Report 2017-18.

6. Serious Case Reviews

During 2017-2018 WSCB commissioned 2 SCRs following thorough scoping of the circumstances surrounding each case by the Special Cases sub-committee. Lead Reviewers were commissioned to progress the reviews, jointly with the WSCB Business Development Manager. Learning from these reviews has identified a number of recommendations for improvements/changes to practice and procedures. Both reports are awaiting publication at the moment.

Key findings from the reviews were as follows:
- Written agreements; understanding their limitations, does not ensure the safety of a child → No reference to written agreements in any statutory legislation
- Understanding of what is being safe for mum and child; when coercion, control and historical domestic abuse is known → What has previously been reported? Are all professionals involved in core groups given the most up to date CP plan, Social Workers reports?
- Vulnerability of being pregnant/new born baby → Increase in risk factor during pregnancy (20% of women in Refuge services are pregnant/recently given birth)
- Interagency sharing of known information with GPs → If therapeutic services are being arranged by Children's Services

7. Ofsted Inspection of the Local Safeguarding Children Board

This took place over 3 weeks in May 2017 and the report was published on 14 July 2017. The conclusion was that Warwickshire LSCB requires improvement.

The recommendations in this section of the report were:-

1) **Complete a review of the effectiveness of the early help offer without delay. The board should ensure that a threshold document is in place that helps partners to understand and apply thresholds when making decisions about their roles in supporting families or referring to children's social care.**
2) **Ensure effective monitoring and evaluation of multi-agency and single-agency auditing of safeguarding practice across all partners.**
3) **Ensure that the board has a full understanding of any gaps in the provision of equitable services to children who have a disability or are of a different cultural and ethnic background, in order to assure itself that services are meeting the needs of all children.**
4) **Ensure that neglect screening and assessment tools are implemented and that a plan is in place to review their effectiveness.**

The Board compiled an action plan to address these core elements and this has been monitored through sub-committee activity and by the Board.

Good progress was made in respect of Early Help with the engagement of the Local Government Association in a Peer Review which resulted in a defined action plan and engagement with the Board in the formulation of an Early Help Strategy. This engages the safeguarding partners and gives the LSCB a clear role in monitoring delivery. A new Threshold document has been promoted through inter-agency training and workshops and has a prominent position on the website link.

Improving monitoring has been limited by the inability to identify a chair of this sub-group and to sustain its activity. This issue has been resolved with helpful input from a CCG lead.

As commented above, the need to obtain meaningful data on the groups identified in recommendation 3 along with more effective outreach and communication of safeguarding services is well understood and needs more specific focus going forward. The development of the website and the learning from the work commissioned by the Safeguarding Adults Board in relation to the BME communities will assist.

Detailed work has been undertaken on a neglect toolkit and this has been published and implemented with an evaluation programme.

There were positives identified in the Ofsted Report. Child Death Overview Panel – noted above – and the development of a robust understanding of children missing and at risk of sexual exploitation with the introduction of the multi-agency child sexual exploitation team and the Sexual Assault Referral Centre highlighted. Alongside this was praise for the multi-agency training programme with the range of media used and the development of training the trainers in single agency settings being highlighted.

8.   Training and Development

As noted in the budget section above, the withdrawal by Warwickshire County Council of its discretionary allocation of £40,000 per annum to fund this activity has resulted in a revenue deficit. The Board decided to continue funding this post holder and the allied budget in 2017/18 applying non-recurrent reserves to balance the budget.

Through this function, the Board meets its requirement under Working Together 2015 to provide a safeguarding learning and development framework for all multi-agency practitioners, including volunteers, working with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result. This framework needs to reflect policy and practice changes as well as identify training needs from serious case reviews, inspections etc. The Board also invests in direct provision of training courses and other activities such as screening of documentaries and supporting theatre workshops.

The summary of the training programme course and attendees demonstrates the range of training delivered in 2017/18. It also highlights the disproportionate take-up by 'local authority' related services with the Police overall attendance at 17% - almost entirely related to one course – and Health at 3%. Partner agencies question the return they are receiving from their investment through the Board budget to this activity and this will need to be addressed both in terms of the revenue budget and the cost/benefit to partners in safeguarding.

% of attendees by agency type

- WCC (not Education) — 29%
- Health — 3%
- Police — 17%
- PVI/Commissioned services — 17%
- Foster Carers — 8%
- Education providers — 15%
- Early Years — 1%
- Other — 1%
- WCC Adults — 1%
- Vountary/Charitable — 8
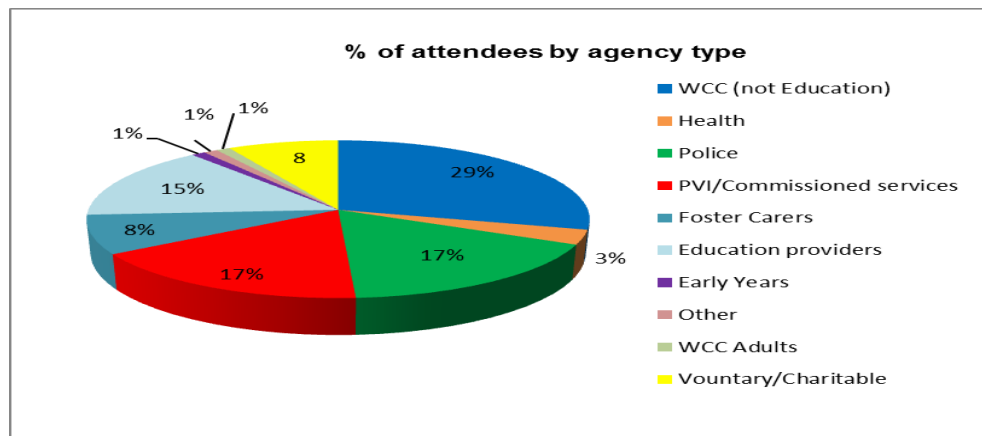
9. Working Together – Review

Throughout this year there has been a major review of Working Together to Safeguard Children – the government guide to inter-agency working to safeguard and promote the welfare of children. The Board has worked to the 2015 version of this guidance to date. The early drafts and the consultation feedback indicated a decision to make safeguarding the joint responsibility of the Safeguarding Partners – the Local Authority, Police and Clinical Commissioning Groups – with a duty both to deliver effective local arrangements for safeguarding and to set up a robust system of independent scrutiny to provide assurance in judging the effectiveness of local services to protect children. There is no prescription in the guidance as to the mechanism for achieving this – all published arrangements themselves should set out the plans for scrutiny by an independent person, how the arrangements will be reviewed and how any recommendations will be taken forward. Safeguarding partners must publish an annual report which has been independently scrutinised. There is no presumption of continuation of the LSCB model defined in guidance to date. These factors were confirmed by the publication of the final version in April 2018 and the delivery against this guidance within the defined timescales will be a major piece of work for Safeguarding Partners, informed by the LSCB, with the arrangements published by April 2019 and implemented before end June 2019.

10. APPENDICIES:

A. WSCB Safeguarding Data – 2017-18
B. Lead Agency Reports on Safeguarding Children Activity 2017/18
C. Multi-Agency Training Report 2017/18
D. WSCB Membership Attendance at Board

APPENDIX.A – WSCB Safeguarding Data 2017-18

SECTION 2: CHILD SOCIAL CARE - REFERRALS & STATUTORY ASSESSMENTS
Please note that the quarterly data in these tables, although of benefit because they illustrate activity trends,
may not be reflective of our annual return as we will need to undertake further validation
and data quality checks at the end of each financial year.

2.1 Contacts, Referrals & Assessments to Child Social Care Teams

	Previous Year End Data					Q1 2017/18 Cumulative from 1 April 2017	Q2 2017/18 Cumulative from 1 April 2017	Q3 2017/18 Cumulative from 1 April 2017	Q4 2017/18 Cumulative from 1 April 2017
	2012/13	2013/14	2014/15*	2015/16	2016/17				
Number of contacts received during the year	10,059	10,847	14,846	18,929	12,797	3,539	7,133	10,509	13,993
Number of referrals received during the year	6524	8154	5890	5975	10,546	2,943	5,409	8033	10,750
Number of referrals moved on to assessment during the year	3525/6524=54%	4546/8154=55.8%	3091/5890=52.5%	3818/5975=63.9%	3690/10546=35.0%	1247/2943=42.4%	2257/5409=41.7%	3366/8035=41.9%	4544/10750=42.3%
Number of Core Assessments started during the year	847	822	736	562	No longer applicable since moving to single assessments				
Number of Single Assessments started during the year	Rugby Children's Team piloted the new single assessment form on Carefirst from March 2015 before being rolled out across the rest of the county from 1 December 2015. Therefore from 1 December 2015, both initial/core assessments will cease to be used by teams.		1820*	4813	1687	3170	4687	6114
Number of new child in need cases opened during the year that stayed open for 2 months or more	1982	3212	2463	1997	2468	232	1188	1896	2647

