

# Adult Social Care and Health Overview and Scrutiny Committee

Date: Wednesday 29 September 2021  
Time: 10.00 am  
Venue: Committee Room 2, Shire Hall

## Membership

Councillor Clare Golby (Chair)  
Councillor John Holland (Vice-Chair)  
Councillor Richard Baxter-Payne  
Councillor John Cooke  
Councillor Tracey Drew  
Councillor Marian Humphreys  
Councillor Judy MacDonald  
Councillor Jan Matecki  
Councillor Chris Mills  
Councillor Penny-Anne O'Donnell  
Councillor Pamela Redford  
Councillor Jerry Roodhouse  
Councillor Mandy Tromans

Items on the agenda: -

## 1. General

### (1) Apologies

### (2) Disclosures of Pecuniary and Non-Pecuniary Interests

### (3) Chair's Announcements

### (4) Minutes of previous meeting

To receive the Minutes of the meeting held on 30 June 2021.

5 - 12

## 2. Public Speaking

- 3. Questions to Portfolio Holders**  
Up to 30 minutes of the meeting is available for members of the Committee to put questions to the Portfolio Holder: Councillor Margaret Bell (Adult Social Care and Health) on any matters relevant to the remit of this Committee.
- 4. Questions to the NHS**  
Members of the Committee are invited to give notice of questions to NHS commissioners and service providers at least 10 working days before each meeting. A list of the questions and issues raised will be provided to members.
- 5. Mental Health and Wellbeing** 13 - 48  
The Committee will receive a joint presentation from Paula Mawson, WCC Strategy & Commissioning Manager for Health, Wellbeing & Self-care and Eleanor Cappell of the Coventry and Warwickshire Clinical Commissioning Group.
- 6. Coventry and Warwickshire's Living Well with Dementia Strategy** 49 - 86  
A report will be presented by Claire Taylor, WCC Commissioner (Maintaining and Promoting Independence).
- 7. Domestic Abuse** 87 - 102  
An overview of Domestic Abuse Services, the position and response in Warwickshire.
- 8. Quarter 1 Council Plan 2020-2025 Quarterly Progress Report (April 2021 to June 2021)** 103 - 110  
The Council Plan Quarter 1 performance progress report for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2021 was considered and approved by Cabinet on 9<sup>th</sup> September. This report provides a tailored update relevant to the remit of the Committee.
- 9. Annual Customer Services Feedback** 111 - 126  
To provide a summary of the comments, compliments, complaints and questions submitted in relation to Adult Social Care services.
- 10. Work Programme** 127 - 134  
To review the Committee's work programme for 2021/22.

**Monica Fogarty**  
Chief Executive  
Warwickshire County Council  
Shire Hall, Warwick

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## Disclaimers

### Webcasting and permission to be filmed

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### 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. Any changes to matters registered or new matters that require to be registered must be notified to the Monitoring Officer as soon as practicable after they arise.

A member attending a meeting where a matter arises in which they have a disclosable pecuniary interest must (unless they have a dispensation):

- Declare the interest if they have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests relevant to the agenda should be declared at the commencement of the meeting.

The public reports referred to are available on the Warwickshire Web <https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1>

### Public Speaking

Any member of the public who is resident or working in Warwickshire, or who is in receipt of services from the Council, may speak at the meeting for up to three minutes on any matter within the remit of the Committee. This can be in the form of a statement or a question. If you wish to speak please notify Democratic Services in writing at least two working days before the meeting. You should give your name and address and the subject upon which you wish to speak. Full details of the public speaking scheme are set out in the Council's Standing Orders.

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# Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 30 June 2021

## Minutes

### Attendance

#### Committee Members

Councillor Clare Golby (Chair)  
Councillor John Holland (Vice-Chair)  
Councillor Richard Baxter-Payne  
Councillor John Cooke  
Councillor Marian Humphreys  
Councillor Jan Matecki  
Councillor Chris Mills  
Councillor Pamela Redford  
Councillor Mandy Tromans

#### Other Members

Councillor Margaret Bell (Portfolio Holder)

#### Officers and Other Attendees

Dr Shade Agboola, Becky Hale, Nigel Minns, Pete Sidgwick and Paul Spencer (WCC Officers)  
Dr Sarah Raistrick (Coventry and Warwickshire Clinical Commissioning Group)  
Chris Bain (Healthwatch Warwickshire (HWW))

### 1. General

#### (1) Apologies

Apologies for absence from the meeting had been received Councillors Drew, O'Donnell and Rolfe (replaced by Councillor Roodhouse), from Councillor Clifton and Vicky Castree (Coventry City Council) and from Phil Johns and Rose Uwins (CWCCG).

#### (2) Disclosures of Pecuniary and Non-Pecuniary Interests

Councillor Jerry Roodhouse declared an interest as a Director of HWW.

#### (3) Chair's Announcements

The Chair welcomed everyone to the meeting, especially new members to the Committee. She outlined the purpose and remit of this committee, the breadth of services covered, and

this first meeting would provide context for newer members. The Chair explained the additional arrangements for this face to face meeting and the possibility of providing additional information to members away from the formal meetings using virtual meeting technology.

#### **(4) Minutes of previous meetings**

The Minutes of the meetings held on 17 February and 25 May 2021 were accepted as true records and signed by the Chair.

### **2. Public Speaking**

None.

### **3. Questions to Portfolio Holders**

None.

### **4. Questions to the NHS**

None.

### **5. Outline of services within the People Group**

The Committee received an introductory presentation. The slides had been circulated ahead of the meeting. Nigel Minns, Strategic Director for People Group opened, giving an overview of the Committee, its role and the service areas it reviewed and scrutinised, including the specific role in relation to health scrutiny. Slides included:

- The Committee's role
- Specific health scrutiny powers
- The bodies and providers involved
- Substantial changes in health services

Next an outline was given on the People Directorate, covering its aim, vision and roles in commissioning services and providing them. This included a structure chart showing key officers. It was followed by further detail from each of the Assistant Directors.

Shade Agboola, Director of Public Health (DPH) covered the following areas:

- What is Public health?
- A brief history on the function
- Mandated responsibilities
- Non-mandated functions
- Funding
- The role of the Director of Public Health
- A structure chart showing the key personnel
- Current priorities
- An offer to circulate the previous statutory DPH annual report

Pete Sidgwick, Assistant Director for Adult Social Care gave an overview of Adult Social Care delivery. This covered the following areas:

- An overview of Adult Social Care
- Legislative changes introduced by the Care Act 2014, the Mental Capacity Act 2005 and the implications for the Council
- How we support individuals
- A graphic showing key data for the service
- A structure chart showing the key personnel
- Finances
- Key metrics

Becky Hale concluded with an overview of People Strategy and Commissioning, which covered the following areas:

- An overview of the key roles of this function.
- The structure of the three service areas Health, well-being and self-care, integrated and targeted support and all age specialist provision
- The key functions to analyse, plan, do and review
- Partnership working
- Commissioning principles
- Examples of services commissioned
- Extracts from the commissioning plan for the period 2020-22 with slides showing examples of the areas of work against analyse, plan, do and review

The Chair thanked officers for the comprehensive presentation and spoke of the scale of expenditure involved. She used the example of the consultation undertaken for the Coventry and Warwickshire stroke service redesign to demonstrate the committee's influence, speaking of the good dialogue with NHS colleagues in considering this reconfiguration. She invited questions and comments from the committee:

- Councillor Pam Redford raised the closure of the clinics where people could undertake lateral flow tests and asked if the service could be retained. Shade Agboola responded. With the move to home testing, there had been a significant reduction in footfall at the sites and their continuation could not be justified. Covid was likely to remain into the future. The testing arrangements were dynamic, with a current focus on certain key groups. One site would be retained in Nuneaton and discussions were ongoing so some additional fixed sites may be required, but for now they had been closed.
- Councillor John Holland praised the clear presentation. He sought further information regarding enquiries when members were notified of people needing support. There were concerns about when issues should be reported against overriding confidentiality aspects. Due to confidentiality members may not always be able to receive feedback. Nigel Minns responded, initially about safeguarding concerns, which should always be referred to the multi-agency safeguarding hub (MASH) and this would include feedback. There were a lot of referrals from members for people needing support. The need for consent to share personal information and presumption of capacity were raised. People had the right to turn down support even if it was in their best interests. Referrals were encouraged and were always followed through. A suggestion to circulate contact details for all members. Pete

Sidgwick added that the MASH website (<https://directory.warwickshire.gov.uk/service/multi-agency-safeguarding-hub-mash>) contained a lot of information, on services for both children and adults. It was ideal if the person needing support made contact themselves or gave consent. The telephone number to get in touch is 01926 410410.

- Councillor Mills asked about personal independence payments. These were administered by the Department of Work and Pensions. He sought information about the significant increase in cases of Covid in Warwick district. Shade Agboola responded giving an outline of contributing factors to the recent increases, including an outbreak at Warwick University and in some hospitality settings. Actions were being taken to respond, including additional PCR testing and close working between partners. Most patients were from younger unvaccinated age groups. There were cases of the delta variant and she outlined the sources traced, onward transmission at home, and in schools. There had been a small rise in hospital admissions.
- Councillor Matecki asked what happened when things went wrong, if there was a 'lessons learned' approach and how it was communicated, to reduce the likelihood of repeat incidents. Nigel Minns explained the tiered response, starting with a complaints process. For serious issues, the safeguarding partnership, a multi-agency body, undertook case reviews locally and there was a national programme too. A concern that review findings were shared with officers, but not more widely. This had been remedied by providing public seven-minute briefings to give a summary which was shared via the Safeguarding Partnership website and with professionals. Mechanisms were in place to ensure that agreed actions from the review were implemented.

The Chair drew the item to a close, thanking officers for the detailed presentation.

## **Resolved**

That the Committee notes the presentations from the People Group.

## **6. Outline of NHS Services**

Dr Sarah Raistrick, Chair of the Coventry and Warwickshire Clinical Commissioning Group (CWCCG) was welcomed to the meeting. She gave a presentation explaining the roles of the NHS and services delivered in Coventry and Warwickshire. The presentation covered the following areas:

- Integrated Care in Coventry and Warwickshire
- Health and care services
- Our role as a clinical commissioner – plan, determine & prioritise, purchase and monitor
- Coventry and Warwickshire Health System
- What happens at place and system, a graphic on primary care networks, place and system
- How we can work together – the ways the committee could receive information to undertake its scrutiny role
- The next steps for health and care in Coventry and Warwickshire
- Why become an ICS?
- Our Vision
- What does this mean for clinical commissioning?
- Next steps for ICS

The Chair thanked Sarah Raistrick for the comprehensive presentation and noted that the ICS would feature on the committee's future work programme. She invited questions and comments from the committee:

- Concerns were raised about GP service delivery. Councillor Redford had received complaints about the lack of face to face services, telephone waiting times and the amount of personal information being required by receptionists. There had been an increase in demand for GP services, challenges in getting appointments, frustration and it was especially so for those with mental health conditions. An assurance was sought on service resumption.
- The Chair added that a revisit of the focused task and finish group (TFG) on GP Services would be proposed under the work programme.
- Sarah Raistrick acknowledged these points which were raised to varying degrees across the area. She explained that the information being sought by receptionists was to ensure each patient was referred to the correct part of the practice, as not all required the GP to respond.
- In terms of the 'return to normal', there was a push under the NHS long term plan to offer digital and remote services using technology. This approach was preferred by some patients. Others preferred face to face appointments and the CCG was working with GPs to ensure capacity to offer this.
- An apology was provided on the example of a patient having to call over 200 times to join a call queue, which was not acceptable. The CCG would like to work with the committee and the public on finding solutions to such issues, to make suggestions to those providing the services. GPs were working very hard, with increasing requests for appointments. A range of other clinical staff were collocated at practices to assist. Another area discussed was liaison with patients via participation groups and Healthwatch.
- Councillor Matecki asked about contact information for NHS services and the process for escalation of queries to enable councillors to assist. Sarah Raistrick offered to work with Nigel Minns on a combined NHS/council contact list.
- Chris Bain of HWW also offered to be a conduit for councillor enquiries, referring to the recent briefing note he'd supplied. He was pleased to see that ICS would have statutory powers, unlike the former Sustainability and Transformation Partnership. For HWW there was concern that considerable service changes would be taking place and assurance was needed that the patient voice was heard at all levels, including the lived experiences of patients.
- Regular causes of concern were access to GP services and dentistry. Access to NHS dentists in Rugby was referenced particularly. The key area raised with HWW was mental health issues and linked to this loneliness, anxiety and social isolation. It was difficult to get access to services. This may delay people seeking services for their physical health too. The ICS system arrangements needed to provide more clarity for the public on their first point of contact.
- Sarah Raistrick agreed that lived patient experience was vital. A lot of work did take place on this and it could be given more profile. There was a rating of 'outstanding' for patient and public engagement for the former CCGs serving north Warwickshire, Coventry and Rugby.
- Dentistry was currently outside local commissioning, but this was likely to be reviewed under the new arrangements. The points about access to GPs would be taken onboard.

- Mental health was a key area where integration would be vital and impacted on all ages and many services. It became an NHS service area when more specialist support was needed. Perceived and complexity of needs, triage and help to navigate the system were further points, along with the joint concordat and aim to provide seamless transition between agencies.
- HWW would monitor and stay in touch on the implementation of the ICS. NHSE planned to delegate dentistry to the ICS.

The Chair drew the item to a close and noted that the requested contact information would be circulated once compiled.

## **Resolved**

That the Committee notes the presentation.

## **7. Council Plan 2020-2025 Quarterly Progress Report**

The Council plan year end performance report for the period 1 April 2020 to 31 March 2021 was considered and approved by Cabinet on 17 June. A tailored report for the areas within the committee's remit was provided which reported an overview of progress of the key elements of the council plan, specifically in relation to performance against key business measures (KBM's), strategic risks and workforce management. It included a financial monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan.

The report was accompanied by a presentation from Nigel Minns which covered the following areas:

- Introduction
- Context and Performance
- The two high level outcomes
  - Warwickshire's communities and individuals are supported to be safe, healthy and independent; and,
  - Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure.
- Of the 83% (ten) KBM's which were 'on track', there were four of note for which detailed slides showed performance and a narrative, including direction of travel
- There were two KBM's which were not on track at year end of which one required highlighting on people with a learning disability or autism in inpatient care.
- Finances – revenue, savings and capital

The Chair thanked officers for the presentation and invited questions and comments from the committee:

- Councillor Matecki asked if targets were achieved or exceeded, whether they were refreshed to make them more stretching. Targets were set to stretch but be achievable. They were not adjusted in year, but a focus was maintained, and endeavours were made to exceed the targets.

- Councillor Humphreys spoke of the increase in domestic abuse cases, asking how services had coped. She questioned if there was a role for local councillors in providing ongoing support. Becky Hale gave an outline of the joint work across partners, including the Police, Refuge and the Council. This included targeted activity, campaigns and communications work on domestic abuse services. There was new domestic abuse legislation and a lot of work was taking place within the Council and with partners to meet its requirements. This would be a useful area for the committee to consider. Warwickshire had been recognised as an example of good practice for its work on collaboration. The Chair agreed this could be added to the work programme and there would be a key focus on the ICS too.
- The Chair encouraged people who were experiencing domestic abuse to call the national domestic abuse helpline on 0808 200 0247, also the website [www.uksaysnomore.org](http://www.uksaysnomore.org) which was partnering with pharmacists to use their consulting room as a safe space to report domestic violence. A further national resource was [www.nationaldahelpline.org.uk](http://www.nationaldahelpline.org.uk)
- In Warwickshire, Refuge had a domestic violence service helpline on 0800 408 1552 (Monday-Friday 8:30am-8:30pm; Saturday 10am-4pm). It included an out of hours voicemail and they would respond. Contact could be made by email [DVSW@refuge.org.uk](mailto:DVSW@refuge.org.uk). Finally, in an emergency, people should call 999.

### **Resolved**

That the Committee notes the presentation and comments on the progress of the delivery of the Council Plan 2020 – 2025 for the period as shown above.

## **8. Work Programme**

It was reported that each overview and scrutiny committee set a work programme of areas for consideration. A draft work programme was discussed by the committee's Chair, Vice Chair and representatives of other groups (spokespeople) on 7 June. The outcome from that discussion was submitted. The Chair provided context that the work programme would include some significant pieces of work. The committee reviewed its draft work programme, with the following points being raised:

- The Chair referred to the previous task and finish group (TFG) on GP services, which would be revisited. For the benefit of new members, the previous review report would be circulated. Members wishing to participate in the TFG were asked to contact Paul Spencer in Democratic Services.
- Councillor Mills asked that the contact information provided under the previous item be circulated to members.
- In response to a question from Councillor Cooke, an outline was provided on the function of the Chair and party spokespeople meetings. It was emphasised that those meetings and the scrutiny function were not political.
- The Chair highlighted the proposal to include menopause services on the work programme. This was supported and a date for its consideration would be agreed. Similarly, the topic of domestic abuse services would be included on the work programme.
- Reference was made to the briefing notes circulated and those proposed in the near future.

### **Resolved**

That the Committee approves its draft work programme as submitted.

.....  
Councillor Clare Golby  
Chair

The meeting rose at 12.45pm



# Mental Health System Update

## Adult Social Care Overview and Scrutiny Committee

29<sup>th</sup> Sept 2021



## Purpose Of Today

- To provide the Scrutiny Committee with an overview of system-wide activity related to supporting mental health and wellbeing for adults in Warwickshire.
- To highlight key health inequalities in mental health.
- To provide a focus update on the Community Mental Health Transformation programme.



# Mental Health System



### Wider Determinants

- Housing Support
- Education – lifelong learning
- Employment Support
- Access to travel
- Debt, finance & Benefits Support
- Workplace Wellbeing - Thrive
- Homelessness Strategy
- Social Inequalities Strategy

### Self-care

- Campaigns & Comms
- Dimensions Tool
- Information leaflets and resources
- Wellbeing for Life
- Dearlife

### Physical Health

- Fitter Futures Warwickshire
- Health-checks (general & SMI)
- Drug & Alcohol Services
- Smoking Cessation

### Transformation

- Access Hubs / IPU's
- Section 75 with social care
- Redesign & Core Offer
- Peer Support Workers
- Working Together / MH VCSE Alliance

### Alternatives to Crisis Admission

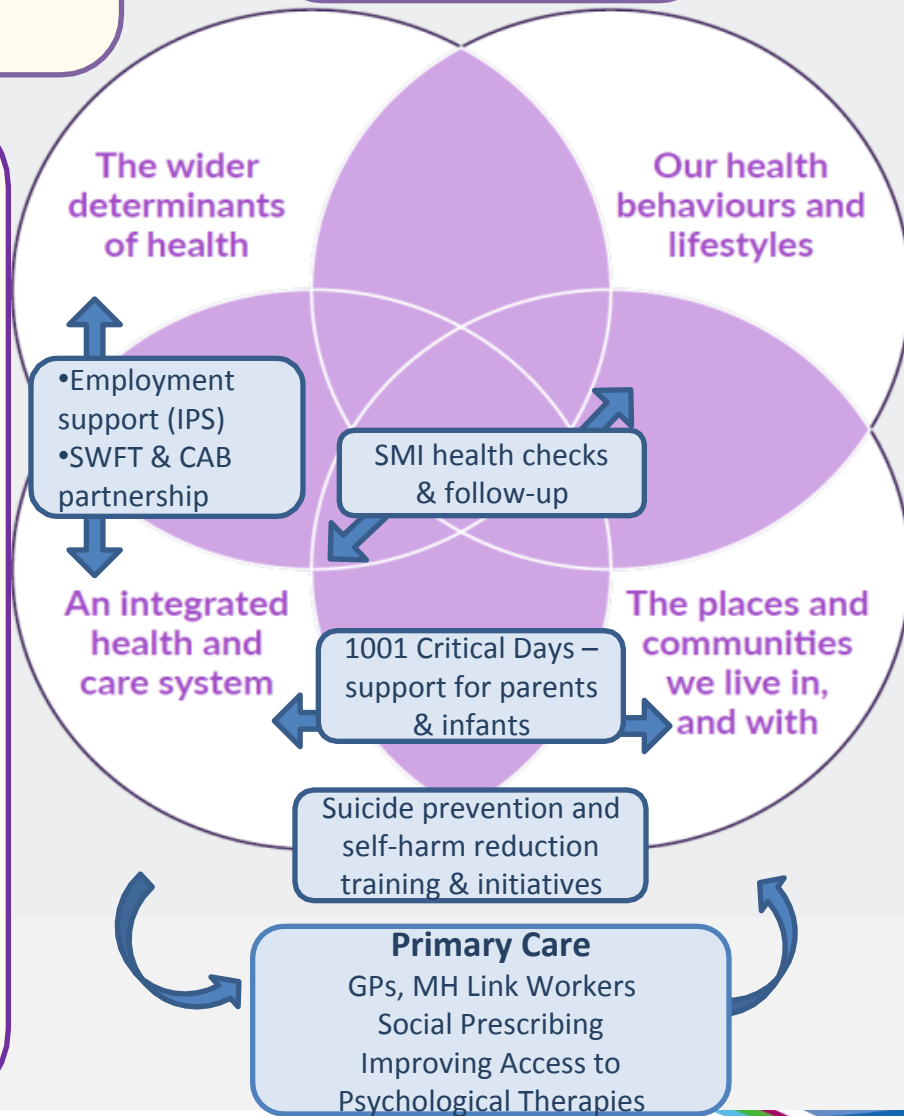
- Crisis Teams / Helpline
- AMHAT
- Safe Haven
- Street Triage
- Crisis House
- Social Care Collective
- Intensive Outreach Team
- Holding you in Mind

### Inpatient Services

- Caludon Centre / St Michaels

### Community Care

- S117 health & care packages
- Rehabilitation Services
- Supported Living, Domiciliary Care, Live in Care



### Community Assets

- Active travel schemes
- Leisure Services
- Green spaces
- Heritage & Culture
- Waterways
- Community Safety initiatives
- Green Shoots funding
- Community Centres
- Voluntary & Community Sector

### Mental Wellbeing Services in the Community

- Covid MH & LSI Funding
- Reading Well Books on Prescription
- Recovery & Wellbeing Academy
- Togetherall / Kooth
- Mental Health Matters Helpline
- Wellbeing for Warwickshire
- Community Links
- Creative Health Programme
- Suicide Bereavement Support
- Carer Support Services

# Health Inequalities



# Coventry & Warwickshire MH JSNA 2021: Inequalities Findings

## Socioeconomic impact - Coventry most deprived Local Authority area, followed by Nuneaton and Bedworth and North Warwickshire

- People with SMI and living in the most deprived 20% of Coventry and Warwickshire were 3 x more likely to be admitted to hospital than those in the most affluent 20%.
- Nationally, SMI 3 x as likely to attend A&E and 4.9 times more likely to be admitted for urgent physical care needs

## Ethnicity – higher access by White British groups for common MH issues than other ethnic groups (nationally only 1 in 3 people can access the support they need);

- iAPT: Higher access in Rugby, Stratford and Warwick whilst estimated need highest in Coventry, Nuneaton and Bedworth and North Warwickshire

CWPT survey - difficulties in access, general support, resources, awareness and sensitivity to issues experienced by people from ethnically diverse groups.

- Nationally, black people more likely to be involved with criminal justice & 8x more likely than White British people to be given a community treatment order

Headings

## Wider Determinants

Covid impact on MHEW; higher for unemployed, ethnically diverse groups, LGBTIQ+, young people, older adults and those with existing physical or mental health conditions

Increases in domestic violence & abuse, drugs and/or alcohol misuse during the pandemic

55% of carers faced barriers accessing wellbeing support (Healthwatch survey)

Asylum seekers 5x more likely to experience MH difficulties.