*Based on single assessment started from 1 December - 31 March 2016 only

2.2 Referrals by District

District	Previous Yearly Referral Rates					Q1 2017/18 Number of referrals between per 10,000 of the 0-17 child population. Cumulative from 1 April 2017	Q2 2017/18 Number of referrals between per 10,000 of the 0-17 child population. Cumulative from 1 April 2017	Q3 2017/18 Number of referrals between per 10,000 of the 0-17 child population. Cumulative from 1 April 2017	Q4 2017/18 Number of referrals between per 10,000 of the 0-17 child population. Cumulative from 1 April 2017
	Number of referrals during 2012/13 per 10,000 of the 0-17 child population	Number of referrals during 2013/14 per 10,000 of the 0-17 child population	Number of referrals during 2014/15 per 10,000 of the 0-17 child population	Number of referrals during 2015/16 per 10,000 of the 0-17 child population	Number of referrals during 2016/17 per 10,000 of the 0-17 child population				
North Warks	494 per 10,000	533 per 10,000	339 per 10,000	356 per 10,000	1031 per 10,000	352 per 10,000	728 per 10,000	1160 per 10,000	1495 per 10,000
Nun. & Bed.	650 per 10,000	956 per 10,000	463 per 10,000	445 per 10,000	1114 per 10,000	278 per 10,000	470 per 10,000	674 per 10,000	947 per 10,000
Rugby	514 per 10,000	596 per 10,000	585 per 10,000	651 per 10,000	942 per 10,000	264 per 10,000	476 per 10,000	673 per 10,000	866 per 10,000
Stratford on Avon	731 per 10,000	822 per 10,000	659 per 10,000	511 per 10,000	609 per 10,000	163 per 10,000	289 per 10,000	439 per 10,000	588 per 10,000
Warwick	389 per 10,000	540 per 10,000	395 per 10,000	381 per 10,000	778 per 10,000	235 per 10,000	443 per 10,000	653 per 10,000	876 per 10,000
Warwickshire	***583 per 10,000**	***731 per 10,000**	***526 per 10,000**	**532 per 10,000**	***936 per 10,000**	**260 per 10,000**	**478 per 10,000**	**710 per 10,000**	**950 per 10,000**

*The Warwickshire rate per 10,000 includes referrals received by countywide teams such as the Childrens Asylum Team

2.3 Referrals by Ethnicity, First Language & Disability

Ethnicity	Previous Yearly %					Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Warwickshire School Age Children (Reception to Yr 11) Source: School Census – January 2017
	2012/13	2013/14	2014/15	2015/16	2016/17	Cumulative from 1 April 2017	Cumulative from 1 April 2017	Cumulative from 1 April 2017	Cumulative from 1 April 2017	
	%	%	%	%	%	%	%	%	%	%
White British/Irish/Other	78.8%	82.8%	79.0%	74.0%	72.8%	71.5%	70.2%	71.1%	76.3%	81.5%
BME	8.3%	9.0%	11.4%	11.5%	8.7%	8.6%	9.1%	9.1%	10.3%	17.7%
Not Recorded	11.8%	7.3%	7.4%	13.4%	17.0%	18.1%	18.9%	18.0%	12.6%	0.8%
Unborn	1.1%	0.9%	2.2%	1.1%	1.5%	1.8%	1.7%	1.7%	0.8%	n/a
Total referrals	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Language Preferred	Previous Yearly %					Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Warwickshire School Age Children (Reception to Yr 11) Source: School Census – January 2017
	2012/13	2013/14	2014/15	2015/16	2016/17	Cumulative from 1 April 2017	Cumulative from 1 April 2017	Cumulative from 1 April 2017	Cumulative from 1 April 2017	
	%	%	%	%	%	%	%	%	%	%
English	85.0%	86.4%	89.4%	79.9%	75.0%	69.1%	69.3%	70.9%	79.2%	90.7%
Non English Speaking	2.1%	2.2%	2.3%	3.4%	2.4%	3.0%	2.9%	2.9%	3.4%	9.2%
Not Recorded	11.8%	10.5%	6.4%	15.6%	21.0%	26.1%	26.0%	24.5%	16.6%	0.1%
Unborn	1.1%	0.9%	1.9%	1.1%	1.6%	1.8%	1.7%	1.7%	0.8%	n/a
Total referrals	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Disability	Previous Yearly %					Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	^^National average of disabled children
	2012/13	2013/14	2014/15	2015/16	2016/17	Cumulative from 1 April 2017	Cumulative from 1 April 2017	Cumulative from 1 April 2017	Cumulative from 1 April 2017	
	%	%	%	%	%	%	%	%	%	%
Referrals received	3.60%	3.00%	4.50%	2.90%	TBC	0.3%	0.4%	0.5%	0.8%	6%

^^ National average of disabled children. Source: Department for Work and Pensions (2013) Family resources survey: United Kingdom 2011/12 (PDF). The DWP does not define everyone under the age of 18 as a child. The DWP defines a child as an individual aged under 16, or aged from 16 to 19 years old and: not married nor in a Civil Partnership nor living with a partner; and living with parents/a responsible adult; and in full-time non-advanced education or in unwaged government training

2.4 Breakdown of Referrals to Children's Social Care by Source of Referral

Source of Referral	Previous Yearly								Q1 2017/18		Q2 2017/18		Q3 2017/18		Q4 2017/18	
	2013/14		2014/15		2015/16		2016/17		Cumulative from 1 April 2017		Cumulative from 1 April 2017		Cumulative from 1 April 2017		Cumulative from 1 April 2017	
	Number of Referrals during 2013/14	As % of all Referrals received during 2013/14	Number of Referrals during 2014/15	As % of all Referrals received during 2014/15	Number of Referrals during 2015/16	As % of all Referrals received during 2015/16	Number of Referrals during 2016/17	As % of all Referrals received during 2016/17	Number of Referrals cumulative from 1 April 2017	As % of all Referrals received from 1 April 2017	Number of Referrals cumulative from 1 April 2016	As % of all Referrals received from 1 April 2016	Number of Referrals cumulative from 1 April 2016	As % of all Referrals received from 1 April 2016	Number of Referrals cumulative from 1 April 2016	As % of all Referrals received from 1 April 2016
Individual - Family member/relative/carer	500	6.1%	502	8.5%	398	6.7%	744	7.1%	245	8.3%	468	8.6%	724	9.0%	926	8.6%
Individual - Acquaintance (including neighbours and child minders)	44	0.5%	17	0.3%	16	0.3%	56	0.5%	69	2.3%	123	2.3%	182	2.3%	218	2.0%
Individual - Self	120	1.5%	98	1.7%	79	1.3%	208	2.0%	13	0.4%	17	0.3%	25	0.3%	58	0.5%
Individual - Other (including strangers, MPs)	46	0.6%	35	0.6%	41	0.7%	70	0.7%	11	0.4%	36	0.7%	46	0.6%	60	0.6%
Schools	1322	16.2%	1084	18.4%	1042	17.4%	1995	18.9%	718	24.4%	1127	20.8%	1858	23.1%	2552	23.7%
Education Services	89	1.1%	80	1.4%	146	2.4%	417	4.0%	47	1.6%	66	1.2%	187	2.3%	293	2.7%
Health services - GP	98	1.2%	110	1.9%	84	1.4%	166	1.6%	59	2.0%	102	1.9%	159	2.0%	214	2.0%
Health services – Health Visitor	198	2.4%	157	2.7%	139	2.3%	168	1.6%	66	2.2%	108	2.0%	152	1.9%	194	1.8%
Health services – School Nurse	25	0.3%	14	0.2%	22	0.4%	9	0.1%	2	0.1%	83	1.5%	86	1.1%	12	0.1%
Health services – Other primary health services	388	4.8%	363	6.2%	396	6.6%	738	7.0%	197	6.7%	394	7.3%	589	7.3%	913	8.5%
Health services – A&E (Emergency Department)	167	2.0%	145	2.5%	152	2.5%	226	2.1%	85	2.9%	180	3.3%	258	3.2%	346	3.2%
Health services – Other (e.g. hospice)	68	0.8%	58	1.0%	74	1.2%	107	1.0%	26	0.9%	43	0.8%	64	0.8%	97	0.9%
Housing (LA housing or housing association)	151	1.9%	105	1.8%	96	1.6%	273	2.6%	74	2.5%	134	2.5%	191	2.4%	245	2.3%
LA services – Social care e.g. adults social care	303	3.7%	259	4.4%	276	4.6%	571	5.4%	130	4.4%	252	4.7%	369	4.6%	478	4.4%
LA services – Other internal (department other than social care in LA e.g. youth offending (excluding housing))	489	6.0%	307	5.2%	330	5.5%	408	3.9%	81	2.8%	177	3.3%	250	3.1%	324	3.0%
LA services – External e.g. from another LAs adult social care	239	2.9%	276	4.7%	242	4.1%	310	2.9%	86	2.9%	168	3.1%	223	2.8%	306	2.8%
Police	2371	29.1%	1347	22.9%	1171	19.6%	2686	25.5%	582	19.8%	1139	21.1%	1586	19.7%	2061	19.2%
Other legal agency – Including courts, probation, immigration, CAFCASS, prison	236	2.9%	188	3.2%	202	3.4%	472	4.5%	113	3.8%	200	3.7%	290	3.6%	404	3.8%
Other – Including children's centres, independent agency providers, voluntary organisations	500	6.1%	454	7.7%	463	7.7%	518	4.9%	151	5.1%	266	4.9%	362	4.5%	531	4.9%
Anonymous	471	5.8%	281	4.8%	257	4.3%	371	3.5%	186	6.3%	316	5.8%	402	5.0%	483	4.5%
Unknown	329	4.0%	10	0.2%	349	5.8%	33	0.3%	2	0.1%	10	0.2%	30	0.4%	35	0.3%
Total	8154	100.0%	5890	100.0%	5975	100.0%	10546	100.0%	2943	100.0%	5409	100.0%	8033	100.0%	10,750	100.0%

SECTION 3: Children in Need

3.1 Number of children who are receiving child in need services

	Previous Year End	Previous Year End	Previous Year End	Previous Year End	Q1 End	Q2 End	Q3 End	Q4 End
	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Number of Looked After Children	690	690	765	698	688	699	717	711
Number of Children subject to Child Protection Plans	528	536	472	439	478	547	554	564*
Children with an open Child in Need Category (excluding LAC & CP)	2610	2721	1927	2629	2654	2810	2697	2618*

*Please note that the year end figure for 31 March 2018 is yet to be validated as part of the CIN Census 2017/18

3.2 Private Fostering Activity

A privately fostered child is defined as a child under the age of 16 (18 if disabled) that is cared for by someone other than a close relative (i.e. a grandparent, brother, sister, uncle, aunt, or step-parent). A child is not privately fostered if the person caring for him or her has done so for fewer than 28 days and does not intend to do so for longer than that. Local Authorities have a responsibility to ensure that the welfare of privately fostered children is promoted.

	Previous Year	Previous Year	Previous Year	Previous Year	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
	2013/14	2014/15	2015/16	2016/17	1 April - 30 June 2017	1 July - 30 September 2017	1 October - 31 December 2017	1 January - 31 March 2018
The number of notifications of new private fostering arrangements received during the year	24	16	22	17				
Number of new arrangements that began during the year	20	14	17	15				
Number of private fostering arrangements that ended during the year	11	16	24	17				
Number of children in private fostering arrangements as at year/quarter end	13	13	10	7				

Source of Private Fostering Enquiry	Previous Year 2013/14	Previous Year 2014/15	Previous Year 2015/16	Previous Year 2016/17	Q1 2017/18 1 April - 30 June 2017	Q2 2017/18 1 July - 30 September 2017	Q3 2017/18 1 October - 31 December 2017	Q4 2017/18 1 January - 31 March 2018
Birth Parent	1		1					
CAF officer	4	2	1					
Children team	13	14	23					
Education	14	10	3					
Family Group Conference Service	2							
Health Services		3	1					
Health Visitor	1	2	1					
IRO	2	1						
Language school	2	1	1					
Member of the public	1							
MASH								
Other		4	5					
Other Local Authority		2	3					
Outreach Development Worker Family Information Service	1		1					
Prison Service	1							
Private foster carer	1	2						
Targeted Support - Youth Worker			2					

3.3 MASE (Multi-Agency Sexual Exploitation)

Number of children open to the Child Sexual Exploitation Team	Previous Years				Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
	2013/14	2014/15	31/03/2016	31/03/2017	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Number of children open to Child Sexual Exploitation Team at end of quarter	Please note that this is based on cases assigned to the CSE Team rather than MASE activities loaded		58	65	81	**85**	67	**68**
Number/Percentage of children open to Child Sexual Exploitation Team at end of quarter who are looked after			19/58=32.7%	23/65=35.4%	29/81=35.8%	**30/85=35.3%**	**21/67=31.3%**	**18/68=26.5%**
NEW Outcome Data of MASE					Still need to know where this should come from? There is no Outcome on MASE Activity on Carefirst.	Still need to know where this should come from? There is no Outcome on MASE Activity on Carefirst.	Still need to know where this should come from? Where is it recorded on Mosaic?	Still need to know where this should come from? Where is it recorded on Mosaic?

Source: Carefirst

15

3.4 Police investigations re: Child Sexual Exploitation

	Previous Year	Previous Year	Previous Year	Previous Year	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
	2013/14	2014/15	2015/16	2016/17	1 April - 30 June 2017	1 July - 30 September 2017	1 October - 31 December 2017	1 January - 31 March 2018
Police investigations re CSE		The police are currently unable to provide data about the numbers of new or concluding investigations into CSE. Work is being done in Warwickshire to enable this information to be extracted from police records so that it can be reported on in the future. This data is required so that the success of the CSE strategy in bringing prosecutions can be measured.						
CSE related crime investigations (where an offence is made out)			172	250	83			
CSE related crime incidents (not constituting a criminal offence but follow up enquiries/safeguarding, etc. required.			107	113	29			

3.5 Number of Warwickshire Looked After Children missing from their agreed placement or were Away From Placement without Authorisation, identifying repeat episodes

	Previous Year	Previous Year	Previous Year	Previous Year	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
	2013/14	2014/15	2015/16	2016/17	1 April - 30 June 2017	1 April - 30 September 2017	1 April - 31 December 2017	1 April 2017 - 31 March 2018
Number of LAC missing during period	17 children	27 children	60 children	98 children	62 children	96 children	123 children	145 children
Number of Episodes of LAC missing during period	25 episodes	73 episodes	204 episodes	363 episodes	296	482 episodes	688 episodes	905 episodes
Number of Children who had repeat missing episodes in the year	5 children	13 children	28 children	51 children	39 children	58 children	73 children	90 children

Source: Mosaic

3.6 Number/Percentage of Warwickshire LAC in out of area residential placements on the last day of last quarter

	Previous Year End	Previous Year End	Previous Year End	Previous Year End	Q1 End	Q2 End	Q3 End	Q4 End
	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Number of Warwickshire LAC in residential placements	30	32	40	26	25	24	29	30
Number of Warwickshire LAC in residential placements as % of all all LAC at Quarter End	4.3%	4.6%	5.2%	3.7%	3.6%	3.4%	4.0%	4.2%

3.7 Children in Bed & Breakfast (All Councils)

NEW	Previous Year End	Q1 End	Q2 End	Q3 End	Q4 End
	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Warwickshire County Council	6				
North Warwickhshire Borough Council	0				
Nuneaton & Bedworth Borough Council	5				
Rugby Borough Council	3				
Stratford District Council	2				
Warwick District Council	0				

3.8 CAHMS Waiting Times

NEW	Previous Year End	Q1 End	Q2 End	Q3 End	Q4 End
	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Waiting times for assessment					
Waiting times for treatment					

SECTION 4: Child Protection Activity

4.1 Children subject to a CP Plan per 10,000 of the Child Population by District

	Previous Year End Data					Q1 End	Q2 End	Q3 End	Q4 End
	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
N. Warwickshire	61	52	51	35	39	46	60	60	47
Nuneaton & Bedworth	86	82	77	60	54	54	56	61	67
Rugby	40	31	42	39	37	37	39	32	36
Stratford	15	27	22	23	24	26	31	34	43
Warwick	45	40	45	45	39	44	53	53	51
Warwickshire	**49**	**47**	**48**	**42**	**39**	**42**	**48**	**49**	**49.8**

4.2 CP Population Demographics Summary at end of year/quarter

	Previous Year End Data					Q1 End	Q2 End	Q3 End	Q4 End
Number of Children subject to a CP Plan	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Total Number of children subject to a Child Protection Plan at Year/Quarter End	550	528	536	472	443	478	547	554	564
Gender	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Male	260	272	270	234	204	247	276	285	298
Female	276	246	254	226	221	215	252	246	248
Unborn	14	10	12	12	13	15	16	19	16
Not Recorded	0	0	0	0	5	1	3	4	2
Age	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Unborn	14	10	12	12	13	15	16	19	16
Under 1	54	55	54	43	47	44	54	48	58
1 to 4	152	148	162	138	133	143	165	163	153
5 to 9	175	156	152	142	124	140	152	153	160
10 to 15	132	139	137	122	108	117	136	149	151
16 - 17	23	20	19	15	18	19	24	22	26
No DOB or Estimated DOB recorded	0	0	0	0	0	0	0	0	0
Child Protection Category	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Neglect	141	153	147	112	136	122	142	134	154
Physical Abuse	16	18	23	14	12	15	10	10	7
Sexual Abuse	11	13	11	12	7	12	13	8	12
Emotional Abuse	133	124	144	150	115	122	159	172	174
Multiple	249	220	211	184	173	207	223	230	217
Ethnicity	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
White British/Irish/Other	87.1%	89.6%	86.9%	83.0%	86.0%	86.0%	86.7%	86.8%	87.9%
BME	8.9%	8.1%	9.1%	13.6%	10.8%	10.9%	10.4%	9.7%	9.2%
Not Recorded	1.5%	0.4%	1.7%	0.8%	0.2%	0.0%	0.0%	0.0%	0.0%
Unborn	2.5%	1.9%	2.2%	2.5%	2.9%	3.1%	2.9%	3.4%	2.8%
Language Preferred	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
English	86.5%	89.6%	89.9%	92.8%	91.2%	92.9%	93.2%	95.0%	95.2%
Non English Speaking	3.3%	1.7%	0.7%	1.9%	2.5%	2.9%	2.7%	1.4%	1.4%
Not Recorded	7.6%	6.8%	7.1%	2.8%	3.4%	1.0%	1.1%	0.2%	0.5%
Unborn	2.5%	1.9%	2.2%	2.5%	2.9%	3.1%	2.9%	3.4%	2.8%
Language Preferred	31-Mar-13	31-Mar-14	31-Mar-15	31-Mar-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Disability	1.5%	2.1%	0.5%	0.8%	0.9%	1.5%	2.6%	3.1%	4.6%

4.3 Child Protection Performance Indicators

Child Protection Indicators	Previous Year End Data					Q1 End	Q2 End	Q3 End	Q4 End
	2012/13	2013/14	2014/15	2015/16	2016/17	30-Jun-17	30-Sep-17	31-Dec-17	31-Mar-18
Long Plans: The percentage of children who ceased to be the subject of a child protection plan during the year/quarter, who had been the subject of a child protection plan, continuously for two years or more.	8.0%	9.4%	6.5%	4.9%	4.9%	5.4%	6.4%	6.5%	5.9%
Short Plans: The percentage of children who ceased to be the subject of a child protection plan during the year/quarter, who had been the subject of a child protection plan for 3 months or less	19.0%	17.3%	13.9%	13.5%	15.8%	20.0%	21.2%	17.7%	14.8%
Repeat Plans (regardless of length of time between current plan starting and previous plan ending): Of all children who had a child protection plan initiated, the proportion who became the subject of a child protection plan for a second or subsequent time.	13.3%	16.8%	19.8%	18.1%	20.8%	29.6%	20.3%	19.8%	18.6%
Repeat Plans (within 2 years of previous plan ending): Of all children who had a child protection plan initiated, the proportion who became the subject of a child protection plan for a second or subsequent time within 2 years of their previous plan ending.	5.4%	6.4%	9.9%	6.4%	11.6%	8.3%	5.7%	6.5%	7.4%

APPENDIX.B – Lead Agency Reports 2017-2018

Clinical Commissioning Groups

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

	What we did in 2017 – 2018…	*What we plan to do in 2018 – 2019…*
Diversity and Equality	• The CCGs have continued to work with partners throughout 2017-18 • We have achieved successful communication between the MASH and Primary care in the form of notifications and identification of vulnerable individuals requiring additional support.	• The CCG's will continue to work closely with partners to identify areas where there are differences in the people accessing services and collaboratively put in place interventions to ensure all children in Warwickshire are safeguarded equally.