Access to private gardens & green space lower than West Midlands average in Coventry and Rugby.

9% of armed forces who deployed suffer PTSD

Housing: 9.5% households in Warwickshire & 12.1% in Coventry in fuel poverty. 44% of homeless have a MH condition



# Health Inequalities

## Examples of key activity to address health inequalities:

- ✓ Improving recording of ethnicity.
- ✓ Homeless worker roles all recruited to.
- ✓ Consideration for a mobile home in order to see people in the back and have a safe space and also to do physical health checks.  
Page ↻ This is being worked up.
- ✓ Increasing pro-active engagement with people with SMI to promote physical health.
- ✓ Task group formed to establish collective in response to JSNA findings.

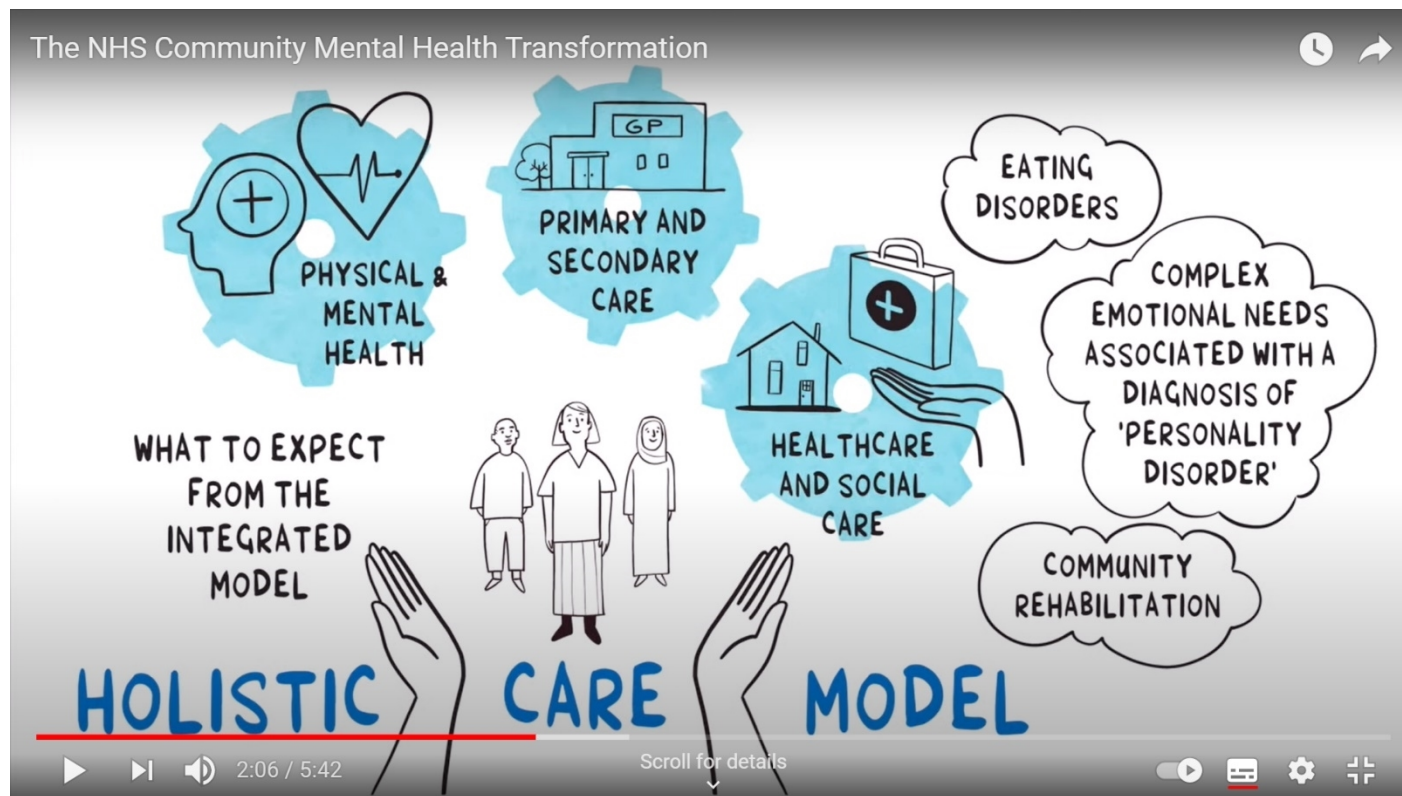


# Community Mental Health Transformation System Update (as at end of Q2 21/22)





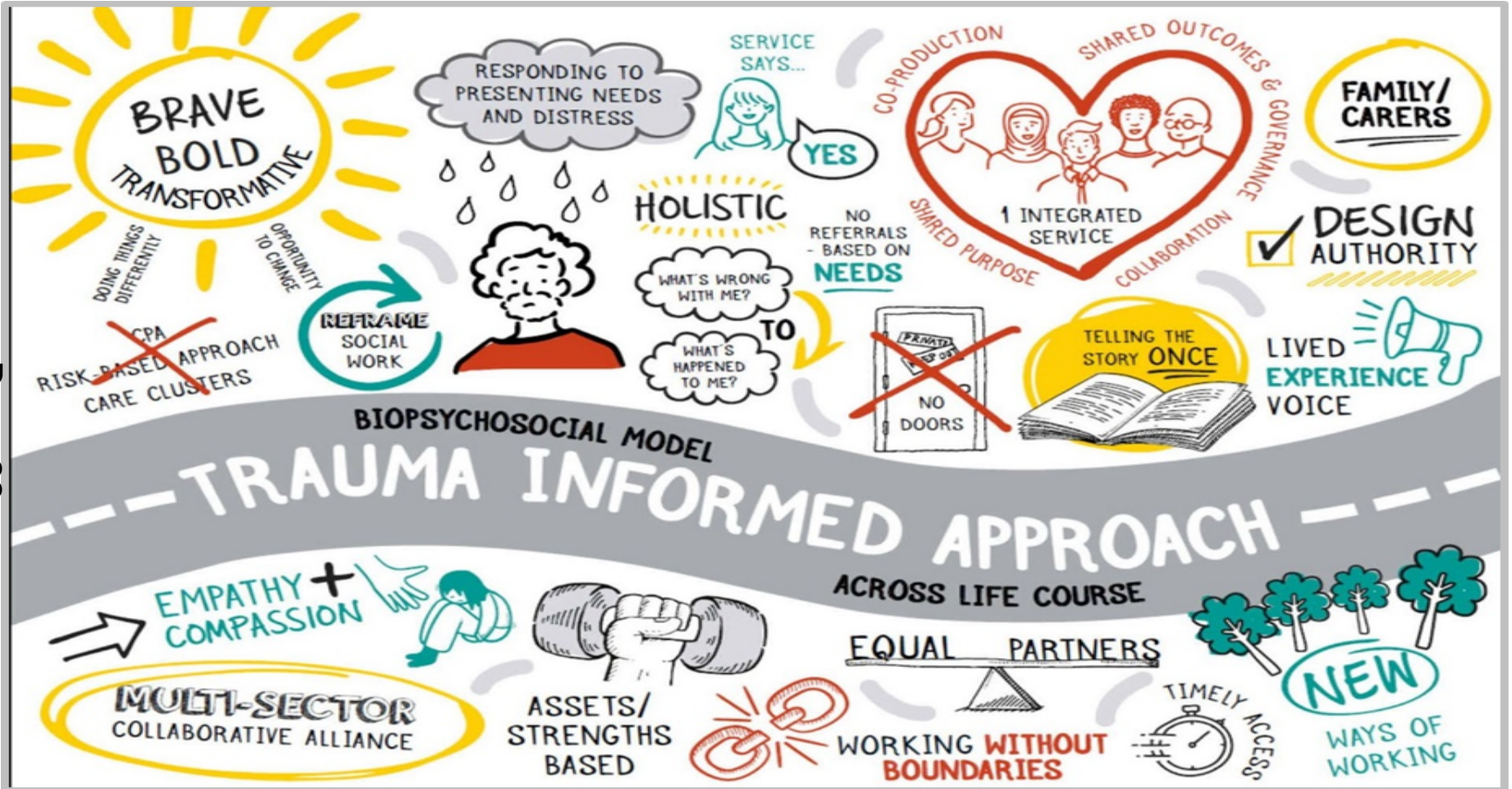
# National Vision & Ambition



[The NHS Community Mental Health Transformation – YouTube](#)



# Local CMHT Vision & Ambition



# Community MH Framework

Moving away from CPA and outdated processes and towards a:

- ✓ Standard of high-quality care for everyone in need of community mental health services.
- ✓ More meaningful, co-produced and therapeutic approaches for organising care and support.

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# Expert by Experiences



# Claire Handy – Expert by Experience

Claire Handy is a critical part of the transformation team, as a person with lived experience:

*“I am delighted to be working on this once-in-a-lifetime opportunity to improve mental health services. I am passionate that we must place people at the heart of everything we do and work with all organisations available and those affected by mental illness – both service users and their carers/friends/family – not only the NHS or social care”.*

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# Community Mental Health Redesign & Core Offer



# CMH Redesign & Core Offer

## CMH redesign

- ✓ Care Programme Approach (CPA) paperwork revamp/ overhaul has started.
- ✓ Change of title and role for Care Coordinators is in the planning phase.
- ✓ Scoping a specialist older peoples CMHT role linking in with dementia and frailty.
- ✓ New group roles at Band 4 agreed and to be recruited to.

## Core offer

- ✓ Locality Pathway Allocation (LPA) Coordinators and Liaison workers developing a SOP to accept referrals straight into teams linked to the emerging 4-week wait target.
- ✓ LPA Coordinators going out and meeting PCN leads.
- ✓ 11 Liaison workers recruited, currently looking to resolve data sharing issues RE Carenotes and EMIS and measurement of outcomes.



# Primary Care Integration







# Personality & Complex Trauma Pathway (PACT)



# Personality And Complex Trauma

## Vision

- ✓ The right care, in the right place, at the right time.
- ✓ **To be at the heart of their recovery** – finding what works best for each individual; helping to develop skills to maintain responsibility and control of their life / healthcare needs.
- ✓ Implement early interventions available to people – supporting people from the earliest opportunity, right through to enabling them to cope with difficult experiences in a way that feels manageable.

## Ambition

- ✓ A clear pathway for those living with experience of complex trauma that has resulted in personality difficulties or changes.
- ✓ Change the language surrounding personality issues – move away from the term ‘disorder’.
- ✓ Improvements are needed across the health and social care system in compassionate understanding about personality and complex trauma, its prevalence and treatment, as well as how it affects those diagnosed with it and their family/carers.



# Hopefulness

# Life skills

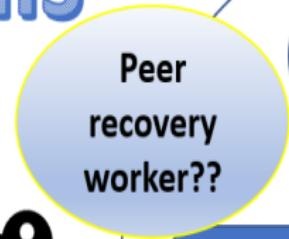


Person presents to GP  
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GP – trauma informed/  
compassionate  
Aware of red flags for PD  
Aware of service pathways  
Physical health checks

**Liaises Primary Care Link Worker**



Personal goals/ambitions: Recovery  
Wellbeing academy/  
rethink etc

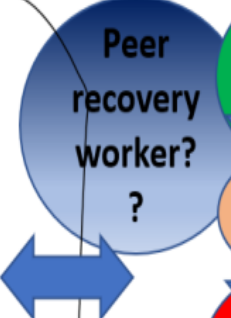
Developing skills to maintain responsibility/  
control of life/  
healthcare needs:  
IAPT



Opportunities to build a positive identity beyond illness  
(employment/education/housing/hobbies/benefits)



Community intensive enablement  
Kingfisher treasure seekers +++??  
Supervised by PD pathway staff?



Formulation  
Care plan /MES Skills group  
Coworking with other teams

SCM+STEPPS group/ DBT skills

Specialist therapies DBT, CBTP, CAT / Olive Tree

Specialist acute services NHS E funded

# Enablement



# Personality & Complex Trauma Pathway (PACT)

- ✓ Model devised to deliver interventions from lowest level to highly complex treatment.
- ✓ Personality Disorder Clinical lead post – recruitment finalised at the end of this month.
- Page 33 ✓ PD KUF lived experience post recruitment ongoing.
- ✓ Training needs for EMDR being considered.
- ✓ An additional post for DBT has been recruited to.



# Rehabilitation



# Rehabilitation

- ✓ Data collated and mapping to current service provision started.
- ✓ AHP and OTs supporting the workforce development of the rehab pathway.



# Eating Disorders





# Adult Eating Disorders

## *Vision*

*New models of care, will provide greater choice and control over care, and support people to live well in their communities.*

*Adults with eating disorders will be able to **access treatment earlier, and closer to home**, leading to better outcomes for them and their families”.*

## **Application**

- ✓ Establish a severe eating disorder pathway with dietic, OT and peer support recovery roles.
- ✓ In year 2 & 3 extend access to group-based psychology therapy for mild to moderate eating disorders.
- ✓ Recruited ‘Experts by Experience’ to co-design and co-create new clinical pathways.
- ✓ TFG established to support development of a locally agreed protocol for the medical monitoring of Eating Disorders between Primary and Secondary care.



# Training



# Training

- ✓ 2 places for CBT – for psychosis.
- ✓ DBT training post taken up.
- ✓ Consideration of uptake of a CBT – PD full training or top up course.
- ✓ Discussions over trauma informed training ongoing.

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# Parity of Esteem



# **SMI Health Checks – *Improving physical health of people with serious mental illness***

- ✓ Point of Care Testing (POCT) machines purchased – training commenced week of 13<sup>th</sup> Sept. (This means SMI health checks can continue despite blood bottle shortage).
- ✓ Band 2 admin to input all the community health check info for our patients open to EIP and Recovery to improve data collection.
- ✓ Further equipment for EIP and Recovery to support the health checks is being purchased.
- ✓ MIND are supporting uptake of vaccine delivery and health checks for the SMI group.



# Strategic Coproduction: Coproduction & Community Engagement

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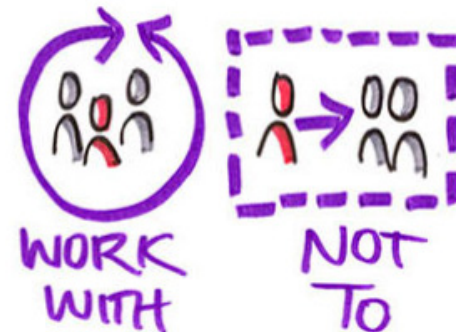
# Coproduction model

Rethink Mental Illness have brought in 8 expert by experience leaders to actively attend and contribute to workstream discussions and tasks

Key qualities for workstream involvement:

- ✓ **Active and future focused**
- ✓ **Goal orientated**
- ✓ **Embrace partnership working**
- ✓ **Understands the value their experience brings to the work**

Additionally, 'understanding strategic coproduction' presentations have been delivered in ED and PACT workstreams to allow all parties joining to start from the same point and understand the purpose of co-production rather than patient/carer separate reference groups.



# Community engagement

Grapevine have focused on the first 3 elements of the Community Organising Framework (Reach, Listen and Connect).

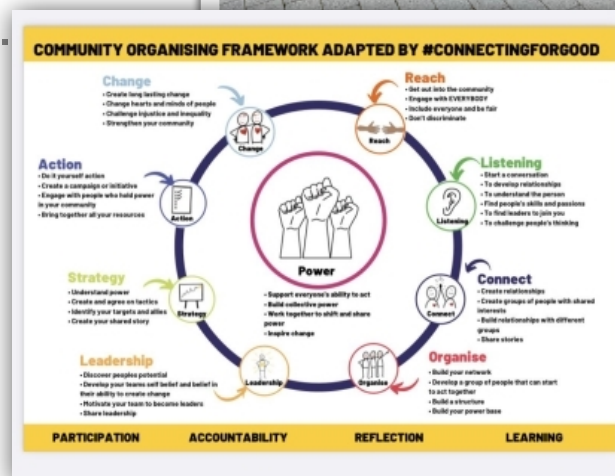
‘Pop-up parklets’ have been created in commonly frequented communal spaces across Coventry and Warwickshire using hot discussion topics of around mental health to spark discussions e.g. Britany Spears conservatorship debate quotes.

This approach encouraged members of the public to contribute their thoughts and experiences.



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These are being followed up with 1-1's to Build trust and connections in the community.







# VCSE landscape and linkages



- **Mental Health Alliance-CWPT** NHS alliance with Voluntary and Community sector-the provision of system wide, advice, guidance, research and best practice around joint working opportunities
- **Working Together**-CPWT, Primary care collaboration with Voluntary and Community sector, jointly working together on learning, training and supporting commissioning opportunities for Voluntary and Community Sector supporting specific patient journeys (often called pathways). This includes supporting any VCSE partnerships supporting Primary Care around MH.
- **Community MH Coproduction**- Listening to the widest sector of the community, to engage and genuinely involve people in any opportunities for service change/evolution in what we deliver as CWPT led and with our partners



# Summary

- Breadth of activity across the system to support people with mental ill-health, alongside activity to promote wellbeing and address determinants of poor mental health and wellbeing to support prevention, early intervention and recovery.
- Strong partnership working in place across the system (including with the VCS and experts by experience) to support transformation of services.
- Good progress made to date on a longer journey of change.



# Questions?



**Adult Social Care and Health Overview and Scrutiny Committee****Coventry and Warwickshire's Living Well with Dementia Strategy**

29 September 2021

**Recommendation(s)**

1. That the Committee considers the draft Living Well with Dementia strategy and provides its comments and guidance as to any gaps, omissions or further objectives that it considers should be included.
2. That the Committee considers and comments upon the engagement plans and any additional engagement that it would like to see undertaken.

**1. Executive Summary**

- 1.1 Coventry and Warwickshire's Living Well with Dementia Strategy has been refreshed. Following a period of engagement from early September 2021, the strategy may be revised and will be published in early 2022 for the period 2022-2027.
- 1.2 Officers at Warwickshire County Council have worked closely with colleagues through the Health and Care Partnership Dementia Board, which includes Coventry City Council, Coventry and Warwickshire CCG and Coventry and Warwickshire Partnership NHS Trust, to develop a joint dementia strategy for Coventry and Warwickshire. The draft strategy was presented at the Health and Care Partnership Mental Health Strategic Board on 8th July. A joint strategy will have many benefits, particularly that many services are delivered across Coventry and Warwickshire; this includes services delivered by Coventry and Warwickshire Partnership NHS Trust (who carry out most of the memory assessments and diagnoses of dementia), and services delivered by voluntary and community sector organisations including Alzheimer's Society and Age UK. A joint Coventry and Warwickshire strategy will also mirror the area covered by the newly formed Coventry and Warwickshire Clinical Commissioning Group and as we move towards an Integrated Care System for Coventry and Warwickshire.
- 1.3 The draft strategy and engagement plans were also presented at the Warwickshire Dementia Board on 28th June and Joint Commissioning Board on 16th July. The Portfolio Holder for Adult Social Care and Health approved the plans on 6<sup>th</sup> August 2021.
- 1.4 The strategy will be a system document across health and social care in Coventry and Warwickshire with a system partnership approach and will therefore be fully supported by NHS colleagues and delivered in partnership with the voluntary and community sector. The associated strategic delivery plans are likely to include a range of actions to be undertaken across Coventry and Warwickshire as well as actions for Warwickshire (and Coventry) specifically.
- 1.5 The draft of the strategy refresh that is out for engagement is based on:

- Close work with the Health and Care Partnership Dementia group over the last year and other key colleagues
- Review of progress of previous dementia strategies in Coventry and Warwickshire, supported by Alzheimer’s Society
- National guidance (e.g., Prime Ministers Challenge on Dementia, NICE guidance for dementia, All Party Parliamentary Group for Dementia)
- Local evidence (JSNA, Alzheimer’s Society local dementia profiles, other local strategies e.g., Health and Wellbeing Strategy)
- Feedback from recent dementia specific or carer focussed engagement
- Recent feedback on dementia and carer services and support
- Review of dementia pathway
- Learning through Covid-19 (including attendance at Dementia Forums)
- Feedback from groups detailed in 2.2.

1.6 The Strategy priorities are aligned with the Well Pathway for Dementia.



Ensuring effective alignment of the refreshed Dementia Strategy with local strategies that focus on carer wellbeing (such as Warwickshire’s Wellbeing Strategy) is a priority.

The following approach to the strategy has been taken:

- The strategy has a ‘plan on a page’ approach - one page for each of the six priority areas (made up of the above five from the well pathway and ‘training well’). All six priority areas will be underpinned by the same underpinning elements of the well pathway, these are ‘researching well’, ‘commissioning well’, ‘integrating well’ and ‘monitoring well’.
- The focus of the strategy will be on key objectives; progress on these will be reviewed and additional objectives may be added at a later date
- The focus will be on what still needs to be achieved, whilst summarising past achievements. However, some case studies / details of good practice will be included to show developments to date

1.7 The engagement plans were developed to ensure that stakeholders have the opportunity to provide feedback on the draft strategy. This will include people living with dementia, carers, volunteers, general public and professionals across Coventry and Warwickshire. The 6-week engagement programme will start from late September to end October 2021 through:

- Online survey conducted through the Ask Warwickshire website. Distributed widely via emails and other communication channels (Hard copies will be available)
- In person engagement with people with dementia and carers (face to face and virtual opportunities). Making Space (user engagement and coproduction service) will lead this work in Warwickshire.
- Commissioner attendance at various meetings with practitioners.

1.8 Following the engagement:

- Feedback will be collated into a full report and a summary report and published on Ask Warwickshire.
- Feedback will be given to stakeholders via a 'You said, we did'; published on Ask Warwickshire and sent out by email.
- Findings will be considered and, where possible and appropriate, they will be incorporated into the final Dementia Strategy.

1.9 The strategy will go to various Boards including the Health and Wellbeing Board and the final version of the Strategy will be presented to Cabinet for approval and will then be published on the Council's website.

## **2 Financial Implications**

- 2.1 The dementia strategy is being developed jointly with local partners, including NHS partners and the voluntary and community sector. Achievement of the strategy's ambitions and priorities will utilise internal partner resources and include individual provider and partnership bids for funding.
- 2.2 To enable Warwickshire County Council to deliver its commitments within the strategy, an application for funding has been submitted through the Medium-Term Financial Strategy process.
- 2.3 Please note some of Warwickshire County Council's commissioned services for dementia are funded through the Better Care Fund.

## **3 Environmental Implications**

3.1 None

## **4 Supporting Information**

- 4.1 Coventry and Warwickshire's Living Well with Dementia Strategy has been developed with key partners as a system approach across Coventry & Warwickshire, including health partners and with close collaboration with colleagues from Coventry City Council.
- 4.2 The plan on a page' approach aims to focus on key objectives that will aim to achieve the vision of the strategy, that '**everyone affected by dementia is enabled to live well**'. Further objectives may be added through the lifetime of the strategy in response to feedback and national and local guidance.
- 4.3 The associated strategic delivery plans, which will be developed following publication of the strategy are likely to include a range of actions to be undertaken across Coventry and Warwickshire as well as actions for Warwickshire (and Coventry) specifically.

## **5 Timescales associated with the decision and next steps**

- 5.1 The 6-week engagement programme will be from late September to end October 2021.
- 5.2 Business Intelligence will then analyse the feedback and collate into a report. Data collected from the in-person engagement will also be analysed and collated into a report.
- 5.3 Drafts of the engagement report and amends to the strategy will then be made.

- 5.4 The revised strategy will then be presented to various Boards, including Health and Wellbeing Board and cabinet for approval, and will then be published on the Council's website.