Neglect	• Ongoing work with partners in addressing the identification of Neglect and awareness raising via the following:
	   o Shared learning from Serious Case reviews (SCR) and Domestic Homicide Reviews (DHR) and within training sessions, learning forums, and reflective practice within supervision.
	   o The CCGs have continued to engage with the work under taken in subgroups of the Board e.g. Special cases, Quality, Performance, Monitoring and Evaluation (QPME) and Procedures sub group.
	   o Protected learning time events for Primary care with a specific focus on neglect have been held across the county.
		• The CCG's will continue to work effectively with partners and commissioned services to ensure that neglect is recognised and children and young people are safeguarded effectively.

Child Sexual Exploitation	• Shared learning from SCRs/DHRs and within training sessions, learning forums, reflective practice within supervision. • The CCG's have worked with partners in Public health to devise a tool to audit the use of the CSE screening tool and general identification of CSE across health providers in Warwickshire.	• The CCG's will continue to work effectively with partners and commissioned services to ensure that CSE is recognised and children and young people are safeguarded effectively. The CCG's will continue to work with Public health to understand any barriers health providers have in the identification and assessment of young people who are at risk of CSE.
Early Help	• The CCGs have continued to work with partners throughout 2017-18	• The CCG's will continue to work effectively with partners and commissioned services to ensure that early help is

recognised and children and young people are safeguarded effectively and receive intervention in a timely manner.

Warwickshire Police and West Mercia Police

	What we did in 2017 – 2018…	*What we plan to do in 2018 – 2019…*
Diversity and Equality	• Strengthened recognition of exploitation in boys and young men through hosting a 'Crashing' workshop, attended by over 300 professionals, and implementing a specialist 'boys' support worker. • Implemented a new assessment tool and framework as part of a national pilot with NWG (National Working Group for CSE) to improve effective identification of needs through a child focussed approach, with an emphasis on relationship based interventions. • As a result of the effective sharing of information between the partner agencies within the MASH 2298 crime related incidents and 549 crimes were recorded concerning involving vulnerable adults 2017-2018. The sharing of information has enabled the partners within the MASH to work more closely together to better safeguard vulnerable members of the community. • Through the Domestic Abuse Risk Assessment process (DASH) 9281 referrals were processed by the MASH, these referrals would have triggered a multi-agency response that not only looks at safeguarding the victims of domestic abuse nut also the wider family. The harm caused to children who witness domestic abuse can have lasting consequences, by closely working together as part of a multi-agency team we are better able to support children caught up in domestic abuse situations. • The MASH through the Harm Assessment Unit are a main	• Develop additional communications materials and strengthen training and awareness of CSE within Sport and boys and young men, and trafficking.

	source of guidance and advice for front line officers for all aspects of vulnerability as it is recognised that complex problems require complex solutions.	
Neglect	• Strengthened the robustness of the missing children intervention process, reducing the threshold to 3 episodes in 90 days and introducing a system of escalation. • Implemented a Missing Children Action Plan to realise our ambition of reducing missing episodes by children receiving an intervention from a practitioner by 40%. • Introduced a multi-agency Missing Children Panel to review long term cases where children remain missing beyond 3 months. • Introduced a subject profile support, risk assessment and trigger plan to support children who repeatedly go missing and enable more informed decision making.	• Strengthen our response to Missing Children to reduce volume of repeat episodes through provision of additional Police resources, enhanced problem solving and provision of training.
Child Sexual Exploitation	• Introduced a 'Making Justice Work' approach by improving engagement and wellbeing through investigative and court processes relating to CSE, in particular with integrated support for victims pre, during and after trial. • Introduced an updated Strategy and Procedures for CSE, Missing & Trafficking, recognising the interconnected themes and emphasising our practice approach to improve the victim experience. • Introduced a parent worker, providing direct work to strengthen the support to parents and carers. • Provided training on Trafficking and improved information sharing between agencies, leading to significantly enhanced identification of potential trafficked children cases through referrals to the National Referral Mechanism, up by 92%. • Spread the reach of our awareness raising into the 'night time economy', with training sessions provided to staff in hotels and licenced premises, including door supervisors, bars, nightclubs and fast food venues. • Attained record levels of reach through the Something's Not Right communications campaign website and social media activity. • Commenced an innovative project within Public Health to	• Improve transition arrangements between children and adult services and the provision of support for young people 18+ continuing to be exploited. • Strengthen our arrangements to identify, support and safeguard children exposed to wider criminal exploitation, including county lines.

explore how CSE is identified, and how risk is managed by those working in NHS and other health services. This will inform any new developments and identify any specific training and support needs to strengthen our approach across health services.

- Established long term secure funding for the CSE, Missing & Trafficking Team, including employment of a Coordinator to coordinate the Warwickshire response, acting as a central point for information and expertise to bring about consistent and effective multi-agency practice.

Early Help
-
- Intensify our capability for early identification of children potentially at risk and the response provided to such cases.

Warwickshire County Council

What we did in 2017 – 2018…	*What we plan to do in 2018 – 2019…*
Diversity and Equality	

Diversity and Equality
- WCC requires staff to complete all diversity characteristics accurately and comprehensively. This is sometimes challenging if at the point of the referral the information is not known or provided by the referrer. We do provide consistent data quality checks to ensure the accuracy of the data.
- Where children receive services from the council directly or through a commissioned arrangement, the council ensures that the support meets their individual needs, paying particular attention to those requiring additional or different types of support in order to improve their outcomes.
- Where children are receiving social care support, through a child in need, child protection or care plan, the review of the plan will provide independent scrutiny and challenge to ensure that the individual needs of children are met. Where children are looked after, the Independent Reviewing Officer is responsible for overseeing the child's care plan and has a duty to escalate concerns where there are blocks to care

- WCC will continue to ensure that referrers are asked to provide accurate details of children at the point of referral and where this is not immediately available will be followed up by the social worker should the case progress and a service provided. The newly designed Children with Disabilities Team will be embedding its new processes. Audit activity and performance monitoring will support monitoring of the quality of practice.

	planning. This is sometimes particularly acute for children with additional needs. • The council undertakes equality impact assessments which support scrutiny and challenge about changes which may impact upon those with protected characteristics. Children's social care has provided an increased focus on the accuracy of case records and this is scrutinised during case file audits and performance reporting. The SEND service (now Children with Disabilities Team) has undergone a formal review and the newly designed service will provide strengthened managerial oversight to cases which aims to ensure that children receive the right level of service.	
Neglect	• WCC is currently delivering a council wide transformation programme. For the Children and Families Business Unit, this seeks to provide the right level of intervention at the right time. • The MASH provided a single point of access for consultation and referrals to children's services. This enables professional discussion and supports early identification of concerns and where appropriate, consideration of the right level of support and service provision in accordance with the threshold document. • There is an increased focus on children missing education which seeks to ensure that children's educational needs are met. • We are embedding the tools for neglect to enhance social care practice.	• As well as embedding the tools for neglect, WCC Children's Services is implementing Restorative Practice as the new approach to working with children and families. This will support improved relationship based practice and aims to improve.
Child Sexual Exploitation	• WCC has continued to invest in the development and improvement of work to address CSE. The line management of the team has been aligned with a children's social care team in the south of the county to bring practice in line with the wider service. A dedicated CSE, Missing, and Trafficking Co-ordinator post was recruited to which will bring greater cohesion between the services.	• Further work is being done on "County Lines" .The CSE, missing and trafficking team will be developing and delivering in-depth training for staff later this year. A County Lines procedure is to be developed. • There is a strengthened exploitation offer, as presented to the safeguarding board
Early Help	• WCC reviewed the way in which it offers support to the early help network who is delivering early help. The Ofsted Inspection in May 2017 highlighted some additional areas for	• The Early Help Strategy will be embedded. A review of the services provided by the Council to the Early Help network is to be undertaken in 2019 as part of the Council's

consideration and a peer review was undertaken in November to fully explore this. As a result a Children's Transformation Partnership Board was established which brought together partners and undertook focused work on exploring the concept and provision of early help by partners and the support required from the Council. An early help strategy was approved by WCC and WSCB and launched at an Early Help Conference held in January 2018.

- WCC has also undertaken a review of the Children's Centres and these will now provide more targeted services to families, bring services into the locality.

Transformation. There are plans to deliver social care consultation to families and partners from the Children and Family Centres to bring services closer to families and professionals.

APPENDIX.C – Multi-Agency Training Report 2017/18

Summary:
The purpose of the report is to provide an overall summary of the multi-agency learning and improvement framework activity for the year, 01/04/17-31/0318.
The report includes:
- Overview to the framework including data
- Key drivers for the core programme
- Outcomes

Learning and Improvement Framework
WSCB provide a safeguarding learning and development framework for all multi-agency practitioners, including volunteers, working with children and families within Warwickshire.[1] The core suite of the programme is informed by WSCB strategic objectives, the training strategy, learning and improvement framework, feedback from WSCB sub-committees, quality and assurance activity, such as reviews, research and inspection, in addition to local and national learning.

A key element of the framework is our programme of multi-agency training courses, providing the opportunity to encourage a culture across all organisations of working together to safeguard and promote the welfare of children. Evidenced in our evaluation feedback, delegates value the importance of learning within in a multi-agency environment and developing their awareness and understanding of the different roles, teams and services that all work with children and families. This is in addition to our courses being delivered by multi-agency Trainers, each bringing a wealth of experience enabling an effective learning environment for delegates.

Supplementing our training, WSCB share learning gathered from reviews and audits through Newsletters, briefing notes and news pages on the website, and regular communication to key leads in agencies to share widely with front line practitioners.

Multi-agency training programme
We saw a large increase in multi-agency practitioner numbers accessing our training in comparison to the previous year.

From a programme of 8 different courses, 46 training events were delivered in the year.

Total number of delegates

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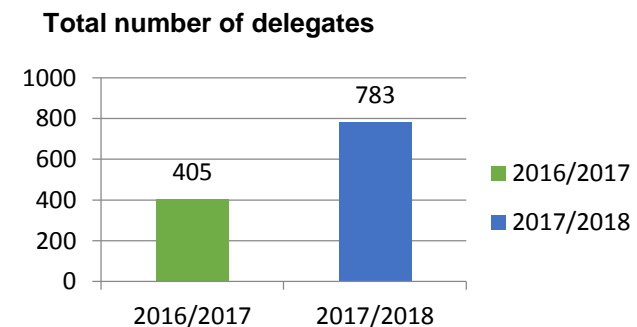
[1] *In line with Working Together 2015 -LSCBs should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.*

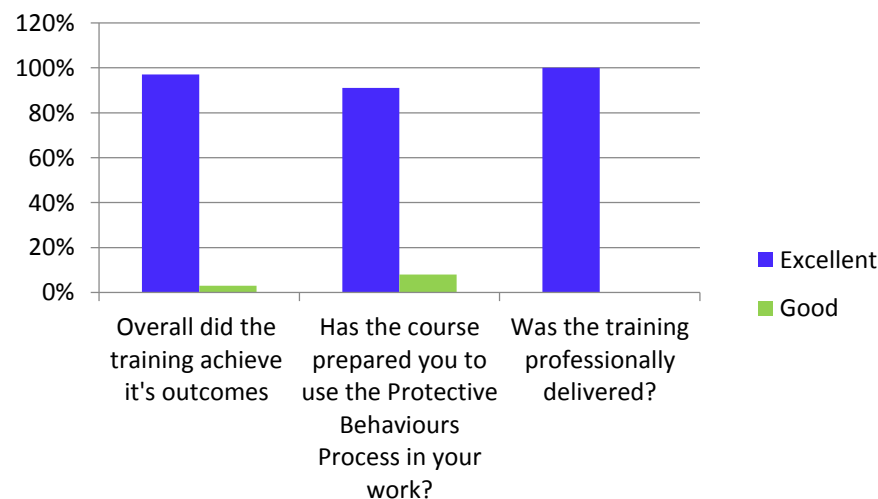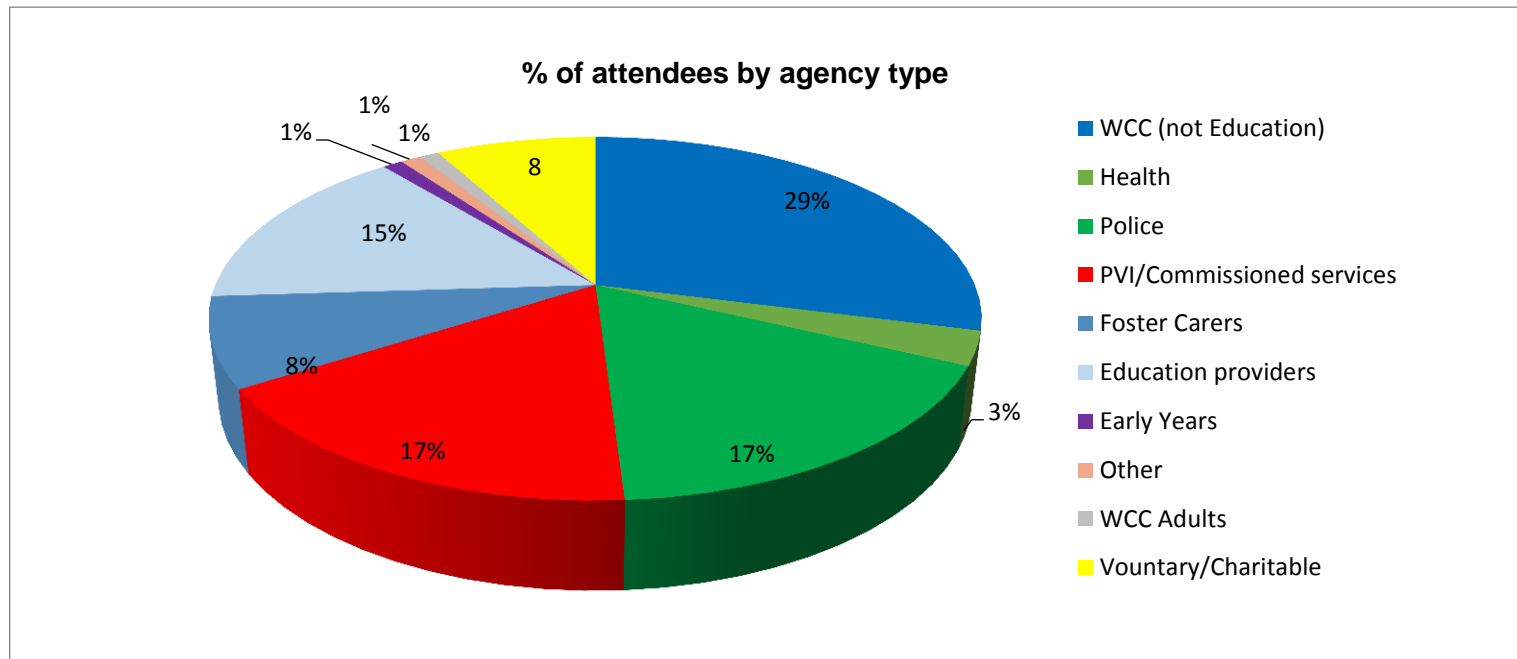| Course Type	Drivers of learning	No. of courses delivered	Total number of delegates
Learning from Serious Case Review workshop (3hrs)	· SCR family G (unpublished) · WSCB strategic priority 2	10	150
Working together to achieve effective referrals (3.5hrs)	· Ethnicity, disability data (audit activity) · Child T, family, Child J, Daniel Pelka (local SCRs) · WSCB performance data indicators · WSCB strategic priority 1 & 4	5	81
Child Sexual Exploitation – Responsibilities, Reporting and Responding to CSE (7hrs)	· WSCB strategic priority 3 · CSE Subcommittee, national SCRs, local intelligence, WSCB performance data indicators	17	331
Raising Awareness of Child Sexual Exploitation (3.5hrs)	· WSCB strategic priority 3 · CSE subcommittee, national SCRs, local intelligence, WSCB performance data indicators	6	95
Effective Child Protection Planning and Core Group (13hrs)	· National and local SCRs · WSCB performance indicators, audit activity	2	30
Emotional Abuse (6.5hrs)	· National and local SCRs · WSCB performance data indicators	1	13
Protective Behaviours (12hrs)	· Empowering strategies for children and adults to prevent and interrupt violence and abuse	3	56
Child Protection Awareness (3.5hrs)	· Universal course	2	27

Delegate confidence to use new knowledge gained in professional practice
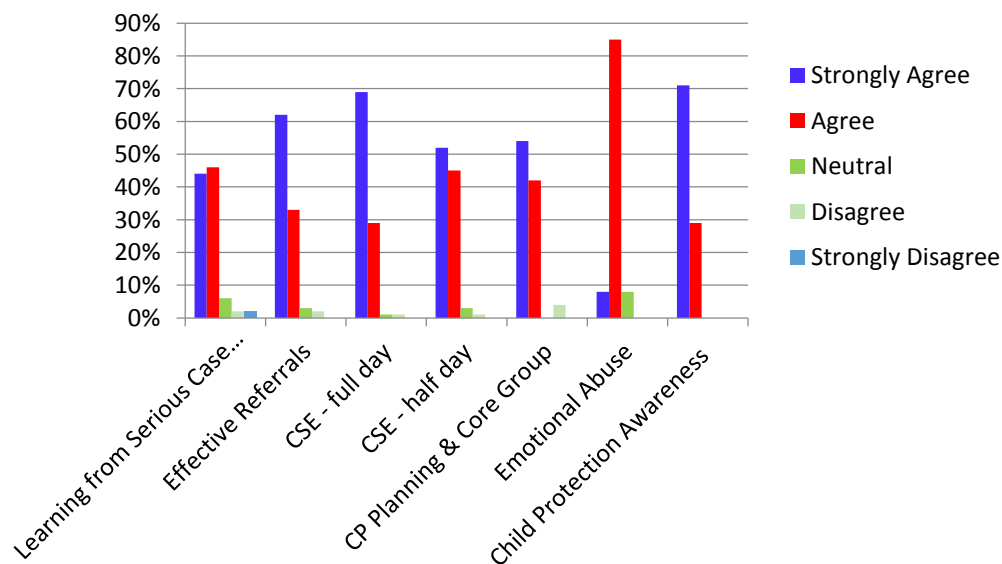
Protective Behaviours - data analysed seperately due different evaluation used