**Appendices**

Appendix 1 for Coventry and Warwickshire's Living Well with Dementia Strategy

Appendix 2 for Coventry and Warwickshire's Living Well with Dementia Strategy Engagement Plans

Appendix 3 for Equality Impact Assessment for Coventry and Warwickshire's Living Well with Dementia Strategy

**Background Papers**

None

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

Local Member(s): None

Other members: Councillors Bell, Drew, Golby, Holland and Rolfe



# Coventry and Warwickshire's Living Well with Dementia Strategy 2022 – 2027

Please note: Communications will professionally design and format the strategy before publication.

## Foreword

The vision for Coventry and Warwickshire's Living Well with Dementia Strategy 2022 - 2027 is that **'everyone affected by dementia is enabled to live well'**.

Coventry and Warwickshire's Living Well with Dementia Strategy 2022-2027 details the priorities that will help ensure that people with dementia, as well as their carers, receive the appropriate support, information, and advice along their journey with dementia. The strategy will be supported by a delivery plan which will set out exactly what we will do over the next five years, to ensure that **'everyone affected by dementia is enabled to live well'**.

The impact of the Covid-19 pandemic outbreak has been very challenging for people with dementia and their carers. People with dementia were an extremely vulnerable group during the pandemic and whilst we know that there have been many examples of excellent care and support, we also know that many people have experienced significant challenges including social isolation, lack of engagement in meaningful and enjoyable activities and concerns about accessing services. This has further increased the health inequalities that existed before the pandemic.

Although dementia diagnosis rates were improving prior to the Covid-19 pandemic, we still need to do more to encourage and support people to come forward for a memory assessment if they have concerns about their memory. There are many benefits of receiving a timely diagnosis, including access to treatment, support, and services. Many local organisations, groups and individuals are working to become dementia friendly, which has done a great deal to reduce the stigma that used to be associated with dementia. We are confident that by progressing our vision and priority areas we will be able to ensure more people receive support following a diagnosis of dementia which will help them to live well, remain at home and independent for longer.

The strategy also shows a strong commitment to supporting family and friends who provide care and support for a loved one with dementia. It is essential that those people who are providing many hours of unpaid support to their loved ones are supported in their role. This is important because, without support, informal carers are at risk of isolation and experiencing poor health outcomes. The strong links between the Dementia strategy and Strategies that focus on Carers will help to ensure carers of people living with dementia are well supported.

The strategy closely links with, and supports other local strategic ambitions and priorities, in particular Coventry and Warwickshire's Health and Care Partnership (HCP), the local Health & Wellbeing Strategies, and Coventry and Warwickshire's Council Plans.

Cllr Margaret Bell  
Portfolio Holder for Adult Social Care and Health  
Warwickshire County Council

Cllr Mal Mutton  
Portfolio Holder for Adult Social Care and Health  
Coventry City Council

**Background (infographics to be added closer to publication date to ensure they are up to date.**

**Key data about people living with dementia in Coventry and Warwickshire:**

**This page will include infographics on:**

- Number of people estimated to be living with Dementia in each District / Borough of Warwickshire, and in Coventry.
- Number of people with a diagnosis of Dementia in each District / Borough of Warwickshire, and in Coventry. Approximately 55% of people living with dementia have a diagnosis.
- Approximate number of people receiving a diagnosis of dementia in Coventry and Warwickshire each year.
- Projected number of people living with dementia in 2030, 2040, 2050
- Diagrams showing those with a dementia diagnosis in different age groups, sex, ethnicity. For example:

Figure 8 Predicted dementia prevalence for males by age between 2020 and 2035

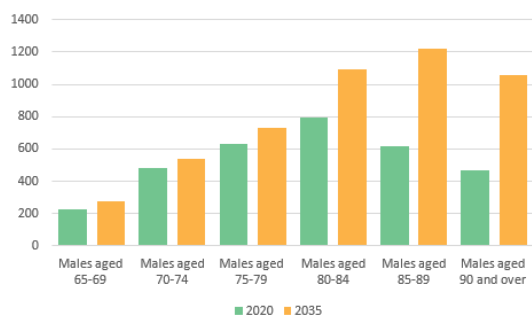
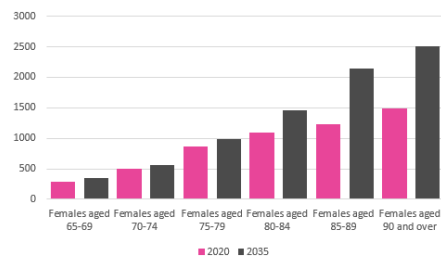


Figure 7 Predicted dementia prevalence for females by age between 2020 and 2035



Source POPPI, August 2020

- Number of people with early onset dementia (under the age of 65).
- Number of informal carers of people with dementia

## Approach

This strategy is underpinned by engagement with a wide range of key stakeholders, including people living with dementia, carers, and practitioners to understand the issues facing those living with dementia and the barriers to overcoming these challenges.

The development of this Dementia Strategy is also shaped by the national policy framework and local strategies, delivery plans and work programmes, many of which have involved significant engagement with practitioners, people living with dementia and carers.

**The vision for Coventry and Warwickshire's Living Well with Dementia Strategy 2022 - 2027 is that 'everyone affected by dementia is enabled to live well'.**

We aim to achieve our vision by focusing on the following priorities, aligned to the national priorities of The Well Pathway for Dementia:



### Priority One: Preventing Well

We will promote and support healthy lifestyles, aiming to reduce people's risk of developing dementia.

### Priority Two: Diagnosing Well

People with dementia will receive a timely, accurate diagnosis of dementia.

### Priority Three: Supporting Well

People affected by dementia will have access to safe, high quality care.

### Priority Four: Living Well

People affected by dementia will be able to live in safe and accepting communities, where they can access a range of support services and enjoyable and meaningful activities.

### Priority Five: Dying Well

People with dementia will be supported to die with dignity in the place of their choosing. Their families will be supported.

### Priority Six: Training Well

Training and awareness opportunities will be offered to support communities to increase their awareness of dementia.

Staff who work with people with dementia and their carers will have access to appropriate training.

### Challenges and response to the Covid-19 pandemic

The Covid-19 pandemic has brought many challenges for people living with dementia, and for their carers and loved ones. This strategy aims to build on some of the positive developments such as the individualised and flexible support offered by services to people with dementia and carers and increased creativity and adaptations to how support is delivered. Many have also benefited from a greater virtual offer including singing for the brain online groups and wellbeing programmes involving arts, music, and physical activity. However, we also recognise the challenges that Covid-19 has brought and will seek to overcome these as we move towards life after Covid-19.

" I can get through this as long as I keep getting your support and your calls, I don't trust just anyone coming to my house"

Feedback from person with dementia using Dementia Day Opportunities service during the Covid-19 pandemic

## What we are doing already

Warwickshire County Council, Coventry City Council and Coventry and Warwickshire Clinical Commissioning Group have been working closely with our partners in the NHS, District and Borough Councils and voluntary sector for many years with the aim of supporting people to live well with dementia. Some of the key developments and highlights in recent years include:

### Priority One: Preventing Well

- Greater awareness that the risk of developing dementia can be reduced through healthy lifestyles, through health awareness campaigns and NHS Health Checks.

### Priority Two: Diagnosing Well

- Increasing diagnosis rates from 40% in 2012 to 56% in 2021.
- Some GPs are able to offer memory assessment for less complex cases, meaning patients can be diagnosed closer to home by staff they already know.
- The introduction of post diagnosis support packs and sessions for people newly diagnosed with dementia, and for their carers.

### Priority Three: Supporting Well

- Everyone receiving a dementia diagnosis is offered a “Next Steps” course. Further post-diagnostic support is available as needed throughout the dementia journey from [Dementia Connect](#) (Alzheimer’s Society) and [Admiral Nurses](#).
- The Dementia and Memory Assessment Service in Coventry has achieved Memory Service National Accreditation Programme (MSNAP), recognising high quality memory assessment services.
- MySense technology, used by South Warwickshire Foundation Trust, and the Dementia Promoting Independence Service in Coventry use assistive technology and dedicated support to enable people with dementia to live at home independently for longer.

- Arden Grove has been developed to deliver specialist housing with care to people living with dementia based on the Eden Alternative model; other dementia residential provision has been strengthened.

### Priority Four: Living Well

- People in Coventry and Warwickshire can access information , details of services and support via the [Warwickshire Living Well with Dementia website](#).
- [Reading Well Books on Prescription](#) offers a selection of self-help books about dementia in all public libraries in Coventry and Warwickshire.
- There are over 90 organisations signed up to the [Coventry and Warwickshire Dementia Action Alliance \(DAA\)](#). These organisations have committed to raising awareness of dementia and supporting people with dementia in their communities.

### Priority Five: Dying Well

- A range of training has been delivered for professionals to support end of life care for people with dementia; this includes Dementia Awareness Training for Palliative Care Teams and Hospices; Training in Advance Care Plans for Community Dementia staff and a workshop on Dying Well with Dementia for multi-agency clinicians from a variety of services.

### Priority Six: Training Well

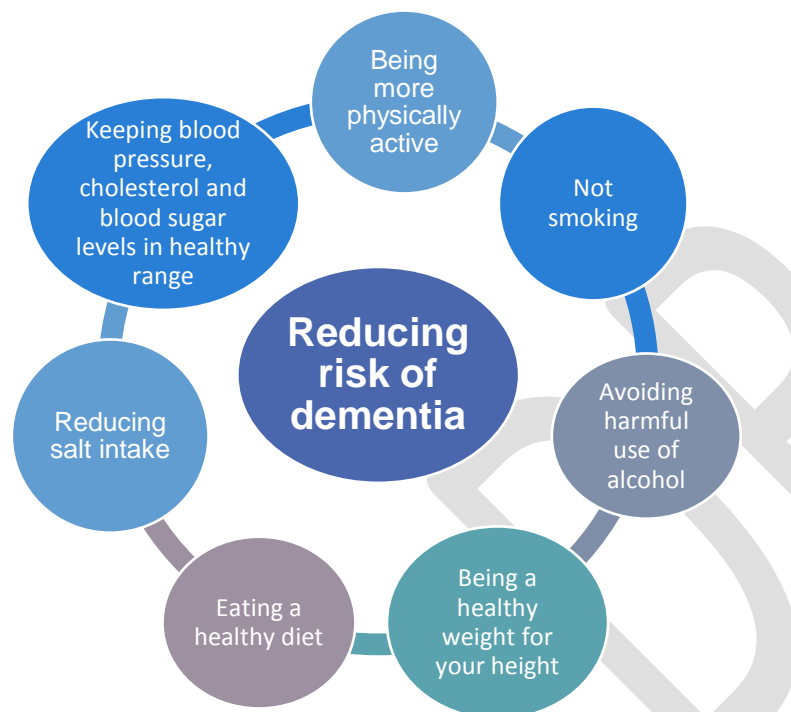
- There are now over 37,000 Dementia Friends in Coventry and Warwickshire. Anyone can become a [Dementia Friend](#).
- Dementia Awareness sessions have been delivered to a range of organisations including Local Authorities, library services, voluntary sector, dental practices, general practices, hospice staff, and leisure centre staff.
- Frontline social care staff (including care home staff) can access training via Social Care Information and Learning Service (SCILS)

## Priority One: Preventing Well

**We will promote and support healthy lifestyles, aiming to reduce the risk of developing dementia.**

Although some of the risk factors for dementia (such as age, genetics, and ethnicity) cannot be changed, there is strong evidence that you can reduce your chances of getting dementia. Even if someone has dementia, they can take action to lessen the symptoms.

People can reduce their risk of dementia through the following:



***“What’s good for the heart is good for the brain”***

However, only about a third of people (approximately 33%) think it’s possible to reduce their risk of developing dementia, compared to 81% who think it is possible to reduce their risk of developing diabetes.

### What we will do

- We will continue to raise awareness of the benefits of healthy lifestyles to reduce the risk of developing dementia.
- We will encourage greater take up of NHS Health Checks for those aged 40-75.
- We will raise awareness of ways to reduce risk of dementia in at-risk populations (e.g. those with Mild Cognitive Impairment, individuals with learning disabilities and people from Black and Minority Ethnic backgrounds).
- We will continue to support people with Mild Cognitive Impairment and early-stage dementia to access local exercise on referral services.
- Making Every Contact Counts supports practitioners to support their clients/customers/patients to make positive changes to their physical and mental health and wellbeing. We will continue to promote and support Making Every Contact Counts across Coventry and Warwickshire.

### How we will know we have been successful

- Increased number of awareness campaigns delivered each year which include dementia risk reduction messages and how far these campaign messages reach (measured by number of press releases, people visiting websites, views on social media).
- More people attending NHS Health Checks
- More people with Mild Cognitive Impairment and early-stage dementia referred to local exercise on referral services.

## Priority Two: Diagnosing Well

### People will receive a timely, accurate diagnosis of dementia.

An estimated 11,500 people in Coventry and Warwickshire live with dementia, but only around 56% of these have a formal diagnosis. A diagnosis can help people prepare and come to terms with the changes that are happening and access a wide range of support for themselves and their families. It can also help loved ones to understand and support them. There is no cure for dementia but for some types of dementia it is possible to take medication to slow the progression of the disease. Many people live a fulfilling life for years following their diagnosis.

### What we will do

- Raise awareness of dementia and the benefits of receiving a diagnosis amongst the local population, with particular focus on communities who may not recognise dementia or where there may be cultural challenges to seeking a diagnosis
- Continue to encourage anyone with concerns about their memory or the memory of a loved one to see their GP as soon as possible.
- Continue to increase dementia diagnosis rates so that at least two thirds (67%) of people living with dementia have a diagnosis (this target has been set by the government). This will include diagnosing people in Care Homes.
- Support GPs to undertake diagnosis of dementia where appropriate or refer to memory assessment services.
- Ensure that waiting times for a diagnosis of dementia return to pre-pandemic levels and then, that they are made within 6 weeks of referral (unless specialist assessments/investigations are required).
- Ensure a high-quality memory assessment pathway by supporting Coventry and Warwickshire Partnership Trust (CWPT) to achieve Memory Services National Accreditation programme (MSNAP) across all services.

### Norman's story (diagnosed with dementia at 50)

*"An early diagnosis of dementia is so, so important. Once diagnosed, I knew what I was up against. As they say: know your enemy. If I hadn't been diagnosed early and I hadn't been seen by consultants on a regular basis, I wouldn't be as well as I am today. I don't know what my future holds, but at least I'm prepared for it"*

- Ensure that everyone receiving a diagnosis of dementia receives a Care Plan (which is then reviewed annually), is referred to a post diagnosis dementia support service (unless they choose not to be referred) and is followed up within three months of diagnosis.
- Work towards ensuring that everyone with a dementia diagnosis has a Care Coordinator and that this role is well understood.
- Review the dementia pathway and where possible, improve access to services through integration of services with other services.
- Publish the key services and support available at all stages of the pathway to practitioners and those with dementia and their carers.
- Build on the use of an individual Integrated Care Record as well as use of EMIS, (a digital clinical system supporting joined-up working across all care settings).
- Review the pathway between hospitals and Memory Assessment Services; promote and strengthen the diagnostic and identification role in acute hospital care pathways and strengthen communication when a diagnosis is made.

### How we will know we have been successful

- Greater number of people diagnosed with dementia (and as a percentage of the people estimated to be living with dementia)
- More people diagnosed with dementia receive a Care Plan following their diagnosis (and as a percentage of all those diagnosed)
- Everyone diagnosed with dementia is offered a referral to a dementia support service (currently Dementia Connect) following their diagnosis.



## Priority Three: Supporting Well

### People affected by dementia will have access to safe, high quality support and care.

Post-diagnostic support helps the person living with dementia and their family come to terms with the diagnosis, access information, ask questions, find support and plan for the future. We will ensure that people are linked in with sources of support and information as early after diagnosis as possible.

#### What we will do

- Raise awareness of post diagnosis support available for people affected by dementia; ensuring that information is easily accessible, available in a range of formats, and easy to understand and that accessing services is as easy as possible.
- Continue to develop the Living Well with Dementia website, including map of services: [www.warwickshire.gov.uk/dementia](http://www.warwickshire.gov.uk/dementia)
- Ensure that carers of people with dementia are supported by the local Carer Wellbeing Service.
- Support carers of people living with dementia to maintain and build their community connections; ensuring that accessible respite support, that is easy to book, is available to them.
- Support the voluntary sector to restore local support services following the Covid-19 pandemic, e.g. Dementia Cafes.
- Develop and promote the use of assistive technology to help people stay independent for longer, such as [AskSARA](#), and [MySense](#).
- Work towards reducing the digital divide by supporting people with dementia and their carers to use a range of technology to enjoy a variety of virtual activities and stay connected to others.
- Redesign the dementia day opportunities support service to offer a blended service offer with greater choice and flexibility.
- Work to ensure there is a sufficient supply of high-quality care and support for people with dementia including those with behaviours that may challenge or complex presentations.
- Raise awareness of and adapt dementia services to work towards equality of access for people with protected characteristics. For example, ensuring that people from different ethnic groups can access culturally appropriate support.
- Ensure the continued development of high-quality domiciliary care, housing with care, residential and nursing care to meet the needs of people with dementia that is equal to the health offer of a person without dementia. This may include enhancing training and skills for the workforce, having a named clinical lead for dementia in care homes, forming multidisciplinary teams to support care homes, maximising places available, reducing unplanned hospital admissions, delayed discharges, and placement breakdowns.
- Review and strengthen the dementia pathway for people with dementia entering and leaving hospital to minimise moves and changes in environment for people with dementia. Continue to build on good practice and sharing learning, such as the Admiral Nurse role in Warwick Hospital who support advanced care planning for patients going back home to the community.

*“When someone is diagnosed with dementia, you can go when you have problems, but it is so nice to get a call every 6–12 months to ask if everything is alright. I am not good at asking for help”. Comment about Dementia Connect in Warwickshire service*

#### How we will know we have been successful

- Greater number of people with dementia receiving support from local Dementia Support Service (currently Dementia Connect)
- More carers of people living with dementia supported by Carer Wellbeing Service
- Less acute/emergency attendances at hospital due to dementia.
- Greater number of users of the Living Well with Dementia website.



## Priority Four: Living Well

**People affected by dementia will be able to live in safe and accepting communities, where they can access a range of support services and enjoyable and meaningful activities.**

There are a range of initiatives aimed at helping people with dementia live well in their local communities, such as Dementia Friends and Dementia Friendly Communities. These initiatives have the added advantage of increasing accessibility for everyone and enabling people with dementia to have a full and valuable role in their local communities.

### Case Study: Books on Prescription and your local library

Coventry and Warwickshire Library Services have been members of the Coventry and Warwickshire Dementia Action Alliance (DAA) since 2013. Libraries can help people to keep learning, stay connected and reduce isolation and loneliness. Many of the library staff work directly with the public and have become Dementia Friends, (these are individuals who have taken the time to learn more about what it is like to live with dementia and the small things that they can do to make a difference) to enable them to recognise and support the different needs of people with dementia who wish to use the library. Libraries offer [Books on Prescription - dementia](#) collections to help people improve their health and wellbeing. All of the books are selected and recommended by healthcare professionals and follow National Institute for Health Care Excellence (NICE) guidance. Books on dementia include personal stories and support for relatives and carers. Visit [www.warwickshire.gov.uk/booksonprescription](http://www.warwickshire.gov.uk/booksonprescription) or [https://www.coventry.gov.uk/info/126/libraries/3218/libraries\\_-\\_core\\_services/7](https://www.coventry.gov.uk/info/126/libraries/3218/libraries_-_core_services/7) to find out more about how to borrow Books on Prescription or ask at your local library.

## What we will do

- Ensure that a range of evidence-based, post-diagnostic support interventions are available for people with dementia and their carers to maintain their mental and physical health and wellbeing. These will be appropriate and tailored, considering age, ethnicity, religion, gender, and sexual orientation.
- Promote dementia friendly events and activities to encourage people living with dementia to continue to engage in a range of interests, hobbies, and activities.
- Continue to offer and promote a range of arts and cultural opportunities (for example, access to singing, music, arts, and crafts activities) to people living with dementia and their carers.
- Promote opportunities for taking part in dementia research and access to research opportunities
- Work closely with social prescribing colleagues to ensure people living with dementia and their carers are encouraged and supported to continue to take part in the activities they enjoy, and to develop new interests.
- Increase the numbers of Dementia Friends in Coventry and Warwickshire by 10% each year.
- Increase the number of Dementia Friendly Communities in Coventry & Warwickshire DAA by 10% each year.
- Ensure that information about benefits and entitlements are communicated to people living with dementia and that they are supported to apply for these.
- Review how we can deliver accessible and effective support services and activities following the COVID-19 pandemic.

## How we will know we have been successful

- Increase in number of Dementia Friends
- More organisations becoming Dementia Friendly Communities.
- Greater offer of evidence-based post diagnosis support interventions.

## Priority Five: Dying Well

### People with dementia will be supported to die with dignity in the place of their choosing. Their families will be supported.

A third of people over the age of 65 will die with some form of dementia. In care homes, around two thirds of people will have dementia as a factor in their death. Dementia is a terminal condition and people with dementia often are not identified as being at the end of life and risk missing out on crucial end of life care and support. Staff should understand individual wishes and preferences to ensure people are able to die with dignity and respect, free from pain and in a place they have chosen. Where possible, the person with dementia should be encouraged to plan for the future, including care options, while they are able. This can also help to reassure families that they are doing what's best for their loved one.

#### What we will do

- Ensure the Ambitions for Palliative and End of Life Care framework (2021 – 2026) are used to build accessible, responsive, effective, and personal care needed at the end of life. This will include a review of the effects of the Covid-19 pandemic on end-of-life care for people with dementia, and actions to overcome challenges.
- Roll out “Let’s Get Talking” days to all those working with people with dementia and their families to improve skills in talking about end of life. Virtual options will make this training more accessible.
- Ensure that the ReSPECT Form (Recommended Summary Plan for Emergency Care and Treatment), which details a person’s care and treatment preferences, is completed, and follows a patient.
- Build on the use of an integrated care record as well as use of EMIS, (a digital clinical system supporting joined-up working across all care settings) to ensure patients’ wishes are respected at the end of life.

- Introduce a flag on NHS systems that identifies patients with an advanced care plan. This will ensure consistency and means clinicians and other professionals know what patients’ wishes are.
- Promote availability of Admiral Nurses, as experienced dementia nurses, who can provide support to people living with dementia and their families in complex situations, including end of life.
- Link with Hospices to help ensure the hospice service offer is inclusive to needs of people with dementia, and that families of people with dementia are supported after the death of their loved one.

#### Case Study: Dying well with dementia

A gentleman with young onset dementia was being cared for by Coventry and Warwickshire Partnership Trust (CWPT) on a Dementia Ward. He became very unwell and was at the end of his life. With his family’s agreement a DNR (Do Not Resuscitate) was granted and a best interest meeting took place which confirmed the family’s wishes not to send him to a general hospital for further treatment. Wards at CWPT settings where the gentleman was being cared for are not set up to provide end of life care, so the staff needed support, guidance, and medical intervention to ensure that this gentleman was allowed to die with respect, dignity, and comfort. Through conversations with various specialist staff working for CWPT and other local organisations, the staff team were supported to ensure that the gentleman could be cared for and allowed to die with dignity and respect. This also provided huge comfort to his family.

#### How we will know we have been successful

- Increased number of people with completed ReSPECT Form.
- Increased availability of bereavement support offer for families of people with dementia after the death of their loved one.