% of attendees by agency type

Legend:
- WCC (not Education)
- Health
- Police
- PVI/Commissioned services
- Foster Carers
- Education providers
- Early Years
- Other
- WCC Adults
- Vountary/Charitable

Values shown: 29%, 3%, 17%, 17%, 8%, 15%, 1%, 1%, 1%, 1%, 8
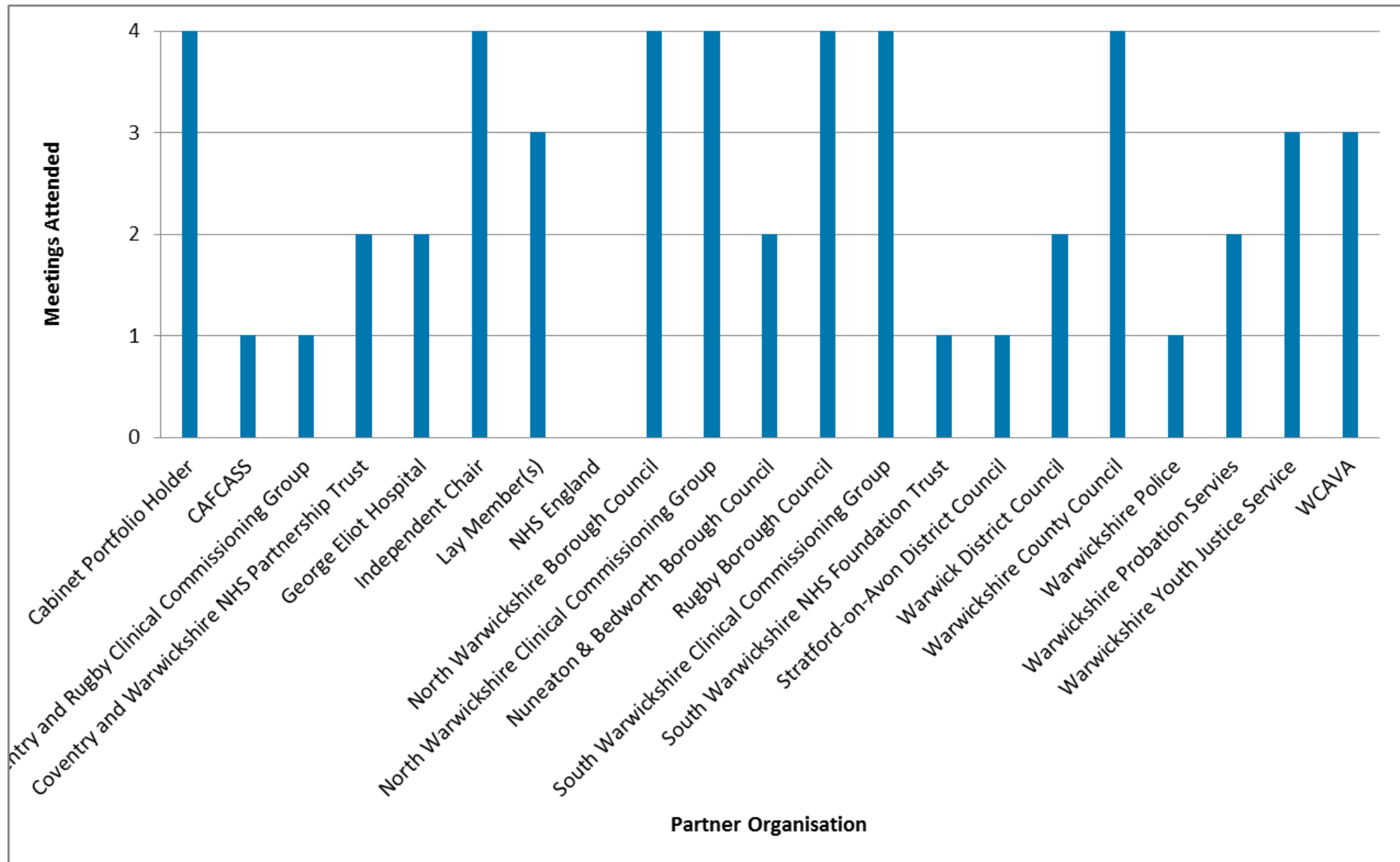
WSCB Annual Conference 2017
Hear my voice

In July 2017, WSCB's Annual Conference attracted more than 200 multi-agency practitioners. Working in collaboration with young people from the Children in Care Council, our theme, *'Hear My Voice',* was driven by learning gathered from SCRs. The conference provided delegates with a unique opportunity to listen and engage with young people, understanding their experiences working with many different professionals throughout their lives. Additional key note speakers included Triangle, a powerful, absorbing presentation which focused on the voice of pre-verbalising, very young children. Nikki Pettit as a Lead Reviewer shared key learning that had been gathered from national SCRs.

WSCB thank the young people for their courage and invaluable contribution to making the conference:
"One of the most powerful learning events held by WSCB, the contributions from young people really highlighted the issues and brought it to life"
"Open the doors for young children, they all have a voice whatever the age"

APPENDIX.D – WSCB Membership Attendance at Board

Chart: Meetings Attended (y-axis, 0 to 4) by Partner Organisation (x-axis)

Partner Organisation	Meetings Attended
Cabinet Portfolio Holder	4
CAFCASS	1
Coventry and Rugby Clinical Commissioning Group	1
Coventry and Warwickshire NHS Partnership Trust	2
George Eliot Hospital	2
Independent Chair	4
Lay Member(s)	3
NHS England	0
North Warwickshire Borough Council	4
North Warwickshire Clinical Commissioning Group	4
Nuneaton & Bedworth Borough Council	2
Rugby Borough Council	4
South Warwickshire Clinical Commissioning Group	4
South Warwickshire NHS Foundation Trust	1
Stratford-on-Avon District Council	1
Warwick District Council	2
Warwickshire County Council	4
Warwickshire Police	1
Warwickshire Probation Servies	2
Warwickshire Youth Justice Service	3
WCAVA	3

Health and Wellbeing Board

9 January 2019

Public Mental Health and Wellbeing Update

Recommendation(s)

1.   To note the developments within mental health and wellbeing.

2.   To consider how partners represented on the Board can further support this agenda.

1. Mental Health within the Better Health Better Care Better Value Partnership

1.1. Mental Health is receiving increasing focus and attention nationally and is a key priority for NHS England and for local commissioners. Warwickshire Public Health and Strategic Commissioning mental health leads are supporting developments within the Better Health Better Care Better Value Partnership to improve the quality and responsiveness of services, and to promote population-level mental health and wellbeing. This work covers a large and complex portfolio delivered through four work-streams: community resilience, primary care, specialist care and acute and crisis care.

1.2. Key priorities within the partnership include suicide prevention, dementia diagnosis and support, improving the physical health of people with enduring mental illness and parent and infant mental health. Updates in relation to these priorities are provided in the report below.

1.3. An overview of the full content of the BHBCBV Mental Health and Emotional Wellbeing programme can be accessed via the link below: https://www.bettercarecovwarks.org.uk/our-priorities/improving-mental-health-and-emotional-wellbeing-in-coventry-and-warwickshire/

2. Suicide Prevention

2.1. Warwickshire has a higher than average suicide rate (figure 1), largely driven by deaths by suicide among males. In light of this the Coventry and Warwickshire BHBCBV partnership was awarded additional funding by NHS England to be used in 2018/19-2019/20 to reduce deaths by suicide.

2.2. Activity funded through the additional NHS England funding complements the work of the existing Multi-agency Suicide Prevention Group and the Warwickshire Suicide Prevention Strategy 2016-2020.

Figure 1: Suicide rates in Warwickshire compared to England, 2001-03 to 2015-17

4.10 – Suicide rate (Persons) – Warwickshire

2.3. *NHS England funding update*

2.3.1. A number of change initiatives are being launched to reduce the risk of suicide among Coventry and Warwickshire residents. These have been launched following the receipt of additional funding from NHS England to reduce deaths by suicide among middle-aged men. £350,000 per year for 2 years (2018/19-2019/20) was awarded to the Coventry and Warwickshire Better Health Better Care Better Value partnership.

2.3.2. A large proportion of the funding (c. £120,000 per year) is being used to provide 'Safe Havens' in Warwickshire, for which Warwickshire County Council Public Health and Strategic Commissioning team is leading the tender process on behalf of partners. Market engagement activities with voluntary and community sector organisations have taken place and the tender is due to launch in December.

2.3.3. Suicide prevention and mental health awareness campaigning is being scaled-up through investment in the It Takes Balls to Talk initiative to increase reach into male-dominated environments and workforces. Suicide prevention training will also be delivered to community-based organisations and to health, social care and public sector staff working with higher risk groups.

2.3.4. A co-production project to engage with men who have had experience of suicidal thoughts or have been affected by suicide will be commissioned. This will provide the STP Suicide Prevention Group with a point of reference

to influence future suicide prevention activities. A creative enquiry approach will also be used to explore what has helped them cope.