## Priority Six: Training Well

**Training and awareness opportunities will be offered to support people affected by dementia, carers, and communities to increase their awareness of dementia.**

**Staff who work with people with dementia and their carers will have access to appropriate training.**

There are a range of excellent training and awareness raising opportunities available in a variety of formats (such as on-line training, webinars, face to face courses) and for different audiences, such as the general public, informal carers, and practitioners. Many are free of charge. It is important that people are made aware of these training opportunities and encouraged to undertake them.

For staff, the national Department of Health and Social Care [Dementia Training Standards Framework](#) aims to ensure quality and consistency in dementia education and training. It details the essential skills and knowledge necessary for workers in health, social care, and housing.

The Care Certificate is the minimum training induction requirement for anyone entering health and social care, including staff across all commissioned services. The Care Quality Commission (CQC) require evidence of compliance with the Care Certificate for all providers registered with CQC. For other providers it is regarded as best practice and should be a minimum requirement. Care Certificate can be accessed through the Social Care Information and Learning Service (SCILS).

### What we will do

- We will promote training and dementia awareness opportunities to informal carers and communities to increase their awareness of dementia.

- We will develop a tiered learning platform on the Living Well with Dementia website to ensure access to learning opportunities is as easy as possible.

We will offer further opportunities for people to participate in the Dementia Bus experience, which offers a sensory experience of what's it's like to live with dementia.



- All Local Authority staff and commissioned service staff will be encouraged to become Dementia Friends.
- Anyone starting work in health and social care, will be required to complete the relevant units of the Care Certificate.
- Local Authorities will aim to ensure that all direct and commissioned service staff who are working with people living with dementia are trained to at least Tier 2 of the Dementia Training Standards Framework.
- We will aim to ensure that all home and residential care staff working with people living with dementia receive mandatory training. This should be equivalent to Tier 3 of the Dementia Training Standards Framework.

### How will we know we have been successful

- Increase in number of Dementia Friends created.
- Increase in numbers of staff will have completed relevant training (appropriate to their role).
- More staff and organisations registered on SCILS.
- Increase in the numbers of staff who have completed Care Certificate.

## How we will deliver this strategy

The Dementia Strategy Board will develop a delivery (action) plan to support achievement of the strategy. The Board will monitor achievement of the delivery plan at regular intervals (between every three to six months). This will ensure we remain on track to achieving the strategy.

The board will include representatives from:

- Warwickshire County Council (WCC)
- Coventry City Council (CCC)
- Coventry and Warwickshire Partnership Trust (CWPT)
- Coventry and Warwickshire Clinical Commissioning Group (CCG)
- South Warwickshire Foundation Trust (SWFT)
- George Eliot Hospital (GEH)
- University Hospitals Coventry and Warwickshire (UHCW)
- Voluntary sector organisations
- People living with dementia and their carers

Working groups will be established which will develop an individual action plan for the strategy priority area that they are focussing on.

- Priority One: Preventing Well
- Priority Two: Diagnosing Well
- Priority Three: Supporting Well
- Priority Four: Living Well
- Priority Five: Dying Well
- Priority Six: Training Well

Working groups will include practitioners from a range of organisations and where possible people with dementia and carers will be involved in working groups (this may be directly or indirectly). Please see more detail about this on the following page.

Action plans are likely to include a range of actions to be undertaken across Coventry and Warwickshire as well as actions for Coventry and Warwickshire specifically.

The Integrated Care System across Coventry and Warwickshire (from April 2022) will see the development of new partnerships between the organisations that meet health and care needs across an area. The ICS will help to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. This should further improve the health and care of people living with dementia and their carers.

An Equality Impact Assessment has been completed and will be reviewed on a regular basis by each working group to ensure we meet our responsibilities in respect of the Equality Act 2010 and the Public Sector Equality Duty.

There will also be a focus on Health Inequalities, and we will look to address inequalities as part of the action plans for each priority area. Action plans will also focus at a 'Place level', (a more local level) which will help to consider and address issues that may exist in particular areas across Coventry and Warwickshire.

Key measures will be monitored for each priority area (see further details of these measures in each priority area). These will help us to monitor progress towards achieving the strategy.

The working groups will report on progress into other appropriate local groups and Boards as appropriate. This may include the Health and Care Partnership Dementia Board, Joint Commissioning Boards, Health and Wellbeing Board, Corporate Boards and Cabinet.

Some of the objectives will need to be achieved through existing funding and partnership working. However, we will also seek additional funding, which would enable us to enhance projects and activities to support achievement of some of the objectives.



## Priorities and Dementia Statements

The key priorities described in this strategy will help to achieve the following Dementia Statements which reflect the things people with dementia have said are essential to their quality of life.

- We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- We have the right to continue with day to day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- We have the right to an early and accurate diagnosis, and to receive evidence-based, appropriate, compassionate, and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
- We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

Find out more about the Dementia Statements [here](#):

Projects and / or work programmes to support delivery of the action plans for each priority area will be co-produced with people with dementia and those that care for them where possible. People with dementia and carers will be involved in monitoring progress towards achieving the strategy through a range of methods, which may include feedback on services, focus groups, 'mystery shopper' type activities. This will help to ensure that activities make a real difference to the lives of people with dementia and those that care for them and that the vision for Coventry and Warwickshire's Living Well with Dementia Strategy 2022 - 2027 is achieved:

**'everyone affected by dementia is enabled to live well'.**



**Logos of all of the partner agencies will be on this page:**

DRAFT

## Coventry and Warwickshire's Living Well with Dementia Strategy Engagement Plans

1. Overview of Engagement Plans and how findings will be used
2. Detailed plan of engagement
3. Engagement questions

### 1. Overview of Engagement Plans and how findings will be used

The engagement plans have been developed to ensure that stakeholders have the opportunity to provide feedback on the draft strategy. This will include people living with dementia, carers, volunteers, general public and professionals across Coventry and Warwickshire. Plans currently include a 6-week engagement programme, from late September until end October 2021 through:

- a. Online survey conducted through the Ask Warwickshire website. Distributed widely via emails and other communication channels, including Warwickshire County Council communications team (Hard copies will be available). An easy read version of the survey and the strategy will be available.
- b. In person engagement with people with dementia and carers (face to face and virtual opportunities). Making Space (user engagement and coproduction service) will lead this work in Warwickshire.
- c. Commissioner attendance at various meetings with practitioners.

Following the engagement:

- d. Feedback will be collated into a full report and a summary report and published on Ask Warwickshire.
- e. Feedback will be provided to stakeholders via a 'You said, we did'; published on Ask Warwickshire and sent out to contributors by email.
- f. Findings will be considered and, where possible and appropriate they will be incorporated into the final Dementia Strategy.

The final version of the Strategy will be presented to Cabinet for approval and will then be published on the Council's website.

### 2. Detailed plan of engagement

The engagement plans will be undertaken through three key routes:

- a. Online survey through Ask Warwickshire. Distributed widely to stakeholders via emails and other communication channels (Hard copies will be available) across Coventry and Warwickshire. The survey will be sent out electronically by email and through Council Communications channels, but with an option to request a paper copy / alternative format that can be sent by post if necessary. An easy read version of the survey will be available. The survey will also be posted on Warwickshire's Dementia Website. We will also offer people the option of emailing their feedback to [dementiapartnership@warwickshire.gov.uk](mailto:dementiapartnership@warwickshire.gov.uk)
- b. In-person engagement with people with dementia and carers (face to face and virtual opportunities). Making Space (user engagement and coproduction service commissioned by

Warwickshire County Council) will lead this work in Warwickshire. The Dementia Commissioner in Coventry is coordinating plans for Coventry. The in-person engagement will take place through 1-1 discussions and focus groups. The approach will be very flexible depending on the wishes of clients and carers and to maximise safety of all participants. Making Space will also offer to attend Locality dementia forums in each district and borough.

- c. Commissioner attendance at various meetings with practitioners to raise awareness of the engagement and encourage feedback via the Ask Warwickshire survey. This will include the Health and Wellbeing Board Place Partnerships, voluntary sector groups, BAME Forums, Carer Forum and People Strategy and Commissioning Forum.

### 3. Engagement questions

The questions that will be asked through the survey are follows. Many of these questions will also be asked as part of the in-person engagement (but with more of a focus on the 'Supporting Well' and 'Living Well' priorities).

#### Dementia Engagement Survey questions – to be hosted on Ask Warwickshire

1. In what capacity are you responding to this questionnaire?

- Person living with dementia
- Carer / family member of person living with dementia
- General public
- Statutory partner (health, local authority)
- Local Councillor/elected member (WCC, District or Borough, Town Council)
- Voluntary and community sector
- Business
- Other (Please specify below)

2. Please select the area where you live or work (or represent):

- North Warwickshire Borough
- Nuneaton and Bedworth Borough
- Rugby Borough
- Stratford on Avon District
- Warwick District
- Work across Warwickshire
- Coventry
- Work across Coventry or Warwickshire
- Work outside of Coventry or Warwickshire

3. How strongly do you agree or disagree with the vision set out for this strategy?

The vision for Coventry and Warwickshire's Living Well with Dementia Strategy 2021 - 2026 is that 'everyone affected by dementia is enabled to live well'.

Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

If you disagree or strongly disagree, please can you tell us why.



#### 4. Strategic priority areas

Six priorities have been developed. Please tell us how strongly you agree or disagree with each of the six strategic priorities? Each of the priorities include an overarching statement (in bold), some background information, details of what we will do and how we will know we have been successful.

*(an image of the entire priority page from the strategy will be included as part of the survey, which will include all of the information above)*

a. Priority 1 – Reducing risk of developing dementia

Please tell us how strongly you agree or disagree with Priority One: Reducing risk of developing dementia?

Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

If you disagree or strongly disagree with the priority, please can you tell us why?

b. Priority 2 – Diagnosis of dementia

Please tell us how strongly you agree or disagree with Priority Two: Diagnosing Well?

Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

If you disagree or strongly disagree with the priority, please can you tell us why?

c. Priority 3 – Support following a diagnosis

Please tell us how strongly you agree or disagree with Priority Three: Supporting Well?

Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

If you disagree or strongly disagree with the priority, please can you tell us why?

d. Priority 4 – Living well with dementia in Dementia Friendly Communities

Please tell us how strongly you agree or disagree with Priority Four: Living Well?

Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

If you disagree or strongly disagree with the priority, please can you tell us why?

e. Priority 5 – Allowing people to die with dignity and respect

Please tell us how strongly you agree or disagree with Priority Five: Dying Well?

Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

If you disagree or strongly disagree with the priority, please can you tell us why?

f. Priority 6 – Training for those working with people with dementia and their carers

Please tell us how strongly you agree or disagree with Priority Six: Training Well?

Strongly agree    Agree    Neither agree nor disagree    Disagree    Strongly disagree

If you disagree or strongly disagree with the priority, please can you tell us why?

5. Do you feel there is enough focus on support for carers of people living with dementia?

6. Do you feel there are any significant gaps or omissions in the strategy? If so, please tell us about these?

7. Do you have any comments on how the strategy looks and how hard or easy it is to read and understand the strategy?

8. Do you have any ideas to help with the delivery of the strategy priorities?

9. Do you have any further comments you would like to make in relation to the Draft Living Well with Dementia Strategy?

Thank you for your support.

Notes:

- Signposting information to two key support services will be included: Dementia Connect and Carer Wellbeing Service
- Equalities and monitoring data will be included but separated from other questions.

## Warwickshire County Council Equality Impact Assessment (EIA) Form.

The purpose of an EIA is to ensure WCC is as inclusive as possible, both as a service deliverer and as an employer. It also demonstrates our compliance with Public Sector Equality Duty (PSED).

This document is a planning tool, designed to help you improve programmes of work by considering the implications for different groups of people. A guidance document is available [here](#).

Please note that, once approved, this document will be made public, unless you have indicated that it contains sensitive information. Please ensure that the form is clear and easy to understand. If you would like any support or advice on completing this document, please contact the Equality, Diversity and Inclusion (EDI) team on 01926 412370 or [equalities@warwickshire.gov.uk](mailto:equalities@warwickshire.gov.uk)

<b>Service / policy / strategy / practice / plan being assessed</b>	Coventry and Warwickshire's Living Well with Dementia Strategy
<b>Business Unit / Service Area</b>	People Strategy and Commissioning
<b>Is this a new or existing service / policy / strategy / practice / plan?</b> If an existing service / policy / strategy / practice / plan please state date of last assessment	Coventry and Warwickshire's Living Well with Dementia Strategy (2022 – 2027)  Not sure whether a previous EIA was completed for the previous strategy (from 2016-2019)
<b>EIA Review team – list of members</b>	Claire Taylor, Commissioner  Amanda Fawcett, Lead Commissioner  Ranbir Johal, Commissioning Support Officer  Keira Rounsley, Equality, Diversity and Inclusion Practitioner
<b>Do any other Business Units / Service Areas need to be included?</b>	Communities and Partnerships Service (Mike Slemensek), Public Health (Gemma McKinnon), Libraries (Jessica Dunnicliff), Adult Social Care (Becky Thompson)

<b>Does this EIA contain personal and / or sensitive information?</b>	No
<b>Are any of the outcomes from this assessment likely to result in complaints from existing services users, members of the public and / or employees?</b>	No

**1. Please explain the background to your proposed activity and the reasons for it.**

Coventry and Warwickshire's Living Well with Dementia Strategy is being refreshed, based on engagement and alignment with national and local strategies and guidance. As part of this, we wish to ensure services and support are inclusive to maximise access and uptake by people with dementia and their carers. We also wish to further develop work to raise awareness and understanding of dementia, and access to, and uptake of services in specific groups with protected characteristics as we know this has been challenging to date and has the potential to further increase inequalities in health.

**2. Please outline your proposed activity including a summary of the main actions.**

The refresh of the Dementia strategy has been underway for some months, having been delayed due to the coronavirus pandemic. The approach to developing the strategy has also had to be adapted to account for pressures on the workforce, the need to prioritise support for people with dementia and their carers and the fact that the usual engagement approaches could not be undertaken, as well as learning from the successful development of other strategies which have adopted a more focused 'plan on a page' approach (e.g. the Family Poverty Strategy).

Proposed activity includes:

- Engagement activities with people with dementia and their carers, professionals working directly with people with dementia, broader stakeholders and key groups to identify what currently works, what needs to be improved, gaps and opportunities.
- Review of current dementia pathway, to identify gaps and opportunities
- Close working with colleagues in Coventry to discuss and agree approach to the strategy and commissioning of services across the area
- Review of availability of services across Warwickshire and identification of gaps in services

- Review of national best practice and guidance
- Review of local data and strategies that impact on the dementia strategy
- Identification of opportunities for collaborative working
- Review of commissioned dementia support services
- Development of a draft dementia strategy for comment
- Further engagement with people with dementia and their carers, professionals, broader stakeholders on the draft strategy
- Seeking approvals from various Boards and meetings to publish the strategy

### 3. Who is this going to impact and how? (customers, service users, public and staff)

It is good practice to seek the views of your stakeholders and for these to influence your proposed activity. Please list anything you have already found out. If you still need to talk to stakeholders, include this as an 'action' at the end of your EIA. **Note that in some cases, there is a duty to consult, see [more](#).**

- People living with dementia, both already diagnosed and those who will be newly diagnosed in the future
- Carers and families of people living with dementia
- Commissioners and colleagues working for WCC
- Practitioners supporting people with dementia (including GPs, memory assessment staff, provider staff, volunteers)

#### 4. Please analyse the potential impact of your proposed activity against the protected characteristics.

**N.B** Think about what actions you might take to mitigate / remove the negative impacts and maximize on the positive ones. This will form part of your action plan at question 7.

	<b>What information do you have? What information do you still need to get?</b>	<b>Positive impacts</b>	<b>Negative impacts</b>
<b>Age</b>	<p>Many people with dementia are older, and prevalence of dementia increases with age although younger people are still affected. Carers can be any age, but a range of potential issues could be faced at different ages, e. g older carers may be experiencing their own health concerns, younger carers may be juggling demands of working and caring for younger family members with their caring role.</p> <p>People with dementia are more likely to be over 65 and, in consequence, can face both ageism and the stigma associated with dementia. For example, older people may be denied access to the full range of mental health services that are available to younger adults. This could particularly disadvantage people with dementia who are more likely to be over 65 and require mental health support. People may delay seeking a diagnosis, assuming symptoms are just part of ageing.</p> <p>Dementia is not just an older people's condition. The table below from Dementia Connect service shows that 27% of tier 1 referrals were 64 or under. Younger people with dementia can face discrimination. They may be forced to give up work, excluded from dementia services with a minimum age criterion, forced to travel considerable distances to access appropriate services or left without support.</p> <p>Data available from commissioned services The data below from Dementia Connect:</p>	<p>Opportunity to raise awareness that dementia is not a natural part of ageing but that as people age there is a greater chance of them developing dementia. However, not everyone with dementia is old.</p> <p>Younger people with dementia may still be able to function very well and only have limited difficulties. May wish to access mainstream services, but services need to understand issues for people with dementia and be Dementia Friendly.</p>	<p>Issues of coping with ageism and stigma. Need to encourage younger people to come forward if concerned about memory. Need to address misconception that dementia only affects older people. Raise awareness that people can live well with dementia - positive examples / case studies. Develop use of arts programmes and other interventions such as Cognitive Stimulation Therapy (CST) – as they have very positive outcomes.</p> <p>Healthy lifestyles can reduce risk of dementia – never too early to start. Very limited awareness of links between healthy lifestyles and dementia. Continue to raise awareness of risk reduction for dementia as</p>

	<table border="1"> <thead> <tr> <th>Age Category</th> <th>Tier 1 Referrals</th> <th>Percent age</th> </tr> </thead> <tbody> <tr> <td>Under 55</td> <td>40</td> <td>13</td> </tr> <tr> <td>55-64</td> <td>43</td> <td>14</td> </tr> <tr> <td>65-74</td> <td>69</td> <td>22</td> </tr> <tr> <td>75-84</td> <td>88</td> <td>28</td> </tr> <tr> <td>Over 85</td> <td>39</td> <td>13</td> </tr> <tr> <td>Unknown</td> <td>33</td> <td>11</td> </tr> </tbody> </table>	Age Category	Tier 1 Referrals	Percent age	Under 55	40	13	55-64	43	14	65-74	69	22	75-84	88	28	Over 85	39	13	Unknown	33	11		<p>part of other health awareness campaigns (smoking cessation, alcohol awareness etc). Build on uptake on NHS Health Checks.</p>
Age Category	Tier 1 Referrals	Percent age																						
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<p><b>Disability</b> Consider</p> <ul style="list-style-type: none"> <li>Physical disabilities</li> <li>Sensory impairments</li> <li>Neurodiverse conditions (e.g. dyslexia)</li> <li>Mental health conditions (e.g.</li> </ul>	<p>Dementia is a disability, according to domestic law and international convention. Thousands of people who responded to the All-Party Parliamentary Group (APPG) inquiry agreed that they see dementia as a disability. However, they told the APPG that society is lagging in this understanding and failing to uphold the legal rights of people with dementia. (APPG, 2019)</p> <p>People with dementia may have other conditions which impact the timing of when they come forward for a diagnosis, when and how they receive a timely diagnosis and their ability to access services.</p> <p>The data below for tier 1 referrals is from Dementia Connect. However, the large number of unknowns makes it difficult to draw any conclusions. When people are asked this question, do they understand that dementia is classed as a disability?</p>	<p>Dementia is now recognised as a disability which may help people access services, benefits and support. However, reality seems to be that society is 'lagging behind' for people with dementia. Raise awareness of possible blue badges for people with hidden disabilities such as dementia.</p> <p>Opportunity with re-commissioning dementia support services to consider unique challenges and therefore support required for</p>	<p>Lack of capacity can make people with dementia vulnerable to discrimination and treatment that contravenes their human rights. For example, people with dementia can be excluded from discussions about their care and support and lack the capacity to challenge this exclusion. Under the Mental Capacity Act, a person is presumed to be able to make their own decisions "unless all practical steps to help them to make a decision have been taken without success".</p>																					

depression) • Medical conditions (e.g. diabetes)	<table border="1"> <thead> <tr> <th>Disability</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td><b>138</b></td> <td><b>7</b></td> </tr> <tr> <td>No</td> <td><b>556</b></td> <td><b>29</b></td> </tr> <tr> <td>Unknown</td> <td><b>1,237</b></td> <td><b>64</b></td> </tr> </tbody> </table>	Disability	Total	Percentage	Yes	<b>138</b>	<b>7</b>	No	<b>556</b>	<b>29</b>	Unknown	<b>1,237</b>	<b>64</b>	those that have disabilities including ensuring good pathways and joint working between key agencies such as adult social care, GPs, providers etc.	A person's perceived lack of capacity may be due to a range of factors which includes an inability to engage with complex terminology, background distractions or text that is too small. Look to increase training and awareness of small changes that can help a person engage.
	Disability	Total	Percentage												
Yes	<b>138</b>	<b>7</b>													
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A study undertaken by PHE in 2015 found that Learning disability and lower socio-economic position both increased the prevalence of dementia. We need to consider numbers of people with dementia who have learning disabilities and impact of this on diagnosis and support.  Carers of people with dementia may have disabilities. Need to consider how these carers can be supported.	Need to explore opportunities for increasing reach of commissioned services and what may need to be adapted / improved.  This could be addressed through engagement sessions with people with dementia, and those with dementia and other disabilities.  Need to establish whether all service settings likely to be accessed by people with dementia are accessible, whether or not they have additional disabilities. (or at least start this with commissioned providers)?														
<b>Gender Reassignment</b>	Data regarding transgender individuals with dementia is not widely available or collected by commissioned services. This needs to be addressed.  Prior to any recommissioning activity, detailed desktop review work, needs assessment and links with Business Intelligence will be needed to understand demand and potential gaps in service.	The needs assessment and engagement provide an opportunity to consider how we can improve meeting needs of all potential clients	Need to ensure there is a clear offer and that individuals are not being turned away because of their transgender status.												



	Question about protected characteristics can be included in engagement work in summer 2021.	with dementia, and their carers. Opportunities for developing staff training around this and other EIA area.	
<b>Marriage and Civil Partnership</b>	Data regarding marriage and civil partnership status has not been collected by commissioned services. This needs to be addressed.  Support with legal matters such as Lasting Power of Attorney and Advance Statements may not be possible if partnership not legally recognised.	Opportunity to raise awareness of rights of carers depending on partnership status.	
<b>Pregnancy and Maternity</b>	Data regarding pregnancy and maternity status has not been collected by Dementia Connect or Dementia day opportunities services.		
<b>Race</b>	Data on ethnicity of people diagnosed with dementia is sparse. Data from NHS digital shows that 68% of people do not have ethnicity recorded. 28% are white, 3.5% Asian or Asian British. ( <a href="https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/november-2020">https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/november-2020</a> )  Alzheimer's Society report that 3 per cent of people with dementia are from BAME communities – around 25,000 people. This number is expected to double by 2026 with the steepest increase expected in South Asian communities.  <ul style="list-style-type: none"> <li>Research suggests BAME communities often face delays in dementia diagnosis and barriers in accessing services.</li> </ul> <a href="https://www.alzheimers.org.uk/for-researchers/black-asian-and-minority-ethnic-communities-and-dementia-research">https://www.alzheimers.org.uk/for-researchers/black-asian-and-minority-ethnic-communities-and-dementia-research</a>	The needs assessment and engagement provide an opportunity to consider how we can improve meeting their needs.  Opportunity to raise awareness of issues concerning dementia for BAME groups. Use of range of images of people from different backgrounds on resources. Translation of resources into different languages. EQuIP advised the following: 1. Gujarati 2. Punjabi	Without understanding the needs of individuals according to race, we may limit accessibility to services and design services which do not meet their needs.  May be challenging to address issues for all BAME groups, as there are significant differences between groups.  Nursing Times article suggests: people's cultural background can influence how willing or unwilling they are to seek help and possible reluctance to diagnose dementia in

	<p>PHE study in 2015 found Dementia was more common in people from African-American, black-Caribbean or Hispanic backgrounds. There was no information published on people from south-east Asian backgrounds.</p> <p>A new study led by researchers from University College London has looked at difference in dementia diagnosis rates among different ethnic groups in the UK. The paper, published (on Wednesday 8 August 2018) in the journal <i>Clinical Epidemiology</i>, suggests that black men and women are more likely to develop dementia than their white counterparts. (Published in Alzheimer’s research UK, 2016)  <a href="https://www.alzheimersresearchuk.org/ethnic-differences-dementia-diagnosis-uk/">https://www.alzheimersresearchuk.org/ethnic-differences-dementia-diagnosis-uk/</a></p> <p>An article in Nursing Times (2018) found that rates of dementia diagnosis are higher among black ethnic groups compared to white and Asian groups in the UK. They found that the incidence of dementia diagnosis was 25% higher among black women than white women, and 28% higher among black men than white men. Asian women and men were 18% and 12% less likely than white women and men, respectively, to have a dementia diagnosis.  <a href="https://www.nursingtimes.net/news/research-and-innovation/likelihood-of-dementia-higher-among-black-ethnic-groups-08-08-2018/">https://www.nursingtimes.net/news/research-and-innovation/likelihood-of-dementia-higher-among-black-ethnic-groups-08-08-2018/</a></p> <p>Deaths from people in certain ethnic groups from dementia have been widely reported as being very high during the coronavirus pandemic.</p> <p>The data below from Dementia Connect shows that the majority of tier 1 referrals are for clients with white / white British ethnic backgrounds.</p> <table border="1" data-bbox="315 1241 904 1284"> <thead> <tr> <th data-bbox="315 1241 526 1284">Ethnicity</th> <th data-bbox="526 1241 696 1284">Total</th> <th data-bbox="696 1241 904 1284">Percentage</th> </tr> </thead> </table>	Ethnicity	Total	Percentage	<p>3. Urdu          4. Polish          5. Hindi          6. Arabic</p> <p>Dementia Connect has now produced information resources in various languages.</p> <p>Need to build on risk reduction messages for all, but tailored to specific at risk groups.</p> <p>Opportunity to review older people day opportunities – not dementia specific services.</p>	<p>populations where it is not widely accepted.</p> <p>Join Dementia Research – people from BAME groups significantly underrepresented, so further limits understanding of their experiences of dementia.</p>
Ethnicity	Total	Percentage				

White / White British	<b>194</b>	<b>62</b>
Mixed	<b>1</b>	<b>0</b>
Asian / Asian British	<b>6</b>	<b>2</b>
Other	<b>2</b>	<b>1</b>
Unknown	<b>109</b>	<b>35</b>

Understanding and acceptance of dementia is limited / challenging in some cultures. Lower rates of diagnosis than expected in some BAME groups may affect access to support services. The number of people with dementia from BAME communities is expected to increase seven times by 2051. However, people from BAME communities are less likely to be diagnosed or receive post-diagnosis support (All-Party Parliamentary Group on Dementia, 2013). People from BAME groups face significant barriers when accessing support. There is a lack of culturally sensitive dementia services and families can be reluctant to use services that do not meet cultural or religious needs. Risk of dementia is greater in some BAME groups due to increased cardiovascular risk factors and diabetes etc.

Workshops and surveys undertaken in 2019 by EQUIP:

**Awareness:** Feedback from all workshops demonstrates that there is a lack of awareness about dementia and services available. The prevalent belief amongst these groups is that they believe that dementia is a form of 'madness'.

**Embarrassment/stigma:** Many of the participants at workshops felt that dementia was 'shameful' and it was felt that the condition was hidden from the community.

	<p>Cultural and Religious barriers: One of the main barriers to accessing services or support for BME participants was the belief that dementia services would not understand or be mindful of cultural and religious needs. For example, some female participants felt that using dementia cafes would involve sitting at tables with men. This would be culturally and religiously inappropriate for these women and this would be a barrier.</p> <p>Language barriers: All BME groups stated that any literature with information about a service needs to be available in different languages. This enables them to be empowered and informed rather than waiting for someone to translate or interpret information for them.</p>														
<p><b>Religion or Belief</b></p>	<p>See 'race' section.  A study conducted by PHE in 2015 found that there was no information to help understand if religion changed the prevalence of dementia.  Data regarding religion or beliefs has not been collected by Dementia Connect.</p>														
<p><b>Sex</b></p>	<p>Dementia is more common in women (PHE, 2015). Data by age and sex indicates that from the ages 65 to 79 years the split between males and females with dementia is quite similar. However, from the age of 80 years, females make up an increasing proportion of recorded dementia prevalence. Figure 4 shows the proportion of dementia cases by age and sex for the three CCG areas that cover Warwickshire.  <i>Figure 1 Proportion of recorded dementia cases by age and sex, Warwickshire CCGs combined, July 2020</i></p> <table border="1" data-bbox="315 1070 920 1358"> <thead> <tr> <th>Age band</th> <th>Females % of all recorded dementia cases</th> <th>Males % of all recorded dementia cases</th> </tr> </thead> <tbody> <tr> <td>Aged 65-69</td> <td>1.8%</td> <td>1.9%</td> </tr> <tr> <td>Aged 70-74</td> <td>4.5%</td> <td>3.9%</td> </tr> <tr> <td>Aged 75-79</td> <td>8.7%</td> <td>7.5%</td> </tr> </tbody> </table>	Age band	Females % of all recorded dementia cases	Males % of all recorded dementia cases	Aged 65-69	1.8%	1.9%	Aged 70-74	4.5%	3.9%	Aged 75-79	8.7%	7.5%	<p>The needs assessment and engagement provide an opportunity to consider how we can improve how we best meet needs of both males and females.</p> <p>May need to consider how we work with local voluntary groups to support people with dementia in community, recognizing that there are many more females than males living with dementia.</p>	<p>There is a risk that without a robust assessment of need, we design services that do not suit the needs / are not accessible to males and females.  For example, we need to consider needs of females from different ethnic backgrounds, as both characteristics may impact on their ability to access and use services.</p>
Age band	Females % of all recorded dementia cases	Males % of all recorded dementia cases													
Aged 65-69	1.8%	1.9%													
Aged 70-74	4.5%	3.9%													
Aged 75-79	8.7%	7.5%													

<b>Aged 80-84</b>	15.1%	9.6%
<b>Aged 85-80</b>	16.3%	8.7%
<b>Aged 90+</b>	16.6%	5.3%

Source: NHS Digital, 2020

#### Early onset dementia

Dementia is 'young onset' when it affects people of working age, usually between 30 and 65 years old. It is also referred to as 'early onset' or 'working-age' dementia. In 2019, the crude recorded prevalence of dementia in those aged under 65 was 3.21 per 10,000 population - in line with the England figure.

Figure 2 Crude recorded prevalence of dementia (under 65) 2019/20

Geography	Rate per 10,000 population <65 years	Approximate count of population with early onset dementia
NHS Coventry & Rugby CCG	2.54	116
NHS Warwickshire North CCG	4.44	69
NHS South Warwickshire CCG	2.33	54
Warwickshire	3.21	154
England	3.21	15,911

Source: Fingertips/PHE/Dementia profiles, August 2020

The data below from Dementia Connect shows, that of the positive responses, there were almost twice as many tier 1 referrals for females compared to

	<p>males. Although the number of unknowns is too high here to make any definitive conclusions.</p> <table border="1" data-bbox="315 252 748 483"> <thead> <tr> <th>Gender</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>71</td> <td>23</td> </tr> <tr> <td>Female</td> <td>134</td> <td>43</td> </tr> <tr> <td>Unknown</td> <td>107</td> <td>34</td> </tr> </tbody> </table>	Gender	Total	Percentage	Male	71	23	Female	134	43	Unknown	107	34		
Gender	Total	Percentage													
Male	71	23													
Female	134	43													
Unknown	107	34													
<p><b>Sexual Orientation</b></p>	<p>A study conducted by PHE in 2015 found that there was no information to help understand if sexual orientation changed the prevalence of dementia. May be additional challenges for people living with dementia, according to sexual orientation. Report from EQUIP: Barriers for the LGBT community: There was a consensus that health and social care staff lack the training and awareness around LGBT issues. They felt that there is an assumption in services that people are all heterosexual. This was identified as an issue across health and social care and not a dementia specific issue.</p> <p>The data below is from Dementia Connect for tier 1 referrals. The large percentage of unknowns makes it difficult to draw any conclusions.</p> <table border="1" data-bbox="315 1023 719 1249"> <thead> <tr> <th>Sexual Orientation</th> <th>Total</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Heterosexual</td> <td>127</td> <td>41</td> </tr> <tr> <td>Unknown</td> <td>185</td> <td>59</td> </tr> </tbody> </table>	Sexual Orientation	Total	Percentage	Heterosexual	127	41	Unknown	185	59	<p>The needs assessment and engagement provide an opportunity to consider how we can improve meeting their needs.</p>	<p>Without understanding potential barriers to accessing support, experience of support etc we may perpetuate the re-commissioning of a service offer which tends to only be accessed by heterosexuals.</p>			
Sexual Orientation	Total	Percentage													
Heterosexual	127	41													
Unknown	185	59													

## 5. What could the impact of your proposed activity be on other vulnerable groups e.g. deprivation, looked after children, carers?

- Carers of people with dementia are a vulnerable group in their own right. Carer wellbeing and support is crucial and needs to be offered at the point of diagnosis as dementia is a degenerative / progressive condition so early intervention and support for both the person with dementia and their carer is key.
- Future re-commissioning activity will need to ensure the needs of vulnerable individuals are considered when reviewing and redesigning the services.
- Lower socio-economic position increases the prevalence of dementia.

## 6. How does / could your proposed activity fulfil the three aims of PSED, giving due regard to:

- the elimination of discrimination, harassment and victimisation
- creating equality of opportunity between those who share a protected characteristic and those who do not
- fostering good relationships between those who share a protected characteristic and those who do not

- The elimination of discrimination, harassment and victimisation

Priority 4 in the Dementia Strategy focusses on raising awareness and understanding of dementia through the creation of Dementia Friendly Communities and Dementia Friends. The focus of this is on communities, organisations, groups and individuals in society. Priority 6 focusses on training and awareness for those working with people with dementia. This will all apply to all staff employed by commissioned service providers as well as staff employed by NHS and Local Authorities. When we recommission dementia support services, WCC will design our service offer to ensure that all those that live in Warwickshire, that would benefit from support, are able to access support and that support meets need. Our aim is to ensure that our commissioned services support residents in Warwickshire to live safe lives free of harassment and victimisation.

- Creating equality of opportunity between those who share a protected characteristic and those who do not

Engagement work prior to publication of the strategy will aim to ensure the strategy and any future commissioning creates equality of opportunity. Services will be commissioned that ensure equality of opportunity for all. This is cited throughout the strategy but specifically in chapters 3 and 4. Information will also be shared with informal support groups across Warwickshire. Through the needs assessment and engagement work we will seek to understand need, barriers to access, experience of support / support from other agencies to inform the design of future services.

- Fostering good relationships between those who share a protected characteristic and those who do not

Engagement work prior to publication of the strategy will aim to ensure the strategy and any future commissioning creates equality of opportunity. Services will be commissioned that ensure equality of opportunity for all. This is cited throughout the strategy but specifically in chapters 3 and 4. Information will be

shared with commissioned service providers and also with informal support groups across Warwickshire. We will seek to understand more about any gaps / areas of concern as highlighted in the impact assessment in section 4. This will directly inform the design of new specification when recommissioning dementia support services.

## 7. Actions – what do you need to do next?

Consider:

- Who else do you need to talk to? Do you need to engage or consult?
- How you will ensure your activity is clearly communicated
- Whether you could mitigate any negative impacts for protected groups
- Whether you could do more to fulfil the aims of PSED
- Anything else you can think of!

Action	Timescale	Name of person responsible
Full list of stakeholder individuals and groups to be compiled to ensure they are able to comment on the draft strategy and help to influence the work to actually be undertaken to achieve the objectives in the strategy. By undertaking a range of engagement approaches we aim to ensure that all those groups with protected characteristics are engaged and listened to as part of the review process.		
Themed workshops / meetings will be considered for multi-agency professionals to review current commissioned support service offer and design future offer. To have a focus on issues identified in the EIA in relation to impact on individuals with protected characteristics.		
Consideration to be given as to how current and potential users of dementia support services can be engaged, recognising there may be some unmet need. <ul style="list-style-type: none"> <li>• Clients survey</li> <li>• Carers survey</li> <li>• Professionals survey</li> </ul>		
Engagement approach to consider the barriers for some groups to participate in surveys / focus groups and identify ways in which this may be overcome. Specifically: sessions with BME community, sessions with people with a learning disability and / or physical disability.		



Continue to review data relating to delivery of Dementia support services in terms of protected characteristics of clients.		
Include a chapter on COVID impact on service users against the protected characteristics.		

### 8. Sign off.

<b>Name of person/s completing EIA</b>	Claire Taylor, Amanda Fawcett
<b>Name and signature of Assistant Director</b>	Becky Hale
<b>Date</b>	
<b>Date of next review and name of person/s responsible</b>	

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## Adult Social Care and Health Overview and Scrutiny Committee

### Domestic Abuse

29 September 2021

#### Recommendation(s)

1. Recommendation 1: Adult Overview and Scrutiny Committee note Warwickshire's position and response to Domestic Abuse as outlined in the report.
2. Recommendation 2: Adult Overview and Scrutiny Committee support the future plans of the partnership outlined in section 8.

#### 1. Executive Summary

- 1.1 This report provides the Adult Social Care and Health Overview and Scrutiny Committee with an overview of our Domestic Abuse position and response in Warwickshire. Partnership working is central to an effective response and characterises Warwickshire's approach and recognised good practice.
- 1.2 This report covers the following:
  - What is domestic abuse?
  - Warwickshire's Domestic Abuse Service
  - Demand, need and performance in Warwickshire
  - Warwickshire's partnership response to domestic abuse
  - The Domestic Abuse Act 2021
  - Improvement activity underway and planned
  - Future plans
- 1.3 Appendix A provides details of how domestic abuse can be reported and support services available for anyone that is a victim of abuse or has concerns about family, friends or colleagues that are / or may be a victim of domestic abuse.

#### 2. What is Domestic Abuse?

- 2.1 Domestic abuse (DA) causes significant harm to individuals, children, families, and communities. The scale and impact is vast. In Warwickshire, in 2020/21 almost 11,500 DA incidents were reported to the Police. Warwickshire's commissioned Domestic Abuse Service supported 915 victims-survivors in the community and 79 victim-survivors in refuge accommodation. 30 - 40% of victims experienced DA multiple times. DA has a lasting impact on physical and mental health, as well as resulting in financial and housing insecurity.

2.2 Warwickshire County Council and its partners recognise the government definition of domestic abuse which is outlined in the 2021 Domestic Abuse Act<sup>1</sup>. The new definition emphasises that domestic abuse is not only physical violence, but can also be emotional, coercive or controlling behaviour, and economic abuse. Behaviour is classed as “domestic abuse” if:

- Both individuals are each over 16 years of age
- Both individuals are personally connected to each other, and the behaviour is abusive.

2.3 Furthermore, behaviour is considered abusive when it consists of any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse

### **3. The Warwickshire Domestic Abuse Service**

3.1 Warwickshire County Council, in partnership with the Office of the Police and Crime Commissioner for Warwickshire (OPCC) and Coventry and Warwickshire Clinical Commissioning Group (CCG), commissions a Domestic Abuse Service which is provided by Refuge and includes the following support for victim-survivors:

- 24 units of refuge accommodation and re-settlement support
- Domestic Abuse Community Support Services:
  - A Single Point of Contact / Helpline – to provide victim-survivors, concerned family and friends and professionals advice and information. This includes risk assessments and immediate safety planning for victim-survivors.
  - 1:1 support for victim-survivors either via Independent Domestic Violence Advocates (IDVAs) or outreach workers
  - Outreach / floating support – drop-in sessions and recovery group programmes
  - Health advocate educators – 1:1 support to victim-survivors who make disclosures to health care staff and training and awareness raising for health care staff
  - Sanctuary Scheme (home security and target hardening)
  - Multi-agency Risk Assessment Conference Coordination – a meeting where agencies agree actions to reduce harm and increase safety of high-risk victims and implement actions to hold perpetrators accountable for their behaviour.
  - Training and awareness raising for professionals on domestic abuse.

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<sup>1</sup> <https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted>

- 3.2 Following a re-commissioning process, Refuge have been awarded the contract to deliver Domestic Abuse Services from 1<sup>st</sup> October 2021. The new contract includes continuation of the above services and enhancements to the outreach offer and domestic abuse worker support across primary and secondary care health settings.

#### **4. Demand, need and performance**

- 4.1 The scale and impact of domestic abuse on adult and child victim-survivors, family member and friends is extensive. This has been evidenced by Warwickshire's Domestic Abuse Needs Assessment and Warwickshire's Safe Accommodation Needs Assessment. These were undertaken to improve the Council's understanding of the current position in Warwickshire and to inform plans for reducing the harmful impact of domestic abuse on adult and child victim-survivors and their families.

- 4.2 Warwickshire Domestic Abuse Needs Assessment 2021 and the Warwickshire Safe Accommodation Needs Assessment 2021 found:

- There were an estimated 23,500 cases of Domestic Abuse (DA) in 2019 in adults aged between 16-74 years in Warwickshire. Out of the estimated 23,500 cases, this is made up of approximately 15,600 females and 7,800 males.
- Nuneaton and Bedworth have a higher rate of DA offences (13.29 per 1,000 people) compared to the other four district / boroughs, whilst Stratford-on-Avon has the lowest rate (7.36 per 1,000 people).
- Between 30-40% of victims in Warwickshire in 2019 have experienced DA multiple times.
- For the vast majority of DA offences no action is taken despite having evidence and a named suspect because the victim didn't want to pursue it. This suggests that two thirds of DA perpetrators in Warwickshire are not being brought to justice.
- The Police refer the largest proportion of people to the Warwickshire Domestic Abuse Service, with the second highest proportion being self-referrals.
- In 2020/21, 420 households presented to Warwickshire District and Borough housing teams as homeless due to domestic abuse. Almost one third of all children in families presenting as homeless as a result of DA, were under 5 years old highlighting how frequently young families are affected by DA.
- Victim-survivors had varied experiences of accessing safe accommodation, temporary accommodation and permanent accommodation within the county.

- There needs to be more of a focus on the victim-survivor's experience and empowering them to make decisions for themselves and greater consideration of the child(ren)'s needs and perspectives.

The needs assessments have revealed what Warwickshire partners must do to improve the offer for victim-survivors and their families.

## **5. Warwickshire's partnership response to Domestic Abuse**

### **5.1 Warwickshire's Violence Against Women and Girls (VAWG) Board and Sub-Groups**

Warwickshire's strategic response to Domestic Abuse sits under the remit of the Violence against Women and Girls (VAWG) Board which is accountable to the Safer Warwickshire Partnership Board (SWPB). The multi-agency Board's focus is on the following areas of violence:

- Domestic Abuse
- Sexual Violence
- Sexual Exploitation
- Harmful Practices (including Forced marriage, 'Honour' based violence, Female genital mutilation and Faith based abuse)

The VAWG Board has several multi-agency sub-groups which are responsible for delivering actions to improve Warwickshire's response to domestic abuse as well as the broader VAWG agenda. This will include responding to the findings of the domestic abuse needs assessments, where relevant. The sub-groups are:

- Emerging Trends – Multi-agency monthly meeting to review domestic abuse trends using partnership performance data. This is used to inform agency responses to best support victims and hold perpetrators to account, inform resourcing decisions and inform communications campaigns that increase the awareness and understanding of domestic abuse.
- Domestic Abuse Partnership Communications Group – The group has developed and is overseeing the implementation of an annual plan delivering awareness messages around domestic abuse, rape and sexual violence, Harmful Practices (Female Genital Mutilation, Forced Marriage, Honour and Faith Based Abuse). The communications plan also includes raising awareness and understanding of the new Domestic Abuse Act (2021) and the impact it will have on victims, perpetrators and agencies in Warwickshire.
- Multi Agency Risk Assessment Conference (MARAC) Steering Group – Oversees the effectiveness of the MARAC process which is a multi-

agency approach to reviewing high risk cases of domestic abuse, identifying and agreeing actions to increase victim safety and reduce the threat of the perpetrator.

- Domestic Homicide Review Sub-Group – Oversees the implementation of the recommendations from completed Warwickshire Domestic Homicide Reviews.
- Safe Accommodation Working Group – The Group’s purpose is to successfully identify, develop and implement plans to meet the Safe Accommodation Duty associated with the Domestic Abuse Act (2021).
- Domestic Abuse Partnership Commissioning Group – The Group’s purpose is to identify, develop and undertake commissioning and service development opportunities to prevent and reduce domestic abuse in Warwickshire
- Harmful Practices Group – The group works to prevent and tackle specific forms of violence including but not limited to: Forced marriage, ‘Honour’ based abuse, Female genital mutilation, and faith-based abuse.
- Coventry and Warwickshire Sexual Violence Partnership Board – The group leads the implementation of the national Sexual Assault and Abuse Strategy (SAAS) in Warwickshire. The group is representative of providers from both statutory and voluntary/community sector working together on the development, planning, implementation, and evaluation of all services within this remit.
- Rape and Serious Sexual Offences Group (RASSO) – A police led group that oversees and coordinates partnership work around the prevention, investigation and prosecution of rape and serious sexual offences in Warwickshire, and the support provided to victims, witnesses and suspects throughout.

## 5.2 COVID impact

In March 2020, the UK went into a national lockdown in response to the COVID pandemic. WCC and its partners recognised that restrictions posed a significant risk to victim-survivors in terms of:

- A reduction in opportunities for victim-survivors to reach out for support,
- A need to ensure that victim-survivors at risk of harm knew that the “stay at home” order did not apply to them,
- Restrictions being used as a means of control by perpetrators,

From a service perspective there was a need to understand what was happening (in relation to the volume of domestic abuse and level of unmet need) and a need to ensure that services had the capacity to respond and maintain service delivery.

### 5.3 COVID response

A collective understanding of performance, emerging trends and service capacity was identified as a priority to inform decisions about how to respond effectively.

- **WCC introduced a Key Business Measure: “No. of DA offences and crimed incidents reported to the Police”.** A target was set to increase this year on year, in recognition of the significant under-reporting of DA that our needs assessments revealed.
- **A partnership monthly emerging trend performance report** was established which pulled together Police DA reported incidents, referrals and capacity of our DA service provider, Multi-Agency Risk Assessment Conference data, housing data (homelessness presentations as a result of DA) and criminal justice data.
- **An ‘Emerging Trends’ meeting was established** – This consisted of Warwickshire Police, Office of the Police and Crime Commissioner (OPCC) for Warwickshire, Criminal Justice, Warwickshire’s Domestic Abuse Service, health partners and district and county council representatives. The purpose of the group was to share information and agree responses initially on a weekly, then a fortnightly basis.
- **A COVID communications plan was delivered** to increase awareness and referrals from professionals and the public, this included campaigns such as #youarenotalone.
- **Responding to issues and risks** – Collective responses were agreed to a range of issues including, but not limited to: maximising referrals to the DA Service from professionals through awareness raising webinars, addressing move-on challenges (from refuge accommodation), clarifying and communicating that the Police would still arrest perpetrators who stated that they had COVID and ensuring sufficient capacity in the DA service when restrictions eased in preparation for the expected increase in referrals.
- **Funding** – Partners collaborated and maximised funding opportunities via WCC and Warwickshire OPCC to fund additional capacity within the Domestic Abuse service to ensure that demand for support could be met and the resilience of the service maintained.