2.3.5. A number of small-scale change initiatives are also being progressed and developed using quality improvement methods, which will be scaled-up if appropriate:

- A review and revision of risk management tools and developing asset-based safety plans within the Crisis Resolution and Home Treatment Team (CRHTT) and the Adult Mental Health Assessment Team (AMHAT).
- Co-location of 'Change Grow Live' staff within Mind Wellbeing Hubs.
- Review of the IAPT inclusion/exclusion criteria in line with NHS England Guidance published in June 2018.
- Scoping the feasibility and appropriate delivery model for a local 'post-vention' suicide support service.
- Each of the three Warwickshire Health and Wellbeing Partnerships have been allocated £10,000 to commission and evaluate community-based initiatives aimed at improving mens' mental health and wellbeing.

3. *Warwickshire Suicide Prevention Multi-agency Group*

3.1. The Warwickshire multi-agency suicide prevention group continues to meet to progress actions within the Warwickshire Suicide Prevention Strategy. The group have noted significant overlap in membership and priorities with the Coventry multiagency group and hence have agreed to align work where possible, whilst maintaining a local focus and local action plan as required by Public Health England. The two groups have agreed to meet twice-yearly and to establish joint task groups where appropriate. Task groups will include developing joint plans for suicide prevention training and a common approach to reviewing coroners records of deaths by suicide.

3.2. A working group has recently been established to review and improve the support available to people who self-harm. Around 2% of people who self-harm are likely to go on to make a suicide attempt. Early intervention and support to address emotional distress and improve coping mechanisms is likely to both reduce self-harming behaviours and reduce suicide risk.

3.3. Self-harm rates among young girls (16-19) have shown an increase nationally and locally in recent years, hence the working group includes representation form the School Health and Wellbeing service as well as RISE (the child and adolescent mental health service), Public Health and Strategic Commissioning and Clinical Commissioning Groups.
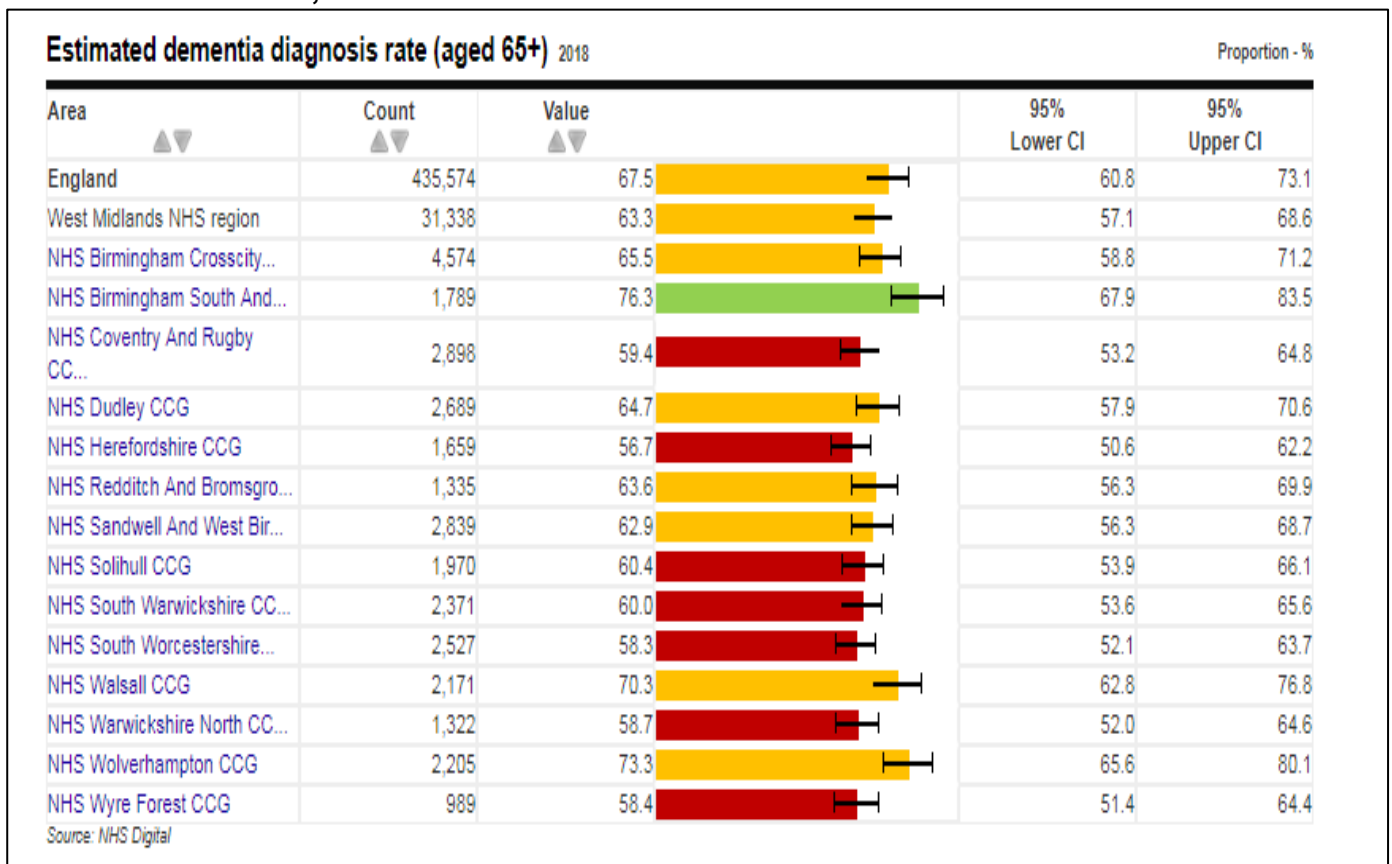
3.4. The working group are leading a self-assessment of the quality of support for people self-harming based on published NICE guidance and Quality Standards.

4. Dementia

4.1. NHS England requires CCGs to achieve a dementia diagnosis rate of at least 66% of the number of people estimated to be living with Dementia amongst their registered population.

4.2. Currently none of the CCGs in Coventry and Warwickshire are achieving this target (figure 2). Feedback from primary care has indicated that the reduced diagnosis rate may in part be due to concerns about the availability of post-diagnostic support and a limited appreciation of the benefits of an early diagnosis.

Figure 2: Dementia diagnosis rate of those estimated to be living with Dementia, 2018

Estimated dementia diagnosis rate (aged 65+) 2018 — Proportion - %

Area	Count	Value		95% Lower CI	95% Upper CI
England	435,574	67.5		60.8	73.1
West Midlands NHS region	31,338	63.3		57.1	68.6
NHS Birmingham Crosscity...	4,574	65.5		58.8	71.2
NHS Birmingham South And...	1,789	76.3		67.9	83.5
NHS Coventry And Rugby CC...	2,898	59.4		53.2	64.8
NHS Dudley CCG	2,689	64.7		57.9	70.6
NHS Herefordshire CCG	1,659	56.7		50.6	62.2
NHS Redditch And Bromsgro...	1,335	63.6		56.3	69.9
NHS Sandwell And West Bir...	2,839	62.9		56.3	68.7
NHS Solihull CCG	1,970	60.4		53.9	66.1
NHS South Warwickshire CC...	2,371	60.0		53.6	65.6
NHS South Worcestershire...	2,527	58.3		52.1	63.7
NHS Walsall CCG	2,171	70.3		62.8	76.8
NHS Warwickshire North CC...	1,322	58.7		52.0	64.6
NHS Wolverhampton CCG	2,205	73.3		65.6	80.1
NHS Wyre Forest CCG	989	58.4		51.4	64.4

Source: NHS Digital

Notes: Red bars indicate where diagnosis rates are significantly below the 66% target set by NHS England, orange bars are in line with the target, green bar are well above the target. The data is based on estimated dementia prevalence, therefore confidence intervals (on the end of the bars) are included to give an indication of the range within which the true value lies.

4.3. Commissioners with in Public Health and Strategic Commissioning are working closely with CCG commissioners to reduce the levels of unmet need among people living with dementia.

4.4. A Dementia Steering Group has been established to develop and implement plans to improve diagnosis rates across the county and ensure individuals can access post-diagnosis support. This will include working with primary care to raise awareness of the benefits of early diagnosis and the support available to patients and carers after a diagnosis has been made.

4.5. The steering group are also leading a review of the Warwickshire Dementia Navigator service with a view to improving integration with place-based health teams, including GP practices and the Out of Hospital programme.

4.6. Support for people living with Dementia and their carers can be enhanced through the use of 'Assistive Technology'. Warwickshire County Council has recently published an 'Assistive Technology in Warwickshire Statement 2018-2021' which aims to:

- Improve and increase the AT offer to customers across Warwickshire;
- Support people in Warwickshire to stay safe, healthy and independent via the use of technologies;
- Clearly position the use of AT as crucial to delivering WCC's prevention and early intervention agenda;
- Reduce, delay or prevent the need for ongoing care by using AT at an earlier stage in people's lives;
- Promote and provide opportunities for the citizens of Warwickshire to access AT products, information and advice;
- Promoting a culture of self-care within the population;
- Work with partners across Coventry and Warwickshire to develop a joined up approach to AT.

4.4 A delivery plan is being developed in response to the Statement of Intent which enhance the local AT offer commissioned through Millbrook Healthcare which largely provides telecare services and traditional AT equipment to support emergency responses, falls detectors, movement and pressure sensors and medication dispensers. The delivery plan will ensure residents, social care and support staff can access clear information and advice regarding the benefits of, and how to access a range of AT services and equipment.

5. Improving the physical health of people with serious mental illness

5.1. People with severe mental illnesses (SMIs) face stark inequalities in health outcomes and are less likely to have their physical health needs met, both in terms of identification of physical health concerns and access to appropriate, timely screening and treatment.