### 5.4 2020-21 Performance during COVID restrictions



For 2020-21, the target of increasing the number of DA incidents and crimed offences that were reported to Warwickshire police has been achieved. 11,222 DA incidents and crime offences were reported in 2019/20 in comparison to 11,357 in 2020/21<sup>2</sup>.

5.5 Alongside an increase in the number of incidents reported to the Police, our commissioned Domestic Abuse Service supported an increased number of victim-survivors:

- In 2019/20, 786 victim-survivors were supported in the community and 73 victim-survivors were supported in refuge accommodation
- In 2020/21, 915 victim-survivors were supported in the community and 79 victim-survivors were supported in refuge accommodation

5.6 In the context of the significant restrictions placed on victim-survivors and services, the Emerging Trends partnership group believe that the sustained communications and awareness raising approach, has resulted in these increases. Warwickshire's Domestic Abuse Service was able to respond to this increase in referrals, due to the increases in service capacity funded by WCC and grants available via Warwickshire OPCC.

5.7 As of August 2021, in line with seasonal trends and easing of pandemic restrictions, recorded DA offences and crimed incidents continue to be reported in high volumes across the county. This is likely to continue over the next month. The majority of these reports were medium risk, with reductions in high-risk incidents compared to last year. The Emerging Trends group continues to monitor and respond to changing trends.

## 6. The Domestic Abuse Act

### 6.1 Introduction

On 29<sup>th</sup> April 2021, the Domestic Abuse Act received royal assent. The Domestic Abuse Act 2021 introduced tools and powers<sup>3</sup> that positively impact on Warwickshire's victims-survivors, their children and perpetrators. According to Victoria Atkins MP, Minister for Safeguarding:

*"This landmark Bill will help transform the response to domestic abuse, helping to prevent offending, protect victims and ensure they have the support they need."*<sup>4</sup>

The Act seeks to:

1. Raise the awareness and understanding of the devastating impact of domestic violence and abuse on victims and their families.

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<sup>2</sup> Multiple incidents of DA can be reported for a single victim.

<sup>3</sup> <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

<sup>4</sup> *ibid*

2. Improve the effectiveness of the criminal justice system in providing protection for victims of domestic violence and abuse and bringing perpetrators to justice.
3. Strengthen the support available to victims of abuse by statutory agencies.

The Act introduces specific new duties for all tier 1 local authorities to provide “Safe Accommodation and Support”.

#### 6.2 Tier 1 Local Authorities – New Safe Accommodation Duty

The Act places a duty on up upper-tier local authorities to convene a multi-agency Local Partnership Board (LPB) to:

- **Assess the need and demand for accommodation-based support** for all victims and their children, including those who require cross-border support (via a Safe Accommodations specific Needs Assessment)
- **Develop and publish strategies for the provision of support** to cover the locality and diverse groups of victims (a Safe Accommodation Strategy **must** be in place by October 2021).
- **Give effect to strategies by making commissioning decisions**
- **Meet the support needs of victim – survivors and their children**
- **Monitor and evaluate local delivery**, reporting back to central Government
- **Maintain compliance between Tier one and Tier two Local Authorities**

#### 6.3 Safe Accommodation Funding

Under new burdens finding, the Ministry for Housing Communities and Local Government (MHCLG) issued a section 31 grant to WCC which provided additional funding to deliver the Safe Accommodation duty – this will be allocated towards the delivery of the Warwickshire Safe Accommodation Strategy. WCC has been allocated £1.04m. Between them, Warwickshire Districts and Borough Councils have been allocated approximately £170k.

#### 6.4 Progress to date – Capacity Building Fund

The MHCLG allocated £50,000 of ‘*Capacity Building*’ funding to local authorities to support preparatory work for implementing the Act. This funding has been used to conduct the Safe Accommodation Needs Assessment, provide additional training and awareness raising on the Act for partners, practitioners, and Elected Members and communication of the Act to partner agencies and the public.

#### 6.5 Progress to date – meeting new Tier 1 Safe Accommodation and Support duties

- In December 2020, the Warwickshire Violence Against Women and Girls Board (VAWG) Board approved incorporating the above requirements for

a Local Partnership Board within its current functions. The VAWG Board is therefore now operating as the Local Partnership Board.

- A Safe Accommodation Working Group (SAWG) has been established which consists of multi-agency partners. The group has met monthly to provide input and insight into work to meet the new Safe Accommodation Duty. This includes delivering:
  - A Warwickshire Safe Accommodation Needs Assessment – This has highlighted demand, gaps and improvements required to ensure Warwickshire has good Safe Accommodation and Support options in place for victim-survivors.
  - A Warwickshire Safe Accommodation Strategy. WCC has a statutory duty to have a Safe Accommodation Strategy in place by October 2021. The Strategy has been considered by and received support from:
    - Warwickshire Violence Against Women and Girls Board
    - Safer Warwickshire Partnership Board
    - WCC Corporate BoardThe strategy was agreed by WCC Cabinet on 9<sup>th</sup> September 2021.

#### 6.6 Warwickshire's Safe Accommodation Strategy

The objectives of the Warwickshire Safe Accommodation Strategy 2021-2024 are:

1. Early intervention and prevention: victim-survivors (adults and children) are supported at an early stage and provided with options to remain safe at home to prevent homelessness. Includes holding perpetrators to account for their behaviour.
2. Accessible services: victim-survivors and professionals know how to access safe accommodation options, both within and outside of Warwickshire
3. Appropriate safe accommodation: accommodation options and appropriate support is in place for all victim-survivors who need it.
4. Multiagency delivery: victim-survivors needs will be met by effective, collaborative multi-agency support.
5. Support to return home or move on: victim-survivors are supported to return home safely and/or move into alternative permanent accommodation.

Options for using the Safe Accommodation new burdens funding, to meet gaps identified in the Safe Accommodation Strategy are in development. This includes:

- Enhancing the current Domestic Abuse Accommodation and Support contract to improve support for child victim-survivors living in our refuge accommodation and adult and child victim-survivors in temporary accommodation,
- Developing a new model of dispersed Safe Accommodation and Support (dispersed self-contained safe accommodation and support across the county),
- Increasing specialist DA counselling and therapeutic support for adult and child victim-survivors.

Market engagement events are planned for September with Domestic Abuse providers, housing providers, developers and counselling and therapy providers. The purpose will be to gain input and feedback on the Warwickshire Safe Accommodation Strategy and how gaps in provision can be addressed.

The Council's approach has and continues to be shaped by meetings held with neighbouring local authorities, MHCLG representatives, the LGA and the new National Domestic Abuse Commissioner's Office.

## **7. Delivering improvement – Warwickshire Domestic Abuse Delivery Plan**

7.1 In 2019, Warwickshire commissioned an independent review of partnership responses to Domestic Abuse. Since then, the partnership has focused on delivering a range of work to address the areas identified as needing improvement. This work has been delivered during COVID 19 in the context of significant operational challenges of providing safe and responsive services. It is testament to the commitment of the partnership to improve the lives of victim-survivors in Warwickshire.

7.2 Successes include:

- Implementation of the Caring Dads programme within Children's Services
- Expanding the Domestic Abuse Team in Children's Social Care to enhance the offer for children and families
- Expanding the number of Independent Domestic Violence Advocates within the commissioned Domestic Violence Service to bring it in line with Safelives<sup>5</sup> recommended best practice.
- Establishing:
  - The Domestic Abuse Communication Group to deliver communications campaigns to increase awareness of DA and services available during restrictions.
  - The Domestic Abuse partnership commissioning group to oversee the recommissioning of Warwickshire Domestic Abuse Services

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- Warwickshire has commissioned and participated in two independent reviews which are nearing completion, next steps will be to implement the recommendations. The reviews are:
  - Independent Review of the Warwickshire Multi-Agency Risk Assessment Conference.
  - Independent Review of Warwickshire's response to Perpetrators.

## **8. Future plans**

8.1 Warwickshire partners are committed to listening to victim-survivors and using their experience and feedback to continue to improve the way services are commissioned and delivered. The priorities to be delivered over the next 12 months include:

- Mobilising the new Warwickshire Domestic Violence Service contract and enhancements planned for new the service.
- Delivering the priorities identified within the Safe Accommodation Strategy including:
  - Increased safe accommodation and support provision
  - Increased specialist domestic abuse counselling and therapy for adults and children
- Implementing the recommendations from the independent review of the MARAC and the independent review of Warwickshire's response to perpetrators.
- Enhancing the provision for male victim-survivors of domestic abuse
- Continuing to deliver the communications plan including targeted campaigns at specific groups / communities to increase awareness and referrals for support.
- Developing a partnership Violence Against Women and Girls Strategy and Domestic Abuse Strategy.
- Delivering the remaining activity within the Warwickshire Domestic Abuse Delivery Plan including a Domestic Abuse Workplace Policy for WCC.

## **9. Summary position**

Through our discussions with the Ministry of Housing, Communities and Local Government, the LGA, the national DA Commissioners Office and other local authorities, we have been assured that WCC is making good progress to meet the new duties of the Domestic Abuse Act and make improvements to the support offer for adult and child victim-survivors in Warwickshire.

## **Appendices**

1. Appendix 1 – Support Available for Victim-Survivors of Domestic Abuse

## **Background Papers**

None

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Assistant Director	Assistant Director People – Strategy and Commissioning	
Lead Director	Strategic Director for People	
Lead Member	Portfolio Holder for Adult Social Care & Health	
Lead Member	Portfolio Holder for Fire & Rescue and Community Safety	

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

Local Member(s): None

Other members: Councillors Bell, Crump, Drew, Golby, Holland and Rolfe

## Appendix A – Support available if you or someone you know is experiencing domestic abuse

If you or someone else is in immediate danger, ring or text 999.

If you are deaf, hard of hearing or have any speech impairment, please dial Minicom/ Textphone 18001

If you're worried a friend, family member, neighbour or colleague might be a domestic abuse victim you can report your concerns anonymously to Crimestoppers online here: <https://crimestoppers-uk.org/keeping-safe/personal-safety/domestic-abuse>

We know this can be daunting but the services below will support you every step of the way.



Warwickshire Domestic Violence Service - If you are experiencing domestic violence in Warwickshire, Refuge's domestic violence service can support you and your children to keep safe. Refuge is a county-wide service that provides support to women, men and children experiencing domestic violence in Warwickshire.

**T: 0800 408 1552**

**W: <https://www.refuge.org.uk/our-work/our-services/refuge-warwickshire-domestic-violence-service/>**



Rights of Women - Rights of Women aims to increase women's understanding of their legal rights and improve their access to justice enabling them to live free from violence and make informed, safe, choices about their own and their families' lives by offering a range of services including specialist telephone legal advice lines, legal information and training for professionals.

**T: 020 7251 6577 (family law helpline – other numbers are available on the website)**

**W: <https://rightsofwomen.org.uk/>**



Galop – Galop is a charity offering advice and support to LGBT+ people who have experienced violence or domestic abuse.

**T: 0800 999 5428**

**W: <http://www.galop.org.uk/>**



Mankind – A confidential helpline is available for male victims of domestic abuse and domestic violence across the UK as well as their friends, family, neighbours, work colleagues and employers.

**T: 01823 334 244**

**W: <https://www.mankind.org.uk/>**



RoSA - RoSA is an independent charity working throughout Warwickshire, offering free confidential support for anyone who has experienced rape, sexual abuse, or sexual violence.

**T: 01788 551151**

**W: <http://www.rosasupport.org>**



Safeline - Safeline is a specialist charity providing a range of services across Warwickshire to support all survivors of rape and sexual abuse.

**T: 01926 402498 (or text 07860 027573)**

**W: <https://www.safeline.org.uk/>**



The Blue Sky Centre (Sexual Assault Referral Centre) –

The Blue Sky Centre is a SARC where any victim of rape or sexual assault will receive medical care, police intervention (if they wish to report the crime), and various other support services.



**T: 01926 507805**

**W: <https://blueskycentre.org.uk/>**



Respect Phoneline - Is your abusive behaviour costing you your relationship? Help is available.

**T: 0808 802 4040**

**W: <https://respectphoneline.org.uk/>**

**A full range of support options are available at:  
<https://www.talk2someone.org.uk/>**

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## Adult Social Care & Health Overview & Scrutiny Committee

29 September 2021

### Council Plan 2020-2025 Quarterly Progress Report: Period under review: 1<sup>st</sup> April 2021 to 30<sup>th</sup> June 2021

#### Recommendation

That the Overview and Scrutiny Committee:

- (i) Considers and comments on the progress of the delivery of the Council Plan 2020 - 2025 for the period as contained in the report.

#### 1. Introduction

- 1.1. The Council Plan Quarter 1 Performance Progress Report for the period April 1<sup>st</sup> 2021 to June 30<sup>th</sup> 2021 was considered and approved by Cabinet on 9<sup>th</sup> September. The report provides an overview of progress of the key elements of the Council Plan, specifically in relation to performance against Key Business Measures (KBMs), strategic risks and workforce management. A separate Financial Monitoring report for the period covering both the revenue and capital budgets, reserves and delivery of the savings plan was presented and considered at the 9<sup>th</sup> September Cabinet meeting.
- 1.2. This report draws on information extracted from both Cabinet reports to provide this Committee with information relevant to its remit.
- 1.3. Comprehensive performance reporting is now enabled through the following link to Power BI [full OSC Quarter 1 2021/22 Performance Report](#).

#### 2. Council Plan 2020 - 2025: Strategic Context and Performance Commentary

2.1 The Council Plan 2020 – 2025 aims to achieve two high level Outcomes:

- **Warwickshire's communities and individuals are supported to be safe, healthy and independent;** and,
- **Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure.**

Delivery of the outcomes is supported by **WCC making the best use of its resources.**

Progress to achieve these outcomes is assessed against 54 KBMs.

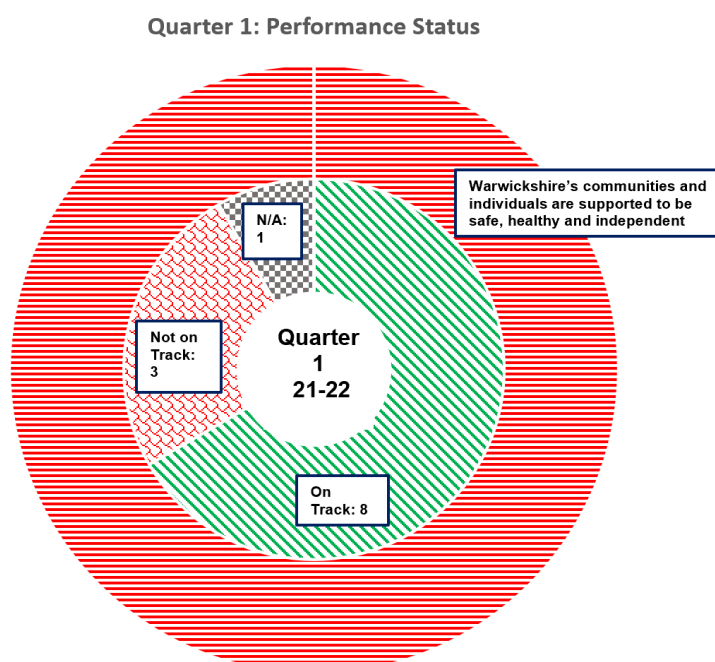
Outcome	No. of KBMs	No. of KBMs available for reporting at Quarter 1
<b>Warwickshire’s communities and individuals are supported to be safe, healthy and independent</b>	27	21
<b>Warwickshire’s economy is vibrant and supported by the right jobs, training, skills and infrastructure</b>	13	8
<b>WCC making the best use of its resources</b>	14	11

2.2 Across the 2020/21 performance framework there are 7 KBMs that have been paused from reporting due to national suspension of inspection or examination regimes of which the following measure is relative to this OSC:

- % of placements for adults in provision of Good or Outstanding quality as rated by Care Quality Commission.

2.3 Overall, the Council continues to maintain its robust performance across the board in the face of the challenges posed by the pandemic, including increased and changing demand, new service delivery to meet the challenges of the pandemic and significant changes in how services are delivered. The Council continues its journey towards a more business as usual situation as restrictions are removed, Services are focusing on their core work and this is reflected in KBM performance.

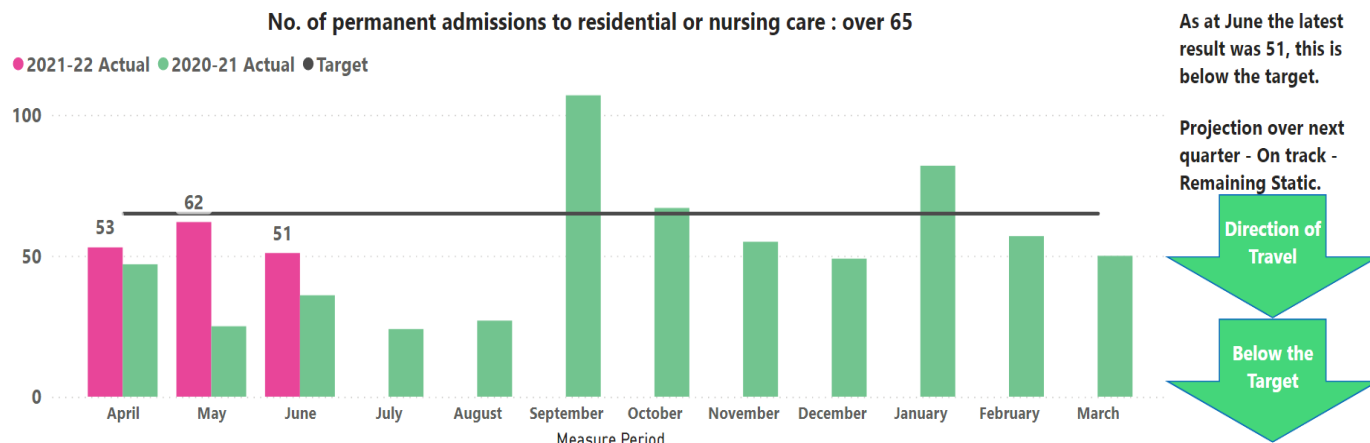
2.4 Of the 58 KBMs, 12 are in the remit of this Overview and Scrutiny Committee and at Quarter 1, 11 KBMs are available for reporting as 1 is paused at this time, 73% (8) KBMs are On Track and 17% (3) are Not on Track. Chart 1 below summarises KBM status at Quarter 1 by agreed Outcomes.



2.5 Of the 73% (8) KBMs which are On Track, there are 2 of note which are detailed in Table 1 below, both of which have remained on track over the last 5 reporting periods:

**Warwickshire’s communities and individuals are supported to be safe, healthy and independent**

**No. of permanent admissions to residential or nursing care: over 65**



**Current performance narrative:**

The number of over 65 permanent admissions to residential or nursing care decreased last year and so far, is remaining at this lower level.

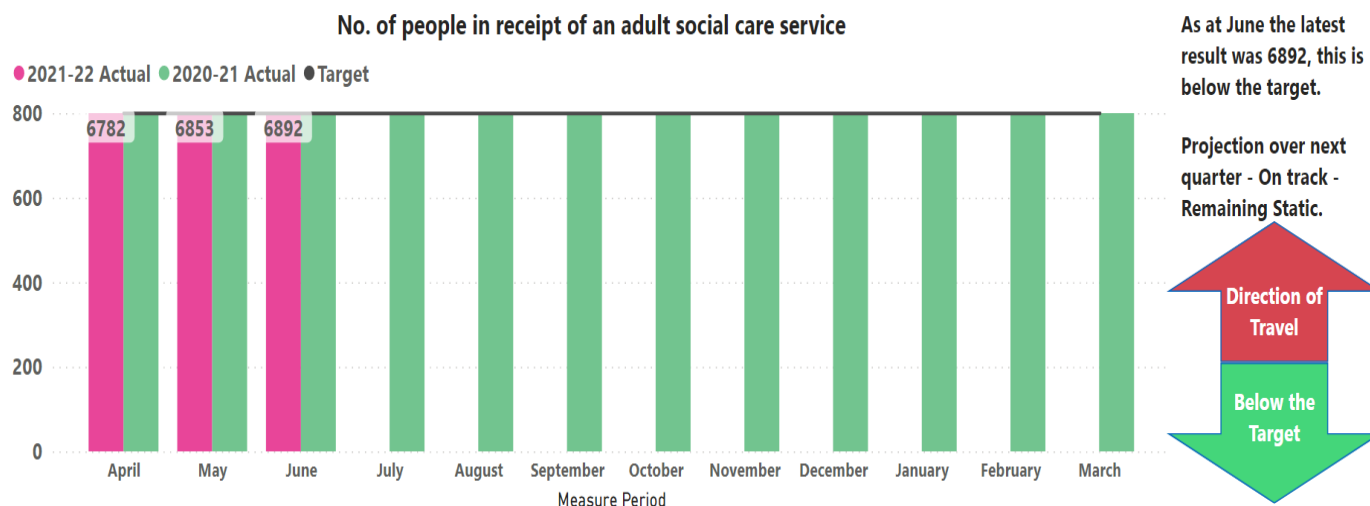
**Improvement activity:**

Continue to monitor as the response to the pandemic changes.

**Explanation of the projected trajectory: On Track – remaining static**

The possible reasons being related to the Covid-19 pandemic and people being supported in their homes by community support more.

**No. of people in receipt of an adult social care service**



**Current performance narrative:**

The number of people receiving services remains stable and close to the target. Slightly above or below the target is what the Service would expect.

**Improvement activity:**

Not required.

**Explanation of the projected trajectory: On Track – remaining static**

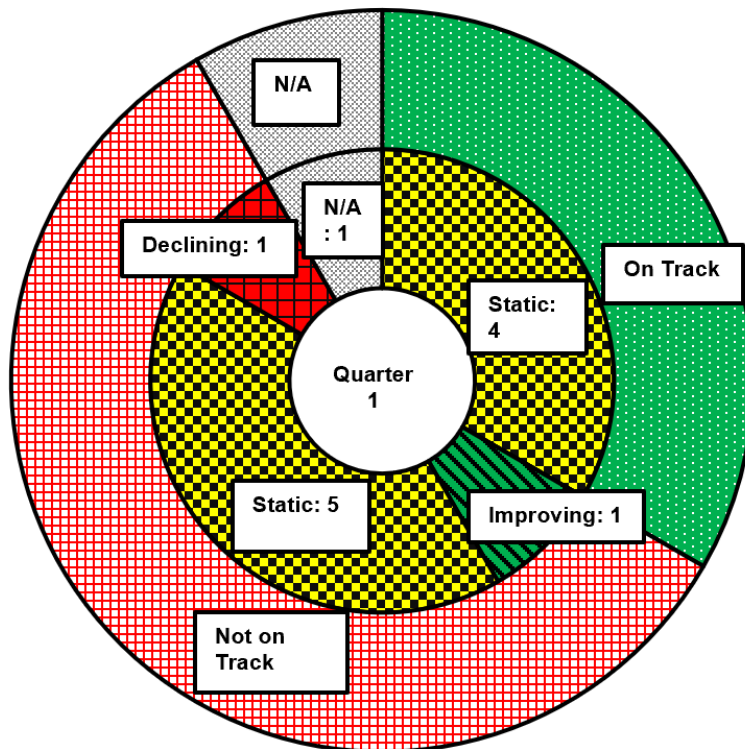
Based on current trends the service expect the numbers of people in receipt of services to continue at this level.

Table 1

- 2.6 At Quarter 1 none of the 17% (3) measures reporting as Not on Track require escalating in this report, however, the associated commentary and improvement activity for all reporting measures is available as part of the [full OSC Quarter 1 2021/22 Performance Report](#).
- 2.7 Chart 2 below illustrates the considered forecast performance projection over the forthcoming reporting period.

Chart 2

**Quarter 1 Projection Status**



It is forecast that over the next period of Quarter 2 2021/22 7 of the 8 KBMs will remain with a status of On Track . 1 KBM, Suicide rate (Persons) per 100,000, which is currently On Track is projected to decline due to the impact on the rates of deaths by suicide during the pandemic being expected to increase.

Of the 3 KBMs that are Not on Track, 1 will improve in performance, and 2 will remain static as follows:

Improving:

- No. of people with a learning disability or autism in an inpatient unit commissioned by the Clinical Commissioning Groups (CCG).

Static:

- No. of People assisted to live independently through provision of Social Care equipment; and
- % of successful completions as a proportion of all in treatment (Opiates, Non Opiates, Alcohol and Alcohol & Non Opiates).

2.8 The pandemic has impacted the majority of these measures leading to delays in programmes of activity and changing service demands. Improvement activity is in place to improve performance across all measures and this is under constant review to ensure it is robust. Full context on all measures is provided in the Power BI reports.

2.9 As the Organisation continues to transform the Performance Framework evolves, providing a sharpened focus on performance and supports delivery of the Organisation's priorities. Following the light touch review of the Performance Framework for the 2021/22 period with Strategic and Assistant Directors a comprehensive review of the entire Framework is already in progress ready for implementation in 2022/23 and a Cross Party Members Working Group is supporting the review.

### 3. Financial Commentary – relevant finance information taken from Cabinet report

#### 3.1 Revenue Budget

3.1.1 The Council has set the following performance threshold in relation to revenue spend: a tolerance has been set of zero overspend and no more than a 2% underspend. The following table shows the forecast position for the Services concerned.

	<b>2021/22 Budget £'000</b>	<b>2021/22 Outturn '000</b>	<b>Revenue Variance £'000 %</b>	<b>Retained Reserves £'000</b>	<b>Financial Standing £'000</b>
Adult Social Care	159,401	160,890	1,489 0.93%	0	1,489

The Quarter 1 forecast for Adult Social Care is an overspend of £1.489m. After taking account of the Covid element of the forecast of £1.768m; and the impact of earmarked reserves of £0.170m, the remaining service underspend is £0.449m, less than 0.01% of the Service budget.

People	35,459	41,215	5,756 16.23%	0	5,756
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The Quarter 1 forecast for Strategy & Commissioning is an overspend of £5.756m. After taking account of Covid costs of £6.406m; the underspend of £0.159m on Investment Funded projects; and a net transfer from earmarked reserves of £0.085m, there is a remaining service underspend of £0.577m, 1.6% of the Service budget. The underlying underspend for the People Strategy and Commissioning Service is £0.577m and relates predominantly to the Domestic Abuse grant.

### 3.2. Delivery of the Savings Plan

3.2.1. The savings targets and forecast outturn for the Services concerned are shown in the table below.

	2021/22 Target £'000	2021/22 Forecast £'000
Adult Social Care	1,867	1,308
£217k shortfall forecasted in relation to third party saving plans.		
People	287	174
£103k underachievement from third party savings, £10k shortfall on smoking cessation saving plan.		

### 3.3 Capital Programme

3.3.1. The table below shows the approved capital budget for the Services and any slippage into future years.

	Approved budget for all current and future years (£'000)	2021/22 Forecast (£'000)	Slippage from 2021/22 into Future Years (%)	Current quarter - new approved funding / schemes (£'000)	Newly resourced spend included in slippage figures (£'000)	All Current and Future Years Forecast (£'000)



Adult Social Care	313	313	0%	0	0	313
People	344	5,428	-1%	5,125	0	5,469

**4. Supporting Papers**

A copy of the full report and supporting documents that went to Cabinet on the 9<sup>th</sup> September is available via the committee system.

**5. Environmental Implications**

None specific to this report.

**6. Background Papers**

None

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## Adult Social Care and Health Overview and Scrutiny Committee

### Feedback Report

Financial years 2018/19, 2019/20 and 2020/21.

29 September 2021

### Recommendation(s)

1. That the Adult Social Care and Health Overview and Scrutiny Committee considers and comments on the content of the report.

### 1. Executive Summary

#### 1.1 Summary of feedback received

The Adult Social Care Services receive four types of feedback, comments, compliments, complaints and questions. There were 593 cases created during 2020/21 which is an increase of nearly 6% (560) on the previous year.

- 1.2 Customers have a choice of channels to provide their feedback: digitally via a self-account they can set up through the Warwickshire County Council (WCC) website, telephone, face to face at an outlet or by post. Generally, over recent years the use of a self-account has been steadily increasing, during 2018/19 and 2019/20 it was around 70% for the authority. During 2020/21 this has risen to over 77%. For Adult Social Care it is 45% although this is up nearly 55% on 2019/20 and 90% up on the previous year.

- 1.3 During the financial year 2020/21 the volume of cases processed and closed (614) increased by almost 6% (580) on the previous financial year, however it decreased by just over 8% on 2018/19.

#### 1.4 Timeliness

WCC has specific Service Level Agreement's (SLA) for timeliness of response to feedback classed as a question or a complaint. Most cases that are received by WCC are dealt with by the appropriate Directorate team. It is important to note that questions and complaints for People Directorate are not all processed within the directorate; the Customer Service Centre - Supporting People Team, the Financial Assessment Team and the Commissioning Support Unit are service areas within the Resources Directorate that are responsible for investigating and responding to certain

People Directorate complaints. During 2020/21, there were 582 cases assigned to teams which fall within the remit of this report. Of the cases assigned and processed during the period, just over 76% (77% of questions and 35.46% of complaints) were closed within the appropriate SLA. The corporate SLA performance target for complaints is 70%.

1.5 The performance detailed in this report is as recorded by the system. WCC is aware that there are issues with the system such as not being able to change timescales (e.g. due to complexity of cases) which are sometimes changed in agreement with the complainant.

#### 1.6 Complaints

- During 2020/21 there were 141 complaints closed by teams which is a decrease of 9% on 2019/20, however 15.5% more than during 2018/19. Of those closed cases 50 achieved the service level agreement (i.e. timeliness requirement), which means that 35.46% of complaints were managed within required timescales. This is an increase of just over 3% from the previous financial year.
- Most of the complaints raised focused on perceived issues with: Communication, financial issues and WCC service standards. However, Contact Us currently only allows the selection of one complaint reason for each complaint raised therefore this may not provide a holistic view of all issues.
- Just over 16% of the complaints closed were not upheld.
- 33% of complaints have been upheld either fully or partially.
- 21.3% of questions have been answered as part of a complaint.

#### 1.7 Local Government and Social Care Ombudsman (LGSCO)

The LGSCO received 50 complaints and enquiries in respect of Warwickshire County Council during financial year 2020/21. Of these 20 related to Adult Social Care.

In this period the LGSCO made 41 decisions (which includes a number of decisions in respect of complaints received by the LGSCO in the previous year). Of these 41 decisions, 17 related to Adult Social Care. Of these 17:

- 1 was incomplete or invalid;
- 5 were closed after initial enquiries;
- 6 were premature and referred back for local resolution; and
- 5 were subject to full investigation - 2 of which were not upheld and 3 were upheld.

Further information is available on the LGSCO website [here](#)

#### 1.8 Learning from feedback

Putting things right where they have gone wrong and learning from issues raised is the most important part of our customer feedback process. Where there are opportunities for learning and change beyond the individual complaint raised, we look carefully at how best to do this.

From the information captured on the system the main categories of learning have been recorded as follows:

- Poor communication by officers both internally and with the customer
- Better planning required
- Staff training needed
- Improve the time for completing cases – Work has been initiated on this point with recommendations from stage 2 reports being shared and monitored with the appropriate services to ensure these are actioned and lessons learnt.

## **2. Financial Implications**

None

## **3. Environmental Implications**

None

## **4. Supporting Information**

### 4.1 Performance highlights

- Number of cases created during this financial year was nearly 6% up on 2019/20.
- Number of complaint cases closed within the SLA was 36% which is approximately 4% up on 2019/20.
- Cases created digitally for Adult Social Care is currently almost 45% of all cases compared to approximately 77% corporately.
- Almost 80% of the complaint cases were in relation to:
  - Communication almost 59%
  - Financial issues almost 11%
  - WCC service standards almost 10%

## **5. Timescales associated with the decision and next steps**

Not applicable

## **Appendices**

1. Appendix 1 - Adult Social Care Feedback report

## Background Papers

None

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Lead Member	Portfolio Holder for Adult Social Care & Health	MargaretBell@Warwickshire.gov.uk

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

Local members – None

Other members – Councillors Bell, Drew, Golby, Holland and Rolfe.

## **Adult Social Care (ASC) Feedback Report**

### **Financial Years 2018/19, 2019/20 and 2020/21.**

#### **Introduction**

The purpose of this report is to detail the four types of customer feedback which have been received by Adult Social Care during financial years 2018/19, 2019/20 and 2020/21 including volume, efficiency of processing and outcome for the customer.

#### **Background**

This report will detail and analyse the following:

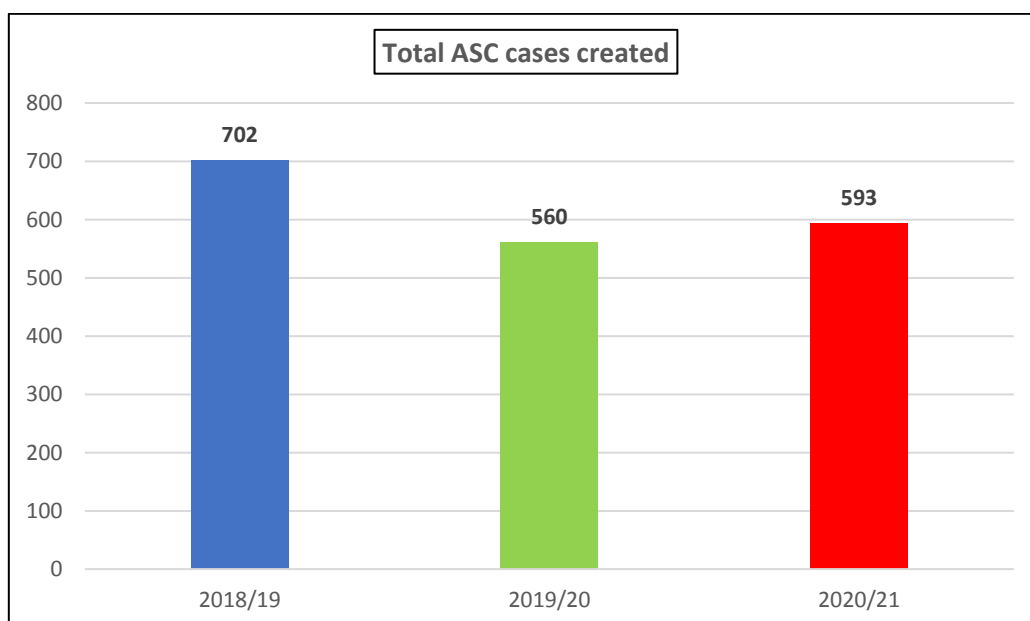
- Volume -
  - Cases created during the period – compliments, complaints, questions and comments
  - Cases processed and closed within the period
- Timeliness – Feedback closed within the appropriate Service Level Agreement (SLA)
- Complaint issues
- Outcomes and remedies for customers
- Local Government and Social Care Ombudsman (LGSCO)
- Learning from feedback

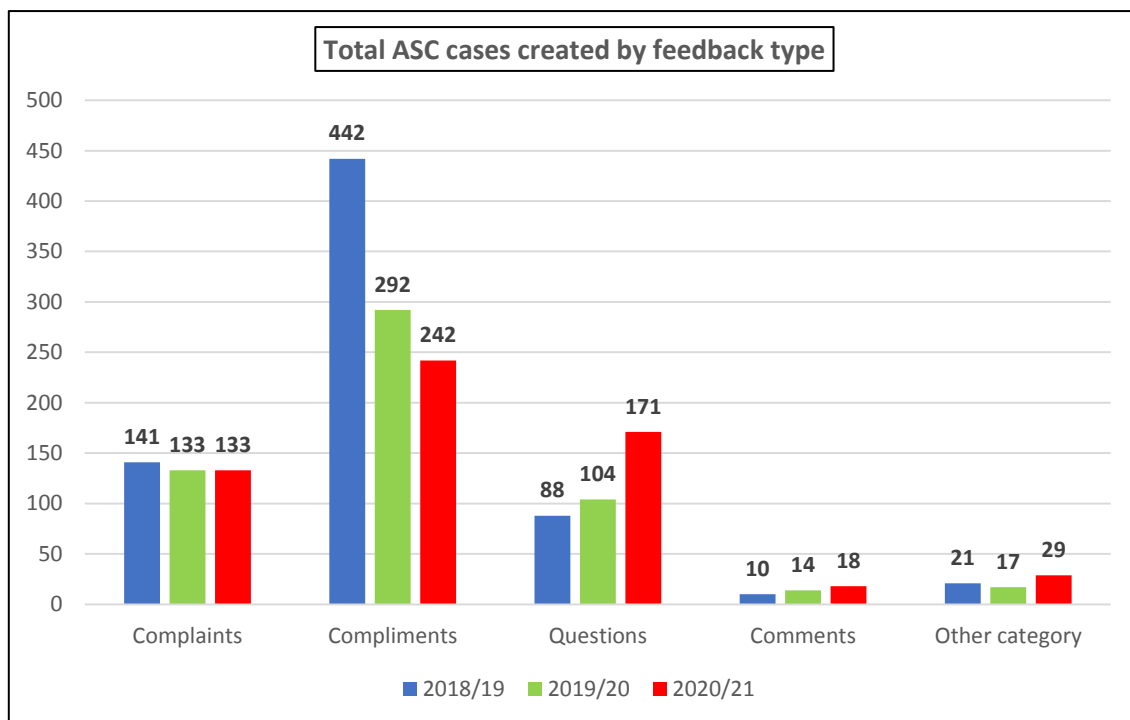
#### **Overview of performance – Adult Social Care**

This report focuses on the feedback received from users and customers of Adult Social Care services within People Directorate and activity undertaken by the Resource Directorate and Communities Directorates respectively during the financial years 2018/19, 2019/20 and 2020/21.

#### **Volume**

The tables below detail the number of cases created in relation to ASC services and the number of each of the 4 types of feedback received during the periods of this report.





Please note that 'Other category' are cases that provide additional information on closed or open cases.

Cases created are all feedback cases that have been received within the period. This does not include cases that were created in the previous year which had not been closed in the same financial year. The total number of cases created during 2020/21 was 593 which is an increase of almost 6% on the created cases (560) during 2019/20. 2019/20 saw a decrease of just over 20% on the previous year (702).

Cases created during 2019/20 compared to 2018/19:

- Complaints have reduced by almost 6%
- Compliments have reduced by nearly 34%
- Questions have increased by just over 18%
- Comments have increased by 40%, however the percentage is high due to the low absolute numbers.
- Other category feedback has reduced by 19% again low absolute numbers.

However during 2020/21 apart from compliments the trend has been an increase or static volume in feedback:

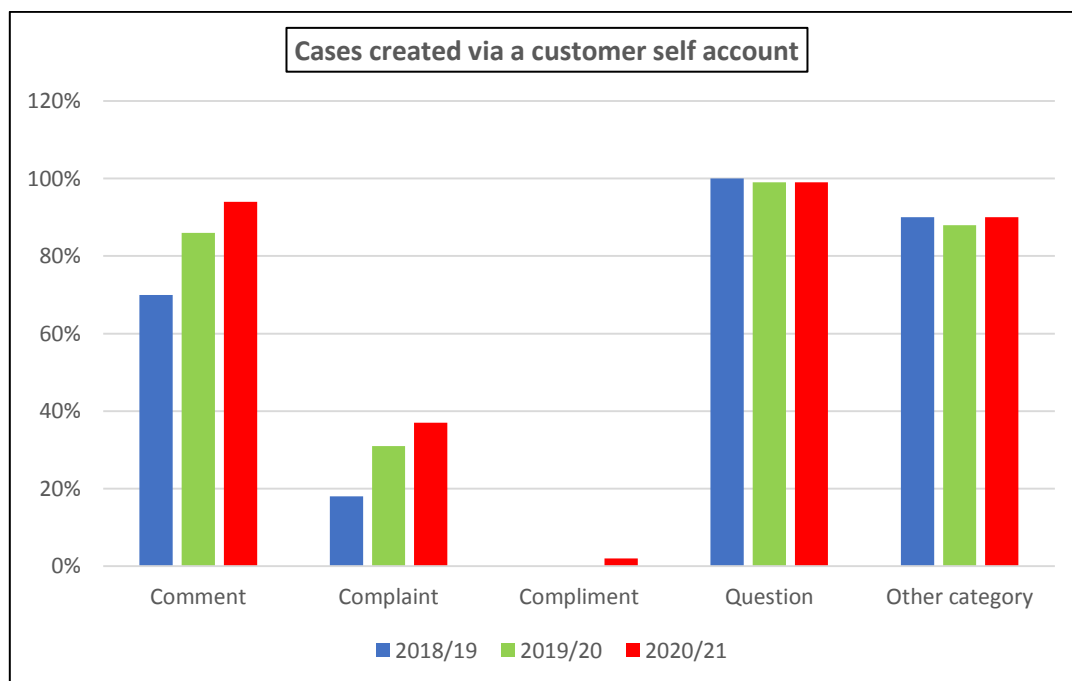
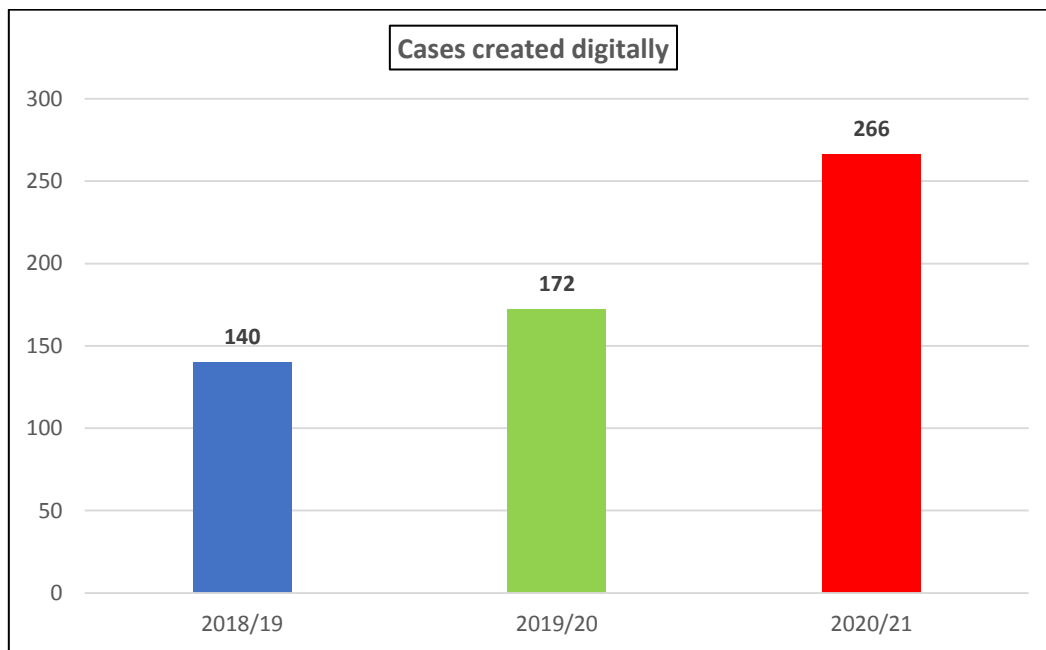
- Complaints have remained the same volume as the previous year
- Compliments have reduced by just over 17%
- Questions have increased by over 64%
- Comments have increased by over 28%, however the percentage is high due to the low absolute numbers.
- Other category feedback has increased by over 70% again low absolute numbers.



Complaint cases in 2020/21 amounted to 22.4% of all feedback cases received by ASC. The table below details which teams were allocated complaint cases created during the periods of this report.

<b>Number of complaints created, and teams allocated</b>			
<b>Team</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
A - Assurance (including LADO)	0	0	1
Adult Disabilities Independent Living	3	1	0
Adult Disabilities Learning	14	15	5
Adult Disabilities Physical	14	19	8
Adult Disabilities Transitions	1	6	8
Adult Financial Services	7	5	10
Adult Integrated Care Hospital	21	12	9
Adult Integrated Care Occupational Therapy Team	4	0	0
Adult Integrated Care Reablement	3	2	4
Adult Mental Health	1	6	9
Adult Mental Health Central	2	0	0
Adult Mental Health South	2	0	0
Adult Occupational Therapy	1	4	2
Adult Older People North	16	0	0
Adult Older People North East	12	14	16
Adult Older People Stratford	14	7	11
Adult Older People Warwick	11	20	10
Adult Safeguarding	5	2	2
Adult Strategic Commissioning	8	16	34
Adult Supporting People	2	4	4

Customers have a choice of channels to provide their feedback: digitally via a self account they can set up through the WCC website, telephone, face to face at an outlet or by post. The chart below shows the percentage of total cases which were created\* digitally during 2018/19, 2019/20 and 2020/21. Generally, for WCC over the past few years this has been steadily increasing and is currently over 77% overall, for Adult Social Care it is 45% although this is up nearly 55% on 2019/20 and 90% up on the previous year.



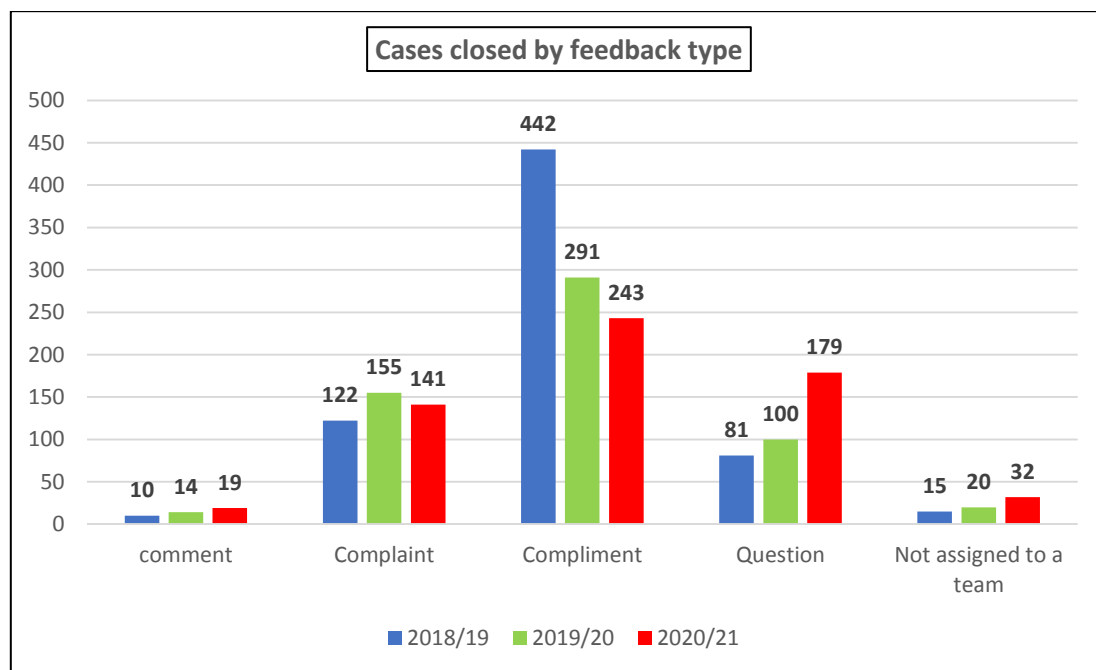
\* Note that cases created is different from cases closed.