5.2. Compared to the general population, individuals with SMI (such as schizophrenia or bipolar disorder) die around 15-20 years younger than the general population. Smoking prevalence is three times higher and they have twice the risk of obesity and diabetes, three times the risk of hypertension and metabolic syndrome, and five times the risk of dyslipidaemia (imbalance of lipids in the bloodstream).

5.3. A BHBCBV Steering Group is overseeing developments to improve the physical health of this cohort. This includes the development of a pathway to deliver annual comprehensive physical health checks in primary care and the provision of appropriate follow-up support. Work is underway with CCGs to implement comprehensive health checks in primary care.

5.4. Smoking cessation training will be provided to staff within CWPT, Mind Wellbeing Hubs and primary care to support people in this cohort to reduce and stop smoking.

5.5. A trial of the SHAPE (supporting health and promoting exercise) programme will also be delivered. SHAPE was originally developed as a joint enterprise between Worcester Health and Care Trust and the University of Worcester. It is a Healthy Lifestyle programme supporting people with a diagnosis of mental health difficulties (primarily psychosis) and is the first real evaluation model in the UK. CWPT are working with the Recovery and Wellbeing Academy and Sky Blues in the Community (Coventry City Football Club) to roll-out three 6-week programmes across Coventry and Warwickshire in 2019.

5.6. Stakeholder workshops are being held (one in August and one in November) to engage with community and voluntary sector providers to identify the roles that this sector can provide in supporting this agenda. This work will build upon the existing offer provided by the local Mind Wellbeing Hubs and by the locally commissioned Community Links service to increase engagement with people with SMI both in the annual health checks and in follow-up clinical and healthy lifestyle interventions.

6. Parent and infant mental health

6.1. 1 in 5 mothers and 1 in 10 fathers experience poor mental health in the perinatal period (from conception until the baby turns 1). The first 1001 Critical Days (from conception to age 3) is a key developmental stage for infants in which the interactions with primary care givers are key to developing secure attachment relationships, shaping brain and mind development in the infant and influence resilience in later life.

6.2. A Parent and Infant Mental Health and Wellbeing Steering Group is overseeing the development and implementation of a local strategy and action plan to build positive parent-infant relationships, identify parents who are struggling and improve early intervention and support for parents. A sub-group has been developing a pathway to ensure appropriate support is provided to parents from pre-conception, during pregnancy and following birth.

6.3. The pathway includes sign-posting to community-based support and self-help resources for those at low risk and improving access to the perinatal mental health team for those at higher risk. The action plan also includes building community assets to support parents, establishing a professional network to share learning and best practice and a communications campaign to normalise mental health challenges in the 1001 Critical Days and to encourage parents to seek early help.

6.4. NHS England transformation funding of £304,550 was received in 2018/19 to expand the Perinatal Mental Health Team. Local CCGs have committed recurrent funding of £380,350 to deliver an additional 7.85 whole time equivalent posts in the team.

6.5. A Parent and Infant Mental Health Conference was held on 5th November 2018 to bring together health and care professionals, including health visitors and midwives, and people with lived-experience of perinatal mental health challenges. The conference provided the opportunity to share developments to date, including gaining feedback on the proposed pathway and updating attendees on the latest evidence and practice around supporting parents pre- and post-pregnancy. Peer-support initiatives in Coventry and Warwickshire shared feedback on how such approaches can support parents to cope, in part through challenging perceived norms about parenting in the early years. Speakers with lived experience also highlighted the importance of challenging stigma and improving awareness of mental health challenges during pregnancy, among both mothers and fathers.

6.6. Feedback received from the conference is being used to develop the Coventry and Warwickshire action plan.

7. Addressing the wider determinants of mental health

7.1. Employment
Warwickshire County Council commissions Rethink to provide the Individual Placement Support employment services. This aims to get people with mental ill health back into work through identifying individual skills and interests and working with employers to support a return to work. Commissioners are working closely with Rethink to improve the quality and outcomes from the service during 2018/19. IPS workers are now embedded within CWPT community teams, including Early Intervention in Psychosis and Mental Health and Wellbeing teams to promote engagement with the service.

7.2. Housing and homelessness
Following a commitment of additional funding from Warwickshire County Council to support people experiencing mental health, substance misuse and homelessness or rough sleeping a partnership working group was formed to develop an outreach mental health service for rough sleepers. The group brings together Warwickshire County Council, CCGs, P3 (accommodation support and street outreach service) and CLG (substance misuse service providers). A model for embedding a mental health nurse within the P3 Street Outreach team has been developed and work is underway to get the service into place.

7.3. Promoting engagement in meaningful activities
Following the recommendation of the Loneliness task and finish group that engaging in creative activities can help to reduce loneliness and social isolation a Creative Health Alliance is being established across Coventry and Warwickshire. This builds on the recommendations of the All Party Parliamentary Group on Arts, Health and Wellbeing report published in July

2017. The local Alliance will strengthen links between community-based arts organisations and the health and care system and look for funding opportunities to increase provision of arts-based initiatives to promote health, wellbeing and social connections.

Background papers

1. An overview of the BHBCBV Mental Health and Emotional Wellbeing programme can be accessed via the link below:
https://www.bettercarecovwarks.org.uk/our-priorities/improving-mental-health-and-emotional-wellbeing-in-coventry-and-warwickshire/
2. The full APPG Inquiry Report 'Creative Health' and briefings on the benefits of arts and health for the health and care system can be accessed via:
http://www.artshealthandwellbeing.org.uk/appg-inquiry/

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

Local Member(s): Health and Wellbeing Board Chair and Portfolio Holder: Councillor Les Caborn and WCC Councillors: Councillor Morgan, Councillor Redford, Councillor Golby, Councillor Rolfe

Health and Wellbeing Board
9 January 2019

Forward Plan

Recommendation

1. That the Board Members note the Forward Plan and identify items for future meetings to address Board and organisational requirements, as required.

1.0 Key Issues

1.1 This report provides an update on the Forward Plan for the Health and Wellbeing Board for 2019/2020 (see Table 1 below). Updates will be presented to each meeting for the Board to review and amend accordingly.

2.0 Options and Proposal

2.1 In support of the HWB Delivery Plan for 2018/19, 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 workshop sessions. These will be developed in consultation with the Health and Wellbeing Executive.

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.

Place Forum 06/03/19	**Joint meeting of HWBBs and Executive Team.** *Delivery of the Place Plan to include the Year of Wellbeing, Integrated Care Systems, and Outcomes Framework (meeting in* **Warwick**).	-
HWB Board 01/05/19	**Discussion items**	
	Health and Wellbeing Annual Review 2018/19 and Delivery Plan 2019/20. *Draft report for approval.*	Rachel Barnes
	Pharmacy Steering Group. *Progress update.*	Rachel Robinson
	Local Plan in response to NHS 10-year plan and CCG recommendations. *Update report.*	Andrea Green, Gill Entwistle
	Updates to the Board	
	Warwickshire Better Together Programme (iBCF). *Progress update.*	TBC
	Better Health, Better Care, Better Value Programme. *Coventry and Warwickshire STP update.*	Rachael Danter
	Children 0-14 unintentional injuries. *Update from the multi-agency steering group on progress.*	Helen King

	Feedback from the Place Forum. *Summary of the March meeting*	Rachel Barnes
	Joint Strategic Needs Assessment (JSNA). *Update on the implementation of the place-based approach.*	Spencer Payne
Place Forum 11/06/19	**Joint meeting of HWBBs and Executive Team.** *Delivery of the Place Plan (meeting in **Coventry**).*	-
HWB Board 04/09/19	**Discussion items**	
	Health and Wellbeing Annual Review 2018/19 and Delivery Plan 2019/20. *Final report for approval.*	Rachel Barnes
	Commissioning Intentions. *Reports from the CCGs, Public Health and Adult Services for approval.*	CCGs, PH and Adults Services
	Annual Reports from the Safeguarding Boards. *From Adults and Children's Safeguarding Boards.*	Amrita Sharma
	Updates to the Board	
	Warwickshire Better Together programme. *Progress update.*	TBC
	Better Health, Better Care, Better Value Programme. *Coventry and Warwickshire STP update.*	Rachael Danter
	Feedback from the Place Forum. *A summary of the June meeting.*	Rachel Barnes
	JSNA Update. *Implementation of the place-based approach.*	Spencer Payne
Place Forum 05/11/18	**Joint meeting of HWBBs and Executive Team.** *Delivery of the Place Plan (meeting in **Warwick**).*	-
HWB Board 08/01/20	**Discussion items**	
	New Health and Wellbeing Strategy 2020-24. *Development of new strategy for endorsement.*	Rachel Barnes
	Updates to the Board	
	Warwickshire Better Together programme. *Progress update.*	TBC
	Better Health, Better Care, Better Value Programme. *Coventry and Warwickshire STP update.*	Rachael Danter
	Children 0-14 unintentional injuries. *Update from the multi-agency steering group on progress.*	Helen King
	Feedback from the Place Forum. *A summary of the November meeting.*	Rachel Barnes
	JSNA Update. *Implementation of the place-based approach.*	Spencer Payne
Place Forum 03/03/20	**Joint meeting of HWBBs and Executive Team.** *Delivery of the Place Plan (meeting in **Coventry**).*	-

Table 1: Health and Wellbeing Board Forward Plan 2019-20

Background papers
None.

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Health and Wellbeing Board Chair and Portfolio Holder: Councillor Les Caborn.
WCC Councillors: Cllr Morgan, Cllr Redford, Cllr Golby, Cllr Parsons, Cllr Rolfe.