## Cases closed

All cases received into Contact Us have to be processed prior to closing in the system. There are 2 different types of processing required:

1. A complaint or question relating to WCC and/or its services requires processing and a response provided to the customer within an agreed timescale i.e. SLA, as set out in our complaint policy link [here](#) , Customer Care Charter and Standards link [Customer care](#) or in legislation.
2. Feedback received within the system which is not with regard to WCC or the services it delivers or not appropriate for the system requires a specific response (generally signposting) to the customer.

The chart below details the number of cases that have been processed and closed over the past 3 years. It is important to note that questions and complaints for People Directorate are not all processed within the directorate; the Customer Service Centre - Supporting People Team, the Financial Assessment Team and the Commissioning Support Unit are service areas within the Resources Directorate that are responsible for investigating and responding to certain People Directorate complaints.



It should be noted that cases closed during a period represent those that have been processed, however there were existing cases which were carried over from the previous financial year, just as there were cases received but not processed by the end of the current period.

## Timescales

### Cases Closed at Initial Triage

WCC has specific SLA's for timeliness of response to feedback classed as a question or a complaint, customers do not receive a response to comments or compliments made. Where a response is required, most of these cases are dealt with by the appropriate Directorate team.

However, there are cases which are submitted digitally by customers via their self-account that are either not for WCC or not appropriate for the Contact Us process. These cases are:

1. Services delivered by another authority, a district or borough or another organisation
2. The reporting of an initial service request, generally highways related
3. Anonymous submission of question or complaint whereby it is not possible to fully process and respond to the customer.
4. Or can be answered by the Customer Relations Team immediately

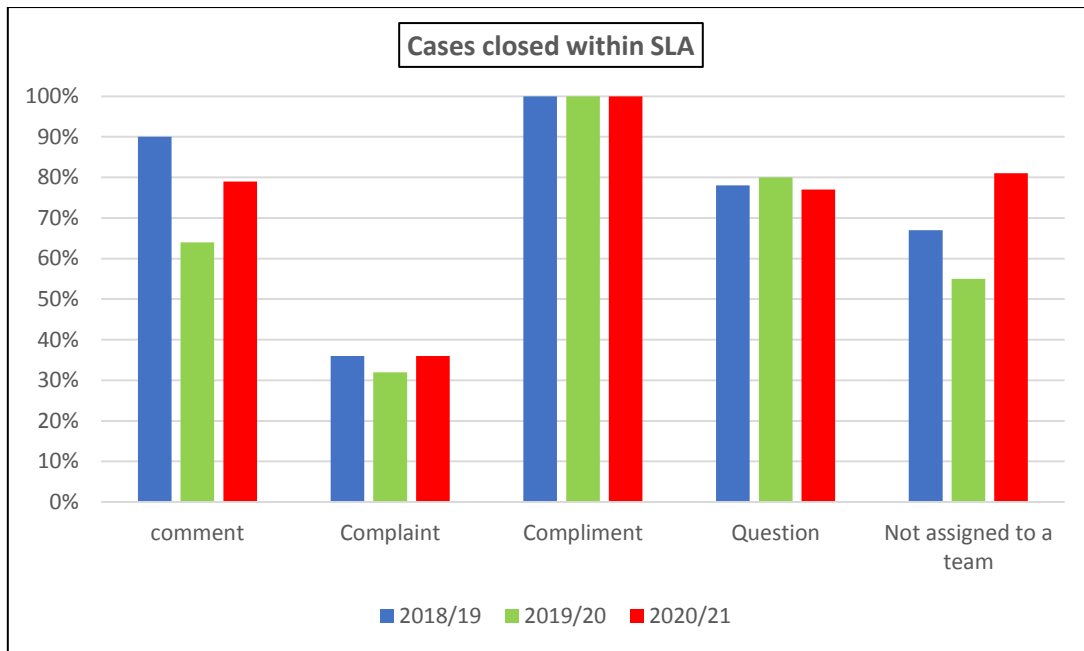
Cases which fall into the above categories are closed at initial triage and the customer responded to accordingly. These cases are referred to as 'not assigned a team/closed at triage'. **All these cases are closed within the SLA.** In addition, comments and compliments do not require a response to the customer and are generally processed and closed at triage. Those that are not closed at triage are those that have been incorrectly classified by the customer and do require a response from WCC.

### Cases closed within SLA

The table and diagram below show the split by type of feedback of cases that were closed within the appropriate SLA. Complaints are the only feedback type which have a WCC performance target for response. The target is 70% within SLA, the average response time within ASC over the past 3 years is just over 34%.

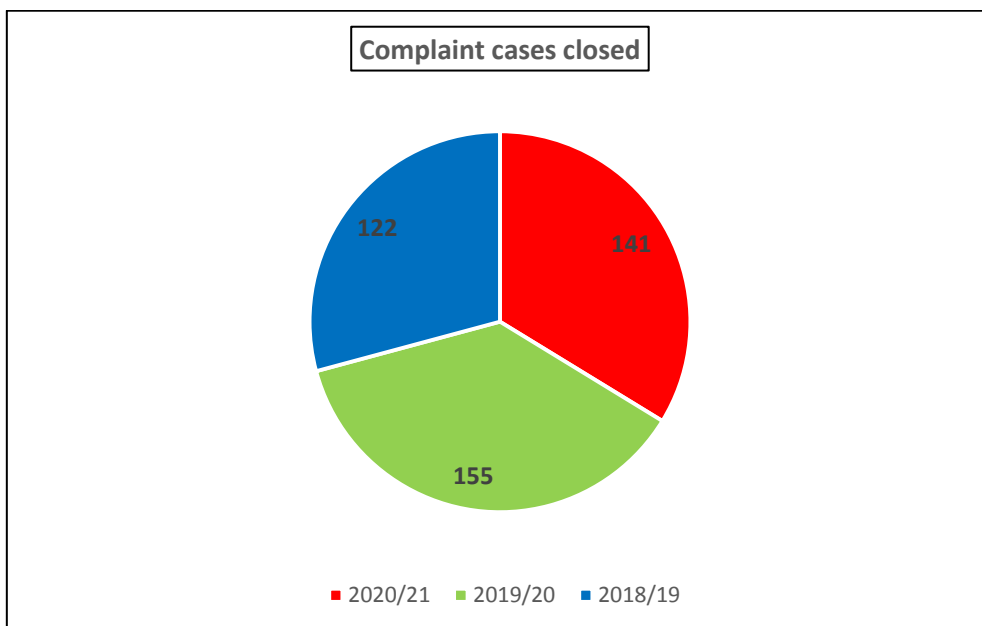
Of the 141 complaint cases processed during 2020/21, 50 cases achieved the SLA (i.e. timeliness requirement), which means that 35.46% of complaints were managed within required timescales. This is an increase of just over 3% from the previous financial year.

	2018/19			2019/20			2020/21		
	Number of Cases	Within SLA	%	Number of Cases	Within SLA	%	Number of Cases	Within SLA	%
Comment	10	9	90.00%	14	9	64.29%	19	15	78.95%
Complaint	122	44	36.07%	155	50	32.26%	141	50	35.46%
Compliments	442	440	99.55%	291	291	100.00%	243	242	99.59%
Question	81	63	77.78%	100	80	80.00%	179	138	77.09%
<b>Total assigned</b>	<b>655</b>	<b>556</b>	<b>84.89%</b>	<b>560</b>	<b>430</b>	<b>76.79%</b>	<b>582</b>	<b>445</b>	<b>76.46%</b>
Not assigned to a team	15	10	66.67%	20	11	55.00%	32	26	81.25%
<b>Total</b>	<b>670</b>	<b>566</b>	<b>84.48%</b>	<b>580</b>	<b>441</b>	<b>76.03%</b>	<b>614</b>	<b>471</b>	<b>76.71%</b>



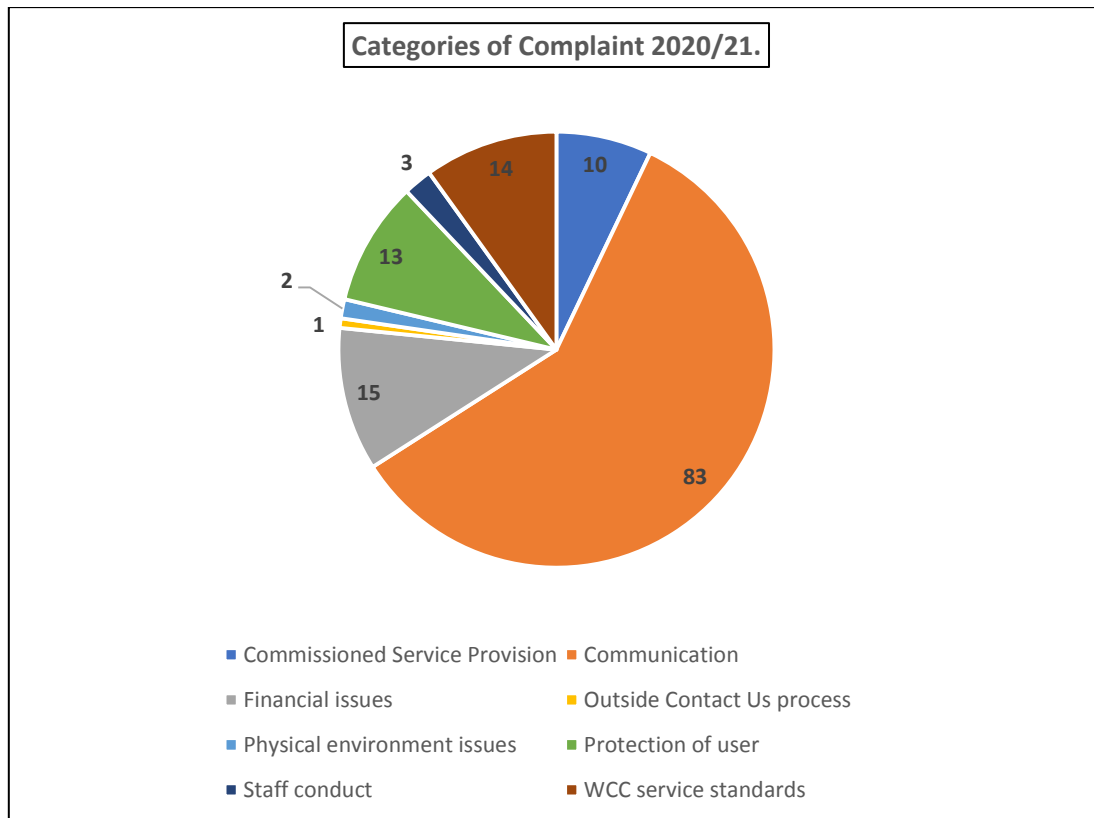
**Closed Complaints**

The number of complaints closed during 2020/21 was 9% down on 2019/20 however, it was nearly 16% up on 2018/19.



### Complaint Issues

Most of the complaints raised focused on perceived issues with: Communication, WCC service standards, commissioned service provision and financial issues. However, Contact Us currently only allows the selection of one complaint reason for each complaint raised therefore this may not provide a holistic view of all issues.



The table below shows the trend in categories of complaint during the past 3 financial years.

Complaints by Category			
Category	2018/19	2019/20	2020/21
Commissioned Service Provision	8	22	10
Communication	14	19	83
Financial issues	24	35	15
Outside Contact Us process	1	0	1
Physical environment issues	1	3	2
Policy	3	4	0
Protection of user	13	12	13
Staff conduct	9	17	3
WCC service standards	49	43	14

## Outcome and remedy for customers

Complaints closed by outcome			
Outcome	2018/19	2019/20	2020/21
No outcome provided	1	0	4
All: Transferred	4	1	11
Complaint: Deemed to be Withdrawn	4	6	11
Complaint: Inconclusive	6	7	3
Complaint: Not upheld	28	30	23
Complaint: Partially Upheld	20	39	26
Complaint: Upheld	22	35	21
Complaint: Withdrawn by Customer	9	7	10
Question: Answered	24	22	28
Question: Partially Answered	2	2	2
Question: Unable to Answer	1	5	1
-	1	1	1

- Just over 16% of the complaints closed were not upheld
- 33% of complaints have been either fully or partially upheld
- 21.3% of questions have been answered as part of a complaint.

Complaints by Remedy			
Remedy	2018/19	2019/20	2020/21
Apology	44	64	33
Explanation	99	114	106
Financial Remedy	6	6	4
Policy Change	1	2	0
Process	4	4	6
Service	34	48	32

There can be more than one remedy to a complaint, but most of customers' issues have been resolved - at least partially - with an explanation being provided. A further significant proportion have been resolved by providing an explanation and/or apology.

### Investigation Actions

Complaints by Investigation Action			
Category	2018/19	2019/20	2020/21
Complete Evidence Review	49	48	22
Confirm Investigation Action Plan	47	49	22
Contact Complainant to agree issues, desired outcomes, and timescales	16	11	5
Finalise Response or Report	48	64	31
Make Recommendations	30	36	15
N/A - Question Answered	12	16	31
Reviewed Necessary Documents	110	140	113
Draft Response and Update with Comments	40	45	20
Use Evidence to Demonstrate Findings	36	41	18

### Local Government and Social Care Ombudsman (LGSCO)

During the financial year 2020/21 there were 50 complaints and enquiries received by the LGSCO in respect of Warwickshire County Council. Of these 20 related to Adult Social Care.

In this period the LGSCO made 41 decisions (which includes a number of decisions in respect of complaints received by the LGSCO in the previous year). Of these 41 decisions, 17 related to Adult Social Care. Of these 17:

- 1 was incomplete or invalid;
- 5 were closed after initial enquiries;
- 6 were premature and referred back for local resolution; and
- 5 were subject to full investigation - 2 of which were not upheld and 3 were upheld.

Further information is available on the LGSCO website [here](#)

### Learning from feedback

Putting things right where they have gone wrong and learning from issues raised is the most important part of our customer feedback process.

As mentioned, the current complaints case management system, Contact Us, is under review due to failings around the level of information it captures, as well as its ability to manage that information in



a user-friendly, customer-centric way. Much of the detail in relation to learning from our customers' feedback therefore has been captured outside the system. There is a field 'Lessons learned' within Contact Us which should be completed by the investigating officer once the complaint has been closed however on most occasions this field is used for case notes, is marked N/A or is left blank.

However, from the responses captured on the system the main categories of learning for the authority have been recorded as follows:

- Poor communication by officers both internally and with the customer
- Better planning required
- Staff training needed
- Improve the time for completing cases

### **Summary**

Understanding our customers and their views is key to delivering the best possible service, which is something Warwickshire County Council is committed to striving to achieve.

### **Performance highlight**

- Number of cases created during this financial year was nearly 6% up on 2019/20.
- Number of complaint cases closed within the SLA was 36% which is approximately 4% up on 2019/20.
- Cases created digitally for Adult Social Care is currently almost 45% of all cases compared to approximately 77% corporately.
- Just over 79% of the complaint cases were in relation to:
  - Communication almost 59%
  - Financial issues almost 11%
  - WCC service standards almost 10%

Maureen Oakes

July 2021.

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## Adult Social Care and Health Overview and Scrutiny Committee 29 September 2021

### Work Programme

#### 1. Recommendation(s)

1.1 That the Committee considers and approves its work programme.

#### 2. Work Programme

The updated work programme was discussed by the committee's Chair and spokespeople at a meeting on 7 September. The outcome from that discussion is attached at Appendix A to this report.

A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

#### 3. Forward Plan of the Cabinet

The Cabinet and Portfolio Holder decisions relevant to the remit of this Committee are provided for the committee to consider as potential areas for pre-decision scrutiny. Members are encouraged to seek updates on decisions too. The Portfolio Holder, Councillor Bell has been invited to the meeting to answer questions from the Committee.

Date	Report
11 November 2021	Coventry and Warwickshire Joint Autism Strategy
11 November 2021	Quarter 2 Council Plan 2020-2025 Quarterly Progress Report

#### 4. Forward Plan of Warwickshire District and Borough Councils

This section of the report details the areas being considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. The information available is listed below. Further updates will be sought and co-opted members are invited to expand on these or other areas of planned activity.

Date	Report
<b>North Warwickshire Borough Council</b>	
	In North Warwickshire, the meeting structure is operated through a series of boards with reports to the Community and Environment Board. There is a Health and Wellbeing Working Party and a Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth).
	From the NWBC website, the Board met on 26 July and the working party on 21 June. Items discussed included the Health and Wellbeing Action Plan update, an update from Public Health, the Joint Strategic Needs' Assessment and air quality. A further meeting took place on 16 September.
<b>Nuneaton and Bedworth Borough Council – External Overview and Scrutiny Committee</b>	
	The Housing, Environment and Health Overview and Scrutiny Panel has replaced the External Overview and Scrutiny Panel. It met for the first time on 24 June and the agenda included the Air Quality Action Plan.
<b>Rugby Borough Council – Overview and Scrutiny Committee</b>	
	<p>The Borough Council has moved to a single overview and scrutiny committee and the use of task groups.</p> <p>From the Rugby BC website, the last meeting was held on 12 July 2021. Looking at the work programme for the committee and task groups, no health-related items are currently scheduled. There is a future topic (timescale to be agreed) on recovery from the Covid-19 pandemic.</p>
<b>Stratford-upon-Avon District Council – Overview and Scrutiny Committee</b>	
	The Council's Overview and Scrutiny Committee met on 21 July and 1 September. From examination of recent agendas, the only topic linked to health recently was on the Home Environment Assessment and Response Team.
<b>Warwick District Council – Overview and Scrutiny Committee</b>	
	The Overview and Scrutiny Committee met on 10 August and 21 September 2021. Looking at the future work programme, the 2 November meeting includes an update on the Home Environment Assessment and Response Team. This will include implementation of a new IT system.

## 4.0 Task and Finish Groups

- 4.1 These provide the opportunity for more focused reviews. The work programme at Appendix A proposes the revisiting of a review on GP services. This could include within its scope a matter agreed at the Council meeting on 16 March. A motion on health centres was agreed, including a request that the OSC review and make recommendations about the provision of health centres within Warwickshire. Members wishing to participate in the review were asked to make contact with Democratic Services. The Committee is asked to consider the size, composition, scope and timescale for the review and its report back to the Committee.

## 5.0 Briefing Notes

- 5.1 The work programme at Appendix A will also list the briefing notes requested and circulated to the committee. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.

## 6.0 Financial Implications

- 6.1 None arising directly from this report.

## 7.0 Environmental Implications

- 7.1 None arising directly from this report.

## Appendices

1. Appendix A Work Programme

## Background Papers

None

	<b>Name</b>	<b>Contact Information</b>
Report Author	Paul Spencer	01926 418615 <a href="mailto:paulspencer@warwickshire.gov.uk">paulspencer@warwickshire.gov.uk</a>
Assistant Director	Sarah Duxbury	Assistant Director of Governance and Policy
Strategic Director	Rob Powell	Strategic Director for Resources
Portfolio Holder	n/a	

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

Local Member(s): None

Other members: Councillor Clare Golby

## Adult Social Care and Health Overview and Scrutiny Committee Work Programme 2021/22

Date of meeting	Item	Report detail
29 September 2021	Mental Health and Wellbeing	Referred from Health and Wellbeing Board (HWBB) on 7 July. The HWBB Chair asked that a presentation be made to this committee.
29 September 2021	Living Well with Dementia Strategy	Request for an item on the engagement regarding Coventry and Warwickshire's Living Well with Dementia Strategy.
29 September 2021	Domestic Abuse Services	This item was suggested during the committee meeting on 30 June. An update to include data on the increase in domestic abuse cases, how services are performing, the roles for local councillors, the joint work across partners, targeted activity, campaigns and communications work. Also, the new domestic abuse legislation and the response from the Council and partners to meet its requirements.
29 September 2021	Quarter 1 Council Plan 2020-2025 Quarterly Progress Report	This report summarises the performance of the organisation at the Quarter 1 position, 1 April 2021 to 30 June 2021.
29 September 2021	Annual Customer Services Feedback	An annual customer feedback item is submitted to all OSCs.
17 November 2021	Women's Health - Menopause	The scope is to look at services provided in Warwickshire. Include the links to other health issues. In the north of Warwickshire, current services are co-located inappropriately. A need to collate information on current GP services, data and workplace support. Shade Agboola and Coventry and Warwickshire CCG to provide a combined item.
17 November 2021	Community Hospital Review	To provide an overview of the Community Hospital review in South Warwickshire which forms a significant part of the wider Discharge to Assess review.

17 November 2021	Quarter 2 Council Plan 2020-2025 Quarterly Progress Report	This report summarises the performance of the organisation at the Quarter 2 position, 1 April 2021 to 30 September 2021.
27 April 2022	Quarter 3 Council Plan 2020-2025 Quarterly Progress Report	This report summarises the performance of the organisation at the Quarter 3 position, 1 April 2021 to 31 December 2021.
Dates to be confirmed	Integrated Care System	Proposed for inclusion on the work programme during the meeting on 30 June. Discussed at Chair and Spokes meeting on 7 September. The proposal is to provide a series of briefings and a member seminar. The ICS is being driven nationally and at fast pace.
	Multi Agency Safeguarding Hub (MASH)	Request for additional item to be included on the work programme – Councillor Matecki. The request is for a broad outline of the MASH service, those involved, how it works and what the triggers are for a MASH referral. Discussed at Chair and Spokes meeting on 7 September. The vast proportion of cases are related to children. It is considered this item should be referred for consideration by the Children and Young People OSC.

### BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
TBC	Duties Under the Care Act	Suggested by Pete Sidgwick at the Chair and Spokesperson meeting on 7 June. to provide a briefing for the committee on the Council's duties under the Care Act.



**BRIEFING NOTES**

<b>Date Requested</b>	<b>Date Received</b>	<b>Title of Briefing</b>	<b>Organisation/Officer responsible</b>
7 June 2021	28 June and 29 July	An offer from Healthwatch to provide briefing papers on its role (circulated 28 June) and the carers' survey of lived experiences during the pandemic (circulated 29 July).	Chris Bain, Healthwatch Warwickshire
7 June 2021		Minor Injuries Unit – Stratford. This unit at Stratford Hospital is currently closed. A request for information on when it will reopen.	Rose Uwins, Coventry and Warwickshire CCG

**TASK AND FINISH GROUPS**

<b>ITEM AND RESPONSIBLE OFFICER</b>	<b>OBJECTIVE OF SCRUTINY</b>	<b>TIMESCALE</b>	<b>FURTHER INFORMATION</b>
GP Services – Revisit	A task and finish group took place in 2017/18. The committee agreed (30 June) to undertake a further TFG. Exact scope to be determined.	TBC	At the Council meeting on 16 March, a motion on health centres was agreed, including a request that the OSC review and make recommendations about the provision of health centres within Warwickshire. This could feature as part of the scope of the refreshed TFG on GP services and will be discussed at the Committee. Previous TFG report circulated 2 July. Members asked to come forward to serve on the TFG.

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